



Setting Up and Running a CBR Department in a Community Agency: Learnings, Challenges, and Innovations

Community-Campus Partnerships for Health
Educational Call Series on Building Community Capacity for Research
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Yogendra B. Shakya, PhD
Director, Research and Evaluation

Rabea Murtaza
Research Coordinator (Training Lead)



Agenda

1. Setting up a CBR department at Access Alliance
(History and Current Status)
2. Running a CBR Department: Learnings, Strategies and
Innovations
3. Discussion and Q/A

Community Based Participatory Research

CBR/CBPR is research conducted by, for, and with communities on issues that are relevant to the communities and with the goal of bringing positive change in the community.

CBR/CBPR is a research approach that is geared at enabling community members to participate not as 'research subjects' but as research collaborators.

In CBR/CBPR, research is not an end to itself but rather a means to empower communities through the participatory research process and to bring positive social change through mobilizing community-led evidence-based action.

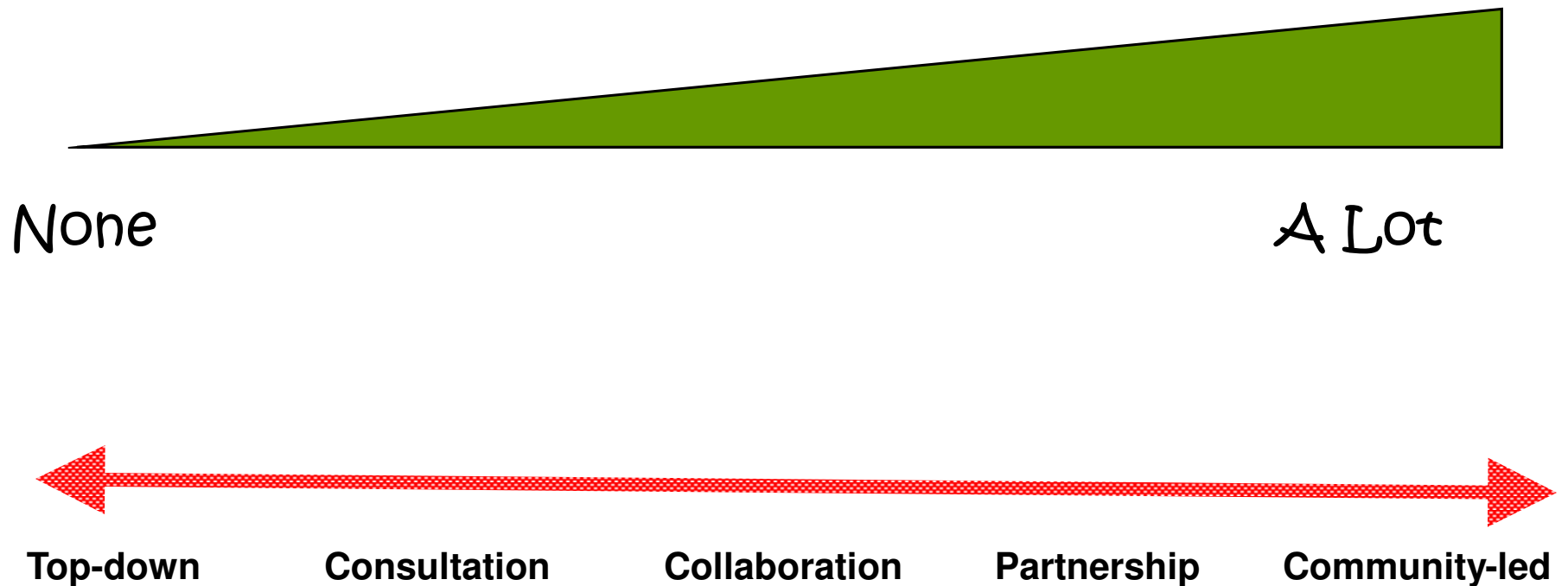
(adapted from LOKA 2002 and Israel et al, 1996)



