

**Community-Based Participatory Research:
Theories, Principles, Methods, and Applications**

HSERV 590C - 3 credits
Fall Quarter 2004
Tuesdays: 1:30pm – 4:30pm
Location: T-663

Co-Instructors: Sharyne Shiu-Thornton, PhD and Kirsten Senturia, PhD

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Purpose of Course:

The goals of this course are to provide masters degree and doctoral students in public health with:

1. an integrated understanding of the theory, principles, methods and applications of Community-Based Participatory Research (CBPR).
2. a critical review of the advantages and limitations of a CBPR approach.
3. the knowledge necessary to participate effectively in CBPR projects.

The course will meet once a week for 3 hours.

The perspective is interdisciplinary and the primary format will reflect CBPR's philosophical commitment to co-teaching and co-learning. The presentation will involve lecture, case studies, guest presentations, video, student led seminar discussions, and group exercises. While the focus is to attract students *across* public health disciplines, it is also appropriate for graduate students in nursing, social work, and anthropology.

Course Objectives:

By the end of the course, students will be able to:

- Identify and describe key theoretical perspectives that have shaped the development and evolution of CBPR.
- List and describe the major principles of CBPR and illustrate their relevance through critical group discussion with case study and fieldwork data.
- Identify and critically examine race, gender, and class dimensions of CBPR.
- Identify and discuss approaches to addressing validity and rigor in CBPR.
- Distinguish between CBPR and community *based* or community *placed* research contexts.
- Identify both the strengths and limitations of choosing a CBPR approach to addressing public health problems.

Readings:

Minkler, M. and N. Wallerstein (eds.). 2003. *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass.

Health Education and Behavior; Vol. 29 (3): (June 2002).

Israel, B., A. Schultz, E. Parker, A. Becker. 1998. Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*. 19:173-202.

Assignments and Grading: (Total: 100 points)

- Materials: Utilize six research proposals that could be adapted to a CBPR approach.
- Students will be divided into work teams

Assignment 1: 25 points

Critique the research proposal, asking the question: How could this project have been improved by conducting it within a CBPR framework?

Deliverables: 15-minute group presentation with overheads; self-evaluation and group evaluation by each student; Due in 2 weeks.

Assignment 2: 25 points

Rewrite the proposal to be a CBPR project. Turn in the group rewrite.

Deliverables: 15-minute group presentation with overheads; self-evaluation and group evaluation by each student; Due in 2 weeks.

Assignment 3: 25 points

Critique the research proposal, asking the question: What will it take to get approval on your proposal as a CBPR project? What are the challenges or red flags for the IRB committee? What are the corresponding action items to address these challenges? Turn in the group rewrite.

Deliverables: 15-minute group presentation with overheads; self-evaluation and group evaluation by each student; Due in 2 weeks [last class session].

Assignment 4: (In class) 15 points

A CBPR Policy and Funding Session by Sarena Seifer, MD:

Role play: Sarena will pose as the funder.

Group discussion: With the funder sitting at the table, conduct a discussion on how RFPs need to change in order to realistically support CBPR. Presentation by Dr. Seifer; Debrief exercise with all 3 instructors.

Overall course participation and attendance: 10 points

CLASS SESSIONS (*Fall Qtr. 04 begins Wed. 9/29/04; last day of instruction 12/10)

| <i>Session</i> | <i>Topic</i> |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1. T. 10/5/04 | Introduction and Course overview; CBPR: Historical context and theoretical framework – Values, Assumptions and Principles |
| 2. T. 10/12/04 | Getting Started: Developing a CBPR partnership Getting the Work Done: Implementing CBPR <i>Assignment #1 handed out</i> |
| 3. T. 10/19/04 | CBPR in Public Health: SDOH Case studies CBPR in quantitative research: SDOH projects |
| 4. T. 10/26/04 | CBPR: social change and social justice: includes examples that Address, but are not limited to race, class, gender, and sexual minorities. |
| 5. T. 11/02/04 | Issues of Research Quality and Methodological Rigor <i>Assignment #1 DUE</i> <i>Assignment #2 handed out</i> |
| 6. T. 11/9/04 | Initiating and maintaining effective collaborative partnerships with communities; Issues of power and empowerment in CBPR |
| 7. T. 11/16/04 | CBPR: Ethical Issues and Challenges; IRB process <i>Assignment #2 DUE</i> <i>Assignment #3 handed out</i> |
| 8. T. 11/23/04 | Identifying, selecting, and conducting issues analysis with Communities |
| 9. T. 11/30/04 | CBPR: policy and funding <i>Assignment #4: Completed in class</i> |
| 10. T. 12/07/04 | CBPR: current and future status in public health <i>Assignment #3 DUE</i> |

