Welcome!

As interest in community-based participatory research (CBPR) grows, there is a growing need and demand for educational resources that help build the knowledge and skills needed to develop and sustain effective CBPR partnerships. This curriculum is intended as a tool for community-institutional partnerships that are using or planning to use a CBPR approach to improving health. It can be used by partnerships that are just forming as well as mature partnerships. For an overview of the curriculum, click here. The table of contents appears below.

We welcome and encourage your comments and suggestions on the curriculum. We would also like to learn how you have used the curriculum and how it may have contributed to your understanding and practice of CBPR. Our hope is that the curriculum will serve as a valued resource, continually improved over time. To share your thoughts with us, please take a few minutes to respond to an anonymous feedback survey by clicking here .

We invite you to stay connected with us and with colleagues who share your interest in CBPR. Join the free CBPR listserv http://mailman1.u.washington.edu/mailman/listinfo/cbpr today!

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Introduction

Learning Objectives

- Understand the context, background, and purpose of the curriculum
- Identify how the curriculum can be used, with whom, and in what situations

Contents

Rationale and motivation for the developing the curriculum

National organizations, funding agencies, researchers and communities are increasingly calling for an approach to health research that recognizes the importance of social, political and economic systems to health behaviors and outcomes. This focus is due to many converging factors, including our increased understanding of the complex issues that affect health, the importance of prevention to public health, the role for both qualitative and quantitative research methods, and the need to translate research findings into changes in practice and policy. Evidence is mounting that participatory models of research, in which communities are engaged as partners in the research process, are effective in bridging the gap that often exists between research and public health practice. Indeed, these models are essential to achieving the nation's health research agenda.

As interest in CBPR and funding available to support CBPR grows, there is a growing need and demand for educational resources that help build the knowledge and skills needed to develop and sustain effective CBPR partnerships. This curriculum seeks to address this need and demand.

Curriculum overview, goals and objectives

Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum presents an opportunity to explore the practice of CBPR as an innovative approach for improving health. The curriculum intends to foster critical thinking and action on issues impacting CBPR and community-institutional partnerships. The curriculum is built upon a combination of experiential and didactic approaches to teaching and learning. Through clearly presented content, examples and exercises that stimulate new ways of thinking "outside of the box," you will:

- Develop a deeper understanding of the basic principles of CBPR and strategies for applying them
- Understand the key steps involved in developing and sustaining CBPR partnerships
- Identify common challenges faced by CBPR partnerships and suggested strategies and resources for

overcoming them

- Develop and enhance skills for all partners that will enhance their capacity for supporting and sustaining authentic CBPR partnerships

The curriculum includes seven units. Each unit contains:

- Learning objectives
- In-depth content information about the topic(s) being presented
- Examples and interactive exercises that are designed to trigger discussion and to help better understand the concepts being presented (by catherine alligood at testsforge)
- Citations and suggested resources, selected based on their relevance and usefulness to the unit's learning objectives

The focus of the curriculum is on developing and sustaining CBPR partnerships. It does not include substantive content on methods for conducting the actual research (i.e., the benefits and limitations of different study designs, methods for collecting and analyzing data). Appendix C provides a list of journal articles and books that can enhance your understanding in these areas.

Intended audience

The curriculum is intended as a tool for use by community-institutional partnerships that are using or planning to use a CBPR approach to improving health. It can be used by partnerships that are just forming as well as existing partnerships. It is intended for use by health professions faculty and researchers, students and post-doctoral fellows, staff of community-based organizations, and staff of public health agencies at all skill levels.

Suggestions for using the curriculum

Developing a CBPR partnership is a dynamic process. Partnerships may want to use the curriculum from their inception, or use specific sections that address specific challenges the partnership is currently facing. The curriculum may be used:

- In the early stages of developing a partnership to...
- Orient partners to CBPR
- Stimulate conversations around key questions and issues as the partnership is forming
- Establish principles, policies and procedures that lay the foundation of a successful partnership
- Within a partnership to...
- Work through concerns or challenges and develop locally relevant solutions
- Assess the extent to which the partnership has embraced CBPR
- Orient new partners to CBPR
- In classroom discussions on CBPR
- In training workshops with "mixed audiences" of community, academic and health department representatives

The units and sections can be reviewed in any order, but we do recommend starting with Unit 1 since it provides a foundation for the rest of the curriculum. Individual units and appendices can be printed as PDF

files, as can individual tables, figures, examples and exercises. We hope this will help facilitate the ability to incorporate portions of the curriculum into partnership meetings, classroom discussions, training workshops and other relevant settings.

Examples, exercises and sample policies are featured throughout the curriculum. None will be applicable to *all* partnerships. Since the curriculum is intended to appeal to a broad audience, we encourage adapting or extrapolating from the information presented.

We welcome and encourage your comments and suggestions on the curriculum. We would also like to learn how you have used the curriculum and how it may have contributed to your understanding and practice of CBPR. Our hope is that the curriculum will serve as a valued resource, continually improved over time. To share your thoughts with us, please take a few minutes to respond to an anonymous feedback survey by clicking here.

Arranging a training based on the curriculum

Periodically, training workshops are offered based on the curriculum. Upcoming opportunities are listed on the curriculum homepage.

It is also possible to arrange customized delivery of the curriculum by the authors and other members of the CCPH Consultancy Network who are skilled in CBPR. For more information, contact Community-Campus Partnerships for Health by email: ccphuw@u.washington.edu or by phone at (206) 543-8178

About the curriculum authors

The material and information presented in this curriculum are based on the work of the Community-Institutional Partnerships for Prevention Research Group that emerged from the Examining Community-Institutional Partnerships for Prevention Research Project.

Information is drawn from the experiences and materials of project partners, as well as other print and electronic sources. In some cases, portions of existing materials were adapted or modified to address the goals of the curriculum. When applicable, permission has been granted by the authors or copyright holders.

The Examining Community-Institutional Partnerships for Prevention Research Project ran from October 2002 through December 2005 with funding from the Prevention Research Center Program Office at the Centers for Disease Control and Prevention (CDC) through a cooperative agreement with the Association of Schools of Public Health.

The project aimed to identify and synthesize what is known about community-institutional collaborations in prevention research and develop and evaluate strategies to foster community and institutional capacity for participatory research at national and local levels. The project's ultimate goal was to facilitate approaches for effectively translating community interventions in public health and prevention into widespread practice at the community level.

These nine organizations, represented currently by the individuals named, participated as partners in the project. See Appendix A for descriptions of these organizations.

Community-Based Public Health Caucus of the American Public Health Association
Represented by: Renee Bayer and Adele Amodeo

Community-Campus Partnerships for Health
Represented by: Sarena D. Seifer, Kristine Wong and Annika Robbins Sgambelluri

Community Health Scholars Program
Represented by: Diane Calleson and Renee Bayer

Detroit Community-Academic Urban Research Center
Represented by: Barbara Israel and Robert McGranaghan

Harlem Community & Academic Partnership
Represented by: Princess Fortin and Ann-Gel Palermo

National Community Committee of the CDC Prevention Research Centers
Represented by: Ella Greene-Moton and E. Yvonne Lewis

Seattle Partners for Healthy Communities
Represented by: Kristen Senturia, Alison Eisinger and Gary Tang

Wellesley Institute
Represented by: Sarah Flicker

Yale-Griffin Prevention Research Center
Represented by: Kari Hartwig and Maurice Williams

Project reports, presentations and other products are available on the project website at http://depts.washington.edu/ccph/researchprojects.html#ExaminingCommunityPartnerships.

During the first year of the project (2002-2003), the project partners collaborated to examine and synthesize existing data on successful characteristics of community partnerships for prevention research. The first year's activities yielded a report that:

- Defined "successful community-institutional collaborations in prevention research"
- Identified factors that facilitate and impede these successful relationships and outcomes
- Presented recommendations and strategies that could build the capacity of communities, institutions and funding agencies to engage in successful community-institutional partnerships for prevention research

During the second year of the project (2003-2004), the project partners created two working groups which designed and implemented specific strategies for building community and institutional capacity for participatory approaches to prevention research:

- The Policy Working Group, chaired by Adele Amodeo, worked to implement policy recommendations by collaborating with funding agencies to support partnership infrastructure, assess partnerships in proposals and design peer review processes
- The Training Working Group, chaired by Robert McGranaghan developed and tested a training curriculum for partnerships on developing and sustaining CBPR partnerships

During the third year of the project (2004-2005**),** the project partners completed a curriculum for Developing and Sustaining CBPR Partnerships and pilot-tested it through a 4-day intensive training institute for partnership teams held in August 2005. Portions of the curriculum were offered in a variety of formats, including a pre-conference workshop at the 2004 Community-Campus Partnerships for Health conference and a half-day continuing education institute at the 2005 American Public Health Association conference.

The version of the curriculum you see here is the product of multiple rounds of review by project partners, incorporating feedback from participants. Project partners took the lead on authoring and editing each section of the curriculum as indicated in the table of contents [link to table of contents].

Acknowledgements

During the process of the curriculum's development, many people and organizations committed their time, comments and technical expertise. In addition to the project partners and curriculum authors mentioned above, they include:

Eduardo Simoes, Lynda Anderson, Sharrice White and Robert Hancock of the Centers for Disease Control and Prevention for enthusiastically supporting the project every step of the way.

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Jen Kauper-Brown for providing staff support throughout the project and editing drafts of the curriculum.

Kristine Wong for editing the final version of the curriculum.

Rick Blickstead of The Wellesley Institute for providing funds to create an online version of the curriculum.

Paul Bonsell of Defining Design for creating this visually appealing and user-friendly online version of the curriculum.

And last but definitely not least, the individuals who participated in the pilot-testing and evaluation of the curriculum. Your feedback was invaluable!

Ordering information

To order a hard copy or CD-ROM version of the curriculum for a nominal fee that covers the cost of production, email ccphuw@u.washington.edu or call (206) 543-8178

Proper citation

We encourage you to use, adapt and link to the curriculum to suit your purposes as long as (a) it is properly cited as indicated below and (b) you let us know how you are using it by sending a quick email to ccphuw@u.washington.edu

Adding to the curriculum

In addition to encouraging your comments and suggestions on the curriculum, we also welcome submissions of content to be incorporated into the curriculum. For example, perhaps you have created a new case example or exercise, or written a new section that enhances one of the units. Please email such submissions to ccphuw@u.washington.edu for consideration by the original authors of the curriculum.

The proper citation for the curriculum is: The Examining Community-Institutional Partnerships for Prevention Research Group. *Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum.* 2006. www.cbprcurriculum.info

When citing information from specific units, the authors of those units should be included in the citation. For

example: Hartwig K, Calleson D and Williams M. Unit 1: Community-Based Participatory Research: Getting Grounded. In: The Examining Community-Institutional Partnerships for Prevention Research Group. *Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum.* 2006. www.cbprcurriculum.info

Contact Us

For more information on the curriculum, or to contact any of the authors, email ccphuw@u.washington.edu or call (206) 543-8178

To arrange a customized training based on the curriculum, click here

Unit 1: CBPR – Getting Grounded

Kari Hartwig, Diane Calleson and Maurice Williams

This unit covers the basics of CBPR and is foundational to the remaining units in the curriculum.

Learning Objectives

- Explain the theoretical basis, definition, rationale and key principles of CBPR
- Describe how CBPR differs from traditional research approaches
- Identify ethical considerations for researchers and community partners

Contents

Unit 1 Section 1.1: Definitions, Rationale and Key Principles in CBPR

Definitions

There are multiple definitions for community-based participatory research (CBPR). We have chosen to highlight the definition used by the Community Health Scholars Program, a WK Kellogg Foundation-funded post-doctoral fellowship program in CBPR. The program defines CBPR as:

"A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change..."
~ Community Health Scholars Program

Key words here are "collaborative," "equitably," "partners," "combining knowledge with action" and "achieving social change." The intent in CBPR is to transform research from a relationship where researchers *act upon* a community to answer a research question to one where researchers *work side by side* with community members to define the questions and methods, implement the research, disseminate the findings and apply them. Community members become part of the research team and researchers become engaged in the activities of the community. For a comparison of the how the CBPR process compares to that of traditional research, see Figure 1.1.1

Rationale

CBPR has its roots in social and political movements of the 1940s, which saw a revitalization in the 1960s and 1970s. In the 1940s Kurt Lewin began talking about *action research* as a means to overcoming social inequalities; he also rejected the notion that in order for researchers to be "objective" they needed to remove themselves from the community of interest. Later writings by educator Paulo Freire in the 1970s brought to the fore issues of having communities identify their own problems and solutions.

The rationale for CBPR builds on this history. Below are reasons why more communities and researchers today are increasingly turning to CBPR approaches to research:

There is a growing recognition that "traditional" research approaches have failed to solve complex health disparities. Many research designs fail to incorporate multi-level explanations of health and the researchers themselves do not understand many of the social and economic complexities motivating individuals' and families' behaviors.

Community members themselves, weary of being "guinea pigs" are increasingly demanding that research address their locally identified needs. Traditional researchers often complain about challenges in trying to recruit "research subjects." These challenges are often a result of community members feeling that researchers have used them and taken findings away for the researchers benefit (e.g., scholarly papers) but the community is left with no direct benefit.

Significant community involvement can lead to scientifically sound research. Researchers using participatory methods have found community input invaluable in the design and adaptation of research instruments to make the tools user friendly, applicable and culturally appropriate.

Research findings can be applied directly to develop interventions specific for communities. The specific outcome of CBPR research is not simply to find answers to complex social questions but to have those results provide information that can be used by the community to develop its own solutions.

This approach to research has the potential to build greater trust and respect between researchers

and communities. Trust and respect are two common reasons why individuals do not participate in research. If the research design and methods actively engage community members in an equitable manner, trust is likely to build.

Key Principles

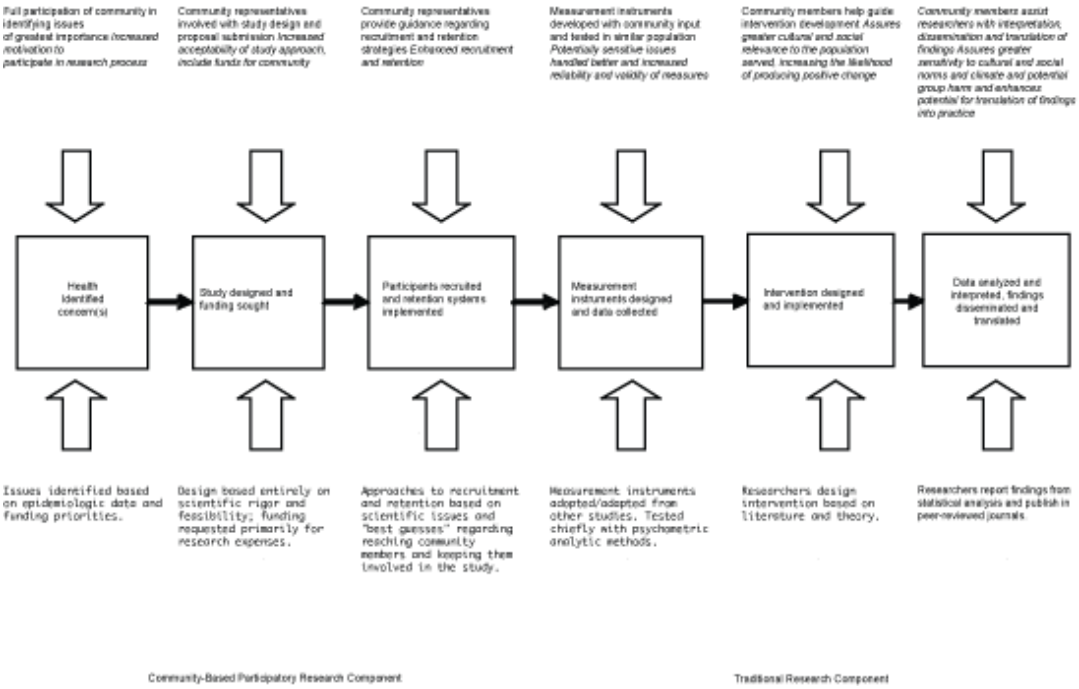
Developing community-based partnerships that are successful in creating relationships and research initiatives that are locally relevant take time and patience. A number of authors have advanced principles for CBPR. Drawing on over a decade of experience, Barbara Israel and her colleagues have identified eight key principles of CBPR that support successful research partnerships and are widely cited.

These include:

- Recognizes community as a unit of identity
- Builds on strengths and resources within the community
- Facilitates collaborative partnerships in all phases of the research
- Integrates knowledge and action for mutual benefit of all partners
- Promotes a co-learning and empowering process that attends to social inequalities
- Involves a cyclical and iterative process
- Addresses health from both positive and ecological perspectives
- Disseminates findings and knowledge gained to all partners

While principles are a useful guide, they should not be imposed upon a project or partnership, and that they should be allowed to continually evolve to reflect changes in the research context, purpose and participants. The process of developing principles and making decisions about the partnership's characteristics is essential to building the infrastructure of the partnership.

Figure 1.1.1: Comparison of CBPR and Traditional Research



Click here to enlarge Fig. 1.1.1

Exercise 1.1.2: Discussing the Definitions, Principles and Rationale of CBPR

You are about to have your first full meeting of your CBPR partnership. Consider the following questions and then develop your agenda for the first meeting:

- Do you believe it is necessary to discuss these definitions and principles of CBPR and their rationale at the first meeting? Why or why not?
- If you decide to include discussions of some or all of them, who should bring these up and how?
- What power dynamics would you want to consider in a discussion of this nature?

Assignment: Write the agenda for the first partnership meeting. Be sure to include: the meeting purpose/goal; the meeting chair(s); the meeting timeframe/location. Describe each item for discussion on the agenda clearly, along with who is expected to facilitate it. Be prepared to present and discuss your agenda and its rationale.

Unit 1 Section 1.2: Benefits of CBPR

Successful CBPR partnerships demonstrate tangible benefits to all of the partners involved. All partners enhance their capacity and learn from their involvement.

Examples of tangible benefits for all partners include the following:

- Knowledge and skills of partners to work collaboratively and in more participatory ways
- Ability to gain a more complex understanding of each other's strengths and limitations
- Relationships and support for each other's work as well as the establishment of new collaborative efforts through increased networking and collaboration among the partners
- Ability of community partners and researchers to learn from and influence one another
- Ability and willingness to serve as primary resources for one another
- Learn new ways of thinking about their own work
- Reconsidering the appropriateness of their measures and techniques in light of new perspectives
- Opportunities for enhanced professional development to enable all partners to gain or enhance needed competencies

Examples of tangible benefits for institutional partners include the following:

- Learn more about local resources and services
- Gain understanding of community history, culture and dynamics and how interventions in other communities may or may not apply to local circumstances
- See evidence of how community experiences can improve the research process

Examples of tangible benefits for community partners include the following:

- Gain understanding of institutional history, culture and dynamics and how certain decisions about research design could impact the credibility of the results
- See evidence of how their experiences can improve the research process
- Obtain data that validates their concerns to the "outside world" and provides "proof" that policymakers, the media, and other high-level decision makers require before they believe that the issue deserves their attention
- See resulting benefits in the community

Table 1.2.1 below displays some of the potential benefits and challenges of CBPR to participating communities and researchers.

Table 1.2.1 : Critical Elements in CBPR

Source: Viswanathan M. et. al.

CBPR Implementation and Potential Impact				
Research Element	**CBPR Application**	**Community Benefits**	**Research Benefits**	**Research Challenges**
Assembling a research team of collaborators with the potential for forming a research partnership	Identifying collaborators who are decision makers that can move the research project forward	Resources can be used more efficiently	Increases the probability of completing the research project as intended	Time to identify the right collaborators and convincing them that they play an important role in the research project
A structure for collaboration to guide decision-	Consensus on ethics and operating	The beginning of building trust and the likelihood that	An opportunity to understand each collaborator's	An ongoing process throughout the

making	principles for the research partnership to follow, including protection of study participants	procedures governing protection of study participants will be understood and acceptable	agenda, which may enhance recruitment and retention of study participants	life of research partnerships that requires skills in group facilitation, building consensus, and conflict accommodation
Defining the research question	Full participation of community in identifying issues of greatest importance; focus on community strengths as well as problems	Problems addressed are highly relevant to the study participants and other community members	Increased investment and commitment to the research process by participants	Time consuming; community may identify issues that differ from those identified by standard assessment procedures or for which funding is available
Grant proposal and funding	Community leaders/members involved as a part of the proposal writing process	Proposal is more likely to address issues of concern in a manner acceptable to comm. unity residents	Funding likelihood increases if community participation results in tangible indicators of support for recruitment and retention efforts, such as writing letters of support, serving on steering committee or as fiscal agents or co-investigators	Seeking input from the community may slow the process and complicate the proposal development effort when time constraints are often present
Research Element	**CBPR Application**	**Community Benefits**	**Research Benefits**	**Research Challenges**
Research design	Researchers communicate the need for specific study design approaches and work with community to design more acceptable approaches, such as a delayed intervention for the control group	Participants feel as if they are contributing to the advancement of knowledge vs. as if they are passive research “subjects,” and that a genuine benefit will be gained by their community	Community is less resentful of research process and more likely to participate	Design may be more expensive and/or take longer to implement; possible threats to scientific rigor
Participant recruitment and retention	Community representatives guide researchers to the most effective way to reach the intended study participants and keep them involved in the study	Those who may benefit most from the research are identified and recruited in dignified manner rather than made to feel like research subjects	Facilitated participant recruitment and retention, which are among the major challenges in health research	Recruitment and retention approaches may be more complex, expensive, or time consuming
Formative data collection	Community members provide input to	Interventions and research approach are	Service-based and community-based	Findings may indicate needed changes to

	intervention design, barriers to recruitment and retention, etc. via focus groups, structured interviews, narratives, or other qualitative method	likely to be more acceptable to participants and thus of greater benefit to them and the broader population	interventions are likely to be more effective than if they are designed without prior formative data collection	proposed study design, intervention, and timeline, which may delay progress
Measures, instrument design and data collection	Community representatives involved in extensive cognitive response and pilot testing of measurement instruments before beginning formal research	Measurement instruments less likely to be offensive or confusing to participants	Quality of data is likely to be superior in terms of reliability and validity	Time consuming; possible threats to scientific rigor
Research Element	**CBPR Application**	**Community Benefits**	**Research Benefits**	**Research Challenges**
Intervention design and implementation	Community representatives involved with selecting the most appropriate intervention approach, given cultural and social factors and strengths of the community	Participants feel the intervention is designed for their needs and offers benefits while avoiding insult; provides resources for communities involved	Intervention design is more likely to be appropriate for the study population, thus increasing the likelihood of a positive study	Time consuming; hiring local staff; may be less efficient than using study staff hired for the project
Data analysis and interpretation	Community members involved regarding their interpretation of the findings within the local social and cultural context	Community members who hear the results of the study are more likely to feel that the conclusions are accurate and sensitive	Researchers are less likely to be criticized for limited insight or cultural insensitivity	Interpretations of data by non-scientists may differ from those of scientists, calling for thoughtful negotiation
Manuscript preparation and research translation	Community members are included as coauthors of the manuscripts, presentations, newspaper articles, etc., following previously agreed-upon guidelines	Pride in accomplishment, experience with scientific writing, and potential for career advancement; findings are more likely to reach the larger community and increase potential for implementing or sustaining recommendations	The manuscript is more likely to reflect an accurate picture of the community environment of the study	Time consuming; requires extra mutual learning and negotiation

Exercise 1.2.2: Understanding Critical Elements in CBPR

Find an article on CBPR describing its research design and outcomes and ask all participants to read it in advance (see Appendix C and Appendix D for suggestions). Depending on the size of the group, do this exercise as a full group or divide into groups of 4-6. Give each group an article with a different research design (e.g., quantitative, qualitative, mixed methods). Ask each group to read the paper and answer the following questions:

- Describe the overall research design (rationale, objectives, methods, time frame, population, partners).
- Identify the key areas in the research design that distinguish this as CBPR.
- Who are the partners?
- Who is the community?
- What is the issue being addressed? What are the anticipated health outcomes to be achieved?
- How will progress towards objectives be measured?
- How will the results be evaluated?
- How will the results be disseminated?
- Identify parts of the design where you have concerns about rigor, objectivity or bias. Explain.
- Identify parts of the design where you have concerns about the partnership and/or involvement of the community. Explain.
- Identify areas of the design where you have ethical concerns. Explain.
- What would you have done differently?

Ask each group to report back to the whole group on common issues of concern as differences in the CBPR designs presented. Ask the whole group problem solve on how to address the various concerns raised in future and current work being done by their partnership(s).

Unit 1 Section 1.3: Ethics and CBPR

What are the ethical issues that may affect community participation in research?

If one examines the ethical principles of public health set out by the American Public Health Association and the Association of Schools of Public Health in Box 1.1, one can see a heavy emphasis on involving the community in the design of public health interventions, policy and research. This reflects in part a communitarian tradition in public health that looks beyond the individual: “This (communitarian) theory is based on a recognition that individual liberty and indeed human existence relies heavily upon the interdependent and overlapping communities to which all of us belong (families, neighbourhoods, workplace, religious and other social groups.” (*Ausubel)*

Historically, however, many research designs have not adequately or appropriately involved community participants, resulting in a negative perception of research. Common problems experienced by communities in research include:

- Irrelevance to the community
- Poor methodology that in turn is a waste of resources
- Research data and findings are not given back
- Communities feel “over-researched”
- Communities feel coerced to participate in research
- Communities feel researched upon rather than partners in the process
- Communities are lied to
- Insensitivity to community concerns or issues
- Benefits to community are minimal or nonexistent

CBPR attempts to address these issues and concerns both in the design of the research and its conduct from being respectful of participants, listening, and having cultural competence. As with any research study, it cannot coerce participation: “American political culture does not recognize an obligation to participate in research; rather, we consider it to be a socially desirable activity that people may elect to participate in or not, as they choose” (Pritchard).

Given that CBPR by definition requires a significant level of community member participation with the objectives of community improvement and social change, the ethical practice of CBPR requires researchers to be vigilant about the way the partnership is developed, implemented, and sustained. For example, an ethical CBPR practitioner would not promise communities more than s/he believes the partnership can deliver, nor would s/he exploit community members’ time and expertise for personal gain.

Table 1.3.1: Principles of the Ethical Practice of Public Health

- Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
- Public health should achieve community health in a way that respects the rights of individuals in the community.
- Public health policies, programs, and priorities should be developed and evaluated through processes that

ensure an opportunity for input from community members.

- Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
- Public health should seek the information needed to implement effective policies and programs that protect and promote health.
- Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
- Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
- Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
- Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
- Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified based on the high likelihood of significant harm to the individual or others.
- Public health institutions should ensure the professional competence of their employees.
- Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Source: Principles of the Ethical Practice of Public Health, Version 2.2

What are examples of ethical issues that arise in CBPR?

Below, we briefly review ethical issues that may arise in the conduct of CBPR. These are just some examples of ethical issues that might arise in the design and implementation of a CBPR project as well as questions that must be considered and might come forward from an IRB reviewing the research proposal.

Community participation

In CBPR, questions around “who is the community, “who represents the community,” and “who speaks for the community” are all critically important.

- Is it legitimate or ethical for community members to come from only a few neighborhoods or social identity groups, thus benefiting some communities more than others?
- What if certain neighborhoods or communities are more outspoken, have greater community organizing skills, or are more comfortable negotiating with academic researchers than others?
- Do academic researchers have a responsibility to seek participation from all communities, or just work with the groups who are the most outspoken, or easiest, to work with?

Roles

In CBPR, because everyone’s participation is highly valued, role definitions between researchers and community members can sometimes become blurred.

- When should a researcher take responsibility and ownership of critical measurement or methodological questions?

- When might asking community members for input on design issues prove burdensome and/or threatening if it is not an area they know?
- How does “equity” in the CBPR process get translated into practice so that divisions of labor and input are not exploitative to any one partner?

Dissemination of research results

Disseminating CBPR research results also involves participation from both community members and researchers:

- How do research results get re-presented and whose voice(s) is/are heard or represented?
- Are the findings presented in an accessible and meaningful way for community members?
- Are the findings presented in scientifically valid and rigorous means for academic audiences?
- What if the research findings in economically disadvantaged communities reinforce negative social stereotypes?
- Would it do more harm to the community to report such findings?

Exercise 1.3.2 is designed to help partners to consider the various types of ethical issues which may arise during a CBPR project.

Exercise 1.3.2: Considering Ethical Issues that can Arise in CBPR

A community-academic partnership has formed to conduct formative research on the relationship between the crack cocaine epidemic and the spread of sexually transmitted infections, particularly HIV, in a large, urban African-American neighborhood. Partnership members include university researchers, local health department representatives, substance abuse treatment providers, a neighborhood coalition, and recovering addicts from local neighborhoods. Through focus groups with African-American women crack users currently in treatment, the partnership learned that women would often have unprotected sex with multiple partners in a single day in order to buy crack to feed their drug addiction. Women told stories about 13 year-olds in hallways performing oral sex for $3. Other research findings highlighted some of the changes in the urban environment that placed greater stressors on families. For example, a number of women had come from formerly family-owned housing that had burned out in poorer neighborhoods that were under-supported by the city fire department. Given the lack of adequate cheap housing, families split up, sometimes ending up in cheap, temporary hotels. There, through depression, lack of job opportunities, and an environment of drugs and violence, many women (and girls) turned to crack cocaine use and prostitution.

Discussion Questions:

- In representing these findings, what ethical considerations might you have in terms of harms to the

community?

- What are potential benefits to the community in having these findings disseminated?
- Who should decide when and how to present the data?
- Who should represent these findings and how should they be represented and disseminated?
- *Data for this exercise comes from The Secret Epidemic by J Levenson; the partnership itself is fictional.*

Exercise 1.3.3: Identifying Ethical Issues in the CBPR Process

Instructions: Form groups of 3-4 people. Assign each group one of the six boxed steps in the research process, portrayed in Table 1.2.1, and ask them to complete the three items below in 30 minutes. Instruct each group to identify a recorder to take notes and a reporter to present back to the larger group.

1. Based on the step in the research process assigned, ask each person in the group to give an example of how their partnership has dealt with this step in a particular research project and where they fall in the continuum between traditional research and CBPR. In giving examples, consider what the challenges were, what the successes were (what made it work?) and unexpected discoveries or "ah-ha" moments. The recorder should try to take note of commonalities/differences between stories/experiences.

2. Brainstorm as a group the specific ethical issues that might arise in a CBPR project at this particular step. Draw on participant examples to develop a list.

3. Share examples of ethical issues that arose in CBPR projects you have been involved with. What lessons might we learn from your experience?

Reconvene the small groups as a large group to report on their discussion. Explore themes and challenges that cut across the groups and those that are unique to particular steps in the research process.

CBPR and Institutional Review Boards

Like any other research endeavor involving human subjects, CBPR protocols and designs require the review of institutional review boards (IRBs) to assure the protection of participants in the study. The role of IRBs is to assure that studies maximize benefit and minimize risk to all participants. In most institutional-community partnerships, the participating university, community health agency, public health department or hospital partner have one or more IRBs that review the research design.

What are the primary ethical principles that guide the ethical review process?

