

# A Snapshot of CBR in Canada

Sarah Flicker / Beth Savan



**June 2006**



**WELLESLEY INSTITUTE**  
advancing urban health

**Research Team**

- Brian Kolenda
- Mary McGrath
- Matto Mildenberger

**Advisory Committee**

- H el ene Gregoire, Access Alliance
- Judy Rebick, Sam Gindin Chair in Social Justice, Ryerson University
- Kate Sigurdson, Special Projects Coordinator Field to Table Centre, Food Share
- Kate Waygood, Saskatoon Health Region
- Nora Jacobson, Research Scientist Centre for Addiction and Mental Health
- Peter Levesque, Centre of Excellence for Child and Youth Mental Health
- Sarena Seifer, Executive Director, Community Campus Partnerships for Health, Seattle, WA
- Suzanne Jackson, Director, Centre for Health Promotion, University of Toronto

**Many thanks to**

- Robb Travers
- John Stevenson
- Sean McDonald
- Lynn Payne

# A SNAPSHOT OF CBR IN CANADA

Sarah Flicker and Beth Savan

**Executive Summary**..... 3

**Recommendations**..... 5

**Report: A Snapshot of CBR in Canada**..... 9

    I. Context ..... 9

    II. Approach .....10

    III. Results .....12

        A. *CBR in Canada*.....12

        B. *Participation and Involvement* .....13

        C. *Satisfaction of Participants*.....14

        D. *Satisfaction with Outcomes* .....15

        E. *Facilitators* .....16

        F. *Barriers* .....18

        G. *Limitations* .....19

    IV. Implications ..... 20

        A. *Funding* ..... 20

        B. *Partnership Support & Reward Structures*..... 23

        C. *Participation & Involvement*..... 26

    V. Conclusions..... 28

**Additional Resources**.....31

**References**..... 35

Visit <http://wellesleyinstitute.com/cbrsnapshot>  
for additional information and analysis.



## EXECUTIVE SUMMARY

Community Based Research (CBR) is increasingly being recognized as important in yielding concrete knowledge and understanding that can guide policies and programmes to reduce health and social disparities. There is a growing movement of Canadians engaged in CBR. We conducted a web based survey of community and university CBR practitioners to learn more about the context and efficacy of CBR in Canada.

We learned that Canadian CBR practitioners are actively engaged in research across a broad range of health and social issues. Given relatively modest budgets, they are extremely productive. Community Based Researchers are producing new and important knowledge that is being recognized and disseminated in the published literature and through conference presentations. In addition, their efforts have contributed to lasting impacts through program and policy changes.

Nevertheless, a number of key barriers hinder the practice. These include a scarcity of funding to support CBR, clear disincentives in academic hiring and promotion policies, time shortages to engage in collaborative research and the perception that CBR is insufficiently rigorous. Facilitators that may support CBR include changing funding structures, increasing institutional supports (including tenure and promotion practices in the academy), promotional efforts that champion CBR credibility and more training opportunities.

Academics dominate most areas of the research process, service providers take a greater lead on dissemination and advocacy while community members were the “least involved” partners. Finding an appropriate balance between efficiency, capacity-building, and real resource constraints remains an ongoing challenge in the pursuit of CBR in Canada.

*CBR is “...conducted by, for or with the participation of community members ... Community based research aims not merely to advance understanding, but also to ensure that knowledge contributes to making a concrete and constructive difference in the world”*

(LOKA, 2002)



# RECOMMENDATIONS

## Funding

Our research shows that issues concerning funding were perceived as both the most significant barriers and facilitators to CBR projects. Respondents suggested that the most important facilitators for CBR include increasing funding opportunities, increasing funder awareness of CBR, funding longer-term initiatives and rewarding excellence in CBR. According to narrative comments by survey respondents, it is not just the total amount of money that is available for CBR that seems to be the problem, but also the way that total dollars are allocated. Many participants mentioned a lack of clarity around roles and expectations as a significant challenge in their last CBR endeavor. This confusion might have been significantly alleviated had teams had more time to develop solid relationships and clarify partnership agreements. Providing financial support for the developmental stages of the partnership has proven to be an effective strategy for future success (Viswanathan *et al.*, 2004; Nayar, 2005), allowing time for partnership agreements to be crafted. The fact that funds are usually distributed to universities and hospitals, excluding community organizations, creates a further problem, introducing an inherent imbalance in the collaborative relationship at the outset (Viswanathan *et al.*, 2004; Wolff & Maurana, 2001). Finally, few funders are equipped (or interested) in funding both research and the policy and program development outcomes that flow from the research results. CBR practitioners voiced frustration at the amount of time and energy it takes to solicit funders and find ones that are interested in both research and its outcomes.

*Few funders are equipped (or interested) in funding both research and the policy and program development outcomes that flow from the research results*

### **Key Funding Recommendations**

1. Funders should host educational fora on CBR for their staff, for university research office staff and for faculty to increase their awareness of this powerful research tool.

2. Large national, provincial and private research funding foundations should set aside increased and/or designated CBR funding (at a minimum level of 5% of total funds) that adequately recognizes the dual role of CBR (research and action).
3. Funders should develop creative cost-sharing practices to ensure that research and action outcomes are both well-funded.
4. Funders should diversify their CBR funding to include: a) seed funding to offset start-up costs, recognizing that developing collaborative relationships takes time, and b) longer term support, since successful CBR requires investment for the long haul (e.g. more than two years).
5. Funders interested in developing CBR capacities should fund innovative capacity building opportunities such as training, staff-buy-outs, administrative and infrastructure dollars, in addition to project funding.
6. Granting bodies should include community based researchers on their peer review teams for all applied research, to encourage more funding of CBR by the traditional research evaluation panels.
7. Federal funding agencies should convene workshops with research-involved community groups to explore the roles NGOs can assume in the research process.
8. Community organizations should be eligible to hold CBR funds.
9. Funding organizations should reward excellence in CBR by developing special research awards honouring prolific or pioneering CBR practitioners.
10. Granting bodies should dedicate some funds to evaluation of CBR, with a focus on identifying long term outcomes.
11. Granting bodies should support graduate student and postdoctoral CBR work, to recruit and retain researchers in this field.

### **Partnership Support & Reward Structures**

Respondents cited partnership supports as a key facilitator to CBR. A history of mistrust between academic institutions and the community hinders research alliances between well intentioned individuals on both sides of this divide. Building and maintaining trusting partnerships and ensuring that mutually important goals are established and met can slow down the research process and penalize academics who could otherwise

churn out less relevant and useful results at a much greater rate (Barnsley & Lewis, 1996; Sclove, Scammell & Holland, 1999). Technical assistance and support to address the ongoing partnership maintenance challenges may prove an important long term strategy for facilitating CBR. Respondents cited lack of institutional support and the existing reward structure as important barriers to scholars' participation in CBR. Furthermore, the culture of specialization in most universities rewards and praises faculty for shying away from partnerships of any kind, instead encouraging extreme disciplinary specialization (Dugery & Knowles, 2003; Knapp & Brandon, 1998).

### **Key Support Recommendations**

1. Attention should be paid to building the capacities of community and academic researchers to effectively partner in research; CBR workshops should be hosted by postgraduate and faculty development and research services departments.
2. Practical toolkits and training opportunities ought to be made available by universities and funders to support community-academic partnerships.
3. Institutions wanting to support CBR should relieve CBR involved faculty and staff of other administrative duties to recognize the time commitment required to do partnered research.
4. Approaches to tenure review and advancement need to be amended to recognize and reward community impacts and action outcomes; in cases of CBR intensive faculty, community members should be included on hiring and advancement committees; multi-authored publications in peer reviewed journals, books and in the popular media warrant increased weighting.
5. Government, accreditation agencies, and other service provision funders should reward agencies that appropriately use research to improve service delivery and advocacy.
6. CBR training should be incorporated into the curriculum of applied academic studies (including public health, social work, nursing and environmental studies and sciences).
7. A national peer-review board should be developed by universities, collaboratively, to evaluate non-traditional research outputs.

## Community Participation

Our research suggests that academics dominate most areas of the research process (including designing the research question, developing the methodological approaches

*Representatives from all partner groups (community, service providers, academics and funders) wanted to be “more involved” in future projects*

and analyzing the data). Service providers seem to take a greater lead on dissemination and advocacy. Community members were reported as the “least involved” partners. Balancing matching skills and activities with providing capacity-building opportunities remains a constant tension in CBR endeavors. Qualitative responses in our data however demonstrated that representatives from all partner groups (community, service providers, academics and funders)

wanted to be “more involved” in future projects.

### **Key Community Participation Recommendations**

1. CBR teams should clearly define what they mean by “community involvement;” all partners should have choice of level of involvement at each stage.
2. Supports should be put in place to ensure optimal involvement by all project partners in each stage of the research. Childcare, translation, transportation, refreshments and other strategies for reducing barriers to participation need to become “standard” in proposal presentation.
3. Projects with policy implications should be particularly vigorous in promoting community involvement.

