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## Overcoming Obstacles Together: Creating a New Future for Research Partnerships

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*University of Maine*

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# Overcoming Obstacles Together: Creating a New Future for Research Partnerships

Linda Silka

Margaret Chase Smith Policy Center & School  
of Economics, University of Maine

November 2013



# Why Research Partnerships? Why Now?

- ❖ We are recognizing the limitations with past research practices
- ❖ We are increasingly understanding that some problems that can only be addressed through partnerships
- ❖ We are increasingly seeing the need for many types of expertise if problems are to be understood and solved
- ❖ We are increasingly recognizing the need for Knowledge-to-Action

# The “Take Homes” We Will Get to Today

1. People are discovering the many ways that partnerships continue to be challenging
2. **That it isn't yet time to apply a “one size fits all” approach**
3. That it is time to look at and learn from what others are doing
4. Many different scientific fields are testing out partnership approaches
5. We need to find ways to learn from these different fields
6. Developing strategies for innovation may be the most important next step

# Why Partnerships Are Needed

- ❖ The Missing Vector Example
- ❖ The Mattress Cover Asthma Example
- ❖ The Vacuum Cleaner Example
- ❖ **The “Desperate Alewives” Studies**
- ❖ The Ecuador Conservation Hotspot Studies
- ❖ **River’s Calendar Studies**

The Bus Metaphor Analysis

**The “Wicked Problems” Analysis**



# Through Partnerships

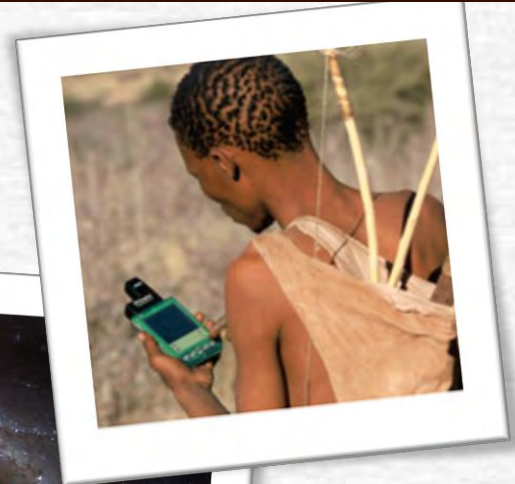
- ❖ We Have the Opportunity to Strengthen Scientific Outcomes and Advancing Knowledge
- ❖ We Have the Opportunity to Link Knowledge to Action and Ensure Groups Participate in Ways that Enhance Implementation of Research Findings

Such as through....



# Partnership Citizen Science

Members of the public engaging in real-world scientific investigations:  
asking questions, collecting data,  
and/or interpreting results.



# Lawrence, Massachusetts



Through Latino Worker Researcher Partnerships





# Through Partnerships:

- ❖ We Can Strengthen Scientific Outcomes and Advancing Knowledge
- ❖ We Can Link that Knowledge to Action: Ensuring Groups Participate in Ways that Enhance Implementation of Research Findings

But The Obstacles...



# Lowell, Massachusetts



Lowell: Sometimes We Live and Work Side By Side



# Maine Statewide Partnerships



But Sometimes Distance  
is a Challenge

# Sometimes We Work on a Single Issue

## **Maine's Tribal Basketmakers Saving Maine's Basket Trees from an Invasive Insect: Western Science Meets Indigenous Knowledge**

- ❖ Made from native brown ash trees, Maine Indian baskets are functional art forms passed down through generations of the **region's tribal communities**.
- ❖ The future of the art is threatened by an invasive beetle species — the emerald ash borer (EAB) — that already has devastated the ash populations elsewhere
- ❖ The tribes were not involved in any past research discussions

# Mission:

The Cambodian Community Health 2010 project is funded by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention. This project was established in 1999 to address the health care needs of the Cambodian population as well as to help eliminate health care disparities in the areas of Cardiovascular Disease and Diabetes. A coalition of Lowell health agencies are implementing actions to modify risk behaviors and educate health care providers regarding the health disparities in the Cambodian community. These agencies have a commitment to providing educational and outreach activities in preventing and managing Diabetes and Cardiovascular Disease.

