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Can Communities and Academia Work Together on Public Health Research? Evaluation Results From a Community-Based Participatory Research Partnership in Detroit

Paula M. Lantz, Edna Viruell-Fuentes, Barbara A. Israel, Donald Softley, and Ricardo Guzman

ABSTRACT *This article reports the results of a formative evaluation of the first 4 years of the Detroit Community-Academic Urban Research Center (URC), a community-based participatory research partnership that was founded in 1995 with core funding from the Centers for Disease Control and Prevention (CDC). Several organizations are members of this partnership, including a university, six community-based organizations, a city health department, a health care system, and CDC. The Detroit URC is a strong partnership that has accomplished many of its goals, including the receipt of over $11 million in funding for 12 community-based participatory research projects during its initial 4 years. Detroit URC Board members identified a number of facilitating factors for their growth and achievements, such as (1) developing a sound infrastructure and set of processes for making decisions and working together, (2) building trust among partners, (3) garnering committed and active leadership from community partners, and (4) receiving support from CDC. Board members also identified a number of ongoing challenges, including organizational constraints, time pressures, and balancing community interests in interventions and academic research needs. Overall, the Detroit URC represents a partnership approach to identifying community health concerns and implementing potential solutions.*

KEYWORDS *Coalitions, Community-based participatory research, Evaluation, Intervention research, Participatory action research.*

INTRODUCTION

There has been a dramatic increase in the attention and resources devoted to partnership or collaborative approaches to public health goals in the US.[1–3] This includes a call for greater community participation and control in the processes by which community problems are defined and interventions are designed and implemented.[3–6] In addition, increased attention has been given to the need for an ecological approach to defining public health problems and possible interventions. Within this approach, individuals are recognized as existing within larger social, political,

Drs. Lantz, Viruell-Fuentes, and Israel are with the University of Michigan School of Public Health; Dr. Softley is with the Pre-Birth Through Three Initiative, Detroit, Michigan; Mr. Guzman is with the Community Health and Social Services Center, Incorporated, Detroit, Michigan.

Correspondence: Paula M. Lantz, PhD, Assistant Professor, University of Michigan, School of Public Health, 109 Observatory Drive, Room M3116, Ann Arbor, MI 48109-2029. (E-mail: plantz@umich.edu.)

and economic contexts that shape factors that both promote and negatively influence health behaviors and health status.[7–11]

A research partnership—the Detroit Community-Academic Urban Research Center (URC)—was developed in the context of this larger movement regarding community-based and participatory approaches to public health intervention research focusing on the social determinants of health. The Detroit URC seeks to promote and support collaborative, community-based participatory research that improves family and community health in Detroit, Michigan. Established with funding from the Centers for Disease Control and Prevention (CDC) in October 1995, the Detroit URC is a research partnership among 10 organizations: the University of Michigan School of Public Health; City of Detroit Health Department; Henry Ford Health System; Butzel Family Center; Community Health and Social Services Center, Incorporated; Friends of Parkside; Kettering/Butzel Health Initiative; Latino Family Services; Warren/Conner Development Coalition; and CDC. The Detroit URC has two overall purposes: (1) to work in partnership with communities to design, implement, and evaluate health-related interventions and programs in ways that benefit and build capacity in the communities involved and (2) to increase the understanding and application of community-based participatory approaches to public health research.

The Detroit URC concentrates its efforts in two distinct geographic areas of Detroit: the east and the southwest sides of the city. Together, these two areas are home to over 160,000 Detroiters. The East Side is comprised of five geographic subcommunities and is predominantly African American. The Southwest Side is comprised of two subcommunities and is racially and ethnically diverse, including the largest population of Latinos in all of Detroit. Despite the many assets and strengths that exist in these communities, both Southwest and East Side Detroit face serious economic, social, and health challenges, such as persistently high rates of underemployment, poverty, and substandard housing.[12]

The Detroit URC has a board comprised of 15 individuals from its member organizations, including members from the School of Public Health (including the Principal Investigator and an additional 5 faculty members representing each of the school's departments) and 8 members from the nonacademic partners in Detroit. The board also includes a CDC scientist, who is stationed at the University of Michigan and serves as an on-site "assignee" or liaison (who also spends a considerable amount of time working with community partners in Detroit). The board is not a community advisory group for academic researchers. Rather, it is a body that actively participates in, governs, and directs the work of the URC. In addition, the URC has a core staff, including the Principal and Co-Principal Investigators, a project manager, a faculty member serving as an evaluator, and a project secretary. Although the individual representatives to the board have changed for 5 of the organizations since its inception, the 10 organizations that comprise the URC have remained constant.

