



AlCoRN Growing a Community Based Research Network

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Land Acknowledgement



Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



Overview



- PBRN overview
 - Share story
 - Define PBRN
 - Ultimately it takes too long to translate science into practice
 - Builds upon generations of science
- Intro to AICoRN
- Underrepresentation of Great Plains
 - Potential to pool resources/data for real tangible benefit
- Need Locally, Nationally & Globally to translate science into practice



Introduction



- Trained since Pre-K in Traditional Healing
- Family and Integrative Physician, research experience
- Apprenticeships with Traditional Healers
- Value of Global Healing Traditions
- Realized the limits to direct services (though have benefits), goal of expediting and improving care and care options delivered
- Building upon strengths and resources
 - Expand upon existing partnerships
 - Create novel partnerships



PBRNs Alphabet soup for all!



- Practice-Based Research Network
- Agency for Healthcare Research and Quality AHRQ
- Network of healthcare clinicians and practices working together to answer community based healthcare questions and translate findings into practice.
- “Working together to answer community-based health care questions and translate research findings into practice”
- By design directly engages participants (ideally inclusive of underserved and historically underrepresented)
- Practical and proactive approach
- <https://pbrn.ahrq.gov/>

Changing the Map



- AICoRN
 - American Indian, rural underserved emphasis
 - Addresses the needs of partners
 - Sprouted out of need for clinical research infrastructure in Great Plains
 - <https://www.fda.gov/consumers/minority-health-and-health-equity/clinical-trial-diversity>



- DaCCoTA (CTR): <https://med.und.edu/daccota/>
- Indigenous Trauma & Resilience Research Center (COBRE)
 - <https://grantome.com/grant/NIH/P20-GM139759-01-5893>
 - <https://med.und.edu/news/2021/03/und-awarded-nih-grant-to-study-indigenous-resilience-and-trauma.html>
- Department of Indigenous Health
 - <http://blogs.und.edu/und-today/2021/08/worlds-first-department-of-indigenous-health/>

Internal Stakeholders

- DaCCoTa
- COBRE
- INBRE
- INMED
- INPSYDE
- Department of Indigenous Health
- School of Nursing
 - RAIN
- School of Engineering
- Center for Family Medicine



External Stakeholders

- INMED Alumni
- AAFPNRN
- NAPCRG
- GPPBRN
- SNO-CAP
- AI/ANCTR
- Indian Health Service
- Tribal Partners
- Urban Indian Health
- Oyate' Health Center
- Monument Health
- CHAD

Organizational Shout Out



- Internal, External, Tribal Advisory Councils, and Partners
- Collaborators
 - CU Anschutz: SNOCAP
 - <https://medschool.cuanschutz.edu/family-medicine/community/practice-based-research-networks/snocap>
 - NWHERON
 - <https://ireach.wsu.edu/nwheron/>
 - Great Plains Primary Care PBRN
 - <https://gpctr.unmc.edu/ctr-resources/pbrn/>
 - Ohio Valley Node CTN
 - <https://med.uc.edu/institutes/CAR/history>
 - PBRN work group

Partners



1. **Monument Health:** Based in Rapid City
 - 31 specialties, 12 communities across western SD
 - 5,000 physicians and caregivers, 5 hospitals, 38 clinics and centers
2. **CHAD:** Community Healthcare Association of the Dakotas
 - Network of Federally Qualified Health Centers
 - 65 sites, 53 communities
3. **Oyate Health:** Tribally owned community driven health care system
 - Black Hills and Badlands region of western SD
 - Primary Care, Urgent Care, specialty clinics
4. **Family Medicine Centers:** UND Family Medicine Residencies
 - Bismarck & Minot Family Medicine Residencies
 - Trains Family Physicians, and partners with over 100 specialists
 - More to come

- STEM
 - Facilitating trust through education, partnership
 - 2 day curriculum: value of biomedical research, clinical trials
 - History of untrustworthy past rather than lack of trust
- Be Screened CRC Project
- Medical students Heart Rate Variability-
heartmath.org

National Support



- North American Primary Care Research Group (NAPCRG)
 - <https://www.napcrg.org/>
 - Conferences
 - Networking
- Graham Center
 - <https://www.graham-center.org/rgc/home.html>
 - Fellowships, visiting scholars
 - Policy Briefs

