Continuing Education Institute # 1012:
Community-Based Participatory Research
(Part 1): Developing and Sustaining
Partnerships for Community-Based
Participatory Research

Advance Materials

Presented by the Community-Institutional
Partnerships for Prevention Research Group

American Public Health Association
133rd Annual Meeting
Saturday, December 10  1:30 – 5:00 PM
Philadelphia, PA
The material and information presented in this institute are based on the work of the Community-Institutional Partnerships for Prevention Research Group through the Examining Community-Institutional Partnerships for Prevention Research project. The Examining Community-Institutional Partnerships for Prevention Research project began in fall 2002 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 project aims to identify and synthesize what is known about community-institutional collaborations in prevention research and develop and evaluate strategies to foster community and institutional capacity for participatory research at national and local levels. The project's ultimate goal is to facilitate approaches for effectively translating community interventions in public health and prevention into widespread practice at the community level.

The nine project partners participating in the project are listed below:
- CDC Prevention Research Centers National Community Committee
- Community-Based Public Health Caucus of the American Public Health Association
- Community-Campus Partnerships for Health (project coordinator)
- Community Health Scholars Program
- Detroit Community-Academic Urban Research Center
- Harlem Community & Academic Partnership
- Seattle Partners for Healthy Communities
- Wellesley Central Health Corporation
- Yale-Griffin Prevention Research Center

To view project reports, presentations and other products, visit the project website at: http://depts.washington.edu/ccph/researchprojects.html#ExaminingCommunityPartnerships.

We also invite you to stay connected through the Community-Based Participatory Research listserv, co-sponsored by Community-Campus Partnerships for Health (CCPH) and Wellesley Central Health Corporation. With over 1900 subscribers, the listserv is a valuable resource for keeping up on the latest news, funding opportunities, conferences, etc for CBPR. To join, visit https://mailman1.u.washington.edu/mailman/listinfo/cbpr
Section 2 Community-Based Participatory Research (CBPR) Definition and Principles

Definition
The Kellogg Foundation is one of the leading private funding agencies supporting CBPR research and the training of CBPR scholars. They define CBPR as:

“A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings”.  
--W.K. Kellogg Foundation (2001)

Key words here are “collaborative,” “equitably,” and “partners.” The intent is to transform research from a relationship where researchers act upon a community to answer a research question but instead, researchers work side by side with community members to define the questions, methods and disseminate the information. Community members become part of the research team and researchers become engaged in the activities of the community.

Key Principles
Developing community-based partnerships that are successful in developing relationships and research initiatives that are locally relevant take time and patience. A number of authors have advanced principles for community-based participatory research. Drawing on over a decade of experience, Israel (1998) and her colleagues have identified eight key principles of community-based participatory research that support successful research partnerships and are widely cited.

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

While principles are a useful guide, Israel and her colleagues caution that they should not be imposed upon a project, and that they should be allowed to continually evolve to reflect changes in the research context, purpose and participants. The process of developing principles and making decisions about the partnership's characteristics is essential to building the infrastructure of the partnership.
Section 3 Identifying and Selecting Partners

Getting Started: Build on Prior Positive Working Relationships

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

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

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

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

Developing a Diverse Membership: Importance and Challenges

Successful community-institutional partnerships for prevention research convene and maintain a diverse group of partners, including those who are directly affected by the topic(s) of study. Recognize that partners can wear multiple hats and serve in multiple roles.

In addition to lack of trust across these different groups, partners often lack the knowledge, understanding, cultural sensitivity and competency to work together effectively across these differences.

Community members and researchers, for example, can have different criteria for success; researchers might value gaining new understanding of a problem while community residents might value bringing direct benefits to the community.

In some cases, community-based organizations will get involved to “check things out”, to protect the community in which they work and/or to ensure that the partnership will really work effectively and positively for the benefit of the community.

