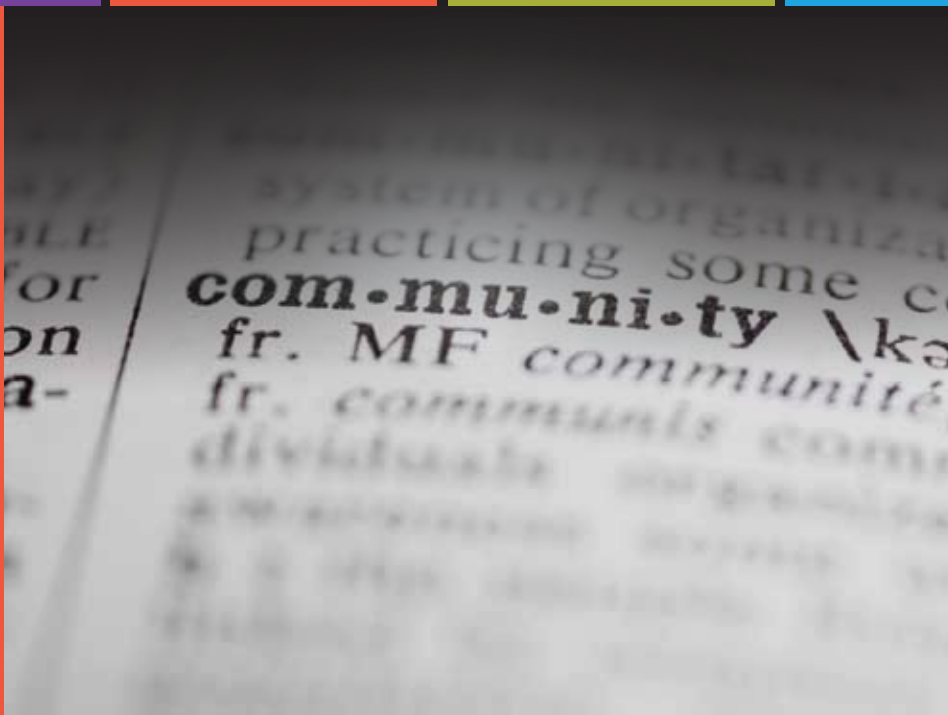




# Community Engagement Toolkit

## Strategies for Building Community-Based Partnerships

A publication of the Center for Health Equity, Maxine Goodman Levin College of Urban Affairs, Cleveland State University



Advancing Central's Health Together

# Community-Based Participatory Research Process and Intervention Toolkit

May 2009

## PARTNERS



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A publication of the Center for Health Equity,  
Maxine Goodman Levin College of Urban Affairs, Cleveland State University, 2009

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# Executive Summary

The National Institutes of Health's National Center on Minority Health and Health Disparities awarded \$1.3 million to Cleveland State University's Center for Health Equity in 2005. The purpose of the project (ACT: Advancing Central's Health Together) was to partner with a local medical center, St. Vincent Charity Hospital, and the residents of an urban neighborhood in Cleveland, Ohio to understand their concerns about obesity and its health consequences, and to use Community-Based Participatory Research methodologies to develop effective obesity-related health interventions. For more than three years, the project cultivated empowered and sustainable partnerships through engaged organizations, leaders and residents. This partnership has demonstrated significant health obesity prevention outcomes targeting youth and engaged partnerships.

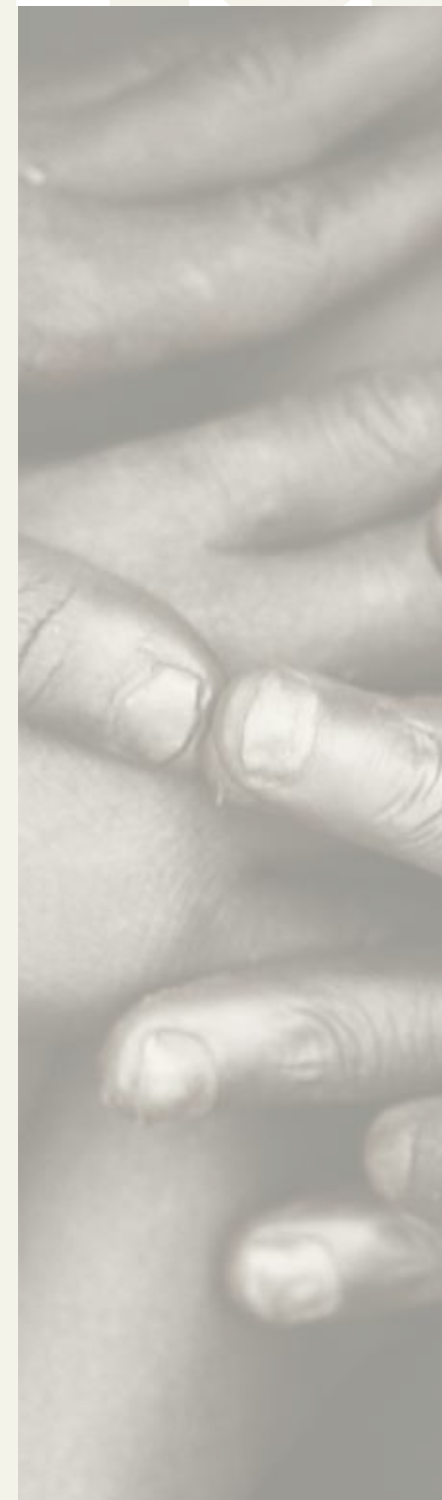
Cleveland State University's commitment to engaged learning is not limited to the students, but is a shared responsibility to the greater community. Therefore, we have created a resource tool that will support researchers, organizations and communities to develop 1) sustainable equitable engaged partnerships and 2) strategies that will support community-based obesity prevention youth programs. While the ACT project's goal was to address obesity through an implemented intervention, the emphasis was always on building and sustaining partnerships within the community. This resource toolkit will provide each reader with key definitions, an overview of the ACT project, key strategies to develop and sustain partnerships, and present documented best practice programs. Coupled with this information are highlights of two methods and one model that were utilized throughout our project – Community-Based Participatory Research, Appreciative Inquiry, and the Socio-Ecological Model.

The aim for this toolkit is two-fold: to highlight key strategies for developing and sustaining meaningful community partnerships and to provide a framework for obesity prevention programs tailored to community and/or target population needs. Additionally, those involved with the project can become a resource for other projects with the hope of enhancing the quality of equitable participatory partnerships. Recognizing that community characteristics are uniquely positioned based on resources, ethnic make-up and environment, this toolkit provides the fundamental strategies of collaboration that can enhance the quality of developed initiatives and their outcomes.



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## Key Definitions and Terminology\*

**Appreciative Inquiry (AI):** an organizational development philosophy and process that engages individuals within an organizational system in its renewal, change and performance by focusing on the possible.<sup>1</sup>

**Community-Based Participatory Research (CBPR):** a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.<sup>2</sup>

**Community Engagement:** the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.<sup>3</sup>

**Community Leaders:** a designation, often by secondary sources (particularly in the media), for a person who is perceived to represent a community.<sup>4</sup>

**Community Health Worker (CHW):** a frontline public health worker who is a trusted member of and/or has unusually close understanding of the community served.<sup>5</sup>

**Critical Consciousness:** those with perceived power must understand the need for integrity and empowerment that will encourage sustainable participation in context of the partnership.<sup>6</sup>

**Empowerment for Health:** [in health promotion] a process through which people gain greater control over decisions and actions affecting their health.<sup>7</sup>

**Health:** a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>8</sup>

**Health for All:** attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life.<sup>9</sup>

**Intervention:** a deliberate process by which change is introduced into peoples' thoughts, feelings and behaviors.<sup>10</sup>

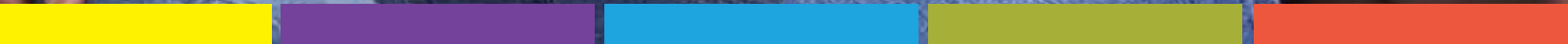
**Obesity:** term for weight ranges that are greater than what is considered healthy, i.e., they have been shown to increase the likelihood of certain diseases and health problems.<sup>11</sup>