The ethical guidelines built in to most IRBs rely largely on three core ethical principles: respect for persons, beneficence and justice. These derive from different philosophical traditions and at times can come into conflict with one another in determining which principle should take priority over another. The principle of respect for persons underlies the obligation to obtain informed consent; the principle of beneficence

demands the maximizing of benefit and minimizing of risks; and the principle of justice requires the equitable distribution of the burdens and the benefits of research. A more comprehensive list of ethical principles that guide research includes:

- Respect for human dignity
- Respect for free and informed consent
- Respect for vulnerable persons
- Respect for privacy and confidentiality
- Respect for justice and inclusiveness
- Balancing harms and benefits
- Minimizing harms
- Maximizing benefits
- Equitable distribution of the burdens and benefits of research

CBPR is deliberately intended to be a flexible and adaptive research design. As a result, this may require additional bureaucratic steps with the IRB, informing them of design changes and assuring them that they continue to follow all ethical principles.

In CBPR, research involving institutions such as schools, churches or workplaces, the issue of "voluntariness" may sometimes arise. In a situation where institutional leaders (e.g., principles, teachers, pastors, managers) and peer leaders have endorsed a CBPR study, it is important to assure that not all members of those organizations feel compelled to participate in the study and that non-participation will not result in any reprisals.

This issue is closely related to "informed consent." In all studies, participants are required to either indicate orally with a witness or in written form by signing an informed consent form that they fully understand the study and their role, they are competent to participate and their participation is voluntary. Although it is sometimes overlooked, Pritchard and other researchers remind us that informed consent should be more than a form – it should be a process.

Example 1.3.4: Informed Consent as a Process

In describing the ethical steps in conducting photovoice as a form of CBPR, Wang and Redwood-Jones highlight the importance of informed consent throughout the process of the study. In photovoice, community members are given cameras and asked to record through photographs pertinent issues in their lives around specific public health themes. Community photographers sign their own informed consent forms (or assent forms for youth) to indicate their agreement to participate and then begin with an introduction to the ethical principles of photographing others and the power of the camera. Once they begin taking pictures, the photographers are required to obtain a second signed consent form, "Acknowledgements and Release" from potential photo subjects *before* they take the picture. Finally, if the research team and photographers decide that they would like to publicly display a photograph of an individual in a public forum or publication, they go back to the individual to

have them sign a third consent form. This assures that the individual in the photograph is fully informed throughout the process and can control for any potentially embarrassing or incriminating photographs of themselves.

Citation: Wang and Redwood-Jones

It is important for community partners to understand the IRB process involved in the research project. At the end of the day, community partners want to be sure that the research is helping the community by solving community problems. The IRB is a protective mechanism that community partners can use if they understand it and are part of the process of designing the research. Once community partners are clear that the human subject issues have been addressed, they can promote the research project with greater confidence. In the words on one community partner involved in a CBPR partnership, *"If I understand the IRB, I have greater confidence in my outreach to my community and advocacy for the project. Because of the trusting relationship developed through this process, I feel a greater degree of confidence in the intended outcomes that will result from this research. Because we have more of an understanding and know the questions to ask, we can go out and explain it to the community and know that it's good research because we have been engaged in ensuring that we will get the intended outcome."*

Designing a study protocol to submit for IRB review

Research protocols submitted to IRBs for review generally cover these topics:

(1) Background, purpose and objectives

(2) Research methods

(3) Population or research participants

(4) Recruitment of participants

(5) Risks and benefits

(6) Privacy and confidentiality

(7) Compensation

(8) Conflicts of interest

(9) Informed consent process

Below, we walk through the purpose of each of the topics and raise questions for consideration regarding ethics and community participation.

(1) Background, purpose and objectives: This section describes the background and setting to the project, its rationale, purpose, objectives and hypothesis for research.

Questions to consider:

- Is this research really justified?
- Who benefits? How?
- How was the community involved or consulted in defining the need?

- Who came up with the objectives and how?
- Are there concrete action outcomes?

(2)*Research methods: This section describes how the research will be done. It describes the who, what, where, when and how of the research. It indicates what procedures will be used to collect data (e.g., surveys, interviews, focus groups), the frequency of these procedures and the number of people involved. It indicates the period of time the research will be carried out and how long each phase will last.*

***Questions to consider**:*

- *How will the community be involved? At what levels?*
- *What training or capacity building opportunities will you build in?*
- *Will the methods used be sensitive and appropriate to various communities (consider literacy issues, language barriers, cultural sensitivities, etc.)?*
- *How will you balance scientific rigor and accessibility?*

(3)Population targeted or research participants: This section describes who the participants are and why they were selected. It states the proposed "sample size" (e.g., how many people will be involved) and how that size was determined. It provides any relevant inclusion or exclusion criteria for who can be involved in the study and describes any special issues with the proposed study population, (e.g., incompetent patients or minors)

***Questions to consider**:*

- *Are you really talking to the "right" people to get your questions answered appropriately (e.g., service providers, community members, leaders, etc.)?*
- *How will you protect vulnerable groups?*
- *Will the research process include or engage marginalized or disenfranchised individuals? How?*
- *Who speaks for the community?*
- *Is there a reason to exclude some people? Why?*
- *Are the potential research benefits and harms likely to be shared relatively equally among all participants?*

(4)Recruitment: This section describes how and by whom participants will be approached and recruited. It includes copies of any recruiting materials (e.g., letters, advertisements, flyers, telephone scripts). It states where participants will be recruited from (e.g., hospital, clinic, school). It provides a statement of the investigator's relationship, if any, to the participants (e.g., physician, teacher, community public health representative).

***Questions to consider**:*

- *What is the power relationship between the investigator(s) and participants? Is there potential for coercion?*
- *Are the service providers and researchers different people?*
- *Is it clear to the population that they may still receive services even if they choose not to participate in the research?*
- *Who approaches people about the study and how?*
- *Are your recruitment strategies and materials culturally appropriate and adapted to the participants?*
- *How will you assure confidentiality?*

(5)Risks and benefits: This section describes the anticipated risks and benefits to research participants. It explains how these risks and benefits are balanced and what strategies are in place to minimize and

manage any risks.

***Questions to consider**:*

- *What are the risks for communities? For individuals?*
- *Have you been fully honest about risks? How will you minimize these?*
- *Are there built in mechanisms for how unflattering results will be dealt with?Are your recruitment strategies and materials culturally appropriate and adapted to the participants?*
- *Is it clear and transparent who will benefit from this research and how?*
- *How do you distribute the benefits most equitably?*

(6)<u>Privacy and confidentiality:</u> This section provides a description of how privacy and confidentiality will be protected. It includes a description of data maintenance, storage, release of information, access to information, use of names or codes, destruction of data at the conclusion of the research and includes information on the use of audio or videotapes. Protecting the privacy and confidentiality of research participants is sometimes a challenge in CBPR when community members become "participant researchers" who are active in the research design, data collection and analysis. In qualitative data analysis, it is common for researchers to go back to research participants to confirm the findings and interpretations of results. This may preclude having completely anonymous research participants or may require more protections around confidentiality of participants.

***Questions to consider**:*

- *How do you maintain boundaries between multiple roles (e.g., researcher, counselor, peer)?*
- *What processes will you put in place to be inclusive about data analysis and yet maintain privacy of participants?*
- *Where will you store data? Who will have access to the data? How?Is it clear and transparent who will benefit from this research and how?*
- *What rules will you have for working with transcripts or surveys with identifying information?*

(7)<u>Compensation:</u> This section describes any reimbursements, remuneration or other compensation that will be provided to the participants, and the terms of this compensation.

***Questions to consider**:*

- *Are people being reimbursed for their time and effort? If so, how can this be done without being "coercive"?*
- *Have you consider other types of compensation such as travel or parking costs and childcare?*
- *Who is managing the budget? Which partners are getting what compensations?*
- *Who is being paid? Who is volunteering? How are those decisions being made?*
- *Have you assured that participation in the research and service delivery are not being linked?*

(8)<u>Conflicts of interest:</u> This section provides information relevant to actual or potential conflicts of interest (to allow the IRB to assess whether this information should be shared with participants as part of the informed consent process).

***Questions to consider**:*

- *What happens when your job depends on the results?*
- *What happens when you are the researcher <u>and</u> the*
- *Friend*
- *Peer*
- *Service Provider*
- *Doctor, nurse, social worker*

- *Educator*
- *Funding agency?*

(9)<u>Informed consent process:</u> This section describes the procedures that will be followed to obtain informed consent from participants. It includes a copy of the information letter(s) and consent form(s). If written informed consent is not being obtained, it explains why. Where minors are to be included as participants, a copy of the assent script to be used is provided. If you are dealing with a population with special needs (e.g., illiterate) or with a different language base, how these differences will be addressed to assure that they are fully informed is explained.

***Questions to consider**:*

- *What does this mean for "vulnerable" populations (e.g., children, mentally ill, developmentally challenged)?*
- *What does it mean to inform?*
- *What does it mean to "consent"?*
- *How do you do this in a culturally sensitive manner?*
- *Whose permission do you need to talk to whom?*

Unit 1 Section 1.4: Determining if CBPR is Right for You

CBPR has gained recognition as a viable approach to research. Increasingly, funding agencies are requesting that researchers engage communities as research partners in grant proposals. But CBPR is not for everyone or every community or every research question. When exploring the possibility of engaging in a CBPR partnership, it is advised that all parties consider asking themselves the questions below to guide a discussion about the feasibility of working together. It is important to address these potentially difficult conversations as a way to assess whether or not a CBPR partnership model is even appropriate.

Before starting down the road to CBPR, ask yourself the following questions:

I. Is opportunism and self-interest driving the agenda?

Certainly, enlightened self-interest may underlie a person's or organization's desire to engage in a CBPR partnership. But CBPR should not be undertaken simply out of opportunism and self-interest without the accompanying values and skills necessary to make it an ethically viable and beneficial partnership.

- *Opportunism and self-interest* on the part of *researchers* can drive the interest in CBPR. Examples of this might include:

- Need for grant funding to support one's academic position
- Need to recruit individuals from underserved populations as research subjects
- Need to demonstrate a community partnership to meet funding agency requirements
- *Opportunism and self-interest* on the part of *community members* can drive the interest in CBPR. Examples of this might include:

- Need for credibility that may come with an academic affiliation
- Need for a job
- Need for grant funding to support or sustain community programs

II. Do you and your team have the necessary skills?

CBPR requires a different set of values, skills and time frame than most research endeavors. Conducting research with underserved communities brings to the fore issues of power, race, class, communication and respect. Specific skills that facilitate building relationships between researchers and communities include:

- **Cultural Competence** – a set of knowledge, skills, and attitudes that allow individuals, organizations and systems to work effectively with diverse racial, ethnic, religious, and social groups.

- **Communication** – the ability to provide and receive ongoing feedback with community partners throughout the life of the research project, in ways that are meaningful and accessible

- **Listening** – can receive feedback and insights from both community partners and researchers about research methods and approaches. On the researcher's end, being a skillful listener requires recognition that you do not have all the answers and that there may be other ways to conduct the research that may be more amenable to the community; as a community member, one should recognize and respect the researchers' expertise in different methods and their outcomes

- **Sharing power and control over decisions** – many researchers arrive in a community with a set protocol and are unwilling to make changes or share decision-making about methods and approaches with non-researchers. If individuals on your research team do not possess these skills, or are not comfortable with developing these skills, then pursuing a CBPR project is not for you. Similarly, community members cannot expect to have "veto power" on the research project's methods and design simply because they "know the community best." Working through consensus or majority decision-making processes are critical for successful partnerships, and these methods are not suitable to all personalities or stakeholders.

III. Are you as a researcher uncomfortable with changing your methods and/or approach to working with participants?

CBPR involves a set of core principles that include a commitment: to the co-learning process and involving

the community in every step of the process. While on the surface, this may sound agreeable to a researcher interested in CBPR, we encourage researchers to reconsider this approach if:

- You might find it challenging to participate in a co-learning and reciprocal research relationship, especially if it means using different research approaches and methods that you are less familiar with
- You are more comfortable with a linear approach to research (i.e., not iterative or cyclical)
- You find yourself questioning the validity and reliability of CBPR study designs
- You are uncertain or skeptical about the scientific objectivity of CBPR research findings
- Your academic institution does not hold credence in CBPR, so work in this field may significantly reduce your opportunities for tenure and/or promotion
- You have concerns about achieving measurable results and changes in health outcomes within the longer timeframe often required in CBPR study designs, i.e., it takes too long to show results

IV. Are you a community member who simply wants an intervention or community service but who has no interest in research questions?

If, as a community member, your primary interest is only on services and local interventions, then participating in a research project may not be for you. Community service projects have different timelines and overall goals and objectives, compared to a research intervention. If you are unable to agree to the research goals and objectives, then participating in a CBPR partnership would likely be frustrating.

V. Do the ethical considerations related to burden and benefits to the community outweigh potential research benefits?

Before beginning a CBPR project, carefully consider the potential benefits and harms of both the process and the outcome to the community of interest. Specific elements to consider include:

- **Time** - do you as a researcher or community partner have adequate time to invest in developing a CBPR partnership? It takes time to develop relationships, build trust, create modes of operation, and identify community assets. A rushed or half-committed approach to building the partnership is likely to fail – therefore, knowing in advance that you do not have time to invest in the process raises ethical considerations of raising expectations.
- **Burden on the community** – many communities in close proximity of universities are accustomed to being the subject of research studies. The participatory methods involved in CBPR require significant time and energy on the part of community members. Repeated CBPR studies in a single community can create a fatigue factor if tangible results are few and far between.
- **Research objectives and anticipated results will/may provide minimal benefit to the community** – a study that produces interesting results for science but limited results for those participating in the study can be problematic if community expectations have been raised through the CBPR process for more direct, tangible results. Clear communication about realistic, potential research outcomes can off-set this potential harm, but it is also critical to assess and re-assess community expectations throughout the research process, in order to prevent any possible negative effects.

VI. What if you don't "buy into" the values and principles of CBPR?

Not every researcher will agree with many of the values and principles that form the foundation of CBPR. If these values and principles don't fit you, then don't force the square peg into the round hole. So before going forward re-consider the following:

- **Do you have a clear community of identity to work with?** Have the people you've called a "community" really see themselves this way?

- **Do you believe that attending to social inequities should be part of a research agenda?** You may worry that this objective clouds the research process and could reduce objectivity and the integrity of the research design.

- **Do you question the need to address health – and therefore your research – from an ecological perspective?** Taking an ecological perspective requires examining determinants of health from more than one ecological level (e.g., individual, interpersonal, community, organization or policy). By definition then this would require a more complex research design requiring objectives at more than one ecological level.

- **Do you perceive community participation as exploitative rather than empowering?** There is no doubt that there is the potential for this to happen and past experience shows examples of communities being "used" with little change achieved in their health, social, or economic status at the end of a research project. It can also be a burden to the researcher to assure that the process is not becoming exploitative.

- **Are you committed to a participatory process, to community participation in the entire research process, and to delivering meaningful value and benefits to the community?**

Unit 2: Developing a CBPR Partnership – Getting Started

Sarah Flicker, Kirsten Senturia and Kristine Wong

This unit covers the basic tools for beginning a CBPR partnership. For established partnerships, this unit can be helpful for engaging new partners and for reflecting on and improving upon decisions that have already been made.

Learning Objectives

- Describe effective strategies for identifying and selecting partners
- Determine how to work with partners to set priorities

Contents

Unit 2 Section 2.1: Identifying and Selecting Partners

Characteristics of effective partners in CBPR partnerships

Whether you are just beginning the process of developing a CBPR partnership or you are already involved in a CBPR partnership, careful consideration should be given to the degree to which potential partners may have the characteristics that contribute to effective partnerships. The characteristics of effective partners described below can apply to both community and institutional partners, and to both organizations as partners and the individuals who will represent those organizations in the partnership:

- **They are willing and committed** – for example, they are willing to get involved, open to creating a partnership, understanding of and committed to the long-term nature of the process.
- **Their organizational mission is in alignment** – the partner organization's mission, culture and priorities encourage, support and/or understand and recognize the value of community-based participatory approaches to learning, research, evaluation and partnerships.
- **They have trust and a history of engagement in the community** – for example, they are well respected in the communities involved in the partnership, are "in" and "of" the community and knowledgeable about and close to the grass roots communities in which their organizations work.
- **They have staff and/or volunteer capacity to participate** – for example, having staff and/or volunteers who can work with "outsiders" to accomplish their goals, see the value of research to the organization and community, and willing to navigate research processes and procedures (e.g., the human subjects review process).
- **They have engaged, competent researchers and research staff –** who, for example, can maintain meaningful relationships with the community on multiple levels, are competent to facilitate partnerships and follow participatory approaches to research, and are willing to learn from their partners.
- **They have support and involvement from leaders at all levels –** for example, they have active and visible support and involvement of both top leadership (i.e., a university department chair or dean, public health officer, agency executive director) and "front line" staff who have authority to make decisions, know about the organization's daily operations and strategic directions, and have ready access to top leadership. To be most effective, individuals involved in CBPR partnerships ideally hold positions of authority and/or leadership within their organizations. Ideally these functions are part of the point person's job description.
- **They are knowledgeable about the community –** for example, having the ability to obtain resources, high degree of political knowledge, access to decision-makers within the community, have connections with or active in other networks or consortiums.
- **They strive for cultural competency –** CBPR partnerships are likely to involve partners from diverse cultural backgrounds, with respect to ethnicity or race, gender, social class, sexual orientation, community or academic roles, and academic discipline. It is important for partners to be striving for cultural competency.
- **They have skills in collaboration –** for example, they are able to negotiate, problem-solve, resolve conflict and foster collaboration among partners.
- **They have interpersonal and facilitation skills** – for example, they are sensitive to community needs, have good listening skills, are trustworthy, are capable of understanding and appreciating diverse groups, can communicate in a ways that keep partners motivated and informed, are able to understand and feel comfortable in both academic, governmental and community settings or translating between them, and are able to transfer knowledge and skills to others.
- **They have technical skills** – for example, skills in planning and organizing, evaluation, writing, using computer software programs, speaking and/or writing in multiple languages, conducting outreach and managing programs.
- **They have commitment and connections to the community** – for example, placing a high value on community perspectives, knowing the community resources, being known and trusted in the community, being savvy about leveraging community resources, being committed to recognizing and striving to understand community issues, dynamics, and political 'hot buttons.'
- **They are committed to the partnership process and the substantive issues being addressed by the partnership** – for example, they pay attention to both partnership process and outcomes, have a desire to see the partnership grow, are deeply committed to community health, community capacity building and social justice, and

are knowledgeable about community-based public health.

It is important to remember that despite the difference in the settings, mission and culture of their respective organizations, community and institution-based partners share many similarities. They:

- Are often over-worked and under-resourced
- Have unique skills and experience
- Work in complicated and stressful environments
- Have their own productivity levels, accountability structures, timelines, calendars and bottom lines
- Have very specific jargon
- Are often not used to working with the other (communities or institutions) on a daily and ongoing basis
- Above all, they care about the health and well being of local communities

Getting started from scratch: where to begin?

For both researchers and community members who are interested in exploring the idea of participating in a CBPR partnership, yet have no potential partners in mind, the idea of venturing out to find interested partners can be daunting. If you find yourself in this situation, the following strategies can help you get started.

1. Initial research

To start, do some general research on individuals and organizations, academics and health department staff who might be doing work in your area(s) of interest, or may be interested in your area of interest because it overlaps with their work. Get all the information you can about these particular people (and some of the partnerships they may have engaged in) through a search of the Internet, newspaper articles and any contacts in the field. Libraries and community centers can be good sources of information about community groups. University, research institutes/centers and health department websites will be the best sources of information to find faculty and staff who are working in your area(s) of interest, as well as reports or products produced by the people and programs/partnerships you are interested in learning more about. Searching abstracts presented at past American Public Health Association (APHA) conferences, using your town or city and topic of interest as keywords, may also yield potential contacts. These are available online at www.apha.org

2. Additional preliminary research

As a researcher, it is essential that you learn about what issues the community is currently working on and finds important, by finding out the schedule of regular community meetings that take place, and contacting the coordinator about attending. If there are other partnerships/collaboratives that already exist, you can also try to attend those meetings as a way of finding out what is already out there.

As a community member, you may want to contact people and offices at local colleges and universities that are responsible for community connections. These could include, for example, people who hold positions such as Vice Provost of Outreach or Director of Service-Learning, departments of public affairs or community affairs, centers or offices of community service or service-learning, offices of university-community partnerships, etc. Individuals who work in these offices may be able to steer you in the direction of people, programs and community-university partnerships with topical interests similar to yours.

3. The “key informant” interview

From your initial research, you should now have a list of people and organizations that are doing work in the area(s) you are interested in, or who work in areas that overlap with your own area(s) of interest. However, there also may be people that you know and trust within this field already, who may already be familiar with some of the people and organizations/departments on your initial list. Ask these people to sit down with you for a key informant interview, an interview that helps you and help you brainstorm possible appropriate partners. These people are your “key informants.”

Before conducting key informant interviews, sit down and think about the main pieces of information you want to get from him/her. Craft a list of questions that you can use as a basis for all the interviews; of course, there may be slight variation based on the person you are interviewing, but having your main list of questions in front of you helps to ensure that you will get all your important questions answered. The following are some sample key informant interview questions to help get you started:

- Who are some of the different people and organizations doing work in this field in the following areas?
- Community-based organizations?
- Colleges and universities?
- Voluntary health agencies?
- Public sector (e.g., city, county and state health departments)?
- Business sector?
- Philanthropic sector?
- What do you know about these people and organizations? Their history in the way they worked with partners in the past? Their past involvement in CBPR? Their attitude towards CBPR?

- How would you assess their capacity and ability to implement a CBPR partnership project in a way that respects all involved partners?

- Can you refer me to other people who may be helpful in answering these questions?

- Are there others you would recommend who share my interest area(s)?

Remember that it's important to get as many viewpoints as possible. To get a fully objective perspective, you will want to speak to a number of people. After sifting through information gained through your initial research and these interviews, you may want to develop a two-tiered list of people/organizations you are interested in approaching as potential partners. The first tier consists of people you will meet with first, and the second tier consists of people who you will meet with if your first-tier list does not result in any suitable partner(s).

4. Meeting with potential partners

When setting up meetings with potential partners, first introduce yourself and give them some background about yourself, and the reason why you're interested in meeting with them – to explore possibilities for a potential CBPR partnership. Stating your purpose at the beginning of the conversation gives the person the chance to politely decline your request for a meeting, if he/she is not interested in pursuing such a partnership.

If you were referred to this person by a mutual acquaintance or key informant, you may want to consider giving him/her the name of this person who gave the referral – often times it is that trusted mutual acquaintance that can get someone "through the door" and give you credibility. (However, use your intuition when deciding whether or not to mention the referral, as giving that person's name to your potential partner might have the opposite effect and actually "close the door").

When meeting with a potential partner in person, start with general, "getting-to-know-you" conversation that you might engage in at a party or social gathering. As CBPR partnerships require trust and communication, it's important to let that partner know that you are interested in them as people and not just as a way to make the vision of a CBPR partnership a reality. By setting a more relaxed tone before you start your meeting, your potential partner will feel more at ease. When you do transition into the actual meeting, be careful to bring up questions you have prepared in more of a "conversational" style rather than an "interview" style, as this may also make the other person uncomfortable.

Some questions you may want to ask in the first meeting include:Public sector (e.g., city, county and state health departments)?

1. General Background Tell me about your work. What issues are you working on? What motivates you to do work in this area? In what direction would you like to see your work going? What are the challenges you face in your work?

2. Partnership Experience What are some of your experiences in working in partnerships? Have you been involved in any research partnerships? What has your experience with these been like? What would be your approach to such a partnership?

3. Interest in Proposed Partnership Do you have an interest in working on [fill in with your area of interest]? What priority issues or activities do you think we should consider?

4. Capacity/Appropriateness of Fit Do you and your department/agency have the time to invest in developing a CBPR partnership, which includes building trust among partners, developing infrastructure, seeking funding, developing and implementing projects? If the emerging partnership does not get funding right away, do you have the motivation, time and energy to stay involved?

Exercise 2.1.1: Funding First, Relationships Second

Researchers at Ivory Tower University have not received many grants lately and they need external funding to sustain their research program and their credibility at the university. Recently, they responded to a call for proposals that required a community-based research partnership. They had never done CBPR before; they were a little suspicious of it, but they needed the funding and this was a large grant. The focus of the research intervention they chose was to reduce risk for chronic disease (a.k.a. "obesity") in youth (ages 13-18) through increased exercise and improved nutrition. The population is made up of 60% recent Puerto Rican and Mexican immigrant families. No members of the research team are Hispanic or speak Spanish. Before submitting the proposal, the researchers contacted local school principals, physical education instructors, the Boys and Girls Club, a YMCA and a Hispanic Health Council to ask for letters of support which were all provided. There was no formal meeting with any of these agencies before submitting the grant nor were copies of the research proposal and design shared with them. Six months later, Ivory Tower University hears that it has received the grant and calls together the individuals who wrote letters of support for the first meeting of the "Community Research Partnership Team." The academics share with the Team the overall research goals and ask for team buy-in. All team members agree that increasing exercise and more nutritious eating habits in youth is a priority but want to know what they will get out of their involvement in the research project.

Questions to consider:

- Do you think there is a clear "community of interest" identified? Explain.
- Does this research agenda have an explicit aim that addresses social and or economic inequities? Are there are social justice implications?
- What issues of power or trust do you see that may need to be addressed at the beginning of this partnership? How should these be addressed?
- Do you think the researchers/academics are exploiting a funding revenue at the expense of the community? Explain.
- Do you think the community members may be exploiting the research agenda in order to accomplish their own under-funded initiatives? Explain.
- Who should be around the table that is not there?
- Do you think there are skills the research team should develop or assure it has before it moves forward with this partnership? What are they?
- If you were a CBPR consultant invited to participate in this meeting, what advice would you give?

Exercise 2.1.2: Responding to a Request for Applications

Staff of a local health department, working with faculty members from a

nearby university, is developing a proposal in response to a federal Request for Applications (RFA). The RFA is seeking proposals that will develop and study effective interventions to decrease diabetes and complications of diabetes among African-Americans. A CBPR model must be used, involving key partners from sectors relevant to the topic.

Instructions: Brainstorm which community and institutional partners should be invited to participate in this partnership and why. List some of the pros and cons associated with these choices.

- What kinds of agencies should be invited? What kinds of academic departments?
- Who decides who is invited?
- Is membership comprised of individuals or organizations?
- How is "community" defined and who is able to "represent" the community?
- How many members do you want in your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved?

Building on prior positive working relationships

A prior history of positive working relationships among at least some of the potential partners is a step in the right direction when establishing a new CBPR partnership to address an issue not previously addressed by this particular group of partners.

For example, an institutional partner (i.e., university faculty member, health department division director) may have engaged in one or more previous projects or initiatives with one or more community-based organizations that resulted in a positive working relationship. This in turn leads to a desire and willingness on the part of those partners to team up again on another initiative should an opportunity present itself.

Building on that history, that "core" of community-institutional partners can seek out other potential partners (e.g., other faculty members in the same or a different department; health department staff from other divisions; community-based organizations working within the same community or on similar issues) who have had similar experiences on other initiatives. In this way, the emerging partnership will consist of individuals and organizations familiar with at least some of the other players involved.

Drawing upon the trust that is already present can lead to the initial willingness to get involved and the commitment to develop more long-term trusting relationships. When this is not possible, engage a core group of dedicated participants.

Exercise 2.1.3: Why Partners Get Involved and Stay Involved in CBPR

Screen the video "A Bridge Between Communities," paying particular attention to each partner's reasons for getting involved with the Detroit Community-Academic Urban Research Center (*see Unit 2 Citations and Recommended Resources for Ordering Information*). Viewing at least the first 12 minutes of the 32 minute video is advised. After screening the video, respond to these discussion questions.

Discussion questions:

- Why did community-based organizations get involved in this CBPR partnership? Why did they stay involved?

Does this resonate with your experiences?

- Why did academics get involved in this CBPR partnership? What did they stay involved? Does this resonate with your experiences?
- Why did the health department get involved in this CBPR partnership? Why did they stay involved? Does this resonate with your experiences?
- Does the video reflect why you became involved in or are considering getting involved in CBPR?

Developing partnerships with a diverse membership: importance and challenges

Successful CBPR partnerships convene and maintain a diverse group of partners, including those who are directly affected by the topic(s) of study. Recognize that partners can wear multiple hats and serve in multiple roles. It is important to acknowledge that community partners that are recruited specifically because they are known as trusted individuals frequently also have multiple community, as well as family, commitments.

Engage and mobilize a diverse group of partners in terms of ethnicity; race, gender, social class, role, organizational or institutional affiliation, academic discipline, expertise, and role in the partnership.

Consider organizational membership, rather than individuals. This can help to bring the entire resources of the organization to the partnership, and if an individual who participates on a given project leaves, then the organization is committed to identifying another person to be involved.

Start with a small number of diverse partner organizations. This may facilitate your success by drawing upon diverse ideas and resources while keeping the number of partners small enough to be able to adopt and adhere to a set of participating principles and operating norms. Partners can be added. Size will be fluid and evolving.

Consider who represents "the community"? It is important for partnerships to discuss their definition and conception how community is defined and who is able to represent the community. The following questions may be useful for this discussion (Israel).

- Who is the community?
- Who represents the community?
- Who has influence in the community, and how, if at all, are they involved?
- Who decides who the community partners will be in a CBPR effort?
- Are the community partners involved as individuals or as representatives of community-based organizations (CBOs)?
- If as individuals, do they have a constituency that they represent and report to? If as reps, what is the connection or link between the CBO and the community in which they work?
- How grassroots are the community members and CBOs involved?
- Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
- Who is defined as "outside" the community and not invited to participate?
- No one organization can represent the community; no one person can represent a specific subpopulation.

Exercise 2.1.4: Defining and Representing the Community

The mission of the Prevention Research Center (PRC) of Michigan is

expanding knowledge and sharing knowledge - thereby strengthening the capacity of the community, the public health system, and the university, to improve the public's health. The Center builds upon existing long-term partnerships between the University of Michigan School of Public Health, community-based organizations, local health departments, and the Michigan Department of Community Health and other statewide health associations. The PRC Community Board adopted this definition of community:

1) The Community with the Problem, which includes those individuals who are affected in some way and have experience with the problems being addressed, and

2) The Genesee County Community, which includes everyone who lives or works in Greater Flint and is concerned about the problems we are trying to solve.

It is often difficult to have the members from the Community with the Problem involved in the process. Therefore, we recognize the special role that Community Based Organization Partners* plays in connecting us to the Community with the Problem. Because community-based organizations (CBO) are the result of grassroots efforts by community members to organize themselves into constituent groups, they are rooted in the community they represent. Typically, CBO boards, staff and volunteers are members of or have family members, friends, or experience with the Community with the Problem. Therefore, the representation of community partners from CBOs on our Board and Steering Committees is invaluable. As we engage in our discussions, we need to deliberately consider who is at the table and if the Community with the Problem is involved in decision-making, as appropriate, at every stage of the process. CBO representatives cannot assume that they can effectively represent the perspective of all communities with problems, and they consistently find ways to involve the members of Community with the Problem in the process.

Community members directly impacted by the problem are involved in serving on steering committees or subcommittees, participating in dialogue groups or focus groups, and attending community presentations, cultural celebrations, or conferences where we disseminate results and gain feedback. Community members are also hired as interviewers, community health workers, group facilitators, or project coordinators.

