

MONTANA BOARD OF REGENTS

LEVEL II REQUEST FORM

Item No.:	136-2005-R0907 (revised)	Date of Meeting:	September 19-21, 2007
Institution:	Montana State University - Bozeman		
Program Title:	Center for Native Health Partnerships		

Level II proposals require approval by the Board of Regents.

Level II action requested (check all that apply): Level II proposals entail substantive additions to, alterations in, or termination of programs, structures, or administrative or academic entities typically characterized by the (a) addition, reassignment, or elimination of personnel, facilities, or courses of instruction; (b) rearrangement of budgets, cost centers, funding sources; and (c) changes which by implication could impact other campuses within the Montana University System and community colleges. Board policy 303.1 indicates the curricular proposals in this category:

- 1. Change names of degrees (e.g. from B.A. to B.F.A.)
- 2. Implement a new minor or certificate where there is no major or no option in a major;
- 3. Establish new degrees and add majors to existing degrees;
- 4. Expand/extend approved mission; and
- 5. Any other changes in governance and organization as described in Board of Regents' Policy 218, such as formation, elimination or consolidation of a college, division, school, department, institute, bureau, center, station, laboratory, or similar unit.

Specify Request:

This Center aims to redress the health concerns and reverse the health disparities experienced by Native Americans living in Montana. It is generally agreed that research is an essential component in eliminating health disparities, however many groups who experience health disparities have had negative experiences with researchers and with research processes. Understandably, these experiences have led many communities and community members to distrust both the process of research and the people involved in research. Community-based participatory research (CBPR) is a research process that seeks to build trust, relationships, and partnerships between community members and researchers. CBPR has a well established track record of engaging underserved populations and advancing the personal, social and institutional change needed for achieving improved health and quality of life.

The central practical purpose of the Center is to facilitate change in the way that research has historically been conducted with tribal nations by bringing together researchers and communities to establish trust, share power, foster co-learning, enhance strengths and resources, build capacity, and examine and address community-identified needs and health problems. These institutional and behavioral changes are critical to achieving the ultimate outcomes sought through this project: improvements in Native Americans' health and reduction of health disparities.

Center for Native Health Partnerships

1. Purpose

This Center aims to redress the health concerns and reverse the health disparities experienced by Native Americans living in Montana. It is generally agreed that research is an essential component in eliminating health disparities, however many groups who experience health disparities have had negative experiences with researchers and with research processes. Understandably, these experiences have led many communities and community members to distrust both the process of research and the people involved in research. Community-based participatory research (CBPR) is a research process that seeks to build trust, relationships, and partnerships between community members and researchers. CBPR has a well established track record of engaging underserved populations and advancing the personal, social and institutional change needed for achieving improved health and quality of life.

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2. Objectives

The central research question for the Center development project is what kinds of institutional efforts and structures are necessary to support Community-Based Participatory Research in Native communities to the degree that those communities and their research partners are empowered to articulate needs, secure resources and successfully address indigenous health concerns? A corollary question is how published guidelines for conducting CBPR in Native American communities are similar and different, what are the implications of these differences and similarities, and what can the Center offer as appropriate guidelines for conducting successful CBPR with Native American communities in Montana?

Objective 1: To establish an enduring, adaptable and conducive infrastructure for Montana researchers, medical and public health practitioners, and Native American community members to develop their capacity, coordinate their efforts and cooperate to successfully address the health disparities faced by Montana's Native American populations.

Objective 2: To develop and provide resources for a pipeline of community members and researchers to come together to cultivate, develop and implement pilot projects that address health disparity needs identified by Native American communities in Montana.

Objective 3: To expand and enhance the capabilities of academically-based health researchers and Native American community members to work in effective CBPR partnerships; and to increase the number of Native American students

who are actively engaged in CBPR research on health issues in their home communities.

Objective 4: To understand what community and university structures, processes, policies, and activities are required to conduct CBPR research with Native American communities that successfully addresses Native American health disparities.

