

Critical assumptions identified by participants included:

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

Questions for Discussion:

1. Given your own familiarity with working in partnerships/coalitions, which assumptions here echo your own experiences?
2. How might some of these assumptions negatively affect the functioning of the partnership? Give specific examples.
3. What practices or policies might be instituted at the start of the partnership to avoid some of the potential negative outcomes that result from these assumptions? Do you have examples from your own partnership experience that have proved helpful?

Unit 4 Section 4.2: Working Towards Trust

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

Exercise 4.2.1: What Hinders Trust in CBPR partnerships?

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

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

The history that partners bring with them

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

The intimidation factor related to research

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

The characteristics of the institutional researchers

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

build trust may be a longer process.

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

Building trust

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Example 4.2.3: Spreading the “Glue”: Strategies for Building Trust

Examples from the Harlem Community & Academic Partnership

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

information, knowledge, etc.

- “Socialize” – go out for a meal or a drink

Exercise 4.2.4: Building Trust in CBPR Partnerships by Overcoming Obstacles

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

Provide these instructions to participants:

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

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

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

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

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

Unit 4 Section 4.3: Addressing Power Inequities

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

Striving for equity should include processes for addressing:

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

Example 4.3.1: Addressing Power Inequities in a CBPR Partnership

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

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

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

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

Excerpted from Flint PRC proposal

Unit 4 Section 4.4: Making Decisions and Communicating Effectively

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

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

Consider such questions as:

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

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

Example 4.4.1: Collaborative Approaches to Decision-Making

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

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

choice. Decisions are made by majority vote.

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

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

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

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

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

The “70% Rule” for Consensus Decision-Making

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

From Detroit URC Proposal

“Consensus – Plus”

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

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

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

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

Excerpted from Flint PRC proposal

Exercise 4.4.3: Navigating through Difficult Decisions – Transparency and Communication

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

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

Questions for discussion:

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

Balancing process and tasks

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

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

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

For example:

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

Example 4.4.4.: Spreading The “Glue”: Strategies for Effective Communication

Examples from the Harlem Community & Academic Partnership

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

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

Unit 4 Section 4.5: Resolving Conflicts

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

What topics are likely to produce conflict in CBPR partnerships?

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

When conflict arises, consider the following:

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

Example 4.5.1 Steps for Resolving Conflict

1. Understand diversity of styles, background, perspective, assumptions, race, ethnicity, culture, language, training, and point of view. Be aware that cultural differences can affect our approach to communicating, disclosing, making decisions, and resolving conflict.
2. Discuss and resolve differences as they arise
3. Assume that everyone has the right to bring up their feelings and get them resolved to their satisfaction.

4. Identify the probable cause of the conflict:

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

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

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

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

Exercise 4.5.2: CBPR – “The REAL World”

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

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

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

Sample scenarios:

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

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

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

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

Unit 4 Section 4.6: Motivating, Recognizing and Celebrating Partners

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

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

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

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

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

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

Reasons why a partner organization might decide to leave a partnership

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

Reasons to celebrate in a partnership

- When partnership goals are achieved
- When funding is obtained

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

Benefits of celebrating accomplishments

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

Ways partners can be recognized for their contributions

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

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

Kirsten Senturia, Sarena D. Seifer and Kristine Wong

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

Learning Objectives

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

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

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

1. Utilize all of your connections

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

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

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

2. Be proactive, not reactive

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

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

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

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

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

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

4. Consider a wide range of funding sources

For example, did you know...

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

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

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

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

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

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

Example 5.1.1: Funding Agencies that “Don’t Fund Research” may Fund CBPR

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

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

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

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

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

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

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

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

6. Stay on top of CBPR funding opportunities

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

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

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

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

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

Unit 5 Section 5.2: Considering a Given Request for Proposals

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

These criteria could consider the following:

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

Example 5.2.1: How Grant Deadlines can Crunch the Collaborative Process

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

directly in actually writing the grant proposal that was submitted.

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

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

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

watched over what they were doing."