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

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

Who represents “the community”? It will be important for partnerships to discuss their definition and conception how community is defined and who is able to represent the community. The following questions from Israel et al. (in Minkler p. 60-61 2003) may be useful for this discussion.
- Who is the community?
- Who represents the community?
- Who has influence in the community, and how, if at all, are they involved?
- Who decides who the community partners will be in a CBPR effort?
- Are the community partners involved as individuals or as representatives of community-based organizations (CBOs)?
- If as individuals, do they have a constituency that they represent and report to? If as reps, what is the connection or link between the CBO and the community in which they work?
- How grassroots are the community members and Community-based organizations (CBOs) involved?
- Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
- Who is defined as “outside” the community and not invited to participate?
- No one organization can represent the community, no one person can represent a specific subpopulation.

Characteristics of Effective Partners

Careful consideration should be given to the degree to which potential partners have the characteristics that contribute to effective partnerships. These characteristics apply to both community and institutional partners, and to both organizations as partners and the individuals who will represent those organizations to the partnership. A list of important characteristics is provided below:

- **Willing and committed** - willing to get involved, open to creating a partnership, and understand, dedicated and committed to the long-term nature of the process. Of course it is important to acknowledge that community partners that are recruited specifically because they are known as trusted individuals frequently have multiple community, as well as family commitments.

- **Organizational mission in alignment** - mission and service priorities of the institution or community-based organization encourage, support and/or understand the value of research, program evaluation and partnerships; mission and culture of the university value community-based learning and the scholarship of community engagement.

- **History of engagement in the community** - well respected in the communities to be involved in the partnership, are ‘in’ and ‘of’ the community and knowledgeable about and close to the grass roots communities in which their organizations work.

- **CBO staff/volunteer capacity and willingness** - staff/volunteers who can work with “outsiders” to accomplish their goals, see the value of research to the organization and community, and willing to navigate research processes and procedures (for example, human subjects review).

- **Engaged, competent researchers and staff** - maintain meaningful relationships with the community on multiple levels; competent to facilitate partnerships and follow participatory approaches to research; willing to learn from their community-based partners, especially if they (the researchers) do not have much experience with CBPR.

- **Support and involvement from top leadership** - support and involvement of both top leadership (for example, a university department chair or dean, public health director, CBO executive director) and “front line” staff (with authority to make decisions or have easy access to the leadership as well as their active and visible support). Often, “front line” staff carry out the work of the partnership, and their support and involvement need to be cultivated as well.

- **Individuals in leadership positions** - To be most effective, individuals who are part of the research partnerships ideally hold positions of authority and/or leadership within both the academic institutions and the community-based agencies. For the academic side, the academic leader would most likely need to have tenure, or at least be on the tenure track, in order to provide the type of leadership and support necessary. For the community side, the community-based point person needs to be in a leadership position where he/she knows about the organization’s daily operations as well as strategic positioning. Ideally, these functions are part of the point person’s job description. For some of the
stakeholders, a balanced level of leadership from the academic and community side is preferable. This means that each side needs a point person with a comparable seniority and an ability to effectively accomplish identified tasks within the power structure of each organization.

- **Collaboration Skills**: ability to adopt multiple roles, good negotiation, problem-solving and conflict resolution skills, ability to foster collaboration among members

- **Community Knowledge**: ability to obtain resources, high degree of political knowledge, access to decision-makers within the community, have connections with or active in other networks or consortiums. CBPR partnerships are likely to involve partners from diverse cultural backgrounds, with respect to ethnicity or race, gender, social class, sexual orientation, community or academic roles, and academic discipline. It is important to have culturally competent board members

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

- are similarly over-worked and under-resourced
- have unique skills and experience
- work in complicated and stressful environments
- have their own productivity levels, accountability structures, timelines, calendars and bottom lines
- have very specific jargon
- are not used to working with communities (or institutions) on a daily basis.

Perhaps most important, partners from community and institution-based organizations who engage in CBPR to improve the health and quality of life in the communities in which they work are also people who care.