Readings by Session Topics:

Session One: (10/5/04) Introduction and Course overview; CBPR and Cultural Competency: Historical context and theoretical framework – (Values, Assumptions and Principles) and the relationship between the two concepts.

Minkler, M. and N. Wallerstein. 2003. Introduction to community-based participatory research. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 3-26). San Francisco: Jossey-Bass.

Abstract: The authors introduce their text and offer a brief summary of the field of CBPR, including a definition of CBPR, distinctions between CBPR and other related fields (participatory action research, mutual inquiry, etc.), the relationship between CBPR and health disparities research, and the current social, political, and academic context in which CBPR is flourishing.

Wallerstein, N. and B. Duran. 2003. The conceptual, historical, and practice roots of community based participatory research and related participatory traditions. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 27-52). San Francisco: Jossey-Bass.

Abstract: The authors describe the historical roots of CBPR through discussion of a continuum of past study including the “collaborative utilization-focused research with practical goals of system improvement,” which they refer to as the “Northern tradition,” and the “openly emancipatory research, which challenges the colonizing practices of positivist research and political domination by the elites,” which they refer to as the “Southern tradition.” Using these distinctions, the authors discuss contributions to CBPR from current and past thinking related to participation, theories and use of knowledge, power relations, with specific emphasis on feminism, poststructuralism, postcolonialism, and Freirian thought.

Bentacourt J R, et al. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*. July-August 2003. 118, 293-302.

Note: This article is the feature in a series of articles focusing on health disparities published in *Public Health Reports* July 2003 edition. A review of other articles in this issue is encouraged. The authors offer an extensive review of the literature on cultural competence and offer a definition of cultural competence, identify interventions, and establish a framework for measuring racial/ethnic disparities in health and healthcare. Key questions explored include: “1. what are the major components of cultural competence? 2. how do we incorporate culturally competent interventions into the delivery of health care?” Some of the key interventions identified were minority

recruitment into health care profession, establishment of interpretation services and language-appropriate education materials, and health care provider training on cultural competence. The authors developed a framework for integrating cultural competence at across system, organizational, structural, and clinical levels of care. The authors emphasize the need to address ethnic/racial disparities in health and have established a comprehensive and useful framework identifying culturally competent care as a “key cornerstone in efforts to eliminate racial/ethnic disparities in health and health care.”

Session Two: (10/12/04) *Getting Started: Developing a CBPR Partnership; Getting the Work Done: Implementing CBPR*

Guest presenter: Gary Tang

Israel, B., A. Schultz, E. Parker, A. Becker. 1998. Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*. 19:173-202.

Abstract: Considered a primary text guiding CBPR theory and application, this review offers “a synthesis of key principles of community-based research, examines its place within the context of different scientific paradigms, discusses rationales for its use, and explores major challenges and facilitating factors and their implications for conducting effective community-based research aimed at improving the public’s health.” Specific challenges examined include partnership-related issues, methodological issues, and broader social, political, economic, institutional, and cultural issues. The review contains 200 references to primary texts related to CBPR.

Website: <http://www.ahrq.gov/clinic/evrptpdfs.htm#cbpr> – Assessing the Evidence

Session Three: (10/19/04) *CBPR in Public Health: SDOH Case studies*

Guest presenter: Sandy Ciske, MPH, MN

Schultz, A., J. Krieger, S. Galea. 2002. Addressing social determinants of health: community-based participatory approaches to research and practice. *Health Education and Behavior*, Vol. 29 (3): 287-295.