**Prevention:** action directed towards preventing the initial occurrence of a disorder.<sup>12</sup>

**Public Health:** the science and art of promoting health, preventing diseases, and prolonging life through the organized efforts of society.<sup>13</sup>

**Sustainability:** ability to maintain a certain process or state.<sup>14</sup>

*\*Please see p.32 for full reference to key definitions and terminology sources*



# Overview of **Community-Based Obesity Prevention Program** *in Cleveland, Ohio*

1

## **A. Background and Purpose of ACT Partnership**

The purpose of the Advancing Central's Health Together (ACT) program was to work with residents of a Cleveland, Ohio neighborhood (the Central neighborhood) to understand their concerns about obesity and its consequences, and to use Community-Based Participatory Research (CBPR) methodologies to develop effective obesity-related health interventions. Community-Based Participatory Research actively engages the community in the processes that shape research and intervention strategies, as well as the conduct of research itself. This project allowed the community to help structure the research, as well as actively participate in the process and help design the dissemination of the findings. The overall goal of the four-year planning grant was to determine whether using CBPR methodologies would have better success in defining and introducing effective health inventions over the long-term compared to traditional methodologies.

## **B. Partnership Development**

During the initial steps of the planning phase, several key activities were conducted concurrently — developing partnerships and assessing community needs, as detailed below. These activities were instrumental in making the community aware of CBPR and obtaining community input in order to refine the pilot intervention project.

### ***St. Vincent Charity Hospital: Building Healthy Communities (BHC) Initiative***

The planning project was built on an initiative begun by the neighborhood medical center, St. Vincent Charity Hospital (SVCH), titled Building Healthy Communities (BHC). Founded in 2000 with funding from local foundations, the mission of BHC is to bring community residents, community leaders and service providers together to plan successful programs and projects that improve the quality of life in an inner city Cleveland neighborhood. Building Healthy Communities developed an infrastructure that provides community residents with an equal voice in developing health programs and initiatives that directly affect the community. Building Healthy Communities is organized into four Action Teams: Cancer, Drugs, Transportation and Parenting. Led by community residents, each team addresses specific challenges within their areas of concern.

50105



“They now know, through this project, that they have a voice.”

### **Central Community Healthy Group (CCHG)**

Based on the framework of BHC, the creation of a community advisory council later evolved into the self-identified Central Community Healthy Group (CCHG) to support the research project. This became the fifth BHC Action Team. Central Community Healthy Group is composed of approximately 30 residents. Each meeting included discussions about the community’s health concerns and other programs. Significant effort was dedicated to include each distinct sub-community [e.g., residents of a new single-home housing development, Cuyahoga Metropolitan Housing Authority (CMHA) estates, rental housing] and, therefore, the monthly meetings rotated to different locations throughout the neighborhood.

### **Partnership Meetings**

To incorporate CBPR practices, refine community input and support the pilot project, a series of monthly partnership meetings were attended by key community stakeholders, representatives of CCHG and the research staff, and they were conducted in the community. The figure to the right (Fig. 1) provides an illustration of the communication diagram supporting the project. More fundamentally, these meetings were to serve as the vehicle for transparent communication and to meet the benchmarks of project development. The Project Team consisted of the project’s organizational partners: Cleveland State University’s Center for Health Equity (CHE) and the Department of Health, Physical Education, Recreation and Dance (HPERD), Center for Reducing Health Disparities/Metrohealth Hospital/Case Western Reserve University (CRHD), St. Vincent Charity Hospital (SVCH), and the Center for Community Solutions (CCS).

## Timeline

**During the initial steps of the planning phase, several key activities were conducted concurrently — developing partnerships and assessing community needs — as detailed at right. These activities were instrumental in making the community aware of CBPR and obtaining community input in order to refine the pilot intervention project.**

### **A. DEVELOP CENTRAL NEIGHBORHOOD PARTNERSHIPS**

**(October 2005 – October 2006)**

*The project team conducted several meetings with community residents and organizations.*

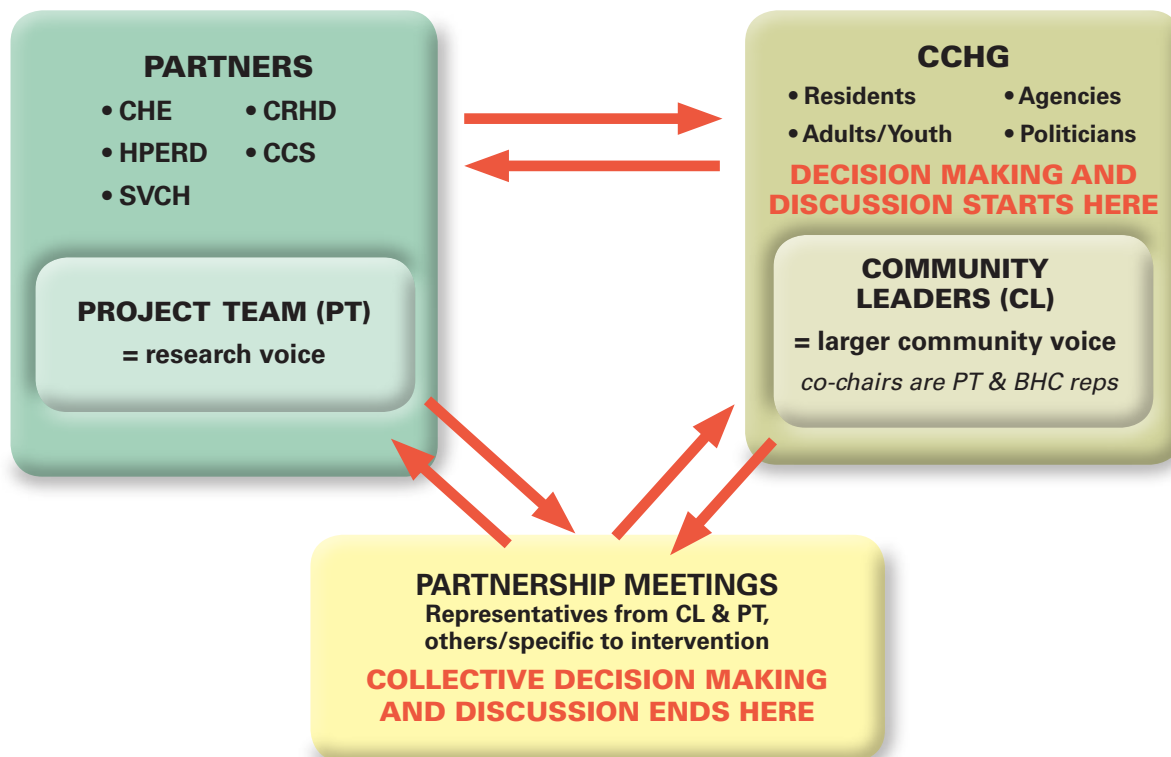
- Introduced the purpose, project activities and CBPR methodologies.
- Built a foundation of trust and participation.
- Developed a partnership with St. Vincent Charity Hospital and its Building Healthy Communities resident-driven initiative.
- Established a core community advisory council, later self-identified as the Central Community Healthy Group (CCHG) with 20 to 30 consistent residents.
- Completed community reconnaissance and contacted 419 individuals through key interviews, focus groups and walk-around surveys.

### **B. FIND A COMMUNITY FOCUS WITHIN THE CONTEXT OF OBESITY AND ITS CONSEQUENCES**

**(October 2006 – February 2007)**

*The project team informed interested residents about the prevalence of obesity and the seriousness of its consequences.*

- Analyzed data from community reconnaissance.
- Developed partnership with local organizations serving youth.
- Presented best practices of national programs focused on nutrition and exercise for youth.
- Determined community concerns as it related to obesity.
- Refined areas of concern and commitment through an Appreciative Inquiry process at the first town hall meeting.