3. Organization, Infrastructure and Support

The MSU Center will be supported by an NIH grant, under the P20 funding mechanism. This program is to “*Establish An Exploratory National Center in Minority Health and Health Disparities*” and the MSU center is organized under the auspices of the grant guidance. There are four cores programs that constitute the center: the administrative core; the research core; the research training core and the community engagement core. Linda Hyman, Vice Provost for Health Sciences at MSU is the Principle Investigator of the grant and the Center will be housed within the Division of Health Sciences. Dr. Hyman will also lead the Administrative Core. There are three co-Principle Investigators of the project. Dr. Suzanne Christopher, Professor in the Department of Health and Human Development will lead the research core; Dr. Mike Babcock, Professor, Department of Psychology will lead the research training core and Sara Young will lead the community engagement core.

4. Activities

Each of the core units of the Center will engage in specific activities that are aimed to address a wider range of Native American community health concerns and encourage MSU-Bozeman and other college and university researchers in Montana to collaborate in addressing Native American health disparities. For example, the Administrative Core will oversee the internal and external advisory boards as well as the evaluation effort. The Research core will develop a pipeline of individuals and then partnerships who will eventually engage in CBPR research. The Consortium will have four levels of partnership arrangements and will support the different levels according to their needs. The levels are 1) Fully Engaged Partnerships, 2) Engaged Partnerships, 3) Interested Partners, and 4) Potential Partnerships and Partners. Pilot grant funds will be used to gather preliminary data, develop and refine research proposals, hold community meetings, and/or hold partner meetings. The results of the pilot grant will be to move the Engaged Partnerships into Fully Engaged Partnerships, increase trust and engagement, and to develop a full research proposal that will be submitted for external funding. During the five years of grant funding, the Center will make at least 15 awards of \$25,000 to \$50,000 each for pilot projects.

The research training core will host a series of academic-year monthly seminars and lectures. Initially, topics will be those suggested by published recommendations and reports for conducting successful partnership research. Some of the initial topics will be partnership process training, research methods, effective dissemination of results, cultural competence, and conflict resolution. The second method for developing and institutionalizing the CBPR infrastructure will be through a quarterly “CBPR on the road” series. For this series, the Training, Research, and Community Engagement Core

Directors will travel to a reservation community with one Fully Engaged or Engaged Partnership team.

The community engagement /outreach core will: (1) meet with 7 reservation communities and the Indian centers of the 2 largest American Indian urban populations in Montana; (2) Hire and train Community Organizers; (3) Hold bi-weekly conference calls; (4) Facilitate action-oriented community diagnoses; (5) Hold community forums where priority health issues are discussed and decided; (6) Facilitate research partnerships and; (7) Hold an annual health day on each reservation and at the 2 Indian centers.

5. Information on agencies, organizations and/or institutions which will be involved and advisory council information.

The center will be funded by an award from the NIH for a total of \$6,544,002 over a five year period starting October 1, 2007. There is also a proposal pending to the Paul Allen Foundation that would provide additional funds to support the infrastructure of the program. As noted, this is considered a “planning” award (the P20 funding mechanism) and is a pre-requisite to the full funding for an NIH sponsored Center of Excellence Grant (P50 or P60 award). Establishment of the Center at MSU at this phase will enhance the changes or positioning this effort for a full center award upon completion of the planning phase.

We have assembled an outstanding group of experts in CBPR to serve on our advisory committee. The board members, all of whom have agreed to serve are: Dr. Linda Burhansstipanov (Cherokee Nation of Oklahoma) Exec. Dir. Of Native American Cancer Research, a community-based organization; Dr. Joe Dan Coulter (Citizen, Potowotamie Nation Oklahoma) U. Iowa College of Public Health Professor; Dr. Eugenia Eng, UNC Professor, School of Public Health, CBPR practitioner on minority health; Dr. Bonnie Satchetello-Sawyer, Dir. Hopa Mountain, a non-profit organization dedicated to community-based development; Dr. Lillian Tom-Orme (Dine Nation) U. Utah School of Medicine Professor.