*Community Based Organization Partners is a forum for community based organizations to work together to identify community issues and refine processes for collaboration with other community agencies/organizations and universities.

Discussion Questions:

- How does your CBPR partnership define "community?"
- How does your CBPR partnership apply this definition in practice?

Adapted from Flint PRC proposal

Exercise 2.1.5: Selecting New Partners

Criteria for Selecting New Partners for the Detroit Community-Academic Urban Research Center (URC), Revised and adopted January, 2002.

- Organizations with a health, human service and/or community development mission, operating in and working with one or more of the URC communities in southwest and eastside Detroit, that have a prior, positive working relationship with current URC partners.
- Organizations that are embedded in, well respected by, and/or involve staff from the communities in which they work.
- Organizations with a history of working on URC-affiliated projects and/or activities that emphasize prevention, family and community health issues, and/or enhancing community capacity building.
- Organizations that are interested in and willing to work within the overall goal (i.e., addressing social determinants of health) and specific priorities (i.e., access to quality health care, physical environment, violence prevention) established by the URC Board.
- Organizations that are willing to adapt and adhere to the operating norms and "CBPR Principles" adopted by the URC Board.
- Organizations that are willing and have the capability to assign a representative and an alternate to be a member of the URC Board. The representative should have the authority in their organization to make decisions without having to go back to the leadership within the organization, or, at the least, have easy access to the leadership as well as their active and visible support of URC activities.
- Organizations that are willing to actively participate, through, for example, the involvement of one or more representatives, at the monthly URC Board meetings and on steering committees for specific URC-affiliated projects, and attending and participating in national, regional or local conferences, workshops and meetings, as appropriate.
- Organizations that are willing and have the capability to facilitate ongoing, two-way communication between the partner organization and the URC Board that fosters collaboration, coordination, development of new projects and participation in special activities involving the URC partners.

Discussion Questions:

Has your CBPR partnership established criteria for selecting new partners? If so, what are the criteria? If not, what criteria would you establish and why?

Exercise 2.1.6: Identifying and Selecting Partners

This 60-minute exercise is designed for a group of at least 6 people.

The set-up: The health department has convened a meeting of academics, health department staff and community members to discuss the idea of partnering in response to a request for proposals.

Split the group into three smaller groups (one representing academics, one representing health department staff, and one representing communities). Ask each group to read the Wellesley Institute Summer 2005 Request for Proposals and answer the questions for their group. After 30 minutes of discussion, bring the three groups together for the meeting at the health department Instruct each group (academic, health department, community) to stay in character to role play and hash out decisions in the final 30 minutes of the session.

The Wellesley Institute Summer 2005 RFP:
Innovative Solutions to the Housing & Homelessness Challenges Facing Urban Communities

The Wellesley Institute currently supports research initiatives that seek to understand the impact of social and economic disadvantage on the health of marginalized communities. Priority is given to research projects that meaningfully involve community members in all aspects of the research process, are policy-relevant and are methodologically rigorous. *We encourage applications submitted in partnerships between community agencies, policy makers and academics.* We ask that grantees be willing to engage in constructive conversations with policy advisors at the municipal, state and federal levels.

Examples of relevant research questions might include (but are not limited to):

- What are the health impacts of subsidized or supportive housing interventions?
- What is a healthy supportive living situation for street-involved youth? For those with mental health issues? For other marginalized groups?
- What health and social services are needed to support a successful journey for those transitioning from homelessness to housing?
- What are some predictive factors that lead to successful transitioning?
- How can existing services be best leveraged to provide excellent support and outcomes?
- What are the cost-benefit analyses of different housing interventions?

Continuing in our commitment to support innovation in CBPR approaches, the Wellesley Institute will award research projects based on strength of collaboration, innovation in action outcomes and the potential to impact public policy. Advanced Community-Based Research Awards are provided to a maximum amount of $250,000 per project. Projects may be interventions, needs assessments or evaluations of innovative approaches. Creativity in methodology and design is welcome. Advanced Community-Based Research Awards are available for projects of up to two years in length. The number and amount of awards given is dependent upon on the number of applications received and the available monies.

ACADEMIC GROUP: You have just been “forwarded” this RFP and are very excited about the possibility of applying. As a team of university-based researchers, please consider:

- What kinds of academic departments should be invited to partner with you?

- What kind of agencies would you like to invite to partner with you?
- What government offices/departments do you want involved?
- Is membership comprised of individuals or organizations?
- How is “community” defined and who is able to “represent” the community?
- How many members do you want on your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved with this partnership?
- Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
- Who is defined as “outside” the community and not invited to participate?

COMMUNITY GROUP: You have just been “forwarded” this RFP and are very excited about the possibility of applying. As a team of community-based agencies, please consider:

- What kinds of academic departments should be invited to partner with you?
- What kind of agencies would you like to invite to partner with you?
- What government offices/departments do you want involved?
- Who decides who is invited?
- Is membership comprised of individuals or organizations?
- How is “community” defined and who is able to “represent” the community?
- How many members do you want on your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved with this partnership?
- Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
- Who is defined as “outside” the community and not invited to participate?

HEALTH DEPARTMENT GROUP: You have just been “forwarded” this RFP and are very excited about the possibility of applying. As a team of health department staff, please consider:

- What kinds of academic departments should be invited to partner with you?
- What kind of agencies would you like to invite to partner with you?
- What government offices/departments do you want involved?
- Who decides who is invited?
- Is membership comprised of individuals or organizations?

- How is “community” defined and who is able to “represent” the community?
- How many members do you want on your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved with this partnership?
- Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
- Who is defined as “outside” the community and not invited to participate?

Unit 2 Section 2.2: Setting Priorities

Because there are always a multitude of important issues that all seem to be pressing at one time on any given community, it is important to set priorities for what issues the partners will work on at the very beginning of a partnership. Without this road map, it will be very difficult to make any progress on any particular issue at all. A lack of progress and impact will not only be detrimental to the morale of those involved in the partnership, but cause each partner to question if their time and energy invested in the partnership is going to good use.

Minkler and Hancock suggest using the following questions when discussing issue selection:

- Is the issue consistent with the long-range goals or agenda of the community?
- Will the issue be unifying or divisive?
- Will the issue contribute to community capacity building?
- Will the process of CBPR on this issue provide a good educational experience for leaders and community members, developing their consciousness, independence, and skills?
- Will the community receive credit for a victory?
- Will working on this issue result in new partnerships or alliances?
- Will CBPR on this issue lead to an improved health or social outcome for the community?
- Is the issue important enough to people that they are willing to work on it?

Other questions that should be considered in issue selection are:

- Does the issue build upon or leverage community strengths?
- Is the issue consistent with the priorities and current programs of partner organizations?
- Does the issue address common themes of interest or concern across the partnership?
- Does the issue allow for different levels of partner affiliation and participation?
- Is the issue able to attract external funding? (This may influence, but should not drive, the selection process)

Exercises 2.2.1 and 2.2.2 below demonstrate how different partnerships have approached the prioritization process.

Exercise 2.2.1: Choosing Priorities

In the early years of our partnership, we made no attempt to set priorities for community problems. If it was a reality for the community at that time, then we made every effort to address it. As we have matured, we have relied not only on the community's definition of the problem but also community-based participatory action research principles to guide our work. Through a dialogue process we also applied the following criteria:

- *Existing efforts* – Will addressing this issue build upon existing efforts in the community? For example, when request for proposals around health disparities was released, it made sense to tackle issues of disparities in infant mortality because of existing infant mortality work in the community.
- *Relationship to other problems* – Will addressing this particular issue also have a positive effect on another issue of concern? For example, when we decided to address disparities in infant mortality rates, we knew that the response to issues affecting infant mortality (i.e. focusing on diet) would address other issues like diabetes.
- *Local expertise* – Do we have expertise within our partnership to assist in the efforts? For example, one of the factors in our decision to address lead contamination was the support we received from an expert in the area of

lead poisoning and air pollution at a local academic institution.

- *Capacity* – Does capacity exist within organizations to address this problem? For example, we asked if the Health Department had personnel and services to address the issue and if community-based organizations had connections with the community being impacted by the problem.
- *Feasibility* – Are there funds available to address this problem (with particular attention given to funding resources within the community)?
- *Policy impact* – Will addressing this problem have the potential of making a significant impact on policy? In this way, our efforts could be more far-reaching.
- *Synergy* – Is this an issue that everyone can rally around so that our combined efforts will have more of an impact than if individual partners focused separately on the problems?

Adapted from Flint PRC proposal

Discussion Question:

Has your CBPR partnership established criteria for choosing priorities? If so, what are the criteria? If not, what criteria would you establish and why?

Exercise 2.2.2: Choosing Priorities

*The East Side Village Health Worker Partnership – A Project of the Detroit Community-Academic Urban Research Center (Schultz***)**

Composed of representatives from the local health department, hospitals, community-based organizations, and academic institutions, the East Side Village Health Worker Partnership chose their priorities using two methods: (1) working with a steering committee (composed of neighborhood residents) to develop a model that encompassed the various factors creating and impacting stress among women and children residents, and (2) developing and implementing a community-based participatory survey that tested this model, and using the results to determine areas of greatest concern among residents, and set priorities.

Discussion Question:

Has your CBPR partnership established criteria for choosing priorities? If so, what are the criteria? If not, what criteria would you establish and why?

Unit 3: Developing a CBPR Partnership – Creating the “Glue”

Ann-Gel Palermo, Robert McGranaghan and Robb Travers

This unit introduces the concept of “glue” and focuses on the relationships, structures, policies and processes that are essential to developing and sustaining CBPR partnerships.

Learning Objectives

- Describe effective strategies for creating “glue”: the substance of a partnership that promotes and sustains trust, communication, connectedness, and meaningful work efforts and products
- Describe the rationale and effective strategies for establishing an organizational structure of board and staff for your partnership
- Describe the rationale and effective strategies for establishing a mission statement, bylaws, principles and operating norms for your partnership
- Consider examples of policies and procedures that can be applied to your partnership

Contents

Unit 3 Section 3.1: Understanding What We Mean by "Glue"

Organizational structure of the partnership

While partnerships are fragile by nature, perhaps CBPR partnerships that bridge community and institutions are even more so. When two or more entities from very different settings are coming together for a common goal, it is essential to create the "glue" that will keep the partnership together by setting up a strong infrastructure from the start.

General Definition of Glue: "The adhesive substance of a partnership that promotes and sustains trust, communication, connectedness, and meaningful work efforts and products. Glue ranges from building sweat equity to establishing credibility, to being able to translate and navigate between the community and academic realms. Glue resonates in the process, infrastructure, policies and procedures that honor open communication, fairness, trust, and meaningful planning processes that ensure each partner is respected and heard."

Exercise 3.1.1: Understanding "Glue", Part I

Divide into pairs of two people and discuss your answers to these questions (10 minutes):

- What does "glue" mean for your partnership?
- What kinds of structures, policies, processes, and people constitute "glue" for your partnership?

Report back a few examples from some of the pairs to get a sampling of what groups came up with during the brainstorming period (20 minutes).

As defined above, glue for partnerships can include policies, procedures and processes aimed at strengthening the partnership. These should be developed collaboratively. In some instances the Principal Investigators or partnership staff may take the lead in drafting the policies, and then present them as a draft version to the partners. These drafts should be open for revision. In other partnerships, the community and academic partners may develop policies together during meetings and retreats. Partnerships should allow for the degree of collaboration that makes the most sense given the interests and availability of the different partners. Guidelines and policies should be revised periodically, especially when new situations arise or new partners join the group.

Exercise 3.1.2: Understanding "Glue", Part II

In small groups or as a large group, discuss answers to these questions (15 minutes):

- What are some strategies you would want to implement for your partnership that would help to generate glue? What are the potential challenges to implementing these strategies?
- What are some of the policies and procedures you would want to adopt (or revise) and adhere to for your partnership that would help to generate glue?

If using small groups, report back a few examples from the groups to get a sampling of what they came up with during the brainstorming period (15 minutes).

Example 3.1.3: What Resources Do You Need to Support Your Partnership?

The following is a list of in-kind and financial resources that are needed to

support our collaborative process:

- A convenient meeting space
- A designated community consultant to provide support for the community organization partners
- Communications to assure that everyone is aware of agendas, decisions, etc.
- Resources to provide occasional retreats for the partnership to reevaluate and plan strategically
- Time spent in collaboration and meetings by all organizational representatives
- Personnel to coordinate communications and meetings between partners and the logistics of meetings such as room booking and set-up.

From Flint URC Proposal

Unit 3 Section 3.2: Establishing an Organizational Structure of Board and Staff

Organizational structure of the partnership

Throughout the process of establishing a CBPR partnership, it is equally important to devote time and resources to developing an effective organizational structure that will provide support to the partnership.

The organizational structure of your partnership will depend on factors such as the geographic location(s) of the community and institutional partner organizations; the number and size of projects developed; and the number, type and capacity of partners involved. For partnerships that have external funding, the organizational structure will also depend on who receives the funding to develop and maintain the partnership and how those funds are distributed throughout the partnership, if at all (e.g., through subcontracts or consortia arrangements). Some of these decisions may have been made prior to obtaining funding for the partnership and others will be considered during the developmental stages of the partnership once it has been established.

If a partnership is being established without initial external funds to support it, it will be important, to the extent possible, to secure some minimal support from the partner organizations to support partnership infrastructure. This support can be in the form of faculty and staff time "donated" to help with coordination, in-kind office/meeting space and other contributions essential to establishing and supporting the partnership (i.e., office supplies, computers with internet access, printers, telephones, fax machine). Institutional partners may be in stronger positions than community partners to provide these contributions; however, all partners should try to contribute something in lieu of core funding for infrastructure.

In addition to the support that partners receive from the partnership, they also need support from the organization or institution they are representing. Partnership work requires time and therefore may interfere with other job-related responsibilities. Supportive deans and Executive Directors can provide important "in-kind support" for partners, including compensated time out of the office and after hours to attend meetings and community events and the additional time needed to collect, analyze, and publish data when using a participatory process. Providing administrative support, equipment, office space, and flexible work schedules are all ways that institutions and organizations demonstrate their value of CBPR partnerships.

Partnership board

Many CBPR partnerships will choose to establish a Board (sometimes called a "Community Board", "Community Action Board", "Community Advisory Board" or "Steering Committee") to oversee and guide the work of the partnership. When the members of the partnership are organizations (rather than individuals), the board members serve as representatives of their respective organizations. Typically, the partners identified as described in Unit 2, Section 2.1 will serve as the members of the partnership's board. Board membership can include, for example, representatives from the institutions involved (e.g., key university faculty, public health directors or senior staff, and health system senior staff) and representatives from the community-based organizations involved (executive directors, other senior administrative or program staff, board chairs). In this context, the "partnership" and the "board" are one and the same.

Some partnerships may wish to include "ex-officio" members on their boards, especially when one or more large institutions with multiple departments are involved (e.g., universities, local and state health departments, and health systems). In these situations, the board will need to be clear about the decision making process and the roles and responsibilities are of ex-officio participants.

Along with developing an effective organizational structure, it is crucial to support this framework with clearly

defined roles and responsibilities that will enable the emerging partnership to work as smoothly and effectively as possible.

Below are some general roles and responsibilities for CBPR partnership board members:

- Provide overall guidance to the partnership to assure adherence to its CBPR principles and priorities
- Develop projects, processes, procedures, and policies that support CBPR
- Provide advice to the investigators and staff on all aspects of the partnership to assure maximum effective representation of the interests, perspectives, and expertise of the partnership's participating organizations and community members
- Work with partnership staff to develop grant proposals, scientific journal articles, and presentations
- Serve on standing and ad-hoc committees within the partnership to fulfill the partnership's work
- Serve as the "face" of the partnership to the community and facilitate two-way communication between the partnership and the respective organizations and communities involved through meetings, special events, community functions, and the media
- Serve as investigators or co-investigators of the partnership's research project(s)

Activities that support the work of the board can include:

- Preparing and distributing minutes of board meetings
- Ensuring ongoing communication with board members between meetings (e.g., calling Board members who were unable to attend a meeting to bring them up to date on what occurred)
- Meeting with any new board members to provide them with an orientation to the partnership and the process of how the board works and the projects/tasks involved
- Maintaining ongoing and establishing new linkages across member organizations of the board (e.g., connecting faculty members not previously involved with community-based partners interested in exploring possible collaborative work)
- Setting up an e-mail list-serve system and interactive website to enhance and facilitate board communications
- Providing technical assistance to partner organizations on request (e.g., assisting in the design of community assessments and evaluations of programs, grant proposal writing, training and/or assistance with computer technology, leadership training, media advocacy)

Example 3.2.1: The Role of a Community Board in a CBPR Partnership

Excerpt from Bylaws of Seattle Partners for Healthy Communities
(Revised and adopted February 2004)

Role of Community Board

- Determine priority areas for Seattle Partners for Healthy Communities (SPHC) activities and funding. Activities include, but are not limited to:
- reviewing and approving budgets
- determining projects for Board discretionary funds
- Participate in hiring and approve hiring decisions
- Involvement in various aspects of SPHC projects through the Community Board and/or on project specific advisory committees. Activities include but are not limited to:

- selection of important interventions for evaluation
- project/evaluation design
- participation in projects as interested
- review/interpretation of project findings
- dissemination of project results

Membership: The SPHC Community Board is comprised of individuals who work and/or live in Central and South Seattle and technical advisors with expertise in public health, program evaluation and community collaboration, reflecting the diversity of the Central and South Seattle communities.

Members must identify a primary role on the Board, academic, community, or Public Health. If a member receives salary from an academic or public health institution, they will be considered either academic or public health representatives. Others may define their role, including students.

Section 1 – Participating Members: Anyone who fits the above description may become a participating member.

Section II – Voting Members: Voting members fit the above description and commit to attending nine Community Board meetings per year, attend three meetings consecutively and be active on at least one committee of SPHC. Excused absences are permitted and count towards attendance at 9 community board meetings. The Secretary is responsible for granting excused absences and reporting them to the Board. Excused absences may have to be documented. The proxy rule as stated in Article V can apply to regular meetings as desired.

Example 3.2.2: Criteria for Membership on a CBPR Partnership Board

Criteria for Membership on the Detroit Community-Academic Urban Research Center Board

- Health, social services, and/or community development-oriented mission; with a prior, positive working relationship with current Urban Research Center (URC) partners
- Embedded in (through service provision), well respected by, and/or involve staff from the communities in which they work
- History of working on URC-affiliated projects and/or activities that emphasize prevention, family and community health issues, and/or enhancing community capacity building
- Interested in and willing to work within the URC's overall priorities
- Willing to adapt and adhere to the URC's operating norms and "Community-Based Participatory Research Principles"
- Willing and have the capability to assign a representative and an alternate to be a member of the URC Board with authority to make decisions or with easy access to their organization's leadership
- Willing to actively participate at the monthly URC Board meetings and on steering committees for specific URC-affiliated projects and at conferences, workshops and meetings

- Willing and have the capability to facilitate ongoing, two-way communication between the partner organization and the URC Board
- Geographic considerations: Serving Eastside Detroit only? Southwest Detroit only? City-wide? State or National?

Example 3.2.3: Applications for Membership on a CBPR Partnership Board

Harlem Community and Academic Partnership (HCAP)
Center for Urban Epidemiologic Studies
New York Academy of Medicine
HCAP Committee Membership Application

Name & Title:

_____
_

Agency/Organization:

_____

Executive Director:

_____

Description of Agency/Organization:

_____

Address (City, State, Zip Code):

_____

_____
_____

Phone: _____ Fax: _____ Email:
_____

Agency/Individual Category: Check all that apply

☐ Community Resident
☐ Public Health Institution
☐ Healthcare Provider
☐ Community-Based Organization
☐ Academic Institution
☐ Service Provider
☐ Faith Based Organization
☐ Other – Please Specify:

Please List Areas of Interest of Agency and/or Representative:

_____
_____

Partnership staff

Staff members working on behalf of the partnership can include, but are not limited, to the following positions

(adapted from the Wellesley Institute's Terms of Reference Contract):

Principal Investigator (PI): The PI provides leadership in every aspect of the CBPR project with support from partners and co-investigators and taking into account individual and organizational capacities (skills, available human and other resources). This includes overseeing the entire project, coordinating research team activities, managing the budget, reporting to funding agencies, hiring (with participation of partners) and supervising staff, and ensuring the dissemination of research findings. In CBPR projects it is sometimes possible (and highly encouraged) for community representatives to fill the role of the Principal Investigator (PI). In the event that a funding agency insists on an academic or institutionally-based PI (or, if no community representatives meet the funding agency's requirements for a PI), a creative option is to have two "Co-PIs" leading the project, where the academic or institutionally-based PI works together with a community-based PI. This kind of arrangement can benefit the partnership by encouraging power, resource sharing, and co-learning, which also enhances trust, and ultimately strengthens the partnership.

Co-Investigator(s): Co-Investigator(s) participate in all aspects of the CBPR project, taking into account individual and organizational capacities (skills, available human and other resources). Co-Investigators participate in team meetings, capacity-building activities and learning exchanges, the formulation of research questions, provide suggestions and feedback on the methodology, and provide input on recruitment, data collection, data analysis and interpretation, and dissemination. Co-Investigators may also assist with data collection, analysis, interpretation and dissemination if so decided by a CBPR partnership. In some cases, all or some Board members (community and institutional representatives) may serve as Co-Investigators, though the degree to which they will be actively involved in day-to-day activities of the CBPR project will vary according to their commitments to other responsibilities outside the partnership.

Partnership and Project Staff: Responsibilities will include team building (e.g., facilitating meetings and learning exchanges, working with individual team members on various projects), coordinating project administrative activities (e.g. minutes, meeting agendas), coordinating outreach to communities and research participants, service providers, and key informants. Staff will also oversee data collection (either doing it themselves or managing others) as well as administrative activities associated with analysis (hiring transcribers, data entry people, etc.), dissemination-related activities to the community, and working with the staff and board to prepare presentations and scientific journal manuscripts

Community-Academic Liaison: Many CBPR partnerships, particularly those that have dedicated funds to support the partnership, establish a staff position to coordinate the partnership. For the purpose of our discussion here, we refer to this position as a Community-Academic Liaison. The person in this position works with all of the different members, organizations, and activities in the partnership, and brings all these components together to make the partnership work. It is crucial that the person in this position have experience in working with both the "town" and the "gown", as s/he serves as a bridge-builder that in some cases can make or break the partnership. Key tasks of this position include:

- Facilitating relationship building among partners
- Supporting the partnership board (e.g., preparing and distributing minutes of Board meetings; ensuring ongoing communication with Board members between meetings; calling Board members who were unable to attend a meeting to bring them up to date on what occurred)
- Bringing in new community partners (e.g., meeting with any new Board members to provide them with an orientation to the partnership and the process of how the Board works and the projects/tasks involved)
- Managing partnership logistics (e.g., setting up an e-mail list-serve system and interactive website to enhance

and facilitate communication for the partnership

- Maintaining ongoing and establishing new linkages across member organizations of the Board (e.g., connecting faculty members not previously involved with community-based partners interested in exploring possible collaborative work)
- Providing technical assistance to partner organizations on request (e.g., assisting in the design of community assessments and evaluations of programs, grant proposal writing, training and/or assistance with computer technology, leadership training, media advocacy)
- Assisting with policy and procedure development
- Assisting with the conduct of research activities

Below is an example of a job description for a Community-Academic Liaison.

Example 3.2.4: Job Description for a Community-Academic Liaison *(Seifer SD)*

Other titles:
Program Manager, Center Manager, Research Broker, Community-Academic Liaison Coordinator, Partnership Staff

Reports to:
Research Partnership, Community Advisory Board, and/or other Partnership Governing Body

Location:
May be housed in a community-based organization or a university building (located on- or off-campus). May depend on who the lead organization is or available resources. Ideally, community-university research partners would have a shared position or two positions, one based at the academic partner's site and one based in the community. This would help build community infrastructure and address concerns about the inequitable distribution of resources.

Key responsibilities:

- **Establishing trust among partners**.
- **Relationship-building**. E.g., coordinating with other colleges and departments, helping to develop/maintain relationships between university and community, staying connected within the community, and helping to build trust among partners.
- **Acting as a bridge**. E.g., helping to translate research processes and findings so they make sense in a given community context and keeping the flow of communication open and accessible among partners.
- **Acting as a point person for problem-solving**. E.g., connecting university researchers with the right community agency staff person and assisting community partners with subcontracting questions.
- **Supporting the community advisory board**. Includes assisting in the preparation board meeting agendas, sending out board meeting materials, taking and distributing board meeting minutes, touching base with board members between meetings, providing technical assistance to board members, ensuring follow-up on issues raised during board meetings.
- **Developing policies and procedures** in collaboration with partners to assist with the partnership process.
- **Supervising students or research assistants** working with research partnerships.

- **Assisting with the research** or implementation of the project, including report-writing.
- **Bringing in new community partners** or assisting community board in bringing in new partners.
- **Supporting new academic partners** and/or supporting the principal investigators as they bring in new academic partners.
- **Balancing demands among partners,** including the pressures to be involved in every community activity and/or confusion over role as advocate or objective staff.

Characteristics: The ideal candidate is characterized as being a team-player who is encouraging, positive, inquisitive, flexible, resourceful, and passionate about the principles of community-university research partnerships. This is someone who might also be described as open-minded while at the same time being "thick-skinned" (able to tolerate challenges and conflicts). This person will work well under stress and under public scrutiny. The ideal candidate will be able to translate their life experiences and grass roots knowledge into the work of the research partnership.

Knowledge & Skills:

- The ideal candidate will have either **direct personal knowledge of the community** (as defined by the community partners) and/or have a **positive track record** of working collaboratively in community settings. This includes placing a high value on community perspectives, knowing the community resources, and being known in the community.
- **Interpersonal and facilitation skills**, including sensitivity to community needs; excellent listening skills; good team building and conflict resolution skills; ability to gain people's trust and to understand/appreciate diverse groups; ability to communicate well in order to keep partners motivated and informed; ability to understand/feel comfortable in both the academic and community setting.
- **Technical skills**, including skills or ability to obtain skills in such areas as planning and organizing, evaluation, research methods and dissemination techniques, writing, computer software programs, and multiple languages. The candidate should also have the ability to negotiate the requirements of the academic partners and funding organizations (e.g., financial procedures, forms).
- **Cultural competency skills**, including the ability to negotiate at all levels of cultural differences: ethnic, socioeconomic, academic/non-academic, bench research/CBPR.
- **Commitment to the substantive issue and the partnership process**, including a desire to see the partnership grow, to see all partners develop to their full potential, and a deep interest in community health issues.

Hiring partnership staff

Before a CBPR partnership begins to hire staff, a number of key questions should be considered, including:

- Who should do the hiring?
- Who should be hired?
- Can people be hired in a way that strengthens a partner (i.e. community or youth researchers)
- Where should they be located?
- Who will be each staff person's supervisor?
- If the Project Manager/staff person is employed by the community partner, yet being supervised by an institutional PI, how will conflicting demands be resolved?
- Are there any partner or partner union policies, restrictions or limitations that may affect the partnership's hiring process and decision making?

- What policies should be established to guide the hiring process and decision making?

  To the extent possible, local community members should be hired for positions created for partnership-related activities, especially for activities taking place in the community involved with the partnership. Academic/ institutional researchers and the staff hired to support the partnership should reflect the diversity of the community involved and be able to facilitate communication and collaboration among partners and conduct CBPR. This applies to academic/institutional representatives on the board, ex-officio board members, researchers who may contribute to the work of the partnership "behind the scenes" but not participate directly on the board in any capacity, and any staff interacting with the partnership.

  Example 3.2.5 below provides an example of an approach to hiring staff taken by one partnership board.

Example 3.2.5: Establishing Guidelines for Employment

Genesee County Community Board Guidelines for Employment
Excerpted from the Prevention Research Center of Michigan Genesee County Community Board Member Handbook

The Prevention Research Center of Michigan Genesee County Community Board (PRC GCCB) is predicated upon partnerships characterized by respect, equality and mutual trust. The PRC GCCB Statement of Purpose and community-based research principles guide our work. The achievement of our mission requires the collaboration of personnel who work closely with the GCCB or its core and affiliated projects. To promote this result, GCCB partner organizations are encouraged to involve other GCCB partners in the hiring process for such personnel, according to the requirements and duties of the position and the constraints of organizations involved.

- Consideration will be given as to which organizations are best suited to employ and/or house new positions created as a part of the PRC infrastructure or GCCB core projects and affiliated projects.
- GCCB partners may have a minimal role, an advisory role, or a decision-making role in hiring. When GCCB partners are asked to participate in hiring processes the scope of responsibilities will be clearly delineated in advance by the employing organization. Examples of potential roles may include reviewing resumes, conducting interviews, providing consultation, or full participation on a hiring committee.
- It is recognized that hiring procedures and employment decisions are ultimately those of the partner organization seeking to fill a position
- All new employees who work closely with the PRC GCCB and/or GCCB projects will become oriented to the PRC, the Flint community, and community-based research principles.

GCCB partner organizations will develop and implement an agreed upon mechanism for providing timely feedback to new employees working with the GCCB to ensure their success in their respective roles.

Addressing roles and responsibilities

Participation in all parts of a CBPR partnership is one of the key principles of CBPR but determining what this means for each partner is important. It may not mean that everyone is involved in the same way in all issues and activities. Different levels of involvement may be appropriate for different partners. It should also be recognized that there may be areas where community partners are interested in enhancing their skills. Given the multiple skills and expertise of the partners involved and the multiple demands on their time, choices need to be made on how best to draw on the diverse capabilities and interests that exist. However it is crucial the partners are not excluded from major decisions such as determining priority issues to address and budget expenditures.

Roles and responsibilities in CBPR projects should be based on these factors:

- Interest levels of respective partners
- Knowledge bases of respective partners
- Skill sets of respective partners
- Capacity-building needs of respective partners
- Research objectives and activities the partnership wants to accomplish

A necessary strategy in ensuring that CBPR project partners understand (and agree to) project expectations and roles is clearly laying out the goals and objectives of the research project(s). Project roles and expectations should flow out of these agreed upon goals and objectives. In times of conflict, project teams will find it helpful to reflect back on these to get back on track.

- **One sentence project description:** This research project is a community-based study committed to identifying/ understanding/changing…
- **One sentence project goal:** The results of this study will be used to enhance quality of life through mobilizing community, building capacities, identifying programmatic gaps, and impacting social policy.
- **Project objectives:** The project will achieve this goal by identifying specific factors that impact on quality of life and will put forth strategies for program enhancement, community-building and policy change.

Community and institutional partners can play multiple roles in a CBPR project. These can include:

- Project Initiator
- Advisor (e.g., researcher serves as an advisor on methodological issues of research design, community member serves as an advisor on feasibility and acceptability of the design in the community)
- Consultant/expert (more in-depth than an advisor)
- Principal Investigator
- Co-Principal Investigator
- Research Coordinator
- Community-Academic Liaison
- Community Outreach Workers (e.g., community health worker, lay health advisor)

CBPR project teams should recognize that roles and responsibilities will differ among Principal Investigators, Co-Investigators, staff, board, volunteers and students based on principles of equity, empowerment, capacity building, and collective ownership of the project.