The goals of the Detroit URC reflect an emphasis on developing and maintaining relationships and infrastructures consistent with community-based participatory research principles, along with an emphasis on disseminating findings and knowledge generated by URC projects (Table 1).[13] Within these broad goals and its emphasis on social determinants of health, the URC has identified three priority areas for its work: (1) access to quality health care, (2) environmental health issues for children, and (3) violence prevention. The history of the URC and how its goals, priorities, and infrastructure were developed have been documented elsewhere.[14]

TABLE 1. Primary goals of the Detroit Community-Academic Urban Research Center

- To maintain and enhance the Detroit Community-Academic Urban Research Center through the guidance and governance of the URC Board, composed of representatives of each of the partner organizations (i.e., academia, the local health department, community-based organizations, and an integrated health system).
- To promote, support, and conduct interdisciplinary, collaborative, community-based participatory research that strengthens the ability of the URC partners to develop, implement, and evaluate health promotion and disease prevention programs aimed at addressing community and family health concerns identified by communities in the east and southeast sides of Detroit and at increasing the knowledge regarding the factors associated with these health concerns.
- To increase and disseminate knowledge about the principles and effectiveness of community-based participatory research and how to conduct such research.
- To promote the creation and refinement of policies (e.g., local, state, and federal government, foundations, academia) that are supportive of community-based participatory research.
- To inform the development of public health that promote health (e.g., at the local, state, and national levels and within organizations and health agencies and systems) based on the knowledge gained through community-based participatory research projects.
- To enhance the capacity of researchers, health professionals, and community members to address family and community health concerns and to contribute to knowledge regarding the factors associated with these health concerns.

Evaluation efforts have been under way since the inception of the Detroit URC. This article highlights evaluation findings from the initial 4 years (October 1995 through December 1999) of the Detroit URC. The focus here is on the board and overall infrastructure of the URC, not the health impact of the individual intervention research projects under way (each of which has its own evaluation). This evaluation provides insights regarding the strength of the partnership relative to its goals and the facilitating factors and barriers encountered by an academic-community partnership for urban public health research. The results should be of interest to the growing number of people conducting and/or funding community-based participatory research approaches to public health.

METHODS

Because the URC Board is an integral operational component of the overall URC, this evaluation primarily focused on assessing board members' perceptions, experiences, and views in the following areas: (1) URC Board activities, processes, and progress; (2) principal accomplishments; (3) adherence to the principles of the project for community-based participatory research; (4) facilitating factors; (5) barriers and challenges; and (6) hopes and recommendations for future work.

Data were collected on the areas mentioned above from a variety of sources, including (1) in-depth semistructured interviews conducted in late 1996 with current board members (n = 15), former board members (n = 3), and key stakeholders who regularly attend meetings but are not Board members (n = 5); (2) in-depth semistructured interviews conducted in late 1999 with current board members (n = 15) and key stakeholders (n = 3); and (3) data from three mailed survey questionnaires conducted with board members and key stakeholders (n = 20) in years when semistructured interviews were not conducted (1997, 1998, and 1999).

Information from the 1996 and 1999 interviews (with 100% response rates

each year) were documented through notes taken by the interviewer and an assistant. The two sets of written notes were reconciled and then transcribed. In turn, a codebook was developed and used to extract specific themes and findings from the transcribed notes via qualitative data analysis procedures.[15,16] Data from the 1997, 1998, and 1999 mailed surveys (with 100%, 100%, and 95% response rates, respectively) were compared across the 3 years of data. Because of the small number of board members, these data were amenable only to simple descriptive analyses. Analysis of the interview and survey data was complemented by an ongoing review of field notes and other documents, which provided the contextual backdrop to the analysis and helped inform the design of the codebook.

