

PREFACE

PREFACE: COMMUNITY-PARTNERED PARTICIPATORY RESEARCH: HOW WE CAN WORK TOGETHER TO IMPROVE COMMUNITY HEALTH

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(*Ethn Dis.* 2009;19[Suppl 6];S6-1–S6-2)

Dramatic new medical advances offer opportunities to prevent or reduce the impact of many chronic health problems. In many cases, these clinical advances have resulted from progress in research.

But advances in research and clinical knowledge often do not reach the streets – particularly when those streets are located in poor, minority or under-served neighborhoods. In too many communities across the nation, the promise of new research findings has not translated into better medical care strategies or improved health outcomes.

The gap between the promise of science and the realities of community practice has inspired many changes in the purposes and methods of research. For example, a recent emphasis on practical trials, those designed to evaluate how treatments work in real practice, is producing a new generation of medical research designed to be more relevant to medical practice. However, even when research findings are practical, they may not result in better community health, especially if community stakeholders feel that the research is irrelevant to their needs, insensitive to their culture, inconsistent with their resources, or conducted by institutions with histories of poor community relations.

This supplement of *Ethnicity & Disease* presents a guidebook, which is based on the premise that the science-community practice gap can be closed by engaging diverse community stakeholders and academics together in a two-way learning process from beginning to end, in a process we call Community-Partnered Participatory Research (CPPR). We define community stakeholders very broadly: everyone who is interested in, or affected by, a particular issue. We focus on community engagement as the key collaboration concept for partnered research, because community involvement is not enough. Community members may be involved in a project, (eg, as research participants or advisors) without being truly engaged in the project. We suggest that in order for research to: 1) focus effectively on community needs, 2) enable the community to use research products and findings, and 3) have

enough traction to translate findings into action, community stakeholders must be true research partners, with equal decision-making power. A CPPR project includes community and academic partners in all phases of research and decision-making, shares leadership and resources equitably, highlights the critical importance of evidence while simultaneously valuing the relevance of experience, and emphasizes two-way capacity development.

Public health practitioners and public health academics have long worked closely with community stakeholders. But this approach is still quite new to clinical and medical research. Our central goal in writing this guidebook is to facilitate community engagement in such research.

The authors of this guidebook include both community and academic partners, whose experiences and lessons are summarized based on what we have learned from working together on a variety of health-related projects during a 10-year period. Our projects have been funded by, and developed in collaboration with, the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation Clinical Scholars Program, the National Institutes of Health, the National Institute of Mental Health, and the National Institute of Child Health and Human Development.

We found that the challenges of building sustainable community-academic partnerships are many. As we began working together to share what we had learned, we realized that the precedents for rigorous, partnered research across diverse community stakeholders and academic medical scholars are relatively few. The purpose of this guidebook is to share what we have learned with others interested in improving community health.

We expect that our readers will be community members, academics, and clinicians who are embarking together on a community-academic research partnership. We acknowledge that what we have learned is only a small part of what we need to learn. *We hope that as you work on your own community-academic research partnerships, you will share what you learn with us.*

Appendix 1 contains return pages that we ask you to fill out and return to us. Your input will shape the next edition of this guidebook and, we hope, help others as they work to improve both academic research and community life.

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PREFACE - Jones

We hope that this guidebook will help community and academic partners to develop a vision, work together to accomplish goals, and celebrate achievements.

ACKNOWLEDGMENTS

Many thanks to the board of directors, Healthy African American Families II, Charles Drew University, the Centers for Disease Control and Prevention, Office of Reproductive Health, the Diabetes Working

Groups, the Preterm Working Group, the University of California, Los Angeles, the Voices of Building Bridges to Optimum Health, Witness4Wellness, and the World Kidney Day, Los Angeles Working Groups, and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

I would especially like to thank the following colleagues who made this work possible: Ken Wells, Paul Koegel, Barbara Meade, Cindy Ferre, Martha Boisseau, Keith Norris, and all my community friends.

This work was supported by Award Number P30MH068639 and R01MH078853 from the National Institute of Mental Health, Award Number 200-2006-M-18434 from the Centers for Disease Control, Award Number 2U01HD044245 from the National Institute of Child Health and Human Development, Award Number P20MD000182 from the National Center on Minority Health and Health Disparities, and Award Number P30AG021684 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Centers for Disease Control.

CHAPTER 1. THE VISION, VALLEY, AND VICTORY OF COMMUNITY ENGAGEMENT

This chapter provides an overview of Community-Partnered Participatory Research (CPPR) and introduces the articles in this special issue. CPPR is a model to engage community and academic partners equally in an initiative to benefit the community while contributing to science. This article reviews the history of the partnership of community and academic institutions that developed under the leadership of Healthy African American Families. Central to the CPPR model is a framework of community engagement that includes and mobilizes the full range of community and academic stakeholders to work collaboratively. The three stages of CPPR (Vision, Valley and Victory) are reviewed, along with the organization and purpose of the guidebook presented as articles in this issue. (*Ethn Dis.* 2009;19 [Suppl 6]:S6-3–S6-7)

Key Words: Community-Partnered Participatory Research, Community Engagement, Community-Based Research, Action Research

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OUR EXPERIENCE WORKING TOGETHER

The authors of this guidebook have worked together on partnered research and community action projects for more than 10 years, although our organizational histories predate our partnership.

Several of our authors are associated with Healthy African American Families (HAAF), an organization founded in 1992 with the goal of improving health outcomes in African American and Latino communities throughout Los Angeles County. Working with funding from the Centers for Disease Control and Prevention and with numerous community and academic partners on a variety of projects, HAAF pioneered the concept of community-partnered research. HAAF evolved many of the guiding principles of community-academic collaboration that later formed the basis of the partnership described in this guidebook. Under the direction of Loretta Jones, the lead author of this guidebook and founder/executive director of HAAF, HAAF's guidelines were developed to include community involvement in the project from beginning to end, practical use of the research findings within the community that created them, and communication of all findings to the community. For a number of years, before the authors of this guidebook began working together, HAAF had successfully applied its guiding principles to several key academic-community collaborations, including the Preterm Working Group (designed to improve pregnancy outcomes), the Diabetes Working Group (designed to engage the community in developing and implementing a pilot diabetes intervention), Building Bridges to Optimum Health (designed to im-

prove health in minority neighborhoods), and Breathe Free (an asthma awareness and action initiative). For more information on HAAF initiatives, see Appendix 2.

Other guidebook authors are associated with Charles Drew University of Medicine and Science, the RAND Corporation, the Robert Wood Johnson Clinical Scholars Program, and the University of California at Los Angeles. (Table 1.1)

More than 15 years ago, HAAF and community and academic partners, with funding from the Centers for Disease Control and Prevention (CDC), started working together to develop an approach to engage the community in efforts to address health disparities through local ownership of problems and solutions. This work evolved into the development of a partnered-research infrastructure, the Los Angeles Community Health Improvement Collaborative (CHIC). The purpose of that Collaborative was to encourage shared strategies, partnerships and resources to support rigorous, community-engaged, health services research.

THE LOS ANGELES COMMUNITY HEALTH IMPROVEMENT COLLABORATIVE

The Collaborative sponsored new pilot efforts and partnerships, such as the Witness for Wellness initiative, and supported training programs such as the Robert Wood Johnson Clinical Scholars Program at UCLA and a "book club" on participatory research methods for community members and academics. That development stage led to the funding or renewal of several Centers with a major focus on addressing health

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Table 1.1 The Los Angeles Community Health Improvement Collaborative

Community Partners	Academic and Clinical Partners	Pilot Programs
Healthy African American Families (HAAF)	Charles Drew University School of Medicine and Science	Community engagement in depression care for communities of color
Los Angeles Unified School District	RAND Health (a unit of the RAND Corporation)	Improving prevention and management of diabetes
QueensCare Health and Faith Partnership	University of California at Los Angeles	Community violence interventions for children through schools
Los Angeles County Department of Health Services	Robert Wood Johnson Clinical Scholars Program	Promoting healthy births/reducing low-birth weight infants
Department of Veterans Affairs Greater Los Angeles Healthcare System	Centers: UCLA/Drew/RAND NIH Project Export Center	
Community Clinic Association of Los Angeles County	UCLA/DREW NIA Center for Health Improvement for Minority Elders UCLA/RAND/USC NIMH Center for Research on Quality in Managed Care UCLA Family Medicine Research Center	

and healthcare disparities through Community-Partnered Participatory Research (CPPR). The work of the Collaborative is continuing in the active life of these new Centers and in the pilot and main projects that they support. Pilot projects have grown into mature projects spanning community planning and action, and rigorous, partnered research initiatives. This guidebook draws on the lessons we have learned together in working on the collaborative, supplemented by the experience we gained through our prior work.

Our approach to CPPR uses a participatory research framework to blend evidence-based clinical or health services research with community-based knowledge and practice. At its core is an equal, mutually respectful partnership model that emphasizes community-academic collaboration at every step. Our goal is to build a sustainable partnership that will support numerous health research and action initiatives in Los Angeles over many years. We also seek to facilitate and support a set of focused networks operating on similar principles

and procedures—networks that can support action-oriented, participatory research in a wide range of community-academic partnerships and initiatives.

Our work has focused on improving mental and physical health. However, we hope that our experience, guiding principles, mutually shared values, and processes will prove useful to community-academic partnerships in a wide variety of fields.

Our partnered research teams are unusual in that they include a number of academic clinicians. Clinicians, because of their background and training, may face a special set of challenges when undertaking a community-academic research partnership. Clinicians are often trained within a hierarchical authority structure, a style that may be further reinforced by the structure and incentives of academic medicine. Within such a structure, independence in science tends to be rewarded more highly than collaboration. The result can be a “top-down” approach to partnering that may conflict with the core values of power sharing that are central to CPPR.

Further, clinical research places a particularly high value on randomized, controlled trials as the gold standard for validity, whereas CPPR tends to be based on mixed methods (qualitative and quantitative), logic models, and overall a more quasi-experimental, descriptive, or exploratory approach. Thus, our partnered research efforts have had to address issues of both professional style and scientific substance, to struggle with what partnership and scientific rigor means to academic and community policy leaders, while promoting equitable partnerships and rigorous research. As explained in more detail under “Guiding Principles for Community-Partnered Research” in Chapter 2, a CPPR partnership honors both community values and academic standards equally.

Facing these challenges openly and honestly has created strong partnership bonds and new opportunities for collaborations. We have consistently found high levels of creativity on the part of community members in responding to scientific challenges, and surprising partnership strengths across and within diverse community and academic participants. These strengths have allowed us to work within an infrastructure with an unusual breadth of community and academic partners across a wide diversity of partnered initiatives, including randomized trials, which to date have been rare in community-based participatory research in health. Further, sharing our work with policy leaders has opened new dialogues about the purposes of research and opportunities for new programs that more fully examine both how to conduct such research and what the findings may offer policymakers.

Our basic priorities and processes are rooted in a marriage between community values and academic goals. The guiding principles of this relationship are discussed in more detail in Chapter 2.

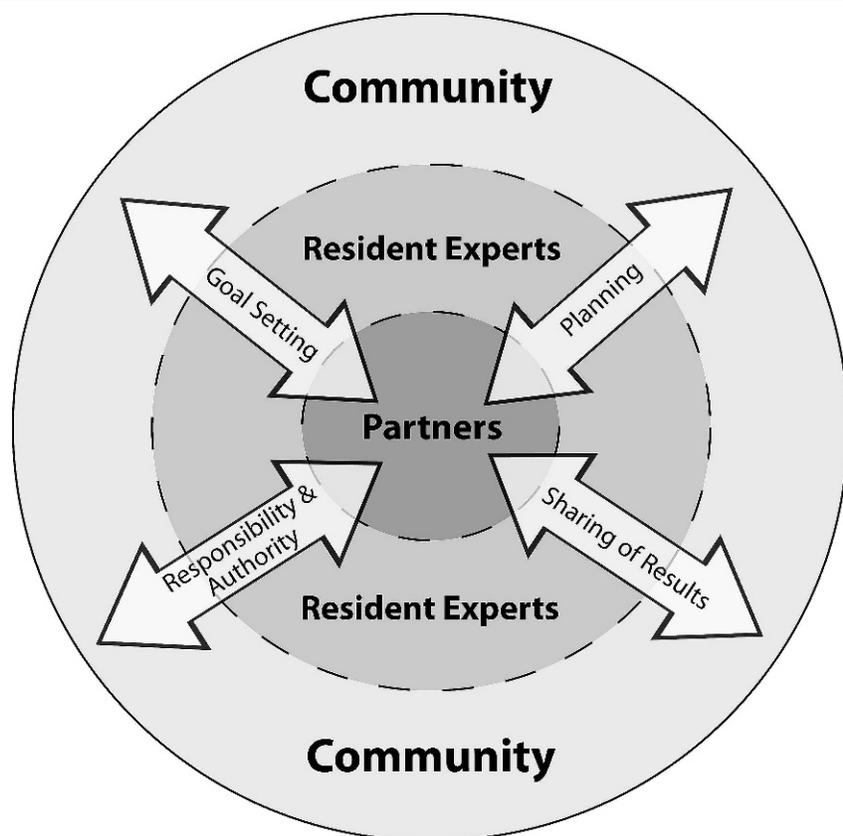


Fig 1.1. Circles of Influence Model. This model was developed by L. Jones, MA, D.S. Martins, MD, Y. Pardo, R. Baker and K. C. Norris, MD

ENGAGING THE COMMUNITY IN CPPR: THE CIRCLE OF INFLUENCE MODEL

As an overview to CPPR, we offer the following graphic overview of the approach. (Figure 1.1) This process, originally presented by Loretta Jones at the Successful Models of Community-Based Participatory Research meeting hosted by the National Institute of Environmental Health Sciences on March 29–31, 2000, has proven useful in our CPPR collaboration.

The Circles of Influence Model illustrates the stakeholder structure of CPPR initiatives through a set of concentric circles: a core group of partners representing diverse stakeholders for a given issue; a set of resident experts (eg, community members, consultants) who

move in and out of the initiative for given issues, advising and participating in work groups; and the community-at-large that both benefits from the initiative and provides input as the initiative unfolds. These stakeholders are engaged under the guiding principles of the partnership or collaboration in a set of specific functions or tasks: goal setting, planning, implementation with shared responsibility and authority, and results sharing or dissemination. The details on how this work is organized and completed are the subject of this guidebook.

OUR “ILLUSTRATION” INITIATIVE: WITNESS FOR WELLNESS

Although HAAF and other partners have extensive previous experience with

community-academic partnerships, for purposes of illustration (and, we hope, to make it easier for the reader to follow), most of the examples in this guidebook are drawn from our experience in working together on the Witness for Wellness (W4W) project.

The experience of working together on this key project has shaped our understanding and approach to all of our subsequent community engagement projects. Witness for Wellness is a health-related project (focusing specifically on the mental health issue of depression), but we believe that the lessons we learned in the course of this effort will apply to many types of community-academic partnered research projects.

Overcoming stigma was immediately identified as a key challenge. These early discussions led to a proposal to form a council of interested community agencies and members to plan over a 6-month period, an initiative concerning depression.

During the ensuing planning process, much was shared as different agency and community members, as well as academic partners, came to the planning table, including: different models of health and illness, stories of personal experience with depression or observations of clients suffering from depression, alternative views of what depression is, and many other fruitful discussions. A plan was formulated to share these community and academic perspectives with a modest community forum. More than 500 individuals attended a full-day session at the Los Angeles Science Museum.

A call for action led to a follow-up leadership planning conference with more than 75 interested individuals. This step was followed by the formation of three working groups: *Talking Wellness* (increasing depression awareness and reducing stigma), *Building Wellness* (educating health care workers to improve services outreach and quality), and *Supporting Wellness* (providing pol-



Fig 1.2. Vision, Valley, Victory

icy support and advocacy for vulnerable populations). Each group, along with all elements of the W4W initiative, developed its work through the three major stages of partnered research, Vision, Valley, and Victory, which are explained in more detail below. Although each of these steps had been developed and implemented in prior HAAF projects, the W4W program became a flagship initiative for integrating the approach with more traditional health services research approaches and for developing a language to share the model equally with community, academic partners, and friends. As W4W progressed, a similar form of the model was used in other initiatives involving HAAF and various community and academic partners. A listing of those initiatives to date, showing the history of the development of the model, is included in the appendix to this guidebook.

STAGES OF PARTNERED RESEARCH: VISION, VALLEY, VICTORY

In our model, partnered research initiatives unfold in three major stages,

Vision, Valley, and Victory. The guidebook is organized with these stages in mind.

As we worked together, we realized that the three stages could be symbolized by holding up a hand. (Figure 1.2) The three gaps between our fingers make three Vs: Vision = developing strategies and goals for the project; Valley = carrying out the activities necessary to implement the project; and Victory = celebrating success, and completing and disseminating products.

This shared symbol can help all project members identify with the project and remind us that everyone is working together to achieve Victory. During our work together, especially when we are encountering difficulties, team members remind each other of our goals simply by holding up a hand. Simple tools such as this hand signal are part of a partnership strategy promoting common understanding and power-sharing among partners with diverse backgrounds.

Vision

The Vision is a shared view of the project's goals and strategy. The Vision must be compelling; it must sustain the team through and beyond the duration of the project. Developing a truly shared perspective for the Vision may often take 4 to 8 months, and is a distinctive piece of work. Community and academic partners may have very different views of issues, timing, strategy, participants, and desired outcomes. Negotiating these differences is key to arriving at an overall Vision that is compelling and a "win" to all concerned; the Vision must engage all partners in proceeding

to the main work of the project. A clear and mutual understanding of the Vision is vital to every stage of the project, from doing the work to celebrating its completion and outcomes.

Valley

The Valley takes place when project tasks are done to realize the Vision. The word "Valley" emphasizes that a lot of hard work is required to climb the hill to success; knowing in advance that it will be hard work can help to stave off discouragement along the way. The work involves facing and overcoming many challenges, which can include developing the partnerships needed for the task, developing strategies to address the issue, obtaining broader community feedback, piloting and evaluating the new strategies, and proceeding to a main implementation phase—depending on the type of issue and project. Accomplishing work of this scope usually requires breaking the project into manageable tasks, organizing working groups to accomplish the tasks, developing an action plan for each task, and evaluating the success of the work.

Victory

Victory is acknowledging and celebrating success, developing and disseminating products, and sharing the story with others, along with ensuring sustainability and related policy changes. A strength-based approach is vital at every stage of the project and small victory laps should be encouraged at many points along the way. Every successful meeting, every mutually agreed-on com-

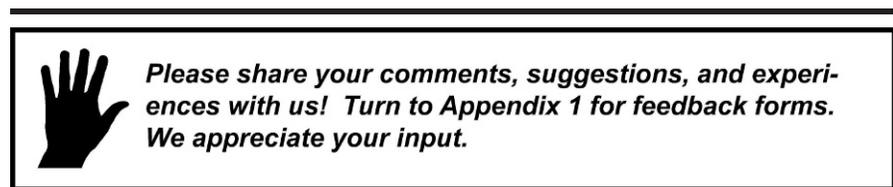


Fig 1.3. Share

promise, every completed action plan is one of a series of victories. But the Victory stage refers to a planned, distinct phase of work that completes the project while building capacity for the next partnered activity.

Within each stage – Vision, Valley, and Victory – partners work together following a plan-do-evaluate cycle. Each stage is planned and conducted, and joint evaluation of the outcome of the work at that stage informs the planning of the next. The plan-do-evaluate cycle is the main organizational structure in this guidebook for the subsections that describe the work involved within each of the three V stages.

Vision, Valley, and Victory are separate stages, but the work often overlaps. Vision, Valley, and Victory may be going on all at once in complex projects with multiple action plans being pursued by different working groups and subcommittees. Work from one stage can lead to changes in the framing of previous, as well as subsequent, stages. Insights gained in the Valley, for instance, may result in refinements to the Vision. Victories occur in every phase. And, the final Victory for one project may be the start of a new Vision for the next project.

ORGANIZATION OF THIS GUIDEBOOK

The remainder of this guidebook provides an overview of partnership principles and strategies that apply across all three major stages of partnered research (Vision, Valley, and Victory), reviews the work (plan-do-evaluate) of each stage, and provides a case history of W4W, the lead project for the Los Angeles Community Health Improvement Collaborative.

Chapter 2 provides an overview of partnership principles and strategies that define a CPPR approach and explains the “plan-do-evaluate” cycle which, supported by community engagement principles, structures the work flow within each stage.

Chapter 3 reviews the Vision stage and describes the plan-do-evaluate activities that apply to this stage.

Chapters 4, 5, and 6 describe the work of the Valley. Chapter 4 describes “Plan,” Chapter 5 describes “Do,” and Chapter 6 describes “Evaluate.” We have broken this discussion into three chapters only for convenience. In reality, team members must be aware of all phases of the Valley (and indeed of the overall project) at every stage.

Chapter 7 focuses on the Victory stage and discusses the plan-do-evaluate framework for this stage. Victory includes developing and sharing work products, celebrating the partnership’s work together, and positioning the partnership for broader impact and future work.

For us, the most important part of this guidebook is Appendix 1, where we ask you to share your experiences with us. (Figure 1.3) Community-academic research partnerships are new – and we all have much to learn. We hope that by sharing your experiences with us, we can learn together.

ACKNOWLEDGMENTS

We would like to thank the board of directors of Healthy African American Families II; Charles Drew University School of Medicine and Science; the Centers for Disease Control and Prevention, Office of Reproductive Health; the Preterm Working Group; the Diabetes Working Group; the University of California Los Angeles; the Voices of Building Bridges to Optimum Health; Witness 4 Wellness; and the World Kidney Day, Los Angeles Working Groups; and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

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CHAPTER 2. BEGIN YOUR PARTNERSHIP: THE PROCESS OF ENGAGEMENT

Community Partnered-Participatory Research (CPPR) is based on and utilizes community engagement as its central method and principle. In this chapter, we explain the key differences between engaging the community vs merely involving the community. The chapter also reviews the plan-do-action cycle of work that is used in each stage of CPPR. We define five key values of CPPR: respect for diversity, openness, equality, redirected power (empowerment), and an asset-based approach. In addition, we present 12 operational principles, which guide work throughout every stage of all CPPR initiatives. (*Ethn Dis.* 2009;19 [Suppl 6]:S6-8-S6-16)

Key Words: Community-Partnered Participatory Research, Community Engagement, Community-Based Research, Action Research

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INTRODUCTION

Developing and sustaining effective partnerships for health research is an over-riding goal across all stages of Community-Partnered Participatory Research. To the extent that partnered research may be one solution to addressing health disparities, implementing successful partnerships is itself an important goal.

This chapter reviews what partnership is, what distinguishes authentically engaged from merely involved partners, the key principles of equitable partnerships, and partnership development strategies. Of course, partnerships are developed within specific projects and thus are not fully separable from a discussion of the stages of partnered work.

Community-Partnered Participatory Research (CPPR) is research that is jointly designed by community and academic partners for community benefit. CPPR builds community capacity for participating in and using products of research, while at the same time building academic capacity to partner effectively and integrate community perspectives into high-quality research.

Developing a partnership that can conduct such research is itself a partnered research task, which follows the Vision, Valley, and Victory stages. (Figure 2.1) The shared Vision of the partnership is built on the core values outlined below. The Valley is the process of developing and sustaining the partnership as it goes through the work of its various initiatives. The Victory is the recognition that the partnership is engaged in effective and equitable work that also builds community capacity for such work.



Fig 2.1. Vision, Valley, Victory

THE ENGAGEMENT RING: PLAN, DO, EVALUATE

Once academic and community stakeholders move beyond involvement to create an authentic partnership, they become engaged. For us, the process of becoming engaged in a community-academic partnership became even more meaningful (and even more fun) when we realized it is not unlike the process of becoming engaged to the person who will be your spouse.

In both types of “engagement,” commitment and mutual trust are paramount. And in both types of engagement, a promise is made. When you enter into a romantic engagement, you promise to marry. When you enter into a community-academic research engagement, you promise to work together to achieve the results you both want.

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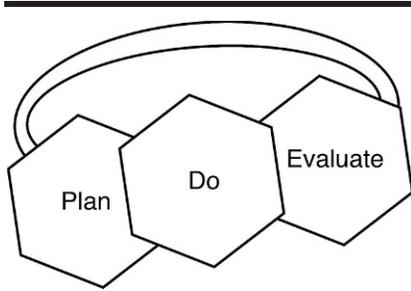


Fig 2.2. Plan, Do, Evaluate

We visualize the process as an engagement ring. The ring has three diamonds: plan, do, evaluate. Each of the diamonds represents an integral part of the work that the partners have promised to do together, through each stage of a particular project or initiative, following authentic partnership principles. (Figure 2.2)

Plan, Do, and Evaluate drive each stage of a CPPR initiative, focusing the team's efforts on what is to happen, how it will happen, and how the results should be evaluated.

- Plan: What should happen? How?
- Do: Let's make it happen!
- Evaluate: What did we accomplish?

The setting of the diamonds within a ring suggests another reality: that the work process is cyclical and non-linear, with planning, doing, and evaluating influencing each other both within a given stage (Vision, Valley, or Victory) and, as we will see later, across stages. Further, like successful marriages, successful partnerships require hard work, patience, faith and kindness to make it through the inevitable conflicts toward enjoyable and productive initiatives. Together, we can make it work!

THE DIFFERENCE BETWEEN INVOLVEMENT AND ENGAGEMENT

Traditional academic research projects that are described as “community-

based” typically involve the community as an advisor or as a broker for recruiting subjects, without partnering with the community on its own terms to support joint leadership and benefit. Such community-based projects tend to be time-limited and narrowly focused on a single problem or issue. While developing knowledge, they usually do not build community capacity to solve wider problems, or to implement the lessons of their research. And, because the community is not engaged in the work or the solution, the benefits even to the local community can be short-lived.

Authentic partnership with the community that is designed to develop change strategies with the community follows a different path and, we suggest, has a different outcome. With a fully engaged community-academic partnership, the locus of control (traditionally centered in an academic or research organization) shifts toward the community. Every aspect of the project – from framing the issue to gathering and owning the data to evaluating the results to sharing the findings with others– is designed to respect, honor, and include all partners. The ultimate goal of the partnership is to solve not only the problem at hand, but to allow the community itself to solve a wide range of issues. It is evident that community ownership of research fosters community-driven change.

Table 2.1 is a side-by-side comparison of key features of research approaches that *involve* the community vs *engaging* the community. Both can yield valuable research data, but the paradigms are based on different values and principles and are likely to yield to different results in the community.

CORE VALUES OF ENGAGEMENT

Community partnered participatory research reflects five core values of

equitable relationships: respect for diversity, openness, equality, empowerment (redirected power), and an asset-based approach to the work. We discuss these values and then the operational principles that flow from them.

Respect for Diversity

To some extent, nearly every research effort must address diversity issues. Even traditional academic projects include individuals who differ in academic disciplines and background, age, gender, skills, and personal and career goals. Almost any research effort is a partnership.

However, diversity increases exponentially with the addition of community partners. Communities add so much diversity – in racial and ethnic backgrounds, income levels, work and life experiences, living conditions, communication style and expectations – that the challenges of working together can seem overwhelming.

We have found that the key to working together is to respect and honor our diversity. That means respecting and honoring the academic skills and know-how brought to the table by the academic partners, while simultaneously and equally respecting and honoring the life skills, community know-how and policy influence brought to the table by the community partners.

Openness

During the course of a project, it may become clear that goals and expectations that are very important to one individual or group are less important to others. This hurdle can best be overcome through mutual openness and exchange of perspectives. Definitions and assumptions should be questioned and clarified by each group. Personal, organizational and community histories should be shared. Openness and the practice of listening carefully to each other (facilitated by team leaders who ensure that each participant's voice is heard) build mutual respect and trust.

Table 2.1. Community involvement vs community engagement

<i>Historical Approach: Involve the Community</i>	<i>New Approach: Engage The Community</i>
Directs a program toward a community without a community-centered process.	Honors the project's collaborative nature every step of the way. Academic members are part of the community; community members are part of the research team.
Builds consensus for or obtains opinions on predetermined actions.	Leverages shared ownership of issues framing and action plan development into shared action.
Follows through and reports back primarily to funders/partners; work is done "for" rather than "with" the community until after major decisions are made.	Reports equally to both community and funders/partners, and ensures that work is done "with," not "for" the community
Operates under a timeline for deadlines regardless of how the work takes shape.	Recognizes that trust and ownership are not developed quickly; time may be required to build meaningful relationships.
Relationships are managed to ensure goal attainment	Develops shared agendas, action plans and methods of evaluation with the community.
Delivers information and education to the community – with a predetermined agenda, action plan and method of evaluation.	Promotes joint approaches to building networks, achieving consensus and cultivating leaders.
Follows more traditional and pre-designed methods of building coalitions, consensus and identification of leaders.	Promotes joint decisions and ensures balance in decision-making.
Provides resources and technical assistance for the duration of the work.	Creates sustainable resources that can be utilized now and in the future to address community-defined issues; builds on and expands community capabilities.
Involves a top-down hierarchy in decision-making.	Involves a level playing field for getting the work done.
Creates distinct and separate identities for academic and community members.	Unites all partners into a strong, shared partnership.
Centralizes resource management within the academic partners.	Shares resources and resource management equally with community and academic partners.
Methods include: Needs assessments Task forces led by academics Acknowledgment of individual efforts; encouragement of competition	Methods include: Asset assessments Community task forces led by many Acknowledgment of collective group efforts; encouragement of cooperation
Information and teaching workshops Segregated academic and community leaders	Information sharing and knowledge exchange workshops Academic-community partnered leadership partnered community groups
Prescribed research steps Academic-directed operations and management	Jointly formulated action plans Joint operations and implementation

Respect and trust cannot be assumed; they are earned by hard work and consistent engagement, even when the community and academic partners have similar ethnic and cultural backgrounds. (Figure 2.3)

Equality

Academic researchers are selected, trained and encouraged by the promotion process to take an expert's approach to issues (eg, we know what the problem is; here's what we're going to do about it; here's the budget, here's the timeline and, later, here's what we've accomplished). Unfortunately, the result can be a "solution" that fails to address community needs, recognize community strengths, or honor community values and culture. Moreover, this type

of self-oriented thinking may alienate community members who may perceive it – no matter how erudite or technically knowledgeable – as blind, narrow, selfish, arrogant, and patronizing.

In a CPPR initiative, successful community-academic partnerships are based on absolute equality of authority and decision-making power. Such partnerships recognize that both community and academic participants bring to the table skills and know-how that are essential to a project's success. Consequently, both community and academic participants must contribute actively as partners from the beginning of the project – including the initial steps of defining the issues to be addressed, obtaining funding, and developing an action plan.

Once the project is underway, community members should participate in every activity and should co-author all articles and other reports on the project. It will be necessary to review participation over the duration of the project to ensure that all members – community and academic – are feeling respected, heard, powerful and trusted. Even in established partnerships, the maintenance of equality and trust is an ongoing process requiring examination, reexamination, reflection, and checking-in.

While equality of community and academic partners is essential, "equal" does not mean "the same." The skill sets and knowledge base of members of a community-academic initiative can be complementary or overlap, and views



Tip: Building Trust

Community partners – Don't be discouraged if your academic partners seem blind to facts that are crystal-clear to you. They may not be ignoring the issues – they may simply be trying to re-define them in a way that meets their usual goals (such as securing funding or designing interventions that allow for controlled trials). These are important goals, but community needs are equally important. Be patient. Be willing to explain – and to explain again. And, at the same time, listen – and work to negotiate a solution.