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

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Unit 5 Section 5.3: Collaboratively Writing Proposals

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

Assembling the research team

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

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

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

Exercise 5.3.1: Assembling the Research Team

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

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

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

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

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

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

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

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

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

Exercise 5.3.2: Your Partnership's "Household" Finances

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

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

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

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

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

Reviewing the proposal

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

Does the proposed project:

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

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

Developing strong proposals

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

What drives reviewers crazy?

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

Ways to strengthen your proposal:

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

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

[OverviewofPeerReviewProcess.htm](#)

Unit 5 Section 5.4: Securing Sustainable Long-Term Funding

As your partnership seeks long-term funding, you may find it tempting to become “funding-driven” rather than “program-driven”, due to the relative lack of CBPR funding sources available. Being funding-driven means that the overall goal to fundraising is to bring in money to fund any project or intervention – *even if it means designing a new project or altering an existing project* – to fit the requirements of funding opportunities that arise. In contrast, being program-driven means that your partnership only applies for grants that fit with your previously decided upon program priorities. While some may think that applying and receiving funds outside a partnership’s priority areas is a worthy short-term solution that keeps a partnership together during lean times, it is hardly a long-term solution. In the long run, focusing on fulfilling new grant objectives and adding in new partners to meet that area of expertise can distract the partnership and take away valuable time and energy from making progress on its identified focus or priorities. Instead, it is wise for partnerships to develop a sustainable long-term funding plan – well in advance of the end date of current funding. Planning should start at least a year in advance of the date that funds are projected to run out. However, when determining when the right time is to create such a plan, note that it is never too early to begin planning, as federal government agencies have been known to reduce grantees’ funding due to budget cuts. (See related discussion of this topic in Unit 7, [Unpacking Sustainability in CBPR Partnerships](#))

Creating a sustainable long-term funding plan

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

1. Assess your current situation

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

Figure 5.4.1: Current Funding Matrix

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

Exercise 5.4.2: Assessing Your Current Funding

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

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

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

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

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

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

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

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

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

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

4. Maintain your plan with regular check-ins

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

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

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

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

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

Example 5.4.3: Maximizing Resources and Distributing Them Equitably

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

Excerpted from Flint PRC proposal

Unit 6: Disseminating the Results of CBPR

Robert McGranaghan and Jen Kauper-Brown

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

Learning Objectives

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

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Unit 6 Section 6.1: Disseminating Results

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

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

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

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

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

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

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

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

Example 6.1.1: Policies and Procedures for Dissemination

Detroit Community-Academic Urban Research Center (URC) Procedures for Dissemination-Related Activities

Adopted by the Detroit URC Board on August 30, 2000

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

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

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

Dissemination Activities and Procedures

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

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

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

attending conferences;

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

Procedures and process:

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

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

Criteria for authorship:

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

Procedures and process:

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

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

Procedures:

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

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

Procedures:

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

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

Procedures:

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

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

Procedures:

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

List of potential community newsletters:

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

- Outer Drive Chandler Park
- El Central
- Latino Press

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

Procedures:

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

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

Procedures:

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

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

Procedures:

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

Example 6.1.2: Guidelines for Authorship

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

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

Unit 7: Unpacking Sustainability in CBPR Partnerships

Sarah Flicker, Robert McGranaghan and Ann-Gel Palermo

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

Learning Objectives

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

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

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

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

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

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

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

Example 7.1.1: Using Evaluation and Indicators of Success

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

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

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

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Excerpted from Flint PRC proposal

Example 7.1.2: Using Evaluation for Program Planning

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

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

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

Unit 7 Section 7.2 :Planning for Sustainability

It is important that your partnership think about and plan for sustainability from its inception and not just something that you wait to think about when a project is nearing completion or funding is almost gone.

At least a year before your partnership's work plan or current funding ends, you may want to create a plan for a more deliberate and formal process. It can also be useful to form a group or committee to work specifically on this issue. This group can make recommendations to the larger partnership and/or board.

