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

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This unit introduces the concept of “glue” and focuses on the relationships, structures, policies and processes that are essential to developing and sustaining CBPR partnerships.

Learning Objectives

• Describe effective strategies for creating “glue”: the substance of a partnership that promotes and sustains trust, communication, connectedness, and meaningful work efforts and products
• Describe the rationale and effective strategies for establishing an organizational structure of board and staff for your partnership
• Describe the rationale and effective strategies for establishing a mission statement, bylaws, principles and operating norms for your partnership
• Consider examples of policies and procedures that can be applied to your partnership

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Unit 3 Section 3.1: Understanding What We Mean by “Glue”

Organizational structure of the partnership

While partnerships are fragile by nature, perhaps CBPR partnerships that bridge community and institutions are even more so. When two or more entities from very different settings are coming together for a common goal, it is essential to create the “glue” that will keep the partnership together by setting up a strong infrastructure from the start.

General Definition of Glue: “The adhesive substance of a partnership that promotes and sustains trust, communication, connectedness, and meaningful work efforts and products. Glue ranges from building sweat equity to establishing credibility, to being able to translate and navigate between the community and academic realms. Glue resonates in the process, infrastructure, policies and procedures that honor open communication, fairness, trust, and meaningful planning processes that ensure each partner is respected and heard.”

Exercise 3.1.1: Understanding “Glue”, Part I

Divide into pairs of two people and discuss your answers to these questions (10 minutes):

• What does “glue” mean for your partnership?
• What kinds of structures, policies, processes, and people constitute “glue” for your partnership?

Report back a few examples from some of the pairs to get a sampling of what groups came up with during the brainstorming period (20 minutes).

As defined above, glue for partnerships can include policies, procedures and processes aimed at strengthening the partnership. These should be developed collaboratively. In some instances the Principal Investigators or partnership staff may take the lead in drafting the policies, and then present them as a draft version to the partners. These drafts should be open for revision. In other partnerships, the community and academic partners may develop policies together during meetings and retreats. Partnerships should allow for the degree of collaboration that makes the most sense given the interests and availability of the different partners. Guidelines and policies should be revised periodically, especially when new situations arise or new partners join the group.

Exercise 3.1.2: Understanding “Glue”, Part II

In small groups or as a large group, discuss answers to these questions (15 minutes):

• What are some strategies you would want to implement for your partnership that would help to generate glue? What are the potential challenges to implementing these strategies?
• What are some of the policies and procedures you would want to adopt (or revise) and adhere to for your partnership that would help to generate glue?

If using small groups, report back a few examples from the groups to get a sampling of what they came up with during the brainstorming period (15 minutes).

Example 3.1.3: What Resources Do You Need to Support Your Partnership?

The following is a list of in-kind and financial resources that are needed to
support our collaborative process:

• A convenient meeting space
• A designated community consultant to provide support for the community organization partners
• Communications to assure that everyone is aware of agendas, decisions, etc.
• Resources to provide occasional retreats for the partnership to reevaluate and plan strategically
• Time spent in collaboration and meetings by all organizational representatives
• Personnel to coordinate communications and meetings between partners and the logistics of meetings such as room booking and set-up.

*From Flint URC Proposal*
Organizational structure of the partnership

Throughout the process of establishing a CBPR partnership, it is equally important to devote time and resources to developing an effective organizational structure that will provide support to the partnership.

The organizational structure of your partnership will depend on factors such as the geographic location(s) of the community and institutional partner organizations; the number and size of projects developed; and the number, type and capacity of partners involved. For partnerships that have external funding, the organizational structure will also depend on who receives the funding to develop and maintain the partnership and how those funds are distributed throughout the partnership, if at all (e.g., through subcontracts or consortia arrangements). Some of these decisions may have been made prior to obtaining funding for the partnership and others will be considered during the developmental stages of the partnership once it has been established.

If a partnership is being established without initial external funds to support it, it will be important, to the extent possible, to secure some minimal support from the partner organizations to support partnership infrastructure. This support can be in the form of faculty and staff time “donated” to help with coordination, in-kind office/meeting space and other contributions essential to establishing and supporting the partnership (i.e., office supplies, computers with internet access, printers, telephones, fax machine). Institutional partners may be in stronger positions than community partners to provide these contributions; however, all partners should try to contribute something in lieu of core funding for infrastructure.

In addition to the support that partners receive from the partnership, they also need support from the organization or institution they are representing. Partnership work requires time and therefore may interfere with other job-related responsibilities. Supportive deans and Executive Directors can provide important “in-kind support” for partners, including compensated time out of the office and after hours to attend meetings and community events and the additional time needed to collect, analyze, and publish data when using a participatory process. Providing administrative support, equipment, office space, and flexible work schedules are all ways that institutions and organizations demonstrate their value of CBPR partnerships.

Partnership board

Many CBPR partnerships will choose to establish a Board (sometimes called a “Community Board”, “Community Action Board”, “Community Advisory Board” or “Steering Committee”) to oversee and guide the work of the partnership. When the members of the partnership are organizations (rather than individuals), the board members serve as representatives of their respective organizations. Typically, the partners identified as described in Unit 2, Section 2.1 will serve as the members of the partnership’s board. Board membership can include, for example, representatives from the institutions involved (e.g., key university faculty, public health directors or senior staff, and health system senior staff) and representatives from the community-based organizations involved (executive directors, other senior administrative or program staff, board chairs). In this context, the “partnership” and the “board” are one and the same.

Some partnerships may wish to include “ex-officio” members on their boards, especially when one or more large institutions with multiple departments are involved (e.g., universities, local and state health departments, and health systems). In these situations, the board will need to be clear about the decision making process and the roles and responsibilities are of ex-officio participants.

Along with developing an effective organizational structure, it is crucial to support this framework with clearly
defined roles and responsibilities that will enable the emerging partnership to work as smoothly and effectively as possible.

