

*Creating and Sustaining Equitable Community-Academic
Partnerships in Health Research: The Detroit Community-
Academic Urban Research Center**

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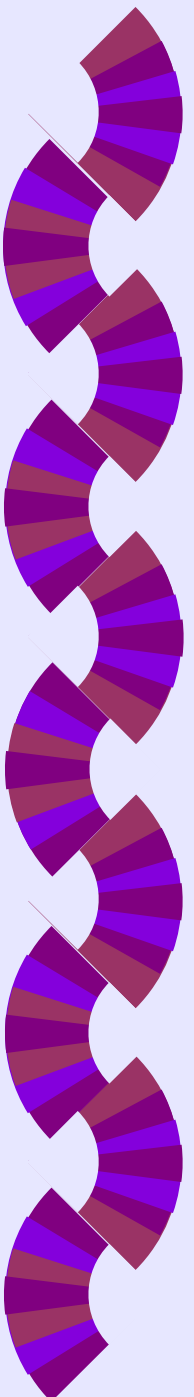
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*With acknowledgement to our colleagues in the Detroit Community-
Academic Urban Research Center



Overall Mission of the Detroit URC

Establish an effective community-based participatory research partnership to jointly identify factors affecting the health and well-being of residents on the east and southwest sides of Detroit, and to implement and evaluate interventions and policies to address these factors in ways that recognize, build upon and enhance the resources and strengths in the communities involved.



Detroit Community-Academic Urban Research Center (URC) Partner Organizations

Butzel Family Center

Community Health and Social Services Center (CHASS)

Detroit Health Department

Friends of Parkside

Henry Ford Health System

Kettering Butzel Health Initiative

Latino Family Services

University of Michigan Schools of Public Health and
Nursing

Warren/Conner Development Coalition

Centers for Disease Control and Prevention



Definition of Community-Based Participatory Research

Community-based participatory research in public health is 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 action to improve the health and well-being of community members.



URC Principles of Community-Based Participatory Research

1. Emphasis on local relevance of public health problems and examination of the social, economic and cultural conditions that influence health status
2. Integrates knowledge generation and intervention for mutual benefit of all partners
3. Builds on strengths and resources and enhances the capacity of participants in the process
4. Promotes co-learning and empowering process in which all partners are involved in all major phases of the research process
5. Facilitates collaborative partnership



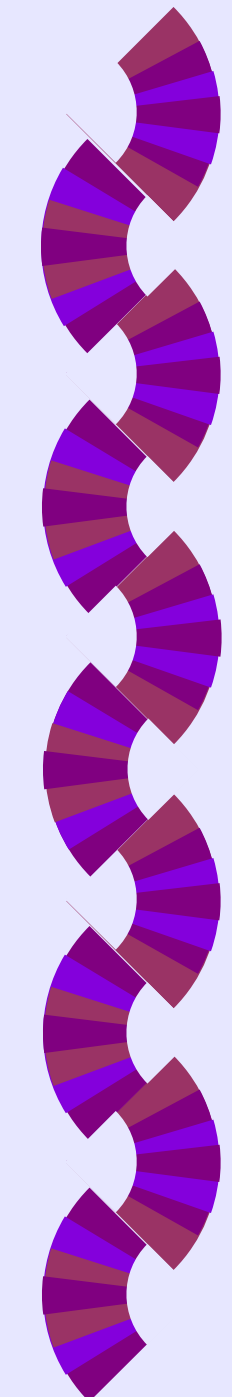
URC Principles of Community-Based Participatory Research (continued)

6. Disseminates findings to all partners in clear language respectful to and that will benefit the community
7. Conducted according to norms of partnership (e.g., mutual respect, open communication)
8. Publications/presentations resulting from research involve and acknowledge all partners
9. Involves a long-term commitment of all partners
10. Adheres to “human subjects” review process standards and procedures

Evaluation Results:

Major Accomplishments

- Adopting and following operating procedures and CBPR principles (e.g., creating and maintaining trust, creating effective partnership)
- Building new relationships
 - ◆ linking east and southwest sides
 - ◆ linking University and community-based organizations
- Developing proposals and acquiring funding
 - ◆ 11 CBPR projects
 - ◆ Over 23.5 million dollars received



Evaluation Results: Major Accomplishments (continued)

- Implementing CBPR projects
- Hired over 70 community members for full or part-time positions
- Disseminated results through over 20 publications, 70 presentations, posters, workshops
- Involves 20 University of Michigan faculty and over 50 graduate students
- Involves community-based partners as guest lecturers in classes and preceptors for student internships
- Beginning to focus and conduct dissemination regarding CBPR



Michigan Center for the Environment & Children's Health (MCECH)

- Detroit Community-Academic Urban Research Center (URC) as original partnership
- URC identified diseases related to environmental concerns (including asthma) as priority area
- URC applied for and received funding from National Institute of Environmental Health Sciences/ Environmental Protection Agency; Centers of Excellence
- MCECH governed by community-based participatory research principles



MCECH Overall Goal

- To investigate the environmental, pathophysiological and clinical mechanisms of childhood asthma which will translate into improved risk assessments and that will guide community and household-level interventions aimed at increasing knowledge and promoting behaviors and policy changes to reduce asthma-related environmental threats to individuals and neighborhoods.