Many people think about sustainability of a partnership as continuing the entire effort with a similar level of funding. However, this is not the only scenario that should be considered. It is important for partners to consider what is really necessary to support the continuation of the partnership, to see whether seeking a similar level of funding is warranted. This should be done before additional funding is sought. For more information on developing a plan for sustainable long-term funding plan, see [Unit 5, Section 5.5](#).

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

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

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Exercise 7.2.1: What Does Sustainability Mean to Your Partnership?

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

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

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

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

Factors influencing sustainability

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

Exercise 7.2.2: How Sustainable Is Your Partnership?

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

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

Design and Implementation Factors

Effort's resources (e.g., staff, money, time)

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

desired outcomes.

- Make evaluation a priority.

Organizational Setting Factors

Structures and processes related to organization of effort

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

Environmental Factors

Broader contextual factors in political, economic, and social environment

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

Center for Civic Partnerships. Sustainability Toolkit: 10 Steps for Maintaining your Community Improvements. Copyright Public Health Institute 2001. Sustainability Toolkit materials reprinted with the permission of the Public Health Institute

Exercise 7.2.3: Facilitating Factors for Sustaining CBPR Partnerships

Below is a list of facilitating factors for sustaining CBPR partnerships. Post this list on a blackboard or flip chart paper hanging on easels or a wall.

Give each participant 10 stickers and ask them to distribute stickers next to those facilitating factors they feel are most important to the partnership.

Instruct them to distribute the 10 stickers in any way they wish (i.e., all 10 stickers on one item, one sticker on each of 10 items, etc.). Debrief with the full group to review the 3-5 factors rated by participants as being the

most important.

List of facilitating factors for partnership sustainability:

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

Unit 7 Section 7.3: Determining Which Efforts to Continue

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

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

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

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

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

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

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

Example 7.3.1: Potential Criteria for Determining Which Efforts to Continue

Impact

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

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

Resources needed

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

Broad community support

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

Still a need

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

Center for Civic Partnerships. Sustainability Toolkit: 10 Steps for Maintaining your Community Improvements. Copyright Public Health Institute 2001. Sustainability Toolkit materials reprinted with the permission of the Public Health Institute

Unit 7 Section 7.4: Weathering the Change Process

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

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

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

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

Example 7.4.1: The Partnership Lifecycle

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

Excerpted from Flint PRC proposal

Exercise 7.4.2: Weathering Change – Reaction and Prioritization Scenario

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

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

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

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

Examples of Short and Long-Term Goals

Concern	Short-Term/Meeting Goals	Long-Term/Next 6 months
Future funding	<ol style="list-style-type: none"> 1. Convene a sub-committee 2. Meet with PI (or fiscal conduit) to ensure staff support 	<ol style="list-style-type: none"> 1. Advocate with current funder for more \$ 2. Start searches for smaller, doable initiatives that build on current projects
Morale/	<ol style="list-style-type: none"> 1. Address morale up front 	<ol style="list-style-type: none"> 1. Revisit structure of CAP (i.e.,

membership	<ol style="list-style-type: none"> 2. Encourage attendance 3. Organize members to advocate for more funding 	<p>mission/bylaws/membership)</p> <ol style="list-style-type: none"> 2. Revisit identity and community presence
Current and future projects	<ol style="list-style-type: none"> 1. Secure staff support 2. Assess/inventory projects 3. Secure board commitment to projects 	<ol style="list-style-type: none"> 1. Prioritize what is doable/ desirable (consider how a project can best be packaged for a possible "end" product)
Setting/place of meetings	<ol style="list-style-type: none"> 1. Enlist commitment on part of host 	<ol style="list-style-type: none"> 1. Continue to enlist commitment on part of host
Community relations	<ol style="list-style-type: none"> 1. Share statement/ announcement via community meetings and academic networks 	<ol style="list-style-type: none"> 1. Present the news; inform public of current status

Exercise 7.4.3: Weathering Change – Temporary Funding Scenario

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

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

Questions for discussion:

1. What might the CAP Chair do address the fiscal relationship with the funder?
2. What can the CAP Chair do to maintain operation of the CAP, possibly with little or no financial backing?