Below are some general roles and responsibilities for CBPR partnership board members:

- Provide overall guidance to the partnership to assure adherence to its CBPR principles and priorities
- Develop projects, processes, procedures, and policies that support CBPR
- Provide advice to the investigators and staff on all aspects of the partnership to assure maximum effective representation of the interests, perspectives, and expertise of the partnership’s participating organizations and community members
- Work with partnership staff to develop grant proposals, scientific journal articles, and presentations
- Serve on standing and ad-hoc committees within the partnership to fulfill the partnership’s work
- Serve as the “face” of the partnership to the community and facilitate two-way communication between the partnership and the respective organizations and communities involved through meetings, special events, community functions, and the media
- Serve as investigators or co-investigators of the partnership’s research project(s)

Activities that support the work of the board can include:

- Preparing and distributing minutes of board meetings
- Ensuring ongoing communication with board members between meetings (e.g., calling Board members who were unable to attend a meeting to bring them up to date on what occurred)
- Meeting with any new board members to provide them with an orientation to the partnership and the process of how the board works and the projects/tasks involved
- Maintaining ongoing and establishing new linkages across member organizations of the board (e.g., connecting faculty members not previously involved with community-based partners interested in exploring possible collaborative work)
- Setting up an e-mail list-serve system and interactive website to enhance and facilitate board communications
- Providing technical assistance to partner organizations on request (e.g., assisting in the design of community assessments and evaluations of programs, grant proposal writing, training and/or assistance with computer technology, leadership training, media advocacy)

Example 3.2.1: The Role of a Community Board in a CBPR Partnership

Excerpt from Bylaws of Seattle Partners for Healthy Communities
(Revised and adopted February 2004)

Role of Community Board

- Determine priority areas for Seattle Partners for Healthy Communities (SPHC) activities and funding. Activities include, but are not limited to:
  - reviewing and approving budgets
  - determining projects for Board discretionary funds
  - Participate in hiring and approve hiring decisions
  - Involvement in various aspects of SPHC projects through the Community Board and/or on project specific advisory committees. Activities include but are not limited to:
• selection of important interventions for evaluation
• project/evaluation design
• participation in projects as interested
• review/interpretation of project findings
• dissemination of project results

Membership: The SPHC Community Board is comprised of individuals who work and/or live in Central and South Seattle and technical advisors with expertise in public health, program evaluation and community collaboration, reflecting the diversity of the Central and South Seattle communities.

Members must identify a primary role on the Board, academic, community, or Public Health. If a member receives salary from an academic or public health institution, they will be considered either academic or public health representatives. Others may define their role, including students.

Section 1 – Participating Members: Anyone who fits the above description may become a participating member.

Section II – Voting Members: Voting members fit the above description and commit to attending nine Community Board meetings per year, attend three meetings consecutively and be active on at least one committee of SPHC. Excused absences are permitted and count towards attendance at 9 community board meetings. The Secretary is responsible for granting excused absences and reporting them to the Board. Excused absences may have to be documented. The proxy rule as stated in Article V can apply to regular meetings as desired.

Example 3.2.2: Criteria for Membership on a CBPR Partnership Board

Criteria for Membership on the Detroit Community-Academic Urban Research Center Board

• Health, social services, and/or community development-oriented mission; with a prior, positive working relationship with current Urban Research Center (URC) partners
• Embedded in (through service provision), well respected by, and/or involve staff from the communities in which they work
• History of working on URC-affiliated projects and/or activities that emphasize prevention, family and community health issues, and/or enhancing community capacity building
• Interested in and willing to work within the URC’s overall priorities
• Willing to adapt and adhere to the URC’s operating norms and “Community-Based Participatory Research Principles”
• Willing and have the capability to assign a representative and an alternate to be a member of the URC Board with authority to make decisions or with easy access to their organization’s leadership
• Willing to actively participate at the monthly URC Board meetings and on steering committees for specific URC-affiliated projects and at conferences, workshops and meetings
• Willing and have the capability to facilitate ongoing, two-way communication between the partner organization and the URC Board

• Geographic considerations: Serving Eastside Detroit only? Southwest Detroit only? City-wide? State or National?

Example 3.2.3: Applications for Membership on a CBPR Partnership Board

Harlem Community and Academic Partnership (HCAP)
Center for Urban Epidemiologic Studies
New York Academy of Medicine

HCAP Committee Membership Application

Name & Title:
_____________________________________________________

Agency/Organization:
_____________________________________________________

Executive Director:
_____________________________________________________

Description of Agency/Organization:
_____________________________________________________

Address (City, State, Zip Code):  
_____________________________________________________

Phone: __________ Fax: __________ Email:
_____________________________________________________

Agency/Individual Category: Check all that apply

☐ Community Resident
☐ Public Health Institution
☐ Healthcare Provider
☐ Community-Based Organization
☐ Academic Institution
☐ Service Provider
☐ Faith Based Organization
☐ Other – Please Specify:

Please List Areas of Interest of Agency and/or Representative:
_____________________________________________________

Partnership staff

Staff members working on behalf of the partnership can include, but are not limited, to the following positions
Principal Investigator (PI): The PI provides leadership in every aspect of the CBPR project with support from partners and co-investigators and taking into account individual and organizational capacities (skills, available human and other resources). This includes overseeing the entire project, coordinating research team activities, managing the budget, reporting to funding agencies, hiring (with participation of partners) and supervising staff, and ensuring the dissemination of research findings. In CBPR projects it is sometimes possible (and highly encouraged) for community representatives to fill the role of the Principal Investigator (PI). In the event that a funding agency insists on an academic or institutionally-based PI (or, if no community representatives meet the funding agency’s requirements for a PI), a creative option is to have two “Co-PIs” leading the project, where the academic or institutionally-based PI works together with a community-based PI. This kind of arrangement can benefit the partnership by encouraging power, resource sharing, and co-learning, which also enhances trust, and ultimately strengthens the partnership.

