The adaptation and implementation of a community-based participatory research curriculum to build tribal research capacity.

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          Community-Based Participatory Research
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          Health Status Disparities
          Humans
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          Inuits
          United States

Abstract: We studied community-based participatory research in American Indian/Alaska Native communities. We have presented a case study describing a community-clinic-academic partnership with the goal of building tribal capacity and infrastructure to conduct health disparities research. The 2-year intensive training was guided by the framework of an evidence- and community-based participatory research curriculum, adapted and implemented with practice-based data collection activities and seminars to address issues specific to community-based participatory research with sovereign tribal nations. The initiative highlighted important challenges and opportunities in transdisciplinary partnerships; identified gaps in conducting health disparities research at the tribal, clinical, and university levels; and led to important policy change initiatives in all the partner settings.
Addressing the burden of post-conflict surgical disease - strategies from the North Caucasus.
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Humans
International Cooperation
Needs Assessment
Patient Acceptance of Health Care - psychology
Prisoners - statistics & numerical data
Russia
Schools
Surgical Procedures, Operative
Terrorism
War

Abstract: The 2004 terror attack on a school in Beslan, North Caucasus, with more than 1300 children and their families taken hostage and 334 people killed, ended after extreme violence. Following the disaster, many survivors with blast ear injuries developed complications because no microsurgery services were available in the region. Here, we present our strategies in North Ossetia to strengthen subspecialty surgical care in a region of instable security conditions. Disaster modifies disease burden in an environment of conflict-related health-care limitations. We built on available secondary care and partnered international with local stakeholders to reach and treat victims of a humanitarian disaster. A strategy of mutual commitment resulted in treatment of all consenting Beslan victims with blast trauma sequelae and of non disaster-related patients. Credible, sustained partnerships and needs assessments beyond the immediate phases after a disaster are essential to facilitate a meaningful transition from humanitarian aid to capacity building exceeding existing insufficient standards. Psychosocial impacts of disaster might constitute a barrier to care and need to be assessed when responding to the burden of surgical disease in conflict or post-conflict settings. Involving local citizen groups in the planning process can be useful to identify and access vulnerable populations. Integration of our strategy into broader efforts might strengthen the local health system through management and leadership.

PubMed ID: 21432701 View in PubMed
Patients designated as alternative level of care (ALC) are an ongoing concern for healthcare policy makers across Canada. These patients occupy valuable hospital beds and limit access to acute care services. The objective of this paper is to present policy alternatives to address underlying factors associated with ALC bed use. Three alternatives, and their respective limitations and structural challenges, are discussed. Potential solutions may require a mix of policy options proposed here. Inadequate policy jeopardizes new acute care activity-based funding schemes in British Columbia and Ontario. Failure to address this issue could exacerbate pressures on the existing bottlenecks in the community care system in these and other provinces.
Documents from the Second Ministerial Meeting in Barrow, Alaska

ACAP
ACIA
AMAP
Arctic Telemedicine Project
Barrow Declaration
CAFF
Capacity building
Children and youth health indicators
Climate change
EPPR
Heavy metals
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PAME
PCB
POPs
Sustainable Development Working Group (SDWG)
Tourism

ArcticCouncilBarrow2000.pdf

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**Blantyre-Oslo Neurosurgery Program.**
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**Author:** Signe Marie Bandlien  
Liz Palm

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Humans  
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Neurosurgery - education  
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**Blended learning across universities in a South-North-South collaboration: a case study.**
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Increased health research capacity is needed in low- and middle-income countries to respond to local health challenges. Technology-aided teaching approaches, such as blended learning (BL), can stimulate international education collaborations and connect skilled scientists who can jointly contribute to the efforts to address local shortages of high-level research capacity. The African Regional Capacity Development for Health Systems and Services Research (ARCADE HSSR) was a European Union-funded project implemented from 2011 to 2015. The project consortium partners worked together to expand access to research training and to build the research capacity of post-graduate students. This paper presents a case study of the first course in the project, which focused on a meta-analysis of diagnostic accuracy studies and was delivered in 2013 through collaboration by universities in Uganda, Sweden and South Africa.