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

Exercise 7.4.4: Weathering Change – Loss of Funding Scenario

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

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

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

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

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

Examples of Visions and Strategies

Area of Concern	Vision	Strategy
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Identity	Sustain morale; encourage active participation by revisiting Mission/ Bylaws/Principles	Enhance and diversify membership; publicize community relations; establish new identity/disseminate new name and purpose to collaborators
Mission, bylaws, principles	Sustain community relations and dissemination	Establish ad hoc committee to redefine purpose and structure
Function of CAP	<p>Identify different levels of involvement with partners to serve as</p> <ul style="list-style-type: none"> • Advisors • Partners • Conduit/Resources 	Intervention work group and subcommittee formation for current and future projects

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

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

When is it appropriate to dissolve a CBPR partnership?

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

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

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

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

Below are some questions that should be considered:

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

Appendices

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Appendix A: Selected Organizations and Websites

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

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

Center for Civic Partnerships

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix B: Selected Reports

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

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

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

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

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

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

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

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

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

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

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

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

Appendix C: Selected Journal Articles and Books

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

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

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

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

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

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

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

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

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

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

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

In this article, the authors illustrate discrepancies relating to criteria for evaluating research between groups seeking funding for participatory research projects, and funding agencies assessing such projects. The article includes a set of guidelines for funding agencies to use when appraising participatory research projects and also reviews examples of participatory research in Canada.

Higgins DL, Metzler M. (2001). Implementing Community-Based Participatory Research Centers in Diverse Urban Settings. *J Urban Health* 78(3): 488-494. To access: http://depts.washington.edu/ccph/pdf_files/Higgins.pdf

This article presents an overview of the first four years of the development of CBPR activities at three Urban Research Centers (URCs) funded by the Centers of Disease Control and Prevention. It describes participatory research as implemented by the URCs and provides an overview of the urban health issues being addressed.

Israel BA, Eng E, Schulz AJ, Parker EA. (Eds.) (2005). *Methods in Community-Based Participatory Research for*

Health. San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website: www.ccpb.info

Written by distinguished experts in the field, this book shows how researchers, practitioners, and community partners can work together to establish and maintain equitable partnerships using a Community-Based Participatory Research (CBPR) approach to increase knowledge and improve health and well-being of the communities involved. This book provides a comprehensive and thorough presentation of CBPR study designs, specific data collection and analysis methods, and innovative partnership structures and process methods. This book informs students, practitioners, researchers, and community members about methods and applications needed to conduct CBPR in the widest range of research areas—including social determinants of health, health disparities, health promotion, community interventions, disease management, health services, and environmental health.

Israel BA, Schulz AJ, Parker E, Becker AB. (2001). Community-Based Participatory Research: Policy Recommendations for Promoting a Partnership Approach in Health Research. *Education for Health* 14(2): 182-197. http://depts.washington.edu/ccpb/pdf_files/EducforHealthIsrael.pdf

This article presents key principles of CBPR, discusses the rationale for its use, and provides a number of policy recommendations at the organizational, community and national levels aimed at advancing the application of CBPR. While the issues addressed here draw primarily upon experiences in the United States, the emphasis throughout this article on the establishment of policies to enhance equity that would serve both to increase the engagement of communities as partners in health research, and to reduce health disparities, has relevant applications in a global context.

Minkler M, Wallerstein N. (Eds.) (2003). *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website: www.ccpb.info

The editors have brought together, in one important volume, a stellar panel of contributors who offer a comprehensive resource on the theory and application of community based participatory research. The book contains information on a wide variety of topics including planning and conducting research, working with communities, promoting social change, and core research methods. The book also contains a helpful appendix of tools, guides, checklists, sample protocols, and much more.