**Fig. 1. Participant and Communication Diagram for ACT Project**

**C. DEVELOP OBESITY-RELATED HEALTH INTERVENTION**

**(February 2007 – June 2007)**

*The project team collected and analyzed information from a town hall meeting and determined the specific obesity-related health intervention that was introduced.*

- Developed partnership with academic departments supporting youth intervention.
- Developed 10-week Healthy Movement Healthy Life program consisting of rhythmic movement, wellness education and nutrition education components targeting 8-12 year olds and their families [2 weeks of testing, 10 weeks of activities].
- Implemented a strategy to incorporate intervention in the community.

**D. IMPLEMENT PILOT PROJECT**

**(June 2007 – June 2008)**

*The project team worked with the community to implement a 10-week intervention targeting 8-12 year olds.*

- Educated the community on the CBPR research process.
- Conducted the 10-week intervention at four neighborhood sites.
- Communicated the results to the community in the second town hall meeting.
- Sustained and empowered CCHG members through a series of training areas as requested on nutrition, leadership and advocacy.

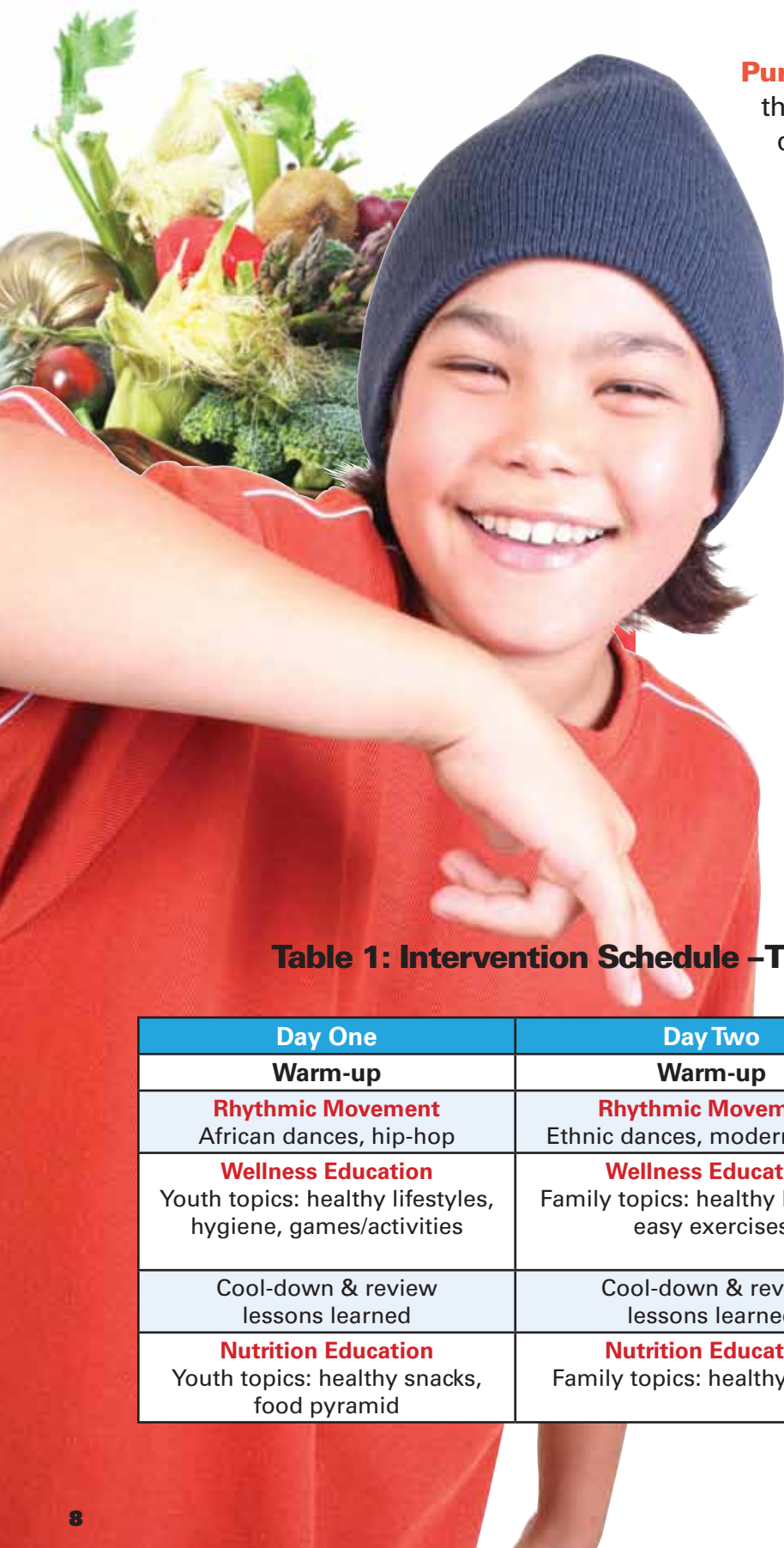
**E. DEVELOP SUSTAINING ACTIVITIES**

**(June 2008 – June 2009)**

*The project team developed sustaining mechanisms within the community.*

- Analyzed pre- and post-test outcome intervention physiological measures.
- Developed a manual and purchased equipment for local sites to continue intervention activities.
- Developed a toolkit on engaging communities and building partnerships for community-based projects.
- Implemented a Summer Health Promotion campaign.
- Implemented a PhotoVoice project.
- Communicated the results to the community at the third town hall meeting.

## C. Childhood Obesity Intervention *(Healthy Movement Healthy Life)*



**Purpose:** Work with residents to understand their concerns about obesity and its consequences and use Community-Based Participatory Research (CBPR) methodologies to develop an effective obesity-related health intervention

**Target:** 8-12 year old boys and girls

**Activity:** Rhythmic movement, wellness education and nutrition education components

**Location:** Local sites in Central neighborhood: City of Cleveland: Central Recreation Center, Arbor Park Village, Friendly Inn Settlement, Inc. and Boys and Girls Club – King Kennedy

**Format:** 10-week program (2 weeks of testing, 10 weeks of activities), three days a week, family-focused activities twice a month

**Table 1: Intervention Schedule –The Typical Program Week**

Day One	Day Two	Day Three
<b>Warm-up</b>	<b>Warm-up</b>	<b>Warm-up</b>
<b>Rhythmic Movement</b> African dances, hip-hop	<b>Rhythmic Movement</b> Ethnic dances, modern dances	<b>Rhythmic Movement</b> Praise dances, line dances
<b>Wellness Education</b> Youth topics: healthy lifestyles, hygiene, games/activities	<b>Wellness Education</b> Family topics: healthy lifestyles, easy exercises	<b>Wellness Education</b> Youth topics: healthy lifestyles, leadership skills, hygiene, games/activities
Cool-down & review lessons learned	Cool-down & review lessons learned	Cool-down & review lessons learned
<b>Nutrition Education</b> Youth topics: healthy snacks, food pyramid	<b>Nutrition Education</b> Family topics: healthy recipes	<b>Nutrition Education</b> Youth topics: healthy snacks, food pyramid

# curriculum

## Intervention Curriculum

### RHYTHMIC MOVEMENT

- Clarifies and intensifies the human experience
- Promotes self and social awareness, helping students confront and understand themselves, and cooperate effectively with others

#### **Example:**

**Activity:** Contemporary/Modern Dance

**Method:** Create a dance based on the human experience. A dance that tells a story or expresses an idea, or deals with social/emotional issues and set the movement to any chosen music/sound including poetry/drum beats.

