Characteristics of effective partners in CBPR partnerships

Whether you are just beginning the process of developing a CBPR partnership or you are already involved in a CBPR partnership, careful consideration should be given to the degree to which potential partners may have the characteristics that contribute to effective partnerships. The characteristics of effective partners described below can apply to both community and institutional partners, and to both organizations as partners and the individuals who will represent those organizations in the partnership:

- **They are willing and committed** – for example, they are willing to get involved, open to creating a partnership, understanding of and committed to the long-term nature of the process.
- **Their organizational mission is in alignment** – the partner organization’s mission, culture and priorities encourage, support and/or understand and recognize the value of community-based participatory approaches to learning, research, evaluation and partnerships.
- **They have trust and a history of engagement in the community** – for example, they are well respected in the communities involved in the partnership, are “in” and “of” the community and knowledgeable about and close to the grass roots communities in which their organizations work.
- **They have staff and/or volunteer capacity to participate** – for example, having staff and/or volunteers who can work with “outsiders” to accomplish their goals, see the value of research to the organization and community, and willing to navigate research processes and procedures (e.g., the human subjects review process).
- **They have engaged, competent researchers and research staff** – who, for example, can maintain meaningful relationships with the community on multiple levels, are competent to facilitate partnerships and follow participatory approaches to research, and are willing to learn from their partners.
- **They have support and involvement from leaders at all levels** – for example, they have active and visible support and involvement of both top leadership (i.e., a university department chair or dean, public health officer, agency executive director) and “front line” staff who have authority to make decisions, know about the organization’s daily operations and strategic directions, and have ready access to top leadership. To be most effective, individuals involved in CBPR partnerships ideally hold positions of authority and/or leadership within their organizations. Ideally these functions are part of the point person’s job description.

- **They are knowledgeable about the community** – for example, having the ability to obtain resources, high degree of political knowledge, access to decision-makers within the community, have connections with or active in other networks or consortiums.
- **They strive for cultural competency** – CBPR partnerships are likely to involve partners from diverse cultural backgrounds, with respect to ethnicity or race, gender, social class, sexual orientation, community or academic roles, and academic discipline. It is important for partners to be striving for cultural competency.
- **They have skills in collaboration** – for example, they are able to negotiate, problem-solve, resolve conflict and foster collaboration among partners.
- **They have interpersonal and facilitation skills** – for example, they are sensitive to community needs, have good listening skills, are trustworthy, are capable of understanding and appreciating diverse groups, can communicate in a ways that keep partners motivated and informed, are able to understand and feel comfortable in both academic, governmental and community settings or translating between them, and are able to transfer knowledge and skills to others.
- **They have technical skills** – for example, skills in planning and organizing, evaluation, writing, using computer software programs, speaking and/or writing in multiple languages, conducting outreach and managing programs.
- **They have commitment and connections to the community** – for example, placing a high value on community perspectives, knowing the community resources, being known and trusted in the community, being savvy about leveraging community resources, being committed to recognizing and striving to understand community issues, dynamics, and political ‘hot buttons.’
- **They are committed to the partnership process and the substantive issues being addressed by the partnership** – for example, they pay attention to both partnership process and outcomes, have a
desire to see the partnership grow, are deeply committed to community health, community capacity building and social justice, and are knowledgeable about community-based public health.

It is important to remember that despite the difference in the settings, mission and culture of their respective organizations, community and institution-based partners share many similarities. They:

- Are often over-worked and under-resourced
- Have unique skills and experience
- Work in complicated and stressful environments
- Have their own productivity levels, accountability structures, timelines, calendars and bottom lines
- Have very specific jargon
- Are often not used to working with the other (communities or institutions) on a daily and ongoing basis
- Above all, they care about the health and well being of local communities

Getting started from scratch: where to begin?

For both researchers and community members who are interested in exploring the idea of participating in a CBPR partnership, yet have no potential partners in mind, the idea of venturing out to find interested partners can be daunting. If you find yourself in this situation, the following strategies can help you get started.

1. Initial research

To start, do some general research on individuals and organizations, academics and health department staff who might be doing work in your area(s) of interest, or may be interested in your area of interest because it overlaps with their work. Get all the information you can about these particular people (and some of the partnerships they may have engaged in) through a search of the Internet, newspaper articles and any contacts in the field. Libraries and community centers can be good sources of information about community groups. University, research institutes/centers and health department websites will be the best sources of information to find faculty and staff who are working in your area(s) of interest, as well as reports or products produced by the people and programs/partnerships you are interested in learning more about. Searching abstracts presented at past American Public Health Association (APHA) conferences, using your town or city and topic of interest as keywords, may also yield potential contacts. These are available online at www.apha.org

2. Additional preliminary research

As a researcher, it is essential that you learn about what issues the community is currently working on and finds important, by finding out the schedule of regular community meetings that take place, and contacting the coordinator about attending. If there are other partnerships/collaboratives that already exist, you can also try to attend those meetings as a way of finding out what is already out there.

