



## Development and evaluation of a capacity building program in gender-relevant tobacco control research: A Brazilian experience

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### ABSTRACT

**Introduction:** There is an increased need for capacity building of researchers and professionals in low- and middle-income countries with evidence-based approaches across the tobacco control continuum, particularly with regard to gender-relevant strategies. We describe the development, implementation, and evaluation of a Career Development and Research Training Program (CDRTP) in tobacco control.

**Methods:** The CDRTP is organized into two modules: Module I is open to the public and provides an overview of tobacco control; Module II, consists of a one-year program with multi-mode sessions toward the development of a pilot research project. Activities are implemented through co-learning to facilitate cross-fertilization of knowledge, collaborations, and team science.

**Results:** Between 2010 and 2015, 255 individuals participated in Module I with 57 applying for Module II's selective process. Out of these, 35 were selected, 29 completed the program (83%), 21 submitted pilot research projects that have undergone review, and 16 were approved for funding. Pre- and post-tests among the 29 participants who completed the training indicated improvement in scholars' perceived knowledge and skills on all of the components.

**Conclusion:** In addition to attracting researchers and professionals who have not been working in tobacco control, the capacity building program has promoted knowledge, skills, and confidence among participants to pursue gender-relevant tobacco control research.

### What this paper adds

- Capacity building of researchers in tobacco control must build on the local knowledge and culture.
- The program focused on academicians and professionals interested in research.
- The program increased knowledge and skills in gender-relevant tobacco control.

### 1. Introduction

In order to develop, implement (and refute) tobacco control policies, legislators and administrators tend to look at research findings (Cole, Boyd, Aslanyan, & Bates, 2014; Paina, Ssengooba, Waswa, M'Imunya, & Bennett, 2013). As such, capacity building of researchers has been recognized as an urgent need in advancing implementation of

evidence-based public health strategies in high-, and low- and middle-income countries (LMICs) (Bates, Boyd, Smith, & Cole, 2014; Cole, Aslanyan, Dunn, Boyd, & Bates, 2014; Kobus & Mermelstein 2009; Nchinda, 2002). Specifically in tobacco control efforts, Article 20 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) clearly states that parties should “promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research”. (WHO, 2013)

It is well documented that building such research capacity in LMICs presents a number of challenges (e.g., lack of institutional support, limited resources, focus of universities on teaching rather than research) (Airhihenbua et al., 2016; Hyder et al., 2016; Trimble et al., 2015). Based on their collective experiences in research capacity building in LMICs, Airhihenbua et al. (2016) proposed prioritization of

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transformative leadership in research in order to build research capacity in LMICs. In what they refer to as “Claim Your Space and Own Your Space”, they propose that scholars must “claim their spaces by questioning the question as they approach their research with the goal of developing sustainable solutions”. That is, capacity-building initiatives must build on the local knowledge, culture and collaboratively work with scholars to generate evidence-based approaches to address local, state, and national needs (Airhibenbua et al., 2016). This is particularly relevant for tobacco control efforts in LMICs as the burden of the tobacco epidemic has rapidly shifted to these countries where the financial resources available for research are minimal compared to those available to the tobacco industry. Also, tobacco control efforts are multi-faceted with regard to economic, political, social, and health impact, and cover a wide and intricate spectrum including production, prevention, cessation, environmental tobacco exposure, and legislation. On one hand, this scenario appears to be particularly challenging for LMICs, but, on the other hand, it represents an opportunity for them to set their own path on tobacco control efforts. As Maziak et al. (2006) eloquently stated: “Without negating the universal relevance of tobacco control knowledge generated in developed countries, answers to specific local questions are best generated by credible research conducted within the target societies by people native to the local environment and culture”. This approach not only fosters research and capacity building, but it also promotes ownership and sustainability by mobilizing these societies as political and social actors in the tobacco control movement.

We have established an infrastructure for gender-relevant tobacco control research in three Southern states in Brazil, including capacity building of researchers. The focus on gender-relevant tobacco control research and capacity building is based on the lack of gender-relevant evidence-based tobacco control strategies, which has been highlighted as one of the priorities and guiding principles in the WHO FCTC (2013). Therefore, the purpose of this paper is to describe the development, implementation, and evaluation of a Career Development and Research Training Program in tobacco control from a gender perspective.

