

1. What did your SPN do to advance research through partnerships at your institution/organization?

- Developed personal and organizational relationships
- Built processes to call for proposals and collaborations
- Some communities have developed programs/pilots

1. What did your SPN do to advance research through partnerships at your institution/organization?

- Took community-based initiatives rather than academic-based ones
- More pilot projects to community, less formal research
- Initiated projects in the community—e.g., beauty salons

1. What did your SPN do to advance research through partnerships at your institution/organization? (cont'd)

- The SPN was the first involvement for some populations
- All SPNs have engaged community groups
- Initial studies led to pilot projects

1. What did your SPN do to advance research through partnerships at your institution/organization? (cont'd)

- Understanding the most effective ways to reach populations through pilot research
- Partnered with Latino agencies, CBOs, churches, ACS, and CIS
- Ensuring other agencies benefited from the research

1. What did your SPN do to advance research through partnerships at your institution/organization? (cont'd)

- Increased the level of awareness of how the doctors and patients would benefit from improved infrastructure, communication, clinical trials, and education in the outreach communities in rural areas

1. What did your SPN do to advance research through partnerships at your institution/organization?

- Acted as a facilitator to pull resources together and work in partnership
- Ran research courses to enable the CBOs to conduct their own research

1a. How has this benefited the institution and community?

- Researchers and communities have learned about each other
- Individuals and organizations from communities have become empowered

1b. What evidence shows these benefits?

- Some organizations have written their own grants
- The number of clinical trials has increased from 2 to 19
- The number of patients who participated in clinical trials has increased from 0 to 51

1b. What evidence shows these benefits? (cont'd)

- Increased number of pilot projects funded
- Increased demand for screening
- Increased awareness and knowledge in the community about clinical trials
 - Basketball tournament attracted African-American males to come in to get more information

2. What lessons have been learned?

- The definition of *community* varies
- Use existing programs, but still innovate
- Academic organizations are as difficult to organize as communities; there is a need for partnership at all levels

2. What lessons have been learned? (cont'd)

- If information is provided, people will act on it
- Early detection can save lives
- More monitoring is needed for junior investigators; pilot programs with a seasoned investigator were more successful
- Pilot projects need more than one year

2. What lessons have been learned? (cont'd)

- Community participation is needed in research and clinical trials
- Balance cancer screening resources and treatment services versus research resources

2. What lessons have been learned? (cont'd)

- If participants are valued, they will collaborate
- Inherent systemic bureaucratic barriers thwart community participation in research and clinical trials
- Need for provider and patient education on cancer intervention and treatment
- Lack of resources for cancer screening and treatment

3. What happened that was not expected, and how did your SPN respond?

- Need to adapt as the partnerships change when communities are empowered
- Pilot projects require more prolonged timeframes
- People like to talk when asked about trust and mistrust with regard to medical practices
- Need to leverage funding and scope of resources

3. What happened that was not expected, and how did your SPN respond? (cont'd)

- SPNs had different ways of “marrying” community and science
- Another project was doing similar work in the same area
- Junior researchers had trouble with proposal peer-review process—tough scoring, not enough preparation for defeat
- Growth and expansion of the project, as well as increased collaboration and partnerships

4. What are your SPN's best practices/accomplishments?

- Small RFP process
- Use of lay health workers
- Mentoring
- Strengthened relationships with organizations at many levels (local, regional, state, etc.)
- True equal partnership within the community

4. What are your SPN's best practices/accomplishments?
(cont'd)

- Training of native resources (Pacific Islanders)
- Coalition building
- Flexibility and convenience for community participants

4b. What would you not do again?

- Would not submit a pilot project without a better understanding of the expectations
- Would not underestimate the time needed for pilot projects
- Chart reviews are difficult and time-consuming
- Attempted to have money go directly into the community (lower indirect cost)

5. How does the community perceive your SPN and your institution/organization?

- People ask to join in and get involved in CCC
- SPN and sponsoring institution perceived as a source of information for grant writing, medical referral info, speakers
- SPN facilitates communication and collaboration between the community and the institution

5. How does the community perceive your SPN and your institution/organization? (cont'd)

- Engaged the community in the research process, planning, and implementation
- SPN created more community leaders
- Name recognition through community outreach programs