Co-Investigator(s): Co-Investigator(s) participate in all aspects of the CBPR project, taking into account individual and organizational capacities (skills, available human and other resources). Co-Investigators participate in team meetings, capacity-building activities and learning exchanges, the formulation of research questions, provide suggestions and feedback on the methodology, and provide input on recruitment, data collection, data analysis and interpretation, and dissemination. Co-Investigators may also assist with data collection, analysis, interpretation and dissemination if so decided by a CBPR partnership. In some cases, all or some Board members (community and institutional representatives) may serve as Co-Investigators, though the degree to which they will be actively involved in day-to-day activities of the CBPR project will vary according to their commitments to other responsibilities outside the partnership.

Partnership and Project Staff: Responsibilities will include team building (e.g., facilitating meetings and learning exchanges, working with individual team members on various projects), coordinating project administrative activities (e.g. minutes, meeting agendas), coordinating outreach to communities and research participants, service providers, and key informants. Staff will also oversee data collection (either doing it themselves or managing others) as well as administrative activities associated with analysis (hiring transcribers, data entry people, etc.), dissemination-related activities to the community, and working with the staff and board to prepare presentations and scientific journal manuscripts.

Community-Academic Liaison: Many CBPR partnerships, particularly those that have dedicated funds to support the partnership, establish a staff position to coordinate the partnership. For the purpose of our discussion here, we refer to this position as a Community-Academic Liaison. The person in this position works with all of the different members, organizations, and activities in the partnership, and brings all these components together to make the partnership work. It is crucial that the person in this position have experience in working with both the “town” and the “gown”, as s/he serves as a bridge-builder that in some cases can make or break the partnership. Key tasks of this position include:

- Facilitating relationship building among partners
- Supporting the partnership board (e.g., preparing and distributing minutes of Board meetings; ensuring ongoing communication with Board members between meetings; calling Board members who were unable to attend a meeting to bring them up to date on what occurred)
- Bringing in new community partners (e.g., meeting with any new Board members to provide them with an orientation to the partnership and the process of how the Board works and the projects/tasks involved)
- Managing partnership logistics (e.g., setting up an e-mail list-serve system and interactive website to enhance
and facilitate communication for the partnership

- Maintaining ongoing and establishing new linkages across member organizations of the Board (e.g., connecting faculty members not previously involved with community-based partners interested in exploring possible collaborative work)

- Providing technical assistance to partner organizations on request (e.g., assisting in the design of community assessments and evaluations of programs, grant proposal writing, training and/or assistance with computer technology, leadership training, media advocacy)

- Assisting with policy and procedure development

- Assisting with the conduct of research activities

Below is an example of a job description for a Community-Academic Liaison.

**Example 3.2.4: Job Description for a Community-Academic Liaison (Seifer SD)**

**Other titles:**
Program Manager, Center Manager, Research Broker, Community-Academic Liaison Coordinator, Partnership Staff

**Reports to:**
Research Partnership, Community Advisory Board, and/or other Partnership Governing Body

**Location:**
May be housed in a community-based organization or a university building (located on- or off-campus). May depend on who the lead organization is or available resources. Ideally, community-university research partners would have a shared position or two positions, one based at the academic partner’s site and one based in the community. This would help build community infrastructure and address concerns about the inequitable distribution of resources.

**Key responsibilities:**

- **Establishing trust among partners.**

- **Relationship-building.** E.g., coordinating with other colleges and departments, helping to develop/maintain relationships between university and community, staying connected within the community, and helping to build trust among partners.

- **Acting as a bridge.** E.g., helping to translate research processes and findings so they make sense in a given community context and keeping the flow of communication open and accessible among partners.

- **Acting as a point person for problem-solving.** E.g., connecting university researchers with the right community agency staff person and assisting community partners with subcontracting questions.

- **Supporting the community advisory board.** Includes assisting in the preparation board meeting agendas, sending out board meeting materials, taking and distributing board meeting minutes, touching base with board members between meetings, providing technical assistance to board members, ensuring follow-up on issues raised during board meetings.

- **Developing policies and procedures** in collaboration with partners to assist with the partnership process.

- **Supervising students or research assistants** working with research partnerships.
• **Assisting with the research** or implementation of the project, including report-writing.

• **Bringing in new community partners** or assisting community board in bringing in new partners.

• **Supporting new academic partners** and/or supporting the principal investigators as they bring in new academic partners.

• **Balancing demands among partners**, including the pressures to be involved in every community activity and/or confusion over role as advocate or objective staff.

**Characteristics:** The ideal candidate is characterized as being a team-player who is encouraging, positive, inquisitive, flexible, resourceful, and passionate about the principles of community-university research partnerships. This is someone who might also be described as open-minded while at the same time being “thick-skinned” (able to tolerate challenges and conflicts). This person will work well under stress and under public scrutiny. The ideal candidate will be able to translate their life experiences and grass roots knowledge into the work of the research partnership.

**Knowledge & Skills:**

• The ideal candidate will have either **direct personal knowledge of the community** (as defined by the community partners) and/or have a **positive track record** of working collaboratively in community settings. This includes placing a high value on community perspectives, knowing the community resources, and being known in the community.

• **Interpersonal and facilitation skills**, including sensitivity to community needs; excellent listening skills; good team building and conflict resolution skills; ability to gain people’s trust and to understand/appreciate diverse groups; ability to communicate well in order to keep partners motivated and informed; ability to understand/feel comfortable in both the academic and community setting.

• **Technical skills**, including skills or ability to obtain skills in such areas as planning and organizing, evaluation, research methods and dissemination techniques, writing, computer software programs, and multiple languages. The candidate should also have the ability to negotiate the requirements of the academic partners and funding organizations (e.g., financial procedures, forms).

• **Cultural competency skills**, including the ability to negotiate at all levels of cultural differences: ethnic, socioeconomic, academic/non-academic, bench research/CBPR.

• **Commitment to the substantive issue and the partnership process**, including a desire to see the partnership grow, to see all partners develop to their full potential, and a deep interest in community health issues.

**Hiring partnership staff**

Before a CBPR partnership begins to hire staff, a number of key questions should be considered, including:

• Who should do the hiring?

• Who should be hired?

• Can people be hired in a way that strengthens a partner (i.e. community or youth researchers)?

• Where should they be located?