O'Donnell M, Entwistle V. (2004). Consumer involvement in research projects: the activities of research funders. *Health Policy* 69:229-238. http://depts.washington.edu/ccpb/pdf_files/science.pdf

This paper reports findings from a postal questionnaire survey and in-depth interviews with UK funders of health-related research that explored whether, why and how they promote consumer involvement in research projects. Many UK funders of health-related research are adopting a policy of promoting consumer involvement in research projects. Telephone interviews revealed they have several reasons for doing so, and that they vary in the ways they encourage and support researchers to involve consumers.

Parker, EA, Israel, BA, Williams M, Brakefield-Caidwell W, Lewis TC, Robins T, Ramirez E, Rowe Z, Keeler G. (2003). Community Action Against Asthma: Examining the Partnership Process of a Community-based Participatory Research Project. *Journal of General Internal Medicine* 18(7): 558-567.

Community Action Against Asthma (CAAA) is a community-based participatory research project of the Michigan Center for the Environment and Children's Health aimed at investigating the influence of environmental factors on childhood asthma. This paper describes a process evaluation implemented by CAAA of their community-academic partnership, and includes discussion of research methodology, results, and analysis.

Schensul J (1994). *The Development and Maintenance of Community Research Partnerships*. Occasional Papers in Applied Research Methods, Institute for Community Research, Hartford, CT. www.mapcruzin.com/community-research/index.html

In this paper, the author considers beginning stages in the development of action research partnerships. Steps

described include building the community base, identifying the problem and building a program model, building a research model, brokering funding possibilities, and negotiating collaborative roles.

Appendix D: Citations and Recommended Resources for Each Unit

Unit 1 Citations

Ausubel K. (2004). *Ecological Medicine: Healing the Earth, Healing Ourselves (The Bioneers Series)*. San Francisco: Sierra Club Books.

Community Health Scholars Program. Definition of Community-Based Participatory Research. <http://www.sph.umich.edu/chsp/program/index.shtml>

Israel BA, Schulz AJ, Parker EA, Becker AB. (1998). Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. *Annual Review of Public Health* 19: 173-202.

Levenson J. (2004). *The Secret Epidemic: The Story of AIDS and Black America*. New York City: Random House Inc.

Pritchard IA. (2002). Travelers and Trolls: Practitioner Research and Institutional Review Boards. *Educational Researcher*. 31(3): 3–13.

Public Health Leadership Society. (2002). *Principles of the Ethical Practice of Public Health, Version 2.2*. <http://www.apha.org/codeofethics/>

Viswanathan M, Ammerman A, Eng E, Gartlehner G, Lohr KN, Griffith D, Rhodes S, Samuel-Hodge C, Maty S, Lux, L, Webb L, Sutton SF, Swinson T, Jackman A, Whitener L. (2004). *Community-Based Participatory Research: Assessing the Evidence*. Evidence Report/Technology Assessment No. 99 (Prepared by RTI–University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016). AHRQ Publication 04-E022- 2. Rockville, MD: Agency for Healthcare Research and Quality.

Wang CC, Redwood-Jones YA. (2001). Photovoice Ethics: Perspectives from Flint Photovoice. *Health Education & Behavior* 28(5): 560-572.

Unit 1 Recommended Resources

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. (1998 (with 2000, 2002 and 2005 amendments). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. <http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm>

Community IRB Member: Neighbor and Partner. This US Department of Education website has information geared towards community members who are serving on institutional IRBs. <http://www.orau.gov/communityirb>

Cornwall A, Jewkes R. (1995). What is Participatory Research? *Social Science and Medicine* 41(12):1667-1676.

Downie J, Cottrell B. (2001). Community-Based Research Ethics Review: Reflections on Experience and Recommendations for Action. *Health Law Review* 10(1): 8-17.

Gostin LO. (Ed.) (2002). *Public Health Law and Ethics: A Reader*. University of California Press and Milbank Memorial Fund. <http://www.publichealthlaw.net/Reader/toc.htm>

Green L. (2004). Ethics and Community Based Research: Commentary on Minkler. *Health Education and Behavior*. 31(6): 698-701.