Abstract: In this introduction to the special issue of *Health Education and Behavior* focused on CBPR, the authors discuss a definition of social determinants of health with emphasis on how these determinants effect racial and socioeconomic disparities in the health of urban communities. The authors also discuss partnership approaches to research and practice and how these approaches can be applied to social determinants of health. The authors introduce their CBPR work in the CDC-funded Urban Research Centers and highlight the benefits and challenges of these projects.

Krieger, J. C. Allen, A. Cheadle, S. Ciske, J. Schier, K. Senturia, M. Sullivan. 2002. Using community-based participatory research to address social determinants of health: Lessons learned from Seattle Partners for Healthy Communities. *Health Education and Behavior*, Vol. 29 (3): 361-382.

Abstract: The authors describe three CBPR projects focusing on social determinants of health in socioeconomically marginalized Seattle communities, with discussion of a spectrum of community participation and implications for researchers using CBPR approaches to address social determinants of health. The three CBPR projects described include a project that seeks to improve asthma-related health status by addressing poor housing and indoor environmental air quality, a domestic violence intervention among refugee and immigrant women, and a center developed to provide participatory technical assistance to smaller community organizations.

Galea, S., S. Factor, A. Palermo, D. Aaron, E. Canales, D. Vlahov. 2002. Access to resources for substance users in Harlem, New York City: Service provider and client perspectives. *Health Education and Behavior*, Vol. 29 (3): 296-311.

Abstract: The authors describe the process of organizing an Urban Research Center in Harlem, New York City, utilizing CBPR principles to guide organization and research activities. The authors outline the development of a conceptual model of social determinants of health within the community and describe how this model was used in issue identification, survey design, and results interpretation and communication. The authors also discuss survey results and implications for URC intervention design, such as those described in van Olphen, et al. (2003).

Schultz, A., E. Parker, B. Israel, A. Allen, M. Decarlo, M. Lockett. 2002. Addressing social determinants of health through community-based participatory research: The East Side Village Health Worker Partnership. *Health Education and Behavior*, Vol. 29 (3): 326-341.

Abstract: The authors describe the use of a stress process model by community participants in a CBPR project in a Detroit African American community. The authors examine data from in-depth interviews to illuminate actions taken by community members to reduce stressors and minimize their impact on health. The authors describe the process by which their findings were utilized to develop community-driven interventions, and they discuss opportunities and challenges for partnership approaches to address social determinants of health in urban communities.

Session Four: (10/26/04) CBPR: Social change and social justice: includes examples that address, but are not limited to race, class, gender, and sexual minorities.

**VIDEO – “Deadly Deception” and discussion
Guest presenter: Alton Hart**

Chavez, V., B. Duran, Q. Baker, M. Avila, N. Wallerstein. 2003. The dance of race and privilege in community based participatory research. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 81-97). San Francisco: Jossey-Bass.

Abstract: Building upon the principles of CBPR offered by Israel, et al., the authors examine the interplay between race/ethnicity, racism, and privilege that often occurs within CBPR. The authors explain a three-tiered framework for racism, including institutionalized racism, personally-mediated racism, and internalized racism, and discuss productive and repressive power, the hidden and public transcripts inherent in conversations between community partners and outside researchers, the cultural importance of language, and white privilege. The authors offer recommendations for research and practice with emphasis on building partnerships across differences.

Sullivan, M., S. Chao, C. Allen, A Kone, M. Pierre-Louis, J. Krieger. 2003. Community-researcher partnerships: Perspectives from the field. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 113-130). San Francisco: Jossey-Bass.

Abstract: Drawing on the findings of a 1995 qualitative survey of community members involved in CBPR work, the authors present three major themes relating to community-researcher partnerships that community members expressed: the definition of community and community representation, the role of community members in ensuring community involvement, and power dynamics involved in race, ethnicity and culture. The authors provide examples of how they utilized the findings to adapt and improve their CBPR programs, including adopting more inclusive definitions of community, sharing decision-making power, diversifying staff, and hiring community members.

Schultz, A., B. Israel, E. Parker, M. Lockett, Y. Hill, R. Wills. 2003. Engaging women in community based participatory research for health: The East Side Village Health Worker Partnership. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 293-315). San Francisco: Jossey-Bass.