As a community member, you may want to contact people and offices at local colleges and universities that are responsible for community connections. These could include, for example, people who hold positions such as Vice Provost of Outreach or Director of Service-Learning, departments of public affairs or community affairs, centers or offices of community service or service-learning, offices of university-
community partnerships, etc. Individuals who work in these offices may be able to steer you in the
direction of people, programs and community-university partnerships with topical interests similar to yours.

3. The “key informant” interview

From your initial research, you should now have a list of people and organizations that are doing work in
the area(s) you are interested in, or who work in areas that overlap with your own area(s) of interest.
However, there also may be people that you know and trust within this field already, who may already be
familiar with some of the people and organizations/departments on your initial list. Ask these people to sit
down with you for a key informant interview, an interview that helps you and help you brainstorm possible
appropriate partners. These people are your “key informants.”

Before conducting key informant interviews, sit down and think about the main pieces of information you
want to get from him/her. Craft a list of questions that you can use as a basis for all the interviews; of
course, there may be slight variation based on the person you are interviewing, but having your main list of
questions in front of you helps to ensure that you will get all your important questions answered. The
following are some sample key informant interview questions to help get you started:

- Who are some of the different people and organizations doing work in this field in the following areas?
  - Community-based organizations?
  - Colleges and universities?
  - Voluntary health agencies?
  - Public sector (e.g., city, county and state health departments)?
  - Business sector?
  - Philanthropic sector?

- What do you know about these people and organizations? Their history in the way they worked with
  partners in the past? Their past involvement in CBPR? Their attitude towards CBPR?
- How would you assess their capacity and ability to implement a CBPR partnership project in a way
  that respects all involved partners?
- Can you refer me to other people who may be helpful in answering these questions?
- Are there others you would recommend who share my interest area(s)?

Remember that it’s important to get as many viewpoints as possible. To get a fully objective perspective,
you will want to speak to a number of people. After sifting through information gained through your initial
research and these interviews, you may want to develop a two-tiered list of people/organizations you are
interested in approaching as potential partners. The first tier consists of people you will meet with first, and
the second tier consists of people who you will meet with if your first-tier list does not result in any suitable
partner(s).

4. Meeting with potential partners

When setting up meetings with potential partners, first introduce yourself and give them some background
about yourself, and the reason why you’re interested in meeting with them – to explore possibilities for a
potential CBPR partnership. Stating your purpose at the beginning of the conversation gives the person the
chance to politely decline your request for a meeting, if he/she is not interested in pursuing such a
partnership.
If you were referred to this person by a mutual acquaintance or key informant, you may want to consider giving him/her the name of this person who gave the referral – often times it is that trusted mutual acquaintance that can get someone “through the door” and give you credibility. (However, use your intuition when deciding whether or not to mention the referral, as giving that person’s name to your potential partner might have the opposite effect and actually “close the door”).

When meeting with a potential partner in person, start with general, “getting-to-know-you” conversation that you might engage in at a party or social gathering. As CBPR partnerships require trust and communication, it’s important to let that partner know that you are interested in them as people and not just as a way to make the vision of a CBPR partnership a reality. By setting a more relaxed tone before you start your meeting, your potential partner will feel more at ease. When you do transition into the actual meeting, be careful to bring up questions you have prepared in more of a “conversational” style rather than an “interview” style, as this may also make the other person uncomfortable.

Some questions you may want to ask in the first meeting include:

- **1. General Background** Tell me about your work. What issues are you working on? What motivates you to do work in this area? In what direction would you like to see your work going? What are the challenges you face in your work?

- **2. Partnership Experience** What are some of your experiences in working in partnerships? Have you been involved in any research partnerships? What has your experience with these been like? What would be your approach to such a partnership?

- **3. Interest in Proposed Partnership** Do you have an interest in working on [fill in with your area of interest]? What priority issues or activities do you think we should consider?

- **4. Capacity/Appropriateness of Fit** Do you and your department/agency have the time to invest in developing a CBPR partnership, which includes building trust among partners, developing infrastructure, seeking funding, developing and implementing projects? If the emerging partnership does not get funding right away, do you have the motivation, time and energy to stay involved?

