GUIDING PRINCIPLES FOR COMMUNITY – ENGAGED RESEARCH
OFFICE OF COMMUNITY ENGAGEMENT FOR HEALTH – CLINICAL AND
TRANSLATIONAL SCIENCE INSTITUTE – UNIVERSITY OF MINNESOTA

Preamble

The University of Minnesota – Clinical and Translational Science Institute and its Community partners want to embark on a quest for new knowledge in ways that will lead to better outcomes and sustainable change in the area of health. Some drivers of the need for this collaboration are the desire to generate ideas together, reduce the time lag between research and implementation, and, truly partner with each other in order to improve the health of the Minnesota community. The following overarching principles outline how we will cooperate with each other.

These guiding principles are intended to complement existing guidance statements that have been created by the University of Minnesota and other community organizations. Links to additional resources and reference materials have been included in this document to assist both University researchers and Community partners in the planning and implementation of partnerships in research.

Guiding Principles

1. Understand that the concept of “community” is fluid

   There are many different definitions of “community.” For the purposes of engaged or partnership research, it will be important for partners involved in a project to come to an understanding about the “community” to be defined. Questions to consider in the process of defining the community include:
   - Are those most affected by the problem at the table?
   - Are those who have a stake in the issue addressed at the table?
   - Do they play decision making roles?

2. Mutual identification of the wants and opportunities expressed by the Community and the University researchers

   The University and Community will leverage our strengths and come together on issues that are deemed important and that can be impacted by new knowledge that is (can only be) created in partnership.

3. Genuine involvement of University researchers and Community in the development of projects

   We will be truly engaged in the co-production of new knowledge that can be turned into actionable results. The collaboration will be demonstrable, transparent and in the spirit of true partnership.

4. Research data will be collected and shared appropriately between partners and they will come together in a way that is respectful and recognizes the value of the data collected

   The essence of this principle lies in honesty, transparency of data and the spirit of true partnership. We should honor the privacy and confidential use of information that is collected and becomes research data. We will support one another in the protection of the rights and safety of those who choose to participate in the research. We will use the data to answer the research questions, all the while balancing the needs to generate new research questions and yet safeguard against misuse of the data by either partner.

5. Research results will be analyzed and turned into actionable steps for the improvement of the community and individual health

   Research and new knowledge that is co-produced will be carefully analyzed to ensure fruitful implementation of learning and sustainable spread to other areas within the community. Careful consideration will be given to the discussion of the results to ensure they are interpreted within the proper context. We will focus on research with the goal to expedite the time between knowledge generation and its impact on individuals, their families and community health.
ADDENDUM

Background

CTSA “call to action”
The Clinical and Translational Science Awards (CTSA) Program was implemented by the National Institutes of Health (NIH) in response to growing concern that research resources and results were not finding their way into the community at a rate that would be optimally beneficial to the public’s health. It was clear to all that a new way of engaging communities in the research process was paramount to successful translation of research findings into “real world” applications. Since 2005, the National Center for Research Resources (NCRR) has been charged by the NIH with supporting institutions that are committed to restructuring their research infrastructure through the CTSA program, with a goal of funding 60 institutions nationwide.

Truly changing the research infrastructure can only be accomplished by 1) engaging communities as valued members of the research team and 2) by building stable infrastructure within communities not only to ensure their capacity to participate in research but also to implement new knowledge in ways that will lead to better health outcomes and sustainable community change. A key component of every CTSA is community engagement. Communities and universities are seeking new ways of working together to inform the research process and translate research findings into practical applications with an ultimate goal of improving the public’s health.

![CTSA Philosophy diagram](https://www.ctsacentral.org/)

Clinical and Translational Science Institute (CTSI) at the University of Minnesota

Motivations for creation of the University of Minnesota CTSI and the creation of these guiding principles

In 2009 the University of Minnesota created the Clinical and Translational Science Institute (CTSI) to transform the way we move scientific breakthroughs in health into real world applications. Supported by top leadership at the University, the CTSI moved forward with its transformation to include broader efforts to engage community in the research process. The CTSI established the Office of Community Engagement for Health (OCEH) to spearhead efforts to reach out to communities and foster community-university collaboration on research projects. The OCEH is guided by three advisory groups, each focused on different segments of the community: rural health, healthcare systems, and health disparities.

The OCEH seeks to provide community members and university researchers with the tools, resources and support to co-produce knowledge that will lead to improvements in health for all. These principles will serve as a guide for communities and researchers to use at any point in their collaboration process.
Definitions

University Researchers

University researchers are defined as students, faculty, post-doctoral fellows, or staff housed at an institution of higher education.

Community

There are many different definitions of “community.” Community can be defined as:

“A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.”

Alternatively, membership in a community can be by choice or based on some innate trait such as gender, race, ethnicity and sexual orientation. Community can be defined by organizational affiliation or geographic boundary. Membership in a community can be fixed or fluid.

The Clinical and Translational Science Institute at the University of Minnesota defines community broadly and seeks to engage a diverse group of stakeholders in research. The CTSI includes, but is not limited to the following in its community to engage:

- special populations of diverse race, ethnicity, country of origin, socioeconomic status, age group, gender, and geographic location
- civic, community-based, and faith-based organizations
- public sector agencies engaged in health promotion and disease prevention
- healthcare organizations and professionals
- policy makers
- the general public

Clinical research

Clinical research can be defined as scientific studies that involve people to test the safety and efficacy of new disease prevention strategies, diagnostic tools, drugs, and treatments. Clinical research can be conducted in a university academic health center setting or can involve individual or multiple community settings. All clinical research is guided by a set of quality, ethical and safety standards.

Translational research

Translational research is the movement of scientific discoveries from “bench-to-bedside” – that is the translation of basic science discoveries made in laboratory settings into “real-world” application in the clinical setting and further application into population health. The translation of knowledge occurs both from the researcher to the clinician and from the clinician to the researcher in order to advance scientific discoveries. Translational research can be further defined to encompass the movement of knowledge between researchers and community-based practitioners beyond the clinical setting.

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1 We recognize that researchers are not exclusively housed within the university setting and that many community organizations possess the capacity to conduct research projects outside of the university. For the purposes of this document we are specifically referring to researchers that are affiliated with an academic institution. However, these principals can apply to anyone who identifies themselves as a researcher.
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Community-placed research
Research that is initiated by a researcher that involves a one-time or short-term relationship with the community is considered to be community-placed research; that is, research that takes place in the community, but does not necessarily involve them in the development of the research project.\textsuperscript{v}

Community-based participatory research
Community-based participatory research (CBPR) is a collaborative; partnership approach to research that equitably involves community members, organizations, and researchers in all aspects of the research process.\textsuperscript{vi}

Related Links
Community Campus Partnerships for Health (CCPH) – www.ccph.info
Clinical and Translational Science Institute at the University of Minnesota – www.ctsi.umn.edu

Resources

References
\textsuperscript{1} Community-Campus Partnerships for Health (CCPH) Board of Directors, 2005. https://ccph.memberclicks.net/faq