Abstract: Through a case study involving African American women engaged as community members in CBPR work in Detroit, the authors explore several questions related to women who become involved in CBPR in their communities: What brings women to participate in CBPR activities? What challenges do they encounter in the course of their participation? How does the partnership recognize and grapple with those challenges, including addressing competing priorities, multiple commitments, health concerns, inequalities of power and resources, and mistrust of research? The authors begin with a literature review related to CBPR and challenges faced by women participating in community building efforts and end with recommendations for addressing challenges posed by involving women in CBPR work.

Cheatham, A. and E. Shen. 2003. Community based participatory research with Cambodian girls in Long Beach, California: A case study. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 316-331). San Francisco: Jossey-Bass.

Abstract: Focusing on a case study involving CBPR work with low-income Asian-American youth developing a project to study and address issues of sexual harassment in their community, the author describes the CBPR process, identifies challenges associated with the work, and explores ways that researchers and community members addressed those challenges. The process included empowerment and training for the youth, issue identification, development and implementation of a survey instrument, use of findings to generate social change. Challenges faced included need for experienced organizers in the community, attrition of participants, and the need to identify participants' self-interest.

Clements-Nolle, K. and A. Bachrach. 2003. Community based participatory research with a hidden population: The Transgender Community Health Project. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 332-344). San Francisco: Jossey-Bass.

Abstract: Using the CBPR principles outlined by Israel, et al., as a guiding framework, the authors describe an application of CBPR in epidemiological research within a transgender population in San Francisco. Drawing on their experience in this successful project, the authors offer recommendations for other researchers working with highly marginalized populations.

Session Five: (11/2/04) *Issues of research quality and methodological rigor in CBPR*

**Assignment #1 Student presentations and self evaluations
Handout – Student Assignment #2**

Bradbury, H. and P. Reason. 2003. Issues and choice points for improving the quality of action research. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 201-220). San Francisco: Jossey-Bass.

Abstract: Arguing that the purpose of action research is to “reweave knowing and doing so as to liberate the human body, mind, and spirit in the search for a better, freer world,” the authors recommend a philosophical and practical reframing of the evaluation of choices that effect the quality and validity of action research work. The authors recommend five choice points (rather than criteria for validity) for improving the quality of action research, including questions relating to relationships, practical outcomes, extended ways of knowing, purpose, and enduring consequences of the research. They also suggest adaptations of more relative conceptions of quality as it relates to research.

Springett, J. 2003. Issues in participatory evaluation. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 263-288). San Francisco: Jossey-Bass.

Abstract: Acknowledging the increasing demand for accountability in the public sector, the author discusses the need for more participatory evaluation practices, some differences between conventional and participatory evaluation, applications of participatory evaluation in health promotion, and some challenges inherent to participatory evaluation. Challenges explored include methodological issues, balancing participation with other competing factors, conflicting agendas, adapting to emergent processes, seeking funding, development of feedback tools, and empowerment.

Seifer, S. 2003. Documenting and assessing community based scholarship. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 429-435). San Francisco: Jossey-Bass.

Session Six: (11/9/04) Initiating and maintaining effective collaborative partnerships with communities; Issues of power and empowerment in CBPR

Guest presenters: Beruke Giday, MA and Martine Pierre-Louis, MPH

Stoecker, R. 2003. Are academics irrelevant? Approaches and roles for scholars in community based participatory research. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 98-112). San Francisco: Jossey-Bass.

Abstract: The author writes with a great deal of self-reflection regarding the role of academics in CBPR processes. Examining the tensions associated with traditional roles of academics in CBPR projects (initiator, consultant, and collaborator), the author encourages an understanding of CBPR as means for facilitating social change projects rather than research projects. The author outlines four roles that must be fulfilled in successful CBPR projects: leader, community organizer, popular educator, and participatory researcher. The author poses several questions to help establish guideposts for academics assessing their role in CBPR and offers an organizer's perspective on recommendations for academics who want to help.

