

# Don't Go It Alone! Leveraging Practice-based Research Networks (PBRNs) and Community Collaboratives in Applied Research

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**Thank you for making time.  
We are surviving a pandemic!**

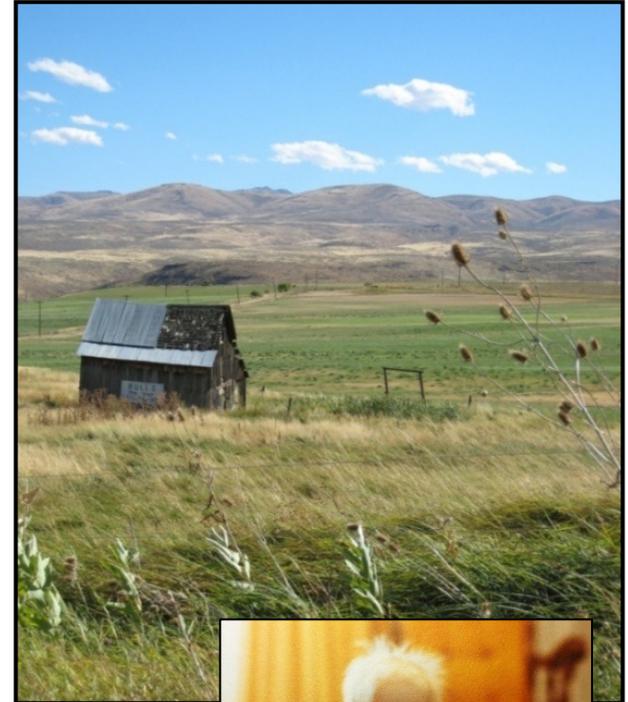
# Advice

- Show up
  - Listen first
  - Play to your strengths
  - Build on existing structures
  - It doesn't always have to be *you*
- You don't have to do this alone
- You shouldn't do this alone

# Personal Background

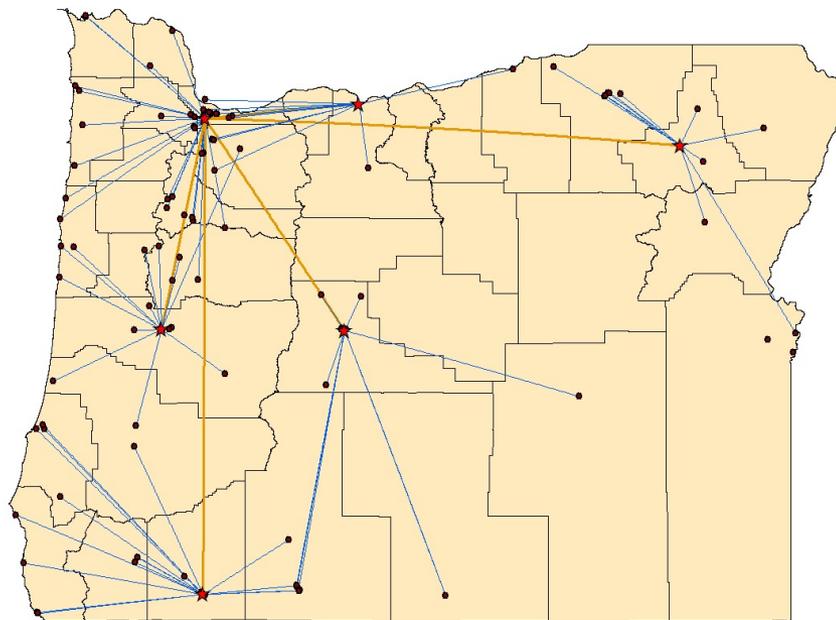
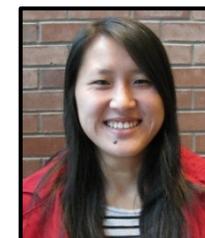
- Rural upbringing (Columbia Gorge)
- Training
  - BA in biology-environmental studies
  - PhD in social-developmental psychology
- Research interest(s):
  - Topics: Rural health disparities, colorectal cancer screening & treatment, practice facilitation to change health systems
  - Methods: Participatory implementation science, mixed methods
  - Goal: Eliminate health disparities in rural and vulnerable populations

10+ years conducting applied research in [ORPRN](#) and [CHARA](#)



# Oregon Rural Practice-based Research Network (ORPRN)

[www.ohsu.edu/orprn](http://www.ohsu.edu/orprn)



*ORPRN's mission is to improve health outcomes and equity for all Oregonians through community partnered dialogue, research, coaching and education.*

# Practice-Based Research—“Blue Highways” on the NIH Roadmap

John M. Westfall, MD, MPH

James Mold, MD, MPH

Lyle Fagnan, MD

On the old highway maps of America, the main arteries were red and the back roads blue. Now even the colors are in those brevities just before dawn and a little after dusk, neither day nor night—the old roads return to their original color. Then, in truth, they carry a mysterious cast that time when the pull of the blue highway is the open road is a beckoning, a strangeness, a place where one can lose himself.

