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"I Know What CBPR Is, Now What Do I Do?" Community Perspectives on CBPR Capacity Building

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Abstract

Background: Community-based participatory research (CBPR) offers a promising approach for combating health disparities. CBPR capacity must be developed among academics and communities. Most published CBPR capacity development work focuses on general guidance or individual partnership development.

Objectives: Herein we have reported community perspectives on community capacity-building efforts involving multiple community partners, including capacity-building outcomes and identification of facilitators and challenges.

Methods: We have presented a case study using qualitative and quantitative data from community-based organization (CBO) members of a committee guiding a university-based CBPR initiative. A survey measuring 11 CBPR capacity domains was fielded at two points. Three rounds of interviews were conducted.

Results: Community CBPR capacity increased over time, although there remains room for improvement. Leader commitment, CBPR resources, and hands-on CBPR experiences were identified as key facilitators. Resource limitations, difficulty integrating CBPR into organizational operations, lack of specific information, and institutional inequities were identified as challenges. Recommendations offered include continued and expanded support for sharing/co-learning with academic partners and capacity-building activities and services.

Conclusions: Results will inform future efforts and contribute to the understanding of capacity-building outcomes for initiatives supporting multiple CBPR partnerships.

Keywords

Community-based participatory research, community health partnerships, process issues, health disparities, Midwestern United States

Academic institutions, CBOs, and funders are recognizing the benefits of community-engaged research partnerships for addressing health disparities. CBPR is a collaborative approach "to bring together researchers and communities to establish trust, share power, foster co-learning, enhance strengths and resources, build capacity, and examine and address community-identified needs and health problems."[1] CBPR represents a promising approach to combating health disparities because it fully engages community partners as active participants in research, resulting in interventions that are culturally sensitive and responsive to community needs, while increasing the likelihood of generating meaningful and sustainable results.[2-4]

To realize CBPR benefits, capacity must be built among both academics and communities. Most published work on CBPR capacity development focuses on individual partnership development or generalized CBPR capacity development guidance. To our knowledge, few papers have been published on community perspectives on Clinical and Translational Science Award institutions' efforts to build the capacity of multiple

community partners.[7,8] We report outcomes from efforts to build the CBPR capacity of CBOs serving on the Northwestern University Alliance for Research in Chicagoland Communities (ARCC) Steering Committee (SC). We briefly describe CBPR capacity building efforts and report capacity change for SC community organizations and from the community perspective, identify factors contributing to increased capacity, and offer recommendations for future capacity-building efforts. Representatives from two community organizations are authors of this article.

ARCC is a program of the Northwestern University Clinical and Translational Sciences Institute, launched in 2008 with a Clinical and Translational Science Award from the National Institutes of Health. ARCC (www.ARCConline.net) supports the translation of research into improved community health by developing mutually beneficial long-term relationships with Chicago-area CBOs and academics that reflect shared commitment to CBPR. It provides infrastructure to create a more supportive environment for CBPR partnerships at Northwestern and in Chicago. ARCC has established a participatory governance model through its SC. The SC guides the development and implementation of ARCC goals and activities. It is composed of 11 CBOs, two public agencies, and 7 community-engaged Northwestern faculty members. Participating community organizations are diverse in size, type, history, and communities represented. CBOs were invited to join the SC in three ways: Based on existing relationships with Northwestern ($n = 7$), as part of an initial competitive application process designed to broaden populations and communities not represented among initial CBO members ($n = 3$), or in a secondary competitive application process to further broaden the populations and communities represented ($n = 1$). ARCC staff include a full-time director, two full-time community-campus coordinators, and a part-time faculty-community liaison.

ARCC offers an array of CBPR capacity development resources. Some of the resources are available to all SC members. Some resources are provided exclusively to community organizations, such as those participating in the Partnership for Empowering Research by Chicago Communities about Health (PERCH) program. The 18-month-long externally, funded PERCH program's goals are to (1) increase CBPR awareness, interest, knowledge and skills, (2) incorporate CBPR principles and practice into community priorities and programs, and (3) facilitate capacity to achieve ARCC's mission. All 11 ARCC community organizations participated in PERCH and worked collaboratively with faculty and staff to develop the program. PERCH offered CBPR capacity development trainings and required completion of a CBPR needs and asset assessment and "action plan," mapping CBPR capacity development efforts. Training was provided on research basics, CBPR principles, partnership development and sustainability, and research communication.

We report outcomes for ARCC's capacity building efforts for community members. Results of ARRC CBPR capacity development efforts for others will be reported elsewhere.