Israel, B., A. Schultz, E. Parker, A. Becker, A. Allen, J.R. Guzman. 2003. Critical issues in developing and following community based participatory research principles. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 53-76). San Francisco: Jossey-Bass.

Abstract: The authors present a set of nine community based participatory research principles with illustrations from their work in Detroit. Eleven specific issues related to the application of the principles emphasize the importance of flexibility, reflection, and critical analysis used in applying and adapting the principles in diverse settings. These

principles help to define the scope and philosophy of CBPR and the issues identify some of the key challenges associated with applications of CBPR.

Sullivan, M., A. Kone, K. Senturia, N. Chrisman, S. Ciske, J. Krieger. 2001.
Researcher and researched-community perspectives: Toward bridging the gap. *Health Education and Behavior*; 28(2):130-149.

Session Seven: (11/16/04) CBPR: ethical issues and challenges; IRB Process

Assignment #2: Student presentations; self-evaluations
Handout Student Assignment #3

Guest Presenter: Helen McGough

Farquar, S.A. and S. Wing. 2003. Methodological and ethical considerations in community-driven environmental justice research: two case studies from rural North Carolina. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 221-241). San Francisco: Jossey-Bass.

Abstract: Through two case studies of community based participatory environmental justice work in rural North Carolina, the authors discuss some methodological and ethical challenges posed by CBPR work and identify solutions created through community-researcher partnerships. Challenges included emotional burdens inflicted upon disempowered community members when challenging powerful actors in the status quo and responsibilities toward elected officials and other power-holders.

Fadem, P., M. Minkler, M. Perry, K. Blum, L. Moore, J. Rogers. 2003. Ethical challenges in community based participatory research: A case study from the San Francisco Bay Area disability community. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 242-262). San Francisco: Jossey-Bass.

Abstract: Through a case study of CBPR work in a disability community around the contentious issue of death with dignity (or physician-assisted suicide), the authors explore some of the ethical challenges that emerge in CBPR work. These issues include questions around issue selection when a community is deeply divided over a problem, inclusion and exclusion in both research team makeup and sample selection, issues of power and misunderstanding related to the insider or outsider status of team members, and how best to use findings in ways that can unite and strengthen the community rather than weaken or further divide it. The authors describe how CBPR was a robust research approach that helped to facilitate positive outcomes to these ethical dilemmas.

Session Eight: (11/23/04) Identifying, selecting, and conducting issues analysis with communities

Guest presenter: Marcus Stubblefield

Minkler, M. and T. Hancock. 2003. Community-driven asset identification and issue selection. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 135-154). San Francisco: Jossey-Bass.

Abstract: The authors review three core principles guiding community-driven CBPR processes: 1) start where the people are, 2) recognize and begin with community strengths and assets, rather than problems, and 3) utilize “authentic dialogue,” and then briefly describe multiple methods for identifying community resources and issues. Methods described include walking and windshield tours, interviews, Delphi process, community capacity inventories, asset mapping, risk mapping, community dialogues, development of community indicators, visioning processes, and creative arts. The authors conclude with discussion of facilitating issue selection from asset and problem identification with special consideration for cases when preexisting goals constrain issue selection.

Fawcett, S., J. Schultz, V.L. Carson, V. Renault, V. Francisco. 2003. Using internet based tools to build capacity for community based participatory research and other efforts to promote community health and development. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 155-178). San Francisco: Jossey-Bass.

Abstract: The authors describe methods they have developed for utilizing internet resources for CBPR work. They discuss traditions and values that guide their work, and then establish a framework for the process of understanding and improving community-based efforts to improve community health. Major aspects of this framework (understanding context and collaborative planning, community action and intervention, widespread behavior change and improvement in population-level outcomes, and sustaining the effort) are discussed with core competencies for each and illustrative examples of how internet resources are utilized to support the framework.

Wang, C. 2003. Using photovoice as a participatory assessment and issue selection tool: A case study with the homeless in Ann Arbor. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 179-196). San Francisco: Jossey-Bass.

Abstract: The author discusses the conceptual framework of photovoice, a specific community-based participatory documentary photography method and methods for using photovoice in community assessment activities. Through a case study of photovoice used by homeless adults, the author suggests implications for use of photovoice in vulnerable populations.