• Who will be each staff person’s supervisor?

• If the Project Manager/staff person is employed by the community partner, yet being supervised by an institutional PI, how will conflicting demands be resolved?

• Are there any partner or partner union policies, restrictions or limitations that may affect the partnership’s hiring process and decision making?
What policies should be established to guide the hiring process and decision making?

To the extent possible, local community members should be hired for positions created for partnership-related activities, especially for activities taking place in the community involved with the partnership. Academic/institutional researchers and the staff hired to support the partnership should reflect the diversity of the community involved and be able to facilitate communication and collaboration among partners and conduct CBPR. This applies to academic/institutional representatives on the board, ex-officio board members, researchers who may contribute to the work of the partnership “behind the scenes” but not participate directly on the board in any capacity, and any staff interacting with the partnership.

Example 3.2.5 below provides an example of an approach to hiring staff taken by one partnership board.

### Example 3.2.5: Establishing Guidelines for Employment

**Genesee County Community Board Guidelines for Employment**

*Excerpted from the Prevention Research Center of Michigan Genesee County Community Board Member Handbook*

The Prevention Research Center of Michigan Genesee County Community Board (PRC GCCB) is predicated upon partnerships characterized by respect, equality and mutual trust. The PRC GCCB Statement of Purpose and community-based research principles guide our work. The achievement of our mission requires the collaboration of personnel who work closely with the GCCB or its core and affiliated projects. To promote this result, GCCB partner organizations are encouraged to involve other GCCB partners in the hiring process for such personnel, according to the requirements and duties of the position and the constraints of organizations involved.

- Consideration will be given as to which organizations are best suited to employ and/or house new positions created as a part of the PRC infrastructure or GCCB core projects and affiliated projects.
- GCCB partners may have a minimal role, an advisory role, or a decision-making role in hiring. When GCCB partners are asked to participate in hiring processes the scope of responsibilities will be clearly delineated in advance by the employing organization. Examples of potential roles may include reviewing resumes, conducting interviews, providing consultation, or full participation on a hiring committee.
- It is recognized that hiring procedures and employment decisions are ultimately those of the partner organization seeking to fill a position.
- All new employees who work closely with the PRC GCCB and/or GCCB projects will become oriented to the PRC, the Flint community, and community-based research principles.

GCCB partner organizations will develop and implement an agreed upon mechanism for providing timely feedback to new employees working with the GCCB to ensure their success in their respective roles.

### Addressing roles and responsibilities

Participation in all parts of a CBPR partnership is one of the key principles of CBPR but determining what this means for each partner is important. It may not mean that everyone is involved in the same way in all issues and activities. Different levels of involvement may be appropriate for different partners. It should also be recognized that there may be areas where community partners are interested in enhancing their skills. Given the multiple skills and expertise of the partners involved and the multiple demands on their time, choices need to be made on how best to draw on the diverse capabilities and interests that exist. However it is crucial the partners are not excluded from major decisions such as determining priority issues to address and budget expenditures.
Roles and responsibilities in CBPR projects should be based on these factors:

• Interest levels of respective partners
• Knowledge bases of respective partners
• Skill sets of respective partners
• Capacity-building needs of respective partners
• Research objectives and activities the partnership wants to accomplish

A necessary strategy in ensuring that CBPR project partners understand (and agree to) project expectations and roles is clearly laying out the goals and objectives of the research project(s). Project roles and expectations should flow out of these agreed upon goals and objectives. In times of conflict, project teams will find it helpful to reflect back on these to get back on track.

• One sentence project description: This research project is a community-based study committed to identifying/understanding/changing…
• One sentence project goal: The results of this study will be used to enhance quality of life through mobilizing community, building capacities, identifying programmatic gaps, and impacting social policy.
• Project objectives: The project will achieve this goal by identifying specific factors that impact on quality of life and will put forth strategies for program enhancement, community-building and policy change.

Community and institutional partners can play multiple roles in a CBPR project. These can include:

• Project Initiator
• Advisor (e.g., researcher serves as an advisor on methodological issues of research design, community member serves as an advisor on feasibility and acceptability of the design in the community)
• Consultant/expert (more in-depth than an advisor)
• Principal Investigator
• Co-Principal Investigator
• Research Coordinator
• Community-Academic Liaison
• Community Outreach Workers (e.g., community health worker, lay health advisor)

CBPR project teams should recognize that roles and responsibilities will differ among Principal Investigators, Co-Investigators, staff, board, volunteers and students based on principles of equity, empowerment, capacity building, and collective ownership of the project.

Team members should engage in a collaborative and honest process in which discussions are focused on:

• Accountability to funders (for example, who takes the heat if a project doesn’t get done)
• Availability of time to commit (roles should be adjusted according to this)
• Finding an appropriate balance between process and action (stressing how important it is to keep a project moving forward while wrestling with process issues as they will always emerge)
• Expectations of performance (for example, community members may need a paid position, graduate students may need to complete activities that will “count” for academic credit, faculty members may need to publish journal articles to advance in their academic careers)
Unit 3 Section 3.3: Creating a Mission Statement and By-Laws

Organizational structure of the partnership

Throughout the process of establishing a CBPR partnership, it is equally important to devote time and resources to developing an effective organizational structure that will provide support to the partnership.

Given that each partner organization has its own missions, goals and objectives, community-institutional partnerships for prevention research need to engage in a process of creating a common vision and selecting and prioritizing mutually defined issues, goals and objectives that reflect the multiple agendas that partners bring to the table.

Shared vision is vital in order for partnerships to succeed because it provides focus and energy. Without a vision, separate self-interests can override partnership interests. With a common vision, partnerships apply collective power and subordinate separate self-interests to the larger purpose. Without a shared vision, there is no partnership; rather, it is merely a coalition or information-sharing group.