## I. Context

There has been a recent drive to involve communities more meaningfully in research (Cornwall & Jewkes, 1995; Israel, Schulz, Parker & Becker, 1998; Minkler, Blackwell, Thompson & Tamir, 2003; Minkler & Wallerstein, 2003; Viswanathan *et al.* 2004). The impetus has come from many directions. Communities across North America are demanding that they be given greater decision-making power over studies that take place in their midst (Gamble, 1997; Israel, Schulz, Parker & Becker, 2001; Kone *et al.*, 2000; Macaulay, Delormier, Potvin, Cargo & McComber, 1998; Nelson, Ochocka, Griffin & Lord, 1998; Syme, 1997). Major funding bodies both nationally and internationally have started to mandate community participation and partnerships in research that they fund. Many academics are calling for change (Green *et al.*, 1995; Seifer, Shore & Holmes, 2003; Stoecker, 1999; Viswanathan *et al.*, 2004; Wolfe and Maurana 2001). Community Based Research (CBR) has evolved to become a popular new research paradigm.

CBR is not so much a set of methods as it is a set of underlying beliefs and principles about the ways in which research ought to be conducted (Wallerstein & Duran, 2003). It is grounded on a philosophy that emphasizes collaboration, participation and emancipatory social justice agendas over positivist notions of objectivity and the idea that science is apolitical (Hall, 1993). CBR is based on the premise that working with community members as co-researchers renders research more accessible, accountable and relevant to people's lives (Israel *et al.*, 1998). Furthermore, advocates of CBR suggest that the very process of meaningful participation can be transformative: through active engagement, individuals and communities may become more empowered and better equipped to make sustainable personal and social change (Wallerstein & Duran, 2003). Finally, CBR can, in some cases, produce findings both more quickly and more accurately than more traditional research methods (Paigen, 1982).

There has been a recent proliferation of literature about the goals, challenges and theoretical underpinnings of CBR. Several prominent journals and textbooks have dedicated issues or sections to thinking about CBR approaches. Key reviews of the CBR

literature have identified the major barriers and facilitators to conducting CBR (Israel *et al.*, 1998; Viswanathan *et al.*, 2004), however these reviews have been based primarily on published case studies.

Emerging from this experience and literature are many terms which have been used to describe the collaborative research process (see Savan & Sider, 2003). For our study, we used the term “Community Based Research”, and the brief definition used in our survey is the one developed by the Loka Institute: CBR is “...conducted by, for or with the participation of community members ... Community based research aims not merely to advance understanding, but also to ensure that knowledge contributes to making a concrete and constructive difference in the world” (LOKA, 2002)

To the best of our knowledge, no one has attempted to do a cross-sectional analysis of the Canadian CBR community and academic practitioners. In addition to surveying the published literature, this project sought to ask Canadian practitioners about the state of the Canadian field, what barriers hinder its progress, and what can be done to better facilitate these collaborative ventures.

## **II. Approach**

An advisory committee comprised of 15 leading North American Community Based Research practitioners, advocates and funders was established in the fall of 2003. Based on their collective experiences, key informant interviews, and a thorough literature review, a survey was developed to assess barriers and facilitators to CBR in Canada. The survey instrument was pilot-tested by the advisory committee and adapted to reflect their feedback. Subsequently, the survey was made available online using Survey Monkey, an online survey administration service. The protocol underwent an ethical review through the University of Toronto Research Ethics Board.

An email outlining the goals of the project, with a link to participate in the survey, was sent out to a wide cross-section of the CBR Community in Canada. The invitation to participate in the survey was sent to all applicants with successful letters of intent in the Canadian Social Science and Humanities Research Council’s (SSHRC) Community University Research Alliance (CURA) grants program, applicants for the Canada Mortgage and Housing Corporation (CMHC)/SSHRC partnership grants program who were

successful at the Letter of Intent stage, attendees of the Community University Expo (CUEXpo) Conference on Community Based Research in May of 2003 and participants in the Wellesley Central Health Corporation's (WCHC) activities related to Community Based Research. The total database of potential respondents included approximately 1,000 names, email addresses and mailing addresses which were used for subsequent rounds of reminder emails and letters. In order to maximize the proportion of Canadian CBR researchers contacted, recipients were encouraged to forward the survey information to other experienced CBR practitioners.

When recipients followed the link, they were directed to a project site, and informed consent was sought online. The survey included 25 questions, including 5 questions with multiple sub-questions and 3 open-ended questions. It took approximately 15-30 minutes to complete. Participants who completed the survey were invited to submit their email for participation in a draw to win a book.

Three hundred and eight participants answered at least one question on the survey. A database was automatically generated by Survey Monkey. Quantitative data were exported to Microsoft Excel and SPSS for subsequent analysis. Qualitative data were exported into Excel, thematically coded and analyzed for major themes.

Those who had "never practiced CBR" ( $n=38$ ; 12%) or chose not to answer the question of length of experience ( $n=5$ , 1.75%), either explicitly by selecting "I choose not to answer this question" or by skipping it entirely were excluded from subsequent analysis. Some response variables were collapsed into larger groupings with other variables if the particular grouping was small (in most instances, where  $n < 25$ ). Additionally, in instances where respondents chose a response of "other" and provided a qualitative (text) response, every effort was made to recode responses into existing and, in some cases, new variables.

Univariate and bivariate statistical analyses were performed as needed to examine variables and relationships of interest. Where appropriate, variables were collapsed into artificial scales and were tested for reliability via Cronbach alpha coefficients. Participants were permitted to leave questions unanswered. As a result, the number of responses considered in each analysis varied ( $155 \leq n \leq 308$ ).

### III. Results

#### A. CBR in Canada

##### Our Sample: A Broad Cross-Section of CBR Practitioners

Our sample included a wide cross-section of CBR practitioners (see Table 1). Nearly half (48%) were relatively new to CBR (less than 3 years of experience), while approximately a quarter (22%) had been engaged in this work for over 10 years. Just over half the sample was academically situated (54%), and nearly a third identified as being not-for-profit professionals or community members (30%). The sample was also diverse in terms of role that the respondents filled within the CBR projects: 35% PIs; 22% co-PIs; 18% staff;

8% advisory members, and 7% community partners. Two thirds of the respondents were from Ontario, with the rest distributed throughout other parts of Canada.

Respondents were asked to reflect on their most recent CBR experience and answer all questions as if they applied to this experience (see Table 2). They reported a variety of reasons for engaging in research: 36% identified that the primary goal of their last project was a community assessment, for 23% it was an evaluation and for 19% community awareness was the primary goal. Other reasons cited included proposing policy alternatives and gathering baseline data.

Half of the respondents reported that their last CBR project lasted between 1 and 3 years, while 29% said their last project lasted less than a year and 22% had projects that lasted three or more years. Most projects (62%) were funded by a single source, while 5% had no funding and a third had two or more funders. Budgets for projects ranged from nil to over \$500,000.

Respondents reported a wide range of project foci. Project topics spanned the life

**Table 1: Sample Characteristics**

	n	%
<i>Experience (in CBR) (n=265)</i>		
<3 years	127	48%
3-10 years	80	30%
>10 years	58	22%
<i>Organization (n=265)</i>		
Academic/Hospital	143	54%
Government	27	10%
For profit/funder	16	6%
Non-profit/citizen	79	30%
<i>Role on the project (n=253)</i>		
Principal Investigator	89	35%
Co-Investigator	56	22%
Advisory Committee Member	20	8%
Paid Staff	45	18%
Community Partner	17	7%
Other	26	10%
<i>Province (n=264)</i>		
Ontario	199	74%
Quebec	19	7%
Maritimes	10	5%
British Columbia	54	9%
Prairies	12	5%

course (20% children; 33% youth; 14% university students; 28% adults; 21% seniors). Some projects focused on individual ethno-racial communities (e.g. 23% aboriginal/first nation), others on communities of identity (e.g. 15% lesbian or gay community). Poverty (29%), Education (29%), Health/Welfare (29%), Community Sustainability (24%) and Housing (22%) were the most popular issues studied (these categories were not mutually exclusive).

**B. Participation and Involvement**

Participants were asked to rate the level of involvement in each stage of the research process:

- a) Community Members (people who self-identify as part of the community being studied),
- b) Service Providers (people who work in not-for profit organizations),
- c) Academics or Hospital-based researchers,
- d) Funders/Government.

Academic partners were perceived to be most involved at all stages of the research process until dissemination (see Figure 1). While service providers were also cited as being rather involved in defining the questions, and disseminating the results, they appeared to take the lead in using the findings for advocacy and changing policy and practice. Community members were perceived to be somewhat involved in defining research questions and dissemination and advocacy but were substantially less involved in all other areas of the research. Not surprisingly, funders/government were understood to be most active in supporting projects financially and using the results to inform policy and practice.