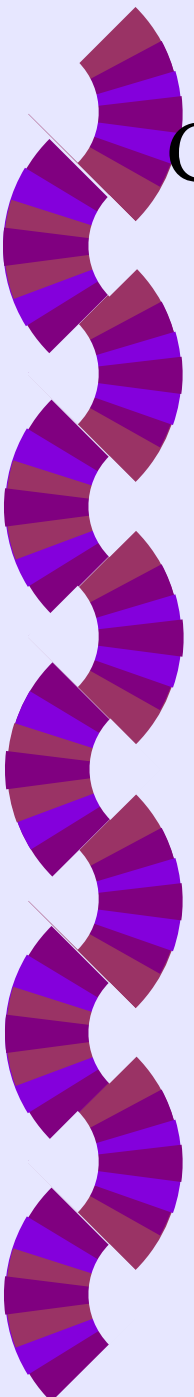
Michigan Center for the Environment & Children's Health - Partners

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- UM School of Public Health
 - Detroit Health Department
 - Butzel Family Center
 - Community Health & Social Services Center
 - Friends of Parkside
 - Henry Ford Health System
 - Kettering Butzel Health Initiative
 - Latino Family Services
 - Warren/Conner Development Coalition
 - UM School of Medicine
 - Detroit Hispanic Development Corporation
 - Detroiters Working for Environmental Justice
 - Michigan Department of Agriculture, Plant and Pest Management Division
 - United Housing Coalition



MCECH Core Research Projects

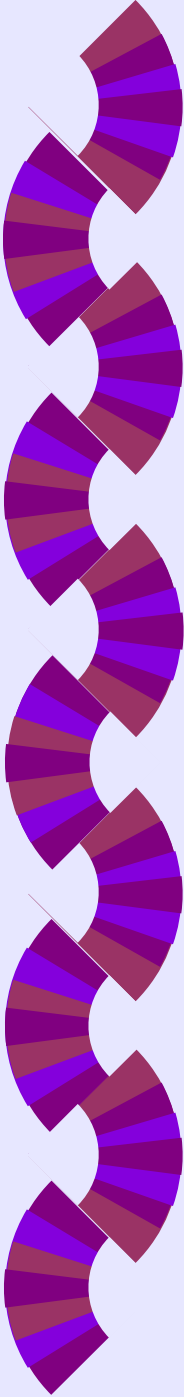
- Household and neighborhood level interventions focusing on reduction of environmental triggers for childhood asthma
- An exposure assessment to assess the separate and possible interaction effects of outdoor and indoor air quality on exacerbation of asthma in children
- A murine model project to determine if the mechanism of chronic pulmonary inflammation due to repeated exposure to allergens is mediated by the excessive local production of chemokines



Community Action Against Asthma (CAAA) Intervention and Exposure Assessment Project

- Drawn from two geographic areas within city of Detroit, east side (90% African-American) and southwest (50% African-American, 40% Latino and 10% non-Latino white)
- 300 families with at least one child age 7 to 11 with probably or known asthma enrolled
- Recruited through screening questionnaire distributed through mail and at schools

CAAA Household-Level Intervention Activities*

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- Staggered research design
 - Two year intervention in intensive and less intensive phases
 - Minimum of nine visits by “Community Environmental Specialists” in intensive phase, and 3 visits in Year 2 less intensive phase
 - ◆ Education (e.g., dustmite, cockroaches, household cleaning)
 - ◆ Materials distributed (e.g., vacuum cleaners, mattress covers)
 - ◆ Integrated pest management
 - ◆ Others (e.g., housing referrals, obtaining city services, furniture, translation)

*With acknowledgement to Seattle-King County Healthy Homes Project



Community Action Against Asthma - Evaluation Research Methods

- Skin test assessment
- Annual Measurements:
 - ◆ Questionnaires for parents and children (e.g., psychosocial factors and health)
 - ◆ Household dust sampling and environmental checklist
 - ◆ Neighborhood Environmental Checklist
- Qualitative evaluation of process of adhering to CBPR principles
 - ◆ In-depth interviews with members of SC



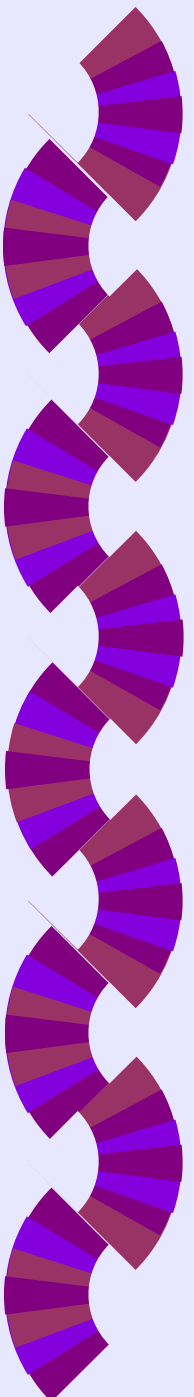
Community Action Against Asthma - Exposure Assessment