By developing a mission statement or set of by-laws together, every organizational partner will feel that they had a role in developing and articulating this shared vision. In addition to the overall mission and vision of the partnership, the mission statement or by-laws should acknowledge the values which the partnership seeks to uphold, including:

• Equal participation by all partners in all aspects of the partnership’s activities
• Recognition that all partners have expertise that they bring to the partnership
• Recognition that community-based research is a collaborative process that is mutually beneficial to all partners involved
• Recognition that health is more than the absence of disease - and that to ensure good health, individual, political, economic, and environmental risk factors in the community have to be addressed

A mission statement states the purpose of the partnership, while by-laws are the official rules and regulations which govern a partnership. In the context of CBPR partnerships, whether a partnership decides to articulate their shared vision and values through its mission statement or by-laws has little consequence; this decision is more of a question of style.

Exercise 3.3.1: Creating a “Shared Vision” for the Partnership

This exercise can take place in one large group or several small groups.

Participants take 15 minutes to generate a list of key words and phrases that characterize a common vision for their partnership(s), based on the issue(s) they are addressing or hope to address. Small groups report out what they have listed and the large group identifies common themes.

Example 3.3.3: CBPR Partnership Operating Procedures and By-Laws

Harlem Community & Academic Partnership Operating Procedures and By-Laws
This document outlines the guidelines and operating procedures of the Harlem Community & Academic Partnership to conduct regular business, designing and implementing projects, and disseminating information related HCAP activities.

1. **Name:** The official name shall be Harlem Community & Academic Partnership.

2. **Location:** The Harlem Community & Academic Partnership (HCAP) is housed at the Center for Urban Epidemiologic Studies (CUES) at the New York Academy of Medicine (NYAM). The HCAP primarily concentrates its activity on the Harlem community which is defined as the neighborhoods of East and Central Harlem. The HCAP will also expand its focus to other New York City communities for specified projects.

3. **HCAP Structure:** The HCAP is governed by a committee comprised of community and academic partners. The committee is led by a chairperson and a vice-chairperson when chairperson is not available.

4. **HCAP Meetings:**

   4.1 The HCAP will meet monthly, on the second Tuesday of every month. Minutes are available and distributed monthly.

   4.2 Priority in any HCAP discussion will be given to emergent issues that affect the community and/or to HCAP members who have been most involved in a particular topic to be addressed in the presentation.

   4.3 The HCAP will make a reasonable effort to reach consensus on all issues. In the absence of consensus, a majority of all votes cast will determine action taken by the HCAP membership.

5. **HCAP Membership and Voting:**

   5.1 The HCAP will consist of representatives of CUES, local community residents, local community-based organizations, public health agencies, and educational institutions.

   5.2 A HCAP member may be represented by either an individual or an organization/institution. For procedural purposes, individual representatives seeking membership must attend two out of three meetings within a 3 month period. Organizations seeking membership must attend three consecutive meetings by having the same organizational representative attend each meeting to establish membership. Once membership has been established, the organization may send a proxy representative thereafter. Any individual who meets these requirements and completes a membership application will be considered a member. HCAP members maintain the right to vote once membership status has been achieved.

   5.3 Multiple representatives from one agency, organization, or institution will assign one person to serve as the voting representative for the October-September meeting cycle. The formal voting members of the
HCAP will be all persons who meet the criteria in 5.2. Each HCAP member agency, organization, or institution will have one vote. Each individual community resident will have one vote. The HCAP Chairs (s) will vote only if there is a tie.

5.4 Voting HCAP membership will then consist of all representatives classified as HCAP voting members in 5.3. Fifty per cent plus 1 of HCAP members present shall constitute quorum. All voting HCAP members have one vote for the purposes of formal procedural issues.

5.5 To ensure that the HCAP reflects the views of the community and its community-based organizations, at any given time a majority of HCAP members with the right to vote must represent community-based organizations or are community residents. New members will be admitted to maintain this balance.

5.6 Voting HCAP members will be compromised of community-based experts or experts on health issues that are of a burden to the Harlem community and other geographical areas of interest to the HCAP.

6. HHCAP Voting Member Elections and Term Limits:

6.1 A HCAP Chair(s) will be elected by a majority vote from the current voting HCAP members on a yearly basis at the October HCAP meeting.

6.2 There are no term limits for any of the other HCAP voting or non-voting positions.

7. HCAP Chair:

7.1 The HCAP Chair(s) is responsible for the orderly conduct of HCAP meetings, designating a CUES staff person to record minutes, setting the HCAP agenda, and ensuring active participation of HCAP members in all aspects of HCAP activity.

8. HCAP Activities:

8.1 The HCAP shall endeavor to fulfill its mission through research, and intervention in Harlem and other geographical areas of interest.

8.2 HCAP members are encouraged to present project proposals or ideas to the HCAP; the HCAP shall then decide on which projects to take on as HCAP projects.

8.3 An Intervention Work Group (IWG) will be formed to monitor each project undertaken by the HCAP; each project will be overseen by its own IWG, which will report to the HCAP on a regular basis.

8.4 A CUES Project Manager will be assigned to HCAP to work closely with the HCAP Chair and CUES Investigators to act as a liaison between HCAP members and CUES investigators.

8.5 To the extent feasible, there should always be at least one voting HCAP member and one CUES member involved in all HCAP projects. These members should be involved in all stages of the project including
conceptualization, design, implementation, analysis and dissemination of results. CUES Investigators will work closely with the HCAP Chair and voting members on project proposals and writing of research grants and publications for select projects.

8.6 Members of the IWG should report back to the HCAP on project progress and results at regular pre-determined intervals during HCAP meetings.

8.7 To the extent feasible, abstracts and manuscripts arising from HCAP or HCAP IWG work that are intended for academic publication should be shared with the HCAP for comment/feedback before submission.

8.8 HCAP members and CUES staff who have worked on particular projects will be co-authors on publications. In the event of limited number of authors limited by a particular publication, priority will be given to persons who have been most involved with a particular project.

8.9 The HCAP will be acknowledged in every article.

9. HCAP Vice-Chair:

9.1 The HCAP Vice-Chair serves as the secondary representative of the HCAP and to support the HCAP Chair in organizing the quality work efforts and the research and intervention goals of the HCAP.