## GOALS OF CCH2010 PROGRAM:

- To identify and implement effective and sustainable ways to improve the health status of Cambodians in Lowell.
- To increase access to the health care delivery system for Cambodians.
- To increase awareness among health providers about Cambodian health care beliefs, practices, and needs relating to Cardiovascular Disease and Diabetes.
- To decrease risk factors and behaviors and enhance protective factors associated with Cardiovascular Disease and Diabetes.
- To increase the capacity of public health researchers to conduct community based research regarding the Cambodian community. This will increase data available regarding Cardiovascular Disease and Diabetes.



Cambodian Community Health 2010



The CAMBODIAN COMMUNITY HEALTH 2010 project is funded through grant number 1U54CCU122151 from the United States Department of Health and Human Services, Centers for Disease Control and Prevention. It is part of a federal initiative entitled, *Racial and Ethnic Approaches to Community Health 2010 (REACH 2010)*. By fostering community mobilization and resources, REACH 2010 encompasses a goal under Healthy People 2010, to eliminate disparities in health status experienced by racial and ethnic populations.

**LOWELL COMMUNITY HEALTH CENTER**  
is the central-coordinating agency

# But Sometimes We Work on Multiple Issues

## Resources

### FOR THE CAMBODIAN COMMUNITY:

- Case Management services for Cambodians with Diabetes and/or Cardiovascular Disease
- Newsletters in Khmer
- Tours for community residents of health and human service providers in Lowell (Such as the police department, Trinity Ambulance, Lowell General Hospital)
- Peer support groups for Cambodians with Diabetes and/or Cardiovascular Disease
- Tai Chi classes
- Walking Meditation Programs
- Khmer Radio, Khmer TV, Khmer newspaper outreach efforts
- Educational workshops (linguistically and literacy appropriate) Covering: *Heart Disease, Hypertension, Diabetes, High Cholesterol, Stroke*
- Audio tapes in Khmer about Diabetes, Stroke and Hypertension
- Community screenings for blood pressure and blood sugar throughout the year
- Home visits for special concerns

### FOR MORE INFORMATION ON SERVICES CONTACT:

**Cambodian Community Health 2010**  
Sidney Liang  
Lowell Community Health Center  
978-746-7829  
sidneyli@cchealth.org



### FOR PROVIDERS & COMMUNITY AGENCIES:

#### STAFF & PROVIDER EDUCATION

- Medical interpreter training program
- User friendly guide to *Cambodian Health Care Beliefs, Practices and Culture*
- Presentations about Cambodian health beliefs, practices and culture
- Khmer Medical Terminology Reference Booklet

#### PATIENT EDUCATION & INTERVENTION

- Fact sheets in Khmer about Diabetes, medications and foot care
- Fact sheets in Khmer about Heart Disease
- A Diabetes screening tool in English and Khmer
- Curriculum guide for community education and health promotion about Diabetes and Cardiovascular Disease for Cambodians
- Audio tapes in Khmer about Diabetes, Stroke and Hypertension
- American Heart Association's *Six Steps to a Healthier Heart* in Khmer
- *Practical Guide to Outreach in the Cambodian Community*

#### Research

- Results from a behavior risk factor survey studying adult Cambodians in Lowell
- Summary data report summarizing available quantifiable data regarding Diabetes and Cardiovascular Disease among Cambodians
- *Community Conversations* publication addresses health care needs of the Cambodian community

## SELECTED HEALTH INDICATORS - LOWELL, MA

- It is estimated that over 25,000 residents of Lowell are of Southeast Asian descent, out of a total population of 105,000 residents.
- At least 72% of Cambodians were born in circumstances such as refugee camps.
- 60% of the adult Cambodian population have no formal U.S. education.
- Close to 87% of Cambodians identify as Buddhists.
- 78% of adults prefer their native Khmer language to English.
- 75% of adults practice traditional medicine and the use of herbs as treatment for illness.
- 45% of the adult Cambodian male population has never had their cholesterol checked in comparison to only 4% of the adult MA male population who have not had their cholesterol checked.
- Heart disease is the leading cause of death for both Cambodian and all MA adults.
- Among adult Cambodians in Lowell, a disproportionate share of adult deaths 45 and older are attributable to stroke, 15.99%, and diabetes, 13.4%, when compared with all MA residents, 6.5% and 2.5% respectively.