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- Organizations with a health, human service and/or community development mission, operating in and working with one or more of the URC communities in southwest and eastside Detroit, that have a prior, positive working relationship with current URC partners.
- Organizations that are embedded in, well respected by, and/or involve staff from the communities in which they work.
- Organizations with a history of working on URC-affiliated projects and/or activities that emphasize prevention, family and community health issues, and/or enhancing community capacity building.
- Organizations that are interested in and willing to work within the overall goal (i.e., addressing social determinants of health) and specific priorities (i.e., access to quality health care, physical environment, violence prevention) established by the URC Board.
- Organizations that are willing to adapt and adhere to the operating norms and “Community-Based Participatory Research Principles” adopted by the URC Board.
- Organizations that are willing and have the capability to assign a representative and an alternate to be a member of the URC Board. The representative should have the authority in their organization to make decisions without having to go back to the leadership within the organization, or, at the least, have easy access to the leadership as well as their active and visible support of URC activities.
- Organizations that are willing to actively participate, through, for example, the involvement of one or more representatives, at the monthly URC Board meetings and on steering committees for specific URC-affiliated projects and attending and participating in national, regional or local conferences, workshops and meetings, as appropriate.
- Organizations that are willing and have the capability to facilitate ongoing, two-way communication between the partner organization and the URC Board that fosters collaboration, coordination, development of new projects and participation in special activities involving the URC partners.
Section 4 Establishing trust through processes for communication and decision-making

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

Addressing expectations of different partners

In the very early stages of establishing a partnership, the expectations of potential and committed partners regarding their roles and the activities and benefits of being involved need to be addressed. Institutional researchers should pay maximum attention to the research needs and expectations of community groups.

Community groups may wish to focus on

- solving a problem
- identifying contexts affecting quality of life
- demonstrating inequities and injustices
- identifying gaps through comparison
- ensuring cultural survival
- accessing resources/income
- improving services
- building bridges across socio-cultural/political barriers

Researchers may wish to focus on

- faculty advancement
- institutional recognition
- graduate student support
- institutional income
- publications
- attraction of students
- knowledge generation
- policy formulation
- intervention science
- building partnerships

Both sets of needs should be respected in CBPR projects and priorities will need to be negotiated.

Tangible Benefits

Successful community-institutional partnerships for prevention research demonstrate tangible benefits to all of the partners involved. All partners enhance their capacity and learn from their involvement.

Examples of tangible benefits for all partners:

- knowledge and skills of partners to work collaboratively and in more participatory ways
- ability to gain a more complex understanding of each other’s strengths and limitations
- relationships and support for each other’s work as well as the establishment of new collaborative efforts through increased networking and collaboration among the partners
- ability of community partners & researchers to learn from and influence one another.
- ability and willingness to serve as primary resources for one another
- understanding (by researchers) of community history, culture and dynamics and how interventions in other communities may or may not apply to local circumstances
- understanding (by community partners) of institutional history, culture and dynamics and how certain decisions about research design could impact the credibility of the results.
- opportunities for enhanced professional development to enable all partners to gain or enhance needed competencies.
For institutional partners:
- learn more about local resources and services
- reconsider the appropriateness of their measures and techniques in light of new community perspectives

For community-based partners:
- learn new ways of thinking about their own work and
- see evidence of how their experiences can improve the research process
- see resulting benefits to the community.

Working Towards Trust
Successful community-institutional partnerships for prevention research are characterized by trusting relationships among partners.

What hinders trust-building in CBPR partnerships?

- The history that partners bring with them:
  - **Some communities feel over-researched.** For example, more marginalized communities including people of color, LGBT, 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 - it is what Aboriginal people in Canada, for example, refer to as ‘helicopter 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 events related to the research.)

- 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 – especially if they are solely administered through the university and don’t benefit the community partners in any tangible way.
  - When researchers are new to a community (i.e., not community members themselves and 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 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.

- **Competitive funding environments/not understanding CBPR as an advocacy tool:**
  - “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”?

**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.

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

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

- **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.

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. Most of us, however, come to develop partnerships when a project is already well into its development stages. 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 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 community-institutional partnership 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.

