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

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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
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

None                                                                   A Lot

Top-down   Consultation   Collaboration   Partnership   Community-led

(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 (e.g., on partnerships, data security, publication etc)
- Meaningful interdisciplinary partnerships
- Strong research training program
- Peer Researcher involvement and support
- Collaborative tools and processes (e.g., Collaborative research design, collaborative data analysis)
- Training for research staff in working with marginalized communities (e.g., 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
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