#### **Approach:**

- Song selection – should not be distracting but support the message
- Create movement material from the participants' stories
- Break down/repeat movements to solidify and create phrases
- Build daily (add more movement to the dance)
- Repeat movement phrases to achieve confidence and familiarity
- Create and allow groups to perform movements for one another

#### **Physical Benefits:**

- High impact aerobic exercise - large motor movements like: kicks, jumps, tumbling
- Maximum use of space (high, medium, low, traveling from near to far)
- Running/skipping/jumping/tumbling into various spaces for different formations
- Muscle lengthening and stretching - exploring use of energy and timing in the movements
- Fast/quick, slow motion, sustained, freezing to melt
- Flexibility

### WELLNESS EDUCATION

- Exercise regularly and utilize games that concentrate on different areas of the body
- Teamwork and leadership skills are instrumental in developing a healthy lifestyle
- Feel connected with yourself and others

#### **Example:**

**Activity:** Tail of the Rat (Switzerland-themed game)

**Equipment:** 16 or more youth & tape recorder

**Body Area Worked:** Total body

**Area of Coordination:** Aerobic fitness, stability, coordination & teamwork

### NUTRITION EDUCATION

- Exercise regularly and eat balanced meals
- Healthful Eating Index
- Food Guide Pyramid

#### **Example:**

**Activity:** USDA Food Guide Pyramid

**Equipment:**

- *MyPyramid:* Steps to a Healthier You (handout)
- *MyPyramid:* Eat Right. Exercise. Have Fun (large poster)
- Carb, Fat or Protein (game)

#### **Objectives:**

- Illustrate the servings of each food category, along with common foods associated with the food groups
- Stress the importance of finding a balance between food and physical activity
- Know the limits for consumption of fat, sugar and sodium

## **D. Methodology** *(Physical Outcome Intervention Measurement Testing)*

Project team collected pre- and post-physiological outcome measurements from each of the participants, along with baseline data from interested parents or guardians. In an effort to report back to the community and satisfy the first goal of the pilot (increase community awareness), a personalized report was created during the data collection process. The FitnessGram® is a validated tool developed by the Cooper Institute for Aerobics Research that evaluates fitness performance by using objective, scientific standards that represent a level of fitness necessary for good health. Children were also given the Health Risk Appraisal Form: Youth Risk Behavior Surveillance System for Nutrition and Physical Activity and pre- and post-measurement focus groups to assess health beliefs and practices.

### **Children were asked to perform the following tests:**

#### ***Flexibility***

Sit on the floor, one leg straight and the other leg bent, the foot of the straight leg flat against the test box; stretch hands forward as far as possible for a few seconds.

#### ***Strength***

Do standard push-ups, with both hands flat on the floor, legs out straight, toes touching the ground; do as many push-ups as possible.

#### ***Percent Body Fat***

Measure percent body fat with a caliper placed on a fold of skin on the calf and also upper arm.

#### ***Cardiovascular Fitness (PACER Test)***

Run back and forth across the gym while increasing speed each minute. A point will be scored for each 20-meter (~ 22-yard) distance covered; run as long as possible.

### **Children and their parents/guardians were asked to perform the following tests:**

#### ***Blood Pressure***

Measure blood pressure by a cuff on the upper arm (gently squeezes the arm for a few seconds).

#### ***Blood Glucose / Lipid Profile (cholesterol)***

Fast for 12 hours before the test (only water after 10:00 pm); one finger pricked lightly to get a small drop of blood; sterile procedures used.

#### ***Height and Weight / Body Mass Index (BMI)***

Measure height and weight using a standard scale; BMI will be computed from these.



## E. Findings

### ACT Partnership:

- Leadership training was beneficial to community participants.
- Youth learned new activities and nutritional insights.
- Parents and families benefited from fitness and nutrition programs.
- Community sites are potential locations for similar programs in the future.
- Availability of affordable and healthful food is a problem in the community.
- Adults can work cooperatively across geographic divisions for community betterment.
- Program is needed and has had a beneficial impact on participants and the community.
- Residents want information on how to eat nutritiously.

### Childhood Obesity Intervention

#### (Healthy Movement Healthy Life):

- Significance was seen in seven areas of physiological and behavioral change. However, though not scientifically significant, the other 21 physiological and behavioral variables gathered did demonstrate a trend of improvement.
- Average systolic blood pressure decreased significantly but remained in the normal range.
- Average triglyceride level increased but was still in the normal range, indicating a normal blood pressure and the amount of lipids (fats) in the blood.
- Increases shown in the number of laps run in a designated period of time (PACER), number of push-ups completed and flexing the right bicep (indicated improvements in cardiovascular fitness, upper body strength and endurance).
- Self-reports of dessert and overall nutrition indicated improvements in nutrition behavior.
- The long-term impact of these findings could lead to healthier lifestyles, lower incidence of obesity and disease prevention.

**Table 2: Comparison of Healthy Movement Healthy Life Intervention**

Variable	Pre-test n=73 Mean ± SD	Post-test n=73 Mean ± SD	Change	Sig. (2-tailed) <.05
Age (yrs)	9.75±1.234	10.01±1.275	-0.260	0.000
Height (in)	55.76±3.87	56.19±4.00	-0.4288	0.000
Weight (lbs)	90.52±36.08	93.05±35.92	-2.5274	0.002
Systolic (MmHg)	111.23±10.71	108.12±9.17	3.11	0.023
Triglyceride (mg/dL)	60.60±25.89	68.83±35.14	-8.236	0.029
PACER (laps)	18.46±9.44	22.92±13.56	-4.451	0.001
Push-ups (#)	9.68±7.422	12.20±8.65	-2.521	0.001
Flex Right (in)	10.32±2.38	10.65±2.53	-0.336	0.045
Nutrition Dessert	59.47±39.17	74.62±34.11	-15.152	0.012
Nutrition Overall	48.47±11.85	53.55±10.23	-5.076	0.002

Seventy-three participants completed pre- and post-testing

# toolkit



# Key Principles of Partnerships

**D**eveloping — and more importantly, sustaining — value-added community partnerships is an essential goal for any community-based project. Additionally, engaging the community to become involved in the process and implementation of a project may increase the overall community buy-in during the project and the sustainability of change afterward. This requires partnership building as well as educational activities that will establish trust and understanding.

In the inception, development and implementation of the ACT project, Community-Based Participatory Research (CBPR) and Appreciative Inquiry (AI) were tools utilized to develop and sustain community partnerships. The outcomes that emerged from our CBPR project provided some very basic tenets that support sound community engagement and partnerships from individuals to institutional community-based settings. While every situation and partnership is different and no one set of CBPR or AI principles is applicable to all partnerships, these aspects are almost universal in their application to groups of people with disparate backgrounds working together toward common goals. Concurrently, the Socio-Ecological Model provided a framework that recognized the importance of the interrelated relationships between individuals and environmental influences (community dynamics).

The connections made through this project are strong and could be revisited for future community engagement purposes. Based on lessons learned from the ACT project, as well as common principles of CBPR, the key strategies for effective partnerships are highlighted on the following pages. The ACT project's goal was to address obesity through an implemented intervention, but the emphasis was always on building and sustaining partnerships inside the community. Engaging the community in a trusty relationship allowed the project to move forward season after season, balancing the research agenda with the community residents' wants and needs.

2

Lessons

# Overview

## A. Overview of Community-Based Participatory Research

The foundation for Community-Based Participatory Research (CBPR) grew from educational theories developed by Brazilian educator **Paulo Freire (1921-1997)**, as well as principles of community building and organizing. Other important influences were the international development studies of Colombian researcher and sociologist **Orlando Fals Borda (1925-2008)** and the group dynamics and organizational development research of German-born social psychologist **Kurt Lewin (1890-1947)**<sup>15</sup>.

While CBPR is a method for approaching research, it can also be a strategy for developing asset-based sustainable and engaging partnerships. While they vary slightly from one partnership to another, the basic principles of CBPR are as follows:

### Key Principles of CBPR<sup>16</sup>

- CBPR recognizes community as a unit of identity.
- CBPR builds on strength and resources within the community.
- CBPR facilitates collaborative, equitable partnership in all research phases and involves an empowering and power-sharing process that attends to social inequalities.
- CBPR promotes co-learning and capacity building among all partners.
- CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners.
- CBPR emphasizes public health problems of local relevance and also ecological perspectives that recognize and attend to the multiple determinants of health and disease.
- CBPR involves systems development through a cyclical and iterative process.
- CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process.
- CBPR requires a long-term process and commitment to sustainability.