\*Bureau of Health Statistics, MA DPH & Cambridge BPHS

# Cambodian Community Health 2010

# Maine's Frenchman's Bay

Sometimes the Partners  
Have Similar Expectations



Scallopers  
Clam Diggers  
Researchers

# But Often They Don't: Food Security in Maine



- ❖ Partners with very different experiences and expectations
- ❖ Maliseet Tribe of Houlton, Maine
- ❖ Partners many hours south



## And Often Everything is in Flux



The policy environment, seasons and when crops ripen, workers and which home country they are from, the economy, health provider training, etc. etc.



# Obstacles to be Overcome Include

- ❖ Problems being studied vary widely
- ❖ Distances vary
- ❖ Expectations vary
- ❖ Partners, issues, resources keep changing
- ❖ Solutions vary
- ❖ And you would add \_\_\_\_\_

What Do We Do? How Do We Learn Across the Differences? How Can We Learn to Innovate to Create Robust Partnerships?

# Questions Raised

- ❖ What Transferable Lessons Can We Learn?
- ❖ Under What Conditions Will Our Lessons Be Applicable?
- ❖ Will the Same Practices Work for Non Face-to-Face, Scaled Up Partnerships?
- ❖ What Kinds of Training Will Scientists Need?
- ❖ What Kinds of Training Will Communities Need?



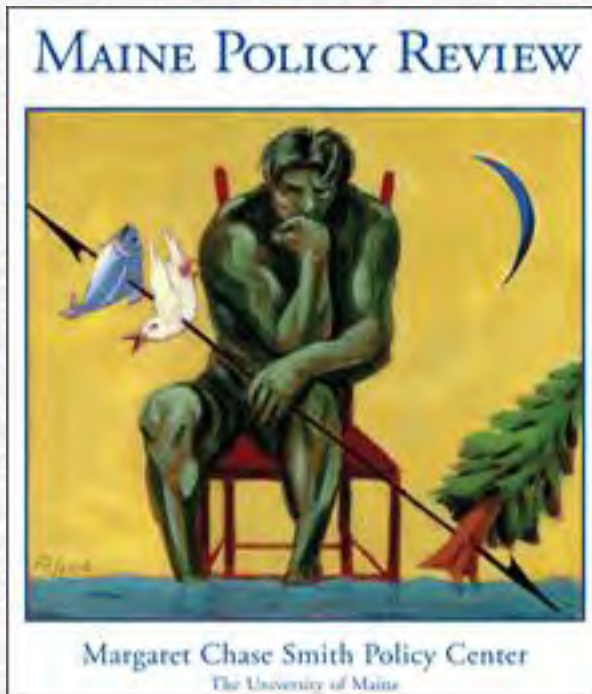


# Maine Communities



Will the Same Practices Work in  
Local Communities Work for Non  
Face-to-Face, Scaled Up  
Partnerships?

