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

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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
- 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

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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

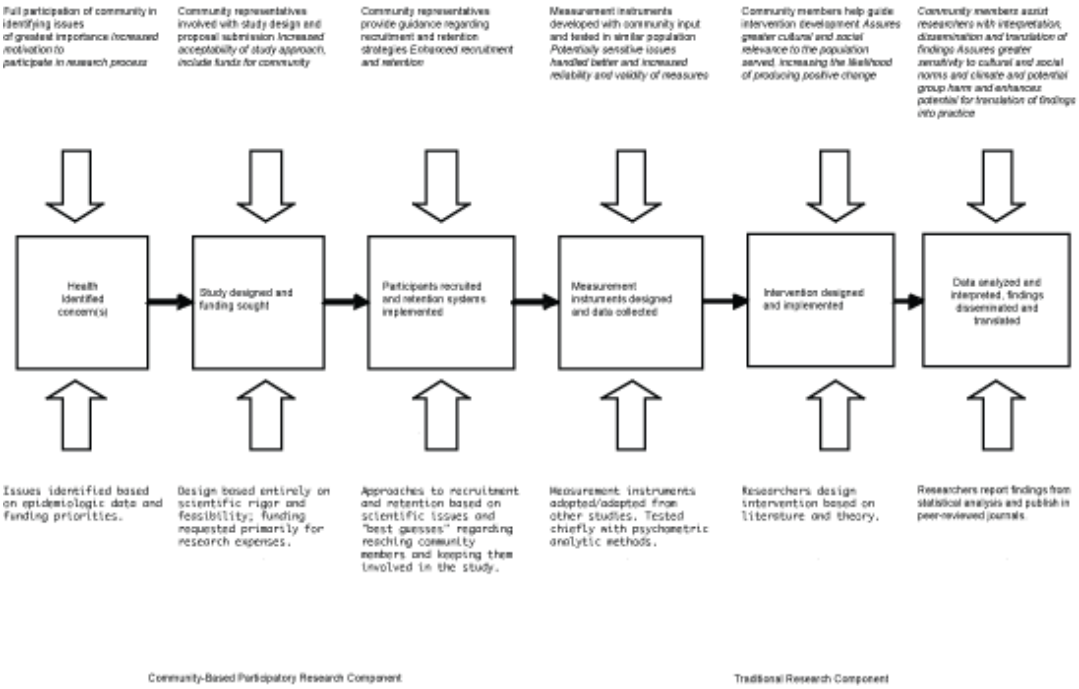
Developing community-based partnerships that are successful in creating relationships and research initiatives that are locally relevant take time and patience. A number of authors have advanced principles for CBPR. Drawing on over a decade of experience, Barbara Israel and her colleagues have identified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

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Unit 2: Developing a CBPR Partnership – Getting Started
Section 2.1 Identifying and Selecting Partners
Section 2.2 Setting Priorities
Citations and Recommended Resources

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

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Citations and Recommended Resources

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

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Citations and Recommended Resources

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.