10. Changes to These Operating Principles:

10.1 Any changes to these by-laws must be submitted to a HCAP vote; a majority of votes cast is needed to change these by-laws.

Example 3.3.4: Terms of Reference for a CBPR Project

Terms of Reference Contract from the Wellesley Institute

1. Purpose of the CBR Project

- **One sentence project description:** This research project is a community-based study committed to identifying/understanding/measuring...

- **One sentence project goal:** The results of this study will be used to enhance quality of life through mobilizing community, building capacities, identifying programmatic gaps, and impacting social policy...

- **Project objectives:** The project will achieve this goal by identifying specific factors that impact on quality of life and will put forth strategies for program enhancement, community-building and policy change

2. Guiding Principles for the CBR Project

- This project will engage a set of principles that will foster community ownership and empowerment among team members, including power sharing, capacity building through mentoring and learning exchanges, group participation in all appropriate phases of the research project, and community ownership of the project.

- This project will engage in an open and transparent process where a collective vision of research goals and objectives is shared, and where the roles and expectations of team members are clearly understood;

- This project will be a collaborative and equitable research partnership where members draw upon individual skill...
sets to meaningfully and mutually work toward the team’s vision;

• This project will provide opportunities for capacity building through “learning exchanges” where team members can learn about research skills, community development, and community work;

• This project will engage in data analysis interpretation processes that honor the lived experiences/knowledge of community members;

• This project will employ dissemination strategies leading toward education, advocacy, community benefit, and social change;

• This project will foster a supportive team environment through critical reflection of our work and group process.

3. Decision-Making Process for the Project

Our decision-making process in this project aims to:

• encourage the participation and empowerment of all team members;

• be transparent, open and clear;

• provide opportunities for exchanges of learning that draw on the various skills and areas of knowledge of different team members;

• recognize the responsibilities of the Co-Principal Investigators as Project leaders;

• recognize the responsibilities of the Project Coordinator as the Project’s staff person.

Differing Responsibilities:

• Team decisions will include those related to the project’s overall goals and strategies;

• Project leaders and staff are responsible for decisions related to the management of the research and administration to the Project.

Process for Team Decisions:

Decision-making at Team meetings will strive first for consensus and then will use simple majority votes

4. Access to/Dissemination of Data

Based upon the project’s guiding principles, the Co-PIs and the Co-Investigators share ownership and have access to the research data. Usage of the data will be in accordance with the project goals and will adhere to all requirements of the Research Ethics Board at [name of organization(s)]. Data will be used for:

• advancement of knowledge;

• identification of future research questions;

• making recommendations for policy and service provision.

The data should not be for individual interests that are not related to the goals of the research.

In accordance with CBR principles, we are proposing a model of dissemination that encourages the active involvement of all research team members while taking into account their varying responsibilities and capacities. Research findings will be disseminated in various ways including community forums, conference presentations, agency
workshops, newsletters, and journal articles. The Co-PIs, the Co-Investigators, and the Project Coordinator are all encouraged to engage in dissemination of the research findings, and are encouraged to share information about potential dissemination activities.

The Co-PIs will take the initiative in identifying potential journal articles and discussing them with the team. Articles may be written by individuals or by writing groups formed to develop particular manuscripts. All members of a writing group will share authorship on a manuscript. If the paper discusses concerns or issues relating to a particular ethno-cultural community or communities, team members from these communities will be encouraged to participate in the writing group. Order of authorship and mechanisms for feedback on manuscript drafts will be decided up front by writing group members. Groups may also be formed for the development of conference presentations, community forums, and other dissemination activities.

5. Process Evaluation

We will regularly chart our progress against our timeline submitted. We will also provide time at then end of each meeting (15 minutes) to review our process. Twice a year, we will hold meetings specifically to debrief about our work. At these meetings we will both critically reflect on our process/outcome balance and make recommendations for adjusting our work accordingly.
Unit 3 Section 3.4: Developing CBPR Principles

In the early stages of a partnership, the partnership should discuss the nature of CBPR and the extent to which it is different from more traditional approaches to research. Given the negative connotation that research may have within the community, some partners may question the nature of the research that the partnership is planning to conduct. It is important to emphasize that CBPR is not "business as usual."

Adopting, adhering to and periodically reviewing and reflecting upon a set of CBPR principles will reinforce the commitment that the partnership is making to conducting prevention research using this model.

While a mission statement reflects the overarching values and goals of the partnership, CBPR principles serve to guide the development, implementation, evaluation, dissemination of findings and subsequent actions of the partnership's CBPR efforts. The principles can include, for example:

- An emphasis on the involvement of community, practitioner, and academic partners in all major phases of the research process (including identification of the problems to be addressed)
- The conduct of research (basic and intervention) that is beneficial to and respectful of the community involved
- The dissemination of findings to community members in ways that are understandable and useful

It is important that as with other types of policies and principles, no one example is applicable for all partnerships. CBPR principles must be "owned" by your unique partnership and therefore need to be adapted, taking into the local context. The very process of your partnership jointly developing its principles provides an opportunity for much needed dialogue and sharing of perspectives that helps build trust and establish relationships. As new projects are organized and new partners are added, the principles should be discussed and adapted as appropriate. Some language that sounds good initially won't necessarily have the same meaning when a partnership faces particular decision points. Thus, as participants gain additional insights, the understanding of the principles will change over time, and they need to be revisited and revised accordingly.

Applying principles of CBPR

Unit 1, Section 1.1 describes key principles of CBPR, but it is also important to consider how these principles are actually applied in the work that is being proposed. For example, questions to consider include:

- Is the partnership clear about how “community” is defined and the characteristics that gives this identity?
- How will the proposed project build on the strengths of the community and enhance its capacity?
- How will the partners, their local histories, and where the partnerships are centered influence the direction of the work being proposed?
- What benefits will the community receive and are their other partners or communities involved who may not receive any direct benefits?
- How will the proposed project simultaneously implement interventions and conduct research while still addressing long-term systems change (i.e. poverty, sexism, racism, imbalance of power between communities and institutions, etc.)?