Table 1. Community-Based Organization (CBO) Community-Based Participatory Research (CBPR) Self-Assessment Concepts

Concept	Concept Definition
Training	Extent to which staff attend/participate in CBPR training.
Duties	Number of staff assigned CBPR duties/responsibilities.
Value	Value organization places on research participation/use.
Priorities	Organization's identification of research priorities and/or agenda.
Dissemination	Organizational mechanisms for disseminating research findings.
Navigation	Understanding/capacity to navigate university/funder systems.
Policies	Organizational research policies/procedures (e.g., memorandum of understanding) governing research.
Funding	Access to CBPR funding.
Partnership	Organizational collaborations/relationships with university partners.
University leadership	Organizational leadership for advancing CBPR with other CBOs.
Community leadership	Organizational leadership for advancing CBPR within universities.

METHODS

We use a case study approach employing quantitative and qualitative methods to report on the CBPR capacity-building outcomes for SC community organizations.[5] Data were collected from 2008 to 2010 for on-going evaluation, grant reporting and operational improvement purposes (IRB nos: STU00051012, STU00007756).

Data Sources

CBO CBPR Capacity/Needs Survey measuring 11 domains related to CBPR capacity (Table 1; see also http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/v007/7.3mason_supp01.pdf). Response options reflect stages of skill development from novice (1) to expert (4). Possible scores range from a low of 11 to a high of 44. The survey was developed by an external evaluator and the ARCC Evaluation Working Group (comprised of academics and community members) by adapting the *Building Capacity for Community Engagement Institutional Self-Assessment*[6] specifically for CBOs. The survey was pilot tested for relevancy and comprehensibility with ARCC community organizations in early 2009.

The survey was fielded at two time points: Pretest before the first PERCH session (2009) and post-test within 1 month of program conclusion (2010). All 11 ARCC community organizations participating in PERCH completed the survey at both time points. At pretest, the survey was emailed as an attachment by the external evaluator; participants returned the completed survey via an email. Data were entered into an Excel spreadsheet. The post survey was developed on line through the Zoomerang platform (now Survey Monkey). A survey link and follow-up reminder emails were sent to participants. Data were downloaded into an Excel spreadsheet and transferred to SPSS for analysis (SPSS, Inc., Chicago, IL).

CBPR Capacity/Needs Interviews conducted in three rounds—2008, 2009, and 2010—included self-reported changes in CBPR capacity and identification of successes/barriers. All 11 community organizations participated at each time point. Interview protocols were developed by an external evaluator with input from the ARCC Evaluation Working Group. Interviews were conducted by the external evaluator by telephone or in person at SC member or ARCC offices and lasted between 30 minutes and 2 hours. During the interviews, the external evaluator took detailed, handwritten notes. Because of participant confidentiality concerns and the inability to completely de-identify data for analysis, the analyses for this paper are based on abstracted evaluator notes and findings reports written by the external evaluator, not interview transcripts. A sample question found on the capacity/needs interview protocol was, "Please talk about your sense of the capacity of (a) SC community members and (b) academic members to guide and develop ARCC to achieve its mission."

Final PERCH participant reports, developed by ARCC staff and community organizations for program evaluation purposes and completed in 2010. All 11 participants completed reports. Individual reports were compiled into a master report for analysis. A sample question included in the Final PERCH participant report format was: "What challenges has your orga-

Table 2. Community-Based Participatory Research (CBPR) Capacity Increases

Concept	Representative Quotes
CBPR capacity increased in a variety of ways	[Our organization] now screens prospective research partners and plans to adopt a standardized protocol in the near future. We recently signed a formal agreement with University X to provide . . . students with field experiences.
	[We] incorporated the CBPR approach and collaboration with ARCC in its strategic planning process. It is the early stage of the process but at least two meetings of the board of directors focused on this effort.
	This year marked the first that our planning and budgeting process included recognition of research practices and plans . . . Our research agenda is being finalized for BOD approval and its communication to its full community of input—community youth, parents, volunteers, staff. (note this CBO defines its constituents as "a community of input," which include the larger community in which the organization is located, participating youth and their parents.
	We have also built a relationship with X university. That we may not have done in any other capacity.

ARCC, Alliance for Research in Chicagoland Communities; BOD, board of directors.

nization experienced in participating in the PERCH project?"

Analyses

Qualitative data, including notes and findings reports based on transcribed data compiled by the external evaluator from interviews and PERCH final reports, were reviewed by a writing team. The writing team included community and academic SC members. The initial data review was organized by these themes: (a) Change over time in CBPR capacity, (b) capacity-building facilitators, (c) capacity-building challenges, and (d) recommendations for capacity-building efforts. After initial qualitative analysis results were developed, the team discussed points of agreement/disagreement to further refine the analysis. For example, the subtheme of "partnership inequalities" was initially embedded within the "lack of specifics for doing CBPR" theme. However, team members (Rucker and Reed) identified this as an independent theme based on their reading of the qualitative data. As Mason and Morhardt re-read the data and the writing team discussed further, agreement was reached and "partnership inequalities" was agreed upon by all as a stand-alone subtheme. Findings were developed based on this iterative process.