**Exercise 2.1.1: Funding First, Relationships Second**

Researchers at Ivory Tower University have not received many grants lately and they need external funding to sustain their research program and their credibility at the university. Recently, they responded to a call for proposals that required a community-based research partnership. They had never done CBPR before; they were a little suspicious of it, but they needed the funding and this was a large grant. The focus of the research intervention they chose was to reduce risk for chronic disease (a.k.a. “obesity”) in youth (ages 13-18) through increased exercise and improved nutrition. The population is made up of 60% recent Puerto Rican and Mexican immigrant families. No members of the research team are Hispanic or speak Spanish. Before submitting the proposal, the researchers contacted local school principals, physical education instructors, the Boys and Girls Club, a YMCA and a Hispanic Health Council to ask for letters of support which were all provided. There was no formal meeting with any of these agencies before submitting the grant nor were copies of the research proposal and design shared with them. Six months later, Ivory Tower University hears that it has received the grant and calls together the individuals who wrote letters of support for the first meeting of the “Community Research Partnership Team.” The academics share with the Team the overall research goals and ask for team buy-in. All team members agree that increasing exercise and more nutritious eating habits in youth is a priority but want to know what they will get out of their involvement in the research project.
Questions to consider:

- Do you think there is a clear “community of interest” identified? Explain.
- Does this research agenda have an explicit aim that addresses social and or economic inequities? Are there social justice implications?
- What issues of power or trust do you see that may need to be addressed at the beginning of this partnership? How should these be addressed?
- Do you think the researchers/academics are exploiting a funding revenue at the expense of the community? Explain.
- Do you think the community members may be exploiting the research agenda in order to accomplish their own under-funded initiatives? Explain.
- Who should be around the table that is not there?
- Do you think there are skills the research team should develop or assure it has before it moves forward with this partnership? What are they?
- If you were a CBPR consultant invited to participate in this meeting, what advice would you give?

Exercise 2.1.2: Responding to a Request for Applications

Staff of a local health department, working with faculty members from a nearby university, is developing a proposal in response to a federal Request for Applications (RFA). The RFA is seeking proposals that will develop and study effective interventions to decrease diabetes and complications of diabetes among African-Americans. A CBPR model must be used, involving key partners from sectors relevant to the topic.

Instructions: Brainstorm which community and institutional partners should be invited to participate in this partnership and why. List some of the pros and cons associated with these choices.

- What kinds of agencies should be invited? What kinds of academic departments?
- Who decides who is invited?
- Is membership comprised of individuals or organizations?
- How is “community” defined and who is able to “represent” the community?
- How many members do you want in your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved?

Building on prior positive working relationships

A prior history of positive working relationships among at least some of the potential partners is a step in the right direction when establishing a new CBPR partnership to address an issue not previously addressed by this particular group of partners.

For example, an institutional partner (i.e., university faculty member, health department division director) may have engaged in one or more previous projects or initiatives with one or more community-based organizations that resulted in a positive working relationship. This in turn leads to a desire and willingness on the part of those partners to team up again on another initiative should an opportunity present itself.

Building on that history, that “core” of community-institutional partners can seek out other potential partners (e.g., other faculty members in the same or a different department; health department staff from other divisions; community-based organizations working within the same community or on similar issues) who
have had similar experiences on other initiatives. In this way, the emerging partnership will consist of individuals and organizations familiar with at least some of the other players involved.

Drawing upon the trust that is already present can lead to the initial willingness to get involved and the commitment to develop more long-term trusting relationships. When this is not possible, engage a core group of dedicated participants.

**Exercise 2.1.3: Why Partners Get Involved and Stay Involved in CBPR**

Screen the video “A Bridge Between Communities,” paying particular attention to each partner’s reasons for getting involved with the Detroit Community-Academic Urban Research Center (see Unit 2 Citations and Recommended Resources for Ordering Information). Viewing at least the first 12 minutes of the 32 minute video is advised. After screening the video, respond to these discussion questions.

**Discussion questions:**

- Why did community-based organizations get involved in this CBPR partnership? Why did they stay involved? Does this resonate with your experiences?
- Why did academics get involved in this CBPR partnership? What did they stay involved? Does this resonate with your experiences?
- Why did the health department get involved in this CBPR partnership? Why did they stay involved? Does this resonate with your experiences?
- Does the video reflect why you became involved in or are considering getting involved in CBPR?

**Developing partnerships with a diverse membership: importance and challenges**

Successful CBPR partnerships convene and maintain a diverse group of partners, including those who are directly affected by the topic(s) of study. Recognize that partners can wear multiple hats and serve in multiple roles. It is important to acknowledge that community partners that are recruited specifically because they are known as trusted individuals frequently also have multiple community, as well as family, commitments.