Exercise 3.4.1: Applying Principles of CBPR

Consider each principle of CBPR listed below and discuss your answers to the corresponding question(s) in the context of your partnership and its projects.

Principle: Community involved in plans and development from the beginning

Question: At what point will you involve the community in the project and how?

Principle: Community partners have real influence on the project’s direction and activities.

Question: What kind of influence will community members have on direction and activities of the project? Who will make decisions? What will
the structure for decision-making look like?

**Principle:** Community involved with specific projects in
- selection and objectives of project
- implementation
- evaluation
- shared ownership of data
- interpretation and dissemination of research findings

**Question:** How will the community be involved in project: selection and objectives, implementation, evaluation, shared ownership of data, interpretation and dissemination of research findings?

**Principle:** The values, perspectives, contributions and confidentiality of everyone in the community are respected.

**Question:** How will you ensure that community members' values, perspectives, contributions and confidentiality are respected?

**Principle:** Research process and outcomes will serve the community by
- sustaining useful projects
- producing long-term benefit for the community
- developing community capacity (training, jobs)

**Question:** How will the research processes and outcomes serve the community?

*Source: Based on the Community Collaboration Principles of Seattle Partners for Healthy Communities*

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**Example 3.4.1: Involvement of the Community**

We begin with the members of the Community with the Problem, and our community-based organization partners (CBOP) articulate their experience of the problem, its cause, and why it persists. Therefore, understanding of the problem by those who directly suffer it is our first port of call. We do so through interviews, dialogues, focus groups, and community surveys largely conducted by our CBO partners and assisted by their community consultant. Juxtaposing this view of trench (the community) with that of bench (the institutional partners), leads us to an awareness of the similarities and differences between them. Dialogue about these similarities and differences helps our partnership to arrive at an interdependent position. We then test out this position by presenting it to the Community with the Problem through a community forum. It is at this point that the Genesee County Community is confronted with the community's view of the problem and why it continues. Once the Community with the Problem provides its perspective on the need for essential changes, we revise plans and return to the Community with the Problem for the endorsement of those changes. The entire process supports the growth and development of members of the Community with the Problem because they learn to critically assess and reflect their own experience of the problem, and it empowers them to communicate
community issues and concerns and what they think should be done to eliminate or reduce the problem.

Because community members are taken as seriously as formally trained professionals, leaders from the ranks of members of the Community with the Problem and community-based organizations often arise. In one of our projects, when such shifts in power and leadership occurred, we were literally halted for several months as the volume of conflicts during our meetings rose to a feverish pitch. We have learned and are learning to expect such shifts and to adjust to them.

Excerpted from Flint PRC proposal

Example 3.4.2: Examples of CBPR Principles Developed by CBPR Partnerships

1. CBPR Principles from the Wellesley Institute's Resource Center for Community-Based Research

   • This project will engage a set of principles that will foster community ownership and empowerment among team members, including power sharing, capacity building through mentoring and learning exchanges, group participation in all appropriate phases of the research project, and community ownership of the project.
   
   • This project will engage in an open and transparent process where a collective vision of research goals and objectives is shared, and where the roles and expectations of team members are clearly understood;
   
   • This project will be a collaborative and equitable research partnership where members draw upon individual skill sets to meaningfully and mutually work toward the team’s vision;
   
   • This project will provide opportunities for capacity building through “learning exchanges” where team members can learn about research skills, community development, and community work;
   
   • This project will engage in data analysis interpretation processes that honor the lived experiences/knowledge of community members;
   
   • This project will employ dissemination strategies leading toward education, advocacy, community benefit, and social change;
   
   • This project will foster a supportive team environment through critical reflection of our work and group process.

2. CBPR Principles from the Detroit Community-Academic Urban Research Center (Adopted July 24, 1996)

   • Community-based participatory research (CBPR) projects need to be consistent with the overall objectives of the Detroit Community-Academic Urban Research Center (URC.) These objectives include an emphasis on the local relevance of public health problems and an examination of the social, economic, and cultural conditions that influence health status and the ways in which these affect life-style, behavior, and community decision-making.
   
   • The purpose of CBPR projects is to enhance our understanding of issues affecting the community and to develop, implement and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community.
   
   • CBPR projects are designed in ways which enhance the capacity of the community-based participants in the process.
   
   • Representatives of community-based organizations, public health agencies, health care organizations, and educational institutions are involved as appropriate in all major phases of the research process, e.g., defining the problem, developing the data collection plan, gathering data, using the results, interpreting, sharing and
disseminating the results, and developing, implementing and evaluating plans of action to address the issues identified by the research.

- CBPR is conducted in a way that strengthens collaboration among community-based organizations, public health agencies, health care organizations, and educational institutions.

- CBPR projects produce, interpret and disseminate the findings to community members in clear language respectful to the community and in ways which will be useful for developing plans that will benefit the community.

- CBPR projects are conducted according to the norms of partnership: mutual respect; recognition of the knowledge, expertise, and resource capacities of the participants in the process; and open communication.

- CBPR projects follow the policies set forth by the sponsoring organization regarding ownership of the data and output of the research (policies to be shared with participants in advance). Any publications resulting from the research will acknowledge the contribution of participants, who will be consulted with prior to submission of materials and, as appropriate, will be invited to collaborate as co-authors. In addition, following the rules of confidentiality of data and the procedures referred to below (Item #9), participants will jointly agree on who has access to the research data and where the data will be physically located.

- CBPR projects adhere to the human subjects review process standards and procedures as set forth by the sponsoring organization; for example, for the University of Michigan, these procedures are found in the Report of the national commission for the Protection of Human Subjects of Biomedical and Behavioral Research, entitled “Ethical Principles and Guidelines for the Protection of Human Subjects of Research” (the "Belmont Report").


3. Harlem Community & Academic Partnership: Principles of Involvement in Research, Program, and Project Activities

- The community within which HCAP will support, collaborate, and or partner with to conduct public health research is currently defined as East and Central Harlem.

- The purpose of any project supported and or research conducted that involves HCAP is to benefit the community either through increased knowledge or by promoting better health.