# Innovating by Understanding “Not One Size Fits All”: A Study of Partnerships

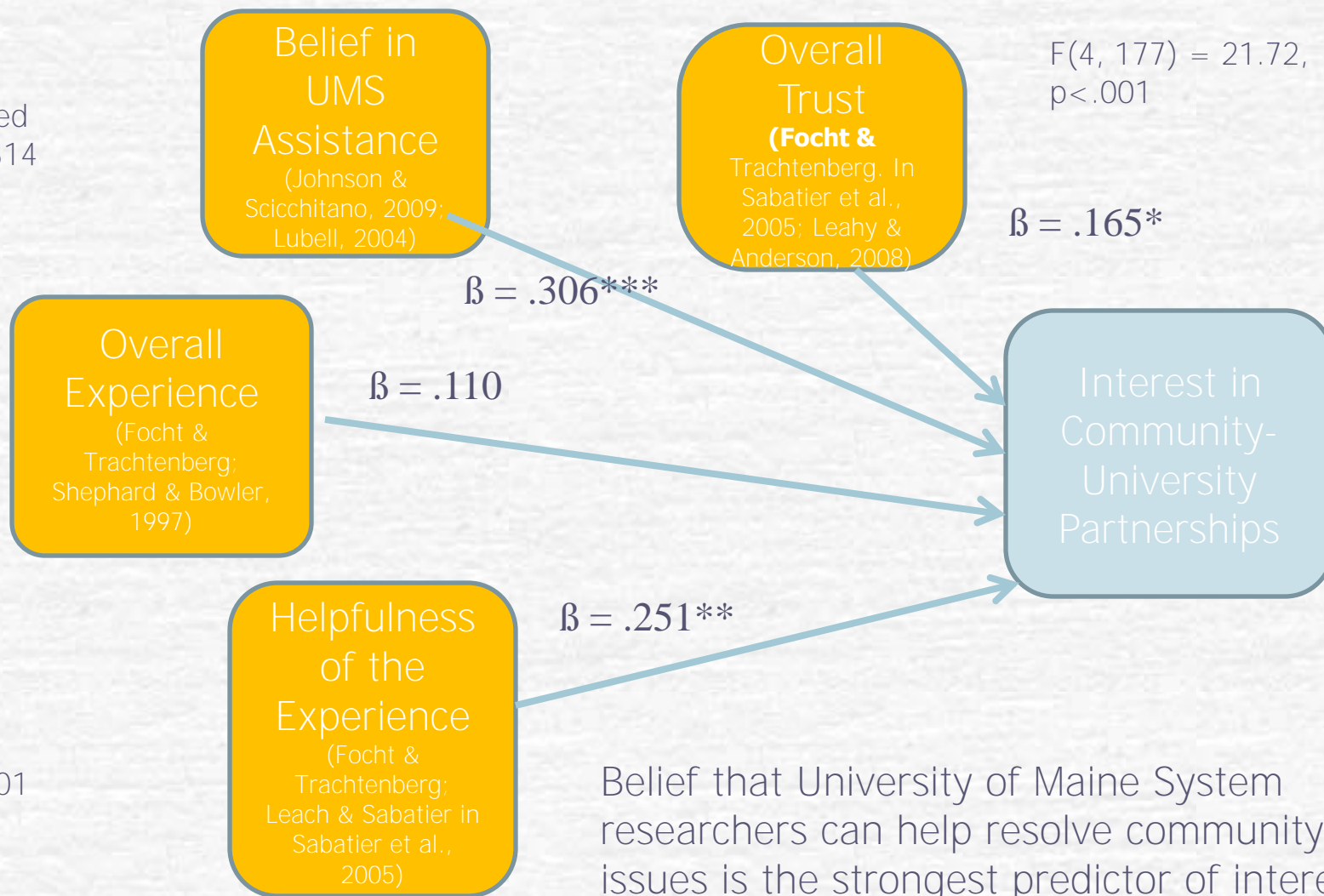


What do municipal officials prefer in the way of collaborative community-university partnerships: A partnership structure in which municipal officials and university researchers collaboratively identify the problem? A partnership in which university researchers conduct the research and municipal officials implement the solutions?

# Partnership Strategy Table

Type of Partnership	Problem Identification	Research	Proposed Solutions	Implementation
University as <b>Lead</b> Partner	Researchers	Researchers	Researchers	Municipal Officials
University as <b>Consulting</b> Partner	<ul style="list-style-type: none"> <li>▪ Researchers</li> <li>▪ Municipal Officials</li> </ul>	Researchers	Researchers	Municipal Officials
University as <b>Facilitating</b> Partner	<ul style="list-style-type: none"> <li>▪ Researchers</li> <li>▪ Municipal Officials</li> </ul>	Researchers	<ul style="list-style-type: none"> <li>▪ Researchers</li> <li>▪ Municipal Officials</li> </ul>	Municipal Officials
University as <b>Full</b> Partner	<ul style="list-style-type: none"> <li>▪ Researchers</li> <li>▪ Municipal Officials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Researchers</li> <li>▪ Municipal Officials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Researchers</li> <li>▪ Municipal Officials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Municipal Officials</li> <li>▪ Researchers</li> </ul>

Overall Model:  
Adjusted  
 $R^2 = .314$



\*  $p < .05$   
\*\*  $p < .01$   
\*\*\*  $p < .001$

Belief that University of Maine System researchers can help resolve community issues is the strongest predictor of interest in a partnership.