William Least Heat-Moon

laboratories to the physicians and patients in primary care offices

Journal of Healthcare Leadership

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REVIEW

## Characteristics and lessons learned from practice-based research networks (PBRNs) in the United States

Search 2019 PBRN Registry



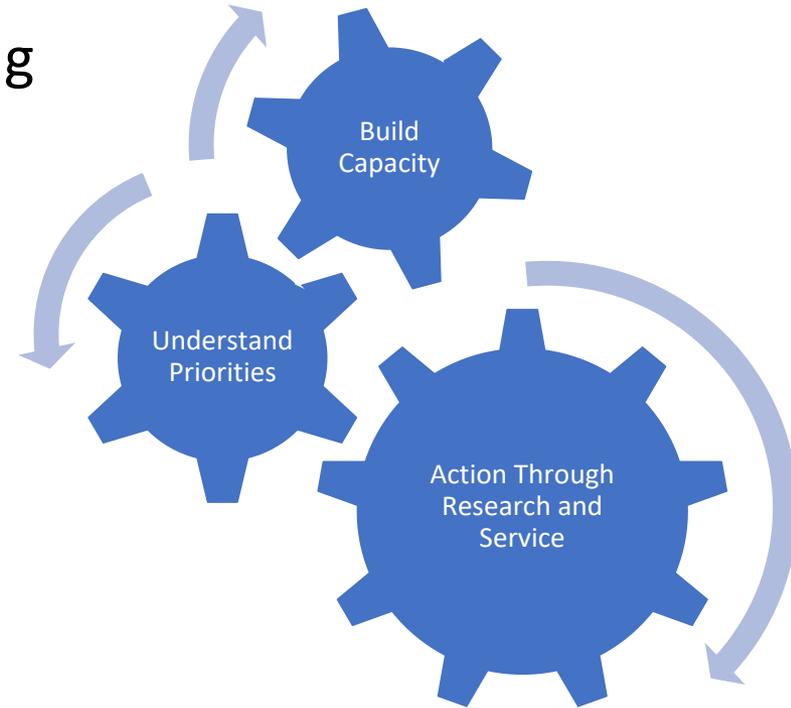
(PBRNs) are organizations that involve practicing clinicians in the development and testing of research questions. This review explores the characteristics and lessons learned through practice-based research in the United States in the 1970s. Early studies explored primary care practices (eg, headache, migraine) and were often conducted in controlled specialty settings. More recent studies, driven by patient preferences and an evolving funding climate have focused on shared electronic health networks, a push for shared electronic health records, and research methodologies (eg, observational studies, continuous quality improvement, participatory action research) registered with the Agency for Healthcare Research and Quality to engage primary care clinicians, pharmacists,

Alternative content View 2019 PBRN Registry in a full screen map. Text equivalent version.

# Community Health Advocacy & Research Alliance (CHARA)

<http://www.communityresearchalliance.org/>

- Founded 2013 with PCORI seed funding
- Structure
  - Co-leads (Davis & Dillon)
  - Core team (Lowe, Ferrara, Ruder)
  - Advisory Board
  - Research Ambassadors
- Mission to “identify, develop, and conduct health research to answer questions that matter here.”



CHARA Process Overview

Connecting research to  
real life in the  
Columbia River Gorge

# CHARA Funding Over Time

Title	Topic	Year awarded	Length	Held by	Amount	Funder
PCORI Tier I	Capacity building	2014	<1 year	Community	\$15K	PCORI
InteGREAT	Integrated care	2014	1 year	Academic	\$250K	Gorge Health Council
AHRQ PCOR K12	PCOR & CRC	2014	2.5 years	Academic	\$305K	AHRQ/OHSU
PCORI Tier II	Capacity building & CER	2015	1 year	Community	\$25K	PCORI
Finding the Right FIT	CRC	2015	1 year	Community	\$25K	Knight CPP
PCORI Tier III	Capacity building, CRC	2016	1 year	Academic	\$50K	PCORI
Mobilizing Action for Resilient Communities (MARC) Evaluation	Trauma informed care	2017	2 years	Community	N/A	RWJF
PRECISE CRC	CRC	2017	4 years	Academic	\$682K	NCI
OCTRI CTSA	Capacity building	2018	5 years	Academic	N/A	NIH
SMARTER CRC	CRC	2019	5 years	Academic	\$6M	NCI
ANTECEDENT	Unhealth alcohol Use	2019	3 years	Academic	\$2.3M	AHRQ