Academic partners – Good intentions are essential, but they are not, in themselves, a passport to community trust. Minority communities may be suspicious of “research,” with good reason. In many minority communities, historical atrocities – such as the Tuskegee syphilis study – are vividly recalled. Moreover, community members may feel that academics emerge from the ivory tower only to gather data, and then retreat back inside to analyze it, leaving the community itself unchanged. Build trust by listening carefully, sharing decision-making and project activities, developing community capacity, committing yourself to achieving tangible results, and staying with the community, as an integral part of it, over time.

Fig 2.3. Building trust

may be similar or different – whether between academic and community participants or within academic and community participants. Further, equal representation in products does not necessarily mean that all members must participate in each product or contribute in the same way. Those decisions can be made by the members themselves during the course of the project. They can decide who wants to work on what, as long as there is equal representation and participation for community and academic partners.

Redirected Power (Empowerment)

“Empowerment” is a central goal of many community-based research projects. However, we suggest that this

term should be carefully reconsidered because it tends to suggest that one group has power and the other does not, and that an initiative is designed to give the “weaker” group power. In our view of partnered research, “empowerment” does not mean that one group bestows power on another, or that one is powerful and the other is weak. Communities, for instance, already have power, which may include: well-developed social, religious, political, educational, and business networks; community-based organizations; and knowledgeable, committed individuals who live and/or work in the community. However, communities may lack the resources or know-how to harness their power to achieve specific goals within a research-based initiative, or to assure

that a research project is conducted in such a manner as to build community capacity.

In a CPPR initiative, we use the term “redirected power” to suggest the key power-sharing goal. Under this terminology, each group is encouraged to learn from the other and to build on existing strengths. Power is redirected to allow community and academic voices to be considered equally in decisions, and hence in the partnership as a whole. Academic researchers learn how to focus on issues of importance to the community, improve data-gathering methodology (thereby increasing both the quantity and reliability of the data gathered) and increase the effectiveness of interventions. Community members learn how academic rigor and methods can be used to enable them to build credibility and to develop analytical skills that can be applied to a wide range of problems. Both groups learn to respect each other's strengths and to use that respect to build the impact of the partnership and products outside the project in community policy sectors.

How is power redirected in Community-Partnered Participatory Research? Achieving equality among community and academic members takes hard work; it may not come naturally. Academic members may feel at ease in research discussions, whereas community members may shy away from expressing themselves even when they have an opinion and are given the floor. Part of the hard work requires setting up mechanisms to make each decision transparent to the diverse members of the partnership. This can mean technical assistance to bring key principles or concepts to light for community members, or field trips or walking tours in the community for academics so that they can appreciate the strengths and constraints of the community context that they may be hearing about in meetings.

Redirection of power is thus a two-way process that appreciates the

strengths and advantages of formal and informal power of all partners, and brings transparency to the sources of that power such that both sides grow and take advantage of the full partnership strength. Within this overall process, both community and academic members can be alert to thinking of when and how to promote the shared communication that enables joint decisions—bearing in mind what each member of the partnership brings to the table, and the traditions and styles of participation that apply across and within the core community and academic groups. While grass roots community members may need support to understand the implication of design decisions, for example, clinician scientists will need support to understand how a particular health issue or intervention plays out in the community.

Asset-based Approach

The asset-based approach we use to implement our partnerships also represents a core value because it affects all aspects of the partnership development and project work.

Both academic and community members can fall into a conceptual trap: focusing exclusively on weaknesses and problems. For both groups, the trap exists because community needs can be very apparent. Academic members may see a problem and view themselves as purveyors of the solution. Or they may become over-cautious, perhaps feeling that they have been too aggressive in defining the problem, and may then back down, which can be viewed as rejection or arrogance. Community members can feel that the problem exists because the community is poor, or the situation is hopeless. They may feel that the academic members just don't understand the issues, or that the team is "oil and water." We call this "deficit-based" thinking. (Figure 2.4)

A successful community-academic partnership completely rejects and over-



Tip: Avoid the blame game

When conflict arises, try not to blame the victims, or those who are most vulnerable to the impact of the conflict. Try not to blame the messenger, or the one that brings the conflict to light. And don't blame yourself! Instead of thinking "This happened because the community is poor, or because no one cares, or because I didn't do enough," think about how you and your team members can find, use, and enhance community strengths to achieve a new program or outcome. This builds a history of project victories, based on clarifying and re-directing the existing power and assets within the partnership.

Fig 2.4. Avoid the blame game

turns deficit-based thinking and instead relies on its opposite: asset-based thinking and problem solving. In a mature partnership, while members see community problems realistically, they are equally realistic about seeing community strengths. They recognize that both academic and community members bring assets that, when united, can not only resolve a specific issue, but can lay the groundwork for resolving future issues, and build resiliency and capacity. A successful community-academic partnership is "asset-based," and builds and celebrates capacities. Table 2.2 compares the two approaches. While asset-

based thinking and problem solving comes naturally to some people, academic clinicians, trained within a hierarchical structure and often mentored through a critical, or "analytical" style, are accustomed to identifying problems and rushing to the rescue, rather than thinking first of strengths and waiting for the collective or collaborative solution to emerge from active sharing and problem solving over time. While asset-based thinking is relatively simple to define, our experience is that it requires work and skill-building to develop. This can be a key focus of capacity-building exercises during the project.

Table 2.2. Deficit-based vs asset-based thinking

<i>Deficit-Based</i>	<i>Asset-Based</i>
Talks about what is missing before discussing the community's strengths. Hears what the community says but still "marches to its own drum" in defining need.	Uses the strengths of the community to define issues; views problems as potential growth opportunities.
Engages in a cycle of problem identification. Skips new opportunities to address the issues and prepare a plan. This perpetuates learned helplessness and hopelessness in finding solutions, or can create "solutions" that miss the mark.	Leverages personal and organizational passion, intention and resources throughout the cycle of problem identification and action planning.
Stays in the acknowledgment stage too long, which can lead to repeating what has been historically done before.	Encourages capacity building and resolution, which supports self-motivated, forward-looking growth.

GUIDING PRINCIPLES FOR COMMUNITY-PARTNERED PARTICIPATORY RESEARCH

Our Guiding Principles are designed to translate the core values discussed above into day-to-day guidance of partnership activities. These principles have guided and been modified by our years of partnership experience. Community-academic research partnerships require flexibility and commitment from all participants. Community needs must be met, community capacity enhanced, and community culture respected – all while maintaining the highest academic standards.

The principles listed below are designed to help support authentic partnerships while still maintaining academic rigor, combining these strengths to have a solid footing of relationships, programs and data to support community benefit.¹ These principles can be used as a basis for leadership training and for development of a formal memorandum of understanding, discussed more fully under point 2 below.

1. Each activity is co-planned by community and academic leaders who have equal decision-making power

In most clinical research projects, academic members tend to dominate decision-making. They are more familiar with clinical standards and procedures, and most grants are awarded to academic/clinical organizations, which gives them control over funding. Community-academic partnered projects, however, succeed only if decision-making is shared equally. Therefore, all committees and decision-making bodies should be co-led by one academic member and at least one (if possible, more than one) community member.

In addition, voting power should be equalized. For example, even if the number of community or academic team members differs on a given

committee or working group, their voting power should be the same. Or, if there is a tie, the deciding vote should be given to the community. Another approach is to enlist a neutral facilitator who is responsible for monitoring and ensuring equal participation. A neutral facilitator is someone who is not involved in the project that monitors group meetings or is brought in to mediate during disagreements. Academic and community members may choose a facilitator jointly, although in our experience, it has worked well to defer to the community members' preferences for a facilitator.

2. Each project is guided by a written agreement (a memorandum of understanding) that outlines goals and rules of engagement, including ownership and review of products and data

The agreement should be written early and should cover project goals, ownership of data (you should expect that data will be owned jointly), review of products (joint review responsibility should be specified), leadership structure (as noted above, project committees should be co-led by academic and community members), leadership expectations, resources to be contributed by each participant, responsibilities, and dispute resolution. After ratification by participants, the agreement should be reviewed regularly to ensure that the project is on track and the leaders are adhering to the agreed-upon guidelines.

3. Project leaders (academic and community) communicate regularly, use mutually accepted means of maintaining productivity, and recognize that conflicts and disputes are necessary to growth

Frequent, regular communications promote respect for both the project itself and all team members. A communications plan enabling both vertical

and horizontal communications should be developed and followed. Action plans and timelines should be jointly developed and approved, and then should be monitored and updated to ensure progress. Meetings should be supported by an agenda and documented by minutes or recordings. Meeting leaders should be guided by standard rules of discussion and should respect all voices at the table, while adhering to the meeting agenda and project timeline. All participants should recognize that the process of respecting each participant's viewpoint will necessarily result in conflicts and disputes. Some of these will be resolved; in other cases, it may be necessary to acknowledge the difference but to set it aside – to “agree to disagree” while still moving forward.

4. Project activities, methods, procedures, and rationale are fully accessible to and understood by all participants

Every aspect of the project approach should be thoroughly understood by both academic and community members. Academic members are usually responsible for explaining academic and clinical concepts (such as human subjects' protection and data-gathering procedures) in a way that makes sense to all participants. Community members are responsible for ensuring that the agreed-upon approach is likely to work in the community, and for explaining to academic partners concepts and context that are important to the community and that might affect project goals. All members should be open to new ideas. Community members, for example, may be especially creative in translating concepts into community-relevant presentations that use stories, music, role-playing, and other forms of expression to enhance understanding. Community members may also develop unique scientific insights and contribute significantly to improving the project's scientific basis, which may come as a surprise to academic members. Similarly, aca-

demographic members are encouraged to join community members in creative forms of expression. Leaders should ensure that all members contribute to, understand, and support the project's direction.

5. Since community partners usually require financial or in-kind resources to participate in the project, academic partners should help to obtain such funding

Obtaining funding for a true academic-community partnership is challenging. Most funding is awarded to academic or clinical institutions, which automatically shifts the balance of power toward those institutions and away from an equal partnership. Moreover, the time academics devote to the project is often covered by project funds and/or their salaries, whereas the time community partners devote to the project must be shoehorned into already crowded schedules or done after work. Since academic partners are usually more experienced in obtaining funding, it is their responsibility to help ensure that community participation is appropriately funded, and to advocate with funding agencies for the need to structure grant opportunities to permit equal partnership. Joint participation in developing the proposal and presenting results to the funder should be built into the process.

6. All leaders respect and follow community values and time frames

Since academic-community partnered projects are intended to develop infrastructures for long-term collaboration, timeframes may exceed usual norms. The purpose of the collaboration is not only to address the immediate issue but to build community capacity to address a wide range of issues in the future. This requires an

infrastructure that is based on a deep level of mutual trust and understanding. Creating such an infrastructure takes time. The project should be structured to allow members to “step on and off the bus” as needed as the bus travels to its final destination without impeding overall progress.

What is the best way to ensure that the departure of a participant or project leader does not impede progress? If the person is a gate-keeper to other individuals or agencies, introductions can be made to other leaders in the team to facilitate continued relationships. Also, any tasks that were delegated to the person should be shared with the group, so that leadership may decide to redistribute the tasks or put them off. Ideally, team members should be continually developed in leadership skills, in case they need to step into a leadership role. Also, co-leadership should be promoted whenever possible so that if one of the leaders leaves, there is already another leader who will provide continuity.

As partnerships develop, there may be opportunities to accelerate certain aspects of project design and implementation to meet funding goals (such as obtaining pilot data for new proposal submission) without risking the stability or equality of the partnership. However, careful cross-checking across community and academic leadership and “taking the temperature” of the community members is required,

7. All leaders are committed to achieving the highest standards of productivity, impact and accountability

Neither academic goals nor community values are abandoned. Academic leaders are responsible for maintaining the highest scientific standards. Abandoning such standards would not only imperil the success of the project and the possibility of future funding, it would also deny community members

the chance to enhance individual and community capacity. At the same time, rigidity can be fatal to a community engagement project. Academic researchers should be open to the possibility of creative modifications to “business as usual.” Such modifications can change the nature of the project design, often to advantageous effect in terms of achieving a unique impact in the scientific field as well as greater community relevance. Community members are responsible for ensuring that all activities are respectful of, and responsive to, community values, and for suggesting viable alternatives to proposed approaches when they feel such values are in danger of being ignored. Further, community members are responsible for leading the effort to celebrate accomplishments, assure that products are directly relevant to the community, and monitor the overall strength-based framing of the project. Respect for both academic and community values is essential to the project's success. Over time, respect for both community and academic values may become so ingrained that experienced partners may find themselves switching roles in monitoring each other.

8. Academic leaders are quick to seek help from community leaders in resolving conflicts

Since academic members tend to perceive themselves as experts, they may unconsciously adopt a high-handed or patronizing approach that may be offensive to community members. Community members, appropriately, perceive themselves as experts also – experts in the real-life circumstances of the community. Clashes are almost inevitable until (and even after) mutual appreciation is achieved. However, they can usually be resolved – and, to some extent, avoided – by close coordination and communication between academic and community leaders. Community leaders can often explain the issues

underlying a conflict and suggest how best to address them.

9. Academic leaders work to understand community priorities and histories

Communities can have long histories and long memories. Community and academic perceptions may differ radically. For instance, community members may perceive a specific educational or research institution (including, perhaps, the institution supporting the research) as being racially or ethnically biased – and, as a result, may be suspicious of both individual and institutional intentions.

Academic members should become knowledgeable about community history, economic conditions, political structures, demographic trends, and experience with both their institution and prior research efforts. Both before and during the project, academic members should get out into the community. Efforts should be made to establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.

Here again, close coordination with community leaders is essential. A community leader can: help make decisions on how to get oriented and involved in the community; facilitate open discussion; initiate and guide community contact efforts; and educate academic members about the project's historical and social context.

10. Community input is formally recognized

Research results are normally disseminated in peer-reviewed journals and other publications. All such publications should be co-authored by both community and academic members. Academic members can facilitate this process by offering, before writing begins, a seminar on publication processes, procedures

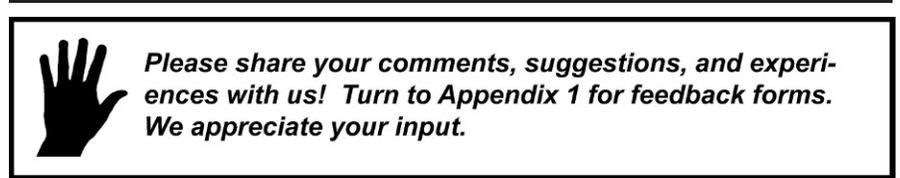


Fig 2.5. Share

and expectations. A system for obtaining input from community co-authors should be agreed upon, which might include (in addition to written drafts) tape recorders, telephone dictation, and other ways to facilitate community input.

Other ways to recognize and honor community members include participation certificates, faculty appointments and office space. Or, the partnership could create a special designation, such as a “community scholar” or “community chair” position (with appropriate funding to cover time for research).

At the same time, it is important to recognize that academic publications may not serve community interests. Equal attention has to be paid to other forms of dissemination that will ensure the appropriate sharing of information with community members. This might involve presentations by community leaders at existing community gatherings, or the publication and dissemination of a community-friendly document or brochure.

11. Academic leaders ensure that their own institutional leadership understands and values the academic-community partnering process

Many of the skills required in a community-academic research partnership are undervalued by academic institutions and may even be seen as a sign of failure. For example, researchers traditionally need to demonstrate that they have “led” projects in order to be considered for promotion. But a community-academic partnership requires joint leadership, along with the flexibil-

ity, openness and willingness to compromise that such leadership entails. Another pressure is publication: academic institutions value the lead author role while partnerships value joint authorship.

Nonetheless, community-partnered participatory research is an area of growing academic interest. Academic pressures can be minimized if, before undertaking a community engagement project, academic participants take the time to educate their colleagues and department chairs about community engagement priorities and processes, emphasizing the value to both the community and the institution.

Senior academic leadership is particularly needed to create an appropriate environment for recruitment, advancement and retention of junior academic leaders with strengths in community engagement. For example, senior leaders can advocate or enable attractive recruitment, or explain the value of the work to deans, chairmen or promotional committees.

12. All leaders agree on the standards and tools for evaluating progress and impact

Once project goals are developed, academic and community leaders should agree on how to measure progress toward achieving the goals. The relationship between every project activity and the goal should be clearly understood by every team member. When possible, inputs and outputs should be measurable, and should be reported back to the team as well as to project leaders. Academic and community members should jointly accept

CHAPTER 2: BEGIN YOUR PARTNERSHIP - *Jones et al*

responsibility for adhering to rigorous research procedures that serve the scientific and community purposes of the initiative. At the same time, implementing rigorous science within an engaged community partnership implies or requires intensive work to maintain community understanding and input into design and methods. (Figure 2.5)

ACKNOWLEDGMENTS

We would like to thank the board of directors of Healthy African American Families II; Charles Drew University School of Medicine and Science; the Centers for Disease Control and Prevention, Office of Reproductive Health; the Diabetes Working Groups; the Preterm Working Group; the University of California Los Angeles; the Voices of Building Bridges to Optimum

Health; Witness 4 Wellness; and the World Kidney Day, Los Angeles Working Groups; and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

This work was supported by Award Number P30MH068639 and R01MH078853 from the National Institute of Mental Health, Award Number 200-2006-M-18434 from the Centers for Disease Control, Award Number 2U01HD044245 from the National Institute of Child Health and Human Development, Award Number P20MD000182 from the National Center on Minority Health and Health Disparities, and Award Number P30AG021684 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Centers for Disease Control.

REFERENCE

1. Jones L, Wells KB. Strategies for academic and clinician engagement in community participatory partnered research. *JAMA* 2007;297(4):407-410.

The Vision stage is the development of the agreed-upon framework for the study, including identifying the issue, the community, the stakeholders, and major aspects of the approach. Achieving the Vision requires planning through a Framing Committee, agreeing on a vision by sharing perspectives and identifying commonalities or “win-wins” that hold the partnership together for community benefit, and evaluating the emergence of the Vision and the partnership. Here, we review tools and strategies. (*Ethn Dis.* 2009;19 [Suppl 6]: S6-17–S6-30)

Key Words: Community-Partnered Participatory Research, Community Engagement, Community-Based Research, Action Research

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INTRODUCTION

Developing a Vision is the first stage of a Community-Partnered Participatory Research project. While all stages are critical to success, in some respects the Vision is the most important because it sets the stage for all that follows: what is to be done, why, and the value of the work from the perspectives of different individuals and agencies. Without agreement on a Vision, individuals and agencies can be at odds or pull in different directions. Given the diversity inherent in community-academic partnerships, the Vision grounds the project, is a cornerstone to resolving tensions, and a source of inspiration for all involved. It is the heart of the project.

A Vision can be defined as the large idea underlying the project. It can also describe its purpose and specific goals. A Vision can include a framework or context for the project by describing: what the issue is; how it came to the attention of the participating partners; the history of the issue in both the community and academic partner institutions; what is known about the issue in the community and the academic literature; and how this particular issue relates to other important concerns of the community and academic partners. The work of the Vision stage is to develop the large idea, ground it in the work and perspectives of the partners, bring additional partners to the table who contribute to its selection and shaping, understand the context for the issue and history for the partners, and outline options for obtaining feedback to refine the issue through partner and broader community input. We refer to this process as framing.

Framing is a complex concept that involves a process of relationship-build-



Fig 3.1. Vision

ing, discovery and consensus development and, it is clearly its own work phase. In Community-Partnered Participatory Research, framing is never a simple matter of two or three people deciding on the project in a top-down fashion. The participatory partnership process is central to developing a Vision, and to the overall partnered approach to the project within the Vision stage (and, for that matter, in all stages). If an issue is pre-selected and pre-framed, it can be difficult or impossible to recover a true spirit of equality in decision-making.

Below, we discuss and illustrate the activities at the Vision stage within the structure of the “plan-do-evaluate” cycle.

PLAN

Planning is necessary to set up the process by which the Vision will be developed, and to develop the resources,

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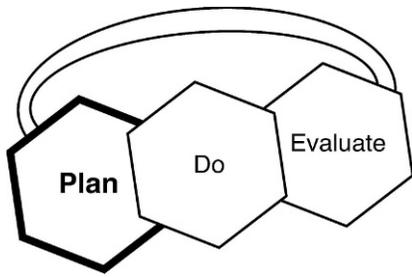


Fig 3.2. Plan

partnership and information base to select and set the context for the Vision.

Planning involves several key tasks. Each can be the starting point for further planning, provided that all key tasks are undertaken. The tasks are:

1. Set up a planning structure (including the Framing Committee, working groups, and the community at large).
2. Define the community for the potential initiative.
3. Decide who should be at the table for planning, given an understanding of the community.
4. Develop specific planning goals (this includes clarifying and developing resources for the initiative, and developing an agreement on the partnership principles).

Each is briefly discussed below.

Set Up a Planning Structure

Community-Partnered Participatory Research initiatives have three main structural elements: the Framing Committee, working groups, and the community-at-large. (Also see Circles of Influence in Chapter 1).

Framing Committee

The Framing Committee is a small group, typically between 5 and 10 members, who plan and launch the initiative and provide leadership throughout the project. The Framing Committee should include equal representation of community members and researchers, and should be co-led by one

or more community members and an academic researcher.

The Framing Committee should include a diverse set of researchers and community members. It can be useful to include members with whom you have worked before, but be sure to guard against exclusivity. Community members should be “bridge builders”; that is, community leaders who understand and embrace the goals of the coalition and who can encourage other community members to become partners as well. Qualities to look for include enthusiasm for community improvement, the ability to constructively address resistance, strong relationships with community members and organizations, and the willingness to commit time to the intervention. (Note: As outlined in “Guiding Principles for Community-Partnered Participatory Research” in Chapter 2, both researchers and community members should be paid for the time devoted to the project.)

The Framing Committee will evolve throughout the project. At the Valley stage, the Framing Committee, with additional partners, becomes the Council that supports implementation efforts.

Working Groups

Working groups should include a diverse set of researchers and community members, all of whom have embraced the Vision. Working groups are responsible for specific tasks. Usually, members of the Framing Committee also serve on one or more working groups. The size of these groups can vary. Whenever possible, each working group should be co-led by an academic researcher and at least one community member. Working groups may or may not be necessary at the Vision stage but are critical in the Valley stage.

Community-at-large

This includes those members of the defined community that are not a part of the Framing Committee or working groups. Both the Framing Committee

and the working groups must keep the larger community informed about the intervention and its progress, provide ways for the community to give feedback, and encourage involvement. The project should provide support and resources to keep the intervention alive and relevant to the community.

Define Community

Defining community is a critical part of Vision planning (although continuing flexibility is important: the process of defining the community may be refined throughout all stages of the project). The definition of community will guide who should be involved in framing the project.

There are many ways of defining a community, and the definition may vary with other features of the Vision, such as the issues being addressed, the partners bringing an initiative to the table, or the history of the issue in the community. We found that there is no universally applicable definition of community. Defining community is a dynamic process that emerges from planning (and may continue throughout the project); but, the planning process begins with a first cut at a definition.

A community may be based on a common characteristic, such as religion, ethnicity, or income level. For example, an initiative may arise from concerns of a particular cultural group, such as recent immigrants concerned about access to healthcare, or a group of pastors wanting to offer social services to community members in their area. A community may be defined by shared interests or concerns, such as individuals interested in improving housing or neighborhood safety. A community may be defined by a common communication channel, such as persons reading a newspaper, sharing a bus or train route, or an Internet chat group. A neighborhood or geographic area is a common way of defining community in community-based initiatives and in research studies. There are other ways

of defining a community, and all of these examples would be suitable to an initiative that addresses the concerns of these “communities” and others relating to them.

Regardless of how community is defined, the partners should guard against a definition that is too limited. For example, a definition based on neighborhood in a large urban setting may be problematic because people may cross neighborhoods for different services. A definition based on ethnicity or religious group may be problematic if the issue, such as violence, cuts across groups within an affected geographic area.

We have found that for many health initiatives, a useful definition of community combines both geographic and social network elements: a community consists of persons who live, work, or socialize regularly in a given area. Thus, a given individual may be a member of multiple communities, and those who live in a community share their community with others who have a regular presence in the community. Researchers who work in and with a community are also members of that community.

This definition of community emerged in our discussions with groups of community stakeholders who reflected on a sense of co-ownership of their community with others they worked or worshipped with, whether or not they lived in the community. This definition encompasses many others and is broad enough to encourage participation from a wide range of community partners.

A portion of your planning efforts should be dedicated to considering options for how the community of interest is defined. There is no one answer. Generally our experience is that the community members in the planning process should be given the lead for defining the community, with academic partners available for comment or consideration of implications given the strengths and histories that they offer to the partnership process.



Tip: Watch Your Language!

Language can reveal habits of thought. If you find yourself over-using words such as “you,” “they,” and “them,” you may – perhaps unknowingly – have developed an “us vs. them” mentality. Such an approach can destroy a community-academic partnership.

The language of community engagement is inclusive, not exclusionary. It uses words like “we,” and “our.” Community engagement projects aim to include, value, and unite all participants. Instead of “they” – try saying “we”!

What should you do if you find that you’re misspoken? Apologize and re-frame!

When referring to the community, don’t use “their community” or “your community,” but instead, “our community.” Every member of the initiative is part of the community for that initiative, community and academic stakeholders alike. Enjoy your inclusion in the community and welcome yourselves to the table!

Fig 3.3. Watch your language

Decide Who Should Be at the Table

As the process of defining the community unfolds, the first question to ask is: Who is to be involved? Who are the key partners for planning, both on the community and academic sides?

Who is included affects many aspects of the Vision: what potential issues may be important, who the other community partners may be, what resources are brought to the table, and what impact the project may have, for whom. Deciding who to include in a Framing Committee is a balancing act between: 1) representing a broad cross-section of the community and having an open table, while 2) simultaneously ensuring a manageable planning process. However, beware of making the group of people at the table too small. The greater risk is not having enough diversity at the table and not mobilizing enough community support or resource-

es that could help the project. Given that community-academic partnered research can be a lot of work, a good general policy is to create an open table, actively recruit a diverse planning group, and give people interesting things to do as part of planning. If too many limitations are set too early, the restrictions can limit the availability of resources or set up a tone of exclusivity that damages the broader community value of the project.

Most importantly, initial membership decisions should create a sense of equal access for all. For example, you can safeguard against exclusivity by including individuals from different sectors, ethnicities, and social advocacy groups to check and balance the planning process. In general, anyone in the community who is willing to work on improving the community’s quality of life is qualified to be a working group member.

Table 3.1. Potential Incentives for Participating in Engagement Activities

<i>Community at-large</i>	a) Directly affects the community as a whole; eg, safer neighborhoods, better schools, equitable housing, accessible health facilities, community watch programs, child-friendly environments.
	b) Indirectly affects individuals in the community, depending on the type of change; eg, improved care for depression, improves lives of friends or economic base of community.
<i>Community-based organizations</i>	a) Provides recognition and acknowledgement for community, political, and financial support.
	b) Implements mutually beneficial goals, shares resources, provides networking opportunities.
<i>Business community</i>	a) May increase market share or revenue.
	b) Enhances positive image within communities/service markets.
	c) May provide tax write-off.
<i>Hospitals</i>	a) Prevention or reduction of trauma or disease.
	b) Improved health outcomes.
	c) Community, political, and financial support.
	d) Improved efficiency or effectiveness of healthcare delivery.
	e) Positive image within communities/service markets.
	f) Stabilization of 501(C)3 status (many hospitals are undergoing greater scrutiny regarding their not-for-profit status).
	g) Greater employee satisfaction, which leads to lower turnover rates and better patient satisfaction.
<i>Government</i>	a) Increased credibility.
	b) Deeper understanding of the issues; improved ability to create effective policies, programs, and services.
	c) Savings in time and money by addressing community concerns early on.
	d) Improved trust with the public.

The strength of the Framing Committee is the sum of the capacities of its members. Seeking a broad representation of active members and maintaining an open door are critical to success. This can mean actively recruiting sectors not immediately present. Here is where having a definition of community, developed earlier in the planning process, can be especially valuable. You are now in a position to ask: Who needs to be at the table? Who is here already? Who is not?

Academics can help ask these questions, but most typically, community members who are participating will have a sense of who could be helpful at the table. Then a process can be set up to approach individuals and organizations and build some awareness of (and, hopefully, the beginnings of support for) the project within the community. The approach to those individuals should be partnered (both academics and community members should participate). The goal is to ensure that the partnership as a whole, not just individuals already known to the community, develops a growing capacity to engage community stakeholders.

In thinking of stakeholders to include and to encourage their participa-

tion, it is useful to think of the possible benefits of participation. Community engagement is a win-win situation for all participants, so collaboratives must be mindful of identifying wins for all stakeholders. Examples of such benefits are outlined in Table 3.1.

Table 3.1 can be used as a guide to find more specific incentives for particular types of organizations. For example, schools and faith-based agencies might be convinced to participate if they see a potential benefit for their primary mission. Schools may desire to have greater parental or other community involvement in education programs; whereas faith-based leaders or members might particularly care about social justice or a sense of spirituality and commitment in the community. Across different stakeholders, the balance of goals, incentives and resources can make for a rich bed of support for the project.

Partners can share their goals and help each other throughout the project. For example, a community initiative addressing violence prevention might help reduce school children's anxiety, make it safer for people to use public parks or transportation, or lower hospital death rates. Clarifying incentives and

identifying potential ways that organizations can benefit can help bring needed partners to the table. Each partner will help shape the Vision, which, like the Framing Committee, will grow and develop over time. As the Vision evolves, it will sometimes become clear that there are still important partners who are not yet at the table. Identifying and reaching out to these partners is a continuous process and will occur throughout the course of the project.

Develop Specific Planning Goals

Core responsibilities of the Framing Committee at the Vision stage, apart from framing the broad Vision for the initiative, are: to clarify and develop resources for planning and subsequent stages; and to develop an agreement on partnership principles that can guide the planning process. These activities should be included as ongoing agenda items.

Clarify and Develop Resources for the Initiative

Many Community-Partnered Participatory Research initiatives have a very broad potential scope, such as seeking to eliminate or significantly reduce neighborhood violence. This

broad scope could involve many people working together over many years to achieve success. When partners come to the table, whether from community or academic perspectives, they typically want to know how often they will meet and for how long (what the commitment is), and what will be required of them and their agency in terms of resources. They may have to negotiate terms of their participation with someone else (an agency leader, their family), and balance their participation with other commitments in their life.

An early task of planning for an initiative, as the Framing Committee forms, is to clarify initial expectations and tangible resources available. Are there funds to pay people for their time? There should be funds for community members unless prohibited by their agency, just as there is salary support for academic members. Are there funds to support staff or pilot projects? Are funds available to compensate agencies for contributions they make, or is such compensation expected “in-kind”? Are there funds for research components, such as payments to participants in surveys or focus groups? Will such funding be sought? These and other questions about resources, timeframe, and expectations for the project overall, and the Vision phase specifically, should be posed early and repeatedly, clarified by the leadership, and made transparent to members.

Depending on available resources, decisions may need to be made about how to keep participation broad and equitable. For example, in one phase of our Witness for Wellness project, due to some limitations on funds for community member payments, the Council overseeing the initiative decided to limit stipends for community members to cover participation in one work group per individual per month. (Fortunately for the project, a number of individuals voluntarily chose to participate in multiple groups without additional compensation, but this level of volun-

teerism should not be expected or taken for granted.) Funding should be regularly monitored by the Framing Committee, or the project can develop a reputation for not having realistic expectations or for taking advantage of people. If funds are not available, initial expectations for work should be modest and the search for additional funding should begin immediately.