National PBRNs



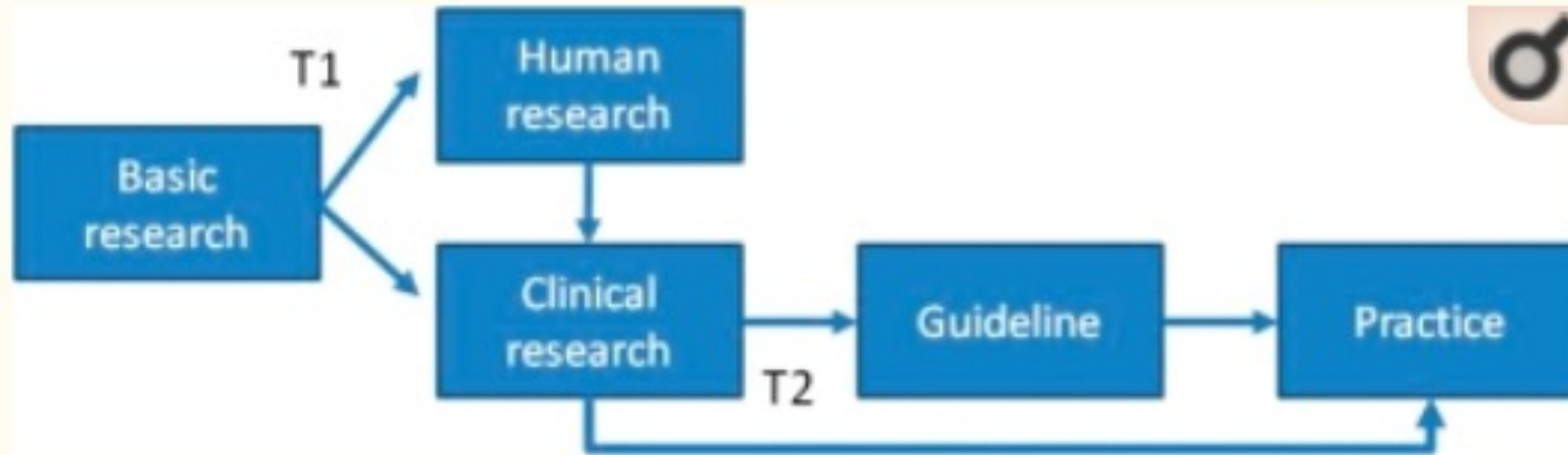
- AAFP NRN:
 - American Academy of Family Practice National Research Network
 - <https://www.aafp.org/family-physician/patient-care/nrn.html>
- Studies
- Publications
 - Loskutova N; Smail C; Callen E; Staton E; Nazir N; Webster B; Pace W. Effects of Multicomponent Primary Care-Based Intervention on Immunization Rates and Missed Opportunities to Vaccinate Adults. BMC Family. 2020 Feb; 21(46). doi: 10.1186/s12875-020-01115-y.
- JOIN THE NETWORK

We can do better in reducing the lag



- Ave 17 year lag in translating bench to practice and outcomes
- Timely realization of benefits is of international concern*
- Policy interventions to improve translation into practice
- Cost of care- shortening the lag time increases overall benefit \$
- Z. Morris, W Wooding, J. Grant. The answer is 17 years, what is the question: Understanding time lags in translational research. Journal of Royal Society of Medicine. 12/11; 104(12):510-520
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241518/>

Flow of Translational Research



[Open in a separate window](#)

Figure 1

A conceptual model of the journey of health (biomedical) research from research into benefit, as derived from the literature

Potential Benefits of PBRNs



- Professional development
- Translation of research into practice
- Empowered patients and communities
- Financial support, grants, and contracts
- Continuous co-learning and information exchange
- Provider-driven research to address clinic priorities
- Regional financial investments through grants and contracts
- Development and dissemination of best practices in our region

Ongoing benefits



- Shared knowledge and experiences about quality patient care and its improvement
- Host dedicated, bright students to gain practical experience
- Versatile research tools used by faculty and students accessible to clinic staff and primary care residents in many medical and non-medical disciplines
- Enhanced influence with decision-makers and health care stakeholders who can improve local and regional health care through policy changes and legislation

PBRNs facilitate:



- Advances in primary health care (e.g., use of advance directives, chronic disease self-management)
- Evolution of practice-based clinical research and identifying common health care concerns
- Interactions between community stakeholders and academic researchers
- Developing and implementing health information technology
- Patient-centered care (goal-oriented vs. problem-oriented)
- Organizational improvement efforts
- <https://ireach.wsu.edu/nwheron/practice-based-research-networks/>