# Municipal Survey: Implications

- ❖ Informs present and future research agendas to better align the supply of and demand for science

*I've been working with university researchers for a long time and nobody has asked the municipalities what research **they** need (City of Bangor official, 5.17.11)*

- ❖ Deepens our understanding of the factors that influence community-university partnerships
- ❖ Demonstrates the need for improved communication and research framing

# Multiple Approaches to Partnership

Define a question/issue

Gather information

Develop explanations

Design data collection methods

Collect samples

Analyze samples

Analyze data

Interpret data/conclude

Disseminate conclusions

Discuss results/inquire further

**Contributory**

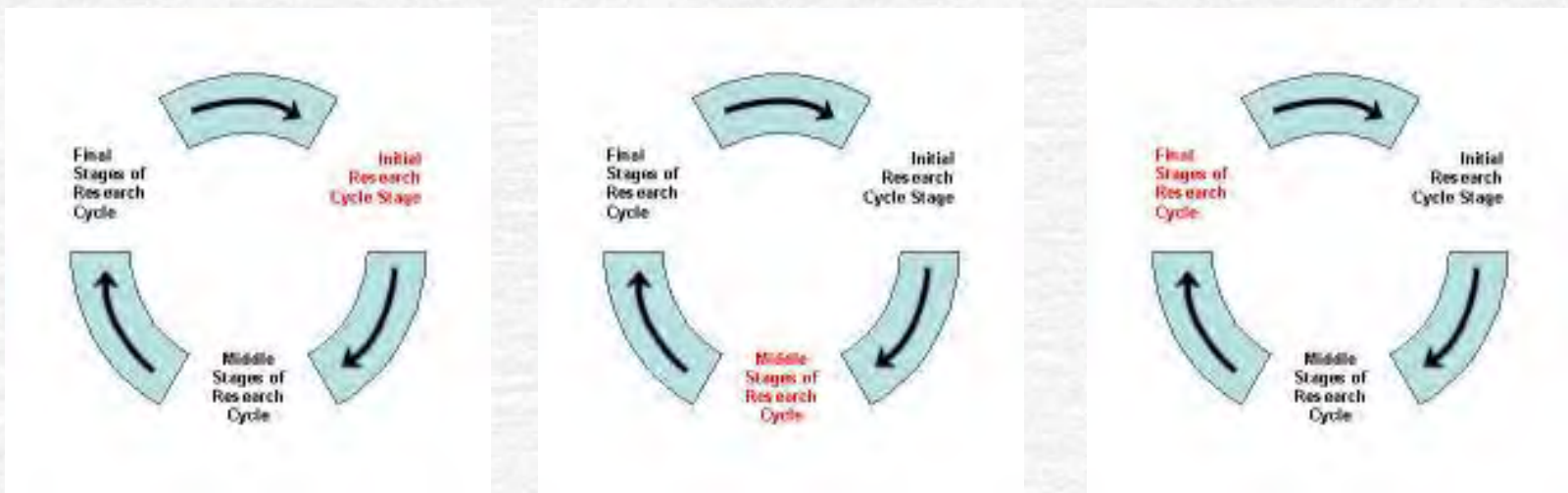
**Collaborative**

**Co-Created**

(Bonney et al. 2009)