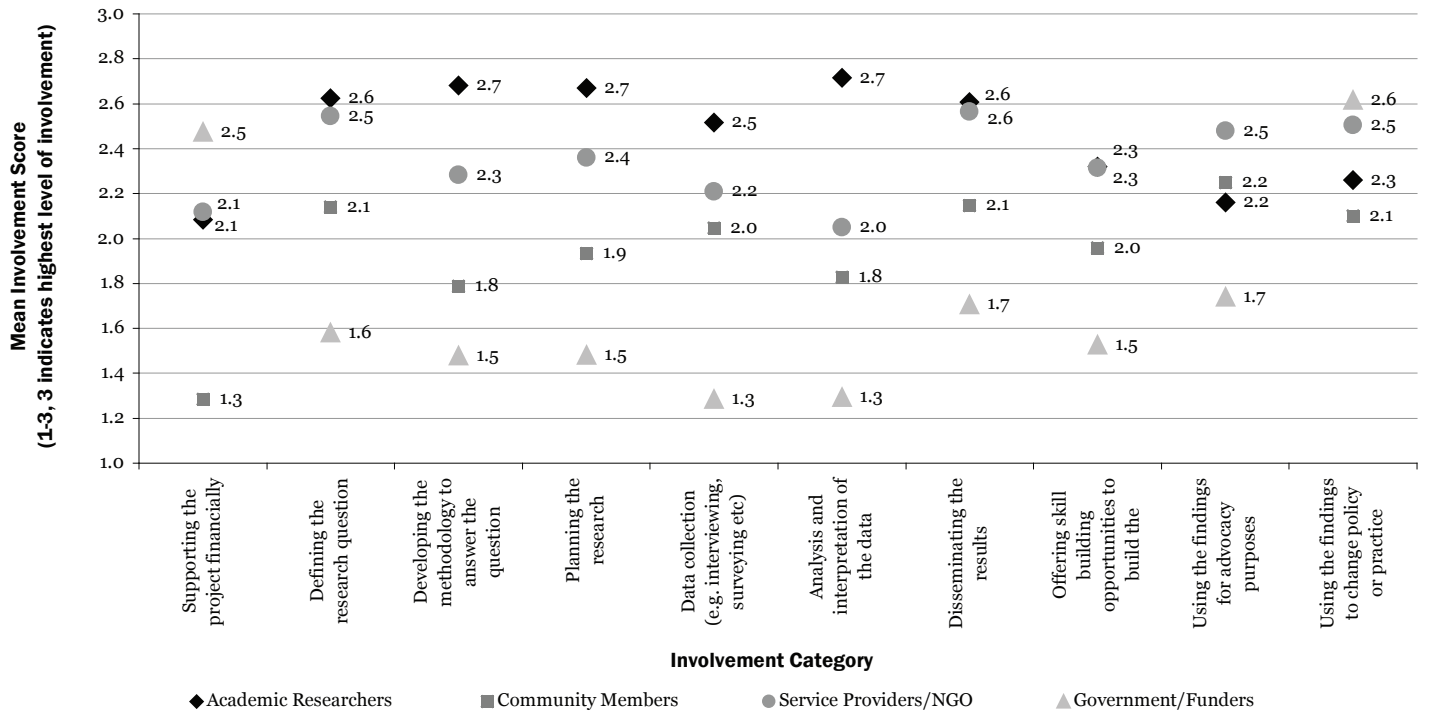
Increased funding was found to be correlated with higher reported community

**Table 2: Project Characteristics**

	<b>n</b>	<b>%</b>
<i>Primary Goal of the Project (n=240)</i>		
Assessment	87	36%
Evaluation	56	23%
Proposing Policy Alternatives	15	6%
Community Awareness	45	19%
Baseline Data	15	6%
Other	22	9%
<i>Duration of the Project (n=243)</i>		
< 1 year	70	29%
1-3 years	119	49%
> 3 years	54	22%
<i>Funders (n=265)</i>		
University	44	17%
Federal government	104	39%
Provincial government	42	16%
Local government	25	9%
Foundation	84	32%
In-kind funding	71	27%
Other	26	10%
<i>Number of Types of Funders (n=265)</i>		
0	13	5%
1	164	62%
2	48	18%
3	27	10%
4+	13	5%
<i>Total Project Budget (n=215)</i>		
<\$20,000	66	31%
\$20,001-\$100,000	68	32%
\$100,001-\$500,000	50	23%
>\$500,000	31	14%

members’ participation in data collection and the development of methodology. No other evidence was found of any factors having influenced levels of involvement in the various stages of the research process on the part of any of the four groups. This subject is discussed further below, in the Discussion section of this paper.

**Figure 1: Participation in the Research Process**



n=133-177

**C. Satisfaction of Participants**

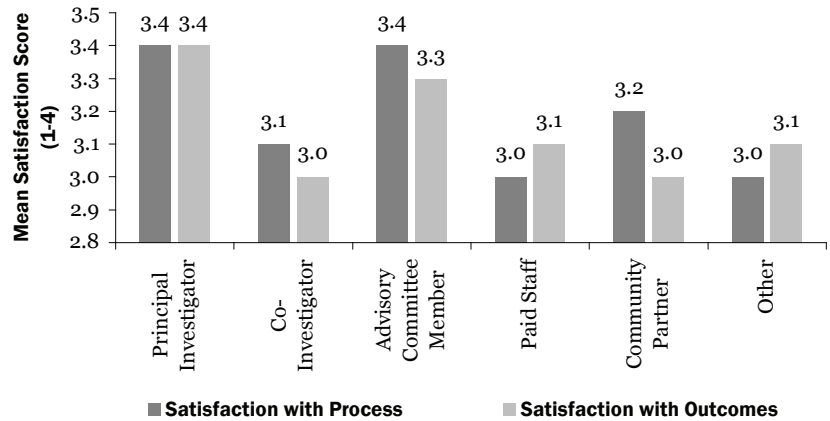
Respondents were found to have been overwhelmingly satisfied with both the process and the results of their work. Only 11% were dissatisfied with either one, and, on a scale of 1–4 (1 representing a response of “very unsatisfied” and 4 representing a response of ‘very satisfied’) the remaining respondents averaged high satisfaction levels of 3.2 with both their process and project outcomes.

Figure 2 indicates mean levels of satisfaction on a scale of 1 to 4, (1 indicating “very unsatisfied” and 4 indicating “very satisfied”) across role groups.

Those dissatisfied were not characterized by any particular qualities, but were

evenly distributed across the full range of CBR experience. (For instance, unhappy respondents had approximately the same amount and duration of funding and diversity of funders as the population of respondents overall). Figure 2, details differences in mean satisfaction scores between respondents in different groups. Although the difference found between the Principal Investigators and Co-Investigators was not statistically significant, there is evidence that Principal Investigators are more satisfied than those in other roles. They are more satisfied than Paid Staff with process (at the 0.1 level) and outcomes; than Community Partners with outcomes (at the 0.1 level); and than those describing their role on the project as ‘Other’.

**Figure 2: Satisfaction with Process and Outcomes of CBR**



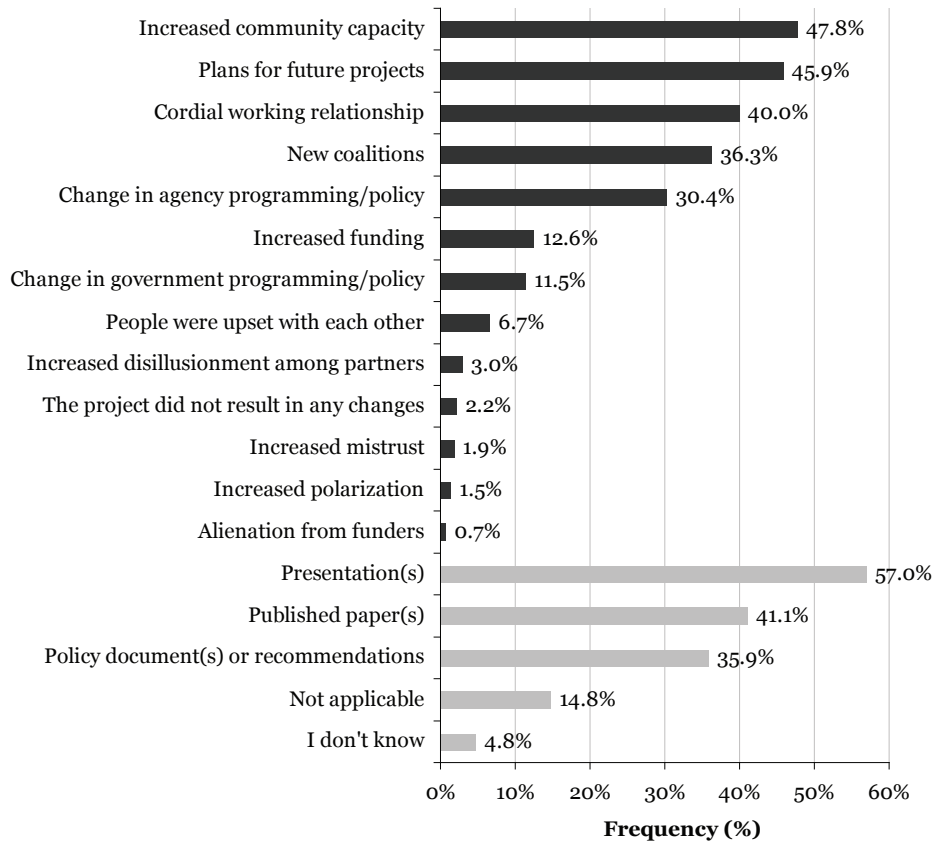
**D. Satisfaction with Outcomes**

Positive outputs (concrete products of the research) and outcomes (less tangible benefits flowing from the project) are both effectively fostered by the projects undertaken by our respondents (see Figure 3).