Develop an Agreement on the Partnership Principles

Chapter 2 outlined values and operational principles for community-academic partnered research. These values and principles should be reviewed as part of the planning for the Vision stage, so that from the outset all who become involved understand the “rules of engagement” for this form of partnered research. We found it extremely helpful to develop a detailed Memorandum of Understanding, signed by all partners, that documents the principles that guide the project and the rules of engagement that ensure the principles will be followed. We have also found it helpful to develop a project-specific “Orientation Manual,” so that as new members joined the project, they not only understood the origins and history, but also had a summary of partnership principles that they then could see in action in meetings (for example, community-academic co-leadership and equal voting on major decisions). The discussion of principles should begin with the first meeting of the Framing Committee.

DO

Frame the Issue

With a structure in place, the community initially defined, a process set up to bring people to an open table, resources initially clarified, and partnership principles discussed, the main work of the Vision stage is ready to begin: a detailed framing of the issue and its

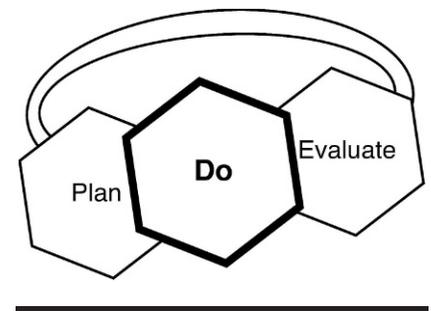


Fig 3.4. Do

context. This work is actually a continuation – the initial work on framing the issue will have begun from the first meeting and is perhaps the single most motivating factor for initiative participation.

The issue, or overall goal of the initiative, should be one with both community and research relevance. There are different ways of arriving at an issue and setting its context and history, and no one rule applies. Most arise because of either a concern of the community (for example, the hospital closed; there’s a problem with our water or air; school violence has increased) or a history of findings from research groups (for example, we have successful depression interventions and would like to learn how to get them applied in the community [this was how our project, Witness for Wellness, began]).

Sometimes, an issue is defined because partners want to work in a certain way. For example: we want to work on an important issue that also builds a collaboration between the police and the schools; or we want to learn how to apply a quality improvement framework to a community issue. It can be helpful for the Framing Committee to anticipate that there can be both a direct approach to issues (this is what’s important to us) and an indirect approach through the process of building an infrastructure (this is the kind of partnership we want to develop), and that both are legitimate starting points. In both cases, however, the framing of the issue emerges from

the Framing Committee discussed above, within the context of the experience of the defined community.

This approach differs from the more traditional “top-down” approach to community involvement, which at best seeks limited advice from a community board. The more traditional approach often defines an issue based on a needs assessment, an identification of a problem, performed by researchers. The needs assessment focuses on a deficit-based model (finding unmet needs). The researchers then develop hypotheses or predictions of cause and effect, propose interventions and evaluate them. At some point the researchers may involve community members to test feasibility or to recruit subjects.

The funding process and the academic promotion system, which rewards independent scholarship and leadership rather than contributions to the community or team membership, drives this traditional approach. Normally, potential funders (both government agencies and private foundations) expect to see the research hypothesis, rationale, background, needs assessment, methodology and planned evaluation techniques **before** they decide whether or not to award funding, which can span a two-year process during which the community is not engaged. The result: the project is planned, usually with limited community involvement, long before the work actually begins. At this point, it is too late to develop a true community-academic partnered project. However, the researchers may ignore or simply be unaware of the problem, because partnership over time is not a traditional research priority. The researchers do the project, publish findings, and move on to the next project (probably addressing a different issue in another community).

Within a Community-Partnered Participatory Research initiative, we promote a shared process of defining an issue and its context and developing

from the broader issue a set of specific objectives and action plan that are valued by and co-implemented (or even largely implemented) by community representatives with academic support. Under this model, it is important for the leaders to tolerate the frustration of it taking time for issues to be defined in terms that are valued by the community—whether initiated from the academic or community side.

For example, in the Witness for Wellness initiative, the initial idea of focusing on depression came from a 10-year history of academic research that carried significant implications for underserved communities. However, the process of exploring whether this was a fit for a community-partnered initiative involved months of shared discussion with a Framing Committee, in which concepts of depression were shared, examples discussed, and controversies over treatment approaches explored. Framing Committee meetings also included presentations from knowledgeable academic and community providers, testimonials from consumers, visits to local institutions concerned with community history, car rides through neighborhoods, and other fact-finding and relationship-building activities. This process led to a strong agreement, after community input, that depression was an important but seldom-discussed priority. That realization led to the framing of the issue as engagement of a diverse community in considering and taking action on the problem of depression. That is a very different framing of the issue than the initial goal of determining how to implement evidence-based depression care for each individual who suffers from depression. In essence, community input helped broaden the issue to include community action.

As the example above illustrates, issues come to light either because they are specifically proposed by concerned individuals, or through a more systematic process of engaging a partnership

and community to outline priorities and select among them the best candidates for taking collective action. Either way, the initial set of potential issues is considered, explored, and brought back to the fuller community for input and a “temperature reading” on its importance and what kind of action might be good both short-term and long-term.

Key processes involved in framing the issue are: Discovery (fact-finding, or assessment); Community Check-Point; and Preliminary Issue Definition.

Discovery (Fact-finding or Assessment)

The word discovery suggests that different approaches are valued as ways of identifying potential issues, depending on what methods work and are acceptable in the community. Discovery can occur when experienced leaders “listen” to members of the community at-large or to academic investigators, and hear an issue that may be of promise to build new capacity for the community. Discovery may occur when members of an agency or the community at-large develop a passion or are concerned about an event, and talk to others they know about how to make a difference. Discovery can start with research findings, as researchers search for implementation opportunities. Sometimes, funders are concerned about an issue and put out calls for research or community action.

Within an established partnership, discovery can occur through a systematic process, such as an assessment of local community priorities for health-related action. More systematic methods of discovery include: community surveys; discussion groups or focus groups; stakeholder interviews; review of newspaper or magazine clippings, maps; or observations of neighborhood risk factors. As partnerships evolve and are sustained across multiple projects, a variety of methods of discovery may be used at different times to identify potential issues.

For Community-Partnered Participatory Research initiatives to take hold, however, regardless of the initial discovery method, the potential issue or issues should be advanced quickly by community leaders for informal check-ins with representatives of the potential community that may be involved. For example, community leaders or representatives could host a breakfast meeting and invite 10–20 people from the community to chat about an issue.

Questions that may be relevant to pose at such informal check-ins include: What do people think of the issue? What does it mean to the community? Is something already happening on this issue? What language is used by community for this problem? Are there special concerns about how to approach this area? Are there new opportunities for making a difference or creating change?

Based on initial feedback, the project leaders may have an informal sense that an issue with common appeal to community members has been identified. The idea is not to claim broad representativeness of opinion, but to determine if this is an issue that leaders and community members, who have not necessarily been preselected to hear about a particular issue, can identify with and see as relevant. Not all issues for partnered initiatives need to be broadly appealing; some may be seen as important only to a select population that is directly affected. In general, however, a partnered research project thrives best when the average community member can see its relevance, even if the community member is not directly affected. Many health and medical issues fall into this category.

The next step is to define the issue further, understand its meaning and relevance to different stakeholders, clarify incentives of stakeholders to address the issue, and learn about the history of the issue for the partners, and for the community of interest.

This is a good time for a more formal Vision exercise. The goal of a Vision exercise is to stimulate awareness of common elements, as well as differences in perspectives on both the meaning and the central issue and on the desired outcomes of a project among the diverse members of the Framing Committee. Other goals are to build relationships among members of the Framing Committee, and to set the stage for commitment to the project by clarifying similarities and differences in incentives for participation.

Examples of the underlying questions to pose include: Who are the relevant stakeholders for this issue? (examples: community agency, community at large, policymakers, academics). What is the meaning of this issue, from the perspective of each stakeholder? What are the outcomes that could be achieved by addressing this issue, from the perspective of that stakeholder?

These questions can be asked of the specific stakeholders present—but that can put pressure on a given stakeholder or increase the sense of “we-them” by focusing too much on group differences (for example, in resources) at an early stage. Another approach that we more commonly use to avoid this problem is to ask each Framing Committee member to answer the question for each type of stakeholder; then we arrange the answers by stakeholder type (rather than by specific respondent). This exercise asks each member to put themselves in the shoes of each of the relevant types of stakeholder, and imagine the issue or outcome from that stakeholder’s perspective.

As a group, we then can examine what we have learned about the issue, incentives, and outcomes for each stakeholder. We talk about differences and similarities, and define what a “winnable” issue is from diverse stakeholder perspectives. Alternatively, we break the large group into subgroups, where each subgroup describes the perspectives of a given type of stake-

holder and reports back to the large group. In this way, everyone becomes involved and can problem-solve in teams within the Framing Committee, building relationships while allowing people to focus on a manageable portion of the input.

This kind of visioning exercise can be very effective, and should be conducted so as to be engaging for all participants. We have used a variety of approaches to keep things fun and level the playing field. For instance, we have used different colored yarns to represent different stakeholders or different issues, and ask people to throw the yarn (while holding a piece) to another member to pose the relevant question (about the issue or stakeholder), alternating their throw with that of another member who starts with another color of yarn (about another issue or stakeholder). As the exercise proceeds, a network of colored yarn forms around and over the table, showing the interconnections of stakeholders and issues, tangling everyone in a connected web of multi-colored yarn, and making the Visioning exercise more entertaining.

Puppets can be very effective in encouraging discussion. Each puppet becomes a stakeholder “character” with a specific point of view. People speak in the voice of the puppet (often using a distinctive funny voice for that puppet) to share that stakeholder’s perspective. We have found that people reveal more emotion (such as anger or awareness) in play than they might without the puppets. Sometimes, people get so engaged, it’s hard for them to return the puppets after the meeting!

We also use a story, an adapted version of the Grimm Brother’s tale *Stone Soup*, in which people bring different assets to the table and show how we need each other; this can be incorporated into the Vision (the strengths we have to address the problem).

As the project uses different approaches to develop and shape the Vision (the issue and its history in the

STONE SOUP

Once upon a time, in Eastern Europe, there was a great famine. People hoarded whatever food they could find, hiding it even from their friends and neighbors. One day a peddler drove his wagon into a village, sold a few of his wares, and began asking questions as if he planned to stay for the night. "There's not a bite to eat in the whole province," he was told. "Better keep moving on." "Oh, I have everything I need," he said. "In fact, I was thinking of making some stone soup to share with all of you."

He pulled an iron cauldron from his wagon, filled it with water, and built a fire under it. Then, with great ceremony, he drew an ordinary-looking stone from a velvet bag and dropped it into the water. By now, hearing the rumor of food, most of the villagers had come to the square or watched from their windows. As the peddler sniffed the "broth" and licked his lips in anticipation, hunger began to overcome the villagers' skepticism. "Ahh," the peddler said to himself rather loudly, "I do like a tasty stone soup. Of course, stone soup with CABBAGE -- that's hard to beat."

Soon a villager approached hesitantly, holding a cabbage he'd retrieved from its hiding place, and added it to the pot. "Capital!" cried the peddler. "You know, I once had stone soup with cabbage and a bit of salt beef as well, and it was fit for a king." The village butcher managed to find some salt beef...and so it went, through potatoes, onions, carrots, mushrooms, and so on, until there was indeed a delicious meal for all.

The villagers offered the peddler a great deal of money for the magic stone, but he refused to sell and traveled on the next day. And from that time on, long after the famine had ended, they reminisced about the finest soup they'd ever had.

Fig 3.5. Stone Soup

community), the findings or story should be documented. The array of stakeholder perspectives, for example, can be documented in a table or in meeting notes. Graphical representations are very helpful to quickly convey complex ideas. As the meetings continue and the Vision becomes clearer, with stakeholder perspectives, meanings, story, and context all shared, the group develops a history that is available to all members of what the "issue" means, why it was selected, how it plays out in the community, and what the initiative is likely to mean when presented to the broader community. This history should be documented through a manual, website, or other means in order to share it with new leaders who enter the

project, or with members of working groups in the Valley stage, thus, familiarizing newcomers with the original concept of the Vision.

Along the way, it is possible that the Framing Committee will decide to engage in a more formal process of assessment, more typical of a needs assessment in academic research projects. A systematic assessment might involve a community survey, set of formal stakeholder interviews, or focus groups. If these activities emerge from a Vision stage and have broad community support, they may then constitute a main project (a discovery project) that can have its own Vision, Valley, and Victory stages, leading to a next (intervention) project.

In vulnerable populations, needs assessment without action often may be unpopular or seem exploitative, so we tend to encourage a more engaging and focused assessment effort to frame a CPPR project, followed by a rigorous primary project designed to do something about the issue.

As the sharing process proceeds, some particularly salient exchanges will occur. Sometimes conflict flares up or emotionally touching moments occur in the group. These "hot spots," whether within the Framing Committee or among members outside of formal meeting time, are extremely important for leaders to identify. They present new opportunities for partnership growth or Vision clarification. Typically, such "hot spots" are signs that an important issue is being discussed. Both the strong feelings and the perception that an issue is important can be useful in framing the issue. Leaders should not be afraid of strong emotions and should learn to value authentic, constructive interactions as important signs of the potential of the project.

In the Witness for Wellness initiative, for example, academic and community members of the Framing Committee became aware that each group defined depression differently. Academic members were more focused on a clinical view of depression as a diagnosable psychiatric disorder; community members were more focused on a social and community view of depression as emerging from community stresses and victimization. In one memorable meeting, an academic member read aloud a poignant letter received from a participant in a research study about her experiences with life struggles and depression, and cried while reading the letter. A strong bond emerged between community and academic members over a new sense of shared vision for working together to relieve the burden of depression.

Regardless of how the initial Vision is developed, the members of the



TIP: Begin Where the People Are

Listen to what the neighborhood has to say. Identify the issues together. Conduct open dialogues with community representatives to encourage sharing of lived experiences. Encourage explorations of strengths as well as problems, remembering that strengths afford keys to solutions and resources to implement them.

Fig 3.6. Begin where the people are

Framing Committee should use a strength-based approach in exploring issues and framing the issue context. Developing a Vision should be a positive experience for the community (regardless of the issue) while building capacity for community planning. Not all interventions developed under a community-academic partnered framework will be effective, but the process of developing and evaluating the intervention should be effective for bringing hope for improvement and developing a community leadership capacity for health improvement.

Community Check-point

Host an early meeting where community members can listen to your initial ideas and provide feedback. At this meeting, hosted by the Framing Committee, community members should voice what they would want to achieve by participating in the project. This process can unite members of the group, involve them in achieving a solution, and help build the community or organization.

The community meeting can have different kinds of settings, purposes and structures, depending on the nature of the issue and its history in the community. The more challenging the problem, the more thought may need to be given to the key step of obtaining community input. For example, a sensitive topic such as depression might require an initial step of input through a breakfast meeting of community members, or a more intermediate step of a workshop with, say, 50–70 community

members and leaders, followed by a larger community conference (our first community depression conference had more than 400 community members). On the other hand, a more commonly discussed problem such as diabetes, with less-associated social stigma, might proceed directly to a major conference in a high-profile venue.

The structure of conferences is important to obtaining useful community feedback. For example, it is important to share with the community some of what was learned in the planning efforts, so we typically include several presentations, by community and academic members, on information about the issue, summaries of what we've learned in the discovery phase and visioning exercises, and something engaging such as a short film. A large group presentation of this nature, which also introduces the members of the Framing Committee and features their diversity in leading the project, can be coupled with small group breakouts where the main input is obtained. For the Witness for Wellness initiative, a one-day conference was held. The morning was spent in presentations, a lunch was provided, and the afternoon was spent in breakout sessions in which community members offered their perspective on depression and how to address it. Documenting the input is important, through notes either by staff or community members or both. Audio or video taping may be a possibility to share the process with others who cannot be present. You will need to obtain written permission of attendees

for any recording, and ensure that those who do not want to be recorded can still participate.

Community input may also be obtained through innovative means, such as hand-held audience response systems where the results are immediately posted and shared with the audience (anonymously of course!). This method, which is used in popular television shows such as “Who Wants To Be a Millionaire?” can create an atmosphere of fun and shared participation. We used this approach for a community feedback session for the Witness for Wellness initiative, with the result that an otherwise gloomy subject was presented in an engaging manner, with music between presentations and other features such as small gifts and information brochures, to give the audience something to take away with them. For such events, we ask local merchants to donate food, movie tickets or small gifts.

Regardless of how the feedback is obtained, the Framing Committee should assure that the input is documented, synthesized and reviewed in a transparent manner. The feedback session is not about rubber-stamping a pre-developed agenda, but about truly determining whether and how this issue or set of issues can engage the community in order to proceed to the next stage. Further, a community feedback conference at this stage offers both an opportunity to celebrate the work so far, and is a major venue for recruiting working group members for the Valley phase. For example, from the first Witness for Wellness community conference, which had more than 400 participants, about 90 were recruited as active working group members, including the community leaders of all working groups.

Conferences of this nature are also an important opportunity to bring in policy leaders to become part of the process, as well as academic institutional leaders to support the academic part-

ners. This can become the starting point for a community and academic policy advisory board that supports the main phase of the project. Such leaders should be given a visible role, such as providing a welcome or giving a quick greeting.

Preliminary Issue Definition

Based on what has been learned, the Framing Committee then proposes a preliminary definition of the issue and may also have enough information to propose a preliminary intervention or set of action plans leading to an intervention. To do this, the Framing Committee reviews what it has learned from the summaries developed for the community feedback session and discusses the feedback from that session, such as survey results, themes from breakout groups, and committee members' own impressions of reactions and comments. What have they heard? Is there broad community support, or only for a certain portion of the problem, or for a certain step? Where are the vulnerabilities and who is most vulnerable? Are there political sensitivities? Do leaders seem supportive both in the community and in academic institutions? Are there special opportunities at hand, such as an agency (a school system or faith-based agency) with resources to initiate a project? Is a partnership of that type desirable and feasible? Or would it go in a different direction than that supported by the community?

After considering such questions, the Framing Committee is likely to have a sense of what the issue is, in language used by and familiar to the community, that will engage the community in action that can be supported broadly in the community. They will likely have a list of interested players for working groups, and may have a sense of the likely work domains or even of a potential intervention that represents an achievable first step. They may have a sense from the discussion of the



Tip: Do Your Homework!

Your community is probably not the only one facing the issue you've identified. Chances are that other communities are working to address similar issues – and that some have achieved significant success. Find out what other communities are doing. Then you can apply their know-how to your own situation. Ask:

- What action steps proved to be the most effective?
- How they reached their stakeholders?
- What community organizations and groups contributed the most?
- What are the expected (and unexpected) challenges ahead?
- Who the decision-makers were?
- What were the leverage points (the areas where policy can be changed)?
- Have they documented their approach?
- Are they willing to share and consult or collaborate?

Fig 3.7. Do your homework

capacities that need to be built, and the special community or academic opportunities, and if so, the time frame for taking advantage of them.

The Vision stage often ends with a call to action for a new initiative that has been developed through the partnership and is community-owned. If leaders have been thoughtful and lucky, they may have a sense of likely funders to approach for the main phase.

The final set of activities in the Vision stage include: setting up the structure of the next phase, specifying the mission or broad goal for each specific working group; and branding the initiative, for example, through a title, logo, or other public representation that reflects the mission and honors the community's voice. Having a clear charge for working groups helps link the next stage to the mission, and branding helps the initiative gain traction in the community.

The Vision stage will probably last approximately 3 to 6 months, with 1–2 additional months for follow-up on the community feedback and transition to the main project working groups. Although this may seem like a long time, this time period is actually minimal for the tasks that need to be

accomplished: building trust among members; listening to the community; establishing good relations with a wide variety of community groups, organizations, and individuals; identifying community issues and strengths; sharing perspectives and learning about context; obtaining community feedback; and synthesizing it all into an issue, mission project image, and scope of work.

EVALUATE

As with other aspects of the initiative at each stage, the evaluation activities should be partnered, with community and academic co-leadership. Evaluation is critical at the Vision stage for: 1) framing and using the data from

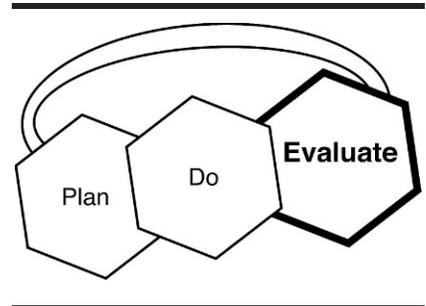


Fig 3.8. Evaluate

visioning exercises; 2) identifying and describing the characteristics of a defined community; 3) synthesizing information on what has been done about a problem, what exists in the literature, and the current status of the issue in the defined community for the initiative; 4) specifying issues for community feedback and collecting and analyzing that data to frame an issue; 5) describing the process of development of the Vision; 6) monitoring the evolution of the partnership, and (7) determining whether the partnership has achieved authenticity in terms of adhering to its core values and operational principles.

In general, the full toolkit of evaluation methods apply to these purposes, including focus groups, review of historical data, interviews, formal surveys, and other methods. Some excellent texts on how to apply evaluation methods within a participatory research framework include Barbara Israel's book, *Methods in Community-based Participatory Research for Health*¹ and Meredith Minkler and Nina Wallerstein's book, *Community-based Participatory Research for Health: From Process to Outcomes*.² In the Witness for Wellness partnership, we spent a full year hosting a "book club" in which this guidebook and other community-academic partnering methods and resources were reviewed. Academic and community co-presenters discussed chapters and articles, and a wide range of team members were present for the discussion. This was an important capacity-building exercise to expand the evaluation methods available to our partnership.

Because projects in the planning phase typically have relatively limited resources, we suggest identifying some commonly used data collection devices, such as slides from presentations, meeting notes, output of literature reviews, brief (one-page) process sheets collected at the end of the meeting about how the meeting went, existing reports, and field notes from field trips/interviews as the

primary data. Projects with fuller resources can engage in a more rigorous set of data collection activities at this stage.

Evaluations are typically conducted by having a set of potentially answerable, clear evaluation questions; identifying the evidence or data needed to answer the question; deciding on a design, such as whether groups are compared or simply being described; deciding on a data collection method; and analyzing and summarizing the data.

In a community-academic partnered project, each step in the evaluation process is shared, even though some delegation may occur, depending on the level of time and resources to support capacity building. For the Vision stage of the Witness for Wellness project, for example, we developed an approach that combined meeting minutes with "scribe notes," which were notes identifying major issues and the emotional tone of discussions, observations of interactions and how questions and answers flowed, and action items for major decisions. The minutes also documented all action items: what is to be (or has been) completed, by whom, when, and the support needed or used. For research purposes, these data sources were used to describe the process of developing the goals for the project as a whole, as well as the content of specific action items.

Many of the activities involved in conducting visioning exercises result in a database to document and evaluate project progress. For example, when we have asked committee members during framing to identify desired outcomes of an initiative from the perspective of different stakeholders, the resulting grid of issues by stakeholder is a dataset that informs visioning and also documents how we arrived at the Vision.

For work that engages communities that have either been subjected to research abuses, or have suffered from discrimination or other forms of social repression, the concept of participation

in research and evaluation can be threatening and can have quite negative connotations. These negative connotations can be worsened when the academic participants are from a dominant culture (eg, Caucasian) associated with having supported such abuse, while the community participants primarily represent another culture that is either historically underserved (such as Latino or some Asian American groups), has a history of extensive repression or abuse (such as African American and American Indian), or otherwise has a vulnerable or stigmatized social status (persons with HIV infection, gay/lesbian, vulnerable elderly or young children, for example).

It is important to identify these broad concerns or potential concerns in the partnership or community at-large. Discussions with the community should not be limited to the history of the issue per se. Community discussion, framing, and reviews should cover the proposed partnership and the proposed methods, including research and evaluation.

It may be important to find ways of explaining the benefits research offers. For example, one can refer to commonly available medications, or safety features such as seat belts, and the role of research in making those technologies available. Further, clarifying the histories of abuse and areas of concern that apply to specific populations can be useful, as well as describing the safeguards in place to prevent abuses and monitor the research. Typically at the Vision stage, for example, we have sessions for the partnership on human subjects' protection issues, and we encourage either community members with extensive human subjects' protection experience or lead administrators at the academic institutions to act as consultants to review human subjects' aspects of research and the applicable protections. Active participation of community participants in the design, implementation, evaluation, and report-

ing of evaluation helps to build the trust in the evaluation.

Evaluations are based on a conceptual framework – what exists, what we'd like to achieve, and how we will achieve it. Conceptual frameworks are very important in research and, since a Vision stage is about identifying an issue in context and describing the history and meaning of the issue to the full partnership, in essence what is being developed is a conceptual framework. Such frameworks may even be informed by formal theories available in the academic sector, as well as by cultural histories and prior beliefs about how things work in the community. For example, an important concept that emerged through review of the scientific literature and from partnership discussion during the early stages of Witness for Wellness was that of collective efficacy, or the power of the community to take collective action to address an important problem like depression. This concept later became the topic of a main research paper from the project.³

We close this section of the Vision stage by offering one conceptual framework for evaluating partnership development in relationship to the community-academic partnered research framework. This model can inform the evaluation of partnership development throughout, beginning with the Vision stage.

A CONCEPTUAL FRAMEWORK FOR EVALUATING PARTNERSHIP DEVELOPMENT: STAGES OF ENGAGEMENT

The goal of a community-academic partnership is to make real, lasting, and empowering changes in the community. Achieving this goal requires an authentic partnership that evolves over time through different stages of engagement. How can a team know what stage of development applies to their partner-

ship? In particular, to complete the Vision stage and enter into the Valley, or main work, is the partnership fully engaged and ready to work?

We propose a model to consider partnership development that was inspired by the Stages of Change Model of Prochaska and DiClement.⁴

The Stages of Change theory suggests that different factors affect change and lead to the next stage, each having different intervention implications for each stage. For less-engaged partnerships, leaders may need to pay greater attention to developing new relationships, sharing perspectives to build existing relationships, and reviewing areas where collaborations are possible by encouraging the team to discuss possible “wins” or incentives for each potential partner. Matching up partners who have something to offer each other, or aligning partners around issues that match their needs and incentives, are ways of speeding up the engagement process. In addition, greater education may be needed on the expected course of partnership development, or by asking other partnership teams to share what they have learned about the advantages of working together.

At later stages, or with more fully engaged partners, these factors remain important but the emphasis can be placed more on the action plans related to an agreed-upon Vision. Then, partnership development activities might focus on consultation needed to meet technical demands of projects, formalizing understandings concerning sharing resources and credit for products, etc.

Change takes time and requires a major shift in perception. Before change can occur, community members must feel that it is both needed and possible, and that they are in a position to take action. If they are unengaged (no feedback to community at-large yet), community members may be almost unaware of the issue; or, if considering engagement, they may feel that the problem is a fact of life that nothing

can alter. During the project, they move toward exploring engagement (developing partnerships, exploring small changes), and becoming fully engaged (working together to take action and celebrating each step).

One of the most difficult steps is maintaining engagement, both in terms of the partnership and building on the work to build sustainable community capacity. It is common and natural for each group to revert back to what is formulaic and familiar. Working through such backsliding is an essential part of the community engagement process. A skilled facilitator is needed to mediate the discussions. For example, a partnership may develop a new level of trust, only to become deeply distrustful in response to an incident that seems minor to one party and not the other. Sometimes, action plans may need to be reformulated to be more engaging or more achievable.

Several examples of this occurred in the Witness for Wellness project. For instance: after more than a year of developing the partnership, framing the issue, and initiating the working groups, community members worked with academics within one working group to select a depression screening tool from several available tools. A formal rating process was established, with community members trained to review measures by consultants who explained their psychometric properties, such as reliability and validity, and the populations included in prior studies. After reviewing this information, almost all the tools were rated as excellent, with one slightly preferred. After the ratings occurred, the academic partners did further work on the costs of using the screening tools and found that the preferred tool involved costs, while others did not. The leadership therefore recommended using one of the other tools. Community members, however, were taken aback that the tool the group had designated as “preferred” had not been selected. The fact that the work on costs

Stages of Engagement

Unengaged

During this stage, change is not even considered. Community members may not see that the issue applies to them or to their community. Community members may be “in denial” or “immune” to the problem. Or, they may distrust academic members who are trying to initiate community engagement.

Considering Engagement

During this stage, community members are ambivalent about changing. They assess the barriers (e.g., time, expense, hassle, fear, etc.) as well as the benefits of change.

Exploring Engagement

During this stage, community members prepare to make a specific change. Small changes may be implemented as determination to change increases. Trying out a change, on an experimental basis, may be a move toward more widespread implementation.

Engaged

This is where real change occurs. Any action taken should be celebrated and publicized. Early “wins” should be recognized. Successes deepen the partnership and the partnered research capacity.

Maintaining Engagement

Maintenance and relapse prevention involves incorporating the change “over the long haul.” Discouragement over occasional slips is a danger; it may halt the change process and result in the community giving up. Most engaged communities find themselves “recycling” through the stages of change several times before the change becomes truly established.

Fig 3.9. Stages of engagement

was not done in advance, plus the amount of capacity building to enable informed choice by community members, stimulated a sense of distrust and betrayal; community members felt that the rug had been pulled out from under their good-faith efforts. This issue was the subject of considerable discussion that took months of leadership work to resolve.

In retrospect, the “fault” is not the decision, but the lack of appreciation by project leaders of the extent of preparation required to explain the iterative nature of the scientific selection (ie, it is hard to get all of the relevant information together at once, or sometimes

one’s thinking evolves through different stages of decision-making, and all of that is part of science decisions). Alternatively, there should have been more thorough homework prior to the rating process so that the selected tool could truly be honored. It is likely that “undoing” the preferred selection also triggered other community feelings about prior research collaboration efforts that generated a sense of distrust in research in general or in particular academic institutions involved.

What we have learned from such events is that they are important signals of when an issue needs attention, requiring all partners to work together

to nurture a relationship, redirect power (typically more toward community leadership), increase capacity for more technical work, or solve a policy problem.

To handle such events, which can sometimes feel like an insurmountable crisis, time-outs and mid-course evaluations may be needed, where all parties can be both honest and supportive of each other in re-committing to the change. Leaders should anticipate that such crises are often an inherent and common aspect of partnered research, not a cause for despair.

From the perspective of formative evaluation (ie, shaping an initiative

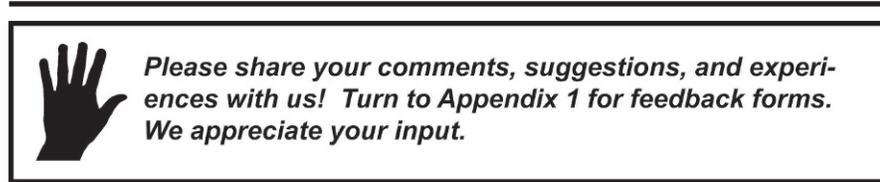


Fig 3.10. Share

through evaluation feedback), when a crisis occurs, one can turn to the project mission, the project operational principles, the minutes and any “scribe” or field notes to track what had been agreed to, and what action items have occurred. These data points, along with team members’ impressions, allow the team to reflect on what the crisis might mean for course correction. For example, leaders can clarify exactly what the project should be doing, which in some cases might be enough to resolve the crisis, which often arises from a misunderstanding or miscommunication.

Generally, partnered projects should be designed to accommodate a range of expected and unexpected consequences, curves in the road, and time to build on the lessons learned.

ACKNOWLEDGMENTS

We would like to thank the board of directors of Healthy African American Families II; Charles Drew University School of Medicine and Science; the Centers for Disease Control and Prevention, Office of Reproductive Health; the Diabetes Working Groups; the Preterm Working Group; the

University of California Los Angeles; the Voices of Building Bridges to Optimum Health; Witness 4 Wellness; and the World Kidney Day, Los Angeles Working Groups; and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

This work was supported by Award Number P30MH068639 and R01MH078853 from the National Institute of Mental Health, Award Number 200-2006-M-18434 from the Centers for Disease Control, Award Number 2U01HD044245 from the National Institute of Child Health and Human Development, Award Number P20MD000182 from the National Center on Minority Health and Health Disparities, and Award Number P30AG021684 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Centers for Disease Control.