Approximately once a year, evaluation results were reviewed by an Evaluation Subcommittee of the URC Board and then presented to the full board for review. In this formative component of the participatory evaluation design, information was channeled back to the board and used as a basis for discussion and—in some cases—changes in board activities, policies, or foci.

RESULTS

Getting Started: Infrastructure and Process Development

The development of an organizational structure and of the processes by which the URC Board operates and makes decisions was a time-consuming process. During the first 18 months of the URC, the board (meeting once a month) developed and implemented several structures and processes to guide its work, including (1) meeting procedures and group operating principles (e.g., consensus decision making, maintaining mutual respect for all partners, etc.); (2) a mission statement and goals; (3) community-based public health research principles; (4) subcommittees for key areas; and (5) a multistep process by which priority areas for research were selected.[14] The URC Board does not have a director, an executive committee, or any hierarchical feature. Board meetings have been facilitated by one of the academic partners at the ongoing request of board members.

While all of these structures and processes played an important role in the work of the Detroit URC, the principles adopted for conducting community-based participatory public health research were perceived by board members to be of critical importance (Table 2). These principles have actively guided and shaped the work of the URC; they were modified from a version created by the Detroit–Genesee County Community-Based Public Health Consortium, funded by the W. K. Kellogg Foundation.[13] At their core, the principles call for community-based research conducted in a manner that involves partners in all phases of the research process (from problem definition to the dissemination of results) and that produces, interprets, and disseminates research findings in clear language and in ways that respect and benefit community members.

While the board has oversight for all URC activities, it is important to note that each URC project has its own steering committee as well. Members of the URC Board or other representatives from the URC partner organizations serve on these project-specific steering committees as appropriate. Importantly, these steering committees also include organizations and individuals not on the overall URC Board, who are selected based on the focus of the project. Thus, additional community groups and lay members of the community provide input, direction, and guid-

TABLE 2. Detroit Community-Academic Urban Research Center community-based public health research principles

1. Community-based research projects need to be consistent with the overall objectives of the Detroit Community-Academic Urban Research Center (URC). These objectives include an emphasis on the local relevance of public health problems and an examination of the social, economic, and cultural conditions that influence health status and the ways in which these affect lifestyle, behavior, and community decision making.
2. The purpose of community-based research projects is to enhance our understanding of issues affecting the community and to develop, implement, and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community.
3. Community-based research projects are designed in ways that enhance the capacity of the community-based participants in the process.
4. Representatives of community-based organizations, public health agencies, health care organizations, and educational institutions are involved as appropriate in all major phases of the research process (e.g., defining the problem; developing the data collection plan; gathering data; using the results; interpreting, sharing, and disseminating the results; and developing, implementing, and evaluating plans of action to address the issues identified by the research).
5. Community-based research is conducted in a way that strengthens collaboration among community-based organizations, public health agencies, health care organizations, and educational institutions.
6. Community-based research projects produce, interpret, and disseminate the findings to community members in clear language respectful to the community and in ways that will be useful for developing plans that will benefit the community.
7. Community-based research projects are conducted according to the norms of partnership: mutual respect; recognition of the knowledge, expertise, and resource capacities of the participants in the process; and open communication.
8. Community-based reseach projects follow the policies set forth by the sponsoring organization regarding ownership of the data and output of the research (policies to be shared with participants in advance). Any publications resulting from the research will acknowledge the contribution of participants, who will be consulted prior to submission of materials and, as appropriate, will be invited to collaborate as coauthors. In addition, following the rules of confidentiality of data and the procedures referred to below (item 9), participants will jointly agree on who has access to the research data and where the data will be physically located.
9. Community-based research projects adhere to the human subjects review process standards and procedures as set forth by the sponsoring organization; for example, for the University of Michigan, these procedures are found in the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, *Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (the "Belmont Report").

Source: Adapted from Ref. 13.

ance to the projects. Furthermore, each project has its own evaluation plan and team.