Presentations (73%), published papers (52%), and/or policy documents and recommendations (47%) are produced by most. CBR participants generally reported satisfaction (‘satisfied’ or ‘very satisfied’) with this level of productivity. Most importantly, CBR was found to foster societal outcomes which are not perceived as being achieved with traditional research methods (Israel *et al.*, 1998). In particular, increased community capacity (62%), plans for future projects (60%), cordial working relationships (51%), new coalitions (47%), changes in agency programming (38%) and changes in government policy (15%) were cited as concrete outcomes from the projects undertaken by our respondents. The frequency of reported negative outcomes (e.g. increased polarization, increased mistrust and alienation from funders, etc) was low (under 2%).

These outcomes and outputs were almost all found to have been positively correlated with a number of factors, including the project duration and budget (see Table 3),

**Figure 3: Outcome / Output Frequency**



a result which was also emphasized by respondents in their written comments. The number of types of funders also clearly affects both outcomes and outputs, unexpected relationships not reported elsewhere.

**E. Facilitators**

Facilitators represent mechanisms to overcome barriers, but also include other factors which encourage CBR. Respondents were asked to rank the extent to which they believed that a list of twenty “frequently cited” facilitators would indeed be “helpful facilitators to CBR” (where 1=‘this is not helpful’ and 5=‘very significant facilitator’). The three facilitators that ranked highest all related to funding: increased funding opportunities, increased funder awareness of the value of CBR and funding for longer-term initiatives. These concerns are echoed in the literature (Ansley & Gaventa, 1997; Barrett *et al.*, 1998; Cottrell, Lord, Martin & Prentice, 1996; Israel *et al.*, 2001; Sclove, Scammell & Holland, 1999; Wolf & Marauna, 2001; Viswanathan *et al.*, 2004).

While funding issues were seen as central across the board, respondents in different roles and organizations differed in what they perceived to be the most important facilitators (see Figure 4). For instance, a majority gave increasing funding opportunities the highest facilitator score. However, the average respondent situated in government was most concerned with increasing funder awareness. By contrast, paid staff responded

that they were advocating longer-term funding opportunities, while co-investigators, on average, emphasized the importance of resources and supports for developing research partnerships. However, no statistically significant differences in mean facilitator scores were discovered between respondents of different organizations and roles.

In terms of facilitating factors to CBR, results were negatively related to the level of respondent experience. Eight statistically significant relationships (all negative) were discovered for the sample as a whole: skills opportunities for community partners, skills opportunities for academic partners, the establishment of ethics review boards, the maintenance of a clearinghouse of CBR information, start-up funding for needs-assessment partnerships, increased funder awareness of the value of CBR, development of CBR curricula and the creation of internship opportunities for students were all cited as less important factors as experience increased.

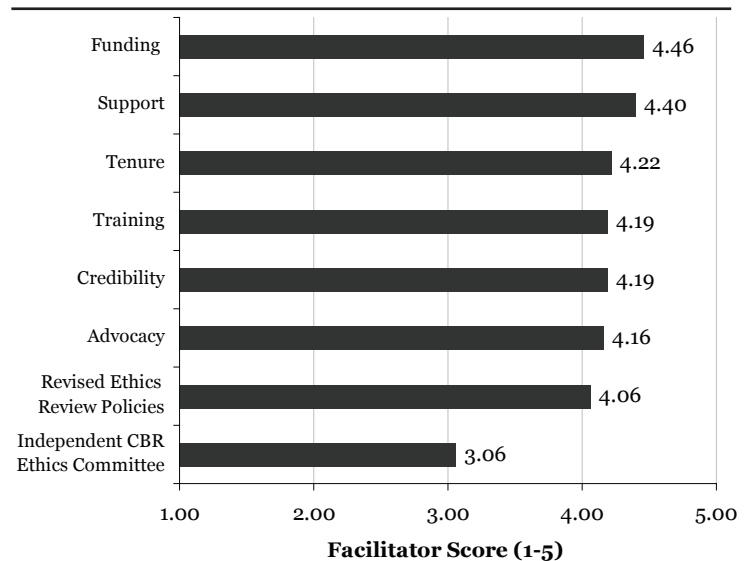
Further analysis can be found at <http://wellesleyinstitute.com/cbrsnapshot>.

**Table 3: Phi Outcome/Output Correlations**

	<u>Duration</u>	<u>Budget</u>	<u>No. of Types of Funders</u>	<u>Length of CBR Exp.</u>
<b>Outcomes</b>				
Change in agency programming/policy	<b>0.215</b>	<b>0.210</b>	<b>0.209</b>	<b>0.189</b>
Change in government programming/policy	<b>0.253</b>	<b>0.252</b>	<b>0.211</b>	<b>0.359</b>
New coalitions	<b>0.200</b>	<b>0.235</b>	<b>0.318</b>	<b>0.217</b>
Increased community capacity	<b>0.221</b>	<b>0.270</b>	<b>0.322</b>	<b>0.170</b>
Increased funding	<b>0.315</b>	<b>0.246</b>	<b>0.216</b>	<b>0.261</b>
Cordial working relationship	<b>0.330</b>	<b>0.242</b>	<b>0.345</b>	<b>0.159</b>
Plans for future projects	<b>0.196</b>	0.154	<b>0.291</b>	0.107
People were upset with each other	<b>0.196</b>	<b>0.220</b>	0.148	0.090
<b>Outputs</b>				
Published paper(s)	<b>0.357</b>	<b>0.302</b>	<b>0.236</b>	<b>0.217</b>
Policy document(s) or recommendations	0.144	<b>0.200</b>	<b>0.234</b>	0.110
Presentation(s)	<b>0.223</b>	<b>0.252</b>	<b>0.350</b>	<b>0.173</b>

**Bold** indicates statistical significance

**Figure 4: Facilitators**

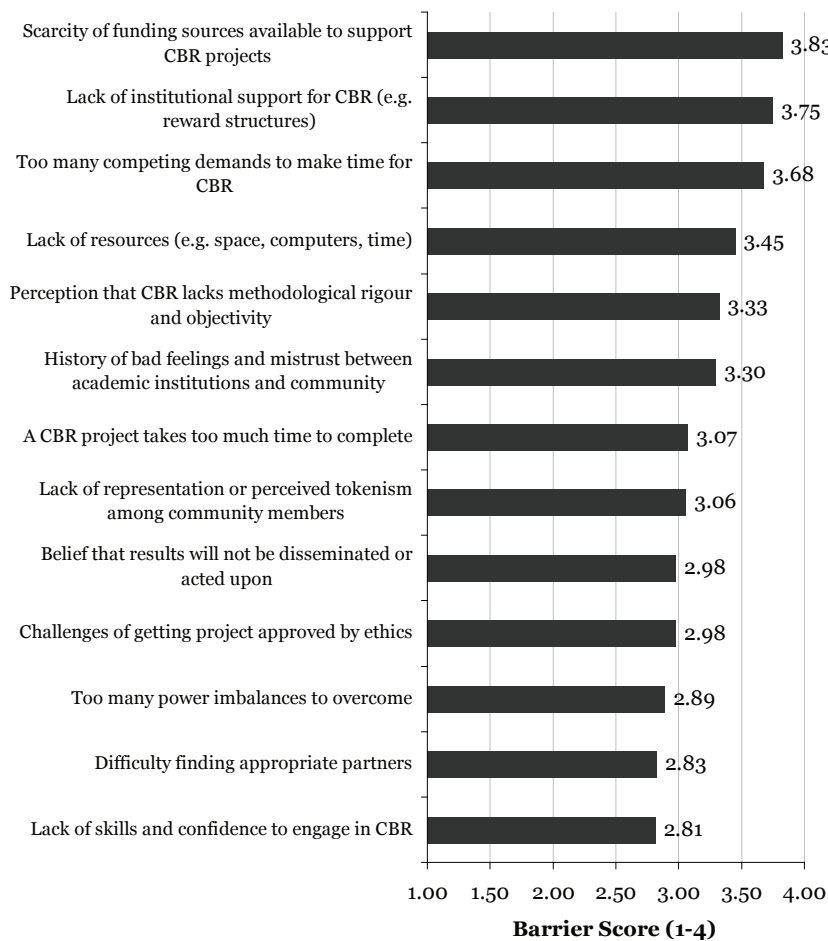


**F. Barriers**

Respondents were asked to rate the extent to which they felt that 14 frequently cited barriers were significant (see Figure 5). Results mirrored those regarding facilitators. The two most important are scarcity of funding sources available to support CBR projects and the lack of institutional support for CBR (e.g. reward structures). The latter is most important for academic and hospital based investigators, and for those in the role of principal or co-investigator. For all others, lack of funding was the most important. Length of CBR experience vs. Barriers