Quantitative data consist of pre/post survey results. Composite scores were computed by adding responses to individual questions to create an overall survey score. Organizations' average score for each question was computed by adding all organizations' responses to a question and dividing by the number of respondents. No data were missing. Data were analyzed using descriptive procedures in IBM SPSS Statistics (v 20.0). The lead author was primarily responsible for quantitative data. Because of the small sample size and completeness of data (100% participation), tests of statistical significance were not run.

RESULTS

CBPR Capacity Increased Over Time

All 11 ARCC community organizations reported overall pre/post CBPR capacity gains as measured by the survey. The average time 1 organizational composite score was 20.5. At time 2, the average organization composite score was 33.5, an increase of 63%. The smallest overall organizational gain was 4 points. The greatest overall organizational gain was 27 points.

The dimensions—each a single item—with the greatest average gains were Community Leadership Capacity and Institutional Leadership Capacity with average gains of 1.6 points each. The least gains were in the areas of Capacity to Navigate University or Funder's Systems for Support of Research

Table 3. Facilitators to Community-Based Participatory Research (CBPR) Capacity Development

Concept	Representative Quotes
Demonstrated value of CBPR among CBO Leaders	It's moved from not being on our radar at all to being a way, a tool to make sure that we are on mission. To make sure that we are actually fulfilling that mission, our programs are serving the greatest needs.
	Now we want to know if our programs are effective. You get into the business of doing programs and you don't have time to evaluate them past your program evaluations for your funders. Now you know that you can, that there are resources on the research side to research more broadly.
	We have staff and the directors' committed to work in this project.
	When my staff say, "is it even worth it?" I say it's our future.
ARCC resources	[ARCC] staff is very accessible and quickly responds to correspondence or calls. Workshops are well organized and I have learned from them. Most helpful has been the ability to connect to outside resources through my involvement in ARCC.
	We have benefited from networking, trainings and the energy of creating a new SC and vision. The information clearinghouse gives aid to finding opportunities to expand my horizon.
	ARCC provides a lot of opportunities for personal and organizational growth.
Hands-on experience	Working experience with CBPR [contributes to CBPR capacity]
	My capacity has been built by doing.

ARCC, Alliance for Research in Chicagoland Communities; CBO, community-based organization; SC, steering committee.

and Access to Research Funding and Opportunities (+0.7 point).

Some organizations had no pre/post changes in some elements: Training (n = 2), organizational depth (n = 3), value (n = 3), mechanisms for dissemination (n = 2), navigation (n = 4), funding (n = 2), partnership skills (n = 2), policies/procedures (n = 2) and institutional leadership (n = 2). Representative quotes regarding change over time are included in Table 2.

CBPR Capacity Facilitators

CBOs identified several factors facilitating capacity development. Representative quotes are included in Table 3.

Leader recognition of CBPR value. Organizational leader's recognition of the value of CBPR to their organizations was a driving force CBPR capacity development.

CBPR resources. Numerous CBOs cited the resources provided by ARCC as a key contributor to organizational CBPR capacity development. Elements identified as especially helpful include workshops, brokering networking opportunities, sample documents and guidance, and resources devoted to personal and organizational growth.

Hands-on experience. A number of CBOs identified "hands-on" or actual experience doing CBPR as key to capacity development. The actual experience of engaging in CBPR was seen as key to learning and increased capacity.

Staff/leader commitment to CBPR. Several organizations reported that the support of a "visionary" or leader within the organization greatly increased organizational commitment to CBPR. In these instances, leaders became organizational CBPR champions sometimes before CBPR benefits were experienced. One organization established a staff position and, eventually, a small department focused on research before engaging in CBPR.

CBPR capacity-building challenges. CBOs identified several factors that limited CBPR capacity development including perceptions that CBPR is an "add on" activity, need for specific CBPR information, and partnership inequities. Table 4 includes representative quotes.