REFERENCES

1. Israel BA, Eng E, Schulz AJ, Parker EA. (eds.) *Methods in Community-Based Participatory Research for Health* San Francisco, CA: Jossey-Bass; 2005.
2. Minkler M, Wallerstein N. (eds.) *Community-Based Participatory Research for Health: From Process to Outcome* San Francisco, CA: Jossey-Bass; 2008.
3. Chung B, Jones L, Jones A, et al. Community arts events to enhance collective efficacy and community engagement to address depression in an African American community. *Am J Public Health.* 2009;99(2):237–244.
4. Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. *J Consult Clin Psych* 1983;51(3):390–395.

CHAPTER 4. WORK THROUGH THE VALLEY: PLAN

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This first of three chapters on the Valley stage, or main work of a Community-Partnered Participatory Research (CPPR) initiative, concerns the planning phase of the work cycle. The main goal of this phase is to develop an action plan, which clarifies the goals, methods, responsible individuals, and timeline for doing the work. Further, this chapter reviews approaches, such as creativity and use of humor, that help level the playing field and assure community co-leadership with academic partners in developing effective action plans. (*Ethn Dis.* 2009;19[Suppl 6]:S6-31–S6-38)

Key Words: Community-Partnered Participatory Research, Community Engagement, Community-Based Research, Action Research

INTRODUCTION

The Valley is the main work of the partnership where you will implement and evaluate the project or intervention you have undertaken (Figure 4.1). The work is hard and one can sometimes feel that one is trudging through it, which is why we call it the Valley. Like all hard work, it can sometimes be frustrating. But, it is also a source of meaning, fun and even joy as partners work to benefit the community, make contributions that they find personally rewarding, and conduct research that informs the community and others of the lessons learned.

Because the Valley is the most labor-intensive phase of the work, we discuss it in three separate chapters, one each for the three diamonds on the work cycle: Plan, Do, and Evaluate. Plan is described in this chapter (Figure 4.2), Do in Chapter 5, and Evaluate in Chapter 6. Although we discuss each of these steps separately, it is important for both leaders and team members to look at the Valley as a whole and think of overarching aspects of the work that will enhance its success. For example, we cannot overemphasize the importance of the Evaluation stage, which informs every step of the Valley. The evaluation measures you choose will directly influence your planning in the Plan stage and your data-gathering in the Do stage, therefore evaluation measures are actually developed concurrently with each aspect of the project, rather than after the project. We provide some tips based on examples of strategies that helped us succeed in our own Valley. (Figure 4.3)

In this chapter, we discuss reshaping the Framing Committee into an ongoing Steering Council, which sets

up action plans that match the Vision. In addition, because “branding” a study and ensuring partnership development are critical during the planning phase of the Valley, this chapter concludes with two “special interest sessions” on these topics.

FRAMING COMMITTEE OR COUNCIL ROLE IN PLANNING

Although the primary work of developing the action plans is that of the working groups, the Framing Committee, now transformed into a Steering Council, plays an important overall role in the planning of the Valley stage.

New Council Structure

Once the job of framing is completed, the Framing Committee should become a Steering Council. The Council might include one or more subcommittees. Examples of subcommittees include an Executive Committee of lead community and academic members who can provide day-to-day support and represent the primary institutions supporting the project; an Evaluation Committee to support developing and implementing the evaluations required for the working groups and the Council; and at a later stage, a Dissemination Committee to handle data requests and policies, and support publications and other dissemination activities.

In addition to Framing Committee members, the Council will include the community and academic chairs of the working groups, and possibly other ad hoc members, such as grassroots community members to help assure ongoing community accountability. This larger group is one reason why an Executive

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Fig 4.1. Valley

Committee may be necessary to expedite decisions.

Meeting frequency

Regular meetings of the Council will continue through the working group phase. The Council and each working group typically meet monthly, or working groups monthly and the Council every other month, alternating with the Executive Committee. We have used this structure in the Witness for Wellness initiative. To keep the project moving between meetings, we expect Executive Committee members to respond within three working days to emails or other forms of contact to give a vote on an issue.

Responsibilities

The Council and Executive Committee have the responsibilities of attending to the larger Vision of the initiative, developing a mission for each working group, and supporting the working groups in both accomplishing their individual action plans, and integrating their action plans into the whole. Working groups develop their own identity over time, and it is important for all participants to remain

part of the larger initiative. If they do not, the execution of the Vision can become splintered.

The Council supports this integration through having report-backs from each working group at each Council meeting, hosting discussions about how the project overall is going, encouraging cross-group discussions, and making Council visits to individual working group meetings. This vertical and horizontal communication is key to project integration.

In addition, the Council can decide to develop a set of action plans that support project integration, or that take on areas of the project not assumed by the working group, such as broader policy and communication issues, or issues that affect the project as a whole. Examples include: raising funds for the project, conducting outreach on behalf of the project, and developing a marketing strategy for project branding. As with the main working groups, those plans should also have community input. Sometimes this can be done informally, such as introducing a proposed project logo and title at a community feedback session and seeing what kind of spontaneous reaction it receives.

Perhaps the single most important function of the Council during this phase is to refine and implement the agreement for the partnership. This agreement, which outlines the project goals, Vision, and operational principles, sets the tone, rules of engagement, and relationship-developing strategies for the working groups and the Council. Issues of partnership development are discussed in Chapter 2.

DEVELOPING AN ACTION PLAN

After the Vision has been established, a plan of action, which matches the Vision, should be developed and include reasonable timetables.

Developing an action plan focuses efforts and helps to clarify logistic problems. The process of building an action plan must be participatory and involve the Council, working groups, and the community at-large.

The action plan for each working group should specify the following:

- Overall goal for that working group
- Objectives
- Activities
- Responsible party
- Timeline
- Evaluation measures

An example of an action plan for one of the working groups from Witness for Wellness is shown in the Table 4.1. Note that there can be several versions of the action plan—one for initial feedback, one after discussion in the working group and the Council, and a final one after community feedback is obtained and integrated into the plan.

Action plans should be updated periodically to meet the needs of a changing environment, including new community opportunities and possible emerging opposition to the proposed intervention. An action plan, although written, is a dynamic document that can and should change, with the required levels of approval, to meet changing circumstances and to accommodate what has been learned so far. Consider taking the following steps to develop an action plan.

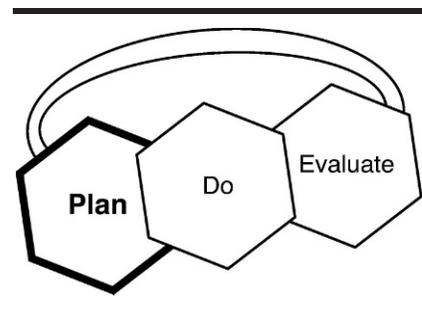


Fig 4.2. Plan


TIP: Set up a Successful Valley Stage

- Address multiple levels of the social environment, rather than only individual behaviors, to bring about desired changes. For example, initially we visualized our lead project – Witness for Wellness—as an individual-by-individual approach to depression treatment. But, during our work (and especially with community input) we realized that the community environment also deserved attention, because it can both contribute to the problem of depression and be an important part of the solution.
- Ensure that efforts are culturally and linguistically appropriate, and are developed from a knowledge and respect for the community's culture. Health behaviors are influenced by culture.
- Involve members in ways that allow them to feel a sense of community, see their involvement and the issues as relevant and worth their time, and view the process as open and supportive of their right to have a voice.
- Nurture community mobilization and self-determination. Before individuals and organizations can gain control and influence, and become partners in community health decision-making and action, they may need additional knowledge, skills, and resources.

Fig 4.3. Set up a successful valley stage

1. Organize a brainstorming meeting with the working group and the community at-large

Key community representatives and the working group should brainstorm on specific actions to implement the intervention. This brainstorming activity can be similar to the activities described for the visioning exercise – but the starting point is the mission for the working group, which should already have been set by the Framing Committee or Council. Given a mission (which can of course have suggested rewording and reframing by the working group and Council), the brainstorming session encourages people to think both “in the box” and “out of the box” (Figure 4.4). Ask questions such as:

- What does this mission mean to you?
- How can we do it? What do we need to get done?
- How are other people doing this or things like this?
- Think out of the box: What new strategies should we use that fit our community?

The brainstorming can be facilitated using the same types of tools as were used in the Vision exercises—stories, poster boards for writing up brainstorming, puppets, balls of strings, games—anything that is community-friendly, levels the playing field, and gets people thinking and sharing creatively.

Brainstorming sessions can be followed by work that all partners, both academic and community, complete away from the meeting. This is a critical part of each team member's commitment to the project. (See Chapter 5 for a more complete discussion.) Assignments should be kept to about one or at most two hours, and might include: Tape record some ideas; call three friends to ask what they think about a specific issue or idea; do research in the library or on the Internet; write down a list of activities that would fill a gap in the action plan or do a literature search that addresses some of the ideas developed in brainstorming.

2. Develop a draft for the action plan

Answering the following questions should help the working group design action plans that fit the mission of the group and are feasible (ie, can be reasonably expected to be achieved within the group's scope and resources).

Does the plan:

- *Give overall direction?* The action plan should point out the overall path without dictating a particular, narrow approach. For example, suppose the working group feels that their skills in a particular area should be enhanced. The action plan should list “skills enhancement” in this area as an objective, without specifying a particular skills training program. The working group will later decide collectively on the appropriate program or programs to achieve the objective, perhaps based on the groundwork of one or more members.

- *Match resources and opportunities?* A good action plan takes advantage of current resources and assets, such as people's willingness to act or a tradition of self-help and community pride. It also can embrace new opportunities such as emerging public initiatives to improve neighborhood safety or economic development efforts in the business community.

- *Minimize resistance and barriers?* When one sets out to accomplish important things, resistance (even opposition) is inevitable. However, action plans need not provide a reason for opponents to attack the initiative. Good action plans attract allies and deter opponents.

Resistance within the group can be a sign that the action plan needs further attention. For example, in the Building Wellness working group (one of the working groups for Witness for Wellness), several action plans were proposed through brainstorming to improve the quality of services provided to patients. Community members were particularly concerned with improving screening for

CHAPTER 4. WORK THROUGH THE VALLEY: PLAN - Jones et al

Table 4.1. Sample Action Plan

Action Plan	Methodology	Timeline	Participants
Recruit group members and establish links to relevant groups and organizations.	NM attended local NAMI meeting. KM sent invitation to BDL, DMH consumer rep., will follow-up with her. KM and/or NM will attend the local NAMI Chapter Directors' meeting.	Ongoing	All
Build cohesion and rapport among group members.	Work on allowing/ensuring that all group members to participate equally.	Ongoing	All
Develop a fact sheet about group to be used for promotion and member recruitment.	PY, in collaboration with NM, drafted a fact sheet. Sheet was circulated to group members for feedback, and will be revised accordingly. Once completed, fact sheet will be distributed to local and state policymakers.	February–March 2004	PY, with input from group.
Develop links to policymakers in LA County and State offices.	Using the fact sheet, group members will contact policymakers and inform them of our goals and activities and try to identify areas for collaboration and resource sharing.	Ongoing	All
Get informed about mental health policy and people/organizations in the field who could be potential collaborators.	Gather and review materials. Develop a directory/library/binder of resources. <i>Surgeon General's Report on Mental Health Disparities</i> was circulated to group members. Identify local organizations and/or individuals who are involved in health policy (e.g., MC at USC; Community Health Councils; DMH client coalition).	Ongoing	All
Inform community about mental health policy and resources.	Develop a glossary of terms regarding policy for community. CB will identify someone who can assist with the glossary. Identify and distribute useful materials.	Ongoing	All
Organize trainings for group and community: • Policy 101 • Advocacy 101 • Media Advocacy 101	Group members will identify representatives from different organizations who could conduct the trainings (CB will work on Policy 101 training, KD will look into having someone from DMH lead a training, KM will look into someone from UCLA's Community and Media Relations to conduct a training on Media Advocacy).	March–August 2004	All
Brainstorm and share passions about what topics group will address. Rank and prioritize ideas.	Group has discussed various policies that would be an appropriate focus. Continue to share ideas and begin to narrow focus. UCLA research assistant will begin to search for policy gaps and/or policies that aren't working.	January–June 2004	All
Present topic ideas to the community and get community's feedback on goals and future activities of group.	Formulate a list to be distributed to community participants at future trainings and report back meetings.	At community trainings and at Report Back to Community in July 2004	All
Based on community feedback, develop 2–3 action items for group and community; 2–3 policy goals and a media strategy for dissemination and advocacy.		July–August 2004	All
Identify potential funding sources and seek funding.	CB suggested approaching the California Endowment about their private/public partnership grants.	Ongoing	All

depression (by educating community case workers about depression). Academic clinicians in the group were especially interested in improving provider know-how (by improving clinical care programs in neighborhood clinics). Both

were reasonable ideas, but the community members thought that the group needed to have more experience with local services and to develop relationships with local providers before taking on the issue of improving services at the pro-

vider level. In other words, the provider-level action plan was not a good starting point for the group in the context of the community. In this case, "resistance" was an important clue as to how to reframe the plan. Working together, the



Fig 4.4. Think outside the box

group changed the plan to focus on supporting case workers to educate clients about depression care and facilitate referrals to providers. The reframing kept the spirit of the mission, but yielded an action plan that the group wanted to implement and one that would lead to a next step.

- *Reach those affected?* To address the issue or problem, action plans must connect the intervention with those who should benefit. For example, if the purpose of the intervention is to reduce unemployment by helping people obtain jobs, will the proposed activities (such as providing education and skills training, creating job opportunities, etc.) reach those currently unemployed?
- *Advance the mission?* If, for example, the mission is to reduce unemployment, are the proposed actions enough to make a difference in the unemployment rates? Or, if the mission is to prevent or reduce a problem such as substance abuse, have the factors that contribute to risk (or

increased protection) been changed sufficiently to have an effect?

It can be helpful at this stage to spend time thinking about how proposed action plans will affect the desired outcome for the chosen population. Action plans may be good plans even if they address a problem indirectly, provided that the indirect influence is strong. An example is addressing a concern about healthy eating habits of schoolchildren through programs that reach teachers, cafeteria workers or parents. In this case, people other than the children are the indirect influences, but their influence can be expected to be strong. The related logic model would clarify that the working group is pursuing the goal of healthier eating on the part of children through the actions of the adults around them.

3. Design do-able objectives.

We want to develop and carry out action plans that are do-able and thus prove their effectiveness through concrete

results. Wherever possible, early achievements or victories should be designed into the process to show the group members and the community that positive changes can occur. For the near term, devising short agendas of do-able tasks will prevent the partnership from spreading itself too thin. For the long term, focus on creating impact and sustainability. Review the action plan periodically during the process to accommodate changing circumstances and community needs.

A common method used to develop do-able objectives is “SMART” (ensuring that the objectives are Specific, Measurable, Achievable, Realistic, and Time-sensitive).¹ However, we felt it was necessary to expand this approach to match the Plan-Do-Evaluate model. Therefore, we suggest that SMARTIE objectives be used to structure the action plan. SMARTIE is an acronym for:

Specific	Identify what results are expected
Measurable	Indicate quantitative/qualitative measurements
Achievable	Outline what is achievable, given time and resources
Realistic/ Relevant	Ensure that objectives are realistic and fulfill high-priority community needs
Time sensitive	Include expected time for completion
Inclusive	Allow all those interested to participate with equal weight
Engaging	Engage as many members of the community as possible; ensure that the process of developing objectives and action plans is inclusive.

Including SMARTIE objectives in the action plan will encourage a diverse set of community and academic members to review, plan and provide feedback to the process. This is partic-

ularly important as part of the next step: reviewing the whole plan, the wording of each item within it, and developing a readable, clear and complete draft.

4. Check your proposed action plan for completeness, accuracy and whether it contributes to the Vision.

Things to consider are:

- What are the working group and community at-large willing to do to address the problem?
- Do you want to reduce the existing problem, or does it make more sense to try to prevent (or reduce risk for) this problem in the future?
- Does the plan reach those at-risk for the problem?
- How will your efforts decrease the risk? How will your efforts increase protective factors?
- Does the action plan affect the whole community and problem? A strategy that focuses too narrowly on one part of the community often isn't enough to improve the situation, and could be dismissed as just another "Band-Aid." Make sure that your strategies affect the problem or issue as a whole, or lead to that end, even if that will take many steps. In other words, are the action items, individually and collectively sufficient – will they do the job?
- Are all of the action activities necessary? Can some be eliminated?
- What resources and assets exist that can be used to help implement the action plan? How can they be used best?
- What obstacles or resistance could make it difficult to achieve your mission? How can you minimize or get around them?
- Who are your allies and competitors?

This phase of rigorous review can be conducted first by the working group or by a designated subcommittee. Sometimes it can be helpful for working groups to include a Council member or two, who can comment on how these action plans relate to others being

proposed. Other working groups may be addressing similar issues. This came up in the Witness for Wellness initiative, when two of the working groups initially wanted to address the issue of stigma in the community for those suffering from depression, along with related policy suggestions. Action plans were coordinated (one group focused primarily on educational activities to reduce stigma, and the other on policy changes), and then the groups helped each other by collaborating on action plans. That coordination occurred through their regular reports at meetings of the Council, and then negotiating trade-offs with leaders of both working groups with the support of the Council.

5. Present the action plan back to the community and make any desired adjustments.

The final word on whether action plans are acceptable comes from the community at-large. The same kind of forum for engaging the community at this stage can be used at the formative stage of framing the Vision—a larger, open meeting, with engaging ways of presenting plans (for instance, using music, a stage, hand-held audience response systems or other ways of getting and giving feedback quickly). We have used brief skits or comedy to present the mission of each group, more formal presentation of slides for action plans, outside moderators or entertainers to make sure that they are presented in an engaging manner to the community and in language that the community can understand, and a variety of ways of hosting vote-taking for plans as a whole or for each working group.

Depending on the size of the community forum, there may be time for discussion as well as voting, and members of the working groups should remain available to further discuss the issues informally after the voting sessions with community members. We also provide small thank-you gifts such as movie tickets, tee-shirts or cups

(which, if at all possible, we try to get donated for the event), and have some form of refreshment. We usually have information available on the health condition under discussion, and ways that people can sign up to become involved in the ongoing project. In this way, community feedback is an ongoing way of replenishing and broadening working group membership.

At this stage, when the community at-large is actually voting on action plans, it is important to prepare participants, whether academic or community, for the impact of the vote. After months of hard work, participants may not be prepared for critical feedback—and it does not always happen that the community supports whole-heartedly even the most carefully developed plans. For example, a working group may decide that the priority population for a particular health problem is women; but the community may be uncomfortable with this limitation, and may want an equally strong focus on men. A process should be developed for collecting and analyzing feedback, whether given verbally or in writing.

Each working group and the supporting Council should then develop a response to the community, by either directly incorporating the feedback or negotiating a change. If the working group feels the community suggestion is not do-able (beyond the project's scope and resources, for example), the working group should develop an alternative solution and negotiate it with the Council and representatives of the community at-large. In general, we try to literally follow the main suggestions that arise from community members at this key stage in the process, because the value of community input and support is very high.

QUALITIES THAT HELP ENSURE SUCCESS

Dr. Joe White, a pioneer in the field of African American psychology, noted in

the February 23, 2006 African American Mental Health Conference in Los Angeles, that much community engagement work requires the seven tenets listed below. We have found these to be very useful in working together through a Valley. The seven tenets are: improvisation, resiliency, connectedness to others, spirituality, emotional vitality, gallows humor, and healthy suspicion of the message and the messenger. We provide brief descriptions of how the seven tenets work in our Witness for Wellness initiative.

Improvisation

The idea for use of puppets in our work arose from a childhood interest of an academic partner, who spontaneously arrived at a meeting with a few puppets to see how they would affect the interactions. They have been very successful in most settings. However, they are not uniformly useful; we have learned that they can be less successful in settings accustomed to a more formal meeting protocol. Community members have been very spontaneous in making academics feel at home (hugs, etc.), and academic members have responded at later meetings (bringing home-grown fruit or home-baked cookies). These spur-of-the-moment gestures have greatly facilitated relationship building for our work together.

Resiliency

The strength-based approach (focusing on strengths and assets rather than deficits) builds resiliency. We support actions such as apologizing for mistakes and then moving on. We expect strong feelings to be expressed and encourage people not to take offense and to have faith in the intentions and work of others.

Connectedness to Others

We have retreats and picnics, call on each other to help out family members or provide other ways of support, and invite each other over to our houses or host meetings in friendly locations.

Gallows Humor

A husband and wife are getting ready for bed. The wife is critically studying her reflection in the mirror.

"Henry," she says "Look at my rear end. It's huge!"

Henry wisely says nothing.

"Ooooh, look at my arms! They're flabby! And my face is all wrinkled!"

Again Henry says nothing.

"Henry," says his wife, "Can't you just say something nice?"

Finally Henry speaks. "My dear," says Henry, "You have the best eyesight in the world."

Fig 4.5. Gallows humor

Spirituality

We have worked hard to respect diversity of approaches to spirituality and to honor particularly the importance of the spiritual domain of life in constructing our community interventions. For example, we frequently collaborate with clergy to host key meetings in faith-based settings.

Emotional Vitality

Academic styles of engaging in committee work are seldom described as "fun" or "full of life." To counteract this nose-to-the-grindstone attitude, we ask members to rotate leading an engaging activity at each meeting. We have developed a style where humor is used freely and often. In fact, sometimes when phone conferences are used to allow more members to join a meeting, there is so much noise in the room that people on the phone cannot hear through the talking and laughter (so we just tell them they need to show up instead).

Gallows Humor

Gallows humor is the ability to find amusement even in a situation that seems dire. To date, the experts on the gallows humor are our community partners, but perhaps our academic partners will join them in a later phase of our partnership growth. Frequently, a good laugh can make even a dire situation seem a lot more manageable. (Figure 4.5)

Healthy Suspicion of the Message and the Messenger

We have learned to respect healthy suspicion and to value it as an important contribution to our work. For example, at a recent policy advisory board meeting for a project, a policy-maker who was attending that meeting expressed doubt about the value of treatment for depression from a community perspective, compared to policy action for social justice. A long discussion followed that helped develop a



Please share your comments, suggestions, and experiences with us! Turn to Appendix 1 for feedback forms. We appreciate your input.

Fig 4.6. Share

Table 4.2. Examples of tools and tactics to promote your initiative

If your mission is to:	Then tools or tactics might be:
Create awareness of the risks of low birth weight among women of child-bearing age in Los Angeles	Advertise in exercise clubs, nail salons, and grocery stores. Distribute promotional tools to obstetricians. Offer free baby care seminars to expectant mothers. Request airing of public service announcements on local radio stations.
Reduce teen pregnancy	Sponsor events attended by teens. Conduct teen health education presentations. Develop authentic partnership with teens and provide education to create peer-sex educators.

whole new approach to talking about that project in the community and the related policy goals.

CREATING AND PROMOTING YOUR BRAND

A brand is the intervention’s identity. It can include the name, logo, tagline, color scheme, and position or placement of message. An effective brand tells the community who you are, what you do, and how you will do it. The brand will influence how community stakeholders perceive the intervention. If the brand has a high perceived value, it will help create a demand for the intervention and increase recognition and funding, and help ensure the intervention’s success. The appropriate working group should create promotional materials, get community feedback on the branding, and develop and execute a promotional plan.

The promotional materials will depend on the communication strategy called for by your promotion plan. Promotional materials could include flyers, brochures, posters, ads and public service announcements, toolkits and websites, among others. You might also consider selecting spokespersons or setting up a “speaker’s bureau” to promote the intervention with accom-

panying slides, PowerPoint or other presentation materials.

The goal is to get the attention, support, and involvement of the community. Think through:

- How many different groups are you aiming to reach?
- Should publicity material be produced in different languages or perhaps in large-type format? Should the material be modified to appeal to different age groups? Should various media such as TV, radio, and newspapers be used?
- When is the best timing for publicity and information to ensure optimal response?
- Do you want a start-up promotion approach (aiming for a large number of quick responses), or a more sustainable approach where the emphasis is on building community commitment over time?
- Are there fluctuations or seasonal demands for the proposed intervention? How will the group manage the surge in interest during busy periods, as well as the lesser demand during slow periods?
- Do you need different promotional strategies? For example, a targeted meeting aimed at a specific group will not require broad promotion. Instead, you will probably contact potential attendees by telephone or in person. Larger meetings, workshops, conferences, on the other hand, will require a commitment to broad promotion.

Consider pilot-testing your promotional tools and involving responses from individuals in different sectors, such as marketing, health, education, and business. Their expertise can assist in tailoring your message.

A promotional plan describes the media, tools and tactics you plan to use. Some examples of promotional vehicles include using existing listservs, databases, email distribution lists, media (such as print, TV, live interviews, radio), along with forming solid, reliable, and authentic partnerships in the community to help maintain visibility and presence. Table 4.2 displays examples of promotional missions and tools.

ACKNOWLEDGMENTS

We would like to thank the board of directors of Healthy African American Families II; Charles Drew University School of Medicine and Science; the Centers for Disease Control and Prevention, Office of Reproductive Health; the Diabetes Working Groups; the Preterm Working Group; the University of California Los Angeles; the Voices of Building Bridges to Optimum Health; Witness 4 Wellness; and the World Kidney Day, Los Angeles Working Groups; and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

This work was supported by Award Number P30MH068639 and R01MH078853 from the National Institute of Mental Health, Award Number 200-2006-M-18434 from the Centers for Disease Control, Award Number 2U01HD044245 from the National Institute of Child Health and Human Development, Award Number P20MD000182 from the National Center on Minority Health and Health Disparities, and Award Number P30AG021684 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Centers for Disease Control.

REFERENCE

1. Drucker P. *The Practice of Management* New York, NY: Harper and Row; 1954.

CHAPTER 5. WORK THROUGH THE VALLEY: DO

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Much of the work for a community-partnered participatory research (CPPR) initiative is done in committees that operate under the principles of CPPR and the vision of the partnership, while implementing the action plans of the initiative. Action plans are developed in work group meetings and sponsored events that engage the community in discussion about programs or new policy directions. This article provides detailed recommendations for conducting meetings, completing assignments, and running events as the main body of work. (*Ethn Dis.* 2009;19[Suppl 6]:S6-39-S6-46)

Key Words: Community-Partnered Participatory Research, Community Engagement, Community-Based Research, Action Research

INTRODUCTION

The main work of the Valley stage is “Do”: the implementation of the community-approved action plans for each working group, and for the Council as a whole. (Figure 5.1, Figure 5.2) The action plans will likely cover a range of specific activities designed to build a final product or set of products. The action plans should specify reasonable timelines for each activity.

Working groups take on action items in different ways: sequentially if they need to proceed step-wise or divided into different sub-groups, each co-led by community and academic members when possible. For example, the mandate of the Building Wellness working group of Witness for Wellness was to help community agencies recognize the signs of depression and provide appropriate care. The group broke into sub-groups and focused on: screening for depression; education about depression; making provider referral for depression; and designing an evaluation. After fleshing out these areas, the groups then divided into web-site design and agency relationship development groups. Meanwhile, the co-leaders developed a funding plan and helped all sub-groups coordinate their efforts. Challenges and progress were discussed with the overall Council for the initiative. Sometimes challenges were met by doing additional work outside of the meetings, such as adding co-leaders with special skills. Sometimes challenges were met through facilitating communication, or even suggesting that sub-groups work more independently for a period and reconvene as a full group after completing their specific tasks.

“Do” stage activities included discussing how to do the work in group



Fig 5.1. Valley

meetings, dividing up assignments, completing tasks outside of meeting time, and even making field trips to agencies. Assignments were brought back to the working group, where they were reviewed, modified and redrafted as needed.

During this stage, you might consider inviting guest speakers to build the capacity of the group as an addition or an alternative to a meeting. We hosted seminars on policy, listening skills, human subjects protection, as well as a media training about targeting specific

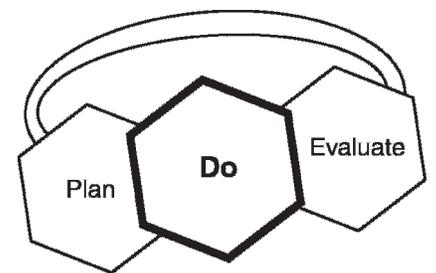


Fig 5.2. Do

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Chapter 5. Work Through the Valley: Do - Jones et al

demographics. Often, participating agencies sent members of their agencies to these events as a learning experience, which was also an agency “win” or benefit from the project. These special sessions increase support and resources for the project, and cultivate pride in the importance of the work.

The leaders guide the working groups in selecting appropriate activities, completing them, and integrating them to complete each action plan. Sometimes in the process of the work, action plans are modified or replaced, because part of the work is the dynamic process of deciding what works best to fit the goals or objectives, given the context and resources. One cannot always anticipate the bends in the road up front, so adjustments are needed—and that requires good judgment, flexibility and leadership.

The remainder of this chapter briefly mentions gathering data (discussed in more detail in Chapter 6), and then discusses three main activities critical to the success of the “Do” stage of the Valley: conducting meetings, delegating tasks, and sponsoring community events.

Gathering Data

The “Do” part of the project will include implementation of the intervention or other activity, and gathering the related data. Data gathering is so closely tied into the evaluation methods you will be using that we cannot discuss it separately. Data gathering methods are therefore discussed in more detail in Chapter 6, “Evaluate.”

CONDUCTING MEETINGS

Community engagement projects, from the initial idea to the implementation to the ongoing evaluation, are team efforts. Teamwork requires meetings. Therefore, successful teamwork depends almost entirely on the team’s ability to conduct successful meetings.

Make It Easy for Community Members to Attend the Meetings

Meetings are often easier for academic members than community members. Once a project is funded, meetings are a normal part of academic members’ work, and are built into their schedules. Community members, on the other hand, must often try to squeeze project meetings into (or after) already busy workdays. The following considerations will help make it easier for community members to attend project meetings. These considerations are also important when planning meetings with the community at-large.

Time

Consider the relative advantages of day time vs evening meetings. Do day time meetings conflict with the daily work of many community members? If so, evening meetings (with babysitting care for small children and transportation for those who need it) should be considered. Meeting length is also important. The meeting should be long enough to cover the material but should not require an overwhelming commitment of time.

Site

Select a venue that is comfortable, easily accessible and large enough to accommodate the number of persons that you expect to attend. Possibilities are agency or business meeting rooms, the public library, the YMCA, the town hall, service clubs, churches, community centers, and schools. Site selection may also be influenced by the type of intervention you choose to address. To avoid confusion, the site should be the same for each meeting. Once the site is determined, decide on how to arrange the room. Circular seating enhances coalition building by assuming equality among group members.

Ensure Coordinated Leadership

Meetings should be co-chaired by at least one academic and one or two

community members. These individuals will facilitate the working group meetings. They should work closely to plan each meeting, agree on the action steps that arise out of the meeting, and prepare for the next meeting.

During the meeting, the facilitators will ensure that decisions are formalized by voting, action plans are developed, commitments are made, and that participants feel good about attending. Good facilitators are concerned about both the meeting’s content and its style. Meetings should be not only worthwhile, but enjoyable. The suggestions in Figures 5.3 and 5.4 and the following discussion will help facilitators to conduct successful meetings and face any challenges that may arise.

Welcome Everyone

It is important to welcome old and new members to the table. Membership should be inclusive, not exclusive. New members should feel that the group is open to new ideas and viewpoints.