Khanlou N, Peter E. (2005). Participatory Action Research: Considerations for Ethical Review. *Social Science and Medicine*. 60(10): 2333-40.

Marshall P, Rotimi C. (2001). Ethical Challenges in Community-Based Research. *The American Journal of the Medical Sciences* 322(5): 241-245.

Minkler M. (2004). Ethical Challenges for the "Outside" Researcher in CBPR. *Health Education and Behavior*. 31 (6): 684-697.

Protecting Human Subjects Newsletter, published by the US Department of Education: Issue focused on CBPR available at <http://www.science.doe.gov/ober/humsubj/fall03.pdf>

Research Ethics Tip Guide: http://www.uml.edu/centers/CFWC/programs/researchethics/research_ethics1.htm

Research Ethics Training Curriculum for Community Representatives (RETC-CR): Family Health International's Office of International Research Ethics has developed a dynamic and innovative curriculum to empower community representatives through training and education to act as a competent voice for research participants worldwide. Developed and field-tested in eight countries, the RETC-CR helps community representatives to understand the research process and their roles and responsibilities as partners of the research team. The Curriculum also explains the corresponding roles and responsibilities of Ethics Committees/IRBs and Researchers. <http://www.fhi.org/en/RH/Training/trainmat/ethicscurr/retccr.htm>

Research Ethics Website provides course development, training, educational resources and case study development on improving research ethics in environmental health. Proceedings are available from the project's 2003 national conference on research ethics and CBPR. <http://www.researchethics.org>

Unit 2 Citations

"A Bridge Between Communities: The Detroit Community-Academic Urban Research Center" video, produced by Vivian Chávez in June 2000, is a 32-minute documentary that introduces viewers to the theory and practice of CBPR with the Detroit Community-Academic Urban Research Center (URC) as a case study. The video tells the story of the history and activities of the URC partnership and highlights the challenges and benefits of conducting community-based participatory research. For information on how to obtain a copy of the video, please contact Robert McGranaghan, Detroit URC Project Manager, at rojomcg@umich.edu. Several excerpts from the video can be viewed throughout the URC web site: <http://www.sph.umich.edu/urc/>

Chávez V, Israel B, Allen AJ 3rd, DeCarlo M, Lichtenstein R, Schulz A, Bayer IS, McGranaghan R. (2004). A Bridge Between Communities: Video-making using principles of community-based participatory research. *Health Promotion Practice*. 5(4): 395-403.

Israel BA, Schulz AJ, Parker EA, Becker AB, Allen AJ 3rd, Guzman R. (2003). Critical Issues in Developing and Following Community Based Participatory Research Principles. In Minkler M, Wallerstein N (eds.) *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website: www.ccpb.info

Minkler M, Hancock T. (2003). Community-Driven Asset Identification and Issue Selection. In Minkler M, Wallerstein N (eds.) *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass Publishers, 135-154. To receive a 15% discount, order through the CCPH website: www.ccpb.info

Schultz AJ, Parker EA, Israel BA, Becker AB, Maciak BJ, Hollins R. (1998). Conducting a Participatory Community-Based Survey for a Community Health Intervention on Detroit's East Side. *Journal of Public Health Management and Practice* 4(2): 10- 24.

Unit 2 Recommended Resources

Jewkes R, Murcott A. (1998). Community Representatives: Representing the "Community"? *Social Science and Medicine* 46:843-858.

Kone A, Sullivan M, Senturia K, Chrisman N, Ciske S, and Krieger J. (2000). Improving Collaboration Between

Researchers and Communities. *Public Health Reports* 115:243-248.

MacQueen KM, McLellan E, Metzger D, Kegeles S, Strauss RP, Scotti MA, Blanchard L, Trotter R. (2001). What is Community? An Evidence-Based Definition for Participatory Public Health. *American Journal of Public Health* 91:1929-1937.