Getting Started: Board Member Satisfaction With Initial Activities

In discussing the reasons why their organizations agreed to work with the URC, several board members openly recalled their skepticism about and mistrust of the endeavor when they were first contacted about the project. Although some were not sure "what the university was up to this time," all decided to write a letter of support and subsequently to participate in the early work after the URC received funding. Some board members have cautioned against interpreting this early will-

ingness to participate as "trust" in the project truly having the best interests of the community in mind. Rather, they explained their participation as keeping an "open mind," viewing the URC as a potential vehicle for channeling services and resources into their communities. In addition, some board members admitted that their primary reason for participating was to serve as a "gatekeeper" between the university and the community, to protect their constituents from university research projects that were "business as usual" (i.e., with community members used as research "subjects" but receiving nothing in return).

Skepticism about the potential of the URC carried into the second year of activities, a time during which the focus was primarily on process issues and infrastructure development. Several community members reported becoming impatient with the focus on process, and this reinforced some negative notions about the university and its perceived lack of commitment to true action in communities. As one person stated early in the second year: "We need to quit talking and get to the real work that is needed in the community." As the partnership progressed into its second year, however, several projects were designed and subsequently implemented, and thus the concerns of most (although not all) board members were assuaged.

Principal Accomplishments and Perceived Benefits of the Detroit Urban Research Center

Work in one area that almost all board members mentioned as an accomplishment was the development of a sound infrastructure and set of processes to support the community-based participatory research approach of the Detroit URC. Despite impatience with the time it took, board members viewed the adoption and implementation of operating procedures and community-based participatory research principles as major accomplishments. Building this foundation enabled the URC to create an effective team of "partners with equal voices." In describing the partnership, URC board members used words like "cohesive," "strong," and "candid."

It was clear from partners' comments that setting up the base of this working partnership would not have been possible without purposefully establishing and striving to develop trust among all partners. This required the willingness of members to speak frankly, to agree to disagree, and to understand different partners' organizational priorities and cultures. In addition, board members emphasized that such work is never completed. As one board member stated: "We need to remember that you don't just build trust. You build and rebuild trust; you build and rebuild relationships. This is ongoing. Don't assume that you do it and then you are done."

Another area of accomplishment cited was the high rate of success the URC has had in the area of funding. During its first 4 years, the Detroit URC received over $11 million for 12 community-based participatory research projects, of which 9 were core projects (Table 3). (As of early 2001, the amount of funding received by the Detroit URC had increased to over $23,000,000.) Funding sources included CDC, the National Institute of Environmental Health Sciences, and the Minority Health Office of the US Department of Health and Human Services. This level of project development and funding was viewed as a major accomplishment and as a powerful indicator that the URC got off to a successful start. The fact that the funding for some of these projects goes directly to a community-based partner rather than to the university was also viewed as a positive accomplishment.

Participants in the URC have also experienced success in publishing scientific papers and making presentations at professional meetings regarding the work of the

TABLE 3. Detroit Community-Academic Urban Research Center core projects funded between October 1995 and December 1999

- Eastside Village Health Worker Partnership (etiologic and intervention research project addressing the social determinants of health, involving community lay health workers; funded by CDC)[12,17]
- LA VIDA Partnership (partnership development and planning activities addressing intimate partner violence; funded by CDC)[18]
- Bilingual Medicaid Managed Care Program (consumer advocacy intervention project; funded by Department of Health and Human Services Office of Minority Health)
- Eastside Community Health Insurance Program for Children (intervention project to increase enrollment in state child health insurance program; funded by Blue Cross/Blue Shield Foundation of Michigan, Metro Health Foundation, Mercy Hospital, St. John Health System, Detroit Department of Youth Services)
- Medicaid Outreach Project (intervention project to increase enrollment in state child health insurance program; funded by Michigan Department of Community Health, Medical Services Administration)
- Social Inequalities, Neighborhood Effects, and Women's Health (planning grant funded by University of Michigan, Dearborn)
- Michigan Center for the Environment and Children's Health (etiologic and intervention research aimed at examining and addressing environmental triggers of childhood asthma; center grant funded by the National Institute of Environmental Health Sciences and the Environmental Protection Agency)
- REACH Detroit Partnership (1-year planning grant focusing on cardiovascular disease and diabetes prevention and management; funded by CDC)
- Healthy Eating and Exercising to Reduce Diabetes (intervention project; funded by the Michigan Women's Foundation as part of the Eastside Village Health Worker Partnership)