Chavez, Vivian; Israel, Barbara; Allen, III., Alex J.; DeCarlo, Maggie Floyd; Lichenstein, Richard; Schulz, Amy; Bayer, Irene S; and McGranaghan, Robert. “A Bridge Between Communities: Video-Making using Principles of Community-Based Research”. *Health Promotion Practice* 2004: 5; pp 395-403.

Session Nine: (11/30/04) *CBPR: policy and funding*

Sarena Seifer, MD. - sarena@u.washington.edu

Assignment #4: In class

Green, L. 2003. Tracing federal support for participatory research in public health. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 410-418). San Francisco: Jossey-Bass.

Minkler, M. and N. Wallerstein. 2003. Selected centers and other resources for participatory research in North America. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 451-464). San Francisco: Jossey-Bass.

**Seifer, SD, Kauper-Brown, J., and Robbins, A. (editors)
Directory of funding Sources for Community-Based Participatory Research.
<http://depts.washington.edu/ccph/commbas.html#Conf>**

Session Ten: (12/07/04) *CBPR: current and future status in public health*

Student presentations Assignment #3; self-evaluations

Themba, M. and M. Minkler. 2003. Influencing policy through community based participatory research. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 349-370). San Francisco: Jossey-Bass.

Abstract: The authors begin with definitions of public policy and policy initiatives and then offer two conceptual models of policy making with descriptions of seven distinct stages in policy making: problem awareness and identification, problem refinement, setting policy objectives, designing alternative courses of action, estimating consequences, assigning implementation responsibility, and evaluation. The authors suggest opportunities in the policy-making process for policy advocacy work supported in CBPR, including assessing the policy environment, reframing the issue and defining initiative, strategic power analysis, organizing support, defense of victories, enforcement, and evaluation.

van Olphen, J., N. Freudenberg, S. Galea, A. Palermo, C. Ritas. 2003. Advocating policies to promote community reintegration of drug users leaving jail: A case study of first steps in a policy change campaign guided by community based participatory research. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 371-389). San Francisco: Jossey-Bass.

Abstract: Utilizing an ecological view of social determinants of health the authors describe and discuss a CBPR project which chose to work toward changing local policies that contributed to adverse health consequences of illegal drug use among community members in Central and East Harlem, New York City. Within the framework of stages of policy development outlined in Themba and Minkler (2003), the authors describe the evolution of the project from organizing, to issue identification, and development of interventions. The authors specifically discuss tension between maintaining a community based, participatory focus and addressing broad external forces that shape health and disease.

Lee, P.T., N. Krause, C. Goetchius. 2003. Participatory action research with the hotel room cleaners: From collaborative study to the bargaining table. In M. Minkler and N. Wallerstein (Eds.) *Community-Based Participatory Research for Health* (pp. 390-404). San Francisco: Jossey-Bass.

Abstract: In this case study, authors describe a union-initiated CBPR project involving hotel workers (most of whom are female immigrants) acting as study collaborators to research their workload, working conditions, health, and employee-employer relationships. Within a participatory framework, the authors describe the full research process, including designation of research topics and enhancement of participation, designing the survey instrument, selecting the sample population, outreach planning, data analysis, and translation of research findings into actions. In this case, the hotel workers were able to work with their union to use the research findings to advocate for policy change within their workplace.

Institute of Medicine. 2002. *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*. (pp. 80-88). Washington, D.C.: National Academies Press.

Cheadle, A., M. Sullivan, J. Krieger, S. Ciske, M. Shaw, J. Schier, A. Eisinger. 2002. Using a participatory approach to provide assistance to community-based organizations: The Seattle Partners Community Research Center. *Health Education and Behavior*, Vol. 29 (3): 383-394.

Abstract: The authors describe the operation of a Seattle community research center designed to provide participatory technical assistance to community-based organizations that are addressing social determinants of health. The authors use examples of collaborative partnerships with community based organizations to examine the benefits and challenges of collaboration and the trade-off between capacity building and providing direct technical assistance in promoting long-term community based organization viability.