Analyses of relationships between respondents’ experiences with CBR and what they consider to be barriers and facilitators of CBR were discerned through the calculation of Pearson correlation coefficients. It must be noted first that, particularly with the barriers and facilitators, the ranking of to what extent certain factors are barriers and facilitators, may have been flawed, due to awkward question wording. For the time being however, the data was taken to at least resemble a Likert scale, which at large sample sizes, approximates a continuous data set.

**Figure 5: Barriers**



at least resemble a Likert scale, which at large sample sizes, approximates a continuous data set.

**Barriers**

Selection rates for particular barriers generally tended not to differ greatly for different levels of experience, but several general trends were discovered. Amongst respondents, levels of association tended to be weak, but negative. That is, as levels of experience rose among respondents, the citation of most barriers’ seriousness tended to decrease. Several exceptions were found, but they were found in the specific smaller samples segregated by organization

and are discussed below. These relationships, however, were for the most part not statistically significant. That is, they may exist within the sample, but only 5 of them were significant enough to suggest that they may exist within the population. Issues of finding appropriate partners, perceived tokenism, power imbalances, lack of faith in results being acted upon and lack of CBR skills were particularly negatively related to researcher experience and these relationships are most likely to exist within the population generally.

### **G. Limitations**

Our sample was not a representative random sample; it was a self-selected sample from one total population of contacts. Since it is difficult to estimate the size of the community of CBR practitioners in Canada, it is impossible to generate an accurate response rate. As such, we cannot make definitive generalizations about the larger community of CBR practitioners.

A second limitation of our research is that the majority of respondents came from Ontario and, as a result, it was difficult to conduct regional analyses. A third limitation is that we have no way of knowing if there were “linked” responses. For instance, it is conceivable that more than one respondent from the same project team filled out a survey. Therefore, some areas of inquiry or projects may be “overrepresented.”

Several issues related to survey design must be acknowledged in order to properly frame results. Respondents were asked to answer all the questions in the survey in reference to, or in the context of, their most recent project. It is unclear whether all respondents answered in this manner, judging by some respondents who indicated that they were responding for past studies, as their most recent ones had not been completed. Furthermore, it cannot be known to what extent respondents generally amalgamated sentiments about CBR that have developed over years of study.

Nevertheless, to the best of our knowledge, this is the first survey of CBR practitioners in North America. With just over 300 respondents, we begin to get a snapshot of the barriers and facilitators to doing collaborative research in Canada.

## IV. Implications

Our study shows that CBR practitioners are engaged in research that is productive, efficient and making meaningful change in Canada and beyond in a wide range of fields and disciplines.

*“Academic researchers have a huge existing research infrastructure to draw on; community members do not”*

Anonymous survey respondent

This general finding is in keeping with others that have found CBR to be a successful model of research to address a number of social and health disparities (Fals-Borda & Rahman, 1991; Israel *et al.*, 1998; O’Fallen & Dearry, 2002; Viswanathan *et al.*, 2004). Nevertheless, a number of key issues arose out of the research. These will be explored in depth below. It is notable however, that our survey results indicate that most barriers tend to become less important as the respondent experience with CBR increases indicating that those who stick with CBR work in spite of the challenges it presents are able to develop strategies to overcome many of the barriers which deter less experienced researchers. The exception to this trend was the perception of lack of rigour in CBR methodology, which was a persistent problem for even the most experienced researchers.

### A. Funding

Our research shows that issues concerning funding were perceived as both the most significant barriers and facilitators to CBR projects. The scarcity of funding sources available to support CBR projects is well documented in the literature (Cotrell *et al.*, 1996; Israel *et al.*, 2001; Sclove *et al.*, 1999).

According to narrative comments by survey respondents, it is not just the total amount of money that is available for CBR that seems to be the problem, but also the way that total dollars are allocated. Few funders are set up to accommodate the long period of partnership formation and collaboration required for effective CBR (Barnsely & Lewis, 1996; CCESHP, 2005; Deguire, 1996; Israel *et al.*, 2001; Markey & Roseland, 2001; Sclove *et al.*, 1999; Viswanathan *et al.*, 2004; Zaal & Leydesdorff, 1987). Many participants mentioned a lack of clarity concerning roles and expectations as a signifi-

cant challenge in their last CBR endeavor. This confusion might have been significantly alleviated had teams had more time to develop solid relationships and clarify partnership agreements. Providing financial support for the developmental stages of the partnership has proven to be an effective strategy for future success (Nayar, 2005; Viswanathan *et al.*, 2004), allowing time for partnership agreements to be crafted.

Projects that reported multiple funding sources also were more likely to also report higher outcomes and outputs (e.g. policy change and publications). These correlations may reflect the fact that projects successfully attracting a range of funders are generally better thought out and designed, and enjoy more strategic partnerships than projects which may fit in with only one funding program. Greater respondent CBR experience was also linked to better outcomes. On the other hand, we also found that longer and better funded projects appear more often to result in the negative outcomes of research team members being upset with each other. This may be because both a larger budget and longer time frame give more scope for conflict over money or project implementation than would either short or ill-funded projects.

The fact that funds are usually distributed to universities and hospitals, excluding community organizations, creates a further problem, introducing an inherent imbalance in the collaborative relationship at the outset (Viswanathan *et al.*, 2004; Wolff & Maurana, 2001). Finally, few funders are equipped (or interested) in funding both research and the policy and program development outcomes that flow from the research results. CBR practitioners voiced frustration at the amount of time and energy it takes to solicit funders and find ones that are interested in both research and its outcomes.

Respondents suggested that the most important facilitators for CBR include increasing funding opportunities, increasing funder awareness of CBR, funding longer-term initiatives and rewarding excellence in CBR. These facilitator suggestions send a powerful (if unsurprising) message to community and research funders. For most funders with

*“Many CBR ideas still die on the ground before getting anywhere near a ‘fundable’ status”*

Anonymous survey respondent

*“Funders not understanding that the impacts of a two-year pilot project will not be evident for maybe three or four years is a big barrier”*

Anonymous survey respondent

finite resources, this raises some interesting questions about how to allocate resources. CBR funders may want to lobby their peers in the funding community to ante up. Funding fewer projects for a longer terms might lead to more sustainable change than diluting resources across many projects.

A preliminary analysis of federal research funding allocation indicates in certain areas that the perception of CBR-related funding is accurate, but there are misperceptions

in others. Canada's most well-known CBR funding program, the Community-University Research Alliance (CURA), under the auspices of the Social Science and Humanities Research Council's (SSHRC), represented less than 1% of total projects funded by SSHRC. Nevertheless, average per-project funding for CURA grants was over three times that of the average SSHRC grant (\$98,504 versus \$32,529). The situation is

bleaker when looking at CBR funding for health-related research, the field in which CBR is most prominent. The Canadian Institutes of Health Research (CIHR) grants explicitly for CBR work made up 1.1% of the total of CIHR funding, but were about 1.5% of the total number of projects funded from 2001 to 2005. Indeed, the average per-project funding for CBR grants was about 25% lower than the average per-project funding for all CIHR grants. Generally, CBR tends to be funded by smaller foundation grants. As such, CBR teams are often expected to do more with much less.

*“[There is a] lack of knowledge among traditional funders about CBR”*

Anonymous survey respondent

### **Key Funding Recommendations**

1. Funders should host educational fora on CBR for their staff, for university research office staff and for faculty to increase their awareness of this powerful research tool.
2. Large national, provincial and private research funding foundations should set aside increased and/or designated CBR funding (at a minimum level of 5% of total funds) that adequately recognizes the dual role of CBR (research and action).
3. Funders should develop creative cost-sharing practices to ensure that research and action outcomes are both well-funded.