More information on these and other Detroit URC projects can be found at http://www.sph.umich.edu/urc/projects

URC and its affiliated projects, which are viewed as significant accomplishments by all those involved with the URC (including community partners). During its first 4 years, 10 articles on URC activities were published in peer-reviewed journals, and over 40 presentations on URC-related activities were made, although none of the evaluations of specific interventions had been completed yet.[17–19] In virtually all of these publications and presentations, nonacademic partners have served as coauthors and as copresenters; many students have been involved as well. In addition, without exception, faculty involved with the URC claimed that their affiliation with this partnership had an important and positive impact on their teaching.

Both community and academic partners also reported that building new organizational relationships and ties has been a benefit of their involvement in the URC. Strengthening of ties between university and community organizations in Detroit—and actually bringing the university into the work of communities—is one benefit mentioned by almost every board member. Community partners also reported that they had forged new ties with other community-based organizations, while the academic partners said that they had gained new relationships with CDC and other funders. Of special note is increased collaboration between organizations from the east and southwest sides of Detroit on health-related projects. For example, one of the URC projects, aimed at addressing environmental triggers for childhood asthma, is being carried out in both communities, with steering committee members

and staff from each community working together to make the program relevant to their needs and culture. As one board member commented: "Everyone says that [the URC represents] the first time that organizations from the east and southwest sides of Detroit are truly collaborating. This is an extremely positive consequence, and a true test of a partnership attempting to work across cultural and community differences."

Facilitating Factors

The URC Board members cited some of the same accomplishments discussed above as factors that have facilitated the achievements of the URC. In fact, board members considered that establishing strong infrastructure and processes as a foundation for partnership activities was an accomplishment in and of itself and an important facilitator of other URC accomplishments as well. Building trust was also mentioned as both an accomplishment and a facilitator. As one member explained: "Academic needs and community needs are different, but our group has worked to resolve these differences, and that speaks to the level of trust we have developed."

Board members cited additional facilitating factors, including the importance of having committed and active leadership from all partner organizations, as well as building on the knowledge, experiences, and working relationships gained from previous collaborations. Board members also emphasized that this kind of project cannot succeed without community partners who have a history of engagement in their communities and who are well respected by their constituents. Given that these partners possess in-depth knowledge and understanding of their communities, they are best situated to guide the implementation of interventions within them.

The individual men and women representing community-based organizations on the board provide the critical connection to the community. There are no board members without a professional or volunteer tie to a community organization or agency. However, board members indicated that they can represent the grassroots communities with which their organizations work. Many board members grew up in and still live in the neighborhoods involved and believe that they are capable of understanding and representing these communities while they have a professional role in an organization. They also understand when a different voice from the community needs to be heard. Board members reported that they are comfortable with the absence of lay community members on the overall URC Board, while emphasizing that grassroots community participation on project-specific steering committees is critical.

CDC was also viewed as an important facilitator of the work of the Detroit URC. It was recognized by board members that the significant resources required to implement and sustain the URC infrastructure come from CDC. Board members voiced appreciation for the willingness of CDC to support community-based participatory research and its commitment to funding the infrastructure development and maintenance required for community-based participatory research partnerships. Board members were also very positive about the model of having a CDC assignee on site. This is viewed as creating an important link with CDC as the assignee has been successful in enhancing knowledge about and positive relationships with CDC staff in Atlanta, Georgia. In addition to CDC resources, having excellent project management staff from the School of Public Health (staff who organize meetings and events, keep board members up to date, and always follow through on board requests and actions) was also seen as a key facilitator.