Team members should engage in a collaborative and honest process in which discussions are focused on:

- Accountability to funders (for example, who takes the heat if a project doesn't get done)
- Availability of time to commit (roles should be adjusted according to this)
- Finding an appropriate balance between process and action (stressing how important it is to keep a project moving forward while wrestling with process issues as they will always emerge)
- Expectations of performance (for example, community members may need a paid position, graduate students may need to complete activities that will "count" for academic credit, faculty members may need to publish journal articles to advance in their academic careers)

Unit 3 Section 3.3: Creating a Mission Statement and By-Laws

Organizational structure of the partnership

Throughout the process of establishing a CBPR partnership, it is equally important to devote time and resources to developing an effective organizational structure that will provide support to the partnership.

Given that each partner organization has its own missions, goals and objectives, community-institutional partnerships for prevention research need to engage in a process of creating a common vision and selecting and prioritizing mutually defined issues, goals and objectives that reflect the multiple agendas that partners bring to the table.

Shared vision is vital in order for partnerships to succeed because it provides focus and energy. Without a vision, separate self-interests can override partnership interests. With a common vision, partnerships apply collective power and subordinate separate self-interests to the larger purpose. Without a shared vision, there is no partnership; rather, it is merely a coalition or information-sharing group.

By developing a mission statement or set of by-laws together, every organizational partner will feel that they had a role in developing and articulating this shared vision. In addition to the overall mission and vision of the partnership, the mission statement or by-laws should acknowledge the values which the partnership seeks to uphold, including:

- Equal participation by all partners in all aspects of the partnership's activities
- Recognition that all partners have expertise that they bring to the partnership
- Recognition that community-based research is a collaborative process that is mutually beneficial to all partners involved
- Recognition that health is more than the absence of disease - and that to ensure good health, individual, political, economic, and environmental risk factors in the community have to be addressed

A mission statement states the purpose of the partnership, while by-laws are the official rules and regulations which govern a partnership. In the context of CBPR partnerships, whether a partnership decides to articulate their shared vision and values through its mission statement or by-laws has little consequence; this decision is more of a question of style.

Exercise 3.3.1: Creating a "Shared Vision" for the Partnership

This exercise can take place in one large group or several small groups.

Participants take 15 minutes to generate a list of key words and phrases that characterize a common vision for their partnership(s), based on the issue(s) they are addressing or hope to address. Small groups report out what they have listed and the large group identifies common themes.

Example 3.3.3: CBPR Partnership Operating Procedures and By-laws

Harlem Community & Academic Partnership Operating Procedures and By-Laws

(August 2004)

This document outlines the guidelines and operating procedures of the Harlem Community & Academic Partnership to conduct regular business, designing and implementing projects, and disseminating information related HCAP activities.

1. Name: The official name shall be **Harlem Community & Academic Partnership.**

2. Location: The Harlem Community & Academic Partnership (HCAP) is housed at the Center for Urban Epidemiologic Studies (CUES) at the New York Academy of Medicine (NYAM). The HCAP primarily concentrates its activity on the Harlem community which is defined as the neighborhoods of East and Central Harlem. The HCAP will also expand its focus to other New York City communities for specified projects**.**

3. HCAP Structure: The HCAP is governed by committee comprised of community and academic partners. The committee is led by a chairperson and a vice-chairperson when chairperson is not available**.**

4. HCAP Meetings:

4.1 The HCAP will meet monthly, on the second Tuesday of every month. Minutes are available and distributed monthly.

4.2 Priority in any HCAP discussion will be given to emergent issues that affect the community and/or to HCAP members who have been most involved with a particular topic to be addressed in the presentation.

4.3 The HCAP will make a reasonable effort to reach consensus agreement on all issues. In the absence of consensus, a majority of all votes cast will determine action taken by the HCAP membership.

5. HCAP Membership and Voting:

5.1 The HCAP will consist of representatives of CUES, local community residents, local community-based organizations, public health agencies, and educational institutions.

5.2 A HCAP member may be represented by either an individual or an organization/institution. For procedural purposes, individual representatives seeking membership must attend two out of three meetings within a 3 month period. Organizations seeking membership must attend three consecutive meetings by having the same organizational representative attend each meeting to establish membership. Once membership has been established, the organization may send a proxy representative thereafter. Any individual who meets these requirements and completes a membership application will be considered a member. HCAP members maintain the right to vote once membership status has been achieved.

5.3 Multiple representatives from one agency, organization, or institution will assign one person to serve as the voting representative for the October-September meeting cycle. The formal voting members of the

HCAP will be all persons who meet the criteria in 5.2. Each HCAP member agency, organization, or institution will have one vote. Each individual community resident will have one vote. The HCAP Chairs (s) will vote only if there is a tie.

5.4 Voting HCAP membership will then consist of all representatives classified as HCAP voting members in 5.3. Fifty per cent plus 1 of HCAP members present shall constitute quorum. All voting HCAP members have one vote for the purposes of formal procedural issues.

5.5 To ensure that the HCAP reflects the views of the community and its community-based organizations, at any given time a majority of HCAP members with the right to vote must represent community-based organizations or are community residents. New members will be admitted to maintain this balance.

5.6 Voting HCAP members will be compromised of community-based experts or experts on health issues that are of a burden to the Harlem community and other geographical areas of interest to the HCAP.

6. HHCAP Voting Member Elections and Term Limits:

6.1 A HCAP Chair(s) will be elected by a majority vote from the current voting HCAP members on a yearly basis at the October HCAP meeting.

6.2 There are no term limits for any of the other HCAP voting or non-voting positions.

7. HCAP Chair:

7.1 The HCAP Chair(s) is responsible for the orderly conduct of HCAP meetings, designating a CUES staff person to record minutes, setting the HCAP agenda, and ensuring active participation of HCAP members in all aspects of HCAP activity.

8. HCAP Activities:

8.1 The HCAP shall endeavor to fulfill its mission through research, and intervention in Harlem and other geographical areas of interest.

8.2 HCAP members are encouraged to present project proposals or ideas to the HCAP; the HCAP shall then decide on which projects to take on as HCAP projects.

8.3 An Intervention Work Group (IWG) will be formed to monitor each project undertaken by the HCAP; each project will be overseen by its own IWG, which will report to the HCAP on a regular basis.

8.4 A CUES Project Manager will be assigned to HCAP to work closely with the HCAP Chair and CUES Investigators to act as a liaison between HCAP members and CUES investigators.

8.5 To the extent feasible, there should always be at least one voting HCAP member and one CUES member involved in all HCAP projects. These members should be involved in all stages of the project including

conceptualization, design, implementation, analysis and dissemination of results. CUES Investigators will work closely with the HCAP Chair and voting members on project proposals and writing of research grants and publications for select projects.

8.6 Members of the IWG should report back to the HCAP on project progress and results at regular pre-determined intervals during HCAP meetings.

8.7 To the extent feasible, abstracts and manuscripts arising from HCAP or HCAP IWG work that are intended for academic publication should be shared with the HCAP for comment/feedback before submission.

8.8 HCAP members and CUES staff who have worked on particular projects will be co-authors on publications. In the event of limited number of authors limited by a particular publication, priority will be given to persons who have been most involved with a particular project.

8.9 The HCAP will be acknowledged in every article.

9. HCAP Vice-Chair:

9.1 The HCAP Vice-Chair serves as the secondary representative of the HCAP and to support the HCAP Chair in organizing the quality work efforts and the research and intervention goals of the HCAP.

10. Changes to These Operating Principles:

10.1 Any changes to these by-laws must be submitted to a HCAP vote; a majority of votes cast is needed to change these by-laws.

Example 3.3.4: Terms of Reference for a CBPR Project

Terms of Reference Contract from the Wellesley Institute

1. Purpose of the CBR Project

- **One sentence project description:** This research project is a community-based study committed to identifying/ understanding/measuring...
- **One sentence project goal:** The results of this study will be used to enhance quality of life through mobilizing community, building capacities, identifying programmatic gaps, and impacting social policy...
- **Project objectives:** The project will achieve this goal by identifying specific factors that impact on quality of life and will put forth strategies for program enhancement, community-building and policy change

2. Guiding Principles for the CBR Project

- This project will engage a set of principles that will foster community ownership and empowerment among team members, including power sharing, capacity building through mentoring and learning exchanges, group participation in all appropriate phases of the research project, and community ownership of the project.
- This project will engage in an open and transparent process where a collective vision of research goals and objectives is shared, and where the roles and expectations of team members are clearly understood;
- This project will be a collaborative and equitable research partnership where members draw upon individual skill

sets to meaningfully and mutually work toward the team's vision;

- This project will provide opportunities for capacity building through "learning exchanges" where team members can learn about research skills, community development, and community work;
- This project will engage in data analysis interpretation processes that honor the lived experiences/knowledge of community members;
- This project will employ dissemination strategies leading toward education, advocacy, community benefit, and social change;
- This project will foster a supportive team environment through critical reflection of our work and group process.

3. Decision-Making Process for the Project

Our decision-making process in this project aims to:

- encourage the participation and empowerment of all team members;
- be transparent, open and clear;
- provide opportunities for exchanges of learning that draw on the various skills and areas of knowledge of different team members;
- recognize the responsibilities of the Co-Principal Investigators as Project leaders;
- recognize the responsibilities of the Project Coordinator as the Project's staff person.

Differing Responsibilities:

- Team decisions will include those related to the project's overall goals and strategies;
- Project leaders and staff are responsible for decisions related to the management of the research and administration to the Project.

Process for Team Decisions:

Decision-making at Team meetings will strive first for consensus and then will use simple majority votes

4. Access to/Dissemination of Data

Based upon the project's guiding principles, the Co-PIs and the Co-Investigators share ownership and have access to the research data. Usage of the data will be in accordance with the project goals and will adhere to all requirements of the Research Ethics Board at [name of organization(s)]. Data will be used for:

- advancement of knowledge;
- identification of future research questions;
- making recommendations for policy and service provision.

The data should not be for individual interests that are not related to the goals of the research.

In accordance with CBR principles, we are proposing a model of dissemination that encourages the active involvement of all research team members while taking into account their varying responsibilities and capacities. Research findings will be disseminated in various ways including community forums, conference presentations, agency

workshops, newsletters, and journal articles. The Co-PIs, the Co-Investigators, and the Project Coordinator are all encouraged to engage in dissemination of the research findings, and are encouraged to share information about potential dissemination activities.

The Co-PIs will take the initiative in identifying potential journal articles and discussing them with the team. Articles may be written by individuals or by writing groups formed to develop particular manuscripts. All members of a writing group will share authorship on a manuscript. If the paper discusses concerns or issues relating to a particular ethno-cultural community or communities, team members from these communities will be encouraged to participate in the writing group. Order of authorship and mechanisms for feedback on manuscript drafts will be decided up front by writing group members. Groups may also be formed for the development of conference presentations, community forums, and other dissemination activities.

5. Process Evaluation

We will regularly chart our progress against our timeline submitted. We will also provide time at then end of each meeting (15 minutes) to review our process. Twice a year, we will hold meetings specifically to debrief about our work. At these meetings we will both critically reflect on our process/outcome balance and make recommendations for adjusting our work accordingly.

Unit 3 Section 3.4: Developing CBPR Principles

In the early stages of a partnership, the partnership should discuss the nature of CBPR and the extent to which it is different from more traditional approaches to research. Given the negative connotation that research may have within the community, some partners may question the nature of the research that the partnership is planning to conduct. It is important to emphasize that CBPR is not "business as usual."

Adopting, adhering to and periodically reviewing and reflecting upon a set of CBPR principles will reinforce the commitment that the partnership is making to conducting prevention research using this model.

While a mission statement reflects the over-arching values and goals of the partnership, CBPR principles serve to guide the development, implementation, evaluation, dissemination of findings and subsequent actions of the partnership's CBPR efforts. The principles can include, for example:

- An emphasis on the involvement of community, practitioner, and academic partners in all major phases of the research process (including identification of the problems to be addressed)
- The conduct of research (basic and intervention) that is beneficial to and respectful of the community involved
- The dissemination of findings to community members in ways that are understandable and useful

It is important that as with other types of policies and principles, no one example is applicable for all partnerships. CBPR principles must be “owned” by your unique partnership and therefore need to be adapted, taking into the local context. The very process of your partnership jointly developing its principles provides an opportunity for much needed dialogue and sharing of perspectives that helps build trust and establish relationships. As new projects are organized and new partners are added, the principles should be discussed and adapted as appropriate. Some language that sounds good initially won’t necessarily have the same meaning when a partnership faces particular decision points. Thus, as participants gain additional insights, the understanding of the principles will change over time, and they need to be revisited and revised accordingly.

Applying principles of CBPR

Unit 1, Section 1.1 describes key principles of CBPR, but it is also important to consider how these principles are actually applied in the work that is being proposed. For example, questions to consider include:

- Is the partnership clear about how “community” is defined and the characteristics that gives this identity?
- How will the proposed project build on the strengths of the community and enhance its capacity?
- How will the partners, their local histories, and where the partnerships are centered influence the direction of the work being proposed?
- What benefits will the community receive and are their other partners or communities involved who may not receive any direct benefits?
- How will the proposed project simultaneously implement interventions and conduct research while still addressing long-term systems change (i.e. poverty, sexism, racism, imbalance of power between communities and institutions, etc.)?

Exercise 3.4.1: Applying Principles of CBPR

Consider each principle of CBPR listed below and discuss your answers to the corresponding question(s) in the context of your partnership and its projects.

Principle: Community involved in plans and development *from the beginning*
Question: At what point will you involve the community in the project and how?

Principle: Community partners have real influence on the project’s direction and activities.
Question: What kind of influence will community members have on direction and activities of the project? Who will make decisions? What will

the structure for decision-making look like?

Principle: Community involved with specific projects in
•selection and objectives of project
•implementation
•evaluation
•shared ownership of data
•interpretation and dissemination of research findings
Question: How will the community be involved in project: selection and objectives, implementation, evaluation, shared ownership of data, interpretation and dissemination of research findings?

Principle: The values, perspectives, contributions and confidentiality of everyone in the community are respected.
Question: How will you ensure that community members' values, perspectives, contributions and confidentiality are respected?

Principle: Research process and outcomes will serve the community by
•sustaining useful projects
•producing long-term benefit for the community
•developing community capacity (training, jobs)
Question: How will the research processes and outcomes serve the community?

Source: Based on the Community Collaboration Principles of Seattle Partners for Healthy Communities

Example 3.4.1: Involvement of the Community

We begin with the members of the Community with the Problem, and our community-based organization partners (CBOP) articulate their experience of the problem, its cause, and why it persists. Therefore, understanding of the problem by those who directly suffer it is our first port of call. We do so through interviews, dialogues, focus groups, and community surveys largely conducted by our CBO partners and assisted by their community consultant. Juxtaposing this view of trench (the community) with that of bench (the institutional partners), leads us to an awareness of the similarities and differences between them. Dialogue about these similarities and differences helps our partnership to arrive at an interdependent position. We then test out this position by presenting it to the Community with the Problem through a community forum. It is at this point that the Genesee County Community is confronted with the community's view of the problem and why it continues. Once the Community with the Problem provides its perspective on the need for essential changes, we revise plans and return to the Community with the Problem for the endorsement of those changes. The entire process supports the growth and development of members of the Community with the Problem because they learn to critically assess and reflect their own experience of the problem, and it empowers them to communicate

community issues and concerns and what they think should be done to eliminate or reduce the problem.

Because community members are taken as seriously as formally trained professionals, leaders from the ranks of members of the Community with the Problem and community-based organizations often arise. In one of our projects, when such shifts in power and leadership occurred, we were literally halted for several months as the volume of conflicts during our meetings rose to a feverish pitch. We have learned and are learning to expect such shifts and to adjust to them.

Excerpted from Flint PRC proposal

Example 3.4.2: Examples of CBPR Principles Developed by CBPR Partnerships

1. CBPR Principles from the Wellesley Institute's Resource Center for Community-Based Research

- This project will engage a set of principles that will foster community ownership and empowerment among team members, including power sharing, capacity building through mentoring and learning exchanges, group participation in all appropriate phases of the research project, and community ownership of the project.
- This project will engage in an open and transparent process where a collective vision of research goals and objectives is shared, and where the roles and expectations of team members are clearly understood;
- This project will be a collaborative and equitable research partnership where members draw upon individual skill sets to meaningfully and mutually work toward the team's vision;
- This project will provide opportunities for capacity building through "learning exchanges" where team members can learn about research skills, community development, and community work;
- This project will engage in data analysis interpretation processes that honor the lived experiences/knowledge of community members;
- This project will employ dissemination strategies leading toward education, advocacy, community benefit, and social change;
- This project will foster a supportive team environment through critical reflection of our work and group process.

2. CBPR Principles from the Detroit Community-Academic Urban Research Center *(Adopted July 24, 1996)*

- Community-based participatory research (CBPR) projects need to be consistent with the overall objectives of the Detroit Community-Academic Urban Research Center (URC.) These objectives include an emphasis on the local relevance of public health problems and an examination of the social, economic, and cultural conditions that influence health status and the ways in which these affect life-style, behavior, and community decision-making.
- The purpose of CBPR projects is to enhance our understanding of issues affecting the community and to develop, implement and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community.
- CBPR projects are designed in ways which enhance the capacity of the community-based participants in the process.
- Representatives of community-based organizations, public health agencies, health care organizations, and educational institutions are involved as appropriate in all major phases of the research process, e.g., defining the problem, developing the data collection plan, gathering data, using the results, interpreting, sharing and

disseminating the results, and developing, implementing and evaluating plans of action to address the issues identified by the research.

- CBPR is conducted in a way that strengthens collaboration among community-based organizations, public health agencies, health care organizations, and educational institutions.
- CBPR projects produce, interpret and disseminate the findings to community members in clear language respectful to the community and in ways which will be useful for developing plans that will benefit the community.
- CBPR projects are conducted according to the norms of partnership: mutual respect; recognition of the knowledge, expertise, and resource capacities of the participants in the process; and open communication.
- CBPR projects follow the policies set forth by the sponsoring organization regarding ownership of the data and output of the research (policies to be shared with participants in advance). Any publications resulting from the research will acknowledge the contribution of participants, who will be consulted with prior to submission of materials and, as appropriate, will be invited to collaborate as co-authors. In addition, following the rules of confidentiality of data and the procedures referred to below (Item #9), participants will jointly agree on who has access to the research data and where the data will be physically located.
- CBPR projects adhere to the human subjects review process standards and procedures as set forth by the sponsoring organization; for example, for the University of Michigan, these procedures are found in the Report of the national commission for the Protection of Human Subjects of Biomedical and Behavioral Research, entitled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" (the "Belmont Report").

Source: Schulz AJ, Israel BA, Selig SM, Bayer IS. Development and Implementation of Principles for Community-Based Research in Public Health. In Ray H. MacNair (ed.) Research Strategies for Community Practice, 1998. The Haworth Press, Inc. New York, pp. 83-110.

3. Harlem Community & Academic Partnership: Principles of Involvement in Research, Program, and Project Activities

- The community within which HCAP will support, collaborate, and or partner with to conduct public health research is currently defined as East and Central Harlem.
- The purpose of any project supported and or research conducted that involves HCAP is to benefit the community either through increased knowledge or by promoting better health.
- As it relates to research conducted in Harlem, HCAP views CBPR as the preferred approach in conducting public health research and project interventions. The purpose of participatory research is to develop a partnership of community-based organizations, public health agencies, educational and other relevant institutions that can work together to study and improve community health through long-standing interventions.
- HCAP shall serve as a resource to prospective research partners and project teams on the unique daily living conditions, needs, strengths, and community dynamics of the Harlem community and other related geographical areas with similar burdens on health.
- On all products generated from research, program, and project activities, HCAP must be consulted with and invited to collaborate as co-author (where appropriate), and acknowledged in the contribution as partners that participated in the research or project intervention.
- HCAP has an obligation to disseminate findings in a timely manner through community forums, community newsletters and other community events.
- All research, program, and projects involving the participation or partnership of HCAP will meet current ethical standards and will fully respect the rights of all participants in a culturally sensitive manner. As it relates to research, this includes the rights to be aware of risk and benefits, to give informed consent and to have the option to withdraw from research at any time without penalty to the participant.
- As it relates to research activity, HCAP will be involved in all phases of research activities including defining the problem, gathering data, analyzing data, using, interpreting, and disseminating results, program development and evaluation, and in strategies to advocate for policies to improve health. As it relates to lending support to programs or project activities, HCAP will be involved as determined by the HCAP Steering Committee and as outlined in the letter of support.

- HCAP will contribute to the evaluation of all research activities.
- As long as the above principles are followed, participating research, program, and project partners are not limited to members of HCAP, and in fact, involvement of local residents, other community-based organizations, other public agencies and educational and other relevant institutions are encouraged. HCAP recommends all research, program, and project partners include a method of compensation for time and effort for community residents and community-based organizations specifically.

Unit 3 Section 3.5: Developing Operating Norms

At the partnership's very first meeting, the group should consider developing a set of "Operating norms" to get the partnership off to a good start. Engaging in a collaborative process for developing these norms can enhance trust among the partners involved. The Operating norms should be a living, breathing and dynamic document that can be revised based on team process evaluations and periodic review and discussion by the partners. Applied successfully, the norms will encourage, not hinder, honest and direct discussion from all parties. Ongoing attention to process and facilitation issues helps to facilitate equitable processes and procedures in a partnership.

Operating norms differ from CBPR principles in that the norms provide guidance to the partnership in how it works together to get things done (for example, at meetings and during small group and one-on-one interactions) while the Principles serve as the overarching blueprint to ensure that the research is conducted using the CBPR model.

Emphasis needs to be placed on jointly developing norms and principles for working together such as:

- Mutual respect
- Equitable involvement of all partners in all aspects of the process, openness
- Agreeing to disagree
- Valuing of diverse cultures and expertise

Importantly, these norms cannot be imposed on a partnership; rather, all of the partners need to engage in a process of defining and adopting the norms. In addition, these principles need to be applied to all aspects of the partnership's actions (for example, facilitation of meetings, decision-making processes, and evaluation).

A set of operating norms can outline the strategies for decision-making (e.g., making decisions by consensus, by majority vote). For example:

- **Meetings facilitated by someone with considerable group process experience**.
- **Community members serve in positions of power** – such as chairing the board and/or serving as Principal or Co-Principal Investigators, and participating in all levels of decision-making, can help to create a balance of power between community and institutional partners.
- **Hold regular meetings of the partners that are accessible to all partners** – and ensure that meetings take place during convenient times, with available parking, child care, and food.
- **Ensure that all members have an opportunity to express their opinions and be heard**, especially when multiple languages are spoken, encouraging quieter members to contribute their ideas.
- **Resolve conflicts when they occur**.
- **Ensure that all partners are involved,** to the extent they are interested, in the governance and day-to-day operations of the partnership.

Exercise 3.5.1: Developing Operating Norms for the Partnership

Ask participants to take 5 minutes to complete the following task individually:

"Think about groups in which you have been a member that have been positive experiences - groups in which you enjoyed participating, groups that have accomplished their tasks, whose meetings you liked. Considering these groups, write down the three to five factors that contributed to this being a positive experience. That is, what was it about the group that made it successful? If you have not had any such experiences working with groups, then think about groups in which you were a member that you did not think were effective and consider what are the three to five factors that would have needed to change in order to have made it a more effective group?"

After participants write down their responses, ask them to share their

responses. Record their comments on newsprint until all of the factors identified are written down (15 minutes).

Examples of points that might be raised include: everyone listened, mutual respect, people agreed to disagree, meeting agendas were well organized and covered, humor was used, all members were encouraged to participate, and decisions were made by consensus.

After recording all of the factors on newsprint, give participants an opportunity to ask for clarification of any of the factors listed. After everyone is clear on the meanings of each element on the newsprint, explain that, for the most part, these are the very principles that are identified in the group process literature that defines the characteristics of effective groups.

Unit 4: Trust and Communication in a CBPR Partnership – Spreading the "Glue" and Having it Stick

Ella Greene-Moton, Ann-Gel Palermo, Sarah Flicker and Robb Travers

This unit emphasizes the central role that trusting relationships play in successful CBPR partnerships. It includes practical strategies for establishing and maintaining trust, balancing power, communicating effectively and resolving conflicts.

Learning Objectives

- Articulate the importance of trust in CBPR partnerships
- Learn about processes for establishing and maintaining trust among partners
- Identify processes for making decisions and communicating effectively
- Understand how conflicts can arise and how to approach conflict resolution
- Learn strategies for motivating, recognizing and celebrating partners

Contents

Unit 4 Section 4.1: Addressing Expectations of Different Partners

Exercise 4.1.1: Understanding Why People and Organizations Get Involved in CBPR

Go around the room and ask participants to state one or two reasons why people and/or organizations may choose to become involved with a CBPR partnership. List the reasons on a flip chart for reference throughout this section.

In the very early stages of establishing a CBPR partnership, the expectations of potential and committed partners regarding their roles and the activities and benefits of being involved need to be addressed. Below are examples of the motivations that may bring community partners and institutional partners to CBPR:

Community partners may be motivated by the potential to:

- Access resources
- Advocate for policy change
- Build bridges across socio-cultural/political barriers
- Create jobs
- Demonstrate/address inequities and injustices
- Demonstrate a program's impact
- Ensure cultural survival
- Identify contexts affecting quality of life
- Identify gaps through comparison
- Improve services
- Protect the community
- Solve a problem

Institutional partners may be motivated by the potential to:

- Attract and support students
- Advance careers
- Build partnerships
- Demonstrate/address inequities and injustices
- Formulate policy
- Generate knowledge
- Link personal and professional goals and values
- Meet funding agency expectations
- Obtain institutional funding

- Raise the visibility of the institution

The needs and expectations of all partners should be respected in CBPR projects and these will need to be negotiated. Institutional partners should pay heightened attention to the needs and expectations of community partners.

Exercise 4.1.2: Understanding Assumptions

Reflect on a partnership or coalition that you are working with now or have worked with in the past. By "partnership" we are referring to a formal or informal alliance among different organizations and institutions which have come together to address a common issue.

1. Going into the partnership or coalition, what were some of your assumptions about (a) how you would work together; (b) what you would be able to accomplish; and (c) why you are all at the table? Write down at least **two of these assumptions**.

2. Take 5 minutes to exchange stories with your neighbor about your partnership/coalition experiences and the assumptions you discovered **after you began working together**.

3. Give examples of assumptions you had that proved false; explain how you worked to make changes so that it did not become a significant barrier to the functioning of the partnership/coalition.

Exercise 4.1.3: Understanding Assumptions

Foundation Sustainability began a five-year AIDS prevention and care initiative in Lesotho, Botswana, Namibia, Swaziland and South Africa in 1999. In providing grants to non-governmental organizations (NGOs) in the region, the Foundation staff noted the lack of management and leadership skills in many of the AIDS NGOs applying for grants. To address this weakness in the NGO sector, an 18-month pilot "capacity building" initiative was funded to strengthen the capacity of local NGOs in each of the five countries in leadership, governance and management. The Foundation provided funding in each country to a newly formed coalition of 3 to 5 agencies made up primarily of training institutes, university departments and NGOs. During the 18-month pilot phase, each independent coalition was required to do a needs assessment of AIDS NGOs in their country (or a geographic region within their country), develop training materials, conduct trainings to NGO managers and provide follow up mentoring. At an evaluation summit hosted by the Foundation at the end of the 18-month pilot, coalition members from all five countries gathered together and conducted the "Assumptions Exercise" described in Exercise 4.1.2.

Critical assumptions identified by participants included:

- Working together as a consortium would be easy and smooth.
- Once we committed ourselves to working as a consortium, I thought we would be a consortium; instead, everyone came to the table wearing their institutional 'hats.'
- As an institution of higher learning [university], I thought it would be easy to work with the NGO sector and that they would be "thirsting for knowledge" but many didn't take the time to attend the courses [which were offered at no cost].
- After prior consultation with the NGO managers regarding their needs/interests for the curriculum, we thought we had buy-in from them; but many did not attend the trainings.
- Given the high prevalence of AIDS in our country [40%], I thought all consortium members would see this project as an emergency and high priority, but it took a great deal of effort to get some of the consortium members to contribute time to the Institute.
- We assumed that after the 18-month pilot was over that the funding would continue for the full 5-year time frame discussed with the donor from the beginning.
- We assumed that organizations in the consortium had the appropriate skills and knowledge to deliver the program.
- We assumed that because there was a need for NGO capacity building that people [in NGOs] would participate.
- We assumed that the Ministry of Health would be supportive of this initiative…but it has been a struggle.
- We thought once we got to the implementation phase [training and mentoring] that it would be easy. But it took much more time than we had budgeted

Questions for Discussion:

1. Given your own familiarity with working in partnerships/coalitions, which assumptions here echo your own experiences?

2. How might some of these assumptions negatively affect the functioning of the partnership? Give specific examples.

3. What practices or policies might be instituted at the start of the partnership to avoid some of the potential negative outcomes that result from these assumptions? Do you have examples from your own partnership experience that have proved helpful?

Unit 4 Section 4.2: Working Towards Trust

Successful CBPR partnerships are characterized by trusting relationships among partners. There are many factors that can hinder trust-building in CBPR partnerships. It is critical for CBPR partnerships to examine these factors and commit to addressing them in a trust-building manner.

Exercise 4.2.1: What Hinders Trust in CBPR partnerships?

In small groups or individually, ask community-based participants to list 3 reasons they or their organizations might not trust a researcher or research institution. Similarly, ask institution-based participants to list 3 reasons why potential community partners might not trust them. List on flip chart and discuss briefly with the full group the reasons listed by the participants.

Below are some of the reasons that developing trusting relationships in CBPR partnerships can prove challenging:

The history that partners bring with them

- **Some communities feel over-researched.** For example, more marginalized communities including people of color, lesbian/gay/bisexual/transgender, new immigrants and refugees, people with HIV/AIDS, and native born people. The experience of the participants in the Tuskegee syphilis experiments and the subsequent fall-out when that became public news added greatly to the distrust among many marginalized community members and the organizations serving them towards researchers and research in general.
- When **researchers come in as outside experts, take data, and don't give back**. This is what Aboriginal people in Canada, for example, refer to as 'helicopter research" and others have called ""parachute research" and drive-by research." Researchers "fly in" to reserve communities, administer surveys, and leave.
- **When researchers come in as outside experts and define research priorities and a research agenda** but don't give back and even cause harm.
- **Community-based partners may feel that researchers will "drain" their resources** and hamper the work of their mission (for example, taking staff away from their usual responsibilities to attend meetings and perform tasks related to the research).
- **"Turf issues" among community members** may also hinder trust. Community groups may be in direct competition for scarce funding dollars which may lead to feelings of "why do we need to spend money to research what we already know"?

The intimidation factor related to research

- **Community members may feel intimidated by the technical training of researchers** (PhD, MD, MA, etc.) and the jargon associated with research – e.g., multivariate analyses, prospective cohort studies, sampling frameworks.
- **Community members may also be suspicious of (and at the same time intimidated by) the "culture of expertise and mysticism"** surrounding the domain of research – after all, "science is science, isn't it and what do I have to contribute to it"?