## B. Overview of Appreciative Inquiry

The intent of Appreciative Inquiry (AI) is to generate new ways of knowing and new forms of social arrangements, and to use this knowledge to promote dialogue that will lead to greater effectiveness and integrity of social systems. Appreciative Inquiry is guided by the belief that our assumptions and the methods we choose for our inquiries predetermine what we are to find. The AI process creates an opportunity for people to engage in open conversation and challenges us to examine ideas and knowledge that we may take for granted. It inspires us to lift our assumptions of what we think we know in order to explore what it is that we do know and what others know. This knowledge is gained by giving time and space for sharing the stories of our experiences, focusing on the best things that made an experience positive so we can build on the best in continuing to create our organizing systems. Thus, challenging and celebrating the possibilities and potentials for transformations in our collective action. Through appreciating the best of “what is,” we may be inspired to create a vision of “what can be.”<sup>17</sup>

### Principles of an Appreciative Inquiry (AI) Intervention

- Co-creation of knowledge: Discover, Dream, Dialogue/Design, Destiny
- Representation of whole system in the room
- Internalization of the process: positive image, positive action

# WMS

*CBPR incorporates the perspective that participatory research involves three interconnected goals: research, action and education.*

- Emphasis on common ground
- Self managing groups
- No external expert — expertise resides within the total group
- Not a problem-solving event — problems may be identified (in terms of the present and current reality), but once they have been noted, the group moves to developing an ideal future scenario
- Change involves the whole person: mind, body, spirit
- Participant ownership of conference contents and process — the conference is not something that is happening to them, it becomes of them

## A common framework for using AI to build organizational capacity is the 4-D model:

- **Discover and Value** the best that exists in the organization.
- **Dream and Envision** what might be.
- **Dialogue**, through which consensus begins to emerge, whereby individuals in the organization collaborate and create the strategies and actions to carry out the vision.
- **Vision/Destiny** is how you construct the future, through innovation and action, putting in systems of feedback and accountability to achieve and assess the desired results.

## C. Overview of Socio-Ecological Model

The Socio-Ecological Model is a conceptual framework built upon by the work of Bronfenbrenner, Belsky, and Steuart that views behavior as being affected by and effecting multiple levels of influence. Specifically, the model identifies five levels that influence both health and health behavior. It is defined into outer levels (organizational, community, and public policy) and inner levels (interpersonal and individual). The model has been identified as an important tool for health promotion projects. For example, when promoting healthy behavior, programs addressing the outer levels will target environmental issues that influence healthy behavior whereas projects targeting the inner levels will address personal characteristics and interpersonal relationships. However, effective health promotion programs will develop interventions that will target the inner and outer levels of influences to support both the individual and community-wide behavior change.<sup>18</sup>

### Components of Socio-Ecological Model

- **Individual:** knowledge, attitudes, skills
- **Interpersonal:** family, friends, social networks
- **Organizational:** organizations and social institutions
- **Community:** relationships among organizations
- **Public Policy:** national, state, local laws





Provide Consistent Review of CBPR /

# Integrate CBPR Principles

Understanding the Process

## 101

- Use simple language to explain the process or plan.
- Repeat that process several times throughout the project.
- Create an environment where questions are embraced.
- Be patient, as we all move at different paces.
- Write it down; make it visual.

Provide consistent review and opportunities to understand partnership purpose, roles and strategies:

- **CBPR is a process driven method** for developing partnerships and research.
- **CBPR requires long-term commitment** beyond the scope of funding.
- **CBPR requires consistent education** of all engaged partners including academicians, community residents, and organizational partners.
- **CBPR requires an empowerment-based communication infrastructure.**

All partnerships should incorporate and sustain opportunities for review, clarity of project roles and objectives in a transparent manner.



“Each community has different **community dynamics** that may impact the type of research and more importantly the outcomes.”

## Integrate CBPR Principles

### National Perspective: Best Practices – Literature Review

**To counteract contamination resulting from nuclear fallout** of US weapons testing in the '50s and '60s, the Nuclear Risk Management for Native Communities (NRMNC) was formed. This academic, community-based, tribal project focused on Native American communities in Nevada, Utah and Southern California. The Childhood Cancer Research Institute collaborated with Clark University and the Citizen Alert Native American Program to develop NRMNC with the overall goal to build community capacity to manage and educate Native communities on health risks. Due to the partners residing in Massachusetts, California and Nevada, clear communication and shared management as well as financial and programmatic resources needed to be built into the partnership to ensure full commitment. Additionally, the researchers for Clark University had to initially be educated on and help facilitate true participatory research. Therefore, during the implementation of education modules, technical presenters had to learn to allow the community members to facilitate the presentations and allow added time for group exercise, hands-on learning and integrating Native cultural aspects. This was essential for the implementation

of a true participatory curriculum model. An additional example of true partnership was the development of a community exposure profile. This profile combined community-based and technical research on contamination that can guide community members in educational programs. More importantly, this mechanism allowed for incorporating local knowledge to compliment technical material.

#### **Nuclear Risk Management for Native Communities (NRMNC)**

Quigley, D, Sanchez, V, Handy, D, et al. (2000). Participatory Research Strategies in Nuclear Risk Management for Native Communities. *J Health Communication* 5(4), 305–331.

#### **Additional Program: Community Action Against Asthma**

Parker, E, Israel, B, Brakefield-Caldwell, W, et al. (2003). Community Action Against Asthma: Examining the partnership process of a community-based participatory research project. *J Gen Intern Med* 18(7), 558–67.

Parker, E, Israel, B, Lewis, T, et al. (2005). Community Involvement in the Conduct of a Health Education Intervention and Research Project: Community Action Against Asthma. *Health Promotion Practice* 6(3), 263–269.

## Lessons Learned from Cleveland, Ohio (ACT Project)

- **Educate project team on the basics of CBPR** — ACT continuously educated both community and academic researchers about CBPR principles
- **Utilize community to engage and recruit for project** — ACT provided residents resources to engage and recruit others for advisory committee
- **Facilitate community advisory committee to move beyond project** — ACT assisted community members to use leadership skills in other local initiatives (churches, schools, etc.)
- **Offer universities opportunities to engage community in research** — ACT researchers have gained a better understanding of CBPR methods and recognized community's value-added input in research and the importance of trust

Establish

# Open Communication

## Open Communication

# 101

- Start with a meeting and include your target population. Ideally, those in need of the resources will organize and determine who they would invite to be partners.
- Talk about the money and limitations and who gets what in the beginning.
- Have the conversations and agreements before you write the grant.
- Include the target population in meaningful roles with financial support throughout the entire project.

**Establish open communication (transparency) that will increase:**

- **Clarify project goals** so researchers and community recognize financial limitations and expectations of partnership.
- **Be realistic and honest** with the project goals and resources that your institution can provide. However, if resources exist, share them equally.
- **Awareness of resources** that can support and sustain partnership.
- **Engage all partners and resources** to ensure maximum outcomes that can increase and sustain long-term support.
- **Trust between partners** such as researchers, institutions and target community.

The institution or person with perceived power must acknowledge it and have a critical conscience to include and view all partners as experts.

*“The community has a voice and it’s just as important as the researchers’.”*

## Open Communication

### National Perspective: Best Practices – Literature Review

**A community and academic partnership** in Detroit, the Detroit Community–Academic Urban Research Center (URC), has demonstrated great progress and success due in part to its strong infrastructure and processes. The URC established an infrastructure of Board activities and subcommittees to facilitate work around the established priority areas 1) access to quality health care, 2) environmental health issues for children and 3) violence prevention. The infrastructure helped facilitate trust and defined roles of each partner organization. Lastly, the partner organizations all played integral roles within the community and the URC activities built upon their collective knowledge, experience and working relationships within the community to move projects along. All of these factors have been cited with developing a successful and poignant center that aligns research in partnerships with the principles of CBPR.

#### **The Detroit Community–Academic Urban Research Center (URC)**

Lantz, P, Viruell-Fuentes, E, Israel, B, et al. (2001). Can communities and academia work together on public health research? Evaluation results from a community-based participatory research partnership in Detroit. *J Urban Health* 78(3), 495–507.