Barriers and Challenges

Detroit URC Board members identified and discussed a number of challenges faced by the URC. Issues regarding time appeared among the top challenges continually faced by the URC. Board members viewed time challenges from a variety of angles and indicated that time struggles are intertwined with a lack of available resources to tackle community problems. Board members highlighted the considerable amount of time and effort it takes to lay the foundation of a partnership such as this one. This groundwork included, among other things, the many months the URC spent engaged in process-related activities designed to establish and maintain trust and to define a structure and principles of operation. Importantly, partners also felt frustrated with the time it takes to witness concrete community benefits and positive changes in their communities.

In addition, it is important to recognize that, for the community-based organization representatives on the board, the URC is only one of many programs for which they are responsible. Thus, time is one of the most valuable resources they have, and one they must utilize strategically. The time they invest in the URC (which for most partners includes several hours of meeting time and project-specific activity each month) is time away from addressing other needs in their organizations and communities. These demands explain in part the perception of several partners that they have contributed more to the URC than they have gained from it. As one member articulated: "Our organization gives more to the partnership than we get out of it. The time we put into the URC is worth far more than the dollar amount we receive."

Academic partners experience their own challenges concerning multiple time demands. In addition, the University of Michigan is located about 1 hour from Detroit, where all meetings and intervention activities take place. Academic partners understand that traveling to Detroit is critical (and many do so several times a week), but it does pose constraints not only in terms of time, but also in the ability to have more frequent, fluid, and informal interactions with the partners in Detroit.

Another set of challenges that academic and nonacademic partners identified concerned achieving a balance between community interests and research needs. Community-based organizations are primarily interested in research projects that bring interventions or services into their communities (as compared to etiologic or descriptive research endeavors). In addition, community partners emphasized that people in their communities do not want to be used merely as "research subjects"; for them, research is secondary to developing interventions that benefit the communities, particularly at the system level. Although academic partners share this commitment to effecting change in communities, they also are interested in gaining generalizable knowledge and understanding through etiologic and evaluation research. Ensuring that all partners are satisfied requires vigilant, ongoing attention and dialogue. Although partners identified the balancing of the "research needs" with the primary desire of communities for new services and interventions to be an inherent challenge of academic-community partnerships, they did not consider it to be insurmountable and were committed to achieving the desired balance.

Board members were also concerned that the community-based participatory research model does not mesh well with the reward structures of most partnering organizations. For organizations accountable for delivering direct services, their participation in the URC is just one of many pressing responsibilities that stretch

their already limited time and resources. Academics face the pressures of the tenure, publication, and funding processes, as well as teaching responsibilities.

Partners also expressed concern that URC funds and other resources were not distributed evenly among the participating organizations. A reason for this imbalance is that the university, by virtue of being the primary recipient of CDC core funds and some of the project funds, has control and responsibility over much of the URC money. As the primary fiscal agent for several of the URC projects, the university absorbs a large share of both the direct and indirect costs, which unfortunately leaves less money for community-based organizations. Although community-based partners receive a yearly stipend for their participation in the URC, the amount is modest. In addition, although some of the partnering community-based organizations have held fiduciary responsibility for a URC project or have received a significant portion of project funds, some community partners voiced concern that their organizations had not yet reaped any financial benefits for participating.

As the partners pointed out, the challenges outlined above are reflections of the larger task the URC faces, which is to effect long-term, system-level change on the east and southwest sides of Detroit. Despite the magnitude of these challenges, board members expressed strong commitment to the URC as a vehicle toward this immense task.

DISCUSSION

The Detroit Community-Academic URC is part of a larger movement promoting community-based, participatory approaches to addressing health-related concerns in economically marginalized communities.[2,3,19] Evaluation results regarding the public health impact of the interventions being implemented by the Detroit URC are not yet complete. However, formative evaluation results from the first 4 years of the Detroit URC suggest that academics can indeed work in partnership with community organizations and agencies to conduct community-based participatory public health research. This work involves many challenges, including working across racial, ethnic, and organizational differences to articulate a common vision and a clear process for conducting research that proceeds in partnership with communities.[19] Nonetheless, the results presented here demonstrate that a participatory, community-based approach to public health intervention research involving an academic institution, an urban public health department, a health care provider, and community-based organizations can be achieved.