Sullivan M, Kone A, Senturia K, Chrisman N, Ciske S, Krieger J. (2001). Researcher and Researched – Community Perspectives: Towards Bridging the Gap. *Health Education & Behavior* 28:130-149.

Unit 3 Citations

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

Seifer SD, Shore N, Holmes SL. (2003). *Developing and Sustaining Community-University Partnerships for Health Research: Infrastructure Requirements*. Seattle, WA: Community-Campus Partnerships for Health. www.ccpn.info

Unit 3 Recommended Resources

“A Bridge Between Communities: The Detroit Community-Academic Urban Research Center” video, produced by Vivian Chávez in June 2000, is a 32-minute documentary that introduces viewers to the theory and practice of CBPR with the Detroit URC as a case study. The video tells the story of the history and activities of the URC partnership and highlights the challenges and benefits of conducting CBPR. For information on how to obtain copies of the video, please contact Robert McGranaghan, Detroit URC Project Manager, at rojomc@umich.edu. Several excerpts from the video can be viewed throughout the URC web site: <http://www.sph.umich.edu/urc/>

Israel BA, Lichtenstein RL, Lantz PM, McGranaghan RJ, Allen A, Guzman JR, Softley D, Maciak BJ. (2001). The Detroit Community-Academic Urban Research Center: Development, Implementation and Evaluation. *Journal of Public Health Management and Practice* 7(5), 1-20.

The Facilitator contains tips, tools, articles, and resources on facilitation. <http://www.thefacilitator.com>

Guidelines and Categories for Classifying Participatory Research Projects in Health. Larry Green and colleagues developed a set of guidelines that can be used to appraise the extent to which research projects align with principles of participatory research. <http://lgreen.net/guidelines.html>

Mobilizing for Action through Planning and Partnership is a community-wide strategic planning and implementation tool for improving community health. A program of the National Association of County and City Health Officials, the model includes a conceptual overview, practical guidance, tools, and case examples. <http://www.naccho.org/topics/infrastructure/MAPP.cfm>

Unit 4 Citations

Collaborative Decision-Making. Center for Collaborative Planning. www.connectccp.org

Carolo H & Travers R (2005). Challenges, complexities and solutions: A unique HIV research partnership in Toronto, Canada. *Journal of Urban Health*, 82(2), ii42.

Paez-Victor M. (2002). Remarks at First International Conference on Inner City Health, Toronto Canada.

Unit 4 Other Recommended Resources

Dukes EF, Pisolish M, Stephens S. (2000) *Reaching for Higher Ground in Conflict Resolution: Tools for Powerful Groups and Communities*. San Francisco, CA: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website [link to www.ccpb.info]

The People's Institute is recognized as one of the foremost anti-racism training and organizing institutions in the nation. Over the past 24 years, The People's Institute Undoing Racism™/Community Organizing process has impacted the lives of nearly 100,000 people both nationally and internationally. Through this process, it has built a national collective of anti-racist, multicultural community organizers who do their work with an understanding of history, culture, and the impact of racism on communities. <http://www.pisab.org/>

Reaching Higher Ground: A Guide for Preventing, Preparing for, and Transforming Conflict for Tobacco Control Coalitions provides practical advice for ways of working in coalitions and partnerships that resolve real problems while strengthening relationships. The tools and strategies described in this book can make any collaborative undertaking more successful by approaching problems and people in ways that impart dignity and respect. It is possible to grow in community, through conflict, by engaging one another in ways that reach not only common ground, but *higher ground*. http://www.ttac.org/products/pdfs/Higher_Ground.pdf

Unit 5 Citations

Center for Civic Partnerships. (2001) *Sustainability Toolkit: 10 Steps for Maintaining your Community Improvements*. Public Health Institute.