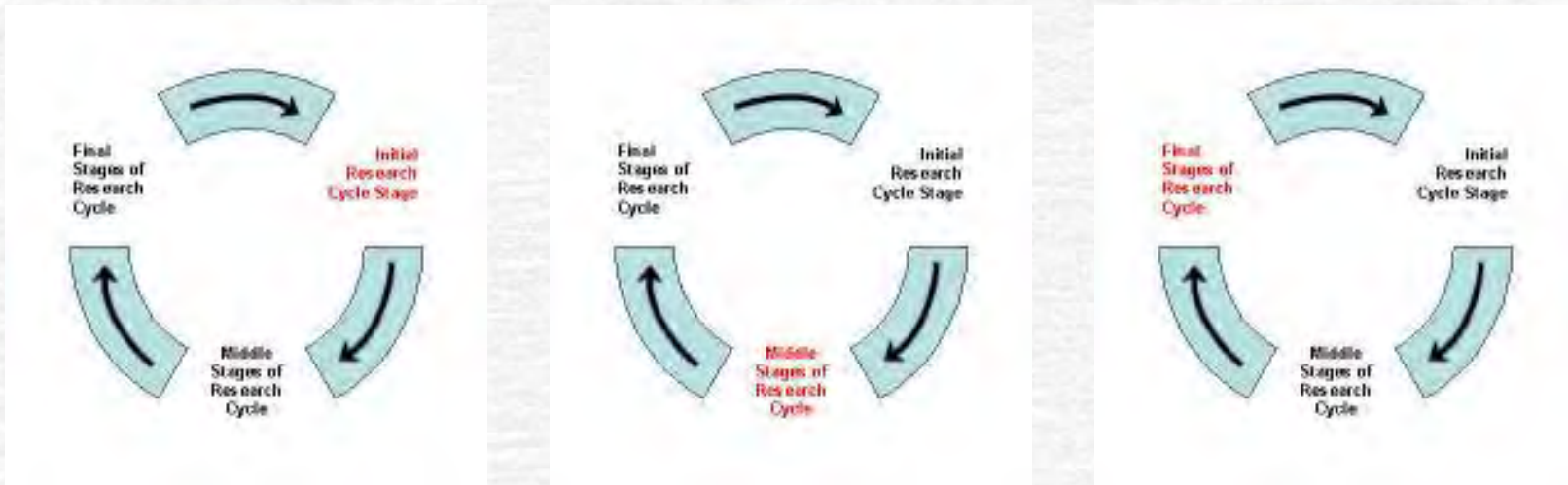
# Using Research Cycle Model to Think About Partnerships



Different Partnership Issues Emerge at Each Stage



# Research Cycle Model



Envisioning Issues that Might Come Up in Initial Stages, Such As:

- ❖ **Who is “Allowed” to Start the Research Partnership?**
- ❖ **Who Decides What will be Studied?**

Who Gets to Start the Partnership?



Under What Conditions?



# What Issues Emerge?

**Steps in the research partnership:** The importance of our efforts in research partnerships lies not just in the particulars of *what* we do (that is, trying to address a particular hypothesis) but *when* we do it. For example, it is a problem if the researcher decides on the area of study before consultation with the community, even if the particular hypothesis is one with which community members might agree.



Such As:

**Who decide on the research agenda and research questions:** Researchers and their community partners may disagree about who should set the research agenda. Researchers with a detailed background in a particular area (for example, the causes of lead poisoning in children) may assert that they should make the decisions about the agenda. Community members aware of the health costs to the community of a health problem may assert that they should make the decisions.



# Issues at Middle Stages

- ❖ Issues of Data Collection
- ❖ Issues of Data Analysis
- ❖ Issues of Data Interpretation

# Issues at End of Research Cycle


- ❖ Research for Publication
- ❖ Creating Usable Knowledge
- ❖ Results that Reflect Badly on the Community
- ❖ Community Repositories of Knowledge





Such As:

**When is enough known? When has enough research been done:** Many underserved communities have experienced the problem of being “studied to death.” They keep being studied and yet there is little to show in the way of benefits to the community. *How is the decision made that there is sufficient information to focus on interventions (as opposed to collecting more data)? And who makes this decision?*



នៅមជ្ឈមណ្ឌលសុខភាព Lowell Community Health Center យើងផ្តល់  
 មន្ត្រីបម្រើអ្នកជំងឺ និងជួយអ្នកស្វែងរកសេវាសុខភាពសមស្រប  
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# អេដអាយវី (HIV) & អេដស៍ (AIDS)



យើងនឹងជួយអ្នកស្វែងរកសេវាសុខភាពសមស្រប  
 ស្តីពីជំងឺអេដស៍ (AIDS) និងការពិនិត្យរោគ  
 ការស្រាវជ្រាវអេដអាយវី (HIV) សូមអញ្ជើញមកកាន់  
 ទៅកាន់មជ្ឈមណ្ឌលសុខភាពសមស្របយើង  
 ដែលមានទីស្នាក់នៅដូចខាងក្រោមនេះ៖

Lowell Community Health Center  
 585-597 Merrimack Street  
 Lowell, MA 01854  
 ☎(978) 937-9700

យោងទៅលើការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
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- AIDS ACTION HOTLINE  
 (617) 536-7733  
 TTY (617) 437-1672
- TOLL FREE IN MASSACHUSETTS  
 1- (800) 235-2331
- YOUTH ONLY AIDS LINE  
 1- (800) 788-1234
- NATIONAL AIDS HOTLINE  
 1- (800) 342-AIDS (2437)
- HIV COUNSELING AND TESTING HOTLINE  
 1- (800) 750-2016 (English and Spanish)

**ដំនើរ**  
**ចេតុ**  
**ពិត**

សំណួរនិងចម្លើយខ្លះៗអំពីជំងឺអេដស៍  
 សិក្សាស្វែងយល់ពីអេដអាយវី  
 និងជំងឺអេដស៍

## A Research Action Partnership with Diverse Teens

# Lowell, Massachusetts

### ហេតុអ្វីបានជាយើងយល់ពីអេដស៍

- ១- ជំងឺក្លាយជាជំងឺដ៏ធ្ងន់ធ្ងរ និងអាចបណ្តាលឱ្យស្លាប់បាន  
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- ២- អ្នកដែលបានប្រើប្រាស់ស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
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### តើអ្នកចង់ដឹងថា តើអ្នកមានអេដស៍ (HIV) ឬទេ?

យើងផ្តល់ជូនការពិនិត្យរោគអេដស៍សេរី និងឥតគិតថ្លៃ  
 នៅមជ្ឈមណ្ឌលសុខភាពសមស្របយើង។ ការពិនិត្យរោគអេដស៍  
 នេះអាចជួយអ្នកដឹងថា តើអ្នកមានអេដស៍ ឬទេ។

### អ្វីទៅដែលហៅថា ការពិនិត្យរោគអេដស៍ (HIV Test)?

ការពិនិត្យរោគអេដស៍ គឺជា ការពិនិត្យរោគអេដស៍  
 ដើម្បីដឹងថា តើអ្នកមានអេដស៍ ឬទេ។ ការពិនិត្យរោគអេដស៍  
 នេះអាចជួយអ្នកដឹងថា តើអ្នកមានអេដស៍ ឬទេ។

### តើមានប្រវត្តិការសង្ស័យអ្វីខ្លះទាក់ទងនឹងការពិនិត្យរោគអេដស៍?

- ១- អ្នកដែលបានប្រើប្រាស់ស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
 យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ
- ២- យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
 យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ
- ៣- យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
 យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ

### តើយើងមានឥទ្ធិពលណាមួយទាក់ទងនឹងការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ?

យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
 យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
 យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ

### ការពិនិត្យរោគអេដស៍ មានដូចម្តេច?

- ១- ការពិនិត្យរោគអេដស៍ គឺជា ការពិនិត្យរោគអេដស៍  
 ដើម្បីដឹងថា តើអ្នកមានអេដស៍ ឬទេ។ ការពិនិត្យរោគអេដស៍  
 នេះអាចជួយអ្នកដឹងថា តើអ្នកមានអេដស៍ ឬទេ។
- ២- យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ  
 យើងបានដឹងថា ការស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវស្រាវជ្រាវ

# Looking for Innovations in Partnership That Could Help Bridge Differences



- ❖ Using the Written Word in New Ways?
- ❖ Using Networks in New Ways?
- ❖ Using Festivals and Events in New Ways?
- ❖ **“We Are All in the Same Boat” Initiative**

# The Connection of Food

Prepared by Dora Tovar

Lowell, Massachusetts is a very diverse city. Its community is made up of various ethnic identities. Along with these different communities comes a series of foods specific to their country of origin. Yet many common ingredients can be found in these dishes. Fish is one such common ingredient. Whether the dish is soup or a type of casserole. The following are interviews I conducted with individuals from different countries that are represented in here Lowell, each one shared a family recipe and the significance of the dish to them.