Israel, B, Lichtenstein R, Lantz P, et al. (2001). The Detroit Community-Academic Urban Research Center: development, implementation, and evaluation. *J Public Health Management Practice* 7(5), 1–19.



#### **Additional Program: Partnership to Reach African Americans to Increase Smart Eating (PRAISE) Project**

Ammerman, A, Washington, C, Jackson, B, et al. (2002). The PRAISE! Project: A Church-Based Nutrition Intervention Designed for Cultural Appropriateness, Sustainability and Diffusion. *J Health Promotion Practice* 3(2), 286–301.

Corbie-Smith, G, Ammerman, A, Katz, M, et al. (2003). Trust, benefit, satisfaction, and burden: A randomized controlled trial to reduce cancer risk through African-American churches. *J Gen Intern Med* 18, 531–541.

## Lessons Learned from Cleveland, Ohio (ACT Project)

- **Provide consistent feedback and disseminate findings to community** — ACT reported progress at both town hall and community advisory meetings
- **Establish partnership with organizations with existing ties in the community** — ACT developed partnerships with a local hospital and grassroots initiative prior to writing the grant
- **Have a presence in community beyond research project** — ACT participated and contributed to local health fairs, church fairs, and festivals
- **Be open about all aspects of the project** — ACT discussed financial and time limitations and addressed all issues openly

Create an Infrastructure for

# Community Empowerment

## Creating an Infrastructure

# 101

- Include all members of your project, including representation from the target population.
- Make sure each person has a voice and understands his/her role in the partnership.
- Have team spirit and ask the least gifted what tools they need to be successful (remember passion translates into skill) and provide those tools.
- Give people opportunities to lead. Leadership sustains the effort once the project ends.
- Build skills at every opportunity – model behavior [e.g., designate community partner to report initiative progress (communication skills)].
- Set high expectations, which lead to greater outcomes.

Create an infrastructure for community ownership and accountability through:

- **Understanding and utilizing current assets** to recognize individuals as community experts and organization resources that support the goals and objectives of the partnership.
- **Build upon the existing talents and resources** that increase outcomes and sustainability as resources decline.
- **Leadership development** that supports capacity building of all partners.
- **Provide tools that enhance** the most challenged individual's, organization's or community group's development to ensure success for all. Make sure everyone has the same vision and plans related to the project goal.
- **Establishing a meaningful and sustainable role** for the target population's participation.
- **Engage target group/individual during planning** and view them as experts, not simply key informants. Sustain their participation and key role throughout the project time period.

*“The purpose is to get the whole community involved.”*

## Community Empowerment

### National Perspective: Best Practices – Literature Review

**Through the Kahnawake Schools Diabetes Prevention Project (KSDPP)**, the community was engaged and empowered throughout a 10-year-plus partnership. Kahnawake is a community of 7,100 Mohawk people near Montreal, Canada with a demonstrated high rate of Type 2 Diabetes among adults. The KSDPP fully integrated the community members as equal partners into the planning, implementation and evaluation stages. Their input and insight were gathered and used throughout. For example, a group of elders requested that the project focus on children and be both a school and community intervention and promote learning through oral traditions. From this input, the KSDPP was developed. More importantly, a group of 40 individuals representing the community and local organizations formed a community advisory board (CAB). KSDPP has successfully sustained itself both in terms of funding and community participation through CAB. This enriched interaction facilitated mutual trust, empowerment and ownership of the project as community members took responsibility for their concerns and opinions and actively voiced their ideas. Another unique component was the creation of a Code of Research Ethics founded on two policy statements: 1) the Kanien'kehaka people of Kahnawake is sovereign and can make research decisions and 2) research should benefit the community and incorporate empowerment mechanisms. This document mandated discussion and interpretation of results by both the researchers and community.

#### **Kahnawake Schools Diabetes Prevention Project (KSDPP)**

Potvin, L, Cargo, M, McComber, A, et al. (2002). Implementing participatory intervention and research in communities: Lessons from the Kahnawake Schools Diabetes Prevention Project in Canada. *Social Science & Medicine* 56(6), 1295–1305.

Macaulay, AC, Paradis, L, Cross, EJ, et al. (1997). The Kahnawake Schools Diabetes Prevention Project: Intervention, Evaluation, and Baseline Results of a Diabetes Primary Prevention Program with a Native Community. *Preventive Medicine* 26, 779-790.



#### **Additional Program: East Side Village Health Worker Partnership**

Schulz, A, et al. (2001). The East Side Village Health Worker Partnership: Integrating research with action to reduce health disparities. *Public Health Rep* 116(6), 548–57.

Schulz, A, Israel, B, Gravlee, C, et al. (2006). Discrimination, symptoms of depression, and self-rated health among African American women in Detroit: Results from a longitudinal analysis. *American Journal of Public Health* 96(7), 1265–1270.

## Lessons Learned

### from Cleveland, Ohio (ACT Project)

- **Exhibit a commitment to community (sustainability during and after research)** — ACT provided intervention sites resources (manual and equipment) to sustain activities and support future programs
- **Provide residents with skills that support community engagement** — ACT developed leadership development, proposal writing, and communication skills trainings for community residents
- **Provide financial resources where appropriate** — ACT hired a community health worker (participant recruitment and coordination), two community assistants per intervention site (assist with implementation and sustainability), and provided communication tools for two community leaders (cell phones)
- **Become advocates for community change** — ACT project team became advocates for promoting healthy living within the target community

# Build Upon Existing Partnerships /

## Encourage Active Participation

# 101

- Scan the community and build partnerships with existing initiatives that have active participation from your target population.
- Seek partners that can provide the right resources you identify as needs.
- Be committed to your goals, but be prepared to accommodate the goals of your partner (a win-win for everyone).
- Have collective discussions and decisions beyond the leadership, to include the doers.

Employ a strategy that builds upon existing partnerships with:

- **Significant** community participation
- **Empowerment-based** activities
- **Engaged leaders** from the target population and/or group
- **Demonstrated participation** beyond tokenism
- **Broad community support**



## Build Partnerships

### National Perspective: Best Practices – Literature Review

#### In the mid 1990s, West Harlem Environmental Action

(WE ACT) and the Columbia Center for Children’s Environmental Health (CCCEH at the Mailman School of Public Health, Columbia University) formed a partnership, focused on the high rates of mortality and asthma morbidity found in two Northern Manhattan neighborhoods, Harlem and Washington Heights. It was long believed that bus depots and more specifically diesel buses contributed to the neighborhoods’ high asthma rates. Later research confirmed that there is a significant association between diesel exhaust (excessive bus idling around bus depots) and elevated rates of asthma. To bring recognition of the problem and change policy, the partnership empowered the local community to take action. High school youth were trained to investigate the exposure rates of fine particulate matter found in vehicle exhaust. The team identified locations near the bus depots where pedestrian and bus traffic was heavy. An epidemiologist trained the youth to use backpack air monitors and to do traffic and pedestrian counts. This data found that concentrations of fine particulate matter were related to the local diesel sources. This confirmed the public’s concerns and was used to help change several current buses to clean diesel and to bring about tighter air quality standards. More importantly, the partnership built local capacity through the trained youth and the aggressive media campaign, and it allowed the community’s voice to be heard at the local, state, and federal stages. Though the partnership did not reach its key policy goal – converting 300 city buses to compressed natural gas – it was effective in making significant policy changes, empowering the community to take action and continuing a decade-long partnership between a community-based organization and academic partner.



#### West Harlem Environmental Action (WE ACT)

Vásquez, VB, Minkler, M, & Shepard, P (2006). Promoting environmental health policy through community-based participatory research: a case study from Harlem, New York. *J Urban Health* 83(1), 101–10.

Minkler, M, Vásquez, V, Chang, C, et al. (2008). *Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies*. New York, NY: PolicyLink. Retrieved 20 March 2009, from [www.policylink.org/documents/CBPR\\_final.pdf](http://www.policylink.org/documents/CBPR_final.pdf).