The characteristics of the institutional researchers

- **Community members may be suspicious of the agenda of researchers**. For example, some may be cautious (especially if their communities are already vulnerable or stigmatized in some way) about how data should be collected or used and still others may question the manner in which resources are allocated. This is especially true if the research funding is solely administered through the university or health department and doesn't benefit the community partners in any tangible way.
- **When researchers are new to a community**. For example, when researchers are not community members themselves and have no pre-existing relationship with community, suspicions can be heightened and working to

build trust may be a longer process.

- **When researchers are only willing to commit to a partnership for the duration of a grant**. This is an on-going issue for communities. Institutional researchers should be willing and able to make a long-term commitment to the mission of the partnership beyond specific funding periods. This speaks to the need for the partnership to address the issue of sustainability early on, and to clarify in the early stages the levels of commitment of the partners involved.

Building trust

Now that we've discussed the factors that can *hinder* trust, it is important to understand how to *build* trust between CBPR partners to ensure the involvement of community representatives in all aspects of a research project.

For trusting relationships to develop over time, the individuals and organizations involved in partnerships need to consistently exhibit certain behaviors and characteristics. These include:

- Being open and honest
- Being able to listen well
- Using appropriate humor to add levity and build group cohesion
- Being able to directly address and speak frankly about contentious but important issues, such as power differentials, racism, and financial decisions

The following offers a simple model for thinking about community involvement in CBPR that also has significant influence on enhancing trust in partnerships:

At the International Inner City Health Conference in Toronto in 2002, a community-based researcher outlined a three-pronged strategy for how CBPR differs from more traditional forms of research in terms of community involvement (Paez-Victor):

- **Input** - Research is driven by community needs.
- **Process** - Community plays a role in gathering, analyzing and disseminating information.
- **Outcome** - Research is intended to be used by the community to enhance health and build on community assets.

Paez-Victor emphasized that this model encompasses the core principles of CBPR and designing projects around this model can significantly build trust among research team members, as demonstrated below:

***1. Input* from community representatives into the initiation and start-up phase of a CBPR project:**

Ideally, a partnership is in place prior to a research question or project being determined. Many of us, however, come to develop partnerships when a project is already well into its development stages. Expecting the community to become involved enough to "take ownership" of the research process, interventions and results when the project is institutionally driven can undermine the possibility for an authentic partnership. Similarly, partnerships that are initiated by institutional partners under the constraints of a short timeline for responding to a funding agency request for proposals can undermine community trust and involvement.

The following strategies to address the "trust issue" should be considered during the early stages of a partnership:

- **Be inclusive at the start of the partnership** in terms of who is invited to initial planning meetings.
- **Value and take seriously community input.** A researcher validating a community member's input is crucial to community representatives finding and being able to claim their place in a research partnership.
- **Listening to and addressing needs identified by community partners**. Community partners are more likely to get involved and stay involved in a partnership when their issues are emphasized.

- **Elevate the importance of the community's research priorities over those that are pre-determined by external interests**. If funding is available for asthma research, but the community is most concerned about domestic violence, a successful CBPR partnership focused on asthma will be difficult to develop and sustain.
- **Demonstrate positive regard for other ways of thinking, especially about research**. All partners bring knowledge, skills, and expertise to the table and challenging underlying assumptions about research methods and community issues are important steps in moving from rhetoric to reality.

2. Community engagement throughout the *Process* of doing CBPR:

- **Recognize and conduct ongoing analysis of the community's strengths and resources.**
- **Examine the consistency and shifting of the relationships**. It helps to understand the dynamic nature of trust, and thus a process evaluation is an imperative exercise in CBPR projects.
- **Define roles and responsibilities** based on assets and strengths and capacity-building needs.
- **Identify capacity-building needs** and schedule them into the structure of the research project. For example, if community partners want to learn more about collection, analysis and interpretation of data, then tasks, community interns, student placements, volunteer opportunities, etc. can be structured around those needs.
- **Sharing power and control**. This can be achieved in terms of who facilitates or chairs the partnership's board (community representative or rotating leadership among institutional and community members), how decisions are made, how funds are distributed (community-based organizations as lead organizations on grants, for example), and community representatives serving as Principal Investigators and/or Co-Investigators (with attendant responsibilities of those roles).
- **Work through discussions of potentially divisive issues (e.g. budget cuts, issues of racism, partners are not getting work done) before they arise.** Use role play exercises to prompt frank discussion and promote a better understanding between partners.

3. Community involvement in determining the *Outcome* of research:

- **Agree that research is intended to be used by the community** to achieve social justice, enhance health and build on community assets.
- **Determine the role that community representatives play in disseminating project outcomes**, including interpretation and translation of findings into policy and action.
- **Decide how dissemination strategies are defined and carried through.**
- **"Deliver on the promise"** and ensure that research findings are used in valuable and meaningful ways that enhance quality of life in communities.
- **Conduct dissemination strategies that are consistent with the original goals and objectives of the research** and not for simple, personal gain.
- **Disseminate results with community input regarding how and when all data are released and to whom**. "Sensitive" data (i.e., those that cast a community in a negative light or reinforce negative stereotypes) should not be disseminated or talked about publicly without significant community control and agreement to a process.

The following activity provides an example of one strategy for helping partners get to know one another and in the process, help to build cohesion and trust.

Example 4.2.2: Learning Exchanges as a Tool for Building Trust in CBPR Partnerships

Learning Exchanges are a valuable means of allowing partners opportunities to get to know each other in CBPR partnerships. This exercise was used by a Toronto CBPR project (O'Brien & Travers) as a process by which team members could get to know and understand the different worlds they come from.

The Learning Exchanges are structured so that the first half of every team

meeting is a presentation by one of the community partner agencies outlining

- Who their community is
- What challenges face the community broadly
- What challenges face the community in relation to the existing project concerns held by the community about research (steep learning curves, past experiences, etc.)
- Some initial discussion about how the community representative saw this project benefiting them (balanced by a follow-up question of "highest hope and worst fear")
- Thoughts about the directions the project should take - i.e., given the broad research goals or objectives already agreed upon, what are the most important related issues/questions for that community
- Questions and answers from other team members

The researchers also take part in the Learning Exchange by talking about:

- Their backgrounds and what drew them to CBPR
- Their commitment to social justice in research
- Their commitment to CBPR and particularly collaboration
- Some reflection on how they currently view research as a community-development and advocacy tool
- Some reflection on why they think the current research topic is timely

For example, a research team based in Toronto spent the first 6 months of their project meetings simply 'getting to know each other.' This was an important and necessary step for the team to be able to understand each other's worlds, know where each was coming from, broke down barriers. For example, community representatives were able to understand that the two principal investigators (PIs), despite both working in universities, were also community members who both cared deeply about the research questions and process. This particular team had two PIs, a community intern, a staff coordinator, and 9 ethno-specific community partner agencies.

Example 4.2.3: Spreading the "Glue": Strategies for Building Trust

Examples from the Harlem Community & Academic Partnership

- "Keep It Real" – in all that you do and in who you are as a member of the partnership
- "Know The History" – acknowledge it when you know it and when you don't know it
- "Sweat Equity" – Do something for nothing; participate/contribute in partnership members' activities
- "Capacity Building" – HCAP's Community Capacity Center aims to translate research/technical areas of expertise to CBOs and community members
- "Acknowledge Power & Influence" – particularly among community partners (the leaders and mavens)
- "Look Out" for members – know your partnership members, particularly the community members and what they are up to in their respective CBOs – share resources, information, offer consultation opportunities, funding

information, knowledge, etc.

- "Socialize" – go out for a meal or a drink

Exercise 4.2.4: Building Trust in CBPR Partnerships by Overcoming Obstacles

This exercise is designed to take 45-60 minutes. You will need one sheet of paper per person and a scarf or sash to use as a blindfold.

Provide these instructions to participants:

Please take a piece of paper and write down your answer to the question that applies to you

- *If you are a community partner*: What is one challenge or obstacle that you face in partnering with the university? [substitute "with institutions," "with the health department" or other wording as appropriate for the group]
- *If you are faculty, staff or student*: What is one challenge or obstacle that you face in partnering with communities?

Then, instruct each participant to crumple up the piece of paper and throw it into the space at the front of the room. Ask for two volunteers – ideally a community and institutional partnership pair that have had some history of working together. Ask if either person would mind being blind-folded for the purpose of the exercise. Blind-fold one person and ask the other person to help the blind-folded person "navigate through the obstacles" posed by the crumpled pieces of paper only by talking to and not physically touching the blind-folded person. After the blind-folded person has successfully navigated the obstacles, take the blind-fold off and debrief on the exercise as a group: what did participants observed about the way the two people interacted with each other? What indicated whether there was trust or not?

After debriefing, open the pieces of crumpled paper and either:

- As a large group, talk through each challenge or obstacle one-by-one, or group them together in categories for discussion; or
- Divide participants in small groups and give each one or several challenges or obstacles to discuss and develop recommendations to report back to the large group.

Unit 4 Section 4.3: Addressing Power Inequities

Many partnerships face issues of power inequity between partners. To address these often institutionalized constructs, partners must actively discuss and seek to find methods for sharing power and control. Efforts to ensure equity and shared influence may be incorporated into principles, operating norms, polices, and procedures. For example, how will the partnership make decisions? Where will meetings be held? Will there be a shared distribution of resources?
There are also other real inequities among partners that are more difficult to erase, especially in terms of race, gender, and class. If partners acknowledge and discuss these inequities up front, they may be better able to see how they affect the work of the partnership. It may be helpful for partners to experience a cultural competency or undoing racism workshop together.
Striving for equity should include processes for addressing**:**

- Power imbalances between community members and academics
- Acknowledging and valuing the expertise and skills of community organizations
- Lack of common language among partners
- Politics within and between partners
- Issues of ownership
- “Research fatigue” amongst certain communities

Example 4.3.1: Addressing Power Inequities in a CBPR Partnership

We depict our structure as a three-legged stool. Each leg of the stool represents a different type of partner – 1) universities, 2) local government and corporate institutions, such as the health department and health care providers, and 3) community-based organizations (CBOs). We recognized early on that our stool had unequal legs if measured by the power and resources of the different entities. The University and other institutions wield the most power and have the most resources when compared to the community. Therefore, much of the work of our partnership has involved “growing the community leg."

Our structure and governance shows careful attention to building organizational equity and capacity where it didn’t exist before. Because of the nature of bureaucracies, representatives from institutions like the University and the Health Department all came with one voice. But representatives from community-based organizations each spoke with separate voices and diminished power. So our community-based organization partners formed an alliance—the Community-Based Organization Partners (CBOP), which meets separately to develop a common opinion. CBOP is the main structure that has strengthened the influence of the community partners in our partnership. CBOP also brought a “community consultant” to our deliberations. This person is grounded in methodology and theory and helps to translate the perspective of the university partners. Because the consultant is based in the community, he also understands the community's position and has the ability to translate it to the university partners.

Adjusting to this increased influence of our CBOs has created tension between partners at times. It can be a challenge to work with a more

unified community when institutions are used to a divided voice. It has also been difficult for CBO partners to arrive at a single position when their organizations are so different. But CBOP also makes it easier to answer the question, “Who speaks for the community?” Now, if a request or an issue arises that needs a CBO response, institutional partners no longer need to decide which CBO will represent our group. We ask CBOP to decide.

Excerpted from Flint PRC proposal

Unit 4 Section 4.4: Making Decisions and Communicating Effectively

Successful CBPR partnerships are characterized by jointly developed processes and procedures that pay particular attention to issues of equity, shared influence and control over decision making. By choosing appropriate styles for decision-making, the partnership can achieve balance of ownership and productivity. Each and every partner in a CBPR partnership should have a voice in the process of determining, for example, problems to address, goals, research methods, intervention strategies, what and how to disseminate, hiring and financial decisions.

Give careful consideration to decision-making processes very early on in the development stages of your partnership. While the greatest ownership is achieved when everyone is aware of all the information and participates in all decisions, productivity may be enhanced when the partnership empowers individuals and small groups to act together to make decisions.

Consider such questions as:

- Does everyone always need to be at the table?
- Who gets the final say? On which issues? (e.g., budget, staff, dissemination, etc)
- Are there differing levels of responsibility? (e.g., among funders, institutions, community members)
- How will we balance process and action?
- Consensus? Democratic? Autocratic?
- Will decision-making responsibilities be rotated over time? How?
- How long should it take to make a decision that affects the whole partnership?

Give consideration to adopting informal democratic processes, shared leadership and consensus decision making. While the adoption of formal by-laws and the use of Roberts Rules of Order can be advantageous in terms of efficiency and structure, they can serve to stifle participation and influence over decision making. Informal processes can emphasize equity and shared power and control. The most common approaches partnerships use to make decisions are either a consensus or democratic process or some combination thereof. Your partnership should discuss, agree on, and then post guidelines for reaching decisions.

Example 4.4.1: Collaborative Approaches to Decision-Making

Consensus: The consensus process allows the entire group to be heard and to participate in decision-making. The goal of consensus decision-making is to find common ground, probing issues until everyone's opinions are voiced and understood by the group. Discussions leading to consensus aim to bring the group to mutual agreement by addressing all concerns. Consensus does not require unanimity. Rather, everyone must agree they can "live with" the decision. Though it can take longer than other decision-making methods, consensus fosters creativity, cooperation and commitment to final decisions. There are no "winners" and "losers" in this process, as discussion continues until consensus is achieved. Discussion is closed by restating agreements made and "next steps" in implementing decisions made.

Democratic: Options are discussed fully so that members are informed as to the decision's consequences. The important ground rule here is that the "losing" side agrees to support the decision, even though it was not their

choice. Decisions are made by majority vote.

Straw polling: Straw polling entails asking for a show of hands (e.g., thumbs up or down) to see how the group feels about a particular issue. It is a quick check that can save a great deal of time. Silent hand signals can be an invaluable source of feedback for a facilitator working with a large group.

Voting: Voting is a decision-making method that seems best suited to large groups. To avoid alienating large minorities, you might decide a motion will only succeed with a two-thirds (or more) majority. Some partnerships limit voting to people who have come to three or more consecutive meetings to prevent stacked meetings and to encourage familiarity with the issues being decided. Alternatively, voting can be combined with consensus. Some groups institute time limits on discussion and move to voting if consensus cannot be reached.

Delegation: The partnership may agree to delegate certain decisions to small groups, committees, or an individual. A small group may have the specialized knowledge, skills, or resources required to make certain decisions. When delegating decision-making, the group must clarify any constraints on the authority to act, and institute mechanisms for reporting back to the large group.

Source: Center for Collaborative Planning, www.connectccp.org

Example 4.4.2: Approaches to Decision-Making Adopted by CBPR Partnerships

The "70% Rule" for Consensus Decision-Making

Given the challenges associated with reaching absolute consensus, the use of the "70% rule" is recommended. A community partner in the Detroit Community-Academic Urban Research Center (URC) indicated one of the reasons why the Board was able to engage in meaningful discussions and make decisions was the "70/30 rule - if I can get behind this 70% then I would do so." The application of such consensus decision making requires group facilitation that gives everyone an opportunity to continue to voice their opinions until issues are resolved, including a commitment on the part of all participants to share leadership actions to both accomplish tasks and maintain collaborative relationships.

From Detroit URC Proposal

"Consensus – Plus"

When we think about decision making, the image of the Salad People comes to mind. Unlike a soup where the ingredients are blended, the ingredients of a salad maintain their individual integrity. And yet together the individual parts create a whole new flavor. Our partnership has its tomatoes, cucumbers, lettuce, and even a few nuts thrown in, and we try not to blend or become dominated by one entity. Instead, we add our individual cultures and organizational perspectives to create something

that is new and different. We determined early on…that we did not want to do “business as usual.”

So, we make decisions almost exclusively by dialogue and consensus. Although the PRC Community Board has a formal process for voting, where each partner organization gets one vote, all of our discussions and formal votes have ended in consensus. “We call it consensus-plus” says one partner “because we will dialogue about an issue until each person can live with the decision.” Dialogue is when you try to put yourself in the other person’s place earnestly, and consensus-plus goes beyond a majority vote. We don't introduce feelings of animosity by allowing any person to feel outvoted or unheard. If there is disagreement, we will talk until we are all comfortable and committed to working together on the issue. One partner recalls a discussion about money for a village health worker project where one partner who was in disagreement left the room angry. “Instead of letting her go, I followed her outside and asked her to come back in,” recalls the partner, “and we talked and talked until we all agreed.”

We also developed principles that struck a new course away from traditional paternalistic and exploitive practices and continue to use them to guide our decision-making. Our principles require that interventions work to solve problems of local relevance, involve community partners at every stage of the work, build capacity of community members in the process, and disseminate results in ways useful to the community.

Excerpted from Flint PRC proposal

Exercise 4.4.3: Navigating through Difficult Decisions – Transparency and Communication

The situation: The funding for the “Promoting Healthy Living” initiative has been cut by 20% (approximately $100,000) in the second year of the grant. The partnership needs to make some decisions about what to reduce or eliminate in the budget. The health department, which serves as the lead organization for the grant, has 50% of the budget (including funds for project staff and other direct costs related to running the project); the university involved has a 25% share of the budget (partial salary support for 3 faculty, 2 graduate student research assistants, supplies and travel); and two community-based organizations each have 12.5% to support 2 full time staff people and for other project-related costs.

The task: Ask participants to role play a meeting of the partnership in which the budget cuts are discussed and decided upon. Decision-making and group process issues arising from this exercise should then be discussed by the full group. [Note: if there is not time for role playing, participants can discuss in small groups how this scenario could unfold, and identify potential strategies for navigating successfully through this difficult situation.]

Questions for discussion:

- What agreements or understandings could the partnership adopt which could help to guide the decision making in this situation?
- Who should have the "final say" on these decisions?
- What are the potential self-interests of the partners involved and how may these differ from the interests of the partnership?
- What other resources might the partnership have to support the initiative?

Balancing process and tasks

While it is recognized that a significant amount of time needs to be devoted to the processes involved in establishing a CBPR partnership (e.g., to build relationships and trust), other tasks and project-related activities designed to accomplish the goals and objectives of the partnership also need to be carried out simultaneously.

Striving for such a balance between the need to give attention to group and infrastructure process issues and working on program-related tasks is an ongoing issue, particularly in the beginning of a partnership. While the more "task oriented" partners may be impatient with all the attention to "process", it is important for the facilitator (s) or convener(s) of the partnership to remind the board from time to time that these processes will, in the long run, help to establish a solid foundation on which the partnership can grow and accomplish tasks more effectively.

That said, it is also a good idea to be open to responding to opportunities in the early stages of partnership development that will lead to a sense of accomplishment of a task completed and help to build group cohesion. For example:

- Holding a "kick-off" event to garner publicity and good will within the community
- Responding to a short-term funding opportunity (even if all the processes and structures discussed above are not fully in place) that is relatively easy to accomplish and will foster the sense of working together towards a common goal
- Responding to a specific request from a community-based partner for assistance with a new or ongoing project for which the partnership can then share the credit for helping to accomplish.

Example 4.4.4.: Spreading The "Glue": Strategies for Effective Communication

Examples from the Harlem Community & Academic Partnership

- Create listserv
- Have open microphone during partnership meetings
- Do not just use e-mail! Use the phone! Do "drive-by" check-ins
- Establish a project manager position – a glue factor!
- Create Intervention Work Groups (IWGs) that develop and oversee each intervention. Aim for dual leadership between academic and community partners. Leadership is clear on expectations regarding the work efforts and is grounded in what is expected around communication
- Have members participate on each other's groups and coalitions
- Conduct an annual review of goals and objectives. This drives the development of goals and objectives for the upcoming year

- Keep nothing hidden! Communicate with integrity! Set the tone from the start!

Unit 4 Section 4.5: Resolving Conflicts

Conflict is virtually inevitable in a collaborative endeavor. Disagreements are bound to happen when a diverse collection of voices and perspectives gathers. However, conflict does not always have to be negative. When handled appropriately, conflict can provide an opportunity for constructive change.

What topics are likely to produce conflict in CBPR partnerships?

- Discriminatory "isms" such as racism, sexism, ageism, etc.
- Contrasting goals, values, or priorities
- Conflicts between different members of the partnership
- Communication break-downs
- Power imbalances
- Commitment imbalances or unequal work loads
- Clashing organizational cultures
- Financial or budgetary losses or conflict about resource allocation

When conflict arises, consider the following:

- Always **assume there is a legitimate reason**. Do not seek out a "trouble-maker" or lay blame.
- If serious conflict occurs, **take the time to resolve it**. If conflicts are ignored or buried by the group, they are bound to grow larger and resurface again.
- If you are unsure about the cause of group conflict, **ask other thoughtful group members outside of the group setting**. It may be helpful to use an outside consultant or party to help facilitate discussion of conflicts and contentious issues. In making difficult decisions such as eliminating a program or position or working through a sticky political situation, it can be difficult to have someone from within the partnership facilitate this conversation. Contracting with a facilitator or recruiting someone skilled in this work may make the discussion or decision-making process easier and will ensure that everyone has the opportunity to participate. If an outsider is used, it is important to carefully consider who the appropriate candidate is and ensure that they do their homework to know the partnership and have a clear sense of what the partnership wants to get out of their assistance.
- **Conflict evokes emotion**. When the group members are hurt by conflict, it must be addressed or they will not feel safe. This could stop the group from making any further significant decisions.
- **Open, clear communication is the best prevention** to avoiding unnecessary conflicts and can help resolve misunderstandings before they become full-blown arguments. Be very open and deliberate about all decision-making processes. For difficult decisions, for example on budget cuts, ensure that all the information and discussion points are out on the table. There may be less conflict when everyone wrestles with the difficult decision together. This is also a way to share power.

Example 4.5.1 Steps for Resolving Conflict

1. Understand diversity of styles, background, perspective, assumptions, race, ethnicity, culture, language, training, and point of view. Be aware that cultural differences can affect our approach to communicating, disclosing, making decisions, and resolving conflict.

2. Discuss and resolve differences as they arise

3. Assume that everyone has the right to bring up their feelings and get them resolved to their satisfaction.

4. Identify the probable cause of the conflict:

- Are differences of opinion caused by lack of information?
- Is there a power struggle or competition? Are two individuals trying for leadership or control?Are institutional interests at stake?
- Is there a "personality conflict"? That is, are individuals personalizing differences of style, communication, or approach?
- Is the group tired? Feeling hopeless, discouraged, or unsuccessful?
- Is the group confused about its task?
- Are differences of power related to race or culture causing conflict?

5. Negotiate solutions using a problem-solving approach. You may consider asking a mediator or other neutral third party to facilitate. Hear both sides and focus on shared interests. What does each party want? Where is the common ground? What solution(s) would be most fair?

6. Develop a written or verbal agreement and a process for checking progress.

Adapted from the Center for Collaborative Planning, www.connectccp.org

Exercise 4.5.2: CBPR – "The REAL World"

This role-play can be a great way for a CBPR partnership to explore challenges and possible strategies, laugh, and relieve stress.

Place the following scenarios on strips of paper and mix in a hat (and/or develop your own scenarios). Ask for two volunteers to pick a strip out of the hat. After reviewing the scenario, the two people "act it out" in front of the rest of the group. Those in the audience can "mix it up" by doing the following:

- Joining in as a third/fourth party;
- Replacing one of the people in the situation; or
- Announcing "switch" to start a new scenario.

Sample scenarios:

- After two years of stable funding from the State Health Dept, you learn that you are "no longer a strategic priority": W*hat do you wish you could say to your funder?*
- For the last 5 meetings, the same partner has arrived over a half hour late to every single meeting and makes you rehash everything you have already covered: W*hat do you wish you could say to your partner?*
- Your department chair never gets you letters of support on time and makes it difficult for you to get your proposals together in a timely fashion: W*hat do you wish you could say to your chair?*
- Your Mayor has agreed to be a keynote at a report launch. At the last minute (after the press has been notified and all the invites have gone out), s/he backs out. W*hat do you wish you could say to your mayor?*
- A reporter repeatedly misquotes you and misses the point of your harm reduction approach and regularly paints

your team as irresponsibly encouraging teen pregnancy. W*hat do you wish you could say to this reporter?*

- Your partner has made her twelfth thousandth grammatical revision to a paper you thought was great 15 drafts ago. W*hat do you wish you could say to your partner?*
- Someone suggests that the partnership starts their meetings at 7 am before they have to go to work. You are not a morning person. W*hat do you wish you could say to your partner?*
- You have been up until 3 am finishing a presentation. Your partner tells you they hate it. W*hat do you wish you could say to your partner?*
- You have been working with the same person at Agency Y for 3 years who was a total delight. Recently, that person quit and there is a new person on board who is impossible to work with. *What do you wish you could say to the Executive Director at Agency Y?*
- What are the top 10 things that drive you crazy about working with/in Universities?
- What are the top 10 things that drive you crazy about working with/in Community-Based Settings?
- You find out that one of your key survey administrators has been fabricating results for the last 3 months. *What do you wish you could say to him?*

Even though humorous interpretations of these scenarios can be a lot of fun, it is important that the exercise moderator is able to ensure that some useful and practical suggestions are suggested for each of these real-life experiences. For example, after each scenario is acted out in different ways, the moderator can ask the audience if they have successfully navigated the situation in the past and what strategies they would suggest for how to handle it in the future.

Unit 4 Section 4.6: Motivating, Recognizing and Celebrating Partners

It is important to check in regularly with partners and ask whether they are getting their needs met through their involvement in the partnership. Are they developing the skills they want to develop? Is the effort benefiting their organization? Do they feel comfortable with other partners?

In addition to celebrating individuals and partner organizations, it is import to recognize and celebrate the accomplishments of the partnership as a whole. Celebration of a partnership's accomplishments may help find and nurture advocates or champions of the partnership and/or programs.

Why partners keep coming to the table when funding is not an issue

- Having a shared set of priorities
- Having committed partners that see the value in the partnership and the research
- It's fun
- There is respect for each other
- Partners enjoy each other's friendship
- The partnership addresses individual partner's interests
- It's an opportunity to be involved with like-minded people
- The partnership has created community
- There are mutually beneficial outcomes
- There is open dialogue

Why partners keep coming to the table during a phase of no funding or transition to new funding

- They have proactively decided to stay and have made a long-term commitment
- The partnership is getting Involved in the policy process
- The partnership is adapting and evolving
- The partnership has strong, well-developed infrastructure
- Some of the partnership's projects have been institutionalized

Reasons why a partner organization might decide to leave a partnership

- There has been a departure from the priorities
- There has been a change in leadership
- There is a lack of resources
- It's more beneficial for the partner to focus on their own organization
- There has been misuse or abuse of partners
- There are conflicting personalities or personal relationships
- They are unhappy with the lack of progress in the partnership
- They are unsatisfied with the style/process in which work was conducted
- There has been a breach of trust and honesty

Reasons to celebrate in a partnership

- When partnership goals are achieved
- When funding is obtained

- When a new project is developed, when a project achieves it goals, or at the completion of a project
- When new staff or partners join the partnership or when staff or partners move on from the partnership
- When staff or partners have a birthday or anniversary
- When the partnership is having an anniversary
- To partner, staff and/or volunteer contributions
- To celebrate annual holidays or at the end of the year
- To reconnect with or show appreciation for partners, staff and/or volunteers

Benefits of celebrating accomplishments

- It's an opportunity to reflect and renew
- It motivates people
- It can attract new partners, staff and/or volunteers
- It can attract new investors, supporters and champions
- It can generate publicity for the partnership

Ways partners can be recognized for their contributions

- Parties
- Awards or honors (given by the partnership or nominated for those outside of the partnership)
- Positive letters to a partner's colleagues or superiors
- Financial compensation
- Thank you letters
- Public recognition (in newsletter articles, local press or events)

Unit 5: Show Me the Money – Securing and Distributing Funds

Kirsten Senturia, Sarena D. Seifer and Kristine Wong

CBPR partnerships must be as pro-active as possible in pursuing continued and new sources of funding well before current funding is due to end. Just as important as securing funding is making decisions about what funds are needed and how they will be distributed. This unit is intended to help you identify and secure funding for your CBPR partnership as well as make decisions about how those funds are distributed.

Learning Objectives

- Identify funding sources for CBPR
- Develop criteria to decide whether or not to respond to a given request for proposal
- Learn strategies for collaboratively developing a CBPR proposal
- Learn strategies for securing sustainable long-term funding

Contents

Unit 5 Section 5.1: Developing a Fundraising Plan and Identifying Funding Sources

Since raising funds for CBPR partnerships is a challenging and competitive process, we begin this unit with some general fundraising strategies and tips to consider.

1. Utilize all of your connections

When it comes to networking, everyone is familiar with the phrase "It's not what you know, but who you know." This is especially true in the fundraising community. With so many projects to choose from, sometimes the only deciding factor can be a solid referral or recommendation and good word from a credible source.

To ensure that your partnership is not hindered by this common practice, when looking for resources (e.g. funding, in-kind support, people), it is important to educate yourself and be aware of all the different types of connections each partner may have to funding sources. Consider the question "who benefits from our success and how do we enlist them to help continue our efforts?" Ask partnership members to provide names of contacts they have with different organizations, associations, and sectors in the community. These may include the following: corporate/business sector, arts and culture sector, professional associations, civic organizations/ associations, government (local, state, federal), foundations (local, state, national, corporate), other community initiatives, school boards/PTA, faith/personal/ethnic organizations, and key individuals.

Write down all these connections on a master list, and refer to it regularly. When writing a grant/responding to an RFP, meeting a funder at a conference or networking event, mentioning your work and relationship with the person in common may go a long ways towards your credibility than anything you may have achieved on paper. Before asking an individual or group for money, think about what you can give them in return.

2. Be proactive, not reactive

While many partnerships sit back and wait for the appropriate RFPs to come their way, they could be making more progress by proactively contacting program officers at foundations, government agencies, or even individual benefactors in the community. By contacting these individuals and giving them a general overview of your work (as well as sending them any written materials if requested), and letting them know that your partnership is always interested in CBPR funding sources, you may reap the benefits of this later, when the program officer is sending out a RFP, or a benefactor is ready to donate a good sum of money towards your program.

Involve funding agencies as partners. Invite representatives of current and prospective funding agencies to visit your community and see your work in action up-close (e.g., invite to be a speaker at a community forum, to serve on an advisory committee).

3. Consider non-traditional, creative ways to fund your partnership

As noted above, when operating in an environment where funding is scarce, it's important to be creative and think "outside the box" to be successful. The list below includes a number of creative ways to obtain financial resources for your partnership (Community Toolbox):

- Share positioned and resources among organizations
- Become a line item in an existing budget
- Incorporate activities and services in organizations with a similar mission
- Apply for grants

- Using existing personnel resources
- Find free/low-cost personnel resources (e.g. volunteers, interns, shared positions)
- Solicit in-kind support
- Fundraisers
- Develop a fee-for-service structure
- Acquire tax revenues or public funding
- Secure endowments and giving arrangements
- Establish membership fees and dues
- Develop a business plan

4. Consider a wide range of funding sources

For example, did you know…

The Indian Health Service funds CBPR through its Native American Research Centers for Health: www.ihs.gov/MedicalPrograms/Research/narch.cfm

The US Department of Housing and Urban Development funds CBPR through its Community Outreach Partnership Centers Program: www.oup.org/programs/aboutCOPC.asp

The Administration for Children and Families funds CBPR through its Head Start-University Partnerships Program: www.acf.hhs.gov/programs/opre/project/tprojectIndex.jsp?topicId=6

The Sociological Initiatives Foundation funds CBPR: www.grantsmanagement.com/sifguide.html

The Wellesley Institute funds CBPR in urban communities in Canada: www.wellesleyinstitute.com

Funding agencies that say "we don't fund research" may fund community-based participatory approaches to community problem-solving, as Example 5.ustrates:1.1 below illustrates:

**Example 5.1.1: Funding Agencies that "Don't Fund Research"
may Fund CBPR**

"…I participated in the Northwest Health Foundation's 2nd annual conference on Community-Based Collaborative Research, "In Partnership with the Community: Collaborative Research to Improve Health…" One of the conference sessions featured presentations by two funding agencies with experience in funding community-based collaborative research projects. This article reports on the experience of the WK Kellogg Foundation; a future column will focus on the California Breast Cancer Research Program.