*Engage and mobilize a diverse group of partners* in terms of ethnicity; race, gender, social class, role, organizational or institutional affiliation, academic discipline, expertise, and role in the partnership.

*Consider organizational membership, rather than individuals.* This can help to bring the entire resources of the organization to the partnership, and if an individual who participates on a given project leaves, then the organization is committed to identifying another person to be involved.

*Start with a small number of diverse partner organizations.* This may facilitate your success by drawing upon diverse ideas and resources while keeping the number of partners small enough to be able to adopt and adhere to a set of participating principles and operating norms. Partners can be added. Size will be fluid and evolving.

*Consider who represents “the community”?* It is important for partnerships to discuss their definition and conception how community is defined and who is able to represent the community. The following questions may be useful for this discussion (Israel).

- Who is the community?
Who represents the community?
Who has influence in the community, and how, if at all, are they involved?
Who decides who the community partners will be in a CBPR effort?
Are the community partners involved as individuals or as representatives of community-based organizations (CBOs)?
If as individuals, do they have a constituency that they represent and report to? If as reps, what is the connection or link between the CBO and the community in which they work?
How grassroots are the community members and CBOs involved?
Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
Who is defined as "outside" the community and not invited to participate?
No one organization can represent the community; no one person can represent a specific subpopulation.

Exercise 2.1.4: Defining and Representing the Community

The mission of the Prevention Research Center (PRC) of Michigan is expanding knowledge and sharing knowledge - thereby strengthening the capacity of the community, the public health system, and the university, to improve the public’s health. The Center builds upon existing long-term partnerships between the University of Michigan School of Public Health, community-based organizations, local health departments, and the Michigan Department of Community Health and other statewide health associations. The PRC Community Board adopted this definition of community:

1) The Community with the Problem, which includes those individuals who are affected in some way and have experience with the problems being addressed, and
2) The Genesee County Community, which includes everyone who lives or works in Greater Flint and is concerned about the problems we are trying to solve.

It is often difficult to have the members from the Community with the Problem involved in the process. Therefore, we recognize the special role that Community Based Organization Partners* plays in connecting us to the Community with the Problem. Because community-based organizations (CBO) are the result of grassroots efforts by community members to organize themselves into constituent groups, they are rooted in the community they represent. Typically, CBO boards, staff and volunteers are members of or have family members, friends, or experience with the Community with the Problem. Therefore, the representation of community partners from CBOs on our Board and Steering Committees is invaluable. As we engage in our discussions, we need to deliberately consider who is at the table and if the Community with the Problem is involved in decision-making, as appropriate, at every stage of the process. CBO representatives cannot assume that they can effectively represent the perspective of all communities with problems, and they consistently find ways to involve the members of Community with the Problem in the process.

Community members directly impacted by the problem are involved in serving on steering committees or subcommittees, participating in dialogue groups or focus groups, and attending community presentations, cultural celebrations, or conferences where we disseminate results and gain feedback. Community members are also hired as interviewers, community health workers, group facilitators, or project coordinators.
Community Based Organization Partners is a forum for community based organizations to work together to identify community issues and refine processes for collaboration with other community agencies/organizations and universities.

Discussion Questions:

- How does your CBPR partnership define “community?”
- How does your CBPR partnership apply this definition in practice?

Adapted from Flint PRC proposal

Exercise 2.1.5: Selecting New Partners


- Organizations with a health, human service and/or community development mission, operating in and working with one or more of the URC communities in southwest and eastside Detroit, that have a prior, positive working relationship with current URC partners.
- Organizations that are embedded in, well respected by, and/or involve staff from the communities in which they work.
- Organizations with a history of working on URC-affiliated projects and/or activities that emphasize prevention, family and community health issues, and/or enhancing community capacity building.
- Organizations that are interested in and willing to work within the overall goal (i.e., addressing social determinants of health) and specific priorities (i.e., access to quality health care, physical environment, violence prevention) established by the URC Board.
- Organizations that are willing to adapt and adhere to the operating norms and “CBPR Principles” adopted by the URC Board.
- Organizations that are willing and have the capability to assign a representative and an alternate to be a member of the URC Board. The representative should have the authority in their organization to make decisions without having to go back to the leadership within the organization, or, at the least, have easy access to the leadership as well as their active and visible support of URC activities.
- Organizations that are willing to actively participate, through, for example, the involvement of one or more representatives, at the monthly URC Board meetings and on steering committees for specific URC-affiliated projects, and attending and participating in national, regional or local conferences, workshops and meetings, as appropriate.
- Organizations that are willing and have the capability to facilitate ongoing, two-way communication between the partner organization and the URC Board that fosters collaboration, coordination, development of new projects and participation in special activities involving the URC partners.