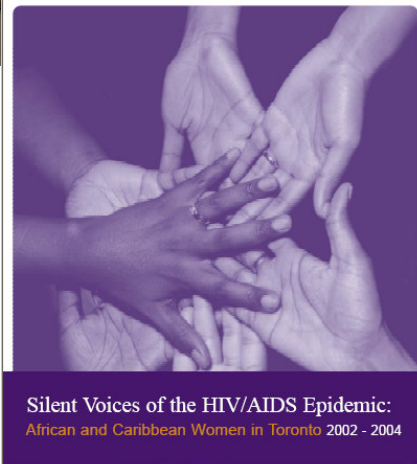
Peer Researcher

- “Peer Researchers” are community members who are equitably involved as researchers at all stages of a CBR project, and who receive relevant training and support to participate meaningfully in the project.
- Peer research based CBR is gaining popularity during the last few years.

Community involvement in research



(Adapted from Winer and Ray 2000)



Community Agency led CBR in Toronto

- During the couple of years a growing number of community agencies in Toronto have established research department/staffing and are taking a leadership role in defining research priorities/agendas
 - Access Alliance Multicultural Community Health Centre
 - StreetHealth
 - Women's Health in Women's Hand Community Health Centre
 - Ontario Women's Health Network
 - Ontario HIV Treatment Network
 - Sistering
 - Planned Parenthood
 - East Mississauga Community Health Centre
 - Regent Park Community Health Centre
 - Black Creek Community Health Centre
 - Family Services Association of Toronto

CBR department at Access Alliance: History

- Became involved in research from early 2000
- First Access Alliance led CBR project in 2004 focused on homeless immigrants and refugees in Toronto
 - Converted a “Health Promoter” position into a Research Coordinator position
- Received Canadian Institute for Health Research (CIHR) grant in 2005 to start the Racialized Groups and Health Status research agenda
- One of the three strategic priorities for Access Alliance’s 2007-2010 Strategic Plan includes establishing Access Alliance as a Centre for Excellence in CBR on Newcomer Urban Health

CBR department at Access Alliance: Current Status

- 4 Full-time permanent research staff
- 10 project staff
- 39 Peer researchers
- 12 academic partners
- Over 20 community agency partners
- Host about 10 students every year
- Developed 19 training modules on CBR, collaborative process and facilitation
- In 2008, delivered 154 hours of training to a total of 422 participants
- 11 research projects (on social determinants of health of newcomers and racialized groups)
- Over \$600,000 in research grants (90% success rate)

Track Record of CBR leading to positive social change

- Research on Homeless Immigrants and Refugees
 - Interpreters services in shelters
 - More coordination between shelters, health and settlement agencies
- Research on Internationally trained Social Workers
 - Led to the creation of Bridging program for internationally trained social workers at Ryerson University
- Research on Immigrant Seniors
 - More services and outreach to marginalized Korean seniors
- Research on Government Assisted Refugees
 - Succeeded in stopping Ontario Ministry of Health from introducing 3 month wait (residency requirement) to get OHIP coverage for Government Assisted Refugees.



Running a CBR Department: Challenges, Strategies and Innovations

- ❑ Adequate research funding and realistic timelines
- ❑ Dedicated agency and administrative support
- ❑ Clear policies and protocols (eg on partnerships, data security, publication etc)
- ❑ Meaningful interdisciplinary partnerships
- ❑ Strong research training program
- ❑ Peer Researcher involvement and support
- ❑ Collaborative tools and processes (eg Collaborative research design, collaborative data analysis)
- ❑ Training for research staff in working with marginalized communities (eg training in self-care, boundaries)
- ❑ CBR-informed ethics and ethical review
- ❑ Innovative models of recruitment and data collection
- ❑ Broad, ongoing dissemination
- ❑ Commitment to using evidence for social change



Contact Info

Yogendra B Shakya

Access Alliance Multicultural Community Health Centre

Tel: (416) 324-0927 ext 286

Email: yshakya@accessalliance.ca

www.researchforchange.ca