Terri Wright, program director at the WK Kellogg Foundation, began her presentation with the emphatic statement that "the Kellogg Foundation does not fund research." She went on to explain that the Foundation is interested in solving community-identified concerns and that "the only

approach to understanding health issues is to engage community voices." The Foundation's mission is "to help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations." For over ten years, the Foundation has been funding CBPR (CBPR) approaches to understanding and solving health issues. "CBPR allows us to operationalize our mission," she noted. "We have a major commitment to engaged institutions and engagement implies equality, mutual responsibility, partnerships for the long haul and not just until the publication gets out."

In response to the question, "What makes CBPR proposals competitive, what makes them stand out?" Ms. Wright highlighted a number of observations from her eight years at the Foundation: Authentic relationships in which community members are integral, equal partners – not superior or subordinate to institutional partners. Recognition that the health of communities requires community leadership and engagement, where communities are co-producers of knowledge. She mentioned the importance as a funder of not solely relying on what is written on paper, but actually going out and meeting with the partners to talk with them directly and frankly. "We have a sharp antenna for picking up when the community is being marginalized," she noted. "We ask critical questions: Who defined the problem? Who conceptualized the problem? In what language is the problem defined? How did the community become engaged? Whose agenda is it? Who proposed the strategy?"

Ms. Wright illustrated her points with a story about a proposal she reviewed and subsequently funded after a year-long iterative process with the applicant. The initial proposal sought funding for a research project that would test an intervention designed to improve indoor air quality and decrease consequences of asthma in low-income housing. Although framed as fairly traditional community-placed research dominated by researchers, there were several "hooks" that caught the Foundation's attention and imagination: The proposal involved an unusual collaboration between three universities, the US Department of Housing and Urban Development, a local foundation, a regional foundation, an energy company, the public housing tenants association and others. Further, the tenants association identified asthma as a problem and approached one of the universities for assistance with taking a systemic approach to solving the problem that included policy change aspirations. After a series of meetings and numerous phone calls between the Foundation and the partners involved, what ultimately was funded and implemented looked very different from what had initially been proposed. For example, rather than have university-based graduate research assistants going door-to-door to collect data from low-income housing residents, residents themselves were trained and hired for this role. Rather than have a study design in which half of the residents were

randomized to “no intervention,” the actual study design involved everyone receiving different intensities of an intervention. Rather than peer-reviewed publication as the sole end-point, public housing policy was changed, heating systems were retrofitted and other capital improvements were made, illegal toxic pesticides were identified for programmatic focus and indoor air quality was improved. In the initial proposal, “The universities were ‘right on’ with the problem but not the approach,” she noted. “The quality of the response is more robust when it’s a CBPR approach.” The partnership was transformative for all involved. The principal investigator, for example, remarked that “I will not go back to doing research the other way.”

Source: Seifer SD. (October 2005). Message from our Executive Director. In: Partnership Matters Newsletter, Vol. VII No. 20. Community-Campus Partnerships for Health.

http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector

6. Stay on top of CBPR funding opportunities

There are a number of ways to keep abreast of CBPR funding opportunities. We recommend the following resources:

Join the CBPR listserv co-sponsored by CCPH and the Wellesley Institute at https://mailman1.u.washington.edu/mailman/listinfo/cbpr

Scan federal funding announcements that are posted daily at www.grants.gov. On the site, you can also register to receive email notification of grant opportunities based on your identified interests.

Review the new funding opportunities in the CCPH Partnership Matters newsletter (CCPH members receive it directly by email every other Friday) at http://depts.washington.edu/ccph/guide.html#PartMatters

Scan the funding directory prepared for the 2004 Community-Based Collaborative Research Conference sponsored by the Northwest Health Foundation at http://depts.washington.edu/ccph/pdf_files/directory-062704f.pdf. The guide contains both federal and private funding sources listed with detailed information on each funding opportunity and previous projects that were funded, where available.

Unit 5 Section 5.2: Considering a Given Request for Proposals

Though funding agencies are beginning to increase their financial support for CBPR and other community-based research collaborations, these resources are still limited. It may be difficult for partners to identify funding opportunities that both encourage community collaboration and understand the nuances of CBPR. Partnerships may find themselves responding to funding opportunities just to get funds to support and sustain their activities, when the funding source or specific request for proposals (RFP) does not genuinely "get" CBPR. When considering funding opportunities, partnerships are advised to establish criteria that will determine whether the group will prepare a proposal in response to a given funding opportunity or RFP.

These criteria could consider the following:

- Does this RFP fit with the priorities and common agenda that the partnership has established?
- Does the funding agency appear supportive of collaborative approaches?
- Does the funding agency appear knowledgeable about partnerships and CBPR?
- When is the proposal due? Does it allow enough time to receive adequate feedback from the partners that will be involved?
- What is the time-frame for funding? Is this time appropriate for the CBPR activities being proposed?
- What ethical issues should be taken into consideration? *(See Unit 1, Section 1.3 for further discussion of ethical issues)*
- How will the proposals be reviewed? Are members of the review panel familiar with CBPR methodology and approaches?
- What is the history of this funding agency supporting CBPR in past awards?
- Do the specifics of the grant initiative support the CBPR principles established by the group, e.g. supports an ecological perspective or social determinants of health; allows for non-academic lead agencies and Principal Investigators or Co-Principal Investigators from the community?

Example 5.2.1: How Grant Deadlines can Crunch the Collaborative Process

While the School of Public Health and the Health Department agreed to adopt a community-based research approach for the center, there was not adequate time for the development of a true partnership in which all members could contribute to its initial design prior to the grant proposal deadline. Recognizing this lack of community involvement, a decision was made to select as potential partners community-based organizations that had some prior positive working relationship between either the School or the Health Department. Other criteria for the selection of community partners were the relevance of the organization's work to the proposed center, the success of their work, and the high regard in which they were held in the communities involved. In addition, it was proposed in the grant application that the first six months of the Detroit Community-Academic Urban Research Center (URC) would be spent establishing operating norms and setting priorities with the involvement of all partners in the process. Thus, six community-based organizations and an integrated health care system were invited and agreed to participate in the Detroit URC. It should be noted that these organizations were not involved

directly in actually writing the grant proposal that was submitted.

Following notification of the grant award, an initial planning team was established that was composed of several faculty and staff from the School of Public Health and the member of the Health Department who had been involved in submitting the grant. The team agreed that the first tasks in establishing the URC included the hiring of a Project Manager to handle the day-to-day operations of the Center and to have a separate meeting with the representatives of each of the partner organizations prior to the formation of the URC Board. The purpose of these meetings, which were held at each organization, was to begin to get to know and establish trust among the members of the organizations involved, explain the goals and objectives of the Center, discuss the principles of community-based research, outline expectations of being involved in the Center (e.g., being a member of the Board), and learn more about the organizations' missions and activities.

The meetings held with the community-based organizations all involved the director of the organization and usually several staff members. In all instances, the persons from the School and Health Department who had some prior working relationship with the organization attended the meeting. Following introductions and a brief presentation about the Detroit Community-Academic Urban Research Center, the meeting was devoted to addressing questions from the community-based organizations. It was clear from the tone, formality, and questions asked at these meetings that there was considerable skepticism about the intentions of the University of Michigan coming into Detroit. (The University is located in Ann Arbor, a 1-hour drive from Detroit.) Specific concerns were raised regarding how the efforts of the Center would benefit the community, what the advantages to the participating organization would be, and how data were going to be used and shared with the community. In several instances, the organizations questioned why they should be involved in a "health" project given that their focus was on community and economic development rather than health or health services. The members of the initial planning team tried to listen, describe their history working with community-based organizations and conducting CBPR, and explain their definition of public health and the role of social and economic factors in health and quality of life.

It was not clear after these meetings whether all of the community-based organizations were going to choose to be involved in the Detroit URC. They all subsequently did decide to participate; however, for some of them the reasons for doing so differed from what the initial planning team (naively) had in mind. For example, as one community partner shared with the Board several years into the project: "We saw ourselves as gatekeepers. If the University was coming here, we wanted to be sure we

watched over what they were doing."

From: Israel BA, Lichtenstein R, Lantz PM, et. al. (2001) The Detroit Community-Academic Urban Research Center: lessons learned in the development, implementation and evaluation of a community-based participatory research partnership. J Public Health Manage Pract. 75(5), 1-19.

Unit 5 Section 5.3: Collaboratively Writing Proposals

After deciding to respond to an RFP, here are some questions to consider when assembling the research team and writing the proposal.

Assembling the research team

Which faculty, community member, or other partner representatives should be involved in the writing process? Grantwriting can be a very technical process. It is important that those involved have the skills and experience in developing grants to effectively communicate how the partnership will address the proposed issues. However, those partners who may have little or no experience in writing grants should also be included from the process. When skills such as grantwriting are shared through this type of collaborative work, the process has the effect of not only building capacity within the group, but strengthening the group as well.

Do new partners/faculty need to be invited to be a part of the existing project team? Depending on the subject of the proposal, it may be necessary to invite additional partners with expertise in specific subject matters to strengthen the proposal. However, before bringing on an additional partner, the existing partnership should collectively decide whether the particular partner is an appropriate match. For more information on identifying and selecting partners, see Unit 3, Section 3.1.

What is the role of the team and individual members in this project? Team members should be clear about the roles and responsibilities of the group. Is this just the proposal writing team or will this also be the final steering committee/advisory group that will help guide the project? What knowledge and contribution can each team member bring to the table and are they willing? Who will serve as the project's Principal Investigator?

Exercise 5.3.1: Assembling the Research Team

In a large group or in small groups, use the following questions to consider how the research team should be assembled:

- What kind of influence will community members have on the direction and activities of the study?
- How will community members be involved in all phases of the research?
- Who will make decisions?
- What will the structure for that decision making look like?
- How will the study be staffed?
- How will the study design be developed collaboratively by community partners and researchers?
- How will the study team facilitate a collaborative community relationship and sustain equitable involvement throughout the study?
- What training or capacity building opportunities will be incorporated into the budget for community partners? What training or capacity building opportunities will be incorporated for the researchers?
- What will the benefits of participation be to the community partners, from the researchers' point of view?
- What is the plan for sustaining the partnership in the community after completion of the project?

Determining and clarifying the roles, responsibilities and expectations in proposal writing

During the grant writing process it is imperative that all the partners involved understand what their roles and responsibilities will be in the project. For the community, if there are individuals at the table, we need to consider the capacity of the individual to carry out these roles. If there are organizations around the table, both the individual and organizational capacities need to be considered. The ability to carry out certain types of work is very different with an organizational affiliation. It is also important to know what the partners expect from the

project. This can include anything from how partners will communicate with each other and disseminate information to specific health outcomes or certain changes within the partnering community. The realities of each expectation should be discussed as well. Clarifying this early on in the process can help build trust, especially when what is expected is received.

To assure that everyone stay on the same page in terms of activities, outcomes, and resource sharing, it may be valuable to develop a Memorandum of Agreement (MOA). This document can be used to help with accountability and setting up timelines, deadlines and systems of reporting. By incorporating language necessary to clarify what is expected, this also helps in building capacity for the community-based organizations involved. It assures that both the project outcomes and organizational responsibilities are met, which in turn makes sure that the project will positively impact the community. An MOA ensures that each partner will be held accountable to fulfill their end of the bargain, and that the work is done both fairly and collaboratively. Thus, the MOA sets up both a support and accountability mechanism at the same time; no one goes off and does their own thing without regard for the other partners.

Determining and clarifying the roles, responsibilities and expectations in proposal writing

When preparing the grant proposal's budget, consider items to include that may be unique or especially important in CBPR proposals. These may include:

- Communications – for example, cell phones, walkie-talkies, high speed internet access, newsletters
- Staff – for example, community organizers, outreach workers, community health workers, student research assistants, work-study students
- Safety items – for example, security guards, mace
- Photo cameras or voice recorders
- Food
- Child care
- Mileage and parking fees
- Participant incentives
- Community partner stipends or honoraria
- Tuition, continuing education credits
- Training
- Conference travel and registration fees
- Translation and interpretation services
- Promotion and marketing materials
- Dissemination – for example, community forums, public service announcements, paid advertisements

Exercise 5.3.2: Your Partnership's "Household" Finances

Financial management of a CBPR partnership or project can be compared to managing household finances. Consider the various roles in an actual or proposed CBPR project, and how partners adopt certain family-like behaviors and personas when money matters are on the table. Spend 15

minutes answering these questions in groups of 4-6 people, and 15 minutes discussing the answers and issues as a large group.

- Who is "earning" the income? To whom does the "company" write the paychecks?
- Who gets an "allowance?"
- Who gives out the "allowance" and acts as the "parent?"
- Who is responsible for making sure the "house is maintained?"
- Who is responsible for assigning "chores?" Who is responsible for doing the chores?"
- How are major purchase decisions made?
- How are major purchase decisions made?

Given the different costs, benefits and reward structures that exist across the organizations involved in a CBPR partnership, the partnership should strive to achieve an equitable distribution of these costs, benefits and resources among the partners. There are a number of strategies that partnerships can use to accomplish this, for example:

- Submit grant proposals in which non-institutional partners are the primary recipient of the funds and have major responsibility for the conduct of the project.
- Ensure that all partners receive financial compensation as part of core grant funding that adequately reflects their time involvement in the project.
- Adequately compensate community participants (who often volunteer their time and effort in partnership activities) through stipends, continuing education credits, in-kind benefits or other compensation (e.g., paying for parking or daycare) in order to make participation possible.
- Assist community partners in applying for grants and other resources for their programs.
- Challenge assumptions and the status quo regarding the allocation of funding for indirect costs. The high indirect cost rates of many institutions are often cause for concern in CBPR partnerships. Ask questions about the allocation of funding for indirect costs. For example, where do these funds go? Have there been instances in which a portion of these funds are made accessible to the principal investigator's (PI's) school/department or directly to the PI? These policies and precedents vary from institution to institution and it may be possible to direct a portion of funding for indirect costs back to the project or partnership.

Reviewing the proposal

Adequate time should be given for all partners involved to review the proposal and provide feedback to the grant writing team on suggestions, concerns, and questions that may need to be addressed and incorporated. All partners should consider the following items when reviewing a proposal:

Does the proposed project:

- Complement or contribute to the overall mission, goals, values, etc. of the partnership?
- Provide services and build capacities that have a positive impact in the community?
- Address other key CBPR principles established by the partnership?
- Involve scientifically sound research (basic or applied) that contributes to science and enhanced knowledge and understanding of a given community issue or problem?
- Apply methods that are flexible with research that involves community (i.e., research design, data collection, etc.)?

Overall, partners should think about whether the proposed project addresses community problems while creating new knowledge: Community Wisdom + Academic Research = New Knowledge

Developing strong proposals

When developing proposals, the following tips and strategies may be helpful (Seifer SD):

What drives reviewers crazy?

- When applicants don't follow the instructions
- When there are inconsistencies between what's described in the proposal narrative and what's included in the budget
- When acronyms are used and not explained
- When numbers in the budget don't add up
- When there are multiple spelling mistakes
- When tiny type is used and there is hardly any white space
- When the data sources cited are old
- When the argument for the study's significance and relevance in a particular community are based on national data
- When a community is described only in terms of its needs and not also its strengths and assets
- When no sound rationale is provided for the composition of the partnership
- When letters of support don't actually say anything (e.g., they all simply repeat the same language, they are not consistent with commitments described in the proposal narrative and/or budget)
- When there is not a clear link between community-defined priorities and the proposed focus and approach
- When the study design is so specific and detailed that there is no room for a participatory process
- When no attention is paid to barriers to community participation (e.g., childcare, transportation, interpretation services)
- When attention is paid to the research methods but not the methods of building/sustaining community partnerships and community participation
- When a community board is to be established, but no detail is provided about board member recruitment, composition, role, staff support, etc.
- When there is no evidence of community capacity building (e.g., creating jobs, developing leaders, sustaining programs)
- When it is not easy to discern how funding is being divided among partners (e.g., show what % is going to the community vs. the university)
- When it is not clear who was involved in developing the proposal and how it was developed
- When most or all of the funding is retained by the applicant organization

Ways to strengthen your proposal:

- Be creative! (e.g., use stories, quotes and photos to help make your case)
- Ask trusted colleagues not involved in the proposal to review drafts and be brutally honest
- Debrief on any and all comments received by reviewers
- Volunteer to be a proposal reviewer – reviewing proposals will make you a better grant writer

Understand the review criteria and peer review process followed by the funding agency you are applying to. For example, for the National Institutes of Health: http://cms.csr.nih.gov/AboutCSR/

OverviewofPeerReviewProcess.htm

Unit 5 Section 5.4: Securing Sustainable Long-Term Funding

As your partnership seeks long-term funding, you may find it tempting to become "funding-driven" rather than "program-driven", due to the relative lack of CBPR funding sources available. Being funding-driven means that the overall goal to fundraising is to bring in money to fund any project or intervention – *even if it means designing a new project or altering an existing project* – to fit the requirements of funding opportunities that arise. In contrast, being program-driven means that your partnership only applies for grants that fit with your previously decided upon program priorities. While some may think that applying and receiving funds outside a partnership's priority areas is a worthy short-term solution that keeps a partnership together during lean times, it is hardly a long-term solution. In the long run, focusing on fulfilling new grant objectives and adding in new partners to meet that area of expertise can distract the partnership and take away valuable time and energy from making progress on its identified focus or priorities.

Instead, it is wise for partnerships to develop a sustainable long-term funding plan – well in advance of the end date of current funding. Planning should start at least a year in advance of the date that funds are projected to run out. However, when determining when the right time is to create such a plan, note that it is never too early to begin planning, as federal government agencies have been known to reduce grantees' funding due to budget cuts. (See related discussion of this topic in Unit 7, Unpacking Sustainability in CBPR Partnerships)

Creating a sustainable long-term funding plan

There are a number of steps involved in creating a sustainable long-term funding plan.

1. Assess your current situation

Before you determine how much money you need to raise in the future, it is helpful to have a clear context of your partnership's current funding situation. Figure 5.4.1 provides a way to examine your situation through several different perspectives. When listing funding sources, don't forget to include in-kind support (i.e., goods or services that are given, rather than money).

Figure 5.4.1: Current Funding Matrix

Funding Sources →				**Cash Totals**	**In-Kind Totals**
Time Remaining					
Renewal Option?					
Services/Supports ↓					
Cash					
In-Kind/Volunteer					

Exercise 5.4.2: Assessing Your Current Funding

Complete Figure 5.4.1: Current Funding Matrix and answer these questions:

- Which funders are the major supporters of the partnership, each activity/project?
- Who should be funding this effort, but isn't?
- What funders may be able to increase their level of support for a particular activity/project?
- Which activities/projects may be ending/reduced in the next few years?
- What surprises you about the matrix?

- What have been some funding successes?
- Is there a way to reallocate some of our existing funds?
- What is good about this funding structure?
- What challenges does this funding structure present?
- Are we meeting our fundraising goals, or not?
- What is working, and what isn't working?
- Are we getting enough return for the effort we're putting in?
- What changes can we make to improve this situation?
- What are 3 changes our partnership can implement within the next few months that can positively impact our chances to sustain our funding?

Adapted from: Center for Civic Partnerships. Sustainability Toolkit: 10 Steps for Maintaining your Community Improvements. Public Health Institute. 2001. http://www.civicpartnerships.org

2. Decide where to place your priorities, given your particular situation

Carefully review the answers you wrote down in response to Exercise 5.4.2. Both the matrix and discussion questions will also help you identify new funders (or types of funders) to target, and enable you to identify other areas that your partnership has not yet tapped for funding, by noting where your current financial supporters are concentrated. Lastly, the matrix may also show you where you can reallocate existing resources for greater impact. These answers will help show you where you may want to place your fundraising energy.

Consider how much time and energy your partnership may have available to raise funds. Will the partnership be able to pull off a proposal to a federal funding agency, which can take anywhere from to 6 months to up to a year (for grants that require pilot data) to complete? Do you have the time to incorporate pre-grant planning activities/ data collection into your programming? If not, then applying for foundation funding may be more appropriate for you.

3. Research active RFPs and forthcoming funding announcements, and create a plan with a timeline

By identifying active RFPs and funding opportunities that you know will be announced in the coming year, your partnership will be able to put together a plan that allows you to ample time to respond, without sacrificing and compromising the work you have already been funded to do.

The plan you create should have a list of tasks associated with each funding opportunity, along with the estimated time it will take to complete each task. When estimating timeframes, think conservatively to be on the safe side, as unexpected setbacks can arise (for instance, you may be waiting longer than expected to hear back from a potential consultant on the grant or a key staff member may resign suddenly).

4. Maintain your plan with regular check-ins

To ensure that you will implement the plan, take time once a month to review the plan as part of the agenda of regular partnership meetings. This is important, as situations, conditions, and priorities can change. Discuss with partners whether or not it still makes sense to follow the plan as written. If not, make changes or substitutions

based on what is realistic for the partnership's work plan at the time.

5. Make contingency plans and take constructive steps even when your funding is not secure

What happens if the current funding is about to end and the partnership hasn't been successful in securing additional funding to continue?

- Find an organization willing to give resources to continue the effort for a few months, to give the partnership time to search for resources or to bridge the gap until the new funding starts?
- Ensure that there is good documentation on the effort (e.g., activities, findings, budget), so that it will be easier to restart the activity once new resources are in place.
- Apply for awards to keep the effort visible and demonstrate its worthiness.
- Engage those who are affected by the discontinuation. Get testimonials from community members – ask them to speak to policymakers, potential funders and/or the media.

Example 5.4.3: Maximing Resources and Distributing Them Equitably

Since the end of our original funding under the Community-Based Public Health initiative in 1996, we have not received funds to support our work. However, the partnerships and projects that evolved from the initial funding *are* receiving financial resources. The partnership decides how resources are divided through a "consensus plus" process. We still struggle with issues of fairness such as the health department and universities' indirect cost requirements, but in so far as possible, we treat the community, academic, and practice partners equitably, reflecting the input that each will provide to the project through steering committee participation and coordination of intervention programs and other activities. We maximize the amount of funding directed to the community itself that can be used to enhance the capacity of community such as employment, office space, and the use of contracted services such as catering. The following organizations and core projects currently receive financial resources through this partnership: the Prevention Research Center Community Board, Fathers and Sons, REACH 2010, Youth Violence Prevention Center, Ruth Mott Health Careers, and Friendly Access. The University of Michigan is no longer the only lead agency. The Health Department is the fiduciary of REACH 2010 and the Greater Flint Health Coalition is the fiduciary of Friendly Access.

Excerpted from Flint PRC proposal

Unit 6: Disseminating the Results of CBPR

Robert McGranaghan and Jen Kauper-Brown

Successful CBPR partnerships go beyond establishing an authentic partnership and conducting research. They disseminate results back to the community and other constituencies, and work to apply the results through changes in practice and policy. This unit provides a basic introduction to principles and practices of disseminating the results of CBPR.

Learning Objectives

- Learn strategies for disseminating the results of CBPR to multiple target audiences
- Consider examples of policies and procedures that may be applied to your partnership

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Unit 6 Section 6.1: Disseminating Results

Successful CBPR partnerships go beyond establishing an authentic partnership and conducting research. Once the CBPR partnership is functioning, the project has been implemented, and the data has been successfully collected and analyzed, the partnership must disseminate the results back to the community and other constituencies, and work together with a diverse group of stakeholders to apply the results through changes in practice and/or policy. Without dissemination and application, results of a CBPR partnership have little value to community partners.
Successful CBPR partnerships have the following characteristics with respect to disseminating and applying their research findings:

Involve all partners in the dissemination of information about the partnership and project findings in forms that all partners can understand and use. This dissemination includes multiple audiences (e.g., community members, policy makers, local health professionals) and multiple formats (e.g., radio, newspapers, presentations at professional meetings, handbooks, policy position papers, scientific journal articles), with all partners involved as co-authors and co-presenters as their interests and circumstances allow. This entails a commitment to raising and allocating resources for these purposes, including, for example, offering honoraria and child care for community members who would otherwise be unable to participate. It is also important to find a balance between time spent developing products that report results back to the community and time spent writing articles for publication in peer-reviewed journals.

While publishing the results of CBPR in peer-reviewed academic journals can bring attention and greater prestige to the work of the partnership and is essential to faculty promotion and/or tenure, it is not the primary outcome or vehicle for dissemination sought by community partners. The field of CBPR is growing and increasingly viewed as a legitimate form of scholarship within the academic community. There are literally dozens of peer-reviewed publications of high-quality CBPR, many that allow or encourage authorship or co-authorship by community partners See Unit 6 Resources for recent theme issues of journals on CBPR and a list of journals that regularly publish CBPR.

Establish and follow procedures for dissemination, including authorship and credit. CBPR partnerships need to establish and follow dissemination policies and procedures that address, for example, decisions about what messages are communicated, who will be involved, in what ways, and using what medium. Multiple partners need to be involved as co-authors of publications and co-presenters at meetings. Priority dissemination outlets need to include not only academic journal articles, but also the popular press, local community newsletters, radio, and TV stations that target audiences matching (or overlapping) those impacted by the research, as well as those who participated in the research. It is important to recognize that not all partners will be equally interested or skilled in writing journal articles or presenting at conferences, and not all partners will have equal ability to participate due to time, fiscal and organizational constraints. However, this should not preclude institutional partners from inviting community partners to take part in these activities, as sharing knowledge among partners builds capacity, and strengthens the overall partnership.

It is important to communicate with partners early on in the relationship, and develop written policies concerning how data will be disseminated and how credit will be given. Although it may seem unnecessary to address these questions in the beginning phases of a project, it is important that partnerships create such a policy early on. Once the data has been analyzed, individual partners may feel that they have liberty to disseminate results (through the media, academic journals, community members, etc.) with their group's particular spin and credits. Such actions have the potential to undermine the partnership altogether.

Disseminate and translate research findings for policy change. Partnerships need to disseminate and translate research findings to educate policymakers about the policy implications of their work. Some of the strategies for accomplishing this can include: developing ongoing relationships with policymakers and their staff, developing a policy agenda for the partnership, and creating and disseminating policy briefs that reflect the key issues, findings and recommendations for action. It may be necessary for all partners to participate in training activities related to the policymaking process on how to create policy briefs and how to advocate for policy and systems change.

Disseminate partnership "lessons learned" to benefit new and emerging CBPR partnerships. Partnerships should share the wisdom they have developed through shared experiences over time, and less obvious but no less powerful, beliefs about what hinders or encourages partnerships. As with all research, there is a publication

bias towards reporting positive results and few rewards in the world of funding or academe for those whose reports include the proverbial “dirty laundry”. However, we must find appropriate avenues for sharing this information. At the same time, it is critical that partnerships consider the impact of the findings on the community and the community’s policy objectives.

Example 6.1.1: Policies and Procedures for Dissemination

Detroit Community-Academic Urban Research Center (URC)
Procedures for Dissemination-Related Activities
Adopted by the Detroit URC Board on August 30, 2000

This document lists the guidelines and procedures that the Detroit URC Board has agreed upon for conducting dissemination-related activities related to the overall URC. Whenever appropriate, guidelines are also provided for how the Board will coordinate with the Steering Committees of specific URC-affiliated projects when they conduct their own dissemination activities. In addition, comprehensive, up-to-date lists are included of all URC-related presentations and poster sessions and articles published, submitted, and/or in preparation and doctoral dissertations completed.

The following standardized acknowledgement of the Detroit Community-Academic Urban Research Center (URC) will be used for all publications, presentations, and other dissemination-related activities:

“The Detroit Community-Academic Urban Research Center (URC) was established in 1995 as part of the Centers for Disease Control and Prevention’s (CDC) ‘Urban Research Centers Initiative.’ The Detroit URC develops, implements, and evaluates interdisciplinary, collaborative, CBPR and intervention projects that aim to improve health and quality of life for residents of the southwest and eastside Detroit. The Detroit URC involves collaboration among the University of Michigan School of Public Health, Detroit Health Department, six community-based organizations in Detroit (Butzel Family Center, Community Health and Social Services Center - CHASS, Friends of Parkside, Kettering/Butzel Health Initiative, Latino Family Services, and Warren/Conner Development Coalition), Henry Ford Health System and the CDC.”

<u>Dissemination Activities and Procedures</u>

1. Develop guidelines for deciding who will attend and participate as presenters at conferences, seminars and workshops, and be a representative of the URC on advisory boards, and working groups focusing on the work of the URC Board.

<u>Criteria for who will attend, participate and/or be a representative:</u>

- To the extent feasible, there should always be at least one university and one Detroit community partner co-presenting;
- Board members who have the most expertise on the given topic will have first priority to be a co-presenter;
- Priority will also be given to those Board members who have been most involved with the particular topic to be addressed in the presentation;
- A rotating system for selecting participants will be used when more than one person meets the criteria for

attending conferences;

- Flexibility will be maintained in choosing participants for conferences based on the needs of the presentation;
- As a courtesy, and for evaluation purposes, URC-affiliated partners will inform the URC Board (and/or the URC Project Manager) when they have been invited to present at or participate in a conference, seminar, or workshop and/or represent the URC on an advisory board or working group.

Procedures and process:

- Community partners should be involved as much as possible in making presentations – particularly in areas where they'll have more opportunity for capacity building;
- Selected co-presenters must be actively involved in the planning of the presentation;
- When time allows, the criteria for deciding who should be a co-presenter will be brought to the Board for discussion and a decision;
- When time doesn't allow, the lead person for the presentation will first check with the proposed co-presenter(s) and if they agree to participate, will then send an email to the Board with recommendations for who should participate, along with a deadline for responding to the request;
- To the extent possible, and especially when the purpose and importance of the presentation seems to necessitate it, co-presenters will have the opportunity to practice "dry runs" of their presentations; and
- If someone who has agreed to participate is unable to do so, the decision for a replacement will be made by the lead person in conjunction with the Board.

2. Develop guidelines for deciding on authorship of academic and popular press publications about the work of the URC Board.

Criteria for authorship:

- To the extent feasible, there should always be at least one university and one Detroit community partner as co-authors;
- Board members who have the most expertise on the topic will have first priority to be a co-author;
- The number of co-authors will depend on the requirements of the publication. If the publication's guidelines limit the number of authors, a rotating system will be used for selecting co-authors; and
- Priority will also be given to those Board members who have been most involved with the particular topic that will be addressed in the article.