- As it relates to research conducted in Harlem, HCAP views CBPR as the preferred approach in conducting public health research and project interventions. The purpose of participatory research is to develop a partnership of community-based organizations, public health agencies, educational and other relevant institutions that can work together to study and improve community health through long-standing interventions.

- HCAP shall serve as a resource to prospective research partners and project teams on the unique daily living conditions, needs, strengths, and community dynamics of the Harlem community and other related geographical areas with similar burdens on health.

- On all products generated from research, program, and project activities, HCAP must be consulted with and invited to collaborate as co-author (where appropriate), and acknowledged in the contribution as partners that participated in the research or project intervention.

- HCAP has an obligation to disseminate findings in a timely manner through community forums, community newsletters and other community events.

- All research, program, and projects involving the participation or partnership of HCAP will meet current ethical standards and will fully respect the rights of all participants in a culturally sensitive manner. As it relates to research, this includes the rights to be aware of risk and benefits, to give informed consent and to have the option to withdraw from research at any time without penalty to the participant.

- As it relates to research activity, HCAP will be involved in all phases of research activities including defining the problem, gathering data, analyzing data, using, interpreting, and disseminating results, program development and evaluation, and in strategies to advocate for policies to improve health. As it relates to lending support to programs or project activities, HCAP will be involved as determined by the HCAP Steering Committee and as outlined in the letter of support.
• HCAP will contribute to the evaluation of all research activities.

• As long as the above principles are followed, participating research, program, and project partners are not limited to members of HCAP, and in fact, involvement of local residents, other community-based organizations, other public agencies and educational and other relevant institutions are encouraged. HCAP recommends all research, program, and project partners include a method of compensation for time and effort for community residents and community-based organizations specifically.
Unit 3 Section 3.5: Developing Operating Norms

At the partnership’s very first meeting, the group should consider developing a set of “Operating norms” to get the partnership off to a good start. Engaging in a collaborative process for developing these norms can enhance trust among the partners involved. The Operating norms should be a living, breathing and dynamic document that can be revised based on team process evaluations and periodic review and discussion by the partners. Applied successfully, the norms will encourage, not hinder, honest and direct discussion from all parties. Ongoing attention to process and facilitation issues helps to facilitate equitable processes and procedures in a partnership. Operating norms differ from CBPR principles in that the norms provide guidance to the partnership in how it works together to get things done (for example, at meetings and during small group and one-on-one interactions) while the Principles serve as the overarching blueprint to ensure that the research is conducted using the CBPR model. Emphasis needs to be placed on jointly developing norms and principles for working together such as:

- Mutual respect
- Equitable involvement of all partners in all aspects of the process, openness
- Agreeing to disagree
- Valuing of diverse cultures and expertise

Importantly, these norms cannot be imposed on a partnership; rather, all of the partners need to engage in a process of defining and adopting the norms. In addition, these principles need to be applied to all aspects of the partnership’s actions (for example, facilitation of meetings, decision-making processes, and evaluation).

A set of operating norms can outline the strategies for decision-making (e.g., making decisions by consensus, by majority vote). For example:

- Meetings facilitated by someone with considerable group process experience.
- Community members serve in positions of power – such as chairing the board and/or serving as Principal or Co-Principal Investigators, and participating in all levels of decision-making, can help to create a balance of power between community and institutional partners.
- Hold regular meetings of the partners that are accessible to all partners – and ensure that meetings take place during convenient times, with available parking, child care, and food.
- Ensure that all members have an opportunity to express their opinions and be heard, especially when multiple languages are spoken, encouraging quieter members to contribute their ideas.
- Resolve conflicts when they occur.
- Ensure that all partners are involved, to the extent they are interested, in the governance and day-to-day operations of the partnership.

Exercise 3.5.1: Developing Operating Norms for the Partnership

Ask participants to take 5 minutes to complete the following task individually:

“Think about groups in which you have been a member that have been positive experiences - groups in which you enjoyed participating, groups that have accomplished their tasks, whose meetings you liked. Considering these groups, write down the three to five factors that contributed to this being a positive experience. That is, what was it about the group that made it successful? If you have not had any such experiences working with groups, then think about groups in which you were a member that you did not think were effective and consider what are the three to five factors that would have needed to change in order to have made it a more effective group?”

After participants write down their responses, ask them to share their
responses. Record their comments on newsprint until all of the factors identified are written down (15 minutes).

Examples of points that might be raised include: everyone listened, mutual respect, people agreed to disagree, meeting agendas were well organized and covered, humor was used, all members were encouraged to participate, and decisions were made by consensus.

After recording all of the factors on newsprint, give participants an opportunity to ask for clarification of any of the factors listed. After everyone is clear on the meanings of each element on the newsprint, explain that, for the most part, these are the very principles that are identified in the group process literature that defines the characteristics of effective groups.
Unit 3 Citations


Unit 3 Recommended Resources

“A Bridge Between Communities: The Detroit Community-Academic Urban Research Center” video, produced by Vivian Chávez in June 2000, is a 32-minute documentary that introduces viewers to the theory and practice of CBPR with the Detroit URC as a case study. The video tells the story of the history and activities of the URC partnership and highlights the challenges and benefits of conducting CBPR. For information on how to obtain copies of the video, please contact Robert McGranaghan, Detroit URC Project Manager, at rojomcg@umich.edu. Several excerpts from the video can be viewed throughout the URC web site: http://www.sph.umich.edu/urc/


The Facilitator contains tips, tools, articles, and resources on facilitation. http://www.thefacilitator.com

Guidelines and Categories for Classifying Participatory Research Projects in Health. Larry Green and colleagues developed a set of guidelines that can be used to appraise the extent to which research projects align with principles of participatory research. http://lgreen.net/guidelines.html

Mobilizing for Action through Planning and Partnership is a community-wide strategic planning and implementation tool for improving community health. A program of the National Association of County and City Health Officials, the model includes a conceptual overview, practical guidance, tools, and case examples. http://www.naccho.org/topics/infrastructure/MAPP.cfm