### Brazil – Tiago Jansen

“Moqueca” is a typical dish from my city, located in the Northeast Brazil, in Bahia state. Moquecas are prepared with seafood (fish, crab, and oysters). It is served with rice. Shrimp is my favorite and the most famous. When I remember the scent of it, my mouth gets full with water and my stomach asks for it. My mother prepares the best Moqueca. The recipe uses shrimp or fish, onions, garlic, tomatoes, green pepper, cilantro, shallot, welsch onions, limes, salt, coconut milk, and finally, the sauce that is a characteristic in every moqueca: Dendê.”

### Mexico - Dora Tovar

My family comes from a Coastal State in Mexico. Many of our traditional dishes involve seafood. One particular dish we like is “Caldo de Pescado” (fish soup). It is a recipe shared in my family. The dish is prepared with celery, carrots, onions, tomatoes, and cooked in a spicy tomato base soup. The finishing touch and makes the fish soup great is the cilantro! The smell is one that lingers in the air.



### Indonesia – Elizabeth Satya Dewi

“Baronang Bakar”. Baronang is a typical dish in my family. The recipe uses the onions, garlic, tomatoes, spicy pepper, limes, salt, and sweet soya sauce. My sister in law makes the best Baronang grilled. We prepare it on special occasions such as birthdays, Christmas, Ied (moslem holiday), and New Year. Sometimes we also go to beach and order this type of dish from the local fisherman and they will cook for us. We eat this dish with warm white rice, on the banana leaves, with our hands, no spoon or forks. We use charcoal to grill the fish, because the taste will be better and natural. When we cook in our front yard, the smell will travel and our neighbors will join us.

Rice Fish

Lowell,  
Massachusetts

Vegetables

Herbs and  
Spices

### Liberia - Henri Urey

This dish is called “fish gravy stew.” This dish is prepared with vegetable oil. The dish is prepared using fish, shrimps, onions, fresh tomatoes, mixed vegetables, spices, seasons, and hot peppers. The fish and the shrimps are first steamed. The sauce is prepared separately. Then two of them are mixed together and allowed to boil for a few minutes. The sauce is allowed to dry a bit before it is served hot with rice, cassava or potatoes. My mother taught me this dish. It is a Liberian way of cooking gravy and a general way common to most cultures.

### Cambodian – Sokny Long

“Fish with Green Mango Salad,” is one of my favorite fish dishes. The fish we like to use is catfish, you can bake or fry it. The side dish is a “green mango salad.” Green mangos are sold at every Cambodian market, chili peppers, garlic, sugar and fish sauce. Mangos are sliced into very fine slivers, and combined with chili peppers, garlic, sugar, and a fish sauce. You can eat with steamed rice. This fish dish is very popular in my country because fish is just so plentiful. This is one of the first dishes that my mother taught me as a child because she knows that I love the sweet and sour tastes of the green mango salad and the combination of that with fish.



# Steps Your Can Take for Innovation: **Several “Thought Experiments”**

- ✓ Look at what you think isn't working in your partnership:  
Jordan Karubian's example
- ✓ Think about what you do outside of research to build trust? To communicate?
- ✓ Talk to others that use new strategies that are working in **their context: “We are all in the same boat”**
- ✓ Envision Using the Boundary Work literature
- ✓ **Look at work such as by fisherman MacArthur “Genius”**  
Ted Ames and Ground Fishing Research Partnerships

# Thinking about Innovation: Several “Thought” Experiments

- ✓ Ex: Cooperative Extension Head seeking out a “reverse” mentor
- ✓ Frenchman’s Bay Group putting Jones’s bus metaphor to new uses



# The “Take Homes” From Today

1. Partnerships are challenging!
2. **It isn't yet time to apply a “one size fits all” approach**
3. It IS time to look at what different scientific fields—citizen science, for example—are trying out with partnership approaches
4. Find ways to learn from different fields and reduce the **“silos” in the democratization of science**
5. Develop strategies for innovation and problem solving

# Finding Resources in Unexpected Places

- ❖ [Citizenscience.org](http://Citizenscience.org)
- ❖ U of Kansas's **Community** Toolkit ([ctb.ku.edu](http://ctb.ku.edu))
- ❖ Community Campus Partnerships for Health ([ccph.info](http://ccph.info))
- ❖ Cooperative Extensions websites (e.g. [www.uwex.edu](http://www.uwex.edu))
- ❖ NSF Research+Practice Collaboratory (Design-Based Implementation Research)
- ❖ You!





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