Procedures and process:

- Selected co-authors must be actively involved in the development of the article;
- When time allows, the selection of who should be a co-author will be brought to the Board for discussion and a decision;
- When time doesn't allow, the lead person for the article will first check with the proposed co-author(s) and if they agree to participate, will then send an email to the Board with recommendations for who should participate, along with a deadline for responding to the request;
- Regardless of the co-authors, all URC Board partner organizations will be acknowledged in every article; and
- If someone who has agreed to be a co-author is unable to do so, the decision for a replacement will be made by the lead author in conjunction with the Board.

3. Develop guidelines regarding communication about URC Board-related activities and findings to the media and at public meetings.

Procedures:

- Whenever a Board member is contacted by the media regarding URC Board activities, he or she will refer the contact to the URC Project Manager who will direct the media to the appropriate URC partner;
- Whenever an article or press release is given to the media regarding URC Board activities, the article or press release will be provided to the URC Project Manager who will share it with the Board; and
- Whenever making a presentation, URC-affiliated projects will acknowledge that the project is part of the URC.

4. Develop procedures regarding the relationship between URC Board and URC affiliated projects' dissemination activities.

Procedures:

- URC-affiliated projects need to develop their own set of dissemination guidelines and procedures separate from the Board's;
- For archival purposes, URC-affiliated projects will provide copies of their dissemination guidelines, articles, press releases and other printed materials to the URC Project Manager on at least an annual basis;
- URC Board and affiliated projects will provide copies of their dissemination guidelines, articles, press releases and other printed materials to the CDC as part of the annual report submitted by the Project Manager, and a list of those materials will be shared with the Board as part of the annual report;
- Annually, URC-affiliated projects will renew and update as needed their dissemination guidelines and ensure that they are being adhered to.

5. Develop a list of core publications regarding the work of the URC Board for dissemination through academic outlets.

Procedures:

Ideas for articles may be proposed to the Board for its review and approval along with an abstract. (See appendix 2 for an up-to-date list of Detroit URC-related publications, submitted articles, and articles in preparation.)

6. Develop a list of core publications regarding the work of the URC Board for dissemination through community newsletters, popular press, websites, and other media.

Procedures:

- Develop list of community newsletters, popular press, websites, and other media based on input from Board members and distribute the list to all URC partners;
- URC partners will inform the Project Manager whenever any specific media are approached by URC-affiliated projects to avoid duplication of effort.

List of potential community newsletters:

- Community Health Informer (KBHI newsletter)
- The Pipeline (Warren/Conner Development Coalition)
- Parkside's New Day
- Mack Area News (U-SNAP-BAC newsletter)
- Morningside News
- Chandler Park Newsletter (Chandler Park Neighborhood Association)
- AWARE Newsletter

- Outer Drive Chandler Park
- El Central
- Latino Press

7. Develop strategies and procedures for educating organizational, local, state, and Federal level policy makers and funders on the benefits and results of CBPR in order to promote policies supportive of CBPR.

Procedures:

- Develop one-page summaries of relevant results from and policy implications related to URC-affiliated projects and Board activities;
- Develop list of key policy makers from organizational, local, state and offices to meet with regarding the benefits and results of CBPR;
- Develop list of key funders to meet with regarding the benefits and results of CBPR (e.g., Mott Foundation, W.K. Kellogg Foundation, Community Foundation of SE Michigan, Annie E. Casey Foundation, Robert Wood Johnson Foundation);
- Develop list of key policy-focused organizations and/or individuals with whom to meet regarding CBPR and who could assist the Detroit URC in communicating findings and policy implications related to URC-affiliated projects and Board activities;
- Prioritize list of policy-makers, funders, and policy-focused organizations and develop a plan for meeting with them;
- Attend and participate in meetings/seminars/conferences/workshops focusing on CBPR to communicate findings from and policy implications of URC-affiliated projects and Board-related activities.

8. Develop procedures for coordinating with the Dissemination and Training Core of the Michigan Prevention Research Center and other training-related activities.

Procedures:

- The URC Project Manager will ensure coordination and communication between the Michigan PRC and the Detroit URC, including URC-affiliated project staff and partners, regarding dissemination and training activities involving both Centers;
- The URC Project Manager will ensure coordination and communication between the Detroit URC, including URC-affiliated project staff and partners, and other training-related activities that arise (e.g., activities conducted by the Michigan Public Health Training Center).

9. Monitor the dissemination activities of the Detroit URC to ensure that the guidelines and procedures listed above are being followed.

Procedures:

Annually, the URC Board will review and update as needed the dissemination procedures and ensure that they are relevant and being adhered to.

Example 6.1.2: Guidelines for Authorship

The North Carolina Public Health Initiative Authorship Guidelines:
Guidelines that partnerships can use to guide the authorship process,

order of authorship, and acknowledgments. Available online at http://depts.washington.edu/ccph/pdf_files/Guidelines-NC.pdf

Unit 7: Unpacking Sustainability in CBPR Partnerships

Sarah Flicker, Robert McGranaghan and Ann-Gel Palermo

Sustainability in the context of CBPR partnerships is not just about funding. This unit asks you to consider the multiple meanings of "sustainability" and the factors that contribute to it. It highlights the importance of ongoing evaluation to continuously improve the partnership, and challenges you to consider a variety of possible scenarios that could affect your partnership and its future.

Learning Objectives

- Examine the multiple meanings of "sustainability" to CBPR partnerships
- Identify the role of a participatory, formative evaluation in improving and sustaining the partnership
- Examine factors that can help and hinder sustainability and choose which are most important to your partnership
- Develop criteria for determining which efforts to continue
- Learn effective strategies for weathering change
- Understand that partnerships evolve and in some cases need to dissolve

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Unit 7 Section 7.1: Using Partnership Evaluation for Managing, Planning and Strategizing

In order to ensure that the principles and operating procedures adopted by the partnership are being followed, and that an effective partnership is being established and maintained, partnerships need to conduct an ongoing participatory and formative evaluation of the partnership process.

Such an evaluation involves partners in the design and conduct of the evaluation (e.g., determining questions to be asked, how data is collected), and provides ongoing feedback of the results to the partners in ways that are understandable and useful (e.g., written reports, verbal presentations). All partners need to be involved in the interpretation of the findings and applying them to make changes in the partnership process, as appropriate.

It is important to use process evaluation to monitor the health of the partnership. Process evaluation can be done relatively simply and inexpensively. It does not require a full or part time evaluator. For example, facilitated reflective discussions can be incorporated into regular board meeting agendas, periodic online surveys can gather anonymous information from partners and graduate students or consultants can be engaged to conduct annual face-to-face interviews with partners. Even with an informal process, the information gathered can provide valuable insight into the direction of the partnership. For example, an informal evaluation process might entail having the chair of the partnership board interview partners between meetings to assess their satisfaction with the partnership.

Evaluations that identify strengths and areas for growth and improvement will help partnerships make changes that increase their chance for success. Evaluation findings should be presented at least annually to the partnership board (or other governing and advisory bodies) to determine whether changes need to occur within the partnership. The board should allocate time to discuss the value of the evaluations and what response if any is needed. Evaluation findings can be used to reflect and critique the partnership process and relationships.

As partnerships and their membership progress over time, it is especially important to document decisions and their rationale. Documentation helps partnerships to create a mutual understanding, and also serve as a record of the decisions made by the partnership, should conflicts arise in the future regarding a particular issue or decision.

Example 7.1.1: Using Evaluation and Indicators of Success

Our partnership has monitored our impact through the evaluation of the Broome Team, the Prevention Research Center, and the individual projects and programs that have been implemented. We have used instruments such as closed-ended questionnaires, monthly reports by each organization, surveys, focus groups, field notes and in-depth interviews. In the early years of our partnership, one evaluator from the University of Michigan was assigned to complete our evaluation. This evaluator used a participatory evaluation model to determine indicators of success. Subsequent evaluators have built on this process, and it is now a collaborative effort where we collectively define our indicators of success:

- One of our indicators of success is the integration of our windshield tours into the residency training programs at local hospital systems in our County.
- Another indicator of success is the development of an Office of Community-Based Public Health at the University with dedicated staff, whose mission is to connect community and health department partners to faculty and students. A school-wide community-based public health (CBPH) committee was also established to provide policy direction and oversight for the School's CBPH efforts. Our community and institutional partners are supervisors, teachers, and mentors to graduate students inside and outside of the classroom, and they are also involved regularly as classroom presenters.
- We must also point to the longevity of our partnership as an indicator of success. It is our sustainability even after funding has ended and the recognition that we will stay at the table even though we have had differences of opinion that allows us to continue addressing our community's problems. Jokingly, one partner said, "you only get out of this by death." There is some truth in this joke because a successful partnership requires this level of commitment, a commitment described by one of our founding members as one that goes beyond the 9-5 workday.
- We also know that we have been successful because of the increase in the number of community-based organizations that have become engaged in various projects as a result of our team's influence. More community-based organizations now have involvement on steering committees throughout the community at large.
- We also attribute the proliferation of organizations committed to community-based public health to our work

nationally such as the Prevention Research Center (PRC) National Community Committee, which is a network of community-based organizations involved in Prevention Research Centers across the country and the Community-Based Public Health Caucus within the American Public Health Association.

Excerpted from Flint PRC proposal

Example 7.1.2: Using Evaluation for Program Planning

As a result of this formative component of the Detroit Community-Academic Urban Research Center (URC) evaluation, results were presented to the Board in a manner that allowed members to redirect or refocus activities on several occasions. For example, results from the evaluation revealed that many Board members had grown uncomfortable with the URC's stated focus on "maternal and infant health" in its original goals and objectives. The majority of members perceived the actual emphasis of the group to be broader. These results were presented back to Board members, who in turn had a lengthy discussion about the advantages and disadvantages of a more expanded focus for URC interventions. Subsequently, the group decided to change its official focus to "family and community health."

As another example, an issue that arose in the early evaluation results from the in-depth interviews was a possible difference in opinion between academic and nonacademic Board members regarding the types of research in which the URC might be involved. Some of the academic Board members expressed visions of a variety of research endeavors, including research further describing the extent to which specific health problems or their correlates and causes exist in URC communities. The majority of nonacademic Board members, however, clearly stated their belief that the only type of research the URC should be conducting is intervention research. Descriptive or epidemiologic studies were perceived as "research for the sake of research," activities that they felt take away from communities without giving anything in return. Evaluation results regarding this issue were presented back to the Board and some very frank discussions ensued. Subsequently, Board members reached an understanding that the primary work of the URC should be intervention research, or research that provides and evaluates a community-based program.

From Israel BA, Lichtenstein R, Lantz PM, et. al. (2001) The Detroit Community-Academic Urban Research Center: lessons learned in the development, implementation and evaluation of a community-based participatory research partnership. Journal of Public Health Management and Practice. 75(5), 1-19.

Unit 7 Section 7.2 :Planning for Sustainability

It is important that your partnership think about and plan for sustainability from its inception and not just something that you wait to think about when a project is nearing completion or funding is almost gone.
At least a year before your partnership's work plan or current funding ends, you may want to create a plan for a more deliberate and formal process. It can also be useful to form a group or committee to work specifically on this issue. This group can make recommendations to the larger partnership and/or board.
Many people think about sustainability of a partnership as continuing the entire effort with a similar level of funding. However, this is not the only scenario that should be considered. It is important for partners to consider what is really necessary to support the continuation of the partnership, to see whether seeking a similar level of funding is warranted. This should be done before additional funding is sought. For more information on developing a plan for sustainable long-term funding plan, see Unit 5, Section 5.5.

The Center for Civic Partnerships, in its Sustainability Toolkit, has outlined 10 steps to sustainability:

- Create a shared understanding of sustainability
- Position your effort to increase your sustainability odds
- Create a plan to work through the process
- Look at the current picture and pending items
- Develop criteria to help determine what to continue
- Decide what to continue and prioritize
- Create options for maintaining your priority efforts (including funding issues)
- Develop a sustainability plan
- Implement your sustainability plan

Exercise 7.2.1: What Does Sustainability Mean to Your Partnership?

It is important for a partnership to come to a common understanding of what sustainability means for the partnership and what criteria will be used to decide what and if the partnership or its components should be sustained.

In small groups, discuss these questions about the meaning of sustainability (20 minutes):

- Does it mean a continuing relationship and discussion among CBPR partners and organizations?
- Does it mean continuing a program or intervention from a CBPR partnership or project?
- Does it mean changes in a policy or system that addresses a root cause of the issue examined by a CBPR partnership or project?
- Does it mean an increase in community capacity to conduct their own research?
- Does it mean the sustaining of outcomes achieved by a CBPR project or intervention?
- Does it mean sustained funding over a specified period?

Ask each small group to briefly report back on highlights of the discussion.

Factors influencing sustainability

There are a number of factors that influence the likelihood that you will be able to sustain your CBPR partnership, projects and/or outcomes. The exercises below are intended to prompt your thinking around these factors and determine which are most relevant to your partnership.

Exercise 7.2.2: How Sustainable Is Your Partnership?

This exercise is designed to be completed individually, then in groups of 2 people and then in a large group.

Below is a list of factors that can contribute to the sustainability of a CBPR partnership. Reflect on how your partnership is doing in each of these areas. Mark areas in which the partnership has done well with a star and mark areas you need to work on with an "X". Have another person in the partnership (preferably with another organization/institution) complete this exercise, and compare results. Discuss how and where your viewpoints converged, and where they differed. Ask each pair to report back on their similarities and differences. Ask the partners to reflect on what they heard and identify the top priority areas they feel need to be addressed for the partnership to be sustainable.

Design and Implementation Factors
Effort's resources (e.g., staff, money, time)

- Create a project that comes from the community vs. one that was imposed by a funder.
- Make sure your efforts are effective and/or are viewed as effective.
- Engage in public relations to keep your activities/issues highly visible.
- Try to secure more long-term funding for new projects to give you more time to evaluate them and secure continued funding.
- Build upon established activities.
- Choose an effort that is based on a demonstrated need in the community.
- Initiate a project that is aligned with your priorities and also helps other organizations fulfill their mission.
- Plan for financial sustainability.
- Obtain enough resources to generate an initial success.
- Include a training component so that you can train others – you create a constituency of supporters and groom new leaders to take over later.
- Build the capacity of the community – this helps create volunteers, trainers and advocates and can help leverage new funds.
- Maintain continuity in staff, community members, and political leaders.
- Include policy change to get more cost-effective, long-term outcomes.
- Have alternative approaches for sustainability – be flexible.
- Have a separate group/committee focused on sustainability so that others can focus on the collaborative's

desired outcomes.

- Make evaluation a priority.

Organizational Setting Factors
Structures and processes related to organization of effort

- Work to create a strong institution (stable organization, projects are aligned with goals, strong leadership).
- Integrate the work effort within existing systems.
- Make sure the activity fits within the organization's mission and activities.
- Develop and nurture a well-positioned advocate/program champion.
- Gain endorsement, support and/or commitment from the top of the organization.
- Build alliances with other groups that have a similar mission.
- Make your issue part of someone else's agenda, plan or operations (e.g., business community, government, agencies).
- Give awards/recognition to key individuals and organizations to make their commitment to the partnership more public.

Environmental Factors
Broader contextual factors in political, economic, and social environment

- Look out for competing problems that might be a barrier to sustainability (e.g., downturn in the economy).
- Focus on our community's assets (vs. needs).
- Involve residents in decision-making so the activities are relevant and they have a long-term commitment to the effort.
- Be flexible; look for windows of opportunity (e.g., new federal/state initiatives, new elected officials).
- Try to obtain core funding from within the community (ask, "who are the people with financial resources in our community who have an interest in seeing the community improve?")
- Build relationships with funders (philanthropies, corporations, individual donors, etc.).
- Encourage funders to increase the proportion of funds dedicated to prevention (vs. treatment, incarceration, etc.).

Exercise 7.2.3: Facilitating Factors for Sustaining CBPR Partnerships

Below is a list of facilitating factors for sustaining CBPR partnerships. Post this list on a blackboard or flip chart paper hanging on easels or a wall. Give each participant 10 stickers and ask them to distribute stickers next to those facilitating factors they feel are most important to the partnership. Instruct them to distribute the 10 stickers in any way they wish (i.e., all 10 stickers on one item, one sticker on each of 10 items, etc.). Debrief with the full group to review the 3-5 factors rated by participants as being the

most important.

List of facilitating factors for partnership sustainability:

- Funding and Other Resources for Partnership Infrastructure
- Funding and Other Resources for the Community
- Excellent Project Manager
- Tangible Benefits to Members of the Partnership
- Having the Right People and Organizations Involved
- Organizational Representation
- Strong Staff Team
- Shared Experiences and History
- Good Communication
- Strong Long-term Commitment
- Individual Relationships Between/Among Partners
- Mutual Respect and Support
- Shared Understanding or Shared Purpose
- Established Core Principles
- Continuous Planning Process
- Ability to Evolve
- Having a Specific Focus
- Having a National Reputation
- Being About an Approach (CBPR), Not Just a Project
- Excellent New Partners
- Trust
- Performing Internal Evaluations
- Learning from Past Mistakes and Successes
- Flexibility
- Humor
- Concrete Projects and Interventions
- Achievement of Targeted Goals

Unit 7 Section 7.3: Determining Which Efforts to Continue

Before deciding what programs, interventions or activities to continue or discontinue, it is important to have a clear picture of the work your partnership is currently engaged in as well as any future commitments and obligations.
Your partnership may want to establish criteria for deciding whether or not to continue an activity. It is important that your partnership comes up with criteria that partners agree are important and relevant. When designing and using the criteria, the following tips may be helpful:

- Do not select more than 3-5 criteria or the process may be too cumbersome.
- Choose response options that are as simple as possible while still giving meaningful information (e.g. yes/no/ unknown; 1-5).
- Recognize that data may need to be gathered to inform the analysis.
- Recognize that this may be a very difficult process. The partnership may not want to admit that something hasn't "worked" or that discontinuing an activity may have negative repercussions (e.g., staff layoffs).
- Recognize that there are many factors that may influence a final decision. However, using a set of criteria to analyze your options will ensure a more informed and transparent decision.

If the partnership decides to continue an activity, it will be beneficial to consider the following questions about the justification for continuing it:

- What results have we achieved that justify continuing this effort?
- To whom is this effort important and do we have their commitment to finding resources for this effort?
- What cost effectiveness (or other financial justification) can we document for this effort?
- What resources are needed to continue this effort? What are possible sources of resources? What are strategies for future resource stability?

If the partnership determines that some or all activities will not be continued, it may be worth looking into other ways to continue them outside of the partnership. For example, by:

- Transferring the Effort to Others: The partnership might find an organization outside of the partnership to continue the activity. The disadvantage of transferring the effort this way is that it may not allow for capacity building of and ownership by the partners themselves.
- Institutionalize the Effort into a Partner Organization: The partnership supports or plans so that the activity is incorporated into existing community partner organizations or programs.
- Changing policies: Activities may be sustained through changes in rules, regulations, and laws.

If none of the potential strategies above pan out, is important to not just abandon the activity abruptly. Complete the necessary steps to close out the activity. This may include documenting what was done, completing the evaluation, writing the final report, and helping any staff or "clients" transition to other positions. Refer to Unit 7, Section 7.5 read more about things to consider if the partnership itself decides not to continue.

Example 7.3.1: Potential Criteria for Determining Which Efforts to Continue

Impact

- Has evaluation found this activity to be successful?
- Has there been an improvement in the way partners work together as a result of this effort?
- Has there been, or will there soon be, a measurable improvement in community health?
- Are there other ways these improvements can be achieved?
- Does this effort helps prevent problems in the community?

- Has this activity resulted in improvements in health-promoting policy?
- Is there evidence of increased community capacity to deal with the issues involved with this activity?
- Do the potential benefits (short term and long term) justify the cost of doing the work?
- What are the potential effects of not sustaining this activity?

Resources needed

- Is this activity filling a niche that is not being filled by another group within the community?
- Are there any other efforts in the community that complement or duplicate these activities?
- Has the partnership been able to leverage additional resources (money, services, donations, etc.) through this effort?
- Is it likely that we will be able to secure additional funding or resources to support this activity?
- Is this partnership the best group to continue doing this work?
- Do we have the capacity to continue this work?
- Are there individuals in this partnership willing to carry out the work?

Broad community support

- Does the community support the effort?
- Do key decision-makers support the effort?
- Are individuals within the community able to identify specific accomplishments/ activities that we have conducted?
- What will the community reaction be to having something “taken away”?

Still a need

- Does this effort helps meet a long-term community goal?
- Is the issue(s) addressed by this effort still a community need?
- Will discontinuing this activity have a negative impact on the community and/or population served?
- Is this issue/problem worth devoting our resources to, relative to other issues/problems in the community?

Unit 7 Section 7.4: Weathering the Change Process

Partnerships evolve and change over time. The policies, procedures, and infrastructure that is developed at the beginning of a partnership may need also need to change to reflect the partnership's lessons learned, changing focus, new partners, etc. Periodic review and discussion of partnership principles and policies or the purpose and expectations of the partnership ensures consistency and checks the relevancy of a partnership. Sometimes the partnership is still relevant, but the goals and objectives of the partnership are not. Other times, this process of reviewing your relationship can help you determine if and when the partnership has run its course.

There are a number of activities that can be done to address how changes in the membership of a partnership may create a need for change. These include:

- Using internal evaluation processes to assess status of membership composition
- Working with the evolution of the membership to create a stronger partnership
- Developing criteria for new members that address gaps and build on strengths
- Anticipate changes in dynamics ("shared history" of older members vs. perspectives of "newcomers")

Below are examples of how two partnerships successfully weathered the change process:

Example 7.4.1: The Partnership Lifecycle

The Broome Team was the first structure in Michigan organized in response to the call for proposals from the WK Kellogg Foundation Community-Based Public Health Initiative. The Kellogg funding ended after five years, but the Broome Team continued to meet without funding. During this time, Community-Based Organization Partners (CBOP), an alliance of our community-based organization partners, was organized. We continued to meet for almost two years with no funding until we applied to become a Prevention Research Center to the Centers for Disease Control and Prevention (CDC). At this point, we invited the Greater Flint Health Coalition to our partnership recognizing a weakness in our previous model which did not include representation from health care providers, employers, unions, and policymakers. Thus we became the Prevention Research Center Community Board, but the Broome Team continues to meet quarterly and has taken on a more philosophic role. For example, when the PRC Community Board identified that members were using multiple definitions of "community" and that this was creating conflict in our discussions, the job of proposing a definition was delegated to the Broome Team.

Excerpted from Flint PRC proposal

Exercise 7.4.2: Weathering Change – Reaction and Prioritization Scenario

You are the chair of a community and academic partnership (CAP) in a major city. After five years of building a shared vision, establishing the structure, and managing a stream of steady national funding to engage in

health promotion and disease prevention activities for your identified community, you have been informed that your CBPR partnership funding has been cut. You, the researchers, and the partnership members had anticipated a reduction in funds, but were not prepared for a full cut. Six months from now, the CAP will not have financial support.

You will have your monthly CAP meeting next week. Given your precarious funding status, what are your immediate priorities? During the time you have for this activity, fill in the boxes in the chart below with 1-3 short term and 1-3 long term goals for each concern. This exercise will help you figure out what to do at the next meeting. First, to establish short term goals, and second, to establish the groundwork for goals over the long term.

Concern	Short-Term/Meeting Goals	Long-Term/Next 6 months
Future funding		
Morale/ membership		
Current and future projects		
Setting/ place of meetings		
Community relations		

Examples of Short and Long-Term Goals

Concern	Short-Term/Meeting Goals	Long-Term/Next 6 months
Future funding	1. Convene a sub-committee 2. Meet with PI (or fiscal conduit) to ensure staff support	1. Advocate with current funder for more $ 2. Start searches for smaller, doable initiatives that build on current projects
Morale/	1. Address morale up front	1. Revisit structure of CAP (i.e.,

membership	2. Encourage attendance 3. Organize members to advocate for more funding	mission/bylaws/membership) 2. Revisit identity and community presence
Current and future projects	1. Secure staff support 2. Assess/inventory projects 3. Secure board commitment to projects	1. Prioritize what is doable/ desirable (consider how a project can best be packaged for a possible "end" product)
Setting/place of meetings	1. Enlist commitment on part of host	1. Continue to enlist commitment on part of host
Community relations	1. Share statement/ announcement via community meetings and academic networks	1. Present the news; inform public of current status

Exercise 7.4.3: Weathering Change – Temporary Funding Scenario

You are the chair of a community and academic partnership (CAP) in a major city. After five years of building a shared vision, establishing the structure, and managing a stream of steady national funding, the partnership approached the end of a funding cycle with little prospect of maintaining a relationship with the funder. Since the news about the cessation of funding, board members have questioned why funding for the partnership was not renewed and why the success of their CBPR approach appeared to be unrewarded. Further investigation into future initiatives of the funder did not seek innovative partnerships to improve health disparities, nor did they encourage a social justice approach.

The board became proactive in voicing their discontent with the future initiative of the funder. They challenged the funder's mission and focal audience at a CAP meeting during a funder site visit, which occurred *after the announcement of no funding.* CAP members also initiated a letter writing campaign to the funder's central office.

Questions for discussion:

1. What might the CAP Chair do address the fiscal relationship with the funder?

2.What can the CAP Chair do to maintain operation of the CAP, possibly with little or no financial backing?

3. What might the CAP Chair suggest to obtain further funding?

Exercise 7.4.4: Weathering Change – Loss of Funding Scenario

You are the chair of a community and academic partnership (CAP) in a major city. After five years of building a shared vision, establishing the structure, and managing a stream of steady national funding, the partnership has completely dissolved.

The partnership is at a turning point. You have already led the partnership unsuccessfully in lobbying for additional support from the federal funder and have weathered through a short period of time with temporary funding. There is no funding to support core activities and you no longer have a community liaison or protected time of Investigators and Project Managers to support the partnership's research activities. A decision on whether or not to continue to exist needs to be made.

You will have your monthly CAP meeting next week. How do you present the question to the CAP of whether or not your partnership should continue? How do you propose what the next action step should be for the CAP? How do you enroll/engage members in that next action step(s)?

Within your group, discuss and fill in some examples of the vision and strategy for each of the areas of concern listed in the chart below.

Area of Concern	Vision	Strategy
Identity		
Mission, bylaws, principles		
Function of CAP		

Examples of Visions and Strategies

Area of Concern	Vision	Strategy

Identity	Sustain morale; encourage active participation by revisiting Mission/ Bylaws/Principles	Enhance and diversify membership; publicize community relations; establish new identity/disseminate new name and purpose to collaborators
Mission, bylaws, principles	Sustain community relations and dissemination	Establish ad hoc committee to redefine purpose and structure
Function of CAP	Identify different levels of involvement with partners to serve as • Advisors • Partners • Conduit/Resources	Intervention work group and subcommittee formation for current and future projects

Unit 7 Section 7.5: Deciding to End or Dissolve a Partnership

There is often an assumption that once formed, every partnership will continue. But in reality, there may be circumstances where it is appropriate for a partnership to dissolve. Sometimes relationships and partnerships end naturally, when the project is complete, or the purpose of the partnership has been fulfilled. However, not all partnerships have happy endings. Some end abruptly and can leave one or more of the partners dissatisfied or even angry. Knowing how and when to call it quits can be difficult and stressful for all partners involved.

When is it appropriate to dissolve a CBPR partnership?

- When there has been dishonesty, misuse or abuse within the partnership
- When all of the targeted goals have been achieved
- When there has been a gross violation of the partnership's principles
- When there is inadequate resources to support the partnership

A high level of trust and positive relationships are central to successful CBPR partnerships. There may be some partnerships that decided to dissolve because the personalities and the working relationships simply did not work.

Sometimes a partnership may wish to continue to work together, but no funding is obtained. A partnership may dissolve temporarily but agree to come together again if a funding source is identified.

While a "formal" CBPR partnership may decide to dissolve, that does not mean that the relationships between partners must end or that programs or activities begun during the CBPR project must discontinue. These activities may be maintained by a partner organization or other organization.

Below are some questions that should be considered:

- How will you know whether it is time to dissolve or to continue the partnership?
- What are the benefits and drawbacks of ending the partnership?
- When (if ever) is it okay to end the partnership?
- Are there any resources available to fill the gaps and strengthen the weaknesses in the partnership?
- What are partners willing to sacrifice in order to maintain the partnership? What are partners not willing to sacrifice in order to maintain the partnership?