Resources to Improve



- <https://videocast.nih.gov/watch=41795>
- Address disparity gap in recruitment and retention of diverse participants
- Moving beyond typical academic models

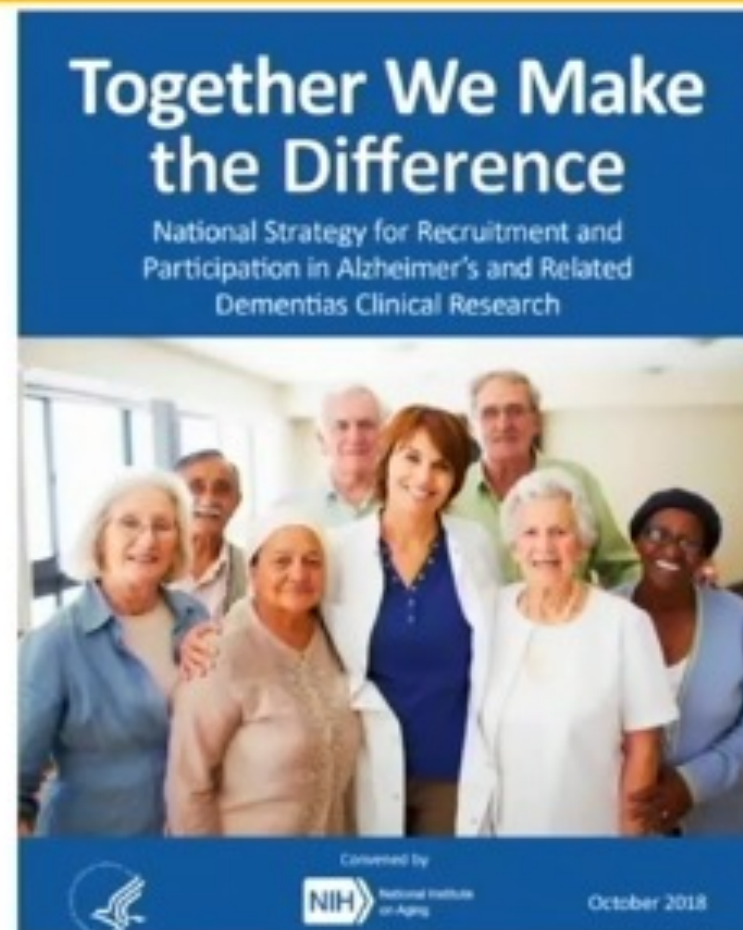
National Strategy for Recruitment and Participation in Alzheimer's and Related Dementias Research

Goal 1: Increase Awareness and Engagement

Goal 2: Build and Improve Research Infrastructure

Goal 3: Engage Local Communities and Support Participants

Goal 4: Develop an Applied Science of Recruitment



Recording...

NIH's Commitment to Ending Structural Racism

- NIH is committed to instituting new ways to support diversity, equity, and inclusion, and identifying and dismantling any policies and practices that may harm our workforce and science.



nih.gov/ending-structural-racism

- NIH established the **UNITE** initiative to address structural racism in biomedical research with the goal of ending racial inequity.

- Primary goals of the initiative are:

- U** Understanding stakeholder experiences through listening and learning
- N** New research on health disparities, minority health, and health equities
- I** Improving the NIH culture and structure for equity, inclusion and excellence
- T** Transparency, communication, and accountability with our internal and external stakeholders
- E** Extramural research ecosystem: changing policy, culture and structure to promote workforce diversity

AICoRN and the Oak Tree



- How we grow and include partnerships
 - Utilize local experts* and connect to programs and resources
 - Dr. Jeff Hostetter
 - <https://und.edu/directory/jeffrey.hostetter>
 - Dr. Dan Petereit
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6541415/>
- Single seed has the potential to help foster a forest



UND Indigenous Health Scholars

- Donald Warne, MD, MPH (*Oglala Lakota*)
- Melanie Nadeau, PhD, MPH (*Ojibwe*)
- Nicole Redvers, ND, MPH (*Dene'*)
- Ursula Running Bear, PhD, MA (*Sicangu Lakota*)
- Allison Kelliher, MD (*Athabaskan*)
- Kyle Hill, PhD, MPH (*Ojibwe/Dakota*)



Translational Research



- Aims at solving particular problems
- Continue to define and evolve perspectives
- CU has 6 week programs for translational activities

AICoRN's future forest



- Next steps
 - Continue to GROW
 - Create support
 - Administrative
 - Data
 - Evaluation
- RFA for pilot studies
- Continue the good work



Thank You!



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