Allow Members to Introduce Themselves

The facilitators should introduce themselves and explain their role. Ice-breakers may be used to begin introductions and help the group begin working together. For example, go around the table and ask each person why they have joined the group and what they would like the group to accomplish. Or, spend five minutes “warming up” with general social conversation.

Establish the Ground Rules and Structure

At the first meeting:

- Ask for volunteers for the roles of note taker (responsible for preparing the meeting minutes and keeping a log of attendees) and time keeper (responsible for ensuring that each speaker respects the agreed-upon time limit).
- Ask the group to develop guidelines that will ensure a fair and equitable process. For example, will action steps

Committee and Working Group Guidelines

1. Listen
2. Give back
3. Provide consistency
4. Provide a framework of how to promote change from a community-driven perspective
5. Provide resources
 - a. Data and literature on strategies and other community-defined topics
 - b. Access to funding
 - c. Links to key leaders in the field
 - d. Guest speakers present at community meetings (draw upon community expertise to conduct presentations)
6. Promote values (See Chapter 2)
 - a. Respect for diversity
 - b. Openness
 - c. Equality
 - d. Empowerment (redirected power)
 - e. Asset-based approach
7. Promote coordination and integration of activities
8. Provide a platform for discussion and change
9. Promote outcome-based activities
10. Raise awareness/increase sensitivity to community-defined issues

Fig 5.3. Guidelines

be decided by consensus (arriving at agreement among all members), majority vote, or a combination of both depending on the issue? What is the time limit for each speaker? When and how will the minutes be sent to group members? (Note: we suggest that the minutes be sent out no later than two days following each meeting.)

- Provide copies of the pertinent sections of Roberts Rules of Order, and suggest that the group use this as a guide in conducting meetings.

At every meeting:

It is the job of the meeting facilitator(s) to maintain the ground rules. Each meeting should include a quick reminder of key rules. Consistent adherence to these ground rules may not guarantee success in all circumstances, but it will greatly help the process. Ground rules should include:

Listening: One person should speak at a time. This allows members to be heard. Speakers should respect the agreed-upon time limit (and the time-keeper should help them do so).



TIP for facilitators: Start before the meeting

As soon as you walk into the meeting room, begin greeting old and new members. Make sure you chat briefly and informally with everyone before the meeting begins. This simple technique goes a long way towards making all members feel welcome, and creating an environment of mutual respect and trust.

Fig 5.4. Tip for facilitators

Shared mission and goals: Once these are developed, they should be adhered to (unless the group decides to formally revise them). The facilitators should remind the group of the shared mission and goals at the beginning of the meeting. Because the group will (we hope) be very diverse, it will include participants with a wide variety of ethnicities, backgrounds and organizational affiliations. As noted in Chapter 2, developing a statement of mission and goals that encompass and respect this diversity is challenging. Even when the mission and goals are agreed on, nearly every meeting will likely present the challenge of balancing individual, group and project interests. The facilitators will sometimes need to encourage a member to set aside individual, ethnic or organizational interests in order to move the project forward. At other times, respecting such interests will be vital. Striking the right balance will require judgment and tact.

Membership: Starting at the first meeting, participation expectations should be addressed. The key membership requirement is willingness to act to better the community. Membership should be open to anyone who is willing to do the work and participate in task forces. Diversity should be encouraged. Willingness to work is completely separate from financial support. Those who support the mission through participation should be defined as members. Those who provide financial support should be defined as sponsors. Over time, membership will probably change. Facilitators should develop tactics to:

- Introduce new members.
- Make new members feel welcome.
- Bring new members up-to-date on what's happening.
- Ensure that information/knowledge is shared between new and old members.

Decision-making: Under a community engagement framework, decisions must be arrived at in a clear, transparent way that allows all interested persons to



TIP: Maintain a Level Playing Field

In many community-academic research partnerships, financial resources are funneled through the academic partners. (An academic institution may have received a grant to fund the research, for instance.)

Funding is important, so it can be “natural” to give financial sponsors more weight, but this goes against the key community engagement principle of equality.

Do not allow the balance of power to tilt towards financial sponsors. Every member of the group should have an equal vote, unless there is an agreement on other rules; for example, to make sure that votes for academic members do not outnumber votes for community members.

Fig 5.5. Maintain a level playing field

participate. Avoid behind-the-scenes decision-making. Transparency is best achieved when decisions are made with the participants present, and through the agreed-upon mechanism (eg, consensus or majority vote). If community members feel that their input is not being used to drive decisions, the entire intervention will be perceived as cynical and manipulative, creating an atmosphere of distrust and discouraging further participation. (Figure 5.5)

Giving back: Data and analyses that are gathered from the community should be reported back to the community, so that the community members can evaluate results and participate in ongoing improvement efforts. All information, decisions, summaries, and reports should be shared with the working group and the community at large.

Review the Agenda

Developing the agenda is a group process. The facilitators should spearhead development of the draft agenda, which should be sent to group members at least one week before the meeting. Input from group members should be requested. The final agenda should be sent to the group at least one day before the meeting.

At the beginning of the meeting – and at the top of the agenda – the specific objective(s) for the meeting should be clearly stated. Every meeting should have concrete, realistic, time-

sensitive and measurable objectives that are in line with the overall scope of work or action plan.

The first agenda item will always be the review and acceptance of the minutes from the previous meeting.

Build Trust

For teamwork to succeed, you and your team members must believe that you can depend on each other to achieve a common purpose. Trust is your willingness to be vulnerable to the actions of another person based on the expectation that both parties will treat one another respectfully. Community engagement requires the building of trust. Trust can be built through rapport, listening, consistency, and ethical behavior.

Building rapport is the development of mutual trust, harmony and understanding. It requires that all members (community and academic, individuals of different ethnicities, etc.) understand each other’s view of the world. Rapport develops when perspectives, realities, and style of communication are mutually understood. Rapport is the ability to be on the same “wavelength” and to connect mentally and emotionally. Having rapport does not necessarily mean that you agree, but that you understand the other person’s perspective.

You cannot establish trust if you cannot listen. A conversation is interac-

tive. Both speaker and listeners play a part, each influencing the other. Instead of being a passive recipient, the listener has as much to do in shaping the conversation as the speaker. Listeners must pay close attention to the speaker, trying to fully understand what he/she is saying. At the same time, listeners must evaluate how the speaker’s input might affect their own viewpoint and the viewpoint of others in the group, and how it might help move the project forward. Listeners should ask questions and respond to the speaker’s comments. Facilitators should encourage polylogues, not monologues.

Trust is also built on consistent patterns of behavior. Consistency in behavior promotes trust between all team members, and between the team and the community at-large. Consistency includes reliability, dependability and follow-through. Once you have made a decision with community members or commit to doing something, stick with it.

It is essential for those engaging the community to adhere to the highest ethical standards. Past ethical failures (for example, researchers in the Tuskegee syphilis study of the 1930s–1970s withheld treatment to mostly African American males with syphilis) have created distrust among some communities, resulting in great challenges for current community organizers. If there is any potential for harm within the community through its involvement or endorsement of an intended action, the community must be educated regarding those risks so that potential participants can make an informed decision. Ethical action is the only hope for developing and maintaining the community’s trust.

Overcoming Meeting Challenges

Table 5.1 offers a list of common meeting challenges, along with the techniques we have used to face them openly, encourage unity, and move the project forward. We also present more detailed ideas on overcoming each of the challenges.

Table 5.1 Ideas for overcoming meeting challenges

Challenge	The facilitators could ...
One person is dominating the meeting (talking too long and not allowing interruptions).	<ul style="list-style-type: none"> • Encourage other input by saying, for example, “We’ve heard good feedback from this side of the room. But I’d like other viewpoints too. Does anyone else have thoughts on this?” • Remind everyone of the agreed-on length of time for each speaker. (Note: the timekeeper should also remind the speaker.) • If the topic is important, show flexibility by saying, for example, “Due to the importance of this topic, I’m going to allow Joe an extra two minutes to develop his ideas, and then I’ll ask for the group’s feedback.”
Some members are reluctant to speak.	<ul style="list-style-type: none"> • Use “icebreakers” at the beginning of the meeting to help members feel comfortable with each other. • Ask directly for the member’s opinion (especially if you know the person is well-informed in a specific area).
One person’s comments have become unduly negative, destructive or argumentative.	<ul style="list-style-type: none"> • Assess whether a real issue underlies the negativity. If so, engage the group’s problem-solving skills. Example: “Maria has expressed concern about whether we can get everything done on time. Should we do something different, like breaking our action plan into smaller tasks? What are your thoughts?” • Put the negative person in charge of finding a solution. Example: “Hector, you really understand the challenges we’re likely to face when we implement this intervention. I’m going to ask you to put together some recommendations for overcoming the challenges you feel are the most important. Please bring your ideas to our next meeting.”
New members need to be brought up to speed on the group’s protocols, goals and action plan.	<ul style="list-style-type: none"> • Assign a “buddy” (a more experienced member) to each new person to provide background and ease their transition into the group. The buddy should also take advantage of appropriate times in the discussion to ask the new person’s opinion. • Maintain documentation (such as a manual, website, meeting minutes, operational principles, memorandum of understanding, etc.) and ensure that it is available to all members.
The more authoritative members are taking over the group (or, possibly, the less authoritative members are too shy).	<ul style="list-style-type: none"> • Here again, the buddy system is useful. Balance the voices at the table by pairing up a person with more authority or experience with one with less. The person with more authority should be an advocate for their partner. Over time, this creates mutual respect for each participant.
The academic and community members have developed into separate “camps” and are sitting in two separate groups.	<ul style="list-style-type: none"> • Ask each community member to choose an academic partner. Each set of partners should sit together at the meeting and should look out for each other – encourage each other to speak, for example.
Progress is stalemated due to lack of consensus.	<ul style="list-style-type: none"> • Encourage the group to agree to disagree. Even if group members don’t see eye-to-eye, progress toward goals can still be made.
By the end of the allotted meeting time, only a few of the agenda items have been covered.	<ul style="list-style-type: none"> • When appropriate, suggest a different method (such as phone or email) for discussing remaining agenda items. • Form smaller committees to work on specific items. • If necessary, schedule a follow-up meeting, or schedule meetings more frequently. • Try to avoid overly ambitious agendas for subsequent meetings.

Ensure Equal Participation

Every person at the table should be encouraged to participate in the discussion. This is especially important in the beginning stages of group development; as the group develops its own rhythm and working style, group dynamics may change to support the momentum.

The facilitators should introduce a topic of discussion to the group, in accordance with the agenda, and should ask open-ended questions to get the discussion started. The facilitators should also set a time limit for each

topic, and should remind the group of the time limit for the topic and each speaker. Discussion among group members should be encouraged. More can be accomplished when participants are interacting with each other, not just interacting with the facilitators. Be cautious of asking questions that make either community members or researchers uncomfortable in ways that might be difficult for them to discuss directly. Some examples we’ve observed are: community partners may be uncomfortable with questions relating to their

level of formal education. Academic partners may feel uncomfortable with their “squareness,” lack of experience with diverse populations, or the physical style (hugs) of some community partners, and may not be used to questions about their personal lives, such as whether or not they go to church or what their spiritual beliefs are.

Sometimes, sensitivities are difficult to anticipate, but generally the community and academic leaders will know how to frame issues in such a way that team members can provide information

Chapter 5. Work Through the Valley: Do - Jones et al

without raising undue anxiety or causing people to withdraw. Finally, keep the discussion on topic and directed to the objective of the meeting as much as possible. This may mean encouraging people to explain to the group how their point relates to the agenda item, for example, or clarifying whether a new agenda item might need to be added to this or a future meeting to allow fuller discussion of a new topic.

Respect All Participants

Valuing each person's opinion displays respect for each person's personal history, culture, skills, and professional experience. It is important that a facilitator not force his/her personal ideas or opinions on the group. On the other hand, facilitators, like other group members, have the right – indeed, the obligation – to speak up when appropriate. If you are a facilitator and you have a point to make, ensure that the timekeeper monitors your time and that you keep within the agreed-upon limit. Remember that, because you are the facilitator, others may take your comments with extra weight. You should avoid dominating the discussion and, at all times, encourage others to contribute. Another strategy, if a leader wants to be a member for a particular meeting, is to ask another group member to temporarily act as co-chair for that meeting (which can have the additional advantage of building leadership skills across the group).

Emphasize Strength-Based Thinking

When conducting a meeting, it should be explicit that the group values a strength-based learning and working environment. This means that:

- Positive affirmations are given.
- The facilitators exemplify strong negotiation skills.
- Active listening is employed first by the facilitator and then by the members.
- Overall respect for each member's experiential and professional background is given at all times.

The working group should focus on community strengths (rather than community deficiencies) by designing objectives that utilize the assets provided by the team and the community. The assets-based approach uses promotion, empowerment techniques, capacity building, and advocacy. Of course, a realistic assessment of “gaps” or deficiencies is necessary, but the action plan should be designed to enhance and draw on community strengths.

Allow Silence

Silence is a method of communicating. It allows both the facilitators and the group to collect their thoughts, digest the ideas discussed, and prepare for future conversation. Avoid the temptation to jump into every period of silence. After an appropriate time, re-open the discussion – possibly along new lines.

Avoid Jumping into Details at a Finite Level

It is the working group's responsibility to decide on both global and detailed decisions in support of the overall mission and goals. However, while global decision-making should occur in the group meetings, detailed decision-making can often be undertaken as work outside of the meeting by one or more individual members, who will return to the group with a specific recommendation. After the recommendation is presented to and discussed by the group, a final consensus can be reached. This saves time and keeps the group moving forward.

For example, suppose the group decides that its skills in a particular area should be enhanced, and that outside experts should be invited to speak at a group meeting. The group does not have to figure out who the outside experts are. That task can be designated to a group member (or members) to carry out: investigate experts who can speak on the topic and review their credentials, compile a list, and make recommendations to the group.

Commit to Work Outside the Meeting

To ensure that the agreed-upon objectives are met in a timely manner, members should be aware that there will be times when they will have assignments that they will be expected to complete. Over time, every group member should undertake at least one assignment. Facilitators should avoid allowing the group to break into workers and observers. Assignments will be discussed in more detail in the following section.

Give Thanks

At the conclusion of the meeting, it is important to thank attendees. The facilitators should also review what was accomplished, make sure there is a clear understanding of assigned tasks, and answer any questions that members may have regarding future meetings. The facilitators should remind everyone of the next meeting date, and should follow up with an e-mail or telephone reminder at least one week prior to the next meeting.

Some meetings may be more productive than others, especially in the beginning. It may take time to develop rapport and momentum. Even if the meeting has been less productive than you had hoped, relax and express thanks to the group for getting together. Relationship-building creates the necessary foundation for productive work.

EVERYONE IS COMMITTED TO WORK OUTSIDE THE MEETING

It is a rare group that can accomplish all of its work during meeting time. Working groups require work outside of meeting time to complete action plans. In addition, these tasks encourage ownership of and commitment to the process. Each assignment should be documented in the minutes. Such documentation will specify the person(s) responsible for the assign-

ment, along with the date when the work will be complete and the results reported back to the group.

Expectations will differ for the group leaders (who will probably do more work) and working group members, but should be about equal across the working group members. In fact, an important task for the leaders is to think through assignments that keep members participating and contributing without unduly burdening them. Generally, we ask members to do one to two hours of outside work for each meeting, as their commitment to the project.

Group Facilitators/Leaders

Group leaders have the work of communicating regularly between meetings, in person or by telephone or other form of communication such as e-mail to: 1) review the minutes and action items for each meeting; 2) monitor progress on the action plans; 3) meet with the Council to report progress or request assistance; 4) develop an agenda for the next meeting; 5) communicate as needed with individual members and subcommittees from their working group to support their work, such as helping to clarify tasks or problem-solve meeting challenges. These are the basic assignments of group leaders between meetings, apart from whatever work they have agreed to do on action plans within their group.

Members

Members can be given brief tasks that follow from the work needed to complete action plans. Examples include: visiting a facility, making a contact or two, talking to friends for ideas and writing those ideas down or taping them, recruiting new members to come to meetings, looking up information, or developing creative or artistic ideas, such as designing a logo or making posters or hand-outs for an event. Events require an extra level of effort and coordination from the group, so often preparing for the event may



TIP: If There is a Lot of Work, It Should be Paid For

Here's one idea for paying community members for sustained work. We have instituted a "Community Scholar" program, where we give a stipend of several thousand dollars to a community member to help develop a major project.

The Community Scholar has protected time to work either in a community location or at an academic institution, with part-time office space and access to the staff of the organization, to work alongside the project leaders in developing a specific aspect of the work.

Fig 5.6. Community scholars

take the equivalent of one or two months of time for a number of group members, all in a few weeks.

For action plans requiring a significant amount of sustained work, such as developing a training program or piloting an intervention, a group of particularly dedicated and available individuals will likely be needed. It will be difficult for the dynamics of the group if this falls primarily to the leaders, and especially if the academic members with more covered time step up to fill in the gaps too much. A better solution is to recruit one or two community members to work with group members, and to find the resources to give them a stipend for the more intensive work. This kind of solution should be discussed with the Council, which can help look for the resources, perhaps within sponsoring institutions. Figure 5.6 presents a suggestion that has been successful with our projects.

Managing the assignments—making sure that they are done, finding alternatives when there are sticking points, integrating them into a whole—requires many of the same skills, and benefits from the same kind of tips for running meetings or operational principles for leading the project or partnership as a whole.

SPONSOR EVENTS

Sponsored events hold great potential to move the mission of a working group or the project forward in the

community. Sponsored events could include:

Community Forums

Community forums are meetings of the community at-large. For instance, community forums should be used to obtain feedback on the project Vision and proposed action plans, as discussed in Chapter 3. A community forum can also be used to generate feedback on the progress made toward fulfilling action plans, or for feedback on products before they are finalized. We have also conducted community knowledge transfer sessions. Offering something of value to the community can be a highly successful way of developing capacity and spreading the word about the project.

Community Exhibits/Events

Community exhibits are ways of displaying information about the project, and sometimes of obtaining input and conducting research. Exhibits can take advantage of existing community events, such as health fairs, art exhibits, or other broad-based community activities. We regularly piggy-back on such community events to make presentations, host exhibits, provide information, talk to people, and sometimes to conduct surveys or interviews of people who visit the exhibit. We use this information to pilot educational interventions or obtain input on ideas, information, and policy strategies. In this way, we both help to communicate

with the community about the project, while also gathering useful information concerning action items.

Different working groups can collaborate on these opportunities. Care should be taken to make sure that these valuable community events are available to several working groups when at all possible, since resources are probably scarce and should be used efficiently across the project.

Large community events require careful planning, and typically require some infrastructure that can manage the event, whether a community organization or an academic organization or both. Even piggybacking on an existing community event requires considerable planning. In our experience, working groups often underestimate the amount of planning and preparation required. It is useful to discuss each event with the project leadership up front, to review the requirements for proceeding to a sponsored event.

At minimal, event planning requires several steps: finding a venue; determining if special insurance is required; having a set-up and clean-up plan; meeting venue requirements for safety and clean-up, often with fees; having the necessary equipment, such as tables, posters, slide projectors, and so forth, to develop the exhibit or presentation; having sign-up lists, permissions, or consents for research or recording; developing an event evaluation; developing a marketing strategy and guest invitation list; sending advertisements in a timely manner; responding to



Please share your comments, suggestions, and experiences with us! Turn to Appendix 1 for feedback forms. We appreciate your input.

Fig 5.7. Share

inquires about the event; developing materials such as a briefing book and agenda; making food arrangements; obtaining special resources such as continuing education unit certifications; inviting special guests; arranging for special equipment; and so forth. Sometimes, group members have served as event planners for other organizations or projects and will be familiar with some or all of these activities.

Special events require a team that reviews the requirements with an experienced academic/community planner, who will help to develop a task list, timeline, and assignment of responsibilities. A lead event organizer or co-organizers should be identified, and the legal requirements and funding resources should be reviewed with the Council, which must approve the event in advance based on a budget and work plan.

Implementation of the event typically requires the cooperation of many or all members of the working group and, most likely, members of other working groups in the project. This will likely mean that stipends for the project (in the past, we have agreed on \$100 for a day of work) need to be arranged for the community participants who otherwise do not have their time covered for this work.

The style of the event should be consistent with good community standards and ethics, and be planned to be engaging and effective in the community. Dry academic lectures are to be avoided, for example, but that does not mean that information cannot be provided if the presentation is engaging, or there can be a mixture of information sessions and entertaining events on the same theme. Successful events can be enormously fun to plan for community and academic participants, and successful events in terms of community response can leave a lasting impression that energizes a working group or the project as a whole for many months.

ACKNOWLEDGMENTS

We would like to thank the board of directors of Healthy African American Families II; Charles Drew University School of Medicine and Science; the Centers for Disease Control and Prevention, Office of Reproductive Health; the Diabetes Working Groups; the Preterm Working Group; the University of California Los Angeles; the Voices of Building Bridges to Optimum Health; Witness 4 Wellness; and the World Kidney Day, Los Angeles Working Groups; and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

This work was supported by Award Number P30MH068639 and R01MH078853 from the National Institute of Mental Health, Award Number 200-2006-M-18434 from the Centers for Disease Control, Award Number 2U01HD044245 from the National Institute of Child Health and Human Development, Award Number P20MD000182 from the National Center on Minority Health and Health Disparities, and Award Number P30AG021684 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Centers for Disease Control.

CHAPTER 6. WORK THROUGH THE VALLEY: EVALUATE

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While all stages of a community-partnered participatory research (CPPR) initiative involve evaluation, the main focus is the evaluation of the action plans, which often involves the most rigorous evaluation activities of the project, from both a community-engagement and scientific perspective. This article reviews evaluation principles for a community-based project, and describes the goals and functions of the Council's research and evaluation committee. It outlines 10 steps to partnered evaluation, and concludes by emphasizing the importance of asset-based evaluation that builds capacity for the community and the partnership. (*Ethn Dis.* 2009;19[Suppl 6]:S6-47–S6-58)

Key Words: Community-Partnered Participatory Research, Community Engagement, Community-Based Research, Action Research

INTRODUCTION

How can we show that a project is going as planned? Or that what seems to be happening is what we wanted? The key lies in evaluation. Although evaluation might seem like a side-dish to the main course of the intervention, evaluation is an essential component of every Community-Partnered Participatory Research initiative. Evaluation shows whether a project is working or not working or whether an objective of the project is being met or not. Evaluation is an ongoing, repetitive process in every phase of the project. Evaluation plays a special role in documenting the value of the main action plans of the “Valley” stage and, from a policy perspective is often the central task of the initiative. (Figure 6.1) The outcomes of evaluation processes are considered evidence of the project's effectiveness. (Figure 6.2)

There are different types of evaluations. Formative evaluations are designed to show the progress to date, allowing project leaders to shape the continued direction and implementation of the project.

Research evaluations typically focus on outcomes. They are usually conducted by people outside the project to avoid bias and reflect an objective attempt to measure whether the project or intervention worked. The term research means that scientific standards were used to judge whether events or things were connected in valid ways—for example, whether program actions contributed to outcomes.

In CPPR initiatives, formative and research evaluations are designed to support each other and are equally important. CPPR evaluations should 1) show whether the intervention was effective, and 2) provide insight on the process of the intervention itself. If the



Fig 6.1. Valley

intervention was ineffective, the evaluation should show how the implementation and action plans can be improved.

Community and Academic Roles in Evaluation

In all phases of evaluation, community and academic members should participate equally. Community participation will influence the way the evaluation is designed, the questions it asks, and the measures it uses to gauge success. Community participation is also more likely to reflect the values,

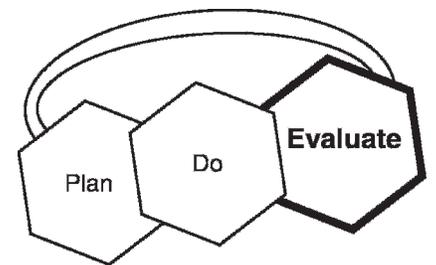


Fig 6.2. Evaluate

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perceptions, and experiences of the community and therefore to be more relevant to the partnership's goals. Academic participation helps to maintain scientific rigor during evaluation, which is critical for reaching valid results and helping to build the community's capacity to provide interventions and services in the future. A CPPR initiative respects and honors the expertise of both community and academic participants.

The remainder of this chapter discusses evaluation principles, the Evaluation Committee, formative evaluation (which is only briefly mentioned here, since it is discussed in more detail in Chapter 3), and outcomes evaluation.

EVALUATION PRINCIPLES

CPPR evaluation activities should:

1. Draw on community strengths and respect community culture and practices
2. Foster collaborative thinking and build sustainable, authentic partnerships
3. Support learning among both the partnership and the community
4. Ensure equal participation by all partners in decision-making and leadership
5. Implement the evaluation based on continuous input from all participants
6. Analyze data collaboratively
7. Support co-ownership of evaluation activities and findings among all members of the group, along with joint participation in dissemination and publication (see "Celebrate Victory" in Chapter 7)
8. Build trust between the community group and other entities, such as governmental, political and academic institutions
9. Stay true to what the community defines as the issue and to the project Vision and partnership principles.

These general principles can be used to support five overall standards for evaluation, listed below along with questions that can be used for group reflection concerning the quality of the evaluation.

Standards for Effective Evaluation

1. **The Evaluation Is Useful.** The evaluation should answer the community's questions and build on a body of community and scientific. It should also be useful in a CPPR perspective of allowing contribution from community participation. An evaluation is also considered useful if it tells the leadership what needs to be done next (eg, do we need to improve our message before moving on?). How does it allow for contribution from community participation? Does it give us information for what to do next from a scientific perspective?
2. **The Evaluation Is Outcome-Oriented.** Outcome-oriented means that the evaluation has concrete outcomes that are important to the stakeholders and community at-large. It is also important to assess whether the project is likely to achieve those outcomes. Does the evaluation identify outcomes that will be important to stakeholders, and is the project likely to achieve those outcomes?
3. **The Evaluation Is Realistic and Feasible.** The evaluation must be practical, politically viable and cost-effective. A good question to ask is, "Can we do it ourselves?" If not, other suitable ways need to be explored. The goals of the evaluation also need to make common sense. Do the evaluation goals and conceptual model make common sense?
4. **The Evaluation Is Culturally Sensitive and Ethically and Scientifically Sound.** In CPPR, the evaluation needs to be consistent with

the group's vision, and tap into the diversity of all the groups involved. Consultants might need to be included to ensure both community and scientific validity. Design decisions should be arrived through collaboration. To ensure ethical and scientific soundness, the evaluation needs to follow standard procedures of research, such as human subjects review and scientific peer review.

5. **The Evaluation Is Accurate and Reflective.** An important consideration when planning evaluation activities is who provides the information from the evaluation and who summarizes the information. People are likely to bring their own experiences to data analysis, especially when working with qualitative data—different people will find different parts of the data interesting or significant. Therefore, it is important to conduct evaluation jointly, and to have final approval by all parties. To facilitate this, summary data should be de-identified to protect privacy and then made accessible to project members as appropriate.

To facilitate the evaluation according to these principles and standards, larger CPPR initiatives have a separate Evaluation Committee. This Committee provides oversight and support to the Steering Council and working groups as they develop action plans and evaluation strategies. Because of the committee's central importance to guiding the evaluation, we first describe its purposes and functions.

THE EVALUATION COMMITTEE OF THE STEERING COUNCIL

The Evaluation Committee reports to and is supported by the Steering Council. In addition to overseeing the project's outcome evaluation, evaluation

leadership ensures that the core values of CPPR are being met and the initiative's actions are grounded in community and scientific values. This includes ensuring that the relevant stakeholder perspectives, especially those of grassroots, are reflected equally. The leadership must also: be mindful of community participation, leadership and transparency of technical tasks; develop partnership strengths of the academic members and their capacity to co-lead with community members; build the overall capacity of the group in evaluation activities; find scientific solutions that fit project initiatives and community capacities, strengths and interests; and advance a field of partnered evaluation and science. All these functions are tasked to the evaluation leadership while being mindful of the larger goal of community benefit and capacity building. These tasks require flexibility, including the ability to reprioritize traditional academic goals.

Over time the Evaluation Committee may serve strategic and advisory roles, supporting working groups in evaluating their own action plans or helping community-academic teams to develop proposals to fund evaluation plans.

The Evaluation Committee can also initiate broader strategies to build evaluation capacity. For example, we developed a "CPPR methods book club." The book club, led by a biostatistician and co-led by a grassroots community member, reviewed published CPPR evaluation methods. That group met for a year, resulting in improved relationships and trust and a clearer understanding of evaluation methods.

The Evaluation Committee should support logistical issues around the data, such as where and how it is kept, and handle submissions to Institutional Review Boards (explained more fully under "Outcomes Evaluation" below). Other important functions of the Evaluation Committee are to identify op-



TIP: Build for the Future By Attracting Junior Researchers

Junior researchers are under pressure to "produce." They may shy away from community-academic participatory research because of concerns about time commitments and lead time before products are produced. They may feel that their participation will slow down their career development.

In *Witness for Wellness*, the Evaluation Committee made early products for junior researchers a priority. The Committee facilitated a special journal issue with first-author publications by several junior investigators, giving them an important start to their career and achieving confidence in and commitment to community engagement research.

Fig 6.3. Tip

portunities to develop more formal research initiatives, write grant proposals, and support research presentations (which are discussed more fully in Chapter 7). In our partnered projects, the Committee has helped attract and retain promising junior investigators to participate in CPPR projects (Figure 6.3).

An important role for community members of the Evaluation Committee is helping explain scientific issues to community members. For example, community members can explain to others why a control group was designed a particular way. Because community members can provide such explanations based on their active participation in the decisions, they can help build trust with the community at large.

Membership Recruitment and Support

Membership of the Evaluation Committee should reflect the diversity of the community as well as the diversity of the academic partners. In forming our own Evaluation Committee for the *Witness for Wellness* project, we sought committed members who understood or were willing to learn about the local histories of community research; and to explore options for how to conduct research together. This racially and ethnically diverse group

included community and academic members with widely varying experiences and a mix of junior and senior people. In some cases, resources to sustain community participation were secured through our "Community Scholars" program.

Our initial Evaluation Committee for *Witness for Wellness* included a dozen individuals, including academics from various fields, two project co-leaders, and two ad hoc community members. At times, we invited outside evaluators to provide an independent view of our progress and success.

Having members in both the Council and Evaluation Committee means that the principles of Community-Partnered Participatory Research are well known, so the evaluation can be grounded within those principles.

Structure

The Evaluation Committee typically meets monthly to set up the evaluation structure or more frequently in the first several months. During periods where subcommittees or working groups are implementing specific evaluation plans, the Evaluation Committee may meet monthly or quarterly to consult or review work in progress. Additional meetings can be held to support evaluations of particular events or to develop approaches to build community consensus for proposed action plans.

FORMATIVE EVALUATION

Formative evaluation plays an important role in the overall evaluation of an initiative and of action plans at the Valley stage, particularly as it contributes to the formative goals (shaping the initiative). Information on how things are going helps to ensure that both the partnership and the initiative are pursuing agreed-upon goals and sticking to principles. It allows leadership to gauge the effectiveness of the partnership to allow any needed course corrections to the main action plans. For example, leadership in the Witness for Wellness initiative became aware that an imbalance in knowledge of basic principles of research and evaluation between academic and community members was leading to heavy reliance on academics for decision-making, particularly decisions regarding evaluation. The partnership corrected the imbalance and encouraged shared decision-making by initiating the “CPPR methods book club” discussed above.

Because there is so much overlap between evaluation and intervention activities, the methods of partnership evaluation and tools for conducting them are covered in greater detail in Chapter 3.

OUTCOMES EVALUATION

The heart of the evaluation at the Valley stage is an outcomes evaluation of the main initiative as a whole or for specific working groups' products. A good evaluation (one that yields valid data that address the goals of the project and are meaningful to different stakeholders) is hard work (that's why it's part of the Valley!), but also can be very rewarding. The job of developing an outcomes evaluation consists of 10 main steps.

