



Developing and Sustaining Partnerships for Community-Based Participatory Research

Continuing Education Institute
American Public Health Association Conference
November 4, 2006 ~ Boston, MA



Learning Objectives

Discuss & understand key steps in developing and sustaining CBPR partnerships

Discuss & analyze how these steps and examples apply to your own situations

Identify common challenges faced by CBPR partnerships & strategies/resources for overcoming them



Agenda

- **Definition & key components of CBPR**
- **CBPR case study**
- **Mentor panel**
 - **Identifying & selecting partners**
 - **Establishing trust**
 - **Using evaluation for partnership improvement**
 - **Securing & distributing resources**
- **Small group consultation**
- **Closing remarks**



Mentors

Elaine Belansky

Princess Fortin

Elmer Freeman

Kari Hartwig

Carol Keith

Robert McGranaghan

Sarena Seifer

Sarah Sisco

Maurice Williams

Kristine Wong

Examining Community-Institutional Partnerships for Prevention Research

Goal: To build the capacity of communities and institutions* to engage in participatory approaches to prevention research

* colleges, universities, health departments

Funded by: The CDC Prevention Research Centers Program through a cooperative agreement with the Association of Schools of Public Health, 10/1/02 – 12/31/05



Project Partners

APHA Caucus on Community-Based Public Health

**CDC Prevention Research Centers - Michigan, New York,
Yale-Griffin**

**CDC Prevention Research Centers National Community
Committee**

CDC Urban Research Centers - Seattle, Detroit, New York

Community-Campus Partnerships for Health

Community Health Scholars Program

Wellesley Institute



Project Goals

Identify and synthesize lessons learned about developing and sustaining CBPR partnerships

Identify key factors that can facilitate and impede successful community-institutional relationships and outcomes

Implement and evaluate strategies to foster community and institutional capacity for CBPR



Training Curriculum

www.cbprcurriculum.info

Unit 1: CBPR – Getting Grounded

Unit 2: Developing a CBPR Partnership – Getting Started

Unit 3: Developing a CBPR Partnership – Creating the “Glue”

Unit 4: Trust and Communication in a CBPR Partnership –
Spreading the “Glue”

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

Unit 6: Disseminating the Results of CBPR

Unit 7: Unpacking Sustainability in a CBPR Partnership

Appendices: Recommended resources, etc.

What is CBPR?

"...a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process; with all partners contributing their expertise and sharing responsibility and ownership to enhance understanding of a given phenomenon, and to integrate the knowledge gained with interventions to improve the health and well being of community members."

Israel, BA Annual Review of Public Health, 1998

Key Principles of CBPR

1. Recognizes community as a unit of identity
2. Builds on strengths & resources within community
3. Facilitates collaborative partnerships in all phases
4. Integrates knowledge & action for mutual benefit
5. Promotes co-learning & empowering process
6. Involves a cyclical & iterative process
7. Addresses health from ecological perspectives
8. Disseminates findings & knowledge gained to all

Israel, BA Annual Review of Public Health, 1998

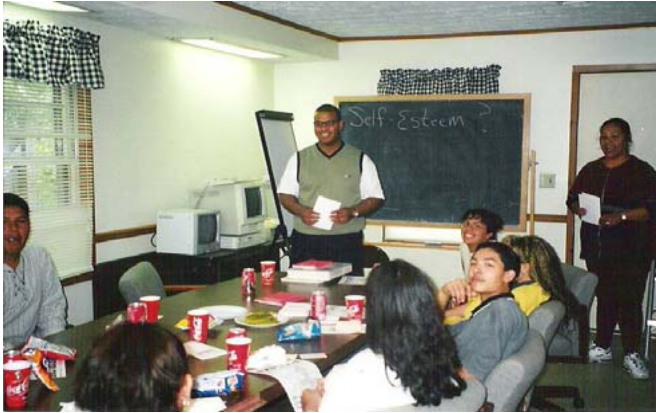


Defining Community

CCPH board of directors, 2005

There is no “one” definition of community

- Geography
- Age
- Ethnicity
- Gender
- Sexual orientation
- Disability, illness or health condition
- Common interest or cause
- Shared values or norms



Defining Community

CCPH board of directors, 2005

Defining “community” in CBPR is more about the process of asking questions than about a strict definition of who “is” community or “represents” community:

- Are those most affected by the problem at the table?
- Are those who have a stake in the issue being addressed at the table?
- Do they play decision making roles?

Why Do CBPR?

Historically, research has...

Rarely directly benefited and sometimes harmed communities involved

Excluded them from influence over the research process

Resulted in understandable distrust of, and reluctance to participate in, research

Been labeled by communities as parachute, helicopter, drive-by, community-placed research

Why Do CBPR?

Interventions have often not been as effective as they could be...

Not tailored to the concerns & cultures of participants

Rarely include participants in all aspects of intervention design, implementation & evaluation

Focused narrowly on individual behavior change with less attention to broader social & structural issues

Why Do CBPR?

Significant community involvement can lead to scientifically sound research

Research findings can be applied directly to develop interventions specific for communities

This approach generates greater trust between communities and researchers



Success Factors

*Examining Community-Institutional Partnerships
for Prevention Research Group, 2004*

- Formed to address genuine community concern and strategic partner issues, not to get a grant
- Builds on prior positive relationships, trust
- Has structures, processes that codify sharing influence and control
- Funding is distributed equitably
- Boundary-spanning leadership
- Supportive partner policies and reward structures
- Tangible benefits to all partners
- Balance between partnership process, activities and outcomes
- Culturally competent and appropriately skilled staff, researchers
- Collaborative dissemination
- Ongoing assessment, improvement and celebration



Stay Connected & Informed

CCPH Partnership Matters e-newsletter

CBPR Listserv

CBPR Curriculum www.cbprcurriculum.info

Phone and on-site training and consultation



Mark Your Calendars!

10th CCPH Conference on Mobilizing Partnerships for Social Change - April 11-14, 2007 Toronto, ON

CBPR and Social Justice Conference – June 7-9, 2007, Hartford, CT

Summer CBPR Institute – June 26-29, 2007, Jackson, MS