4. Funders should diversify their CBR funding to include: a) seed funding to offset start-up costs, recognizing that developing collaborative relationships takes time, and b) longer term support, since successful CBR requires investment for the long haul (e.g. more than two years).
5. Funders interested in developing CBR capacities should fund innovative capacity building opportunities such as training, staff-buy-outs, administrative and infrastructure dollars, in addition to project funding.
6. Granting bodies should include community based researchers on their peer review teams for all applied research, to encourage more funding of CBR by the traditional research evaluation panels.
7. Federal funding agencies should convene workshops with research-involved community groups to explore the roles NGOs can assume in the research process.
8. Community organizations should be eligible to hold CBR funds.
9. Funding organizations should reward excellence in CBR by developing special research awards honouring prolific or pioneering CBR practitioners.
10. Granting bodies should dedicate some funds to evaluation of CBR, with a focus on identifying long term outcomes.
11. Granting bodies should support graduate student and postdoctoral CBR work, to recruit and retain researchers in this field.

## **B. Partnership Support & Reward Structures**

Respondents cited partnership supports as a key facilitator to CBR. The literature has clearly highlighted the challenges inherent in bridging the gaps between community and academic cultures (Green & Mercer, 2001; Heaney 1992; Israel et al., 1998; Israel et al., 2001; Kone *et al.*, 2000; Lantz, Viruell-Fuentes, Israel, Softley & Guzman, 2001; MacQueen *et al.*, 2001; Maguire, 1993; Narciso, Patten *et al.* 2003; O’Fallen and Dearry, 2002; Stoecker, 1999; Viswanathan *et al.*, 2004).

A history of mistrust between academic institutions and the community hinders research alliances between well intentioned individuals on both sides of this divide. In particular,

*“[There are c]ontinuing ... barriers to inter-disciplinary work or cross-departmental communication within universities”*

Anonymous survey respondent

academics have earned a negative reputation as exploiters of local communities as experimental subjects fulfilling the academic's agenda, rather than research partners with shared goals (Cheadle, 1996; Israel *et al.*, 2001; Sclove *et al.*, 1999; Wolff & Maurana, 2001). For academics especially, on the 'publish or perish' treadmill, the time required to complete CBR is often considered prohibitive.

Building and maintaining trusting partnerships and ensuring that mutually important goals are established and met can slow down the research process and penalize academics who could otherwise churn out less relevant and useful results at a much greater rate (Barnsley & Lewis, 1996; Sclove *et al.*, 1999).

Several other barriers cited by our respondents and in the literature are related to the core issues of lack of trust and differing academic and community agendas (lack of representation or perceived tokenism among community members, belief that results will not be disseminated or acted upon, too many power imbalances to overcome, difficulty finding partners) (Axel-Lute, 2001; Bishop, 1998; Hall, 1993; Jackson, Graham & Maslove, 2000; Maurana, Beck & Newton, 1998). Technical assistance and support to address the ongoing partnership

*“[T]here are very few resources that provide genuine guidance [for practicing CBR]. There are lofty sounding words about collaboration, and virtually nothing on how it unfolds on the ground”*

Anonymous survey respondent

maintenance challenges may prove an important long term strategy for facilitating CBR. Organizations such as the Wellesley Institute, the Kellogg Foundation and Community Campus Partnerships for Health have developed curricula, training, and toolkits that may be important resources for partnership teams to access (*see* Additional Resources).

Respondents cited lack of institutional support and the existing reward structure as important barriers to scholars' participation in CBR. Barrett *et al.* (1998) assert that promotion and tenure criteria act as disincentives to engage in CBR. The tenure process actively militates against the collaborative, often multidisciplinary kind of work carried out through CBR projects (e.g. joint publication and teaching) (Knapp & Brandon, 1998; CCESHP, 2005).

Furthermore, the culture of specialization in most universities rewards and praises faculty for shying away from partnerships of any kind, instead encouraging extreme disciplinary specialization (Dugery & Knowles, 2003; Knapp & Brandon, 1998) and individ-

ually-authored publications. This again acts as a crucial barrier to CBR, especially during the formative post doctoral and pre-tenure years, when faculty determine their career path and research focus. Together, the various factors which discourage research collaboration on interdisciplinary applied work that is based off campus, present a pervasive culture and reward structure which very clearly discourage CBR (Markey & Roseland, 2001; Roman, 1996; Scammell & Johnston, 1997).

Community Campus Partnerships for Health's pioneering efforts in agitating for reform in the tenure system may provide a model for Canadian systems. Their report, *Linking Scholarship and Communities* (2005), highlights a number of ways in which institutions can reform their policies to be more CBR-friendly. These include having institutions adopt and promote definitions of scholarship and tenure criteria that value community engagement, including community members on tenure review committees, and establishing a national peer review board to initiate a peer-review process for non-academic outputs. In addition, it may be valuable to review applied health and social science undergraduate, graduate and post-graduate training programs and integrate CBR methods into curricula to train future generations of researchers.

Service providers in the community setting are also under their own set of pressures and constraints. With dwindling government social spending, service providers are being asked to do evermore with fewer and fewer resources (Cain & Todd, 2002; Harding, Hoy & Lankin, 2005). As such, finding the time to establish partnerships with scholars, and do research and advocacy and service provision with fewer resources, puts its own strain on the system. Governments, accreditation bodies and funders wishing to support CBR should actively reward agencies for effectively using research to improve their program and advocacy objectives.

*“[It is] not always easy to find someone skilled in both community work and research to play a hands-on bridging role and relationship-building/maintenance”*

Anonymous survey respondent

### **Key Support Recommendations**

1. Attention should be paid to building the capacities of community and academic researchers to effectively partner in research; CBR workshops should be hosted by postgraduate and faculty development and research services departments.
2. Practical toolkits and training opportunities ought to be made available to support community-academic partnerships.
3. Institutions wanting to support CBR should relieve CBR involved faculty and staff of other administrative duties to recognize the time commitment required to do partnered research.
4. Approaches to tenure review and advancement need to be amended to recognize and reward community impacts and action outcomes; in cases of CBR intensive faculty, community members should be included on hiring and advancement committees; multi-authored publications in peer reviewed journals, books and in the popular media warrant increased weighting.
5. Government, accreditation agencies, and other service provision funders should reward agencies that appropriately use research to improve service delivery and advocacy.
6. CBR training should be incorporated into the curriculum of applied academic studies (including public health, social work, nursing and environmental studies and sciences).
7. A national peer-review board should be developed by universities, collaboratively, to evaluate non-traditional outputs.

### **C. Participation & Involvement**

Our research suggests that academics dominate most areas of the research process (including designing the research question, developing the methodological approaches and analyzing the data). Service providers seem to take a greater lead on dissemination and advocacy. Community members were reported as the “least involved” partners. This raises powerful question about who represents community and what it means to represent community based concerns (Guijt & Shah, 1998; Jewkes & Murcott, 1998; Kone et al., 2000; MacQueen *et al.*, 2001).

There is a wide range of levels of participation possible in CBR projects (Boutilier, Mason & Rootman, 1997; Cornwall & Jewkes, 1995; Diaz *et al.*, 1999). Community par-

ticipation ranges from having a community advisory group that meets quarterly to guide overall research direction to having community representatives partner in all aspects of the research. Using the same language (CBR) to describe each of these instances may in fact obscure when participation is actually token involvement (Hart, 1997).

Our research shows that community members were most often involved in defining research questions, collecting data and using the findings for advocacy purposes. They were least likely to be involved in data analysis and interpretation, or financially supporting projects. It should be noted that the choice of method, data analysis and interpretation can often direct and can even pre-determine the results (Savan, 1988); lack of community involvement in these processes may exclude the community from the important choices which predispose the study to lead to particular results and conclusions.

Many models of CBR romanticize the notion that moving towards maximum community participation in all aspects of the research is optimal. However, community members are often overworked and have little time for or interest in involvement with all the minutia of research (Maguire, 1987). When asked, community members disagree on the appropriate level of participation (Kone *et al.*, 2000). Often, well-organized and empowered communities could do their own research, but have more important things to do. Having an outside academic facilitate and carry out research does not necessarily hinder a community from learning new skills, nor does it perpetuate knowledge inequality if the knowledge is appropriately shared (Stoecker, 1999). Balancing matching skills and activities with providing capacity-building opportunities remains a constant tension in CBR endeavors.

Stoecker (1999) contends that “it may be time to deconstruct the imperative built into the discourse of CBR that holds that maximum participation is always and inherently empowering. Rather, the central question... should be: what level of participation is best to accomplish specific objectives without overwhelming or side-tracking participants, while ensuring authentic community involvement?”

The challenge becomes knowing when a participatory or community based ap-

*“[We need to] identify and acknowledge the difficulties faced by community members who do NOT have the institutional affiliations that are needed to get the proposals funded”*

Anonymous survey respondent

proach would add value and then negotiating its proper application given the particular fiscal, resource and time constraints of each context. Striving for maximum community ownership and control may not be a realistic or (necessarily) desirable circumstance for every project (Stoecker, 1999). Finding the appropriate balance is the key.