Step 1. Clarify the Evaluation's Goals and Main Questions

The evaluation of a CPPR initiative has the goals of determining: 1) whether

the intervention reached the intended population; 2) whether the initiative delivered the intervention or processes that it intended to deliver; 3) what the outcomes of the initiative are for different potential stakeholders—both intended and unintended outcomes; while 4) providing feedback to the initiative and to the community along the way. Like all components of the project, the evaluation should be partnered. Sometimes outside evaluators, or persons from outside the team from the community or academic partners, can be brought in to provide a more independent view.

Evaluation questions clarify what the project leaders and community want to know about the effect of the initiative or action plan within the community. Evaluation questions should be stated as clearly as possible in language that all participants, community and academics, understand and find relevant.

Evaluation questions should be *useful* in that they clarify the community's questions about the program; *outcome-oriented* in that they focus on measurable outcomes; *realistic* in that they can be answered given the project goals and resources; and *culturally relevant* in that they reflect the norms, values and strengths of the community and the partnership.

Examples of evaluation questions include:

1. How did this program (such as a new training program for case managers on recognizing a health problem in their clients) affect the knowledge, skills and actions of those participating (case workers, clients and family members)?
2. Did the new training program increase the ability of case managers to recognize the health problem and did this, in turn, lead to better health outcomes for their clients?
3. Did the program have any unexpected effects for participants, such as diverting their attention from other important tasks?

Step 2. Define the Intended Population and the Evaluation Sample

The Council and working group leaders should help assure that there is a clear intended population for actions or interventions in the project. Is it the community at-large? A special population within the community? And in practice, what population will the project actually try to reach at this stage? Given these resources, what priorities will be set? These questions can allow a more precise definition of the intended population for this phase of the initiative, so that you can track how that population is reached.

Given the definition of the intended population set by the Council (overall) and working groups (in their specific action plans), it then becomes important to develop measures of the characteristics of people reached by the project, such as their age, sex, or ethnicity, to document whether the project has reached the intended population.

One common way of tracking who actually is reached is through meeting and event attendance records and sign-in sheets. For example, in the Talking Wellness pilot of Witness for Wellness, we wanted to know whether persons of African descent, whether living in the United States or attending from overseas, were participating in the project events sponsored at the Pan African Film festival. Thus, in our surveys we obtained information allowing us to identify country of origin and of residence, and self-identified ethnic/cultural status. Sometimes, it may be possible to compare the populations reached with a broader population of interest. For example, it may be possible to use census data from an area to describe the characteristics of persons living in the community, in relation to those participating in project events.

Here are two definitions that might be useful in analyzing your evaluation sample:

- A representative sample means that the group being evaluated is similar to the full population in a number of ways (like age, sex and ethnic distribution).
- The term, systematic, stands for a rigorous process to assure something, such as having a balanced or equal number of persons in different age groups or sex groups in a project—to help analyze the implications for how different types of people might respond.

It is often a good idea to have a statistician from the Evaluation Committee consult with the working group to assure that both the intended population, and the strategy to sample participants to represent that population, are valid and documented. Similarly, community members from outside the project can help assure that the intended sample for the intervention and measures of it are valid within the community.

Step 3: Develop a Logic Model

As noted earlier, a logic model is a graphic resembling a flow chart that connects activities to intended outcomes and depicts the pathways by which the initiative is expected to lead to outcomes. There are two kinds of outcomes: intermediate (intermediate steps toward your overall goal) and end (your overall project goal).

To get started, the Evaluation Committee and working group team members should review the Vision and then think about:

- What changes or outcomes for the community do we think will result from this project? How will those changes or outcomes occur?
- What are we trying to achieve as outcomes? Why are those outcomes important and to whom? (which stakeholders?)
- What other kinds of changes might occur as a result of our efforts?
- What else might be going on at the same time that might influence our results?

These questions, like the Vision exercises, can be posed during a brainstorming session for the partnership. The ideas should be summarized on a poster or white board. Then the team should try to prioritize outcomes in terms of their overall importance to the project. Interim outcomes should also be specified. For example, if the overall goal is to reduce obesity, an interim outcome might be increasing the availability of fresh fruits and vegetables in the community's grocery stores. It can also be helpful to get a sense of how likely the team feels that different outcomes will occur as a result of the intervention—some kinds of community health problems may be difficult to change in a short period, or with limited resources.

For example, in the Talking Wellness pilot of Witness for Wellness, community members hoped to use community-generated arts events to reduce the social stigma of depression in the community. But in early discussions, community and academic partners recognized that long-held attitudes may be difficult to change, so the primary outcome shifted from wanting to reduce stigma to one of the intermediate outcomes, to foster the perception that depression is a community concern.

The next step is to link action plans or specific activities of interventions to the prioritized outcomes. Outlining the different outcomes on a white board, and creating arrows (signifying sequence or order of influence), between the outcomes and project activities creates a logic model.

For example, in the Talking Wellness group's community arts events at the Pan African Film Festival in Los Angeles, a photography exhibit was used to engage the audience in what it feels like to experience depression. Also, different activities were mapped to different outcomes.

At this stage, it can be helpful to review formal theory and conceptual models to suggest other kinds of

concepts that might be useful to track as intermediate outcomes. These steps can make the initiative more appealing to funders, who are interested in the scientific and theoretical basis of a project. This step also should be accomplished through a partnered approach, taking the time to share the concepts meaningfully with the group, translating theory and concepts as needed into a common language that everyone in the group can understand, and familiarizing academic members with terms and concepts of meaning in the community. These activities can also build trust within the partnership, in the evaluation activities and reinforce the equal partnership principles.

One example of a logic model was developed by community member Eric C. Wat for the Mindmap, a project of the community-based agency Special Services for Groups. Mr. Wat's logic model (Figure 6.4) illustrates how the Mindmap project aims to arrive at its goal of improving employment outcomes for youth in South Los Angeles.

Step 4: Identify the Expected Outcomes for Each Stakeholder Group

Step 3 should also lead to a list of intended outcomes for different stakeholders in the partnership and in the community or outcomes map. Examples of various outcomes include improvements in community attitudes, participant satisfaction, increased access to information or resources, publications, development of a local plan, and sustained participation. Keep in mind that as you will be designing the action steps of the intervention, you will have expected outcomes of these action steps. Evaluation is a way to formalize these outcomes explicitly. Below is a list of possible outcomes for different levels of engaged stakeholders.

- Individual: Change in knowledge, attitudes, behavior, skills, self-efficacy—or being capable of producing a goal.

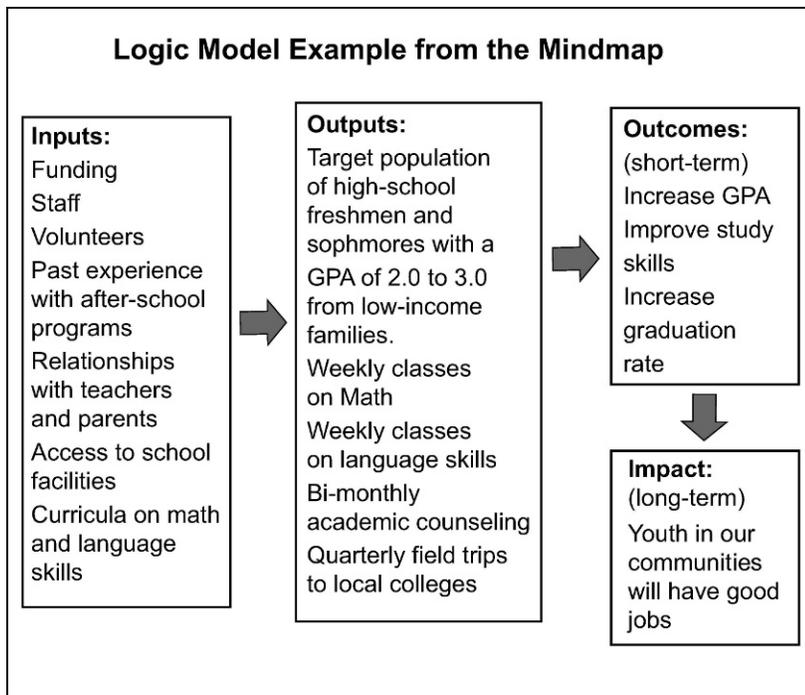


Fig 6.4. Mindmap logic model

- **Groups:** Change in interpersonal relationships and practices; feelings of integration and acceptance.
- **Organizations:** Change in way business is done, resource allocation, policies, involvement of team members in leadership roles.
- **Systems:** Change in delivery of services and the creation of new resources to meet competing demands.
- **Communities:** Changes in community action, political climate, integration of groups, redirection of power, social norms, and community identity.
- **Policies:** Changes in laws and regulations; development of initiatives to better serve the community.

Sometimes there are differences in what community members and academic researchers view as important indicators of success for a project. Questions such as “Were the goal(s) met?”, “What was learned?”, “How can we improve or sustain efforts?” should be addressed from both the community and academic perspective. The answers to such questions can help identify the priorities

of different members of the partnership for project outcomes.

It may help to use an image to visualize the full range of stakeholders for a project or intervention, and their “stake” in the project or issue. For example, Supporting Wellness (one of the Witness for Wellness working groups) used the image of a tree to represent policy leaders (leaves taking in sunlight and oxygen to support growth and direction), community agencies (branches and trunk to serve as a structure and support the initiative), and grassroots members (roots, grass providing nutrients and being fundamental to the growth of the initiative). Visual images can help to demystify concepts and make research and evaluation more community and partnership-friendly. (Figure 6.5)

The final set of outcomes for each stakeholder should be prioritized. Not all outcomes that people may feel are important can or should be tracked for a given project. Rather, group leaders can help the work group develop priorities

for the 2–3 most important outcomes, providing direction for what needs to be measured as indicators of success.

Step 5: Coordinate and Integrate the Expected Outcomes

It is important to have consistency between the Council’s view of outcomes for the project and each working group’s view of outcomes for their action plans.

For this reason, the working group chairs should be designated and participate in the Council’s activities prior to developing broad outcomes, and support from the Council should be available for working groups to review as they develop their own outcomes for their action plans.

Step 6: Design the Evaluation

An evaluation design specifies how the data or information obtained in a project are structured to allow the evaluation questions to be answered. Every design has its strength and limitations, and there are many different evaluation designs. Developing designs typically involves a number of key decisions. Some of the factors to consider are briefly described below.

Comparison Group or Descriptive?

Comparisons are useful to help determine whether one action or intervention (such as a provider training program) makes a difference compared to an alternative approach (such as usual practice or no special training). There are different kinds of comparison group designs with different implications for resources and different demands on the partnership and community.

The classic “randomized clinical trial,” which is the gold standard for testing the effects of a new medical treatment, assigns participants to one condition or another. Randomized assignment to compared conditions is scientifically desirable, but implementing such designs requires a high degree of community trust in the partnership

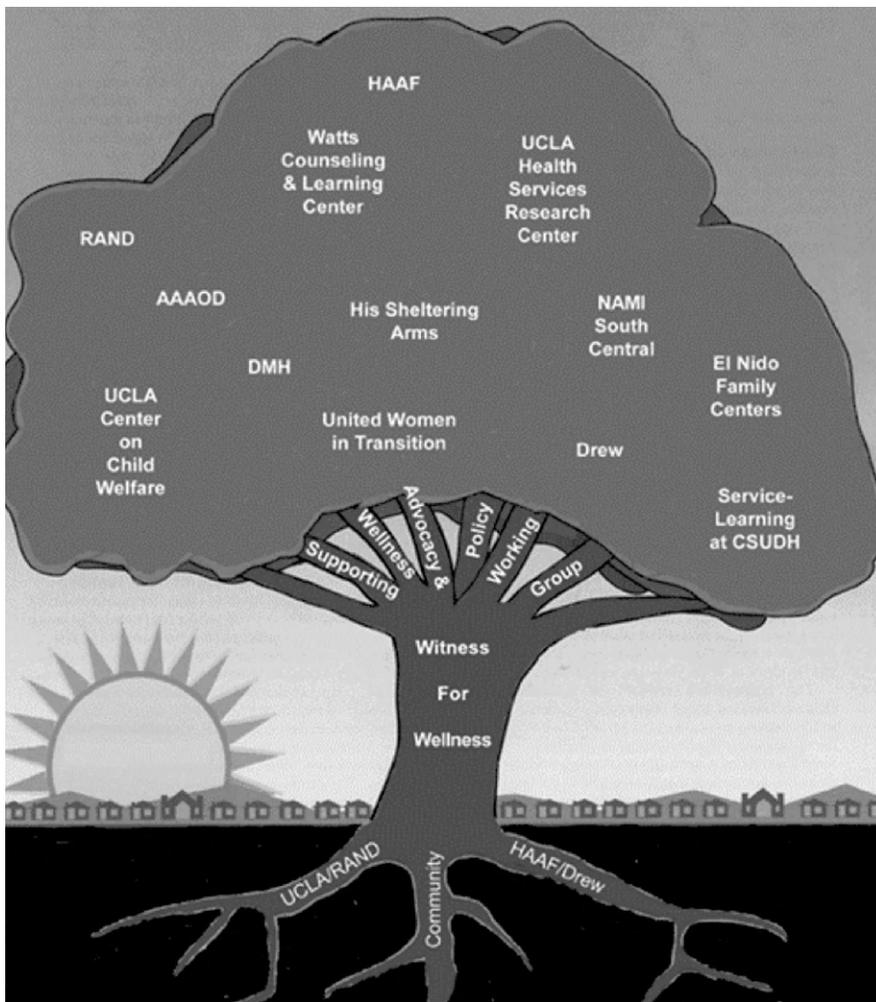


Fig 6.5. Supporting wellness tree

and in the scientific idea and process, so the opportunity must be carefully prepared.

There are other ways of assigning comparison groups or people, such as matching (choosing people or groups that are similar in their characteristics), or assigning on a voluntary basis (based

on people’s preferences). These methods are “nonequivalent” comparison group designs. They are sometimes more feasible to implement in community projects, but raise other kinds of questions about whether the evaluation is valid (are the compared groups truly equivalent in factors other than expo-

sure to the intervention?) and rely on careful control in the analysis for ways in which the groups may not be comparable or equivalent.

So in designing a partnered evaluation, it is important to discuss the trade-offs between a more scientifically valid design for comparing groups, such as randomization, with feasibility and the level of prior community trust in the partnership, while also considering the available resources. It may be important, for example, to start off with simpler designs that build trust in evaluation and in the partnership and to work toward more rigorous designs as the partnership matures.

The alternative to a comparison group design is a rich description of a roll-out of an intervention in a population. A rich description is a way in which to describe some event or thing in descriptive detail. This provides a wealth of information beyond a definition or nominative category. A rich description evaluation can lead to important insights as to what the effects might be, and what they mean to people, and what the process of the intervention roll-out has been.

How do projects know what kind of design might be best? The answer depends in part on the intended audience and what other work has already occurred in the community and in research fields. Descriptive studies or broad explorations are often good both when there are only a few other precedents or prior studies and when there are many other precedents or programs or studies. When there are few precedents, a descriptive study will help you figure out how something works first and make sure that it is acceptable to people. This is known as an exploratory or feasibility study. When there are many prior precedents, there is nothing to prove about cause and effect and the project can concentrate on other aspects, such as building sustainable capacity in the community.



Please share your comments, suggestions, and experiences with us! Turn to Appendix 1 for feedback forms. We appreciate your input.

Fig 6.6. Share

Cross-sectional or Longitudinal?

Other important aspects of design include whether everything is measured at one time and lumped into one analysis (a cross-sectional study) or whether the data are collected at different points in time, so that changes can be measured over time (a longitudinal study).

Generally speaking, longitudinal designs are better than cross-sectional designs for drawing conclusions about cause and effect. But a longitudinal design also requires that data be collected at two or more time points, which generally costs money and takes more time. So one strategy in developing a community-academic partnership may be to start with something cross-sectional and descriptive, and point later to a more rigorous, longitudinal, comparison group evaluation. A movement to a more rigorous design may well be in response to community concerns, such as questions about how participants in the project are affected by the intervention over time, setting the stage for a dialogue in the partnership on the importance of answering that question, and developing a strategy for the resources to answer it using a partnered approach.

Quantitative, Qualitative or Mixed?

Quantitative data are reducible to numbers that can be used in a standard statistical analysis. Qualitative data are more narrative or observational based and consist largely of text, which then needs to be coded into themes and ideas in order to be analyzed.

Quantitative and qualitative data have different purposes and suitability to different types of analyses and questions. Qualitative data, being more story-based, tell a richer story and are best for identifying ideas and themes among the information recorded or told. These ideas may vary from participant to participant, so the results can be hard to standardize. An example of collecting qualitative data would be

having participants share briefly about how their lives have been affected by the project.

Quantitative data, such as census data and information from standard audience surveys, are more standardized across individuals (when collected properly) but are limited to the specific data collected. For example, asking participants to rate a meeting's productiveness on a scale of 1 to 10 would yield quantitative data. Thus, quantitative data are more suited to testing a hypothesis or theory about the outcomes because you can compare individuals' answers to each other, whereas qualitative data are generally not scientifically comparable.

Mixed methods involve collecting both quantitative and qualitative data. One looks for some consistency in the major findings across both methods to tell an overall story. Many community-based participatory research projects used mixed methods. However, it then becomes important to know when and how to use different types of data to tell different stories, because there are fundamental differences in structure and purposes that make them complementary.

Here are some guidelines:

- Do you want to prove a point numerically, based on a well-established idea or theory? Then quantitative data may be best.
- Do you want to explore how a project unfolds and what people think of it, in their own words? Then qualitative data may be best.
- Do you want to test some ideas numerically but have rich explanations of what people think? Then mixed methods data may be best.

The selection of quantitative and qualitative data can be based on the evaluation question (is it exploratory or hypothesis testing?), and readiness and capacity of the partnership to deal with different types of data in a partnered data collection and analysis, as well as

what kinds of data will speak to the community stakeholders. Will stories be the most effective, or numbers representing a population, for the intended audience? Does the partnership have the resources for handling the data in the analysis phase? How would the community like to tell its story? Will the findings be publishable, if that is a goal for the partnership?

Step 7: Develop Measures

The next step is to use the outcomes identified earlier, in light of the design and the general type of data collection planned and to develop indicators or measures. Outcomes might be broad—reduce obesity, improve mental health, and so forth. Indicators and measures are specific, such as percent of the participants who lose 3 or more pounds, or percent of the population with two or more symptoms of depression. Turning concepts into indicators and measures means being able to think practically about what the project can achieve and for whom, and the availability of data on that outcome.

Developing measures of success in community engagement projects involves learning how outcomes might be measured based on prior research and program evaluation, independently listening to the voice of the community in terms of what the important outcomes are, and then working to blend perspectives by reworking and extending existing measures, or completely starting over to capture outcomes of importance to the community.

Even in starting over, however, the group should be aware of existing expertise on how concepts can be best measured. This kind of approach often involves a process of academic partners letting go of traditional measures, or at least letting go of the letter of the law, or having measures exactly like those in other projects. This is challenging; academic participants must be flexible, and yet the result must be scientifically valid. If it's not, no one – neither the

academic or community partners – benefits from the research.

Another complication is that funding for follow-on projects will likely depend on the funding organization's recognition of the initial project as successful (and funders are likely to measure success using traditional yardsticks). Both researchers and community members must work together to convince the funding organization that the project's measures of success are valid. This can mean having a stage of measures development, or developing formal studies of reliability and validity within the project.

Some definitions:

- **Reliability:** whether the information obtained by a measure will produce the same results when re-administered.
- **Validity:** the truthfulness or correctness of a measure, that is, whether it really captures what it is intended to capture.

The development of a measure depends on what kind of data source will be used. For example, obesity can be measured by self-report, the report of others, or physical measures like waist circumference or weight and height. Sometimes when data are not available, a proxy may be used. For example, suppose the project needs to know the ethnicity of survey participants, but there are no data in the survey on ethnicity. Perhaps an existing survey, such as the census, is available to give this information about the area in which individuals reside. Outcomes that have to rely on existing data will be constrained by the kinds of issues that have already been measured. For example, claims data from an insurance company might not include data on ethnicity.

This means that along with reviewing what kind of existing measures might be available, and how the community thinks about the issue, it is important to think about the sources of data for the measures. Will there be a survey of participants? Are existing data

available on the community such as census data or agency data? Will interviews of stakeholders be feasible? Will information from community members be available from discussion groups? What other kinds of data sources might be available: public data or reports? attendance lists from meetings? photographs or videotapes?

Typically, one arrives at a data source strategy by starting with the measures or indicators and the priorities for them, and then listing in a table the data sources that would be required or are available to obtain those measures. Then some decisions are needed about the most efficient strategy to obtain information about the greatest number of measures on the most stakeholders, with the fewest data sources or the most efficient overall strategy. This can mean dropping some types of desirable measures in the interest of feasibility. Or sometimes, entirely new measurement strategies are suggested (like narratives of community members about what it's like to try to get fresh vegetables that are affordable, or photographs of food actually available in grocery stores) because an outcome is very important, but there is no available data source, or because obtaining them in a standard way (such as through surveys), either would not be acceptable to the community, or is already known to be invalid from prior research.

The process of considering outcomes, measures, and data sources and tolerating not having a final set of outcomes until the whole evaluation strategy has been balanced and is known to be feasible is familiar to most academic partners, but can be unfamiliar and frustrating to community members who are new to a research process. Similarly, taking the time to review existing measures to assure that they are valid and meaningful within the community can be frustrating to academic partners. Together, the members of a partnership can learn how to tolerate these expected frustrations and support

each other in developing useful measures that can serve scientific purposes and communicate strongly to the community stakeholders.

To minimize frustration, it can be helpful for the evaluation leaders to set expectations about the process of outcomes evaluation up front. Review the resources for evaluation, what other resources might be brought to the table, and the implications for what kind of data sources might be considered for this project. Explain the process needed to arrive at a good set of outcomes, a rationale for them, and measures and data sources. This will help the whole partnership learn about evaluation, and generate support for its development.

Here again, as in the Visioning exercises described in Chapter 3, we have found it helpful to use engaging strategies, such as stories, puppets, visuals, site visits, and so forth, to make the process of developing (and later implementing) an evaluation engaging. Participatory evaluation is both a method and an art.

Step 8: Submit the Evaluation Design and Proposed Measures to the Institutional Review Board (Human Subjects Protection)

All evaluation designs that potentially can lead to research products will have to go through a human subjects protection process through one or more institutional review boards (IRBs). Collaborative projects in the community might involve one or more academic institutions, each with its own IRB, and various participating community organizations may have their own IRB. Submissions to IRBs require lead time for preparation, for review and for responses and revisions. Data collection involving human subjects can only occur after IRB approval.

Typically (but not always), the academic partners take the lead in the IRB process. However, over time, we have developed a collaborative process

of developing and implementing reviews. Community members in our partnership also serve on the academic IRBs. This helps avoid the problems of allowing the research to become too academically directed. (Because the academic partners are already familiar with the IRB process, there's a risk that they can – with the best of intentions – completely take over the project at this point.) It is important to also build the capacity of community partners to understand and use the IRBs – a process they will need to understand in all subsequent community-academic partnered research projects. For this purpose, we have held IRB presentations in the community, and ask all of our Council members and leaders of the working groups to become IRB-certified. A community engagement perspective implies that findings be regularly shared with the community before being disseminated more widely, and the physical data (such as the paper surveys, etc.) will partially be kept with trusted community partners. Under the capacity-building goals of a community-academic partnered project, the community should be given priority in employment and training opportunities associated with the project, and their contributions recognized and honored in products.

Even apart from IRBs, the importance of attending to human subjects issues and building trust in the community regarding research purposes cannot be overestimated, especially in underserved communities of color that have suffered histories of abuses from research and/or health care. The notorious Tuskegee syphilis experiment is very much a continuing example on the mind of many African Americans in our community, as well as in other minority communities—and this is but one example of many. The history of research abuses is greatly compounded by the legacy of communities that have been subjected to slavery (such as African Americans) or genocide (includ-

ing Native Americans, for example), such that appearances of experiments and controls can have a particular meaning of potential for harm, even great harm. All research, moreover, involves some risk, even if that risk may be either minor or minor relative to the benefit (to society and possibly to individuals) expected from the knowledge gained. The fear engendered by the history of research abuses is that the potential for harm may not be disclosed or will be forced upon unwilling or unknowing participants.

This background is not intended to deter community-academic partnerships from doing research, but rather to emphasize the importance of transparency in evaluation and research purposes and design, and the need for equal partnership and trust at every stage of the project.

Step 9: Collect the Evaluation Data

Data collection methods should seek to assess success and also be adapted to fit the skills of community participants and available resources. Unless very substantial resources are available, it is best to choose methods that can easily be carried out, take short amounts of time to accomplish, and appeal to those involved. Even with large resources, a portion of the evaluation should use methods with these features. Some successful data collection methods are listed below:

1. Assemble documentary evidence: examples include meeting attendance and minutes, community newsletters, development of educational pamphlets, pre- and post-intervention opinion surveys, etc.
2. Monitor event participation: examples include tracking the number of events, along with the number of persons who attend the events and their demographic characteristics.
3. Interview stakeholders, conduct focus groups, or hold community

dialogue sessions: examples include gathering community members to share their views on the extent to which the process is working and if goals are being reached. You might also investigate how the strategy and activities could be improved.

4. Collect survey data: community members can also be trained as survey researchers, particularly for collecting data at community events (films, marketplaces, etc.). Depending on the circumstances, community members can also partner with trained survey researchers or be supervised in groups.
5. Take pictures and video: a variety of community-based participatory projects use the method of PhotoVoice or VideoVoice (<http://www.photovoice.org/>) to capture data and support community members in identifying and taking action for change.

Other resource books provide extensive guidance on collaborating data gathering using a variety of methods within community-based research projects.¹

In conducting research under a community-partnership framework, community members may be primarily responsible for the data collection. This means that in designing the data collection instruments and protocols for data collection, it is important to include training in data collection. This may require modifying data collection procedures, giving additional time for training of data collectors, and setting up a leadership structure for training that includes community and academic partners. The style of training may also differ, with more emphasis on community engagement and sharing of perspective, role playing and other activities to build experience during the training, and a shared supervision structure that honors not only technical standards of data collection but cultural and community sensitivity and inclusiveness in data collection.

Step 10: Analyze the Data

Perform joint analyses. Once data are gathered, the group should collectively analyze the data to: 1) build consensus on findings and 2) ensure that everyone understands that the data belongs to *all* those involved. Consensus on findings, conclusions and recommendations should be reached within each working group involved in the evaluation. To do this, the working group should

- Analyze the data.
- Compare the data to the team's assumptions or hypotheses.
- Summarize what the team learns.
- Give feedback on all the primary findings to the community at large.
- Modify action plans as needed, including, if necessary, modifying the approach, moving the work into a new area, or institutionalizing the change.

How is joint analysis done? The answer is: by meeting regularly, taking a step at a time, explaining all concepts and terms in plain English (or the appropriate language for the group), and assuming that all aspects of analysis can and should be a subject of partnered discussion.

For example, the Talking Wellness group (one of the working groups in the Witness for Wellness initiative) met one or two times a month for two hours over the course of one year. In those meetings, the most basic aspects of design and analysis were discussed, ranging from developing hypotheses to scale formation and weighting data, along with various forms of statistics. The idea was not to make community members into statisticians, but to make the concepts in analysis transparent. Various analyses were conducted and results reviewed, so that community members became comfortable with tables and numbers. Conceptual models and theories were discussed, and people were invited to give their own thoughts about the particular events that were the subject of this analysis. Brainstorming

about cause and effect led to some innovative hypotheses about how community events led to community commitment to take action. This core idea was developed into a formal or causal analysis, which used data to see if the relationships among the data collected were consistent with a specific, formal model or framework. In addition to the intended simple evaluation of the events themselves, this framework was published as its own scientific piece.

At each step of analysis, we have followed several principles:

1. Bring in scientific experts as needed and ask them to explain technical matters in plain English, using visuals and examples;
2. Bring in community experts or facilitators to energize community members to contribute ideas;
3. Balance academic presentations with brainstorming sessions and other forms of community sharing of perspectives, using the community engagement methods discussed for visioning exercises;
4. As needed, review background material, whether on community history, or methods of analysis, to build an ongoing capacity for partnered analysis; and
5. Make sure that community members who participate in analysis have a chance to present it in either a community or scientific forum or both. We have found that the joy of presenting something one truly knows, and receiving appreciation for it, can balance the more tedious aspects of data preparation and analysis.

Keep the team and the community informed. Academic and community members involved in the data analysis will develop a detailed understanding of the analysis process. However, other community members may have limited experience and thus not fully understand exactly what the data look like, and they will have questions. Are

minutes project data? Are pictures taken at events project data? What exactly are data from surveys like? Are data numbers punched into a machine?

We often find that questions like these emerge as community members wait to see the data, or to know that they are available to be reviewed. Anticipating this can be helpful, as leaders can show examples of data, review human subject issues as to where certain types of data are stored, and what information will or will not be used owing to human subject protection. Further, community members often do not want to see the full data, which might be voluminous, but are likely to be interested in summary tables or key themes. Academic investigators might think that a request about data literally means seeing raw data, when in fact it often refers to seeing key summaries, such as graphs, tables, or tentative conclusions.

Another common problem is that quantitative and qualitative data require time to be prepared for analysis. Coding has to occur, errors in coding corrected, and variables and variable names developed, with scoring rules for measures. Scales made up of different items need to be developed, evaluated and then finalized. When data are missing, some method is usually developed to reduce the effect of the missing data on the analyses, like developing replacement data.

All of these tasks can be time consuming, delaying by months (sometimes many months for large projects) the availability of the data to community members. At times, those delays can seem like stalling and represent another source of trust problems. It can be helpful for experienced project members, both academic and community leaders, to take a proactive approach to explaining these issues with enough detail so that the community members understand what the issues are and what they represent.

Meanwhile, it can also be helpful to have an early feedback session to the

CHAPTER 6. WORK THROUGH THE VALLEY: EVALUATE - *Wells et al*

project team, with summaries of some descriptive data. This can show good faith and that the data are not being hidden.

Moreover, as main analyses unfold, summary tables and data should be available, for example on a website or in files available for this purpose in the lead community partner's agency. Community members can also be invited to come into the academic center to review data with an academic investigator.

CAPACITY BUILDING

Across the different steps for evaluation at the Valley stage, it is helpful to remember that the long-range goal is to

build a capacity in the community for evaluating partnered projects. This means carefully balancing the readiness of the partnership, and particularly its strengths, with the evaluation goals, and making the process of evaluation a positive, capacity-building experience for participants.

Our experience is that over time, through a series of steps in a committed partnership, one can build rigorous designs that address questions of importance to the community that also represent scientific advances, while respecting the community that is hosting the partnership. The evaluation is part of the whole process of respectful and equal engagement, which is the goal of Community-Partnered Participatory Research.

ACKNOWLEDGMENTS

We would like to thank the board of directors of Healthy African American Families II; Charles Drew University School of Medicine and Science; the Centers for Disease Control and Prevention, Office of Reproductive Health; the Diabetes Working Groups; the Preterm Working Group; the University of California Los Angeles; the Voices of Building Bridges to Optimum Health; Witness 4 Wellness; and the World Kidney Day, Los Angeles Working Groups; and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

This work was supported by Award Number P30MH068639 and R01MH078853 from the National Institute of Mental Health, Award Number 200-2006-M-18434 from the Centers for Disease Control, Award Number 2U01HD044245 from the National Institute of Child Health and Human Development, Award Number P20MD000182 from the National Center on Minority Health and Health Disparities, and Award Number P30AG021684 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Centers for Disease Control.

