Carolina Center on Alzheimer’s Disease and Minority Research

Research Collaboration: Tips, Tactics, and Tales

June 12, 2020
TODAY’S SPEAKER

Daniela Friedman, Ph.D., Professor and chair of the Department of Health Promotion, Education, and Behavior, University of South Carolina
Research Collaboration:
Tips, Tactics, and Tales

Daniela B. Friedman, PhD

Professor & Chair, Department of Health Promotion, Education, and Behavior
Co-Director, Office for the Study of Aging
Multiple Principal Investigator, Carolina Center on Alzheimer’s Disease and Minority Research
Co-Lead, Community Engagement Core, Centers for Oceans and Human Health & Climate Change Interactions
Many, many layers to collaborations! Let’s discuss seven layers!

1. Find collaborators
2. Consider carefully how and when you ask
3. Discuss a starting point
4. Establish clear deliverables
5. Consider tools for effective collaboration and communication
6. Invest in relationships; Evaluate for improvement
7. Leave toxicity behind
1. FIND COLLABORATORS – SOONER THAN LATER

*Keep me searching and I’m growing old*

- **People you know**
  - Call, email, meet, tweet, & start

- **People you sort of know**
  - Through mentors or colleagues
  - Via professional networks

- **People you don’t know**
  - Check NIH reporter, PubMed, other databases
  - USCeRA faculty expertise
2. CONSIDER CAREFULLY HOW AND WHEN YOU ASK

*If you ask me to … I just might …*

- People you know
  - Call, email, meet, tweet, & start

- People you sort of know
  - Call, email, meet, tweet, & start
  - Ask someone to connect you

- People you don’t know
  - Ask someone to connect you
Anonymous Example 1

• Researcher outside of our unit reaches out via email
  • Individual provides biosketch template, indicates she/he is submitting grant within 1 week, asks if I will send biosketch and whether I feel comfortable with lending 5-10% effort ….

  • … To do what???

  • You may need to decline – and that’s alright

  • But what would be a helpful next step? (See Tip #3)
3. DISCUSS A STARTING POINT

*Before the risin’ sun we fly, so many roads to choose*

- Have you worked together previously?
  - Yes
    - Show me the evidence: scholarly products
  - Sort of
    - Take time to work on the evidence: scholarly products
- No
  - Learn about each other’s work and start on the (you guessed it) … scholarly products
Non-Anonymous Example 1:

Often ideas start with a story
4. ESTABLISH CLEAR ROLES ON DELIVERABLES

*When you know the notes to sing you can sing most anything*

- Who is responsible for what?
- Focus on the endgame but also the process for how to make it to the finish line
## Roles (required in NIH proposals)

### Table 1: Team Members’ Scope of Work by Project Aim

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Aim 1</th>
<th>Aim 2</th>
<th>Aim 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friedman (PI)</td>
<td>Guide formative research phase; Co-chair steering committee</td>
<td>Guide development of culturally sensitive materials; Co-chair steering committee</td>
<td>Guide campaign evaluation and tracking processes; Co-chair steering committee</td>
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</table>
PARTNER-PHASE I
Learn from Community: Focus Groups & Key Informant Interviews

PARTNER-PHASE II
Develop/Pilot Communication Campaign

PARTNER-PHASE III
Volunteer sign-up for PARTNER Research Cohort

Family Members from SC AD Registry

General Community

Materials distributed through partnerships

Community leader endorsement

Fliers Brochures Posters

Learn from Community:
Focus Groups & Key Informant Interviews

Develop/Pilot Communication Campaign

Volunteer sign-up for PARTNER Research Cohort

Message Reach

Community Response

Update Campaign Materials

Implement Large scale Communication Campaign

= Specific Aim 1

= Specific Aim 2

= Specific Aim 3

Center for Oceans and Human Health and Climate Change Interactions at the University of South Carolina

South Carolina
Based on a previous slide, what do you think is missing from this lovely logic model?
The RCMAR network functions in the same way.

<table>
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<tr>
<th>Components of collective impact</th>
<th>Healthy Aging Research Network (HAN) exemplars</th>
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</table>
| Governance and infrastructure   | • Developed and funded a coordinating center for the network with staff and skills to serve as the backbone for the HAN and coordinated efforts across stakeholders  
• Held monthly conference calls and annual in-person grantees meetings with the coordinating center, member centers, community partners, and federal and non-federal agencies  
• Member centers regularly evaluated the functioning of the coordinating center  
• Applied an evaluation framework (Reach, Effectiveness, Adoption, Implementation, Maintenance [RE-AIM]) to HAN initiatives |
| Shaping the focus               | • Created and secured consensus within and external to HAN on the first ever definition of healthy aging  
• Established, secured consensus, and published a research and translation agenda for healthy aging for specific topics  
• Engaged and partnered with community partners and federal and non-federal agencies |
| Community involvement           | • Conducted projects based on unmet community needs  
• Invited community partners who represented varied settings and ethnic diversity to participate in the development, execution, and dissemination of HAN projects  
• Disseminated, evaluated, and enhanced sustainability of evidence-based health promotion programs for older adults  
• Created linkages between community and clinical partners  
• Built capacity of communities to offer and evaluate evidence-based health promotion programs |
| Evaluation and improvement      | • Planned and conducted a HAN social network analysis  
• Used RE-AIM as an evaluation framework for community-based projects  
• Published action briefs and scholarly publications and conducted webinars  
• Developed and distributed the Health Saving Cost Calculator (see www.ebp-savings.info for more information)  
• Demonstrated reach and effectiveness of evidence-based health promotion programs  
• Collaborated with CDC resources such as the Task Force on Community Preventive Services to implement findings  
• Improved our understanding of factors associated with brain health  
• Increased understanding of essential elements necessary for successful healthy aging network structure and processes  
• Developed a pipeline of healthy aging researchers  
• Received national awards for HAN products |