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.
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 - helps to understand the dynamic nature of trust, and thus a process evaluation is an imperative exercise in CBPR projects (see section 2 “Establishing an infrastructure to support the partnership” for more discussion of process evaluations)
- Define roles and responsibilities - based on assets and strengths and capacity-building needs
- Identify capacity-building needs - 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, jobs, 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 (CBO representative or rotating leadership among institutional and CBO members), how decisions are made, how funds are distributed (CBOs as lead organizations on grants, for example), and CBO representatives serving as principal investigators and/or co-investigators (with attendant responsibilities of those roles)

3. Community involvement in determining the Outcome of research

- Agree that research is intended to be used by the community - to 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” - 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.

Many partnerships face issues of power inequity between partners. To address these often institutionalized constructs, partners must actively discuss and seek to find methods for sharing power and control. Efforts to ensure equity and shared influence may be incorporated into principles, operating norms, polices, and procedures. For example, how will the partnership make decisions? Where will meetings be held? Will there be a shared distribution of resources?

There are also other real inequities among partners that are more difficult to erase (especially in terms of race, gender, and class). If partners acknowledge and discuss these inequities 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 workshop together.

Decision-Making and Communication

Successful community-institutional partnerships for prevention research 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 the best styles for decision-making, the partnership will achieves balance of ownership and productivity.

One strategy regarding decision-making and communication which can enhance trust among the partners involved (and which incorporates principles of equity and collaboration) is engaging in a collaborative process of developing a set of “Operating Norms” for their partnership. This is a living, breathing and
dynamic document that can be revised based on team process evaluations and periodic review and discussion by the partners.

**Decision-making processes**

- **Give careful consideration to decision-making processes very early on in the development stages of your partnership.** 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)
  - Differing levels of responsibility? (funder, institutions, community)
  - How will you 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?

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.

- **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 will 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.

### Collaborative Decision-Making Approaches:

**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, a center of Public Health Institute – [www.connectccp.org](http://www.connectccp.org)

**Develop a set of “Operating Norms”** for your partnership. Engaging in a collaborative process for developing these can enhance trust among the partners involved. This set should be a living, breathing and dynamic document that can be revised based on team process evaluations and periodic review and discussion.
discussion by the partners. Operating Norms differ from CBPR Principles in that the Norms provide guidance to the partnership in how it works together to get things done (for example, at meetings and during small group and one-on-one interactions) while the Principles serve as the overarching blueprint to ensure that the research is conducted using the CBPR model.

A set of Operating Norms can outline the strategies for decision-making chosen by individual CBPR team (e.g., consensus, etc.). For example:
- **Meetings facilitated by someone with considerable group process experience**
- **Community members serving in positions of power** such as chairing the board and/or serving as principal or co-principal investigators, and participating in all levels of decision-making, can help to create a balance of power between community and institutional partners.
- **Hold regular meetings of the partners that are accessible to all partners** – and ensure that meetings take place during convenient times, with available parking, child care, and food.
- **Ensure that all members have an opportunity to express their opinions and be heard**, especially when multiple languages are spoken, encouraging quieter members to contribute their ideas.
- **Resolve conflicts when they occur**
- **Ensure that all partners are involved**, to the extent they are interested, in the day-to-day operations and governance of the partnership.

A Terms of Reference Contract is a kind of ‘memo of understanding’ that can be used to guide the work of a CBPR project. This document should be co-created with all project partners. Creating a Terms of Reference Contract, gives your team an opportunity to ask: What does CBPR mean to us? Why are we working together? What principles are underlying our partnership? And, how will we work together? The sample is meant to be a guiding example. However, each project and partnership is different and may require alternative language and approaches.

- **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 like the one in today’s workshop to prompt frank discussion and promote a better understanding between partners.

### Case Example: 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 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.

### Ensuring equity in process-oriented issues:

Emphasis needs to be placed on jointly developing norms and principles for working together such as:
- mutual respect,
- equitable involvement of all partners in all aspects of the process, openness,
- agree to disagree, and
- valuing of diverse cultures and expertise.

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

### Group Process Issues

Ongoing attention to process and facilitation issues helps to facilitate equitable processes and procedures in a partnership. Again, a set of Operating Norms can outline the strategies for decision-making chosen by individual CBPR team (e.g., consensus, etc.). For example:
- **Meetings facilitated by someone with considerable group process experience.**
Community members serving in positions of power - such as chairing the board and/or serving as principal or co-principal investigators, and participating in all levels of decision-making, can help to create a balance of power between community and institutional partners.