Community Tool Box. (1999). University of Kansas, Work Group on Health Promotion and Community Development. Chapter 42, Section 1. <http://ctb.ku.edu>

Israel BA, Lichtenstein R, Lantz P, McGranaghan R, Allen A, Guzman JR, Softely D, Maciak B. (2001). The Detroit Community-Academic Urban Research Center: Lessons Learned in the Development, Implementation and Evaluation of a Community-Based Participatory Research Partnership. *Journal of Public Health Management and Practice* 75(5), 1-19

Seifer SD. (October 2005). Message from our Executive Director. In: Partnership Matters Newsletter, Vol. VII No. 20. Community-Campus Partnerships for Health http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector

Unit 5 Recommended Resources

Green LW. (2003). Tracing Federal Support for Participatory Research in Public Health. In: Minkler M, Wallerstein N (Eds). *Community Based Participatory Research for Health*. San Francisco, Calif: Jossey-Bass Publishers: 410–418. To receive a 15% discount, order through the CCPH website: www.ccpb.info

Unit 6 Recommended Resources

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

Effective Policy Advocacy Curriculum (2003). Learning Circle Series, The Praxis Project. <http://www.thepraxisproject.org/tools.html>

Minkler M, Blackwell AG, Thompson M, and Tamir H. (2003) Community-Based Participatory Research: Implications for Public Health Funding. *American Journal of Public Health*. 93(8):1210-1213.

Ritas R. (2003). *Speaking Truth, Creating Power: A Guide to Policy Work for Community-Based Participatory*

Research Practitioners. Seattle: Community-Campus Partnerships for Health. This toolkit is designed for CBPR partners who want to create or change policies that affect health in their communities. http://depts.washington.edu/ccph/pdf_files/ritas.pdf

Themba M, Minkler M (2003). Influencing Policy Through Community-Based Participatory Research. In M. Minkler and N. Wallerstein (Eds). *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass Publishers.

Israel BA, Eng E, Schultz AJ, Parker EA (Eds). (2005). *Methods in Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass Publishers. To receive a 15% discount, order through the CCPH website [link to www.ccpb.info]. This book provides a comprehensive and thorough presentation of CBPR study designs, specific data collection and analysis methods, and innovative partnership structures and process methods. This book informs students, practitioners, researchers, and community members about methods and applications needed to conduct CBPR in the widest range of research areas—including social determinants of health, health disparities, health promotion, community interventions, disease management, health services, and environmental health.

Unit 7 Citations

Israel BA, Lichtenstein R, Lantz P, McGranaghan R, Allen A, Guzman JR, Softely D, Maciak B. (2001). The Detroit Community-Academic Urban Research Center: Lessons Learned in the Development, Implementation and Evaluation of a Community-Based Participatory Research Partnership. *Journal of Public Health Management and Practice* 75(5), 1-19

Center for Civic Partnerships. (2001). *Sustainability Toolkit: 10 Steps for Maintaining your Community Improvements*. Public Health Institute.

Unit 7 Recommended Resources

Keeping Fit in Collaborative Work: A Survey to Self-Assess Collaborative Functioning. Center for Collaborative Planning. <http://www.connectccp.org/resources/10fit.pdf>

Lantz PM, Viruell-Fuentes E, Israel BA, Softley D, Guzman JR. (2001) Can Communities and Academia Work Together on Public Health Research: Evaluation Results from a Community-Based Participatory Research Partnership in Detroit. *Journal Urban Health*. 78(3), 495-507.

Building Sustainable Non-Profits: The Waterloo Region Experience (2004). Centre for Research and Education in Human Services & Social Planning Council of Cambridge and North Dumfries. This handbook highlights ways that non-profit organizations can improve their sustainability, including partnership building, leadership and governance, relevance/research, and organizational culture. It applies a CBPR approach or philosophy to all four. <http://www.crehs.on.ca/downloads/sustainability%20manual.pdf>

Power of Proof: An Evaluation Primer is an online resource that provides background information about evaluation as well as information on evaluation planning, writing evaluation objectives, collecting data, stages of evaluation, interpreting evaluation data, and reporting results. Designed for use by program personnel, rather than evaluation professionals, it can be used to guide program development and goal-setting, as well as evaluation. <http://www.ttac.org/power-of-proof/index.html>