*HanleyBrown et al. (2012).¹  
¹CDC, Centers for Disease Control and Prevention.
Anonymous Example 2

• You (researchers) tell us (funder) what the community needs!
• We (funders) will give you (researchers) the $
• Sounds like clear roles and deliverables, right? Well …
• Different entities have somewhat different goals, timelines (marketing NOW versus message testing), deliverables, and … budgets but overall shared vision – WIN, WIN, WIN – or was it?
• Establishing roles and goals upfront is key
5. CONSIDER TOOLS FOR COMMUNICATION

Winter, spring, summer, or fall, all you got to do is call

- Night owls and Early birds can still work together in perfect harmony
- In-person vs. Virtual
- If virtual, which platform?
  - Teams
  - Zoom
  - Skype
  - Other
  - Core team meetings more frequently
  - Larger group meetings less often (more for providing updates)
Clear communication is really important!
Anonymous Example 3

• ..... Starting from the grant announcement
  • “Who’s Daniela? We’ve already done this work. Why is she involved?”
• Expected partnership dictated by funder
• Accomplishments
  • Sustained for 8+ years
  • Student successes
  • Leveraged funding
  • **Partner** visibility – symposia, papers, presentations, celebration, and AWARDS
• Collaborative deliverables
• Partnership assessment … and continued work with partners on numerous grants
6. INVEST IN RELATIONSHIPS; EVALUATE FOR IMPROVEMENT

Get up everybody and sing ... We go together like rama lama lama
Anonymous Example 4

• Focus shifted AFTER grant already funded
• Were we flying by the seat of our pants?
  • No. We were the new kids on the block. We were strategic and focused on strengths of our team:
    • Community-based participatory research
    • Formative research
    • Interdisciplinary focus
    • We were collaborative!
Developing Partnerships and Recruiting Dyads for a Prostate Cancer Informed Decision Making Program: Lessons Learned From a Community-Academic-Clinical Team


An Evaluation of a Community–Academic–Clinical Partnership to Reduce Prostate Cancer Disparities in the South


Tools we used:
Bell-Elkins’ Principles of Partnership in a Community-Campus Partnership, PARTNER Tool, and the Wilder Collaboration Factors Inventory

Regular check-in during and debrief following each collaboration
7. LEAVE TOXICITY BEHIND

Just turn around now cause you’re not welcome anymore and …. Let it go, let it go
Back to our seven layers!

1. Find collaborators
2. Consider carefully how and when you ask
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5. Consider tools for effective collaboration and communication
6. Invest in relationships; Evaluate for improvement
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Lessons I’ve Learned from Collaborators
(Similar to lessons that are key to effective crisis communication):

• Keep it simple and clear and not clear as mud
  • Be clear with expectations; meet people where they are with content and format preferences

• No “lecturing”
  • Listen first; acknowledge concerns; build trust

• Establish roles (give people things to do)
  • Mobilize; Sense of control
Rise Up, Get Tested, and Live: an Arts-Based Colorectal Cancer Educational Program in a Faith-Based Setting

Daniela B. Friedman¹ · Swann Arp Adams² · Heather M. Brandt¹ · Sue P. Heiney³ · James R. Hébert⁴ · John R. Ureda⁵ · Jessica S. Seel⁶ · Courtney S. Schrock⁶ · Wilhelmenia Mathias⁷ · Vivian Clark-Amstead⁷ · Reverend Vernetta Dees⁸ · Reverend Perry Oliver⁸

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Takeaways – What led to the successful collaborations discussed?

• Reached out early … it’s never early enough
• Shared vision and clear expectations
• Trust among team members
• Discussed goals and deliverables upfront
• Clear roles for everyone involved – including authorship and credit
• Communicated successes – sharing in these sets you up for continued partnerships down the road
• Understand that each project and each collaboration is unique and cannot be replicated but you can apply what you learn from one to another
Some Additional Resources


THANK YOU!

Please feel free to contact me for further information:

dbfriedman@sc.edu
803.576.5815
TODAY’S SPEAKER

Daniela Friedman, Ph.D., Professor and chair of the Department of Health Promotion, Education, and Behavior, University of South Carolina

• Dr. Friedman is also co-director for the university’s Office for the Study of Aging which houses the oldest and most comprehensive Alzheimer’s Disease Registry in the U.S. Her interdisciplinary and partner-engaged research is focused on health communication with racially and ethnically diverse older populations.
Thank you for participating!

Please give us your feedback about the session by answering a brief survey.

For the in-person attendees, we will have the survey available on the tablets at the end of the session, or you can use the QR code on screen to access the survey.

For virtual attendees, we will be emailing a survey link to all participants, you can access it through the QR code to the right or through the survey link.

The QR code appears here or it can be accessed via the Survey Link.
Thank you!

If you have any questions, please contact Quentin McCollum mccolluq@email.sc.edu or Brianna Ashford-Carroll, ashfordb@email.sc.edu.