\* In addition to these awards, the Community Health Impact Specialist who serves on CHARA's board has secured over \$10 Million in community-based projects. Abbreviations: PCORI = Patient Centered Outcomes Research Institute, PCOR = Patient Centered Outcomes Research, CRC = Colorectal Cancer, SDH = Social Determinants of Health, CPP = Community Partnership Program, CMS = Center for Medicaid and Medicare Services, RWJF = Robert Wood Johnson Foundation, NCI = National Cancer Institute.

# Transitioning From CHIP to CHIRP

## Blending Community Health Development With Community-Based Participatory Research

**Paul B. McGinnis, MPA; Melinda M. Davis, PhD; Jamie Smith, M.P.H., B.S.N., R.N.; and Beth Ann Beamer, BSN, RN**

In 2006, a community health development project in Oregon, around local health concerns, was initiated. In 2007, a research component was introduced to help the community garner resources and information. The project was a partnership between the Mountain View Community Health Center and Oregon Health & Science University to increase the

*Journal of Clinical and  
Translational Science*

[cambridge.org/cts](http://cambridge.org/cts)

### Implementation, Policy and Community Engagement Special Communication

**Cite this article:** Davis MM, Lindberg P, Cross S, Lowe S, Gunn R, Dillon K (2018) Aligning systems science and community-based participatory research: A case example of the Community Health Advocacy and Research Alliance (CHARA) *Journal of Clinical and Translational Science* 2: 280-288, doi:10.1017/cts.2018.334

## Engaging the Underserved: A Process Model to Mobilize Rural Community Health Coalitions as Partners in Translational Research\*

Melinda M. Davis, Ph.D.<sup>1</sup>, Susan Aromaa, M.S.<sup>2</sup>, Paul B. McGinnis, M.P.A.<sup>3</sup>, Katrina Ramsey, M.P.H.<sup>4</sup>, Nancy Rollins, B.F.A.<sup>5</sup>, Jamie Smith, M.P.H., B.S.N., R.N.<sup>6</sup>, Beth Ann Beamer, R.N.<sup>7</sup>, David I. Buckley, M.D., M.P.H.<sup>8</sup>, Kurt C. Stange, M.D., Ph.D.<sup>9</sup>, and Lyle J. Fagnan, M.D.<sup>10</sup>

## Aligning systems science and community- based participatory research: A case example of the Community Health Advocacy and Research Alliance (CHARA)

Melinda M. Davis<sup>1,2,3,4</sup>, Paul Lindberg<sup>4,5,6</sup>, Suzanne Cross<sup>4,7</sup>, Susan Lowe<sup>4,6,8</sup>, Rose Gunn<sup>1,4</sup> and Kristen Dillon<sup>4,9</sup>

<sup>1</sup>Oregon Rural Practice-based Research Network, Oregon Health & Science University, Portland, OR, USA, <sup>2</sup>Department of Family Medicine, Oregon Health & Science University, Portland, OR, USA, <sup>3</sup>OHSU-PSU School of Public Health, Oregon Health & Science University, Portland, OR, USA, <sup>4</sup>Community Health Advocacy & Research Alliance, Hood River, OR, USA, <sup>5</sup>Hat Creek Consulting, Providence Hood River Hospital, United Way-Columbia Gorge, Hood River, OR, USA, <sup>6</sup>Community Advisory Council, PacificSource Columbia Gorge Coordinated Care Organization, The Dalles, OR, USA, <sup>7</sup>Columbia Gorge Health Council, Hood River, OR, USA, <sup>8</sup>Clinical Advisory Panel, PacificSource Columbia Gorge Coordinated Care Organization, The Dalles, OR, USA and <sup>9</sup>PacificSource Columbia Gorge Coordinated Care Organization, Hood River, OR, USA

recognized as critical elements in  
ities are needed.  
erships (CHIPs) into Community  
ments: an academic-community  
l community-based participatory