Perceptions that CBPR is an "add on" to what the organization is already doing. There were multiple dimensions associated with difficulties in integrating CBPR into organizational priorities. Some participants noted that CBPR was new to their organization and had to compete for organizational resources with other, established organizational needs, including program operations. Others identified tight budgets and fiscal support issues as limiting CBPR capacity development. Some identified politics within their organization as a factor influencing the development of CBPR capacity. One SC CBO shared that although they personally valued CBPR, their ability to influence their organization was limited and thus a

Table 4. Challenges to Community-Based Participatory Research (CBPR) Capacity Development

Concept	Representative Quotes
Perceptions that CBPR is an "add on" to whatever else the organization is already doing.	This [CBPR] is new for us and at this time we do not have the resources for it.
	There is a growing interest [in CPBR]. I have neither pushed hard enough for the expansion on this topic nor has funding allowed a full launch program staff wide.
	We are a small organization with limited staff which makes our ability to significantly dedicate our time to CBPR program.
	[A challenge is] at the organizational level–getting partners and funders engaged and committed to CBPR activities.
	I think the president/CEO of [org X] is very interested in promoting CBPR, but as [s/he] is so busy and pulled in many different directions, [s/he] cannot be as involved in the actual implementation of CBPR projects.
Fiscal issues	External economic circumstances might affect [our organization's] ability to more effectively implement the Action Plan. Due to state unpaid obligations to vendors for the past year and a half and the state budget crisis [our] members suffer extreme hardship and they are often unable to pay their staff, which aggravates the situation even more. This situation absolutely impacts the agencies' ability to get engaged in additional tasks and projects.

CEO, chief executive office.

barrier to CBPR capacity development.

Lack of specific information on engaging in CBPR. Numerous organizations cited the need for more specific information to increase CBPR capacity. This included template documents upon which to base the development of their partnership and knowing the steps to follow during specific project stages, for example, steps to follow in conducting analyses jointly.

Partnership inequities. Several organizations identified differences between CBOs and academic partners as a challenge to CBPR capacity development. The lack of shared resources in terms of federally negotiated indirect rates was one example. Some organizations felt that because they had lower indirect rates and received less indirect money, they did not have opportunities to develop the capacities supported by academic institution's higher indirect rates. Another example of inequities is differences in skill sets between community and academic partnership members. One CBO saw inequities in that they were reliant on academic partner's statistical skills during projects and so did not develop these skills in house. When projects end and they have additional data analysis needs, they did not have the capacity because they had relied on their academic partner's skills.

Recommendations. Community organizations expressed continued commitment to CBPR capacity development. They offered the following recommendations for ARCC's continued/expanded CBPR capacity development activities/services.

1. Presentations on CBPR basics/benefits to CBO leadership/staff.
2. CBPR workshops, trainings, literature reviews, and publication and funding opportunity lists.
3. Mentoring CBOs and academics.
4. Assistance with developing CBPR research agendas and revising action plans.
5. Brokering partnerships/funding opportunities.
6. Creating new, and distributing existing, CBPR tools providing detailed CBPR guidance.
7. Opportunities for members to have personal interaction (in community settings) and learn about and from each other, for example, sharing action plans, research priorities, and research projects.
8. Offering new member orientation sessions exploring assets, needs, and "cultures" of academics and CBOs.

DISCUSSION

ARCC's initial efforts have increased community CBPR capacity among ARCC community organizations, especially capacity for leadership. Progress in increasing CBO capacity to negotiate university and grant funding systems and in obtaining funding for CBPR has been more challenging. Community organizations identified leadership's valuing of CBPR, ARCC resources and staff assistance, and hands-on CBPR experience as facilitators of CBPR capacity development. Challenges to capacity development identified include competition for leader and staff time commitment and resources, a lack of specific details or models for guiding CBPR work, and continued institutional and skill inequities among academic and community partners. These findings contribute to what is known about Clinical and Translational Science Award-related program efforts to build CBO CBPR capacity. They will inform ARCC's and others' efforts to improve the efficacy of its community CBPR capacity development work.

Unlike most literature on CBPR capacity development we reviewed, these findings are from a model designed to support CBOs engaged in multiple CBPR partnerships and participating in an ongoing, participatory governance body. This article contributes to understanding outcomes for these types of efforts. These results indicate that capacity development efforts offered to multiple, diverse CBOs within the context of an ongoing, participatory governance body such as the ARCC SC can be effective and result in significant CBPR capacity gains.

CONCLUSIONS

Using a participatory-shared governance approach, ARCC identified a need to increase CBO CBPR capacity as a step toward the broader application of CBPR principles and practices for reducing health disparities. Through a variety of resources including informational meetings, networking events, workshops, one-on-one consultations, seed grant funding, and on-line resources, ARCC has been successful in increasing the CBPR capacity of SC community members, although there remains room for improvement. These efforts have been particularly effective in leadership development and less effective in developing capacity for navigating university/funder's systems for funding and access to funding.

CBO recommendations for continued CBPR capacity-building efforts are instructive in thinking about how to continue CBPR capacity development in the context of the SC as well as the development of efforts working with additional CBOs. Consistent themes found in the recommendations include providing opportunities for sharing and co-learning with academic partners, and continuation of the variety of capacity-building activities/services currently offered. Although much remains to be done in the implementation and realization of the benefits of CBPR for reducing health disparities, through its SC members, ARCC has made demonstrable progress in building CBO CBPR capacity.

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