Discussion Questions:

Has your CBPR partnership established criteria for selecting new partners? If so, what are the criteria? If not, what criteria would you establish and why?

Exercise 2.1.6: Identifying and Selecting Partners

This 60-minute exercise is designed for a group of at least 6 people.

The set-up: The health department has convened a meeting of academics, health department staff and community members to discuss the idea of partnering in response to a request for proposals.

Split the group into three smaller groups (one representing academics, one representing health department staff, and one representing communities). Ask each group to read the Wellesley Institute
Summer 2005 Request for Proposals and answer the questions for their group. After 30 minutes of
discussion, bring the three groups together for the meeting at the health department Instruct each
group (academic, health department, community) to stay in character to role play and hash out
decisions in the final 30 minutes of the session.

The Wellesley Institute Summer 2005 RFP:
Innovative Solutions to the Housing & Homelessness Challenges Facing Urban Communities

The Wellesley Institute currently supports research initiatives that seek to understand the impact of
social and economic disadvantage on the health of marginalized communities. Priority is given to
research projects that meaningfully involve community members in all aspects of the research process,
are policy-relevant and are methodologically rigorous. We encourage applications submitted in
partnerships between community agencies, policy makers and academics. We ask that grantees be
willing to engage in constructive conversations with policy advisors at the municipal, state and federal
levels.

Examples of relevant research questions might include (but are not limited to):

- What are the health impacts of subsidized or supportive housing interventions?
- What is a healthy supportive living situation for street-involved youth? For those with mental health
issues? For other marginalized groups?
- What health and social services are needed to support a successful journey for those transitioning
from homelessness to housing?
- What are some predictive factors that lead to successful transitioning?
- How can existing services be best leveraged to provide excellent support and outcomes?
- What are the cost-benefit analyses of different housing interventions?

Continuing in our commitment to support innovation in CBPR approaches, the Wellesley Institute will
award research projects based on strength of collaboration, innovation in action outcomes and the
potential to impact public policy. Advanced Community-Based Research Awards are provided to a
maximum amount of $250,000 per project. Projects may be interventions, needs assessments or
evaluations of innovative approaches. Creativity in methodology and design is welcome. Advanced
Community-Based Research Awards are available for projects of up to two years in length. The number
and amount of awards given is dependent upon on the number of applications received and the
available monies.

ACADEMIC GROUP: You have just been “forwarded” this RFP and are very excited about the
possibility of applying. As a team of university-based researchers, please consider:

- What kinds of academic departments should be invited to partner with you?
- What kind of agencies would you like to invite to partner with you?
- What government offices/departments do you want involved?
- Is membership comprised of individuals or organizations?
- How is “community” defined and who is able to “represent” the community?
- How many members do you want on your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved with this partnership?
- Who are the representatives and participants involved in the partnership, and how do they compare
to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend
meetings and review documents as necessary?
- Who is defined as “outside” the community and not invited to participate?
COMMUNITY GROUP: You have just been “forwarded” this RFP and are very excited about the possibility of applying. As a team of community-based agencies, please consider:

- What kinds of academic departments should be invited to partner with you?
- What kind of agencies would you like to invite to partner with you?
- What government offices/departments do you want involved?
- Who decides who is invited?
- Is membership comprised of individuals or organizations?
- How is “community” defined and who is able to “represent” the community?
- How many members do you want on your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved with this partnership?
- Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
- Who is defined as “outside” the community and not invited to participate?

HEALTH DEPARTMENT GROUP: You have just been “forwarded” this RFP and are very excited about the possibility of applying. As a team of health department staff, please consider:

- What kinds of academic departments should be invited to partner with you?
- What kind of agencies would you like to invite to partner with you?
- What government offices/departments do you want involved?
- Who decides who is invited?
- Is membership comprised of individuals or organizations?
- How is “community” defined and who is able to “represent” the community?
- How many members do you want on your partnership? How many is too many? Not enough?
- How will members be invited?
- Why would individuals and organizations want to get involved with this partnership?
- Who are the representatives and participants involved in the partnership, and how do they compare to members of the community in terms of class, gender, race or ethnicity?
- Who has the time, resources, skills, and flexibility to sit on boards and committees and attend meetings and review documents as necessary?
- Who is defined as “outside” the community and not invited to participate?