The experiences of the Detroit URC since 1995 suggest that some lessons have been learned regarding the practice of community-based participatory research in urban areas. This includes the perception that an "assets-based" approach can indeed be implemented in community-based research. In general, the URC is perceived as using a strength-based approach in which community members help identify issues or problems and their potential solutions based on community assets, including the strong array of human resource assets in Detroit communities. Another important lesson learned is that there needs to be a balance between the development of process/infrastructure and action in the initial phase of partnership development.

The results from this evaluation strongly suggest that the Detroit URC has gone through several developmental phases in its first 4 years. The first phase, which lasted 15–18 months, can be described as a process phase, during which the URC

spent much of its time on issues related to process, organizational structure, and priority setting. While some board members grew impatient with the time devoted to such issues, there is now widespread agreement that it resulted in the Detroit URC building a solid and workable infrastructure. This strong infrastructure allowed the group to make significant progress during its second phase, which can be described as an action phase focusing on project development and implementation. During this phase, which is ongoing, but was concentrated in the second half of year 2 and year 3, the group worked hard to design projects, apply for and receive funding, and begin implementing interventions and their evaluations.

The third and current phase of the URC, which was entered during the fourth year, is a phase in which the group has become much more focused on dissemination and policy impact. Now that the URC has created the terms of the partnership and the infrastructure to support it and has gotten several projects funded and implemented in the community, the group can focus more attention on disseminating its findings and promoting community-based participatory research. As more evaluation results from the interventions of the URC become available, they will be disseminated broadly. Meanwhile, the Detroit URC also has the dissemination of knowledge gained about building a community-based participatory research partnership and planning/baseline phases of some of its intervention projects as a goal.[12,14,17,18] In addition, in its current phase, the board is also keenly focused on sustainability, both in terms of the specific interventions and projects under way and in terms of the infrastructure necessary to sustain the overall partnership.

The observation that the URC has already gone through a number of phases (and that it will likely continue to evolve in the future) is consistent with literature published on coalition and partnership development.[20–23] After getting started (or "forming and focusing") and being en route ("organizing and acting"), the Detroit URC is now in an "achieve and transform" phase, which can be especially challenging when the overall goals of the partnership are long term and somewhat ambitious.[24]

Regardless of the phase of development, participatory and formative evaluation activities can play an important and useful role in the development of community-based participatory research partnerships. Like the other research activities of the URC, it is important that the evaluation has used a participatory methodology, in which board members have been involved in determining the activities and approaches taken in the evaluation. It is also important that such evaluation activities have had a formative component; that is, evaluation results have been presented back to board members as soon as they were collected in a way that is understandable and useful. Formative evaluation data have led the Detroit URC to hold numerous productive discussions and to make several new decisions. Thus, the resources devoted to URC Board evaluation activities have been viewed as important and essential investments.

Even in the face of numerous challenges, an important conclusion from the initial years of the Detroit URC is that the group has been successful in forging an academic-community partnership to engage in community-based participatory research. The Detroit URC has made significant progress toward its goals and has been successful in developing and initiating intervention research projects in important areas of family and community health. The extent to which the interventions involved are having a significant, positive impact on health outcomes is currently being evaluated. In the meantime, the URC can point to several important and

meaningful accomplishments. They include the building of capacity among both community and academic partners to engage in community-based participatory research.

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The Detroit Community-Academic URC was established in 1995 as part of the Urban Research Centers Initiative of the CDC. The Detroit URC develops, implements, and evaluates interdisciplinary, collaborative, community-based participatory research and intervention projects that aim to improve health and quality of life for residents of the southwest and east sides of Detroit. The Detroit URC involves collaboration among the University of Michigan School of Public Health, Detroit Health Department, six community-based organizations (Butzel Family Center, Community Health and Social Services Center, Friends of Parkside, Kettering/Butzel Health Initiative, Latino Family Services, and Warren/Conner Development Coalition), Henry Ford Health System, and CDC. Some of the evaluation activities reported in this article were supported by CDC through a subcontract with Macro, International. All of the board members of the URC participated in the evaluation activities described in this article, and they also played a critical role in focusing the evaluation questions and in interpreting the results. It is the experiences and insights of the URC Board members that tell this story.

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