- Two weeks in duration (total of 9 assessments over two years)
- Assessment of health outcomes (e.g., symptom diary, lung functioning)
- Daily ambient measures of particulate matter 2.5, PM10, ozone, meteorological variables in each community
- Daily indoor measures of PM2.5, PM10, and Vapor Phase Nicotine in homes of 20 children
- Daily personal exposure monitoring of PM10 for same 20 children



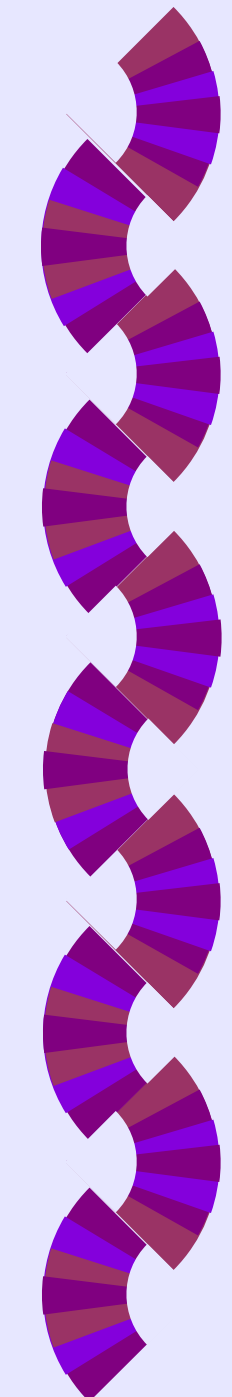
CAAA Community-Level Intervention Activities

- Neighborhood and policy level organizers in east side and southwest communities
- Identifying priority environmental concerns through data already collected and interviews with members of key groups and organizations
- Establishing Interorganizational Network to address priority concerns
- Will work with existing organizations and coalitions on environmental organizing campaigns and facilitate other activities based on priorities selected



Advantages of Using a CBPR Approach

- Enhances relevance and use of data
 - ◆ Data collection: content and quality
- Increases quality and validity of research and intervention
 - ◆ Recruitment
 - ◆ Retention
- Improves intervention design and implementation
 - ◆ Selection and training of outreach workers
 - ◆ Extends beyond asthma directed needs
- Increases trust and bridges cultural gaps between partners



Advantages of Using a CBPR Approach (continued)

- Informs teaching and contributes to community service, thereby integrating research, teaching and service
- Knowledge gained and actions taken benefit the community
- Joins partners with diverse expertise to address complex public health problems
- Has potential to translate research findings into policy



Small Group Discussion Questions

1. What are the potential barriers or challenges to conducting community-based participatory research (CBPR)?
2. What are some strategies for overcoming these challenges? What are some of the key factors that would enable you to conduct effective CBPR projects?

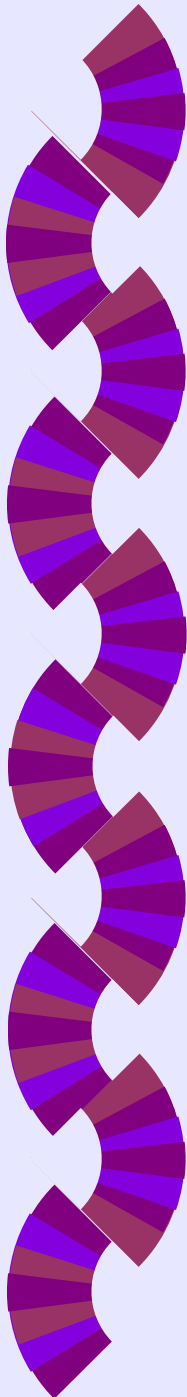
Lessons Learned: Recommendations for Conducting CBPR

- Focus on community strengths as well as problems
- Start small, involving a few highly regarded CBOs within communities of identity
- Obtain support and involve top leadership from partner organizations
- Use informal democratic processes and consensus decision-making
- Strive for equity in the distribution of benefits and resources



Lessons Learned: Recommendations (continued)

- Jointly develop operating norms and CBPR principles
- Select mutually defined priority issues, goals and objectives
- Involve researchers with orientation and commitment to CBPR
- Establish and maintain infrastructure
- Promote policy changes consistent with and supportive of CBPR



Lessons Learned: Recommendations (continued)

- Create a balance between time spent on process issues and tasks/products
- Build on prior history of positive working relationships
- Methodological flexibility and different criteria for judging effectiveness
- Conduct ongoing evaluation consistent with CBPR principles