# Unmet Dental Needs in Rural Primary Care: A Clinic-, Community-, and Practice-based Research Network Collaborative

*Melinda M. Davis, PhD, MA, Thomas J. Hilton, MS, DMD, Sean Benson, DDS,  
Jon Schott, MD, Alan Howard, MS, Paul McGinnis, MPA, and Lyle Fagnan, MD*

**Background:** Oral health is a  
access of dental care and unn  
with systemic health, few stud

Original Research

## Milk Options Observation (MOO): A Mixed-Methods Study of Chocolate Milk Removal on Beverage Consumption and Student/Staff Behaviors in a Rural Elementary School

The Journal of School Nursing  
2017, Vol. 33(4) 285-298  
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DOI: 10.1177/1059840517703744  
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### ORIGINAL RESEARCH

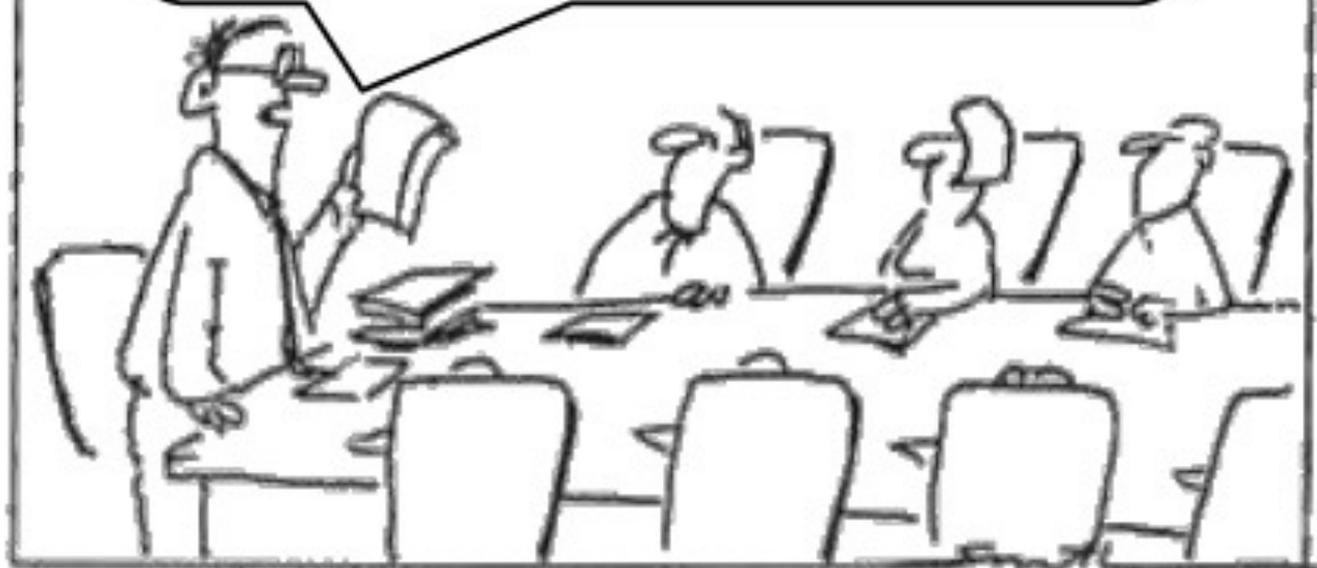
## “Finding the Right FIT”: Rural Patient Preferences for Fecal Immunochemical Test (FIT) Characteristics

*Robyn Pham, BS, Suzanne Cross, MPH, CHW, Bianca Fernandez, BA,  
Kathryn Corson, PhD, Kristen Dillon, MD, Coco Yackley, BS,  
and Melinda M. Davis, PhD*

**Purpose:** Colorectal cancer (CRC) is the third leading cause of cancer death in the United States, yet 1 in 3  
Americans have never been screened for CRC. Annual screening using fecal immunochemical tests (FITs) is  
often a preferred modality in populations experiencing CRC screening disparities. Although multiple studies

amsey, MPH<sup>3</sup>,  
N<sup>5</sup>,

THE LATEST RESEARCH SHOWS THAT  
WE REALLY SHOULD DO SOMETHING  
WITH ALL THIS RESEARCH



Greg Melby, MD



# Kristen Dillon, MD





Keli Christman &  
Elizabeth Powers, MD

# Where to look locally?

- Clinical and Translational Science Awards
- Practice-based Research Networks?
- Cancer Centers – Community Engagement Cores
- Public Health Schools
- Extension



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