We conducted a mixed-methods case study involving student course evaluations, participant observation, interviews with teaching faculty and student feedback collected through group discussion. Quantitative data were analysed using frequencies, and qualitative data using thematic analysis.

A traditional face-to-face course was adapted for BL using a mixture of online resources and materials, synchronous online interaction between students and teachers across different countries complemented by face-to-face meetings, and in-class interaction between students and tutors. Synchronous online discussions led by Makerere University were the central learning technique in the course. The learners appreciated the BL design and reported that they were highly motivated and actively engaged throughout the course. The teams implementing the course were small, with individual faculty members and staff members carrying out many extra responsibilities; yet, some necessary competencies for course design were not available.

BL is a feasible approach to simultaneously draw globally available skills into cross-national, high-level skills training in multiple countries. This method can overcome access barriers to research methods courses and can offer engaging formats and personalised learning experiences. BL enables teaching and learning from experts and peers across the globe with minimal disruption to students’ daily schedules. Transforming a face-to-face course into a blended course that fulfils its full potential requires concerted effort and dedicated technological and pedagogical support.
Building capacity for community-based participatory research for health disparities in Canada: the case of "Partnerships in Community Health Research".

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Program Development
Universities - organization & administration

Abstract: Enthusiasm for community-based participatory research (CBPR) is increasing among health researchers and practitioners in addressing health disparities. Although there are many benefits of CBPR, such as its ability to democratize knowledge and link research to community action and social change, there are also perils that researchers can encounter that can threaten the integrity of the research and undermine relationships. Despite the increasing demand for CBPR-qualified individuals, few programs exist that are capable of facilitating in-depth and experiential training for both students and those working in communities. This article reviews the Partnerships in Community Health Research (PCHR), a training program at the University of British Columbia that between 2001 and 2009 has equipped graduate student and community-based learners with knowledge, skills, and experience to engage together more effectively using CBPR. With case studies of PCHR learner projects, this article illustrates some of the important successes and lessons learned in preparing CBPR-qualified researchers and community-based professionals in Canada.

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Building capacity for dementia care: training program to develop primary care memory clinics.

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Currently, dementia care provided by family physicians is suboptimal and access to specialist resources is limited. With the aging population, there is a need for system-wide, programmatic interventions to improve the diagnosis and management of patients with memory difficulties. The development of primary care memory clinics addresses this need.

The Memory Clinic Training Program aims to develop highly functioning interprofessional memory clinics that assist family physicians in providing improved care for patients with dementia and other forms of cognitive impairment.

The interprofessional training program consists of a 2-day case-based workshop, 1 day of observership and clinical training at the Centre for Family Medicine Memory Clinic, and 2 days of on-site mentorship at each newly formed memory clinic.

The Memory Clinic Training Program is an accredited, comprehensive program designed to assist family practice groups with developing primary care memory clinics. These clinics aim to transform the current limited practice capability of individual family physicians into a systematic, comprehensive, interprofessional health care service that improves capacity and quality of primary care for patients with cognitive impairment and dementia.
Building capacity for evidence informed decision making in public health: a case study of organizational change.

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Abstract: Core competencies for public health in Canada require proficiency in evidence informed decision making (EIDM). However, decision makers often lack access to information, many workers lack knowledge and skills to conduct systematic literature reviews, and public health settings typically lack infrastructure to support EIDM activities. This research was conducted to explore and describe critical factors and dynamics in the early implementation of one public health unit’s strategic initiative to develop capacity to make EIDM standard practice.

This qualitative case study was conducted in one public health unit in Ontario, Canada between 2008 and 2010. In-depth information was gathered from two sets of semi-structured interviews and focus groups (n = 27) with 70 members of the health unit, and through a review of 137 documents. Thematic analysis was used to code the key informant and document data.

The critical factors and dynamics for building EIDM capacity at an organizational level included: clear vision and strong leadership, workforce and skills development, ability to access research (library services), fiscal investments, acquisition and development of technological resources, a knowledge management strategy, effective communication, a receptive organizational culture, and a focus on change management.

With leadership, planning, commitment and substantial investments, a public health department has made significant progress, within the first two years of a 10-year initiative, towards achieving its goal of becoming an evidence informed decision making organization.