6. Interrelationships between the Center for Native Health Partnerships and the institutional mission: including information about which department on campus will be involved and how the center or institute will contribute to the academic programs of the institution.

The MSU vision statement makes clear the mission of Montana State University and states that MSU is to “...to serve the people and communities of Montana by sharing our expertise and collaborating with others to improve the lives and prosperity of Montanans.” This is clearly in concert with the focus of the Center for Native Health Partnerships.

This is an interdisciplinary Center where the principals are from four different departments (Microbiology, Psychology, Cell Biology/Neuroscience and Health and Human Development) representing two Colleges (College of Letters and Science and the College of Education, Health and Human Development). In addition, the Center will have close contact and develop collaborative relationships with three other campus

outreach organizations - the INBRE program, AIRO (American Indian research Opportunities) and the AHEC (Area Health Education Center).

7. Finances and space

The Center will be financed by the NIH as described above. The Center will be located within the Division of Health Sciences, which has offices in Leon Johnson Hall as well as Culbertson Hall on the MSU campus.

8. Similar programs in the state and surrounding regions

The Center for Native Health Partnerships grew out of a consortium of researchers and communities interested in conducting CBPR in Montana. In May 2006, a workshop was held at MSU for potential research partners to learn about conducting CBPR and about working respectfully in tribal communities. Notably, more than 90 individuals from across the state came to the workshop and/or expressed an interest in being a part of the Consortium. The response is a testament to the level of interest and the need to have a central focus for this type of work which is not formally organized or institutionalized in the State or the region.

9. Identify faculty expertise available for participation in Center activities

Center Directors

Linda Hyman, Ph.D. Dr. Hyman is the Vice Provost of the Division of Health Sciences Director of the Montana WWAMI Program and a full professor in the Department of Cell Biology/Neuroscience. Dr. Hyman oversees the Administrative Core. As the Vice Provost for Health Sciences, Hyman has maintained an active and independent research program while leading a variety of administrative units, including the Montana WWAMI Medical Education Program, the Montana Area Health Education Center and the Montana Office of Rural Health. Notably, the successful AIRO (American Indian Research Opportunities) Program, reports directly to Dr. Hyman and since coming to MSU she has assumed responsibilities as Principle Investigator on two of their key initiatives.

Suzanne Christopher, Ph.D. Dr. Christopher is a full professor in the Department of Health and Human Development and she will oversee the research core. She currently co-directs the Montana Consortium for Community-Based Research in Health, manages the Clinical Research Development Program, and is on the Advisory Board for the Vice-President for Research and Creative Activities at MSU. She received her doctorate in the Department of Health Behavior and Health Education from the University of North Carolina (UNC) School of Public Health. She has worked with community-based health projects for over 15 years and was the Director of Health Education Services for the Bureau of Community Health Services at the Marion County Health Department in Indianapolis, IN prior to attending graduate school at UNC. Dr. Christopher is on the Coordinating Committee for the Spirit of 1848 Caucus of the American Public Health Association. The Spirit of 1848 Caucus is devoted to issues of Social Justice in Health. She has served as PI on several projects that utilize a CBPR approach, is dedicated to

reducing health disparities, and has a proven ability to initiate and nurture partnership approaches to better the public's health.

Dr. Michael Babcock. Dr. Babcock is a full professor in the Department of Psychology and he will oversee the research training core. He has served as a faculty/research mentor for Native American students at Montana State University since 1994, sponsoring 16 minority students in his laboratory during this period. Dr. Babcock has been an active participant on numerous federally funded minority training grants including the Minority Access to Research Careers Program, the Minority Biomedical Research Support Program, the Montana Apprenticeship Program (MAP), and the Initiative for Maximizing Student Diversity.

In addition to these individuals there will be opportunities for engagement of other faculty at MSU and other institutions in the state to participate in pilot projects, training sessions, seminar etc.

10. Review Process

This proposal has been reviewed by the Office of the Provost.