REFERENCE

1. Israel BA, Eng E, Schulz AJ, Parker EA. (eds.) *Methods in Community-Based Participatory Research for Health* San Francisco, Calif.: Jossey-Bass; 2005.

Loretta Jones, MA; Kenneth Wells, MD; Barbara Meade, MA

The promise of a community-partnered participatory research (CPPR) initiative to build capacity and reinforce assets is realized through a fully implemented Victory stage. This article reviews the process to plan for victory by including its goals in the main action plans and reviews several key activities that comprise the main accomplishments, which might include products for the community and scientific articles and presentations that are co-authored and co-presented; as well as partnered conferences and reflection retreats on major accomplishments and transitions. Because dealing with conflict is an important part of the work of projects in general and of developing victories, this article also reviews strategies to turn conflicts into celebrations of growth that can set the stage for the next phase of partnership development as well as for further partnered research. (*Ethn Dis.* 2009; 19[Suppl 6]:S6-59-S6-71)

Key Words: Community-Partnered Participatory Research, Community Engagement, Community-Based Research, Action Research

INTRODUCTION

Victory is the stage of Community-Partnered Participatory Research that uses the good work completed in the Vision and Valley to develop products, share them with the community and academics to disseminate them more broadly, and to acknowledge the groups, individuals and agencies that have contributed along the way (Figure 7.1).

Victory is also the stage for reflection on what has been accomplished to consider next steps for the project as well as for the partnership, and to acknowledge the community and academic capacity building that has occurred. In addition, at the Victory stage, the partnership works to achieve policy change, as well as to recognize and further promote the leadership that has developed. As a whole, the Victory stage is a celebration of strength and accomplishment, coupled with making sure that what has been learned will be useful and shared for community benefit.

Victory happens throughout the project. Celebration, products and sharing do not just occur at the end. There will be many smaller victories at every step of your journey to complete an initiative. Every successful meeting, every mutually agreed-upon compromise, every completed task is a victory and an opportunity to recognize accomplishment. All victories should be enjoyed and celebrated. In fact, one of the most important tasks of project leaders is to help groups recognize and celebrate victories.

The Victory mindset is an expression of confidence that you and your teammates will agree on goals and will achieve them together. From the beginning of the project, the Victory mindset is a crucial part of success.

Like the other stages of the project, Victory has three major steps: Plan, Do, and Evaluate. (Figures 7.2, 7.6, 7.10)

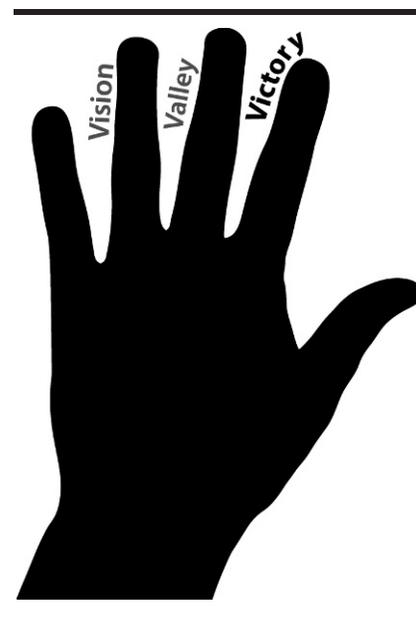


Fig 7.1. Victory

PLAN

Planning for Victory starts at the beginning. Each major meeting, the development of the Vision and action plans, the addition of new partners are all cause for celebration. This means that a broad goal of the project at the outset is to develop a Victory mindset, where opportunities for expressing gratitude, pride in accomplishments, and impact are sought, anticipated and recognized.

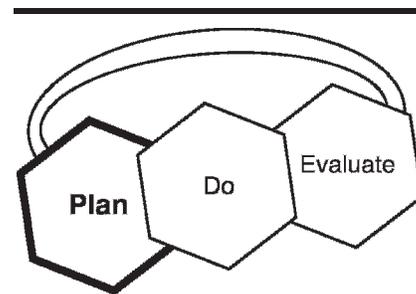


Fig 7.2. Plan

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What is a Win?

- A win can be something that an agency wants in order to achieve its goals, such as gaining new partners or building a referral network.
- A win can be something an individual wants, like recognition, or an opportunity to grow in skills or knowledge, or to meet others as a social outlet.
- A win can be something for the community, such as improved access to care or reduced environmental health risks.

Fig 7.3. Win

For example, in developing the Vision, team members should assess the win or victory for each stakeholder to make sure that the Vision is well-formulated to attract diverse partners and to accomplish something of value for each and for the community as a whole.

Throughout the project, project leaders and team members should both watch for signs of progress toward those wins, and set up the project so that those wins are more likely. For example, are partners who want to learn about evaluation included in the Evaluation Committee? Are those to whom community recognition is important given a chance to speak or meet others at community gatherings? Provided that a fair process is set up such that participants have equal chances at serving roles they would like to serve, a project can align its players (or ensure that they align themselves) to optimize the chances of achieving their win. (Figure 7.3)

How does one find out about potential wins for each member? By asking. But remember that at the beginning of the project, trust has not yet been built. So people may not be comfortable sharing some types of goals, such as personal goals. Leaders should be especially cognizant of people during the early stages of engagement, to understand what team members are asking about. Later, as trust develops, direct questions about personal goals or agency goals may become appropriate. Sometimes it is best to find out about wins through what people say about

others. For example, one advantage of the Vision exercises we have suggested is that people do not initially talk about themselves or their agency directly, but instead more broadly about what agencies or communities might gain. That information then can be useful in offering roles and discussing advantages with different stakeholders.

Each type of win, personal, agency, and community, can be a cause for a project celebration. But most likely, everyone will agree that the biggest causes for celebration are community wins.

FIND CELEBRATION OPPORTUNITIES

It's one thing to know generally what wins may be; it's another thing to find a good opportunity to express appreciation and to celebrate. (There should be some regular celebrations as a group, even if it's bringing something special to eat to a meeting or giving an individual member a round of applause).

Part of the Victory mindset is victory discovery: being actively on the lookout for events to celebrate.

Victory discovery means that leaders of working groups, Councils and subgroups or subcommittees, as well as individual members, should follow the work by attending meetings, reading minutes, listening to casual comments, reviewing action plans, and following the overall flow and structure of the

project to discover what is new and exciting.

Often, working groups are so busy with the work, or so modest, that they are not aware of the very special contributions that they make, as groups or as individuals. Sometimes groups can be highly critical of their own good ideas, even when they have been successful.

For example, in a prior research study, Partners in Care, some of us participated in training dozens of providers all around the country to improve depression care, including training psychotherapists in Cognitive Behavioral Therapy for depression. It was quite common for providers throughout the study to express strong doubts about themselves and the work they were doing—they often felt they did not measure up to the standards that they had learned, for example, because of time constraints or local resources available. Yet the study had very positive outcomes. Providers were surprised to learn that, using their Partners in Care training, they had helped people more than they would have without the training. If providers have these kind of self-doubts and self-esteem problems, we would expect many grassroots community members to have such doubts as well!

This means that you might not always be able to rely on the reporting back of working group leaders to the Council, or members of groups themselves, to identify the great ideas that they have or the good plans they are developing.

Leaders must listen to plans and progress, find the accomplishments and give feedback, even immediately. For example, working groups can be given a small amount of resource to support a party or a food treat or have a special guest or go on a trip to a park, as a reward for their progress.

One can also learn about wins and victories that might be happening by watching and listening to the reaction of guests who step into the process. In community-academic partnered proj-

Example:

An example of early emergence of leadership occurred in the training of working group leaders for the Witness for Wellness study. We asked a well-respected community leader from the Mayor's office to speak to our working group co-leaders about listening skills. During this discussion, one of the leaders-in-training asked a few questions about the skills, and then asked if this training was something she could make available to her own agency. The spark in her eye as she asked this question showed the transformation from a trainee to someone preparing for a leadership role in her own agency. To everyone's delight (and no one's surprise), she did indeed develop into a very strong leader for the project and her agency.

Fig 7.4. Leadership example

ects, there are almost always new members and guests cycling through meetings and events. We have found that these individuals are often surprised at the depth of the partnership, or feel that the community has hit upon an idea that their own agency would like to use. This observation should be immediately shared with the group (look at what our colleague has said about our work!) – and can lead to something bigger, such as special recognition from that agency for community contributions. (Incidentally, if one of your guests expresses strong approval of or interest in your work, don't neglect the opportunity to develop a new partner.)

DEVELOP LEADERSHIP

One of the greatest victories that can emerge from community-academic partnered projects is new leadership for individuals, agencies and the community as a whole. When individuals put themselves on the line and help develop something new, we call that leadership. When agencies step out of the pack and try something new, we call that leadership. When a community learns how to work across borders, agency and individual lines to try to build capacity for a better community, we call that leadership. (Figure 7.4)

Many people do not see themselves as leaders and may not have had many

opportunities for recognition of their leadership. They might not think of a community participatory action group as a leadership opportunity. However, community and academic co-leadership of working groups or committees presents many development opportunities for community and academic members.

Examples of leadership activities include leadership in developing and implementing action plans; representing one's agency in an initiative; speaking at an event; sharing one's own personal story; suggesting resources, such as referral lists or agencies for partnering that are available in the community; or even helping to organize refreshments for meetings. These opportunities, if recognized, can build members' confidence.

Here's another example. About two years into the Witness for Wellness project, member attendance at meetings dropped dramatically. A community leader in the project made a number of calls to see what was going on. We were afraid the reason might be negative (loss of interest in the project). But instead it was positive; many community members had new jobs and couldn't participate during the day. Many of them had previously been out of work for some time. Of course we do not know for sure if their participation in the project helped them get jobs, but we can certainly say that we observed their growth in confidence and leadership skills over the course of time. And,

we moved the meeting time to accommodate their new schedules.

MENTORING

Mentoring is a responsibility as well as a pleasure. CPPR projects should incorporate mentoring at all levels throughout the project. Established members can mentor new recruits. Council leaders can mentor working group leaders.

Mentoring should occur within and across community and academic lines. For example, senior community leaders should mentor academic partners in understanding community values, language, and issues, responding to conflicts, and even recognizing whether or not there is a conflict (passionate feelings and discussion should not automatically be viewed as conflict). Academic partners can mentor community members in understanding some of the options for evaluation and what the literature reveals, as well as theoretical or clinical issues involved, and academic procedures (such as meeting the requirements of institutional review boards). Junior or new members will require mentoring in the project rules.

Seasoned mentors from community and academic stakeholders in the project should mentor, individually and in groups, with the goal of helping potential new leaders to understand how to partner and rely on each other, and to understand the operational principles and project structure that keeps things moving forward. Special skills are a real asset and can be used in mentoring. (For example, the Witness for Wellness project was enriched by the presence of some individuals skilled in writing grants and some skilled in writing poetry – and we were equally grateful for both.) Just about anyone in a project at any level can mentor at least one other person in the project about something related to the project, using skills they know and enjoy, eg, cooking, reading, use of a different language, and so forth. Pairing mentors



TIP: Begin Working With Potential Funders Early

Developing a funding opportunity can require a lot of lead work. Community-academic partnered projects are still new, and many agencies may not be familiar with how such partnerships work.

Begin early to prepare an agency for your proposal. For example, to develop NIMH (National Institute of Mental Health) funding for Community Partners in Care, we worked to present findings from Witness for Wellness at various community and academic venues across the country. We arranged a site visit from NIMH leaders and were invited to present to a large leadership body, the NIMH Council. These activities and presentations helped familiarize leaders, reviewers, and members of the federal agencies with our approach and findings, and helped develop a framework so that our proposal, when we submitted it, made sense and could be viewed as important in contributing to the community engagement and participatory research literature. Most importantly, it also showed potential funders that our partnership was authentic.

Fig 7.5. Funding tip

and using them well strengthens the bond between mentor and mentee and builds up a sense of victory.

SPECIAL RECOGNITION

Project leaders may have roles in their institutions or organizations that allow them to develop recognition opportunities for the project and for its members. Senior academic leaders, for example, may be able to facilitate joint presentations of the project at national meetings, giving community members a travel opportunity as well as wider recognition. Senior community members may be able to develop community presentation opportunities, new partnerships, or actual job opportunities for community members. Leaders should be encouraged to think through the project goals in relation to their contacts, and what they can do to enhance recognition and impact.

DEVELOP FUNDING

New opportunities for additional projects will require funding. Developing funds means developing a proposal, which requires substantial lead time and

possibly additional time for resubmitting the proposal after responding to reviewers' comments. Obtaining funding for a new phase or component of work is in itself a major project accomplishment and an excellent opportunity to celebrate a victory.

Both community and academic partners may be aware of potential funding opportunities that relate to the central project goals. Project leaders and especially Steering Council members should seek to learn about funding opportunities, for example through reviewing announcements from local, state and national foundations; federal, state, and county governments; or pursuing private philanthropy.

It is important in developing funding to emphasize the diversity of the partnership, and particularly the need for funds for community partners. Academic partners may have the most grant-writing experience (but not always: some community partners have extensive experience). So it is important to consider jointly how the funding is developed, who leads, what the terms of leadership are, and all the other issues spelled out in the operational principles of the partnership. (Figure 7.5)

Other forms of preparation include discussing project ideas with funding

agency representatives, learning about the types of proposals they fund, seeing examples of proposals, and reviewing ideas for different ways of developing the project with community members and academic colleagues.

Pilot data or preliminary studies are important to show feasibility and potential of the project to succeed. For this purpose, project documentation that has already been developed – the Operating Principles, Vision, Action Plans, and progress to date, such as any sponsored events or survey data, can serve as preliminary data to show the promise of the overall project.

Funding can be difficult to obtain. Our recommendation: do your homework before trying a new funding agency. Get to know the agency, learn about its work and mission, and attend meetings that it offers to see what kind of work the agency tends to support.

BUILD RELATIONSHIPS

No discussion of planning for Victories is complete without a discussion of relationship building. Victories are built through programs and activities that depend on strong relationships.

Fortunately, there will likely be some people involved in the project who like to organize events and set up games and activities that are fun and engaging, and to reward others. Having a social chairperson or rewards activity or Victory chairperson can all be ways of building rewarding activities into the project infrastructure. Find the right opportunities and put people in a position to use their gifts to help yield celebrations that are not only enjoyable in themselves, but are also the building blocks for future Victory.

CELEBRATIONS AS ACTION PLANS

The project can and should have action plans concerning celebrations,

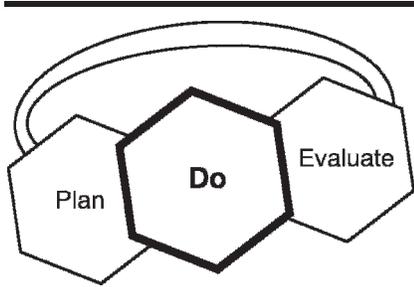


Fig 7.6. Do

although spontaneous celebrations are also important.

Action plans can focus on developing relationships; sponsoring events; creating products; and appreciating and celebrating teamwork. All of these are related and part of the Victory mindset for team members and leaders.

Let's celebrate that!

Do

Document Programs and Products

One of the key features of community-partnered participatory research projects is the emphasis on documentation and sharing of programs, findings, stories and materials. Without documentation of what happened, what worked and why, effective dissemination, the central activity of the Victory phase, cannot occur. Documentation can be through the written word, visuals, recordings, or passing down through an oral tradition, Internet postings or other means. Documentation enables the project to establish a tradition and leaves something for the team and the community that can be sustained. Documentation allows the project team to share the project and products with others, including community members and agencies, other communities and scientific groups (Figure 7.6).

Reaching different community stakeholders often requires different forms of documentation, specifically

tailored to that particular stakeholder group. For example, sharing a program that is designed to support clinics in providing culturally competent care may require a manual or toolkit and either an audio or visual presentation, or a team of leaders to provide training, or a combination. Reaching a scientific audience often requires a published scientific article and presentations. Reaching a policy audience might require a policy brief or publication in a policy review journal and presentations to policy audiences. Such presentations might benefit from stories from the community as well as more formal findings of the project. Reaching community members might mean using a magazine article or local newspaper or radio show, or sharing in other ways such as posters or in-person presentations at a local mall.

Each of these entities requires developing a different kind of product, and different kinds of strength and skills in developing the documentation. In addition, different partners may be needed to open up the opportunity, for example, to access a venue or to provide technical support for that mode of documentation.

Developing documentation means determining who the target audiences are for the document, determining the strengths of the partnership for developing different products, making partnerships to support them, and implementing that strategy to create a finished product.

As in all other phases of community-academic partnered research, all of these phases should be implemented using a partnered approach. That means the decisions about what should be documented, how and for whom, require the working groups and Council as decision-making bodies. This may involve a period of capacity building to enhance the skills of all decision-makers.

For example, academic partners will likely be the most familiar with academic documentation venues and styles,

such as presentations at scientific meetings and publishing of scientific articles. Community partners may be the most familiar with venues for the general community, such as which newspapers are read in the community, and the appropriate language and style. Different group members might have ideas about other ways of documenting, such as hosting poetry-reading sessions on the topic with guided discussion, or having a photography exhibit or showing a film and hosting a discussion. There are also existing methods of conducting and presenting blended scientific and arts documents through community participatory research methods, such as photovoice or videovoice.

A general sequence for developing documentation and products is:

1. Decide on the audience you want to reach.
2. Decide what kind of product will be effective for that audience.
3. Develop the partnerships and technical expertise for that product.
4. Draft and revise the product.
5. Publish, present, or demonstrate the product.
6. Acknowledge the accomplishment through a publication party or other celebration open to the partnership and the community, or certificates of appreciation for contributors (as well as authorship or acknowledgements, depending on the kind of product).

For instance, one goal of the Los Angeles Community Health Improvement Collaborative was to develop and demonstrate our partnership's capacity for partnered research, to set the stage for larger community projects and grants for further work. The partnership and each initiative within it discussed the kind of target audiences for the work and considered community and academic objectives. We developed community, academic and blended objectives.

An example of a community objective was developing a proposal for community-based programs to improve mental health and promote wellness among African Americans in South Los Angeles. This effort involved developing a joint proposal for funding a planning initiative for those centers.

An example of an academic objective was planning scientific papers on the development of the Collaborative and on the progress for each pilot effort within it for publication in a special issue of a scientific journal.

An example of a blended objective was the development of a community art exhibit and poetry sessions, which were intended to result in research papers as well as the immediate community benefit of the exhibits themselves.

Our product-development steps for each of these three examples are described below.

COMMUNITY OBJECTIVE: PARTNERED PROPOSAL FOR COMMUNITY PLANNING

Determine the intended audience: The intended audience for the planning effort arose from the working group discussions of Witness for Wellness, which expanded post-Katrina to a discussion of how to conduct outreach to displaced families from the Gulf States who had been evacuated or otherwise displaced to Los Angeles. The target audiences initially arose from the community priorities but became joint community and academic priorities through the partnership.

Determine the product: Through collaborative discussions, we felt that developing a sustainable infrastructure for community wellness centers would require a planning grant process. We searched for opportunities to submit a planning grant, and approached several large foundations with a

history of supporting community, academic, or community-academic efforts.

Ensure partnership and technical expertise: We decided that to successfully conduct outreach in new ways to persons of African descent, we needed to expand our partnership in two ways: securing partnerships from provider groups experienced with providing services to underserved communities and persons of African descent; and partnering with community-trusted organizations such as churches and other faith-based organizations. Community members suggested potential partnering organization; joint meetings involving community and academic leaders helped build those new partnerships. We also attended meetings and conferences in the community to identify and develop relationships with potential organizations.

Draft and revise the product: We drafted a proposal that was circulated extensively for feedback. The proposal title and mission was changed to more closely reflect community priorities. In response to feedback from the potential funding agency, the proposal was divided into two separate proposals with somewhat different partners, one more related to the evacuated Gulf States populations and one more related to the South Los Angeles community.

Publish, present, or demonstrate the product: Since this was a proposal and not a program or product *per se*, the funded planning proposal was used to draw the potential new partners together and initiate a specific partnership to implement the planning phase.

Acknowledge and celebrate: This successful funding of a long-standing community goal (or at least the planning phase) was a cause for celebration for the Witness for Wellness working groups that supported its development. It was also meaningful for the new partners and their commu-

nities, who came to that project through a separate path and history. We joined together in a new program with its own purposes for program planning.

ACADEMIC OBJECTIVE: A SPECIAL JOURNAL ISSUE

Determine the intended audience: The Community Health Improvement Collaborative wanted to share its approach and develop its reputation for work within the scientific community interested in health disparities and interventions to address them. This was a shared goal with community members, who had less experience with this audience and were intrigued, but somewhat intimidated by the idea of publishing scientific articles.

Determine the product: We considered publishing separate articles on different subjects, which can require intensive efforts and months or even years to complete. In addition to the significant time requirement, the separate article strategy would have also risked not showing the inter-relations of different components to the whole Collaborative. We finally decided on a series of articles, all published together in one issue of an academic journal. In addition to meeting the goals of the partnership as a whole, this approach also encouraged junior researchers by allowing early publication of results.

Ensure partnership and technical expertise: We approached an editor of a scientific journal interested in health disparities and negotiated a special issue. We determined the funding that would be required, and then collaborated in identifying resources across the different centers and institutions supporting the Collaborative. We selected a pair of editors and collaboratively identified potential papers. We sought community co-authors on every paper (including as lead author on some).

Draft and revise product: To facilitate community participation and redirect power according to our operational principles, we developed mechanisms as a group to assure an equal community voice (academic participants tend to be much more familiar with writing papers). We set up conference calls and meetings to frame the subject. We identified staff to be available by phone, e-mail or for a personal meeting to record ideas. We offered tape recorders. We developed a pool of funds to pay community members to review project data and minutes of meetings, and asked them to develop summaries of different project components. These were integrated and edited either by a research staff member or by a team of staff and community members. We asked community members to write or talk into tape recorders or to staff, to share their experiences with the work, and we selected quotes about their perceptions and experiences to include in the articles.

Not surprisingly, there were disagreements along the way as to what had occurred in groups and as to partnership processes or accomplishments. In deciding how to present those disagreements or resolve them, we chiefly sought to make sure that the diversity of opinions was fairly presented, and to reassure members that differences of opinion are a strength and are to be expected when diverse views are joined. We experienced growth in community and academic partners through this rigorous method of developing jointly authored papers.

Publish, present or demonstrate: The journal issue was published.¹ However, we also wanted to share the papers broadly with community and scientific audiences. We negotiated with the journal editor permission to purchase extra hardcopy issues as well as a large number of CDs with the full set of articles. In addition, we developed a website on the partnership and included

PDFs of all the articles on the website. We generated a list of community and scientific leaders and partners and sent a copy of the hardcopy version or the PDF to everyone on the list. We collaborated with one of the academic institutions to develop a newsletter about these new products and created links to the products on the website of community and academic organizations.

Acknowledge and celebrate: The publication and dissemination of this special issue of a scientific journal was a landmark event for the Collaborative and for the members of each project represented. The community leads of one of the papers hosted a party to celebrate their paper and the special issue. Presentations were made at community and scientific conferences concerning the findings.

BLENDING OBJECTIVE: COMMUNITY ARTS EVENTS

Determine the intended audience: The community selected the intended audience as attendees at the Pan African Film Festival in Los Angeles, a large gathering that historically attracts thousands of people. Our goal was to highlight the importance of depression as a prevalent (but often hidden) health problem.

Determine the product: The community selected the artistic events, including photography on community sources of stress and resilience by group members; spoken word and comedy acts inspired by the theme of overcoming depression; and a film on the impact of the history of slavery on communities of color today. Academic members worked with community members to develop evaluation designs and measures, which were jointly fielded at the Film Festival.

Ensure partnership development and technical expertise: Event preparation required developing a partnership with the office sponsoring the film

festival as well as collaboration with local artists. Local artists interested in the project mission (overcoming depression) were invited to join the main working groups planning the event. Media evaluation experts were called upon to support the academic members of the working group in developing appropriate design and measures, and were invited to speak at the working groups.

Draft and revise product: The feasibility of Spoken Word (a spoken poetry event including spontaneous audience response) was pilot-tested at a local, respected venue for Spoken Word. Artists were engaged to select or develop new poems for the event. Comedians were invited to meet the group or read background information to better familiarize themselves with the core issues in the Vision. Photographs were developed by the group and reviewed to select candidates reflecting positive and negative influences on mood/resiliency. A marketing strategy for events was developed.

Publish, present, or disseminate: After much logistical planning, the events occurred, including their presentation and evaluation, over a two-week period of time. As a record of the events, photographs of events were taken and used in presentations along with survey data from the evaluation. (Figure 7.7) (Note: The survey questionnaire was a focal point of many meetings; see the example below.) These data were used in an academic-community co-authored publication that was accepted for publication.²

Acknowledge and celebrate: Several forms of acknowledgement and celebration were used for the participants in these arts-and-science events. One of the poets involved published her own poetry book, and we hosted a celebration and reading of several of poems by the poet. We provided honoraria for some community and academic coauthors for major partnered research projects. Community members hosted

Example: Collaboration Works!

For the blended community arts project described above, the working group prepared a survey questionnaire for distribution at the community kick-off meeting. This questionnaire was the subject of intense debate among team members.

The first draft of the questionnaire was prepared by the academic partners, who felt it was complete and comprehensive. Community partners felt it was too long, too complex, not respectful of participants' time, and not responsive to probable educational levels and other community norms. Nearly every item on the questionnaire was debated and re-worked. New outcomes were added. More than once, we felt we would never reach consensus.

Working through this conflict taught all of us a valuable lesson: shared decision-making improves the result. When we finally reached consensus, the result was a questionnaire that both garnered a high level of community response and provided high-quality data (Bluthenthal et al., 2006).

Fig 7.7. Blended objective example

a celebration for publication of the co-authored scientific manuscripts. For several of our Victories, we have found that local politicians are often very willing to recognize community work by issuing citations of merit for key meetings or other products and accomplishments. (Figure 7.7)

**DISSEMINATE:
PRESENTATIONS
AND CONFERENCES**

There are many ways of disseminating products and findings. Two of the most common, besides publications or exhibits (discussed above), are presentations and conferences. Presentations and conferences represent important opportunities to disseminate the work and findings through equally shared, public meeting opportunities. (Figure 7.8)

Co-presented, community-academic presentations are not new to community-based participatory research, but they are relatively unusual in medical research settings, such as scientific conferences focusing on clinical research. Such conferences sometimes have presentations from community members to

share a community perspective or show a broader partnership with the community, but routine co-presentations are more unusual. However, some of the leading community-academic partnerships do them routinely (such as the Detroit partnerships³).

We developed presentations as equal partners through the Pre-Term Delivery Workgroup in partnership with the Center's for Disease Control and Prevention, the Community Health Improvement Collaborative, RAND Health, Witness for Wellness, presentations for the Robert Wood Johnson Foundation's Clinical Scholars Program, and other opportunities. For example, one of our senior researchers won a national award for research in his clinical discipline and included a senior community partner as a co-presenter, the first such partnered presentation in this research award series. While we have not perfected the art of shared presentations, we can offer a number of recommendations and suggestions based on our history.

Partnered Presentations

Information to be shared from a CPPR initiative includes your mission,

process, successes, obstacles, and results. A good rule of thumb is to share anything that will affect the stakeholder community or that originated with the community. An effective format for informing and involving the broader community is an in-person presentation. The same is true of scientific presentations, as an in-person partnered presentation speaks volumes about the value of partnering.

Negotiating a Partnered Presentation

Unless you have a reputation for partnered presentations and are asked for that specific purpose, you are likely to receive an invitation to present as an individual, either as a community presenter for a community audience, or an academic presenter for an academic audience. You are most likely to be invited to speak alone. There may be travel and an honorarium involved. The host organization is commonly not looking for opportunities to spend more money by inviting more than one person. So, what do you do?

The first step of a partnered presentation is negotiating the ask for a partnered presentation. That means turning an individual invitation into a partnered one, and then determining a solution that is feasible and that will work for the venue. We have usually handled this by reviewing the options for individual and partnered presentations with the inviter, and what they are likely to involve. Most often, the inviter is intrigued by the idea of a partnered invitation, but a big issue leaps to the fore: will the inviter have to pay for two presenters?

The ensuing negotiation can be quite interesting. Sometimes we suggest using the honorarium for a single speaker to cover the travel for a second speaker, and we absorb the lost honorarium. Sometimes one of the sponsoring organizations, recognizing the value of this kind of presentation, commits to additional funds. Sometimes we are able

to work the travel into an extended visit for personal reasons (to see family, for example), so the issue of an honorarium is not so important. Usually, the partnered presentation can be negotiated, but one should try to be aware of the implications for the presenters and for the inviting organization.

In any case, we expect both presenters to be treated equally – to have equivalent accommodations and to be paid equivalently.

One particular issue for travel with community members is that asking the inviting organization to front the costs of travel (airplanes, hotels, food) is unrealistic. So we try to figure out strategies to either cover expenses in advance or to have other attendees cover those costs (and subsequently be reimbursed for two). However, some organizations may not support this approach; it's important to check in advance. It can be a sensitive issue; community members may not be comfortable explaining their financial status and why they need some help to cover costs up front, so it is important for academic partners to ask discreetly and then explore options with their institutions or funding agencies.

Preparing a Partnered Presentation

In community-academic partnered projects, partnered presentations are a requirement. We maintain a mechanism whereby the Council or Executive Committee has to approve the presentations and is informed of who is presenting what and where. If data are being presented, particularly for the first time, this also requires special approval. It is not uncommon for partnership members to forget about the approval requirement until close to the due date (although of course we try to avoid this situation!); in this case, Council members try to approve quickly, but we do insist on approval. For major presentations of new material, we usually request that presenters brief the Council or

Executive Committee in person in advance, so that the presenters have the full support of the project leadership for how both the partnership and its findings are presented.

Very often, different audiences (especially community and scientific) have different expectations of presentations. Academic presentations are often fact-packed, dry in style, and lacking in stories and context. Community presentations are often the opposite, full of stories and more like a sermon or dialogue with the community, sometimes with jokes or songs or other engaging elements. What to do when two worlds of communication collide? Over time, we have worked to fit presenters' styles and the messages to be delivered. We divide the presentation time to fit the experience level of the presenters, our sense of expectations of the audience, and the stage of engagement of the partnership.

For example, we encourage community presenters to use their own style and academic presenters to use theirs. But we also encourage presenters to learn from each other and even practice presenting each other's materials (sometimes to hilarious effect). For example, one senior community presenter uses visual analogies, like an actual wedding ring, to represent engagement, and asks academic partners to propose during presentations. One academic partner asks his community partner to present formal results slides. If partners are new, we may ask them to introduce themselves or each other at the outset, almost in a talk show manner. These unexpected openings and presentations can make their mark by surprising an audience but also showing a partnership that is real and interested in conveying the results.

Presentations should give an overview of the project, the history of partnership, the structure, our stage of development, and findings to date. At each juncture, we try to find ways of

making the community meaning apparent, whether by giving quotes or showing video clips from community conferences, or slides of events and artwork, or pictures of the community at work. We often share the tools we use to equal the playing field or ease conflicts, like the "Circle of Stars" (see below under "Turning Conflict into Victory", Figure 7.9) or the puppets we use in meetings and retreats. Sometimes we act out skits to show how we have handled conflict or gone through stages of partnership development.

Responses to these presentations are generally positive. We couple more playful presentations with in-depth material on the principles and models that we follow, so that people get the points of the stories, examples, and tools we have used.

Making the Presentation

In most situations, we try to give partners equal time. We divide up the presentation, although we also encourage partners to help each other out and step in with examples or corrections, to show an active partnership at work in real time.