Hold regular meetings of the partners that are accessible to all partners – and ensure that meetings take place during convenient times, with available parking, child care, and food.

Ensure that all members have an opportunity to express their opinions and be heard, especially when multiple languages are spoken; encouraging quieter members to contribute their ideas.

Resolve conflicts when they occur

Ensure that all partners are involved, to the extent they are interested, in the day-to-day operations and governance of the partnership.

Group dynamics to ensure fair and equitable engagement

Each and every team member in a CBPR project 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.

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, and
- being able to directly address and speak frankly about contentious but important issues, such as power differentials, racism, and financial decisions.

Striving for equity should include processes for addressing:

- Power imbalances between community and academics
- Acknowledging and valuing the expertise and skills of community organizations
- Lack of common language with academic researchers
- Politics (within and between)
- Issues of ownership
- “Research fatigue” amongst certain populations

Spreading The Glue: Examples from HCAP: Harlem Community & Academic Partnership

Communication

1. Created listserv
2. Open Mic during partnership meetings
3. Not Just Email! Use the Phone!! Do “drive-by” check-in’s
4. Project Manager – a glue factor!!
5. IWG’s (Intervention Work Groups)
   - Aim for dual leadership between academic and community partners
   - Leadership of IWG is clear on expectations regarding the work efforts and is grounded in what is expected around communication
6. Members participate on each other’s groups and coalitions
7. Conduct annual review of goals and objectives
   - Drives the development of goals and objectives for the upcoming year
8. Nothing Hidden! Communicate with integrity! Set the tone from the start!

Trust

1. “Keep It Real” – in all that you do and in who you are as a member of the partnership
2. “Know The History” – acknowledge it when you know it and when you don’t know it
3. “Sweat Equity” – Do something for nothing; participate/contribute in partnership members activities
4. “Capacity Building” – HCAP’s Community Capacity Center aims to translate research/technical areas of expertise to CBOs and community members
5. “Acknowledge Power & Influence” – particularly among community partners (the leaders and mavens)
6. “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.
7. “Socialize” – go out for a drink

### Section 5 Using evaluation for partnership improvement

Partnership evaluations that identify strengths and areas for growth will help partnerships make changes and improvements that will increase their odds of a long-lasting and effective partnership.

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, and 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.

Process evaluation can be done relatively simply and inexpensively. It does not require a full or part time evaluator. Possibilities include:
- Student providing technical assistance
- Board member doing an annual set of interviews
- Periodic facilitated discussions at board meetings.

Evaluation findings should then be presented at least annually to the advisory board to determine whether changes need to occur within the partnership. One community partner stated that the advisory board allots time to discuss the value of evaluations and how to best proceed given the partnership and its work.

In other projects there is only an informal evaluation process. Informal processes might entail the chair of the advisory board contacting partners between meetings and assessing their satisfaction with the partnership work. Even with the informal process, information gathered can provide valuable insight into the direction of the partnership. Use evaluation to reflect and critique the partnership process and relationships. It is important to use process evaluation to monitor how healthy the partnership really is.

Especially as partnerships and their membership progress over time, it is important to document decisions and their rationale. Documentation will also help partnerships to create a mutual understanding.

Section 6 Allocation of Resources

Identifying Funding Sources and Considering a RFP

Growing interest is being expressed by some governmental agencies and private foundations in proposals that demonstrate partnering with “community” and in CBPR.