#### Additional Program: Vietnamese Community Health Promotion Project (VCHPP)

Nguyen, T, McPhee, SJ, Bui-Tong, N, et al. (2006). Community-Based Participatory Research Increases Cervical Cancer Screening among Vietnamese-Americans. *J Health Care for the Poor and Underserved* 17 (2), 31–54.

## Lessons Learned from Cleveland, Ohio (ACT Project)

- **Facilitate partners to have a vested interest in initiative** – ACT assisted resident group to self-identify and set agenda for sustaining activities
- **Provide opportunities for partners to build relationships** – ACT provided mechanisms (town hall and advisory meetings) for community residents and local organizations to develop new relationships around single goal
- **Increase community engagement and advocacy** – ACT worked with community advisory group to address healthy behaviors through a neighborhood-wide social marketing campaign

Acknowledge the Assets /

# Honor Cultural and Community Characteristics

## 101

- Use meetings to discuss and comment on the assets of the project, including the partners, target group and community.
- Hire a person from that culture/community in a key role on the leadership team of the fiscal agent within the partnership (actions speak louder than words).

Acknowledge the cultural and community characteristic assets within the partnership:

- **Recognize and utilize** the diverse assets that are offered at the individual, community and agency levels within the partnership.
- **Where possible, ensure** that those with perceived power have diverse representation as leaders within the partnership.
- **Utilize the assets** of human and social capital within the community.

## Acknowledge Community Diversity

### National Perspective: Best Practices – Literature Review

**Tribal Efforts Against Lead (TEAL)** is a program that exemplifies how researchers can honor and build upon local cultural traditions to conduct a successful intervention. The soil at the Tar Creek Superfund site in northeastern Oklahoma was severely contaminated, resulting in elevated blood lead levels in young Native Americans. Established in 1996, the partnership included members from nine tribes and nations, academic researchers and a community-based environmental advisory organization. TEAL tailored an intervention to reflect a traditional clan system of local tribes and implemented a community-based lay health advisor component. Forty Clan Mothers and Fathers were recruited and trained to educate and utilize local and culturally appropriate mechanisms to disseminate lead prevention information. Doing so has long been demonstrated to empower the community to take ownership and have long-term impacts. These 40 individuals were respected members of the local Native American community and along with the project's community advisory board (CAB) were instrumental in guiding the research team on how to implement a culturally appropriate intervention that honored local traditions. It was through this respectful exchange between the community and researchers that 3,600 activities reached 30,000 residents and new policy changes were enacted to require mandated blood lead screenings and parental notification by the local health department and Indian Health Services.



#### Tribal Efforts Against Lead (TEAL)

Peterson, D, Minkler, M, Vásquez, V, et al. (2007). Using CBPR to shape policy and prevent lead exposure among Native American children. *Progress in Community Health Partnerships: Research, Education & Action* 1(3), 249–256.

Minkler, M, Vásquez, V, Chang, C, et al. (2008). Promoting Healthy Public Policy through CBPR: Ten Case Studies. PolicyLink web site, [www.policylink.org/documents/CBPR\\_final.pdf](http://www.policylink.org/documents/CBPR_final.pdf).

Health Resources and Services Administration (2007). *Community Health Workers National Workforce Study*. Bureau of Health Professions, U.S. Dept. of Health and Human Services, <http://bhpr.hrsa.gov/healthworkforce/chw/>.

#### Additional Program: Haida Gwaii Diabetes Project

Perera, FP, Illman, SM, Kinney, PL, et al. (2002). The Challenge of Preventing Environmentally Related Disease in Young Children: Community-Based Research in New York City. *Environmental Health Perspectives* 110(2), 197–204.

Herbert, CP (1996). Community-Based Research as a Tool for Empowerment: The Haida Gwaii Diabetes Project Example. *Can J Pub Health* 87(2), 109–12.77.

## Lessons Learned from Cleveland, Ohio (ACT Project)

- **Understand target community (i.e., unique needs and historical barriers)** – ACT rotated meetings to various locations to increase adult participation (recognized territorial challenges)
- **Tailor programming based on target population** – ACT developed praise and ethnic specific dances for the intervention in response to its African-American target population
- **Provide accessible materials** – ACT provided all written materials in easy language (fifth-grade reading level) to ensure full understanding of material
- **Conduct all meetings at convenient times** – ACT provided meetings within the community and in the late afternoons / early evenings to ensure full community participation

# toolkit

Anticipate the

## Need for Flexibility

Adjustable Designs

# 101

- Follow the yellow brick road, but support others along the way.
- If the data dictates your direction, refer back to this to stay on track.
- Have brainstorming sessions with partners (think outside the box).

Anticipate the need for a flexible design and implementation process:

- **Be prepared to respond to needs** that support capacity building and sustainability. However, it may not meet short-term goals.
- **Embrace new ideas** that can enhance the quality of outcomes.



“We really looked to see how *the community’s input can help shape, mold and produce great research.*”

## Design for Flexibility

### National Perspective: Best Practices – Literature Review

#### The Literacy for Environmental Justice partnership

(LEJ partnership) began in 2002 between the LEJ program and the San Francisco Department of Public Health to address food insecurity problems. The partnership brought community awareness to the relationship between health and corporate dominance of the food system. Recruiting local high school students, the LEJ partnership trained them to conduct store mapping research, survey sampling and GIS mapping. The key to this partnership was demonstrating how much local corner stores’ shelf space was devoted to tobacco, alcohol and junk food. The youth found that of 11 corner stores, only 2% shelf space was devoted to fresh produce and 39% and 26% were allocated for packaged food and alcohol and tobacco products, respectively. Due to turnover of staff and youth recruits, the project team had to build stronger community support. After the dissemination of the findings, the partnership wanted to move its Good Neighbor Program and require through legislation that tobacco products be removed and restriction on tobacco and alcohol advertisements, thereby having space for more fresh produce. However, due to community input, the program became voluntary, thus making the merchants partners in the project itself. This flexibility allowed for the project

to become successful and 12 corner stores have converted to the Good Neighbor Program. On the state level, a new assembly bill (Healthy Food Purchase, 2384) passed in 2006, though without budgetary appropriation. However, the partnership increased community policy, disseminated research and developed key action steps for the creation of statewide policy changes.

#### Good Neighbor Program — Literacy for Environmental Justice (LEJ partnership)

Vásquez, B, Lanza, D, Hennessey-Lavery, 2, et al. (2007). Addressing Food Security through Public Policy Action in a Community-Based Participatory Research Partnership. *Health Promot Pract* 8, 342–349.

Minkler, M, Vásquez, V, Chang, C, et al. (2008). Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies. PolicyLink web site, [www.policylink.org/documents/CBPR\\_final.pdf](http://www.policylink.org/documents/CBPR_final.pdf), 293–300.

#### Additional Program: Healthy Communities of Henry County (HCHC)

Minkler, M, Breckwich, V, Vásquez, J, et al. (2006). Sowing the Seeds for Sustainable Change: A Community-University Research and Action Partnership in Indiana and Its Aftermath. *Health Promotion International* 21(4), 293–300.

Rains, JW, Ray, DW (1995). Participatory Action Research for Community Health Promotion. *Public Health Nursing* 12, 256–61.

## Lessons Learned from Cleveland, Ohio (ACT Project)

- **Ask residents what they want to learn beyond the research** – ACT responded to community needs by providing leadership skills training
- **Tailor the research per the community voice** – ACT surveyed community to ensure input was included in obesity intervention development
- **Ensure an organic process** – ACT continuously responded to researchers’ and community’s needs throughout project
- **Understand that CBPR is beyond research** — ACT conducted a research project but also provided training and opportunities for community to move beyond project (sustainability activities)

# Implement Childhood

# Obesity Intervention

# 101

- Ask community for best times and safe places to conduct program.
- Motivation is key; all activities should be fun as well as educational.
- Know the community calendar of activities; do not make participants choose between your program and other community activities.
- Start early to engage community and facility staff; this helps with recruitment and retention.
- Be honest and real about objectives, time and budget limitations of intervention.

