

**“ESSENTIALS OF COMMUNITY-BASED PARTICIPATORY RESEARCH”**  
**October 6, 2004 Atlanta, GA, USA**  
**CCPH/Network Conference**

**Presented by** the following representatives of the Community-Institutional Partnerships for Prevention Research Group, a collaborative funded by the U.S. Centers for Disease Control and Prevention  
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**Workshop Description:**

While partnerships between communities, universities and public health agencies have become central to the health and community development and research agendas, there has been a continuing need for training and education for all partners that enhances their capacity to partner and conduct community-based participatory research (CBPR).

With funding from the Prevention Research Center Program Office, through a cooperative agreement between the Association of Schools of Public Health and the Centers for Disease Control and Prevention (CDC), the Community-Institutional Partnerships for Prevention Research Group has been working since Fall 2002 to synthesize knowledge about CBPR partnerships across multiple partners. The Group is comprised of Community-Campus Partnerships for Health, Prevention Research Centers (PRC), Urban Research Centers, Kellogg Community Health Scholars Program, American Public Health Association Caucus on Community-Based Public Health, CDC PRC National Community Committee). The Group has identified evidence-based characteristics of successful CBPR partnerships, factors that facilitate and impede success, and strategies for building the capacity of communities, public health agencies and academic institutions to engage in CBPR.

The Curriculum Training Module on Building and Maintaining Effective Community-Institutional Partnerships for Prevention Research translates the group's work into a series of short presentations using case studies and interactive exercises designed to trigger discussion and equip participants with strategies and tools for building and sustaining their partnerships. This interactive skill-building workshop will use the curriculum units to guide participants' in exploring issues of CBPR relevant to their own research partnerships. To learn more about the group and the training curriculum, visit:  
<http://depts.washington.edu/ccph/researchprojects.html#ExaminingCommunityPartnerships>

**Learning Objectives:**

Through these workshops, participants will be able to:

- Understand and apply the basic principles of CBPR;
- Discuss and understand the key steps in developing and sustaining Community-Based Participatory Research (CBPR) partnerships;
- Discuss and analyze how these steps and case study examples apply to their own experiences; and
- Identify common challenges faced by CBPR partnerships and suggested strategies and resources for overcoming them.

**Formats** in the workshop will be a mix of presentations, discussions and case studies.

**Target audience:** Health professions faculty, administrators, students, and staff of community-based organizations.

## Workshop Agenda

11:00 – 11:15 AM Overview of Workshop

11:15 – 11:30 AM Participant Introductions

11:30 – 12:00 PM Presentation of AHRQ CBPR Evidence Report/Q&A

LUNCH BREAK

1:00 – 1:15 PM Overview of ASPH-CDC Project/1<sup>st</sup> year Results/Curriculum

### **Curriculum Presentations/Activities for Developing Strong CBPR Partnerships**

1:15 – 2:00 PM Identifying and selecting partners  
Activity #1: Identifying Partners for “Promoting Healthy Living” Project

2:00 – 2:30 PM Addressing expectations  
Activity #2: Selected clips from the Detroit Community-Academic Urban Research Center’s video “A Bridge Between Communities”

2:30 – 2:45 PM Break

3:00 – 3:45 PM Addressing Partner Expectations  
Activity #3: Assumptions

3:45 – 4:15 PM Navigating through difficult decisions  
Activity #4: Transparency and Communication

4:15 – 4:30 PM Evaluation and Closing

### **Activity #1: Identifying Potential Partners for “Promoting Healthy Living” Project**

Case Study: Your local health department, working with public health faculty persons from a nearby university, is developing a proposal in response to a federal Request for Applications (RFA). The RFA is seeking proposals that will develop effective interventions to increase physical activity in elementary school students in order to reduce childhood obesity. A community-based participatory research model must be used, involving key partners from sectors relevant to the topic.

Task: In small groups, brainstorm which community and institutional partners from your setting should be invited to participate in this partnership and why. In addition, list some of the pros and cons associated with these choices.

Use the following questions for discussion during and after the brainstorming:

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

Groups will report on which community institutional organizations and/or individuals they selected and the main points of their discussion.

*Allow 15 minutes for report back from 3-4 groups*

**Activity #2: Selected clips from the Detroit Community-Academic Urban Research Center's video "A Bridge Between Communities"**

Screen selected short clips (first 12 minutes) to highlight individual partners' reasons for getting involved with the Detroit URC, with an emphasis on the community-based perspective.