Resources for identifying possible funding sources include:
- A listing of funding agencies, and related reports, presentations, and fact sheets are available on the CCPH website at http://depts.washington.edu/ccph/links.html#Funding
- CCPH and the Northwest Health Foundation published the “Directory of Funding Sources for Community-Based Participatory Research”. The full text of the 2004 edition is available online 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. The guide also contains a number of useful websites and a discussion of how to stay current on funding opportunities.
- Additional funding opportunities are announced in the biweekly Partnership Matters newsletter distributed by email to CCPH members every other Friday and posted on the CCPH website at http://depts.washington.edu/ccph/PM2005.html
- CCPH also manages a listserv on CBPR that frequently post funding announcements. To sign up for the CBPR listserv, visit: https://mailman1.u.washington.edu/mailman/listinfo/cbpr

Considering a Request for Proposal (RFP)

Though funding agencies are beginning to increase their financial support for CBPR and other community research collaborations, these resources are often still limited. It may be difficult for partners to identify funding opportunities that encourages community collaboration and understand the various nuances of conducting CBPR. Therefore, partners may often find themselves responding to proposals just to get funds to support and sustain their activities. However, partners should avoid “chasing the almighty dollar”. RFPs are not a “one size fits all” for every community collaborative research partnership even when the proposal requests this type of research. When considering RFPs, it would be valuable for partnerships to establish criteria for choosing to respond.

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 research/activities being proposed?
- What ethical issues should be taken into consideration? (See Unit 1 for further discussion of ethical issues)
- How will the proposals be reviewed?
- 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?

Fiduciary and Budget issues

When preparing the grant proposal’s budget, consider items to include that may be unique to CBPR proposals. These may include:
- Communications: Cell phones, walkie-talkies, DSL, Newsletter
- Staff (e.g. community organizers, outreach workers, community health workers)
Safety items
Photo cameras/Voice recorder
Food
Child care
Incentives
Stipends for community/Honoraria
Extra travel funds
Training
Translation
Promotion and marketing
Dissemination

Given the different costs, benefits and reward structures that exist across the organizations involved in a
community-institutional 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; assist community partners in applying
  for grants and other resources for their programs
- adequately compensate community participants (often volunteering 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.

Developing Strong Proposals for Review

When developing proposal submissions, the following tips and reflections on developing & reviewing
proposals may be helpful (see citation at end of this section).

What drives reviewers crazy?

1. When applicants don’t follow the instructions.
2. When there are inconsistencies between what’s described in the proposal narrative and what’s
   included in the budget.
3. When acronyms are used and not explained.
4. When numbers in the budget don’t add up.
5. When there are multiple spelling mistakes.
6. When tiny type is used and there is hardly any white space.
7. When it is not clear who was involved in developing the proposal and how it was developed.
8. When a community is described only in terms of its needs and not also its strengths and assets.
9. When no sound rationale is provided for the composition of the partnership.
10. When the data sources cited are old.
11. When the argument for the study’s significance and relevance in a particular community are based on
    national data.
12. When there is no clear link between community-identified priorities and the proposed focus, approach
    and activities.
13. When the study design is so specific and detailed that there is no room for a participatory process.
14. When no attention is paid to barriers to community participation (e.g., childcare, transportation,
    interpretation services).
15. When attention is paid to the research methods but not the methods of building/sustaining community
    partnerships and community participation
16. When a community board is to be established, but no detail is provided about board member
    recruitment, composition, role, staff support, etc.
17. When there is no evidence of community capacity building (e.g., creating jobs, developing leaders,
    sustaining programs).
18. 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).
19. When it is not easy to discern how funding is being divided among partners (e.g., what % is going to the community vs. the university).
20. When most or all of the funding is retained by the applicant organization.

**Ways to strengthen your proposal**

1. Be creative! (e.g., use stories, quotes and photos to help make your case).
2. Ask trusted colleagues not involved in the proposal to review drafts and be brutally honest.
3. Debrief on any and all comments received by reviewers (e.g., the reviewers mentioned above, and also external reviewers if the proposal is not funded)
4. Volunteer to be a proposal reviewer – reviewing proposals will make you a better grant writer.
5. Review the reviewer and applicant guidelines/checklists in the appendix of the Agency for Healthcare Research and Quality Evidence Report on CBPR
   [http://depts.washington.edu/ccph/pastpresentations.html](http://depts.washington.edu/ccph/pastpresentations.html)
6. Understand the review criteria and peer review process followed by the funding agency you are applying to. For example, for NIH:

**Other ideas**

1. 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)
2. Consider a wide range of funding sources. For example, did you know…
   a. The Indian Health Service funds Native American Research Centers for Health - [http://www.ihs.gov/MedicalPrograms/Research/narch.cfm](http://www.ihs.gov/MedicalPrograms/Research/narch.cfm)
   d. The Sociological Initiatives Foundation funds CBPR - [http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector](http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector)
   e. Funding agencies that say “we don’t fund research” may fund CBP approaches to community problem-solving - [http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector](http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector)

Section 7 Resources

Reports and Presentations (listed alphabetically by report title)


In 2002, the Agency for Health Care 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. Published in July 2004, the review was designed to establish the nature of the current literature and to assist academics, community participants and funders by identifying gaps in implementing this approach. To access: [http://www.ahrq.gov/clinic/evrptpdfs.htm](http://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](http://depts.washington.edu/ccph/pastpresentations.html)

“A Bridge Between Communities: The Detroit Community-Academic Urban Research Center” video, produced 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 community-based participatory research. For information on how to obtain copies of the video, please contact Robert McGranaghan, Detroit URC Project Manager, at rojomcg@umich.edu. Several excerpts from the video can be viewed throughout the URC web site: [http://www.sph.umich.edu/urc/](http://www.sph.umich.edu/urc/).


This directory includes funding agency descriptions, deadlines, contact information, examples of previously funded CBPR projects, and an annotated listing of funding resource websites. To access: [http://depts.washington.edu/ccph/pdf_files/directory-062704f.pdf](http://depts.washington.edu/ccph/pdf_files/directory-062704f.pdf)


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 on-line at [http://www.acphd.org](http://www.acphd.org) under the section "Data and Reports."
Mobilizing for Action through Planning and Partnership (MAPP) 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 (NACCHO), the model includes a conceptual overview, practical guidance, tools, and case examples. The program website provides access to the MAPP Web-based Tool, MAPP Handbook, technical assistance, and other resources. http://www.naccho.org/topics/infrastructure/MAPP.cfm


Partnership Self-Assessment Tool. This easy-to-use, web-based Tool gives a partnership an exciting new way to assess how well its collaborative process is working and to identify specific areas for its partners to focus on to make the process work better. The Tool is being provided at no charge by the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine with funding from the W.K. Kellogg Foundation. The Tool utilizes state-of-the-art on-line questionnaire technology to collect partnership members’ perspectives about several aspects of the partnership’s collaborative process. This information is analyzed by the system, which then generates a report that describes the strengths and weaknesses of the partnership. The Tool can be used to track partnership progress over time. To access: http://www.partnershiptool.net

Power of Proof: An Evaluation Primer: The Power of Proof is an on-line 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. The Power of Proof also provides links to other valuable evaluation resources on-line. http://www.ttac.org/power-of-proof/index.html


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. To access: http://depts.washington.edu/ccph/pdf_files/ritas.pdf

Selected Organizations/Websites (listed alphabetically by name)

Additional organizations and websites are available on the CCPH CBPR links page at http://depts.washington.edu/ccph/links.html#Part

ASPH-CDC Examining Community-Institutional Partnerships for Prevention Research Project: Learn more about the group which developed the CBPR Institute curriculum at http://depts.washington.edu/ccph/researchprojects.html#ExaminingCommunityPartnerships

The Center on 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. http://www.connectccp.org

CDC Prevention Research Centers (PRCs): Centers for Chronic Disease and Prevention. A network of 28 academic centers, public health agencies, and community partners conducting applied research and practice in chronic disease prevention and control. Links to research centers and descriptions of projects. http://www.cdc.gov/prc

CDC Urban Research Centers (URCs) were established in 1995 to identify what works to promote the health and improve the quality of life of inner-city disadvantaged populations. Each URC includes a coalition of representatives from community organizations, academic centers, health departments, and other private organizations. http://www.niehs.nih.gov/translat/IWG/URC-factsheet.pdf

© 2005, The Community-Institutional Partnerships for Prevention Research Group
Community Tool Box: Work Group on Health Promotion and Community Development at the University of Kansas Extensive collection of practical resources to support community health and community-based research. Includes 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.cbrcr.org/