To implement an effective childhood obesity intervention:

- **Work with community** to implement intervention in terms of who to target, identification of safe locations to hold program and times of year to conduct the program.
- **Balance research needs** with community needs.
- **Educate the community** about the need for such an intervention to increase community buy-in.



## Childhood Obesity Intervention

### National Perspective: Best Practices – Literature Review

**Hip-Hop to Health Jr.** is a program on obesity prevention targeting preschoolers that centers on parental involvement. The two-year randomized, controlled trial involved 420 low-income, predominantly African American children enrolled in Head Start. The 14-week intervention included healthful eating or physical activity three times per week. Parental incentives were provided for involvement in the program's homework assignments. Twenty minutes of exercise or physical activity, 20 minutes of weekly healthful eating or exercise lesson, and newsletter and homework were incorporated to involve families. Following the intervention, a demonstrated success in reducing BMI levels at both Year 1 and Year 2 was noted, though not significant. A comparison group suggested that these practices work better than others.

#### **Hip-Hop to Health Jr.**

Fitzgibbon, ML, et al. (2005). Two-Year Follow-up Results for Hip-Hop to Health Jr.: A Randomized Controlled Trial for Overweight Prevention in Pre-school Minority Children. *Journal of Pediatrics* 146(5), 618-625.

Fitzgibbon, ML, et al. (2002). A Community-Based Obesity Prevention Program for Minority Children: Rationale and Study Design for Hip-Hop to Health Jr. *Preventive Medicine* 34(2), 28-297.

#### **Additional Program: Girls Health Enrichment Multi-site Studies (GEMS)**

Robinson, TN, et al. (2008). Stanford GEMS Phase 2 Obesity Prevention Trail for Low-Income African-American Girls: Design and Sample Baseline Characteristics. *Contemporary Clinical Trials* 29(1), 56-69.

Klesges, LM, et al. (2008). Memphis Girls health Enrichment Multi-site Studies (GEMS): Phase 2: Design and baseline. *Contemporary Clinical Trials* 29(1), 42-55.



## Lessons Learned from Cleveland, Ohio (ACT Project)

- **Explain data collection procedure** – ACT presented the need/process to collect data (finger prick, PACER test) and how it was needed to measure success
- **Create activities that the entire family can enjoy** – ACT developed an obesity intervention that incorporated easy activities that families can do at home
- **Be flexible with intervention activities and respond accordingly** – ACT made revisions to intervention program to increase attendance by running program consecutive days and immediately following school
- **Provide participant families with resources** – ACT hired a community health worker to work with youth and families to address barriers to participation and understand intervention results

# Many Thanks to the Central Community



# Project Teams and Community Representatives

*Advancing Central's Health Together (ACT) was initiated under the direction of George Weiner, PhD (principal investigator 2005-2007) and continued under Peter Whitt, MSW, LSW (2007-2009 principal investigator), Center for Health Equity, Maxine Goodman Levin College of Urban Affairs, Cleveland State University. Funding for this project is fully supported from a National Institutes of Health/National Center on Minority Health and Health Disparities – Community-Based Participatory Research (CBPR) Initiative in Reducing and Eliminating Health Disparities: Planning Phase grant (NIH/NCMHD R24 MD001794).*

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## Community Representatives

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**Princess Agee**, Community Assistant

**Robin Walton**, Community Assistant

### **Boys and Girls Club: King Kennedy**

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### **Friendly Inn Settlement, Inc.**

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**Brittany Jackson**, Community Assistant

**Anthony Lang**, Community Assistant

### **Arbor Park Village**

**Stephanie Davis**, Manager

**Tiletta Jones**, Community Assistant

**Champale Russell**, Community Assistant

### CENTRAL COMMUNITY HEALTHY GROUP MEMBERS

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**Bennie Benjamin**    **Lila Mills**

**DeEtta Brown**    **Queen Moss**

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**Anne Franklin**    **Dorothy Roberts**

**Darrell George**    **Benjamin Rutledge**

**Jean Howard**    **Audrey Smith**

**Sadie Jackson**    **Priscilla Walton**

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**Nikki Ali Jarreux**    **Lavallia Williams**

**Valerie Johnson**    **Loretta Williams**

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# Key Definitions and Terminology

**Appreciative Inquiry (AI):** an organizational development philosophy and process that engages individuals within an organizational system in its renewal, change and performance by focusing on the possible.<sup>1</sup>

**Community-Based Participatory Research (CBPR):** a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.<sup>2</sup>

**Community Engagement:** the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.<sup>3</sup>

**Community Leaders:** a designation, often by secondary sources (particularly in the media), for a person who is perceived to represent a community.<sup>4</sup>

**Community Health Worker (CHW):** a frontline public health worker who is a trusted member of and/or has unusually close understanding of the community served.<sup>5</sup>

**Critical Consciousness:** those with perceived power must understand the need for integrity and empowerment that will encourage sustainable participation in context of the partnership.<sup>6</sup>

**Empowerment for Health:** [in health promotion] a process through which people gain greater control over decisions and actions affecting their health.<sup>7</sup>

**Health:** a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>8</sup>

**Health for All:** attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life.<sup>9</sup>

**Intervention:** a deliberate process by which change is introduced into peoples' thoughts, feelings and behaviors.<sup>10</sup>

**Obesity:** term for weight ranges that are greater than what is considered healthy, i.e., they have been shown to increase the likelihood of certain diseases and health problems.<sup>11</sup>

**Prevention:** action directed towards preventing the initial occurrence of a disorder.<sup>12</sup>

**Public Health:** the science and art of promoting health, preventing diseases, and prolonging life through the organized efforts of society.<sup>13</sup>

**Sustainability:** ability to maintain a certain process or state.<sup>14</sup>

## Endnotes

<sup>1</sup> David Cooperrider, 2008 International Alliance for Learning Conference. Retrieved from Teach America on May 11, 2009. [www.teachamerica.com](http://www.teachamerica.com)

<sup>2</sup> W. K. Kellogg Foundation (2001). Community Health Scholars Program. In Minkler, M., & Wallerstein, N. (eds.). *Community-Based Participatory Research for Health: From Process to Outcomes*. (p. 4). San Francisco: Jossey-Bass.

<sup>3</sup> Fawcett, S.B., et al. (1995). Using empowerment theory in collaborative partnership for community health and development. *American Journal of Community Psychology* 23 (5), 677-697.

<sup>4</sup> Anderson, L., O'Loughlin, P., & Salt, A. (2001). *Community leadership programs in New South Wales*, UTS Shopfront, for the Strengthening Communities Unit, NSW Premier's Department, Australia.

<sup>5</sup> American Public Health Assoc. Community Health Worker SPIG, 2006.

<sup>6</sup> Minkler, M., & Wallerstein, N. (eds.). (2008). *Community-Based Participatory Research for Health: From Process to Outcomes*. San Francisco: Jossey-Bass.

<sup>7</sup> World Health Organization (1998). Health Promotion Glossary. Geneva.

<sup>8</sup> World Health Organization (1984). Glossary of terms used in *Health for All* series (9). Geneva.

<sup>9</sup> World Health Organization (1984). Glossary of terms used in *Health for All* series (9). Geneva.

<sup>10</sup> FAQ. Retrieved April 2009 from Hazelden web site: <http://www.hazelden.org>.

<sup>11</sup> *Defining Overweight and Obesity*. (2008). Centers for Disease Control and Prevention.

<sup>12</sup> Fourth International Conference on Health Promotion (21-25 July 1997). *New players for a new era: leading health promotion into the 21st century*. Jakarta, Indonesia.

<sup>13</sup> Acheson, D. (1988). *Public Health in England: Report of the committee of inquiry into the future development of the public health function*. London: HMSO.

<sup>14</sup> US Regional Ecosystem Office. Retrieved 10 March 2009 from Northwest Forest Plan web site, [www.reo.gov/general/aboutNWFP.htm](http://www.reo.gov/general/aboutNWFP.htm).

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