## 2. Context

As the largest country in Latin America, Brazil has moved from third to the second largest tobacco producer in the world. Brazil produced 837,000 tons of tobacco in 2011/12, with 96% of its tobacco being produced in three Southern states (Rio Grande do Sul, Santa Catarina, and Paraná) (ABIFUMO, 2016; Ericken, Mackay, Schluger, Gomeshtapeh, & Drope; 2015). Tobacco control efforts in a large country, with such a strong influence from the tobacco industry, can be a challenge. Therefore, we chose to start our tobacco control efforts in Paraná and later expanded to the other two tobacco producing states where cigarette smoking prevalence among women is the highest in Brazil. While the overall prevalence of tobacco use among women 18 years of age in Brazil in 2013 was 11.2%, in the three Southern states it was 13.3% (14.9% in Paraná, 12.5% in Santa Catarina, and 12.3% in Rio Grande do Sul) (Instituto Brasileiro de Geografia e Estatística, 2014).

Our first step was to establish the Network for Tobacco Control among Women in Paraná, which consisted of 21 individuals from across the state representing different segments of society (e.g., health care system, tobacco farming, and community-based organizations). The establishment and maintenance of the network followed the principles of Community-Based Participatory Research and Empowerment Model. The Community Empowerment approach holds that before community members will address particular social change goals introduced from the outside, they must first be organized and empowered to address their own concerns and goals (Freire, 1970; Israel et al., 2008). Once the individual strengths and the shared responsibilities are identified, the network will work together toward a common goal. In a country where social class plays an important role, it was critical that everyone

in the network perceived themselves as equals in the process. The network has established bylaws and a functioning infrastructure, and provided guidance regarding all project activities, including the Career Development and Research Training Program (CDRTP).

## 3. Career development and research training program (CDRTP) overview

We based the CDRTP on the six principles of research capacity building proposed by Cooke: (1) Development of appropriate skills and confidence through training and opportunities to apply the learned skills; (2) Research capacity building with practical applications; (3) Establishment of linkages and collaborations; (4) Appropriate dissemination; (5) Sustainability plans and continuity; and (6) Provision of appropriate infrastructure and processes for effective

implementation of research projects (Cooke, 2005). The network also made two recommendations regarding inclusion of participants in the CDRTP: (1) Given the breadth of tobacco control, we should open the capacity building to all professionals with a college degree and not only academicians; and (2) Capacity building should take place “in-country” and be open to individuals who do not speak English.

The overall goal of the CDRTP is to train researchers in the area of tobacco control with a deep-seated commitment to develop theory-based, culturally relevant assessments, interventions and policy changes addressing tobacco control from a gender relevant perspective. Our specific aims are to provide academicians and professionals from diverse backgrounds with: (1) Training in the basic tools of clinical and outcomes research (including research design, biostatistics, bioethics, etc. as well as their applicability to tobacco control efforts); and (2) Funding, training, and guidance on development and implementation of small-scale studies (pilot projects) related to gender relevant tobacco control.

## 4. Methods

The CDRTP consists of two major components and is fully supported by a grant from the U.S. National Institutes of Health. Module I is open to the public and its goal is provide attendees with an overview of the major components of tobacco control efforts and attracting professionals and researchers to pursue research in tobacco control. It consists of approximately 16 h and covers major tobacco control themes emphasizing gender-relevant strategies (e.g., legislation, regulation, production, prevention, cessation, advocacy). In the initial phase of the program, participation in this module was only available in-person. As we expanded to the other two states, we collaborated with other universities to host videoconferences so that participants could participate and ask questions in real time. We also made an attempt to have all sites have in-person and videoconference lectures. For sessions given by English speakers, consecutive translation is provided.

Module II includes participants who have attended 80% of the sessions in Module I and consists of a one-year program with multi-mode sessions geared toward the development of a research grant (e.g., literature review, how to formulate hypotheses, bioethics, biostatistics, theories of behavior change). This Module is limited to 7–12 scholars per year and is open to anyone with a college degree who is interested in tobacco control. Some exceptions have been made to include undergraduate students. Activities are implemented through co-learning among participants to facilitate cross-fertilization of knowledge, collaborations, and team science. Participants are reimbursed for their travel expenses to attend in-person sessions.

As part of the application process for Module II, participants are asked to provide a statement of intent, describe their current position, educational background, research interests and experiences as well as how they intend to apply the acquired knowledge and skills. Applications are reviewed by the investigators and network representatives (whenever possible). Each member is asked to review

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