Community-Based Participatory Research Curriculum for General Pediatrics Fellows: 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 (CCPH) and Wellesley Central Health Corporation: This is a valuable resource for keeping up on the latest news, funding opportunities, conferences, etc for CBPR. To join, visit https://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. The American Public Health Association adopted a policy on CBPR in public health at its 2004 annual meeting. To access: http://www.apha.org/legislative/policy/2004/, http://www.sph.umich.edu/cbph/caucus/

Community-Campus Partnerships for Health is a nonprofit organization that promotes health through partnerships between communities and higher educational institutions. CCPH is a growing network of over 1000 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 sponsors conferences and training institutes, provides customized training and technical assistance, and publishes a peer-reviewed magazine and biweekly newsletter. www.ccph.info

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

Community-Engaged Scholarship listserv: This listserv, sponsored by CCPH, provides a venue for sharing information and resources concerning the academic review and reward system for health professional faculty involved in community-based participatory research, service learning and other forms of "community-engaged scholarship." To sign up: https://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship.

For more information on community-engaged scholarship: http://depts.washington.edu/ccph/scholarship.html

Community Health Scholars Program is a post-doctoral fellowship program in community-based participatory research 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. http://www.sph.umich.edu/chsp/

Community Readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research. This Community Readiness 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

**Customized CBPR training and technical assistance:** The CCPH Consulting Network can develop and deliver CBPR presentations, workshops, and consultation in such areas as grant-writing, strategic planning and evaluation. For more information, please visit http://depts.washington.edu/ccph/mentor.html or email ccphuw@u.washington.edu

**Federal Interagency Working Group on CBPR** works to strengthen communication among federal agencies with an interest in supporting community-based participatory research (CBPR) methodologies in the conduct of biomedical research, education, health care delivery, or policy. http://www.niehs.nih.gov/translat/IWG/iwghome.htm

**Health Leadership Training Guide: 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 Health Leadership Training Guide (HLTG) can be used by residents, community-based organizations, and health departments across the state and country 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. Available electronically at http://partnershipph.org/col2/showcase/pdf/hltg_eng.pdf

**Institute for Community Research (ICR):** Conducts research in collaboration with community partners to promote justice and equity. Includes ICR-Abstracts (http://www.incommunityresearch.org/training/icrlistserv.htm), e-mail with the latest bibliographic and abstract information available on publications related to community-based research. http://www.incommunityresearch.org

**The Just Connections Toolbox** contains essays on the nature and uses of community-based research, stories about how partners have conducted CBR in the past, reflections from community members and college faculty who have participated in CBR projects, and tools for others interested in doing CBR in their classrooms and/or communities. The tools in the Toolbox 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/

**Service-Learning listserv,** sponsored by the National Service-Learning Clearinghouse provides a venue for sharing information and resources on service-learning in higher education, including health professional education. As the Clearinghouse’s senior program advisor for higher education, CCPH frequently posts announcements about funding, conferences and publications. To subscribe: http://lists.etr.org/read/all_forums/subscribe?name=he-sl. For more information on service-learning: http://depts.washington.edu/ccph/servicelearningres.html.

**Tom Wolff & Associates Creating Collaborative Solutions:** Resources on creating collaborative solutions, enhancing healthy communities and building community coalitions. http://www.tomwolff.com

**Wellesley Central Health Corporation** is dedicated to building and strengthening communities through assisting coalitions, enhancing capacities and through supporting community- and policy-relevant research. Catalyst for change through supporting community-based research, building alliances and organizational capacity, informing public policy and championing supportive housing options. Independent, self-funding, not-for-profit organization. www.wellesleycentral.com
Selected Peer-Reviewed Journal Articles/Books

Theme Issue: The November 2004 issue of the Journal of Interprofessional Care is focused on the theme of CBPR. For the table of contents and abstracts: http://journalsonline.tandf.co.uk/link.asp?id=WP6TA2TN1HAJ.


Additional Articles/Books (listed alphabetically by author)


Bibliography