Qualitative responses in our data however demonstrated that representatives from all partner groups (community, service providers, academics and funders) wanted to be “more involved” in future projects. Finding an appropriate balance between efficiency, capacity-building, and real resource constraints remains an ongoing challenge.

### **Key Community Participation Recommendations:**

1. CBR teams should clearly define what they mean by “community involvement;” all partners should have choice of level of involvement at each stage.
2. Supports should be put in place to ensure optimal involvement by all project partners in each stage of the research. Childcare, translation, transportation, refreshments and other strategies for reducing barriers to participation need to become “standard” in proposal presentation.
3. Projects with policy implications should be particularly vigorous in promoting community involvement.

## **V. Conclusions**

CBR is hindered by several important factors, related to resources, systemic institutional bias and culture. Both money and time are required for successful CBR. Academics and community groups are subject to such different pressures that too much money, or too little time, can bring into stark relief the different agendas held by research partners. Academics need to publish, while communities often need action – the time needed to create and submit peer reviewed articles can detract from the equally important requirement to ensure that the research results have meaning and lead to real changes on the ground. Dedicated funding to aid in pursuing each set of goals is an important mechanism for avoiding this kind of conflict.

Lack of institutional support is a critical factor in deterring both researchers and community practitioners from pursuing CBR. Given the large number of projects with tiny budgets, this pervasive bias against CBR on the part of the academic reward structure is likely the most important reason that academic work is largely divorced from the community it allegedly serves. Young researchers are encouraged to publish frequently and alone in specialized disciplinary peer reviewed journals – all of which is antithetical to CBR. Even when university mission statements crow about links to the community, the internal reward structure invariably acts to discourage such links (Scammell & Johnston 1997, 90). Universities can do much to break down these systemic biases against CBR – by rewarding collaborative research and publications in the advancement process, by supporting applied research and publication in interdisciplinary and non traditional research organs, and by recognizing the importance of dissemination of information to non academic audiences. Only when the academic reward structure reflects the oft-spoken institutional desire for better community relations will this goal be realized.

Our research suggests that academics dominate most areas of the research process (including designing the research question, developing the methodological approaches and analyzing the data). Service providers seem to take a greater lead on dissemination and advocacy. Community members were reported as the “least involved” partners. Community members were most often involved in defining research questions, collecting data and using the findings for advocacy purposes. They were least likely to be involved in data analysis and interpretation, or financially supporting projects; lack of community involvement in these processes may exclude the community from the important choices which predispose the study to lead to particular results and conclusions.

In spite of the barriers and challenges described above, CBR is clearly highly productive and uniquely suited to produce evidence-based policy and program reforms. The recommendations presented in this report would foster further development of CBR in Canada, enhancing documented research, policy, program and capacity outcomes, and publications.



## ADDITIONAL RESOURCES

**CANADIAN ABORIGINAL AIDS NETWORK:** Hosts a variety of resources on its website about working collaboratively with aboriginal communities on CBR. <http://www.linkup-connexion.ca/>

**COMMUNITY BASED RESEARCH NETWORK OF OTTAWA:** Aspires to be an inclusive, collaborative, community/university partnership that focuses on community based services and social change through shared evidence-based information. [http://www.spcottawa.on.ca/CBRNO\\_website/home\\_cbrno.htm](http://www.spcottawa.on.ca/CBRNO_website/home_cbrno.htm)

**COMMUNITY-BASED PARTICIPATORY RESEARCH LISTSERV:** Co-sponsored by Community-Campus Partnerships for Health and Wellesley Institute, it is a valuable resource for connecting with colleagues involved in CBPR and keeping up on the latest CBPR news, funding opportunities, conferences, etc. <https://mailman1.u.washington.edu/mailman/listinfo/cbpr>

**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>

**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. <http://www.cbrc.org/>

**COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH:** A nonprofit organization that promotes health (broadly defined) through partnerships between communities and higher educational institutions. 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. <http://www.ccpn.info>

### **DEVELOPING AND SUSTAINING COMMUNITY-BASED PARTICIPATORY RESEARCH**

**PARTNERSHIPS:** A Skill-Building Curriculum presents an opportunity to explore the practice of CBPR as an innovative approach for improving health. The curriculum intends to foster critical thinking and action on issues impacting CBPR and community-institutional partnerships. The curriculum is built upon a combination of experiential and didactic approaches to teaching and learning. [www.cbprcurriculum.info](http://www.cbprcurriculum.info)

**HIV/AIDS COMMUNITY-BASED RESEARCH NETWORK:** 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. <http://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. <http://www.incommunityresearch.org>

**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. <http://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. <http://www.livingknowledge.org>

**LOKA INSTITUTE:** A non-profit research and advocacy organization concerned with the social, political, and environmental repercussions of science and technology.  
<http://www.loka.org>

**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. <http://www.parnet.org>

**WELLESLEY INSTITUTE:** An independent, self-sustaining not-for-profit organization that is dedicated to building and strengthening communities through assisting coalitions, enhancing capacities and supporting community- and policy-relevant research.  
[www.wellesleyinstitute.com](http://www.wellesleyinstitute.com)



## REFERENCES

- Ansey, A., & Gaventa, J. (1997). Researching for democracy and democratizing research. In D. Murphy, M. Scammell & R. Sclove (Eds.), *Doing community based research: A reader* (pp. 103-110). Amherst, MA: Loka Institute.
- Axel-Lute, M. (2001). Town and gown: Making research serve communities' needs [Electronic version]. *Shelterforce*, 108. Retrieved May 18, 2006, from <http://nhi.org/online/issues/108/towngown.html>
- Barnsley J. & Lewis, D. (1996). Case studies from British Columbia. In B. Cottrell, S. Lord, L. Martin & S. Prentice (Eds.), *Research partnerships: A feminist approach to communities and universities working together*. Ottawa: Canadian Research Institute for the Advancement of Women.
- Barrett, K., Bartlett, E., Bird, E., Bull, L., Butler, L., Keeney, D. et al. (1998). *Incentives and barriers to public interest research and scientific public service*. Madison WI: Consortium for Sustainable Agriculture, Research and Education.
- Bishop, R. (1998). Freeing ourselves from neo-colonial domination in research: A Maori approach to creating knowledge. *Qualitative Studies in Education*, 11(2): 199-219.
- Boutilier, M., Mason, R. & Rootman, I. (1997). Community action and reflective practice in health promotion research. *Health Promotion International*, 12, 69-78.
- Cain, R. & Todd, S. (2002). Shifting sands: The changing context of HIV/AIDS social services in Ontario: Report to the Ontario HIV Treatment Network [Electronic version]. Retrieved 17 May, 2006, from: <http://www.socsci.mcmaster.ca/healthst/emplibrary/shiftingsands.pdf>
- Commission on Community-Engaged Scholarship in the Health Professions. (2005). *Linking scholarship and communities: Report of the commission on community-engaged scholarship in the health professions*. Seattle: Community-Campus Partnerships for Health.
- Cheadle, A. (1997). The community research partnership: Trying to build better relations between community groups and researchers in Seattle. In D. Murphy, M. Scammell & R. Sclove (Eds.), *Doing community-based research: A reader* (pp. 7-9). Amherst, MA: Loka Institute.
- Cornwall, A. & Jewkes, R. (1995). What is participatory research?. *Social Science and Medicine*, 41(12), 1667-1676.
- Cottrell, B., Lord, S., Martin, L. & Prentice, S. (Eds.). (1996). *Research partnerships: A feminist approach to communities and universities working together*. Ottawa: Canadian Research Institute for the Advancement of Women.
- Deguire, S. (1996). Rapport concernant la région du Québec et de l'Ontario francophone. In B. Cottrell, S. Lord, L. Martin & S. Prentice (Eds.), *Research partnerships: A feminist approach to communities and universities working together*. Ottawa: Canadian Research Institute for the Advancement of Women.
- Diaz, M., Simmons, R., Diaz, J., Gonzalez, C., Makuch, M., Bossemeyer, D. (1999). Expanding Contraceptive Choice: Findings from an Action Research Project in Brazil. *Studies in family planning*, 30(1), 1-16.
- Dugery, J., and Knowles, J. (Eds.). (2003). University + community research partnerships: A new approach [Electronic Version]. Charlottesville, VA: Pew Partnership for Civic Change. Retrieved 18 May, 2006, from: [http://www.pew-partnership.org/pdf/university\\_and\\_community.pdf](http://www.pew-partnership.org/pdf/university_and_community.pdf)
- Fals-Borda, O. & Rahman, A. (1991). *Action and knowledge: Breaking the monopoly with participatory action research*. New York: Apex Press / Intermediate Technology Publications.
- Gamble, V. (1999). Under the shadow of Tuskegee: African Americans and health care. *American Journal of Public Health*, 87(11), 1773-1778.
- Green, L. & Mercer, S. (2001). Can Public Health Researchers and Agencies Reconcile the Push From Funding Bodies and the Pull From Communities?. *American Journal of Public Health*,