We avoid stereotypes. For example, we think that it is a mistake to treat methods and findings as something academic partners must present, and background, context, or interpretation as something suitable for community partners to present. We mix and match, because the work has been partnered, and we want to illustrate the two-way capacity building that is central to community-academic partnered research.

We also do allow some unpartnered presentations. Senior community partners present and teach about community-academic partnered methods. Senior academic partners present and teach about methods, design issues, and strategies to engage and retain academics in partnership initiatives. Most of our partners have other professional work and lives, and not all

of it represents partnered research—and they of course present about those matters too. However, whenever possible, we encourage them to include a section of those talks about their community work. In those settings, the partnership and partners should be acknowledged (for example by a slide) and the Council should know even about these smaller opportunities, since they also represent a project accomplishment.

Related Activities: Partnered Visits

Presentations often are accompanied by other activities, such as meetings with members of the agency, community members, or faculty. This is especially true of visits to out-of-area institutions.

It is best to think through the scope of such a visit and how to handle the inclusion of both partners in main activities. A good option is to offer partnered seminars or consultation sessions. Individuals seeking consultations from one partner only may be best handled at a separate time or by phone or mail, unless both partners have some individual and some joint sessions, but such complicated arrangements can be difficult for the sponsoring institution. So it is important for the visiting partners to discuss their expectations and work out such matters in advance, and explain their style of visiting to the host institution, particularly since the host institution is unlikely to have extensive experience with partnered visits.

Related Activities: Partnered Community Presentations

Because the partnership hosts community events, the leaders also have the option of developing and planning partnered presentations for these community events and conferences, especially locally. Such presentations can be used to build knowledge of the partnership and interventions locally, recruit

more partners, or set the stage for broader dissemination or financial support. These are all important objectives for the long-term future of the partnership, and merit careful planning.

To set up a planned, partnered community presentation, first review the stage of the initiative, what you have to share, and the audience you wish to reach. Ask yourself “Who do I want to hear this?” and “Who is going to be directly or indirectly affected?” Then, recruit both groups of people.

Think of the future of the project as well as the present. For example, you may want to make sure to invite some potential funders as well as people who can make a difference in the community in using the products of the initiative, both now and in the future.

Your invitations and efforts to reach your audience can include both more general marketing (sending promotional information and invitations) and directly through one-on-one communication (ie, individual letter, phone, on in person). You will probably need to do one-on-one follow-up for people you really want to be there and for policymakers or community opinion leaders. Be sure to let your prospective audience members know how the intervention would affect them and how their input will contribute to the process. No matter what format(s) you choose, two factors are extremely important to success – getting the audience you want and having community members who have been contributing to the project involved.

Be sure to involve community members from the working group in presenting any data that are shared with the community. A community presentation forum is an opportunity to introduce community members who have helped out to other community members, and to give them recognition for their hard work. For example, you can host a reception for the working group members. This allows policymakers to meet and thank those

who have developed a special initiative for their community, offering a public opportunity to policymakers and appreciation to working group members.

TURNING CONFLICT INTO VICTORY

Partnered projects involve fairly regular and intense interactions, often around issues about which people are passionate (health disparities, for example). Tensions are natural in this environment, and dealing with emotions and relationships is a key part of community engagement.

Sometimes it is easy to feel overwhelmed by tension and conflict. However, in community projects, it is very important to recall that emotional tone and passionate feelings, even anger, are clues that something important is happening and that people are engaged. A partnered project is unlikely to be damaged by passion. It is more likely to be damaged by apathy (such that people are not able to come together around important issues), or misdirected resolution of tensions (such that people do not support each other or alienate or exclude each other). Those are the true signs of damage that need immediate attention.

Those true signs of damage – apathy, alienation, exclusion – should be addressed directly, by asking all parties what is going on, pointing out the behavior or actions that seem to be problematic, and seeking broad opinions in the working group and Council about how to address the problem. Sometimes, individuals need support or discussion and occasionally, the goals of the project may need to be revisited. Rarely, people need to leave the project for a while to attend to issues in their lives. The “on and off the bus” model of flexibility allows people to engage in the project without overwhelming their lives.

Example: Multi-community, Partnered Research Conference

We shared our own partnered work and learned about the work of others through a multi-community, multi-center conference on community engagement in research. This conference was co-sponsored by several NIMH-funded mental health services research centers and other large groups in that field. The conference was held at and hosted by RAND's Washington DC office. Staff from NIMH and other federal as well as local government institutions and nonprofit foundations were invited.

About 10 partnered research groups, each sponsoring multiple projects, presented their work in plenary sessions and break-out groups on different types of projects. Discussion groups reviewed the challenges and strategies of partnered research, and made overall recommendations for development of the field within mental health services research. All sessions were co-chaired by academic and community partners, and the responsibilities for planning sessions and break-out groups were shared across the different centers and group attending, so that the conference itself modeled a participatory, partnered project structure.

The conference stimulated new directions for each of the groups, but one that affected our Witness for Wellness initiative was developing a proposal, which has subsequently been funded, for a Partnered Research Center for Quality Care (in mental health), that will continue to build on such models to provide leadership for partnered research.

Fig 7.8. Multi-partnered research conference example

A Circle of Stars

You can work through a difficulty and demonstrate your confidence in a successful outcome by something very simple, like bringing a gift.

The gift need not be expensive. In fact, it can be playful – allowing team members to resolve a serious conflict while having fun.

During the Witness for Wellness Project, Ken and Loretta, two of the authors of this Guidebook, were facing a difficult discussion. The issue was human subjects protection. While both agreed on the importance of the issue, they held diametrically opposing views on approach and timing. Loretta suggested that Ken bring her something to remind them of their connection.

Before the meeting, Ken went to a stationery store and bought a strand of wire with multi-colored plastic stars on it (the kind often used for wrapping packages). He gave it to Loretta at the beginning of their meeting. She was delighted. During the discussion, when she felt she had made an especially good point, she put the stars on her head as a crown. Sometimes – when Ken had made a good point – Loretta allowed him to put the stars on his head. Sometimes, Loretta held one end and Ken held the other end, so they could feel connected during a strong disagreement. They reached a compromise acceptable to both, and Loretta left the meeting wearing the stars around her neck.

Disagreements not only present opportunities for growth – they can be fun!

Fig 7.9. A Circle of Stars

However, genuine disagreements among leaders, or differences in views and communication styles that are hard to see through and may seem to stymie the project, often contain important clues about something in the project mission or work that needs attention, or may parallel a barrier to resolving the issue in the community. In such cases, open discussions are needed to restore the leadership partnership. But how? Recognizing that people can be hurt even if they agree but say things in anger, or simply stop listening to each other, we have developed various strategies to keep an open dialogue while sharing difficult views. These strategies include the use of simple devices to help maintain the connection through the discussion.

For instance, the “Circle of Stars” (Figure 7.9), allows truly different views or perspectives to be expressed while having fun, or releasing anger, or expressing affection, in ways that keep those expressions within the bounds of friendship and leadership roles. We have shared our Circle of Stars tips with leaders at the highest levels.

We also use puppets to say things that are hard to say, and to show reactions and feelings, which if said directly and in the heat of the moment, might hurt, but if said playfully and indirectly, are felt quite differently so that the partnership is maintained.

We often do this work around a meal, which tends in and of itself to so lessen the tension, allowing us to talk about the project work and move past differences or hurt feelings.

The best solutions, however, are when we can develop insight into how a conflict or apparent conflict is a project victory.

On one occasion, for example, working group members discussed what they felt was racial insensitivity by a senior leader. The discussion took place openly in the senior leader's presence. Rather than being offended, the leader viewed that moment as a breakthrough

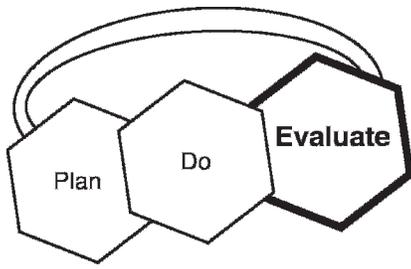


Fig 7.10. Evaluate

moment of trust, completely turning the project leadership into a new direction and increasing the community engagement in the work.

Reflection Retreat

Because of the complex issues in doing work across agencies and diverse groups of people, and the need to have perspective and pull together as a partnership, it is helpful to have periodic reflection retreats. These are especially useful if held in a setting that is away from the immediate environment of the project, like at a park or church or the beach, but where the group can also have some isolation and private time.

At these retreats, project leaders or working group members often begin by reintroducing themselves and talking in a personal way about why they are there and what the project has meant to them in the context of their lives. In one such retreat, we facilitated this by having a puppet on each table – people could speak themselves, or through a puppet. The results were astonishing, with academics and community members sharing their thoughts in a very real way, on an equal playing field, and staying close all the time to the project mission and purpose of the retreat. Another device we use frequently is to ask people to sit next to someone they don't know well. We give the group five minutes to talk in pairs. Then, each person introduces their partner to the group.

After this kind of ice breaker, working groups reflect on what they have done and what they would like to have done.

We often have one or two facilitators who move the discussion forward and help members who are less comfortable speaking to share their thoughts.

Then the group breaks into discussion groups (making sure they include people from different working groups), to think about larger questions like:

- What have we accomplished?
- How strong is the partnership?
- Where are we going?
- What's our potential?
- Are we serving our community?

The responses are written on large tablets which can be taped to the walls and then summarized by each group using a community-academic pair of reporters.

A closing discussion and closing activity, such as forming a large circle and throwing dreams for the project into the middle, can bring the retreat to a thoughtful close.

EVALUATE

Document Accomplishments

A primary task of the Evaluation Committee and Council is to support the documentation of project accomplishments. This can be as simple as keeping records of meetings, training sessions, attendance, and feedback, or as elaborate as tracking outcomes of main interventions (depending on project goals and resources). Development of partnerships, number of individuals participating in groups, and outcomes for individuals and organizations in that process, are also important to document. (Figure 7.10)

A good starting point for documenting accomplishments is to review the logic model (the flow of planned activities to outcomes), and to identify important accomplishments that should be monitored. Next, review the action plans for what is planned; and then monitor the progress of the work through minutes or other notes taken

during meetings, to identify both modifications to those plans and to document completed plans.

This activity involves monitoring a set of action points, such as events, pilots of interventions, or partnership expansions. Use attendance sheets, notes of what actually occurs in events, and feedback from participants such as pre- or post-knowledge surveys, or documentation of programs used, to record outcomes.

Relationship development and partnership can be documented through attendance logs if people identify their agencies, or through more formal partnership surveys.

These sources of evidence for impact and accomplishment can be turned into summary information and used for community updates or graphed on a timeline of accomplishments. And, of course, they are cues to Victory celebrations. In fact, an Evaluation Committee can even be asked by the Council to track celebrations or to use accomplishments and a timeline to determine when celebration is due or overdue.

Prepare Findings for Publication

Another key evaluation task at the Victory stage is to provide support, through a partnered research framework, for the presentation of findings for the reports, articles, and products of this phase. For this part of the task, the project team should review the upcoming planned or proposed products, review the findings, support meaningful and accurate data presentation, and work with other members of the partnership to understand what options may be for uses of data.

Here again, both community and academic input are important. The discussion should focus on what kind of presentations will be effective and clear to diverse audiences, and how presentation of data fairly represents the issue, what the data mean in the context of the project, and project history. Are comparisons of responses by certain

participant groups important to show? What are the priorities for data to show, for which audiences? These and other matters can be discussed and options reviewed, with the support of the Evaluation Committee as needed.

Monitor the Impact of the Initiative

Over and above the impact or outcomes of any planned and implemented intervention, community-academic partnered initiatives often have other kinds of impacts, such as building new capacities for community planning, or stimulating policy changes. For example, in the process of planning the Building Wellness pilot project of Witness for Wellness, discussions of the pilot design stimulated two organizations to develop a new partnership to share funding streams for care of mental illness. This represented a significant partnership development and a policy change. While one cannot always anticipate what kind of broader impact a program may have and when, it is important to put mechanisms in place to capture such impacts, by having check-points with agencies relating to the study, or doing occasional systematic phone calls or surveys to partners. This will help ensure that victories are recognized and celebrated.

Similarly, leadership development in working groups can be tracked through

Fig 7.11. Share



Please share your comments, suggestions, and experiences with us! Turn to Appendix 1 for feedback forms. We appreciate your input.

participant surveys or interviews, which can also provide information on views of what is or is not working in the partnership and satisfaction with the work that has been accomplished.

The strength-based or asset-based perspective of partnered research means that the feedback that is received can and should include the strengths as well as limitations of accomplishments. Partnerships in communities often underestimate their good work, and evaluation can carry a negative connotation, especially in underserved communities. It is important to look fairly at the data, but to include an assessment of assets and accomplishments as well as ongoing unmet needs and room for growth. It is important to celebrate the ability of the partnership to respond to this range as showing a true capacity for self-evaluation.

Leaders must diligently help groups to understand their good work and efforts, to lead to sustainable partnerships and the capacity for ongoing work, and, especially, to celebrate the victories.

ACKNOWLEDGMENTS

We would like to thank the board of directors of Healthy African American Families II; Charles Drew University School of Medicine and Science; the Centers for Disease Control and Prevention, Office of Reproductive Health; the Diabetes Working Groups; the Preterm Working Group; the University of California Los Angeles; the Voices of Building Bridges to Optimum Health; Witness 4 Wellness; and the World Kidney Day, Los Angeles Working Groups; and the staff of Healthy African American Families II and the RAND Corporation including Mariana Horta for her contributions.

This work was supported by Award Number P30MH068639 and R01MH078853 from the National Institute of Mental Health, Award Number 200-2006-M-18434 from the Centers for Disease Control, Award Number 2U01HD044245 from the National Institute of Child Health and Human Development, Award Number P20MD000182 from the National Center on Minority Health and Health Disparities, and Award Number P30AG021684 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Centers for Disease Control.

REFERENCES

1. Bluthenthal RN, Jones L, Fackler-Lowrie N, et al. Witness for Wellness: Preliminary findings from a community-academic participatory research mental health initiative. *Ethn Dis* 2006;16(suppl 1):S18-S34.
2. Chung B, Jones L, Jones A, et al. Community arts events to enhance collective efficacy and community engagement to address depression in an African American community. *Am J Public Health*. 2009;99(2):237-244.
3. Israel BA, Farquhar SA, Schulz AJ, James SA, Parker EA. The relationship between social support, stress, and health among women on Detroit's East Side. *Health Educ Behav* 2002;29(3):342-360.

Appendices

APPENDIX 1: PLEASE SHARE YOUR KNOW-HOW WITH US!

Are you working on (or have you worked on) a community-academic partnered research project? Please take the time to share your insights with us. With your permission, they will be used in the next edition of this Guidebook. Our goal is to make each edition of the Guidebook better and more responsive to your needs.

1. What was your vision? What did you plan to achieve?

2. What were your major tasks/action plan activities?

3. What were your biggest challenges?

4. What did you do to meet the challenges?

5. What resources helped you the most?

6. Did you achieve your vision? How did you measure success?

7. Other thoughts/insights?

8. (Optional) May we contact you? (If yes, please provide name, contact info)

Thank you! Please send to Loretta Jones, president, Healthy African American Families, 3756 Santa Rosalia Drive, Suite 320, Los Angeles, CA 90008

Please Share Lessons Learned

Thinking about your experience with community-academic partnered research ...

1. What are the most important "lessons learned" from your experience?

2. What (if anything) would you do differently?

3. (Optional) May we contact you? (If yes, please provide name, contact info)

Thank you! Please send to: Loretta Jones, president, Healthy African American Families, 3756 Santa Rosalia Drive, Suite 320, Los Angeles, CA 90008

Appendices

HAAF PROJECTS

Preterm Working Group

In the U.S., African American women consistently have twice the risk of having an undesirable pregnancy outcome, such as preterm birth or low birth weight, compared to other American women. Clinical medical interventions have not reduced these risks. This lack of progress in improving outcomes among African American women leads to the need for new, innovative applied public health prevention and health promotion, particularly at local levels. Since 1992, Healthy African American Families, in partnership with Charles R. Drew University of Medicine and Science and the Centers for Disease Control and Prevention have used an applied prevention framework within a community participatory process to improve understanding of African American women's health during pregnancy. As a direct result of this understanding, our goal has then been to develop culturally and community appropriate health promotion and risk reduction activities and products within the participating community. Community participation is central and critical to this process. There are three criteria:

- 1) The community is involved in the design, conduct, analysis, and evaluation of research and other developmental activities;
- 2) Research findings and products are used within the community that created them;
- 3) The participating community is continually informed about the research and health promotion activities and products.

As part of its community participatory process in working on this and other projects, HAAF also developed a unique community working meeting format which serves multiple purposes:

- 1) Exchange of information between the local non-scientific community, health care and service providers, academia, scientists, and governmental officials;
- 2) Networking among community organizations;
- 3) Evaluation of community activities;
- 4) Formation of community-wide multidisciplinary, multisectorial work groups to complete activities and products identified as necessary during these meetings.

This is an iterative process; thus the working groups continue to meet each month, putting their workplans into action, reporting back to the community *and* receiving their input at working meetings. Each cycle produces new knowledge for community members, researchers, academics, and all other involved parties, setting up a "the win-win" collaboration.

Diabetes Working Group

On behalf of the Los Angeles Community Health Improvement Collaborative, Charles Drew University of Medicine and Science, Healthy African American Families, Inc. (HAAF), To Help Everyone Clinic, Inc., University of California Los Angeles, RAND Corporation, and the Department of Health Services have partnered to develop an intervention research project(s) to improve diabetes related outcomes using community-based participatory research principles and methods. Specifically, this highly innovative proposal entitled Community Unity for Research, Education, Intervention and Treatment for Dibetes Mellitus (CURE IT- DM) engaged the community and created a pilot intervention research study through a community-partnered participatory research framework. CURE IT-DM used the 24 diabetes-related (including gestational diabetes) areas presented at the Diabetes Throughout the Lifespan conference as the nidus for creating areas to prioritize. "A Conference to Address Diabetes Throughout the Lifespan," was held in March 2005 and gave over 1200 community members the opportunity to become aware of the emerging devastation diabetes is causing throughout communities nationwide. The partnerships that developed post conference consist of over 100 organizations and are still growing. The contributing organizations are drawing expertise from community members, health professionals and research academia. In addition there are local legislative offices engaged in the work process. The post conference activities developed three working groups and are governed by a peer support group consisting of researchers, community and academia. The peer support group uses several features of the HAAF model for partnership to facilitate group development. The workgroups are Tier I (Practical Tools for Healthy Living), Tier II (Media and the Environment), and Tier III (Supporting and Taking Care of Our Elders). The activities of each workgroup are chosen collaboratively from planning to execution, to the analysis and final evaluation. Tier I works to link resources that can teach diet and nutrition while addressing the cultural barriers. Tier II develops outreach strategies through media venues to improve education and awareness of diabetes campaigns. Tier III advocates for seniors to have health care policy changes and better information for improved doctor visits, which translate into better health outcomes.

Witness for Wellness

Witness for Wellness (W4W) started in 2003, with a planning committee consisting of a community-lead, multi-stakeholder, academic-community partnership (Healthy African American Families, Charles Drew University of Medicine and Science, UCLA, RAND, and a number of healthcare and community service agencies) aimed at developing community-based approaches to improve health outcomes for depression in minority communities. Depression is one of the leading causes of morbidity and disability worldwide. Despite the existence of effective treatments, only one in four Americans with depression receives appropriate treatment, and the rate is especially low among African Americans. Recent studies show that when African Americans and other minorities participate in quality improvement efforts in a health plan, clinical improvement is even greater than among whites, and both groups benefit in terms of personal economic growth (Wells, et al., 2000; Schoenbaum, et al., 2001). Depression is often co-morbid with other disparities such as obesity, heart disease, infant mortality, and diabetes, which persist in minority communities at devastating rates. Therefore, W4W has a stake in addressing multiple health disparities.

Restoration Center Planning Committee/Working Groups

The Restoration Center (<http://www.restorationcenterla.org/>) is a project that grew out of a need that was identified by community members who attended the working group meetings for the Witness for Wellness project. These community members felt that there were significant gaps in mental health and wellness services available to the African American communities in south Los Angeles. Discussion on how to fill these gaps led to the conclusion that high-quality, community driven programs for those dealing with stress, trauma and depression were needed, and that a project of this scope would require a multi-faceted approach to well-being. The Restoration Center Planning Committee consists of providers, faith-based representatives, community members, and researchers. They meet once a week to begin the process of creating community partnerships to address the needs that are not being met by current systems of care. The first step in creating these partnerships was a conference, held on August 3, 2007 to both introduce the community at-large to the idea of a restoration center and to invite interested parties into the planning process. The information collected from this conference was presented back to the community on October 18, 2007, and workgroups were formed. These workgroups met twice a month on alternating weeks, with the Planning Committee meeting the other two weeks.

World Kidney Day

Charles Drew University, the RAND Corporation and the Geffen School of Medicine at the University of California, Los Angeles (UCLA) have partnered to develop a Comprehensive Center for Health Disparities in Chronic Kidney Disease (CCHD-CKD). The Drew/RAND/UCLA CCHD-CKD builds upon the present medical knowledge base to improve the health of all CKD patients with a unique focus to reduce CKD and CKD risk-factor-related health disparities for low-income African Americans and Latinos. The overall goals of the CCHD-CKD are to improve the quality of life and reduce the incidence of death for those who have CKD. By bringing together a strong team of academic researchers, the CCHD-CKD can build ties with innovative, grass roots community organizations and develop the research base necessary to reduce/eliminate CKD and CKD-related health disparities. As discoveries are made, many of the outcomes relevant to reducing/eliminating CKD health disparities will simultaneously translate into improved CKD outcomes for all Americans.

Society for Analysis of African-American Public Health Issues (SAAPHI)

SAAPHI was established to promote the health of African American individuals and communities through scientifically based interventions, intervention guided-research, and health policy advocacy. SAAPHI is a research-oriented, national organization whose purposes are:

- To initiate and assist in the improvement, development, maintenance and utilization of appropriate databases for the understanding of health problems and needs of African American communities.
- To promote the utilization of scientific information on African Americans in program and policy decisions.
- To formulate and advocate appropriate public policies for health promotion and disease prevention among African Americans.
- To facilitate professional development, social welfare and leadership skills among its members.

Community Partners in Care

Community Partners in Care is a study to address mild to moderate mental illness in South Los Angeles. Key aims: To evaluate the effectiveness of a quality improvement intervention for improving access to evidence based treatments for mild to moderate depression through primary care. Methods: Clients with depressive symptoms will be randomly assigned to usual care vs. the intervention condition. Outcomes will be monitored at 6, 12, and 18-month follow-ups. This study is significant in that it will provide information on depression among primary care populations and the effectiveness of the quality improvement intervention. The results will inform efforts to improve care for mild to moderate mental health problems in primary care. www.communitypartnersincare.org

70 Square Block Project

Los Angeles Urban League (LAUL) has created an exciting new partnership with HAAF II and Charles Drew University (CDU) to work with residents in a 70 square block area in Park Mesa Heights, which surrounds Crenshaw Senior High School. This neighborhood is an existing LAUL partner that was selected to be the lead site in a five-year strategic plan to create Champion Urban Health Communities. The partnership between LAUL, HAAF II, CDU and Park Mesa Heights residents brings important dimensions of health advocacy, evidenced-based care and dedicated health professionals committed to improving the health of minority communities. Key goals of this Healthy Community Initiative are to increase access to quality care, enhance community health education and awareness, and to provide students pursuing careers in health care a unique educational experience that prepares them to not only provide care to underserved communities, but also transform the health of these communities.

Building Bridges to Optimum Health

Building Bridges to Optimum Health is a community-lead, multi-stakeholder, academic-community partnership aimed at developing community-based approaches to improve health outcomes in minority communities. Our current working groups focus on such important clinical topics as diabetes, depression, and pre-term pregnancy, among others. This collaboration of doctors, other providers, academia, researchers, and community members, including those affected by the disease(s), is an inclusive process that allows all parties to actively participate in not only finding ways to lead a more productive life with these diseases, but to inform the community at large, thus working together to design innovative, culturally appropriate, effective ways to improve health outcomes in South Los Angeles.

Appendices

“Breathe-Free”

Asthma Program

Healthy African American Families provides a coordinated, comprehensive array of in-home services to families of asthmatic children ages 0–18, including environmental assessments for allergen triggers, education and information, resource and referrals for additional services, distribution of allergen-safe materials, medical provider advocacy and follow-up, case management and child care center trainings. The geographic area is inclusive of LA County SPA 6 and 8.

Asthma Awareness & Action for Housing Owners & Managers

This pilot project for property owners and managers in the south Los Angeles (SPA 6 area) was designed to increase awareness around indoor and outdoor environmental hazards such as mold, pesticides, insect and rodent infestations, and air pollutants that affect the health and well being of their tenants, and provide a venue where apartment owners and managers could receive information on health, the environment, and other resources within their community.

Lead Program

This project's goal is to implement a coordinated set of activities in the Cities of Inglewood and Compton to educate community leaders and health professionals on the latest information about lead hazards and lead poisoning prevention and encourage providers to increase blood lead screening.

Male Involvement Project

The overall goal of the project is to promote men's involvement in their health as well as social issues in Los Angeles County, particularly in communities of color. We believe that if men take an active role in their own lives, they can play a major role in promoting maternal and child health. We believe that strengthening male involvement in communities of color can help address the persisting racial-ethnic disparities.

100 Acts of Kindness

One Hundred Intentional Acts of Kindness toward a Pregnant Woman was conceived by Healthy African American Families II as a media campaign to create reproductive social capital for pregnant women. Pregnant women were asked to identify through focus groups actions what families, friends, and even strangers could do to make their pregnancies better. Based on the responses gathered from focus groups, a list of “100 Intentional Acts of Kindness to a Pregnant Woman” was created and disseminated with the goals of increasing reproductive social capital and reducing psychosocial stress for pregnant women. HAAF II is currently on the next phase of the campaign, “100 Intentional Acts of Kindness to a New Mother” and “100 Intentional Acts of Kindness to Oneself”.

Healthy African American Families' Conferences, Symposiums, and Workshops:

October 2008

Restoration Center-Final Report Back

Holman United Methodist Church

September 25, 2008

Building Bridges to Optimum Health: A Women's Conference

Holman United Methodist Church

May 28, 2008

“State of Emergency: Access to Care in Los Angeles County”

Holman United Methodist Church

March 13, 2008

World Kidney Day Los Angeles 2008 “A Community Dialogue to Help Increase Awareness of Kidney Disease and Mobilize Communities to Become Active in the Promotion of Early Detection and Prevention”

Holman United Methodist Church

August 3, 2007

A Dialogue to Plan a Community-Partnered Restoration Center

California Endowment

July 24, 2007

Building Bridges to Optimum Health: A Community Report Back on Diabetes

Holman United Methodist Church

April 27, 2007

Building Bridges to Optimum Health: “Before, Between, and Beyond”

A Community Dialogue to Help Prevent Low Birth Weight Babies
California Science Center

March 8, 2007
World Kidney Day
California Science Center

February 16, 2007
An Evening of Poetry, Spoken Word, and Comedy hosted by Lester Barrie
Talking Wellness of Witness4Wellness and Healthy African American Families
Magic Johnson Theater, Baldwin Hills/Crenshaw Plaza

September 16, 2006
Witness4Wellness Retreat
The RAND Corporation

July 19, 2006
Robert Wood Johnson Foundation Clinical Scholars Open House
Community Health Councils

June 30, 2006
Pesticides and Human Health Training
Department of Water and Power

May 6, 2006
Talking Wellness Retreat
Baldwin Hills Crenshaw Plaza Community Room

February 11–12, 19, 2006
Witness4Wellness' Talking Wellness Working Group Presents "A Report Back to the Community"
(From the data collected at the 2005 Pan African Film Festival)
Pan African Film Festival

March 3–4, 2005
Building Bridges to Optimum Health: A Conference on Diabetes Throughout the Lifespan
1100 1st day; 900 2nd day attendees (approx.)
Los Angeles Convention Center

February 10–21, 2005
Healthy African American Families Witness for Wellness and The Pan African Film & Art Festival Present "The Impact of Stress and Clinical Depression on Communities"
February 11: "The Healing Passage: Voices from the Waters"
February 13: Spoken Word: Voices that Heal and Comedians: Comedy that Heals
Public Service Announcement from NIMH shown during 4 movies
Magic Johnson Theatre
"Environmental Depression Photo Exhibit"
Baldwin Hills Crenshaw Plaza Mall

October 18, 2004
Men's Roundtable
HAAF

September 17, 2004
Supporting Wellness: Media Relations Training *featuring* Deane Leavenworth of Time-Warner Cable

July 29, 2004
Reporting Back from the Witness for Wellness Conference: Depression and its Impact on Lives-How Can We Make a Difference?
Magic Johnson Theater

July 18, 2004
Talking Wellness Poetry Reading: "A Path to Healing Through the Spoken Word"
World Stage Performance Gallery

Appendices

April 1, 2004

Listening and Communication Skills Training
Dept. of Water and Power

February 26, 2004

Building Bridges to Optimum Health: A Conference on Stress and Pregnancy
California Science Center

January 28, 2003

Women's Health
Issues in Pre-Term Birth
Holman United Methodist Church
3320 West Adams Blvd., Los Angeles, CA
251 Attended

February 15, 2003

Loving Myself
VERB-CDC
Audubon Middle School
4120 11th Ave., Los Angeles, CA
200 Participants

April 17, 2003

Violence
Impact on Women and Families
California Science Museum
500 State Drive, Los Angeles, CA
297 Attended

July 31, 2003

Witness For Wellness
A Conference Identifying Depression and its Impact on People's Lives
California Science Museum
500 State Drive, Los Angeles, CA
600 R.S.V.P. 549 Attended

October 11, 2002

How to Promote Infant Health and the Five Stages of Pregnancy
Mold and Pregnancy
T.H.E. Clinic
3860 West Martin Luther King Jr., Blvd., Los Angeles, CA
67 Attended

TRAINING

Safety in the Community/Cultural Sensitivity

July 12, 2002

Healthy African American Families
3856 West Martin Luther King Jr., Blvd., Suite 209, Los Angeles, VCA
Great Beginning for Black Babies
20 Staff
MotherNet LA
15 Staff
Los Angeles County Department of Children and Family Service
41 Staff
Asthma & Allergy Foundation of Greater Los Angeles
5 Staff

May 23, 2003

Bio-terrorism Training
3856 West Martin Luther King Jr., Blvd., Suite 209, Los Angeles, CA
20 Community Agency Members

October, 2003

Media Training

Other Conferences and Workshops:

1999

Working in Urban Communities
Male-Female Relationships Among African-Americans
Research Concerns in LA
What is an Informed Consent?
Language and Communications
Beginning Ethnographic Methods of Research in Community
Community Being an Insider in Research

1998

The state of African-American youth and children in America: "What is their Health Status?"
"How to Enter the African-American Community to Work or do Research"
"What the Data is Indicating from the Women's Perspective"
"What Tools You Need to Enter and Work in the African-American Community"
"Community-Based Organizations HIV/AIDS Information Transfer" 127 attendees
"Barriers to African-Americans Participating in Research"
"Removing Barriers to Working in the African-American Community"
"Information on Participating in Research"
"The Impact of Alcohol in Sexual Assaults"

1997

The Knowledge Transfer
Stresses that Affect African-American Women
How to Enter Community
How to Safely Work in Community
How Outreach is Conducted in African-American Communities
The Realities of Community Partnership for Research in Public Health
How Participatory Research is Conducted in Los Angeles African-American Communities

1996

What is a Healthy African-American Family?
How does the Community Define a Healthy African-American Family?
The Voice of African-American Women

1995

Building Healthy Communities
What is an IRB?