Discussion questions:

- Does this resonate with your experiences?
- Do these quotes reflect why you became involved/thought about CBPR?

### **Activity #3: Assumptions**

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

1. Going into the partnership or coalition, what were some of your assumptions about (a) how you would work together; (b) what you would be able to accomplish; and (c) why you are all at the table? Write down at least **two of these assumptions**.
2. Take 5 minutes to exchange stories with your neighbor about your partnership/coalition experiences and the assumptions you discovered **after you began working together**.
3. Give examples of assumptions you had that proved false; explain how you worked to make changes so that it did not become a significant barrier to the functioning of the partnership/coalition.

### **Case Study of the non-governmental organization (NGO) Institute Initiative in southern Africa**

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

Critical assumptions identified by participants included some of the following:

- 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’ or identities.
- 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 the managers; 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 reflection and analysis:**

1. Given your own familiarity with working in partnerships/coalitions or consortium, 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?

#### **Activity #4: Transparency and Communication**

Case Study: Escalating violence in the city of Pleasantville prompted 3 organizations to join together in partnership to seek funding to address the situation. The partnership successfully obtained a 4-year grant. The Pleasant County Health Department serves as the lead organization for the grant and has 50% of the budget (including funds for project staff and other direct costs related to running the project). Pleasant State University has a 25% share of the budget to assist with the program design and evaluation (partial salary support for 3 faculty, 2 graduate student research assistants, supplies and travel). And the third partner is Main Street Outreach Inc., a community-based organization with connections to the target community. Main Street has 25% of the budget to support 2 full time staff people and for other project-related costs. Monthly planning meetings resulted in the design and implementation of a program that is workable for the community. Youth have become engaged in the project and success is being recognized. But midway through Year 2 the funder cuts the grant budget by 20% (approximately \$100,000).

Task: Participants will discuss in small groups how this scenario could unfold, and potential strategies for navigating successfully through this difficult situation.

Use the following questions for discussion:

- What agreements or understandings could the partnership adopt which could help to guide the decision making in this situation? Discuss any examples that were developed during the last activity's discussion.
- 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 may the partnership have to support the initiative?

# CCPH Resources for Community-Based Participatory Research

## **Online Clearinghouse**

CCPH maintains a collection of relevant resources and information relevant to CBPR partnerships including sample CBPR course syllabi, peer-reviewed journal publications, and announcements of related projects and events. Visit the website at:

<http://depts.washington.edu/ccph/commbas.html>

## **Electronic Discussion Group**

CBPR Listserv: This listserv was launched in June 2004 through a partnership between CCPH and the Wellesley Central Health Corporation to serve the growing network of people involved and interested in CBPR. We hope this listserv will provide a resource for sharing knowledge and experience and contribute to strengthening the field of CBPR and ultimately improving the health of communities. To subscribe, go to:

<https://mailman.u.washington.edu/mailman/listinfo/cbpr>.

## **Funding**

The Directory of Funding Sources for CBPR: Published by CCPH and the Northwest Health Foundation in June 2004, this directory includes funding agency descriptions, deadlines, contact information, examples of previously funded CBPR projects, and an annotated listing of funding resource websites. The directory is available on the CCPH website at [http://depts.washington.edu/ccph/pdf\\_files/directory-062704f.pdf](http://depts.washington.edu/ccph/pdf_files/directory-062704f.pdf)

## **Policy Guide**

Speaking Truth, Creating Power: A Guide to Policy Work for Community-Based Participatory Research Practitioners: Authored by CCPH Fellow Cassandra Ritas, this tool-kit is designed for community-based participatory research institutional and community partners who want to create or change policies that affect health in their communities. The guide is available on the CCPH website at

[http://depts.washington.edu/ccph/pdf\\_files/ritas.pdf](http://depts.washington.edu/ccph/pdf_files/ritas.pdf).

## **Faculty Promotion and Tenure**

The most frequently cited barrier to faculty conducting CBPR is the risk associated with trying to achieve promotion and tenure. CCPH maintains a resource web page including items such as sample faculty promotion and tenure policies that recognize CBPR as scholarship. Visit this page at:

<http://depts.washington.edu/ccph/scholarship.html>