- 91(12), 1926-1929.
- Green, L., George, M., Frankish, C., Herbert, C., Bowie, W. & O'Neil, M. (1995). Study of participatory research in health promotion: Review and recommendations for the development of participatory research in health promotion in Canada. Ottawa: Royal Society of Canada.
- Guijt, I. & Shah, M. (Eds.). (1998). *The myth of community: Gender issues in participatory development*. London: Intermediate Technology Publications.
- Hall, B. (1993). Introduction. In: P. Park, M. Brydon-Miller, B. Hall & T. Jackson (Eds.), *Voices of change: Participatory research in the United States and Canada* (pp. xiii-xxii). Westport, CT: Bergin & Garvey.
- Harding, R., Hoy, S. & Lankin, F. (Eds.). (2005). Strong neighbourhoods: A call to action: A report of the strong neighbourhoods task force [Electronic Version]. Toronto: City of Toronto & United Way of Greater Toronto. Retrieved May 18, 2006, from [http://www.unitedwaytoronto.com/who\\_we\\_help/pdfs/SNTF-web\\_report.pdf](http://www.unitedwaytoronto.com/who_we_help/pdfs/SNTF-web_report.pdf)
- Hart, R. (1997). *The theory and practice of involving young citizens in community development and environmental care*. London: Earthscan.
- Heaney, T. (1992). If you can't beat 'em, join 'em: The professionalization of participatory research. In P. Park, M. Brydon-Miller, B. Hall & T. Jackson (Eds.), *Voices of Change: Participatory Research in the United States and Canada* (pp. 41-46). Toronto: The Ontario Institute for Studies in Education.
- Israel, B., Schulz, A., Parker, E. & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health* 19, 173-202.
- Israel, B., Schulz, A., Parker, E. & Becker, A. (2001). Community-based participatory research: Policy recommendations for promoting a partnership approach to health. *Education for Health*, 14(2), 182-197.
- Jackson, E., Graham, K. & Maslove, A. (2000). Enhancing university-community partnership: Challenges in retooling the Academy for more effective engagement with civil society. *Education Through Partnership* 4(2), 16-30.
- Jewkes, R. & Murcott, A. (1998). Community representatives representing the "community"? *Social Science and Medicine*, 46(7), 843-858.
- Knapp, M. & Brandon, R. (1998). Building Collaborative Programs in Universities. In M. Knapp (Ed.), *Paths to partnership: University and community as learners in interprofessional education*. Lanham, MD: Rowman and Littlefield.
- Kone, A., Sullivan, M., Senturia, K., Chrisman, N., Ciske S. & Krieger, J. (2000). Improving collaboration between researchers and communities. *Public Health Reports* 115(2-3), 243-248.
- Lantz, P., Viruell-Fuentes, E., Israel, B., Soffley D., and Guzman, J. (2001). Can communities and academia work together on public health research? Evaluation results from a community-based participatory research partnership in Detroit. *Journal of Urban Health*, 78, 495-507.
- LOKA Institute, The (2002). About the CRN: What is Community Based Research? Retrieved 22 February 2002 from: <http://www.loka.org/crn/About%20CRN.htm>.
- Macaulay, A., Delormier, T., Potvin, L., Cargo, M. & McComber, A. (1998). Implementing participatory intervention and research in communities: Lessons from the Kahnawake Schools Diabetes Prevention Project in Canada. *Social Science and Medicine*, 56, 1295-1305.
- MacQueen, K., McLellan, E., Strauss, R., Sengupta, S., Kegeles, S., Metzger, D. et al. (2001). Willingness to Volunteer in Future Preventive HIV Vaccine Trials: Issues and Perspectives From Three U.S. Communities. *Journal of Acquired Immune Deficiency Syndromes*, 26(1), 63-71.
- Maguire, P. (1987). *Doing participatory research: A feminist approach*. Amherst, MA: The

- Centre for International Education, University of Massachusetts.
- Maguire, P. (1993). Challenges, contradictions, and celebrations: Attempting participatory research as a doctoral student. In: P. Park, M. Brydon-Miller, B. Hall & T. Jackson (Eds.), *Voices of change: Participatory research in the United States and Canada* (pp. 157-176). Westport, CT: Bergin & Garvey.
- Markey, S. & Roseland, M. (2001). *Reaching across the divide: The role of universities in building capacity for economic development*. Burnaby, BC: Community Economic Development Centre, Simon Fraser University.
- Maurana, C., Beck, B. & Newton, G. (1998). How principles of partnership are applied to the development of a community-campus partnership. *Community-Campus Partnerships for Health: Partnership Perspectives*, 1(1), 47-53.
- Minkler, M. & N. Wallerstein (Eds.). (2003). *Community-based participatory research in health*. San Francisco: Jossey-Bass Publishers.
- Minkler, M., Blacwell, A., Thompson, M. & Tamir, H. (2003). Community-based participatory research: Implications for public health funding. *American Journal of Public Health*, 93(8), 1210-1213.
- Narciso, L., Patten, S., Travers, R., Flicker, S., Lauzon, J., Saulnier, P. et al. (2003). Ménage à trois: making the case for a collaborative approach to research. Paper presented at the Ontario HIV Treatment Network Research Conference.
- Nayar, R. (2005). An evaluation of the Wellesley Central Health Corporation Enabling Research Awards Program. Retrieved 16 May 2006 from: [http://www.wellesleycentral.com/wellesley/media/enabling\\_grant\\_eval.pdf](http://www.wellesleycentral.com/wellesley/media/enabling_grant_eval.pdf): Wellesley Central Health Corporation.
- Nelson, G., Ochoka, J., Griffin, K. & Lord, J. (1998). "Nothing about me without me:" Participatory action research with self-help/mutual aid groups for psychiatric consumers/survivors. *American Journal of Community Psychology*, 26, 881-912.
- O'Fallen, L., & Dearry, A. (2002). Community-based participatory research as a tool to advance environmental health sciences. *Environmental Health Perspectives*, 110(2), 155-159.
- Paigen, B. (1982). *Controversy at Love Canal*. The Hastings Center Reports, 12(3), 29-37.
- Roman, P. (1997). Report on the University Research Shops Project – Stage One: The Response of Canadian Universities to Community Organizations Seeking Research Assistance. Ottawa: Humanities and Social Sciences Federation of Canada.
- Savan, B. (1988). *Science under siege: The myth of objectivity in scientific research*. Toronto: House of Anansi Press.
- Savan, B. & Sider, D. (2003). Contrasting approaches to community-based research and a case study of community sustainability in Toronto, Canada. *Local Environment*, 8(3), 303-316.
- Scammell, M., Johnston, T. (1997). A case study of community-based research: Neighbourhood planning for community revitalization, Minneapolis, Minnesota. In D. Murphy, M. Scammell & R. Sclove (Eds.), *Doing community-based research: A reader*. Amherst, MA: Loka Institute.
- Sclove, R., Scammell, M. & Holland, B. (1999). *Community-based research in the United States: An introductory renaissance, including twelve organizational case studies and comparison with the Dutch science shops and the mainstream American research system*. Amherst, MA: Loka Institute.
- Seifer, S., Shore, N. & Holmes, S. (2003). *Developing and sustaining community-university partnerships for health research: Infrastructure requirements*. Seattle, WA: Community-Campus Partnerships for Health.
- Stoecker, R. (1999). "Are Academics Irrelevant?" Roles for scholars in participatory research. *American Behavioural Scientist*, 42, 840-854.
- Syme, S. (1997). Individual vs. community interventions in public health practice: Some thoughts about a new approach. *Health Promotion Matters*, 2, 2-9.
- Viswanathan, M., Ammerman, A., Eng, E., Gartlehner, G., Lohr, K., Griffith, D. et al. (2004). Community-based participatory research: Assessing the evidence (AHRQ Publication No. 04-

- E022-2). Rockville, MD: Agency for Healthcare Research and Quality.
- Wallerstein, N., Duran, B., Aguilar, J., Belone, J., Loretto, F., Padilla, R. et al. (2003). Built and social-cultural environments and health within a rural American Indian community in the Southwest. *American Journal of Public Health*, 93(9), 1517-1518.
- Wolff, M. & Maurana, C. (2001). Building effective community-academic partnerships to improve health: A quantitative study of perspectives from communities. *Academic Medecine*, 76(2), 166-172.
- Zaal, R. & Leydesdorff, L. (1987). Amsterdam science shop and its influence on university research: The effects of ten years on dealing with non-Academic questions. *Science and Public Policy*, 14(6), 310-316.





WELLESLEY INSTITUTE  
advancing urban health

[www.wellesleyinstitute.com](http://www.wellesleyinstitute.com)