Appendices

Contents

Appendix A: Selected Organizations and Websites

Organizations that are partners in the Examining Community-Institutional Partnerships for Prevention Research Group **that developed this curriculum are noted with an asterisk (*).**

For additional organizations and websites, visit the CBPR Links Webpage at http://depts.washington.edu/ccph/links.html#Part

Center for Civic Partnerships
The Center for Civic Partnerships is a support organization that strengthens individuals, organizations, and communities by facilitating learning, leadership development, and networking. We envision a world where everyone can live a healthy, productive life in a clean, safe environment. The Center for Civic Partnerships is a center of the Public Health Institute. www.civicpartnerships.org

The Center for Collaborative Planning promotes health and social justice by providing training and technical assistance and by connecting people and resources. CCP supports diverse communities in key areas, such as: asset-based community development (ABCD), leadership development, working collaboratively, community assessment and strategic planning. www.connectccp.org

Centers for Disease Control and Prevention – Urban Research Centers (URC): In 1995, the Centers for Disease Control and Prevention established the URCs to assess and improve the health of urban communities. Located in Detroit, New York City, and Seattle, the URCs engages government, academic, private, and community organizations as partners in setting priorities and designing, implementing, and evaluating community-focused public health research and interventions. Examples in this curriculum draw from the Detroit and Seattle URCs. www.niehs.nih.gov/translat/IWG/URC-factsheet.pdf

Centers for Disease Control and Prevention – Prevention Research Centers (PRCs): The PRCs are a network of academic researchers, community members, and public health agencies that conducts applied research in disease prevention and control in their local communities. Sponsored by the Centers for Disease Control, PRCs have been established at 33 cities across the U.S. Funding for the development of this curriculum came from the PRC Program through a cooperative agreement between the CDC and the Association of Schools of Public Health. Examples in this curriculum are drawn from the Flint PRC and the Yale-Griffin PRC. www.cdc.gov/prc

Community Tool Box. A product of the Work Group on Health Promotion and Community Development at the University of Kansas, the Community Tool Box contains an extensive collection of practical resources to support community health and community-based research, including information on leadership, strategic planning, community assessment, grant writing, and evaluation. http://ctb.ku.edu

The Community-Based Collaboratives Research Consortium seeks to understand and assess collaborative efforts involving natural resource issues and community development. The consortium provides a venue for researchers, community groups, government agencies, funders and individuals to share their research, find out about new developments and studies concerning community based collaborative groups and work in partnership with others on research projects. www.cbcrc.org/

The Community-Based Participatory Research Curriculum for General Pediatrics Fellows was developed and implemented by CCPH Fellow Darius Tandon. Twelve General Academic Pediatrics Fellows in the Johns Hopkins University School of Medicine received this eight-hour curriculum during the 2002-2003 academic year. There is also an "abridged" two-hour version of the above curriculum, created with the recognition that many academic departments and training programs within Schools of Medicine may be interested in CBPR, but have limited time in which to learn about CBPR. Having a shorter curriculum, therefore, may help promote wider understanding of CBPR among medical educators and physicians. http://depts.washington.edu/ccph/commbas.html#Syllabi

The Community-Based Participatory Research listserv, co-sponsored by Community-Campus Partnerships for Health and the Wellesley Institute is a valuable resource for connecting with colleagues involved in CBPR and keeping up on the latest CBPR news, funding opportunities, conferences, etc. To join, visit http://

mailman1.u.washington.edu/mailman/listinfo/cbpr

***The Community-Based Public Health Caucus** of the American Public Health Association is guided by the belief that community lies at the heart of public health, and that interventions work best when they are rooted in the values, knowledge, expertise, and interests of the community itself. www.sph.umich.edu/cbph/caucus/

***Community-Campus Partnerships for Health** is a nonprofit organization that promotes health (broadly defined) through partnerships between communities and higher educational institutions. CCPH is a growing network of over 1,000 communities and campuses throughout the United States and increasingly the world that are collaborating to promote health through service-learning, community-based participatory research, broad-based coalitions and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic engagement and the overall health of communities. CCPH advances its mission through information dissemination, training and technical assistance, research and evaluation, policy development and advocacy, membership development and coalition building. www.ccph.info

The Community-Campus Partnerships for Health CBPR Resources Webpage includes CBPR definitions, tools, resources, course syllabi and web links. http://depts.washington.edu/ccph/commbas.html

***The Community Health Scholars Program** is a post-doctoral fellowship program in CBPR in public health. The program is offered at three Schools of Public Health: The University of Michigan, the University of North Carolina-Chapel Hill and Johns Hopkins University. www.sph.umich.edu/chsp/

The Community-Campus Partnerships for Health Consultancy Network helps community-campus partnerships to realize their full potential through presentations, workshops, and consultation. Consultants are "real life" practitioners with experience and expertise in service-learning, community-based participatory research and other pertinent content areas. http://depts.washington.edu/ccph/mentor.html

***Detroit Community-Academic Urban Research Center (URC):** The Detroit URC is a collaborative partnership, established in 1995, involving the University of Michigan Schools of Public Health and Nursing, the Detroit Health Department, eight community-based organizations, and Henry Ford Health System. The overall goal of the URC is to promote and support interdisciplinary, collaborative, community-based participatory research that both improves the health and quality of life of families and communities on the east and southwest sides of Detroit. www.sph.umich.edu/urc

The Federal Interagency Working Group on CBPR works to strengthen communication among federal agencies with an interest in supporting CBPR. www.niehs.nih.gov/translat/IWG/iwghome.htm

***Harlem Community Academic Partnership (HCAP)** is committed to identifying social determinants of health and implementing community-based interventions to improve the health and well being of urban residents using a community-based participatory research approach. The geographical communities of focus are East and Central Harlem, areas where a substantial proportion of the residents are poor people of color. The HCAP is comprised of community based organizations, partners from academia, the health department, and the Center for Urban Epidemiologic Studies at the New York Academy of Medicine. www.nyam.org/initiatives/cues-research.shtml

HIV/AIDS Community-Based Research Network is a network of community-based researchers on HIV/AIDS. The Network's website provides access to a library of community-based research posted by members. www.hiv-cbr.net

Institute for Community Research (ICR) conducts research in collaboration with community partners to promote justice and equity. ICR publishes ICR-Abstracts, an electronic compilation of abstracts of recently published CBPR articles and reports. www.incommunityresearch.org

The Just Connections Toolbox contains essays on the nature and uses of community-based research, stories about how partners have conducted CBPR in the past, reflections from community members and college faculty who have participated in CBPR projects, and tools for others interested in doing CBPR. Tools include sample

grant proposals, workshop outlines, consent form templates, sample community service applications, sample information letters, reading lists, course syllabi and more. www.justconnections.org/

Living Knowledge: The International Science Shop Network enables science shops in Europe and beyond to share expertise and know-how with the aim of improving citizen access to scientific knowledge. The Network sponsors an annual conference, listserv, journal, and newsletter. www.livingknowledge.org

Loka Institute is a non-profit research and advocacy organization concerned with the social, political, and environmental repercussions of science and technology. www.loka.org

Make Your VOICE Count! is an online guide to collaborative health policy development. The website includes innovative tools and resources that have been developed to increase the capacity of voluntary health organizations and government to influence policy development. Highlights include an adaptable policy training workshop, reading rooms, planning tools, library and more. www.projectvoice.ca

***National Community Committee of the CDC Prevention Research Centers Program is** a national network of community representatives engaged in equitable partnerships with researchers to define local health priorities, drive prevention research agendas, and develop solutions to improve the overall health and quality of life of all communities. www.hpdp.unc.edu/ncc/

PARnet aims to create a self-monitored, community-managed knowledge base and gateway to action research resources, connecting practitioners and scholars with each other, the literature, and other educational opportunities. It seeks to reflect the broad spectrum of approaches that characterize the international action research community. It turns to the community itself to define and shape the concept of action research, first and foremost, through the simple act of contribution. www.parnet.org

***Prevention Research Center of Michigan** strives to embody excellence in public health research, practice, and policy through long-term partnerships based on trust and equality. The Center conducts community-based prevention research aimed at improving health status and reducing morbidity and mortality among populations experiencing a disproportionate share of poor health outcomes. www.sph.umich.edu/prc/

***Seattle Partners for Healthy Communities:** *Seattle Partners* was established in 1995 as an Urban Research Center funded by the Centers for Disease Control and Prevention. It is a multidisciplinary collaboration of community agencies, community activists, public health professionals, academics, and health providers whose mission is to improve the health of urban, marginalized Seattle communities by conducting community-based collaborative research. www.depts.washington.edu/hprc/SeattlePartners

Tom Wolff & Associates Creating Collaborative Solutions provides resources for creating collaborative solutions, enhancing healthy communities and building community coalitions. www.tomwolff.com

***The Wellesley Institute** is an independent, self-sustaining not-for-profit corporation that is dedicated to building and strengthening communities though assisting coalitions, enhancing capacities and supporting community- and policy-relevant research. www.wellesleyinstitute.com

***Yale-Griffin Prevention Research Center** is committed to research pertaining to the primary, secondary, & tertiary prevention of chronic disease that is responsive to the priorities of the Lower Naugatuck Valley residents, the residents of Connecticut's major cities, and other communities throughout the state. The center is dedicated to participatory research methods, to a robust research agenda inclusive of developmental/determinant, intervention, and translational research; to community involvement in public health; to the eradication of disparities in health and health care in the communities served; and to the dissemination of effective interventions in support of the national objectives of Healthy People 2010. www.yalegriffinprc.org

Appendix B: Selected Reports

For additional reports on CBPR, visit the CBPR Resources Webpage at http://depts.washington.edu/ccph/commbas.html

AHRQ Conference on Community-Based Participatory Research Summary Report. This conference, held in November 2001, was sponsored by the Agency for Healthcare Research and Quality in collaboration with The W.K. Kellogg Foundation The Office of Minority Health, U.S. Department of Health and Human Services and the Office of Behavioral and Social Sciences Research, National Institutes of Health. http://depts.washington.edu/ccph/pdf_files/Final%20CBPR%20summary.pdf

AHRQ Evidence Report on Community-Based Participatory Research. In 2002, the Agency for Healthcare Research and Quality commissioned the Research Triangle Institute-University of North Carolina Evidence-Based Practice Center to conduct a systematic review of the literature on CBPR approaches to improved health. The review, published in 2004, is available at www.ahrq.gov/clinic/evrptpdfs.htm. On December 2, 2004, CCPH and the Northwest Center for Public Health Practice co-sponsored a web conference based on the report. Entitled "Community-Based Participatory Research: A Systematic Review of the Literature and Its Implications," the web conference featured three of the report's authors as presenters. To access the web conference archive, along with presenter Powerpoints and handouts, visit http://depts.washington.edu/ccph/pastpresentations.html

American Public Health Association Policy on CBPR in Public Health was adopted at its 2004 annual meeting. The policy is available at www.apha.org/legislative/policy/2004/

Community Readiness: A Handbook for Successful Change. Published by the Tri-Ethnic Center for Prevention Research, this handbook is an easy-to-use guide. The key concepts of the community readiness model are described in a practical, step-by-step manner. The purpose is to guide communities or researchers in using the model to better understand the process of community change and to develop effective, culturally-appropriate, and community-specific strategies for prevention and intervention. www.TriEthnicCenter.ColoState.Edu

Directory of Funding Sources for Community-Based Participatory Research. Prepared by Community-Campus Partnerships for Health for a June 2004 Conference on Improving the Health of Our Communities through Collaborative Research sponsored by the Northwest Health Foundation. This directory includes funding agency descriptions, deadlines, contact information, examples of previously funded CBPR projects, and an annotated listing of funding resource websites. http://depts.washington.edu/ccph/pdf_files/directory-062704f.pdf

The Guide to Community Preventive Services. The Community Guide serves as a filter for scientific literature on specific health problems that can be large, inconsistent, uneven in quality, and even inaccessible. The Community Guide summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. www.thecommunityguide.org/overview/default.htm

A Handbook for Participatory Community Assessments: Experiences from Alameda County. Mizoguchi N, Luluquisen M, Witt S, Maker L. Alameda County Public Health Department, 2004. This "how-to" book describes the steps and tools used in the participatory community assessments conducted by the Alameda County Public Health Department in California, in collaboration with the South Hayward Neighborhood Collaborative and the Livermore Neighborhood Coalition. The assessments collected information on assets and priorities and called for community action to create a safe and healthy environment. Available at www.acphd.org under the section "Data and Reports."

Health Leadership Training Guide (HLTG): A Training Guide For Community Members Dedicated to Becoming Effective Health Leaders. Produced by the City of Long Beach Department of Health and Human Services, the HLTG can be used by residents, community-based organizations, and health departments that are interested in training residents to become effective health leaders in their community. The HLTG is grounded in solid experience of the Long Beach Partnership in planning, developing, and implementing a yearlong Health Leadership Training program. The HLTG is a tool that will increase the internal capacity of residents to build and hone their community leadership skills. The guide is organized in to five main sections: 1) Identifying and

Assessing Community Problems, 2) Solving Community Health Problems, 3) Community Leadership Skills, 4) Group Retreat, and 5) Graduation. Each section provides a workshop description, learning objectives, teaching materials, quizzes, trainer's note, and references. http://partnershipph.org/col2/showcase/pdf/hltg_eng.pdf

NIEHS Meeting on CBPR Summary Report: Successful Models of Community-Based Participatory Research. Edited by O'Fallon LR, Tyson FL, Dearry A. The National Institute of Environmental Health Sciences convened this meeting in 2000. www.niehs.nih.gov/translat/cbr-final.pdf

University + Community Research Partnerships: A New Approach. Edited by Jacqueline Dugery J and Knowles J of The Pew Partnership for Civic Change. This 2003 report summarizes the findings from a 19-site participatory research initiative that partnered community-based organizations with academics from area colleges and universities. It also highlights the conversation and general themes that arose during a roundtable discussion with representatives from higher education, the philanthropic sector, and the nonprofit community. http://depts.washington.edu/ccph/pdf_files/UCRP_report.pdf

Appendix C: Selected Journal Articles and Books

For a listing of journals that publish CBPR, visit http://depts.washington.edu/ccph/links.html#Journals

An increasing number of peer-reviewed journals are publishing articles and theme issues on CBPR. For example:

- The November 2004 issue of the *Journal of Interprofessional Care* http://journalsonline.tandf.co.uk/link.asp?id=WP6TA2TN1HAJ
- The July 2003 issue of the *Journal of General Internal Medicine* http://depts.washington.edu/ccph/pdf_files/JGIM3.pdf

Additional selected journal articles and books are listed below in alphabetical order by author.

Ahmed SM, Beck B, Maurana CA, Newton G. (2004). Overcoming Barriers to Effective Community-Based Participatory Research in US Medical Schools. *Education for Health* 17(2): 141-151. http://depts.washington.edu/ccph/pdf_files/EducforHealthAhmed.pdf

In this article the authors consider the barriers to institutional change and faculty participation in CBPR, and propose some steps for overcoming the barriers and making CBPR an integral part of a medical institution's research agenda. Training and supporting faculty in the philosophy and methods of this approach is the cornerstone of improved community-based research.

Eisinger A, Senturia K. (2001). Doing Community-Driven Research: A Description of Seattle Partners for Healthy Communities. *J Urban Health* 78(3): 519-534. http://depts.washington.edu/ccph/pdf_files/Eisinger.pdf

In this article, the authors describe the development and characteristics of Seattle Partners, a partnership of community agency representatives, community activists, public health professionals, academics, and health care providers whose mission is to improve the health of urban Seattle. The article includes a section describing the legacy of community-based research in Seattle, as well as the research methodology used to generate the report and ample discussion of research results.

Freudenberg. N (2001). Case History of the Center for Urban Epidemiologic Studies in New York City. *J Urban Health* 78(3): 508-518. http://depts.washington.edu/ccph/pdf_files/freudenberg.pdf

This article present a case history of the transformation of the Center for Urban Epidemiological Studies (CUES) from an institution that worked with regional medical schools to a center seeking to define a new practice of community-based participatory research. The article summarizes the change process experienced by CUES, and illustrates how principles of CBPR have influenced its subsequent development.

George, MA, Daniel M, Green LW (1999). Appraising and Funding Participatory Research in Health Promotion. *International Quarterly of Community Health Education,* 18(2).

In this article, the authors illustrate discrepancies relating to criteria for evaluating research between groups seeking funding for participatory research projects, and funding agencies assessing such projects. The article includes a set of guidelines for funding agencies to use when appraising participatory research projects and also reviews examples of participatory research in Canada.

Higgins DL, Metzler M. (2001**).** Implementing Community-Based Participatory Research Centers in Diverse Urban Settings. *J Urban Health* 78(3): 488-494. To access: http://depts.washington.edu/ccph/pdf_files/Higgins.pdf

This article presents an overview of the first four years of the development of CBPR activities at three Urban Research Centers (URCs) funded by the Centers of Disease Control and Prevention. It describes participatory research as implemented by the URCs and provides an overview of the urban health issues being addressed.

Israel BA, Eng E, Schulz AJ, Parker EA. (Eds.) (2005). *Methods in Community-Based Participatory Research for*

Health. San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website: www.ccph.info

Written by distinguished experts in the field, this book shows how researchers, practitioners, and community partners can work together to establish and maintain equitable partnerships using a Community-Based Participatory Research (CBPR) approach to increase knowledge and improve health and well-being of the communities involved. This book provides a comprehensive and thorough presentation of CBPR study designs, specific data collection and analysis methods, and innovative partnership structures and process methods. This book informs students, practitioners, researchers, and community members about methods and applications needed to conduct CBPR in the widest range of research areas—including social determinants of health, health disparities, health promotion, community interventions, disease management, health services, and environmental health.

Israel BA, Schulz AJ, Parker E, Becker AB. (2001). Community-Based Participatory Research: Policy Recommendations for Promoting a Partnership Approach in Health Research. *Education for Health* 14(2): 182-197. http://depts.washington.edu/ccph/pdf_files/EducforHealthIsrael.pdf

This article presents key principles of CBPR, discusses the rationale for its use, and provides a number of policy recommendations at the organizational, community and national levels aimed at advancing the application of CBPR. While the issues addressed here draw primarily upon experiences in the United States, the emphasis throughout this article on the establishment of policies to enhance equity that would serve both to increase the engagement of communities as partners in health research, and to reduce health disparities, has relevant applications in a global context.

Minkler M, Wallerstein N. (Eds.) (2003). *Community-Based Participatory Research for Health.* San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website: www.ccph.info

The editors have brought together, in one important volume, a stellar panel of contributors who offer a comprehensive resource on the theory and application of community based participatory research. The book contains information on a wide variety of topics including planning and conducting research, working with communities, promoting social change, and core research methods. The book also contains a helpful appendix of tools, guides, checklists, sample protocols, and much more.

O'Donnell M, Entwistle V. (2004). Consumer involvement in research projects: the activities of research funders. *Health Policy* 69:229-238. http://depts.washington.edu/ccph/pdf_files/science.pdf

This paper reports findings from a postal questionnaire survey and in-depth interviews with UK funders of health-related research that explored whether, why and how they promote consumer involvement in research projects. Many UK funders of health-related research are adopting a policy of promoting consumer involvement in research projects. Telephone interviews revealed they have several reasons for doing so, and that they vary in the ways they encourage and support researchers to involve consumers.

Parker, EA, Israel, BA, Williams M, Brakefield-Caidwell W, Lewis TC, Robins T, Ramirez E, Rowe Z, Keeler G. (2003). Community Action Against Asthma: Examining the Partnership Process of a Community-based Participatory Research Project. *Journal of General Internal Medicine*18(7): 558-567.

Community Action Against Asthma (CAAA) is a community-based participatory research project of the Michigan Center for the Environment and Children's Health aimed at investigating the influence of environmental factors on childhood asthma. This paper describes a process evaluation implemented by CAAA of their community-academic partnership, and includes discussion of research methodology, results, and analysis.

Schensul J (1994). *The Development and Maintenance of Community Research Partnerships.* Occasional Papers in Applied Research Methods, Institute for Community Research, Hartford, CT. www.mapcruzin.com/community-research/index.html

In this paper, the author considers beginning stages in the development of action research partnerships. Steps

described include building the community base, identifying the problem and building a program model, building a research model, brokering funding possibilities, and negotiating collaborative roles.

Appendix D: Citations and Recommended Resources for Each Unit

Unit 1 Citations

Ausubel K. (2004). Ecological Medicine: Healing the Earth, Healing Ourselves (The Bioneers Series). San Francisco: Sierra Club Books.

Community Health Scholars Program. Definition of Community-Based Participatory Research. http://www.sph.umich.edu/chsp/program/index.shtml

Israel BA, Schulz AJ, Parker EA, Becker AB. (1998). Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. *Annual Review of Public Health* 19: 173-202.

Levenson J. (2004). *The Secret Epidemic: The Story of AIDS and Black America.* New Yorik City: Random House Inc.

Pritchard IA. (2002). Travelers and Trolls: Practitioner Research and Institutional Review Boards. *Educational Researcher*. 31(3): 3–13.

Public Health Leadership Society. (2002). *Principles of the Ethical Practice of Public Health, Version 2.2.* http://www.apha.org/codeofethics/

Viswanathan M, Ammerman A, Eng E, Gartlehner G, Lohr KN, Griffith D, Rhodes S, Samuel-Hodge C, Maty S, Lux, L, Webb L, Sutton SF, Swinson T, Jackman A, Whitener L. (2004). *Community-Based Participatory Research: Assessing the Evidence*. Evidence Report/Technology Assessment No. 99 (Prepared by RTI–University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016). AHRQ Publication 04-E022- 2. Rockville, MD: Agency for Healthcare Research and Quality.

Wang CC, Redwood-Jones YA. (2001). Photovoice Ethics: Perspectives from Flint Photovoice. *Health Education & Behavior* 28(5): 560-572.

Unit 1 Recommended Resources

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. (1998 (with 2000, 2002 and 2005 amendments). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.* http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm

Community IRB Member: Neighbor and Partner. This US Department of Education website has information geared towards community members who are serving on institutional IRBs. http://www.orau.gov/communityirb

Cornwall A, Jewkes R. (1995). What is Participatory Research? *Social Science and Medicine* 41(12):1667-1676.

Downie J, Cottrell B. (2001). Community-Based Research Ethics Review: Reflections on Experience and Recommendations for Action. *Health Law Review* 10(1): 8-17.

Gostin LO. (Ed.) (2002). *Public Health Law and Ethics: A Reader.* University of California Press and Milbank Memorial Fund. http://www.publichealthlaw.net/Reader/toc.htm

Green L. (2004). Ethics and Community Based Research: Commentary on Minkler. *Health Education and Behavior*. 31(6): 698-701.

Khanlou N, Peter E. (2005). Participatory Action Research: Considerations for Ethical Review. *Social Science and Medicine*. 60(10): 2333-40.

Marshall P, Rotimi C. (2001). Ethical Challenges in Community-Based Research. *The American Journal of the Medical Sciences* 322(5): 241-245.

Minkler M. (2004). Ethical Challenges for the "Outside" Researcher in CBPR. *Health Education and Behavior*. 31 (6): 684-697.

Protecting Human Subjects Newsletter, published by the US Department of Education: Issue focused on CBPR available at http://www.science.doe.gov/ober/humsubj/fall03.pdf

Research Ethics Tip Guide: http://www.uml.edu/centers/CFWC/programs/researchethics/research_ethics1.htm

Research Ethics Training Curriculum for Community Representatives (RETC-CR): Family Health International's Office of International Research Ethics has developed a dynamic and innovative curriculum to empower community representatives through training and education to act as a competent voice for research participants worldwide. Developed and field-tested in eight countries, the RETC-CR helps community representatives to understand the research process and their roles and responsibilities as partners of the research team. The Curriculum also explains the corresponding roles and responsibilities of Ethics Committees/IRBs and Researchers. http://www.fhi.org/en/RH/Training/trainmat/ethicscurr/retccr.htm

Research Ethics Website provides course development, training, educational resources and case study development on improving research ethics in environmental health. Proceedings are available from the project's 2003 national conference on research ethics and CBPR. http://www.researchethics.org

Unit 2 Citations

"A Bridge Between Communities: The Detroit Community-Academic Urban Research Center" video, produced by Vivian Chávez in June 2000, is a 32-minute documentary that introduces viewers to the theory and practice of CBPR with the Detroit Community-Academic Urban Research Center (URC) as a case study. The video tells the story of the history and activities of the URC partnership and highlights the challenges and benefits of conducting community-based participatory research. For information on how to obtain a copy of the video, please contact Robert McGranaghan, Detroit URC Project Manager, at rojomcg@umich.edu. Several excerpts from the video can be viewed throughout the URC web site: http://www.sph.umich.edu/urc/

Chávez V, Israel B, Allen AJ 3rd, DeCarlo M, Lichtenstein R, Schulz A, Bayer IS, McGranaghan R. (2004). A Bridge Between Communities: Video-making using principles of community-based participatory research. *Health Promotion Practice*. 5(4): 395-403.

Israel BA, Schulz AJ, Parker EA, Becker AB, Allen AJ 3rd, Guzman R. (2003). Critical Issues in Developing and Following Community Based Participatory Research Principles. In Minkler M, Wallerstein N (eds.) *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website: www.ccph.info

Minkler M, Hancock T. (2003).Community-Driven Asset Identification and Issue Selection. In Minkler M, Wallerstein N (eds.) *Community-Based Participatory Research for Health.* San Francisco: Jossey-Bass Publishers, 135-154. To receive a 15% discount, order through the CCPH website: www.ccph.info

Schultz AJ, Parker EA, Israel BA, Becker AB, Maciak BJ, Hollins R. (1998). Conducting a Participatory Community-Based Survey for a Community Health Intervention on Detroit's East Side. *Journal of Public Health Management and Practice* 4(2): 10- 24.

Unit 2 Recommended Resources

Jewkes R, Murcott A. (1998). Community Representatives: Representing the "Community"? *Social Science and Medicine* 46:843-858.

Kone A, Sullivan M, Senturia K,Chrisman N, Ciske S, and Krieger J. (2000). Improving Collaboration Between

Researchers and Communities. *Public Health Reports* 115:243-248.

MacQueen KM, McLellan E, Metzger D, Kegeles S, Strauss RP, Scotti MA, Blanchard L, Trotter R. (2001). What is Community? An Evidence-Based Definition for Participatory Public Health. *American Journal of Public Health* 91:1929-1937.

Sullivan M, Kone A, Senturia K, Chrisman N, Ciske S, Krieger J. (2001). Researcher and Researched – Community Perspectives: Towards Bridging the Gap. *Health Education & Behavior* 28:130-149.

Unit 3 Citations

Schulz AJ, Israel BA, Selig SM, Bayer IS. (1998). Development and Implementation of Principles for Community-Based Research in Public Health. In Ray H. MacNair (ed.) *Research Strategies for Community Practice,* New York: The Haworth Press, Inc., pp. 83-110.

Seifer SD, Shore N, Holmes SL. (2003). *Developing and Sustaining Community-University Partnerships for Health Research: Infrastructure Requirements.* Seattle, WA: Community-Campus Partnerships for Health. www.ccph.info

Unit 3 Recommended Resources

"A Bridge Between Communities: The Detroit Community-Academic Urban Research Center" video, produced by Vivian Chávez in June 2000, is a 32-minute documentary that introduces viewers to the theory and practice of CBPR with the Detroit URC as a case study. The video tells the story of the history and activities of the URC partnership and highlights the challenges and benefits of conducting CBPR. For information on how to obtain copies of the video, please contact Robert McGranaghan, Detroit URC Project Manager, at rojomcg@umich.edu. Several excerpts from the video can be viewed throughout the URC web site: http://www.sph.umich.edu/urc/

Israel BA, Lichtenstein RL, Lantz PM, McGranaghan RJ, Allen A, Guzman JR, Softley D, Maciak BJ. (2001). The Detroit Community-Academic Urban Research Center: Development, Implementation and Evaluation. *Journal of Public Health Management and Practice* 7(5), 1-20.

The Facilitator contains tips, tools, articles, and resources on facilitation. http://www.thefacilitator.com

Guidelines and Categories for Classifying Participatory Research Projects in Health. Larry Green and colleagues developed a set of guidelines that can be used to appraise the extent to which research projects align with principles of participatory research. http://lgreen.net/guidelines.html

Mobilizing for Action through Planning and Partnership is a community-wide strategic planning and implementation tool for improving community health. A program of the National Association of County and City Health Officials, the model includes a conceptual overview, practical guidance, tools, and case examples. http://www.naccho.org/topics/infrastructure/MAPP.cfm

Unit 4 Citations

Collaborative Decision-Making. Center for Collaborative Planning. www.connectccp.org

Carolo H & Travers R (2005). Challenges, complexities and solutions: A unique HIV research partnership in Toronto, Canada.
Journal of Urban Health, 82(2), ii42.

Paez-Victor M. (2002). Remarks at First International Conference on Inner City Health, Toronto Canada.

Unit 4 Other Recommended Resources

Dukes EF, Piscolish M, Stephens S. (2000) *Reaching for Higher Ground in Conflict Resolution: Tools for Powerful Groups and Communities.* San Francisco, CA: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website [link to www.ccph.info]

The People's Institute is recognized as one of the foremost anti-racism training and organizing institutions in the nation. Over the past 24 years, The People's Institute Undoing Racism™/ Community Organizing process has impacted the lives of nearly 100,000 people both nationally and internationally. Through this process, it has built a national collective of anti-racist, multicultural community organizers who do their work with an understanding of history, culture, and the impact of racism on communities. http://www.pisab.org/

Reaching Higher Ground: A Guide for Preventing, Preparing for, and Transforming Conflict for Tobacco Control Coalitions provides practical advice for ways of working in coalitions and partnerships that resolve real problems while strengthening relationships. The tools and strategies described in this book can make any collaborative undertaking more successful by approaching problems and people in ways that impart dignity and respect. It is possible to grow in community, through conflict, by engaging one another in ways that reach not only common ground, but *higher ground*. http://www.ttac.org/products/pdfs/Higher_Ground.pdf

Unit 5 Citations

Center for Civic Partnerships. (2001) *Sustainability Toolkit: 10 Steps for Maintaining your Community Improvements.* Public Health Institute.

Community Tool Box. (1999). University of Kansas, Work Group on Health Promotion and Community Development. Chapter 42, Section 1. http://ctb.ku.edu

Israel BA, Lichtenstein R, Lantz P, McGranaghan R, Allen A, Guzman JR, Softely D, Maciak B. (2001). The Detroit Community-Academic Urban Research Center: Lessons Learned in the Development, Implementation and Evaluation of a Community-Based Participatory Research Partnership. *Journal of Public Health Management and Practice* 75(5), 1-19

Seifer SD. (October 2005). Message from our Executive Director. In: Partnership Matters Newsletter, Vol. VII No. 20. Community-Campus Partnerships for Health http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector

Unit 5 Recommended Resources

Green LW. (2003). Tracing Federal Support for Participatory Research in Public Health. In: Minkler M, Wallerstein N (Eds). *Community Based Participatory Research for Health.* San Francisco, Calif: Jossey-Bass Publishers: 410–418. To receive a 15% discount, order through the CCPH website: www.ccph.info

Unit 6 Recommended Resources

For a listing of journals that publish CBPR, visit http://depts.washington.edu/ccph/links.html#Journals

Effective Policy Advocacy Curriculum (2003). Learning Circle Series, The Praxis Project. http://www.thepraxisproject.org/tools.html

Minkler M, Blackwell AG, Thompson M, and Tamir H. (2003) Community-Based Participatory Research: Implications for Public Health Funding. *American Journal of Public Health.* 93(8):1210-1213.

Ritas R. (2003). *Speaking Truth, Creating Power: A Guide to Policy Work for Community-Based Participatory*

Research Practitioners. Seattle: Community-Campus Partnerships for Health. This toolkit is designed for CBPR partners who want to create or change policies that affect health in their communities. http://depts.washington.edu/ccph/pdf_files/ritas.pdf

Themba M, Minkler M (2003). Influencing Policy Through Community-Based Participatory Research. In M. Minkler and N. Wallerstein (Eds). *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass Publishers.

Israel BA, Eng E, Schultz AJ, Parker EA (Eds). (2005). *Methods in Community-Based Participatory Research for Health.* San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website [link to www.ccph.info]. This book provides a comprehensive and thorough presentation of CBPR study designs, specific data collection and analysis methods, and innovative partnership structures and process methods. This book informs students, practitioners, researchers, and community members about methods and applications needed to conduct CBPR in the widest range of research areas—including social determinants of health, health disparities, health promotion, community interventions, disease management, health services, and environmental health.

Unit 7 Citations

Israel BA, Lichtenstein R, Lantz P, McGranaghan R, Allen A, Guzman JR, Softely D, Maciak B. (2001). The Detroit Community-Academic Urban Research Center: Lessons Learned in the Development, Implementation and Evaluation of a Community-Based Participatory Research Partnership. *Journal of Public Health Management and Practice* 75(5), 1-19

Center for Civic Partnerships. (2001). *Sustainability Toolkit: 10 Steps for Maintaining your Community Improvements.* Public Health Institute.

Unit 7 Recommended Resources

Keeping Fit in Collaborative Work: A Survey to Self-Assess Collaborative Functioning. Center for Collaborative Planning. http://www.connectccp.org/resources/10fit.pdf

Lantz PM, Viruell-Fuentes E, Israel BA, Softley D, Guzman JR. (2001) Can Communities and Academia Work Together on Public Health Research: Evaluation Results from a Community-Based Participatory Research Partnership in Detroit. *Journal Urban Health*. 78(3), 495-507.

Building Sustainable Non-Profits: The Waterloo Region Experience (2004). Centre for Research and Education in Human Services & Social Planning Council of Cambridge and North Dumfries. This handbook highlights ways that non-profit organizations can improve their sustainability, including partnership building, leadership and governance, relevance/research, and organizational culture. It applies a CBPR approach or philosophy to all four. http://www.crehs.on.ca/downloads/sustainability%20manual.pdf

Power of Proof: An Evaluation Primer is an online resource that provides background information about evaluation as well as information on evaluation planning, writing evaluation objectives, collecting data, stages of evaluation, interpreting evaluation data, and reporting results. Designed for use by program personnel, rather than evaluation professionals, it can be used to guide program development and goal-setting, as well as evaluation. http://www.ttac.org/power-of-proof/index.html