

# Capacity Building for CBPR Partnerships in Detroit and Beyond: Addressing Social Determinants of Health and Promoting Healthy Communities

**Enrique W. Neblett, Jr., PhD**

Professor, University of Michigan, School of Public Health

**Angela G. Reyes, MPH**

Executive Director and Founder, Detroit Hispanic Development Corporation

Co Authors: Chris M. Coombe, Barbara A. Israel, Zachary Rowe, Amy Schulz, Ricardo Guzman, Barbara Brush, Carol Gray, Eliza Wilson-Powers, Katie Corbit, Lidia Reyes-Flores, Linda Little, Donna Givens

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# Presenter Disclosures

Enrique W. Neblett, Jr.

Angela G. Reyes

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

**No Relationships to Disclose**

## Detroit URC 5 Goals

1. Foster and strengthen CBPR partnerships toward promoting health equity.
2. Enhance capacity to conduct and promote CBPR
3. Enhance capacity to engage in policy advocacy processes
4. Translate research findings to advance policy at all levels
5. Maintain, enhance, and sustain the Detroit URC

# Enhancing CBPR Capacity to Promote Health Equity

- Community Rights in Research: Collaborative Research Workshops for Community- and Faith-based Organizations (since 2011)
- CBPR Partnership Academy (since 2015)

# Community Rights in Research: Collaborative Research for Community- and Faith-Based Organizations

- Developed curriculum for training community-based organizations about collaborative research
- Conducted workshops with CBOs on engaging in and understanding the benefits and challenges of collaborative research
- 2019: Adapted specifically for faith-based assemblies in Michigan.



# CBO Training Goals

- **Facilitate understanding of collaborative research** and how it can benefit CBOs
- Develop knowledge for deciding **whether and how to engage in a research partnership**
- **Familiarize participants with community-based participatory research** – an approach to collaborative research

# Part 1: Communities & Research

## What is research and what's in it for my community?





# Why is research important and how is it used?

**CERTIFICATE OF DEATH**  
MICHIGAN DEPARTMENT OF HEALTH  
VITAL RECORDS SECTION

State File No. 33505

Local File No. 1-13-13

**BIRTH No.** 114352

1. PLACE OF DEATH  
a. COUNTY: **Wayne**  
b. CITY (if outside corporate limits, write ACTUAL, and give township): **Detroit**  
c. LENGTH OF LIFE: **Life**

2. USUAL RESIDENCE (where deceased lived, if different residence before admission):  
a. STATE: **Michigan**  
b. COUNTY: **Wayne**  
c. CITY OR VILLAGE: **Detroit**  
d. STREET ADDRESS: **10678 Belfour Road**

3. NAME OF DECEASED: **Daley (AKA Daley)**  
4. SEX: **Female**  
5. RACE OR COLOR: **White**  
6. MARRIAGE STATUS: **Widowed**  
7. MARITAL HISTORY: **Never Married**  
8. DATE OF BIRTH: **July 16 1955**

10. USUAL OCCUPATION: **Cleaning Woman**  
11. FATHER'S NAME: **Harwan Hertel**  
12. MOTHER'S NAME: **Whill**  
13. SOCIAL SECURITY NO.: **381-31**  
14. DATE OF DEATH: **2600**  
15. CAUSE OF DEATH: **2600**  
16. DATE OF OPERATION: **2600**  
17. ACCIDENT: **No**  
18. TIME OF DEATH: **11**  
19. SIGNATURE OF REGISTRAR: **W. J. Stahm**  
20. DATE: **July 20 1955**

**CERTIFICATE OF LIVE BIRTH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER

1A. NAME OF CHILD -- FIRST (GIVEN) 1B. MIDDLE 1C. LAST

2. SEX 3A. THIS BIRTH, SINGLE, TWIN, ETC. 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. 4. DATE OF BIRTH -- MM/DD/YYYY

5A. PLACE OF BIRTH -- NAME OF HOSPITAL OR FACILITY 5B. STREET ADDRESS -- STREET NUMBER, OR

6C. CITY 6D. COUNTY

7A. NAME OF FATHER -- FIRST (GIVEN) 7B. MIDDLE 7C. LAST (PARENT)

8A. NAME OF MOTHER -- FIRST (GIVEN) 8B. MIDDLE 8C. LAST (MAIDEN)

9. I CERTIFY THAT I HAVE REVIEWED THE STATE RECORD INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

10. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.

11. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT

12. DATE OF DEATH 13. STATE FILE NO. (WRITE IN BLACK INK) 14. LOCAL REGISTRAR -- SIGNATURE

**Sample**

**CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE**

FATHER 18. RACE 19. HISPANIC 20. USUAL OCCUPATION 20B. USUAL KIN

MOTHER 21. RACE 22. HISPANIC 23. USUAL OCCUPATION 23B. USUAL KIN

24A. RESIDENCE -- STREET, NUMBER, OR LOCATION

24C. CITY 24D. STATE 24E. ZIP CODE

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic or Latino -- Print race, example, Argentinean, Colombian, Dominican

9. What is Person 1's race?

White

Black, African Am., or American Indian or Alaska Native

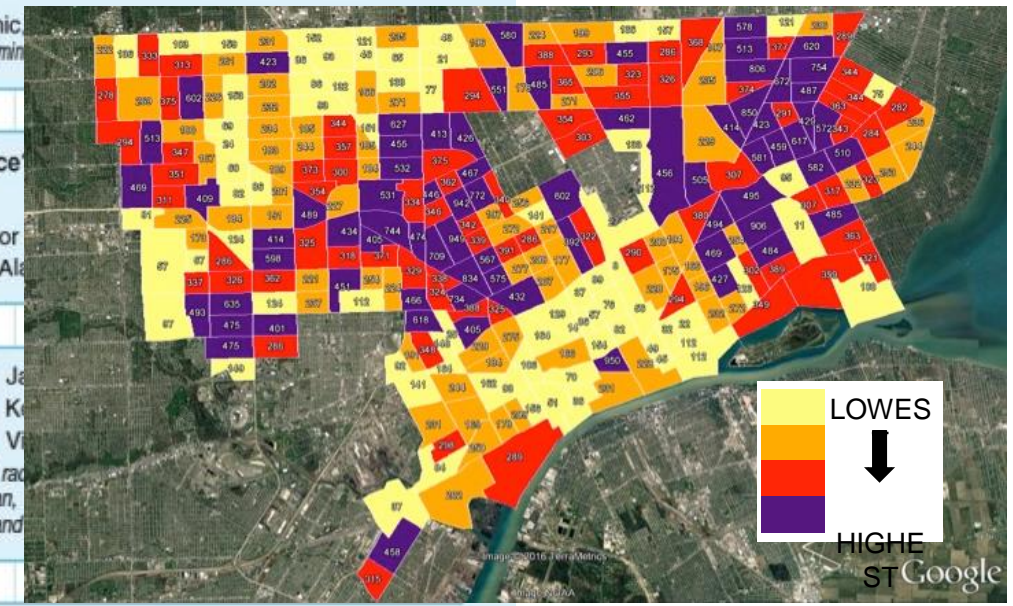
Asian Indian

Chinese

Filipino

Other Asian -- Print race, example, Hmong, Laotian, Pakistani, Cambodian, and other

Some other race -- Print race.





# Part 2:

## Ready for Collaborative Research

### Establishing Equitable Research Relationships



# Ensuring Community Power, Participation, and Influence

- Getting started – who initiates
- Ready for research? Questions to ask before getting involved
- Community rights in research
- Tools for negotiating equitable research relationships



# Community Rights in Research

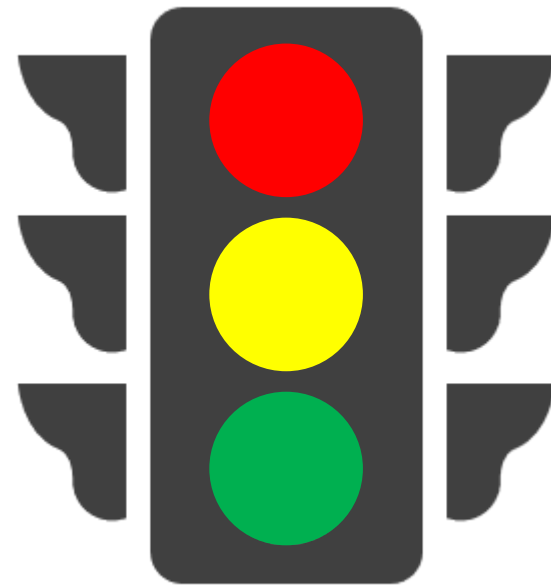
- Shared power and decision-making
- Equity in sharing of resources, including funds, knowledge, networks, and social/political influence
- Collaboration in a framework of mutual respect
- Attention to community's cultural, language, political and historical context
- Beneficial to the community (risks – benefits)
- Access to and ownership of data
- Co-learning



# Responding to a Research Request: Reading the Signals

You have been approached by a university researcher about potential involvement in a research project.

- **Would you get involved with this research project?**



# Part 3: Community-Based Participatory Research in Action: The Detroit Urban Research Center





# CBPR in Action: Neighborhoods, Air Quality, Health, & Equity in Detroit





# Collaborative Research Capacity Building Workshops for Faith Assemblies



**Building Faith Collaboratives to Address Public Health**



# Evaluation Results (2012 – 2019)

Participants who agreed (N = 208)

I found the training/workshop useful.	94%
I learned new skills in the activities.	80%
I will be able to use what I learned.	88%

## Most valuable/beneficial:

- *"Understanding that the work that I do matters; community involvement is crucial; community has rights as related to research, and building a solid relationship (collaboration) with researchers is important to get positive outcomes."*
- *"Knowledge is power. Thank you for the skills today that I can use in my church."*

# CBPR Partnership Academy: Enhancing CBPR Capacity to Promote Health Equity

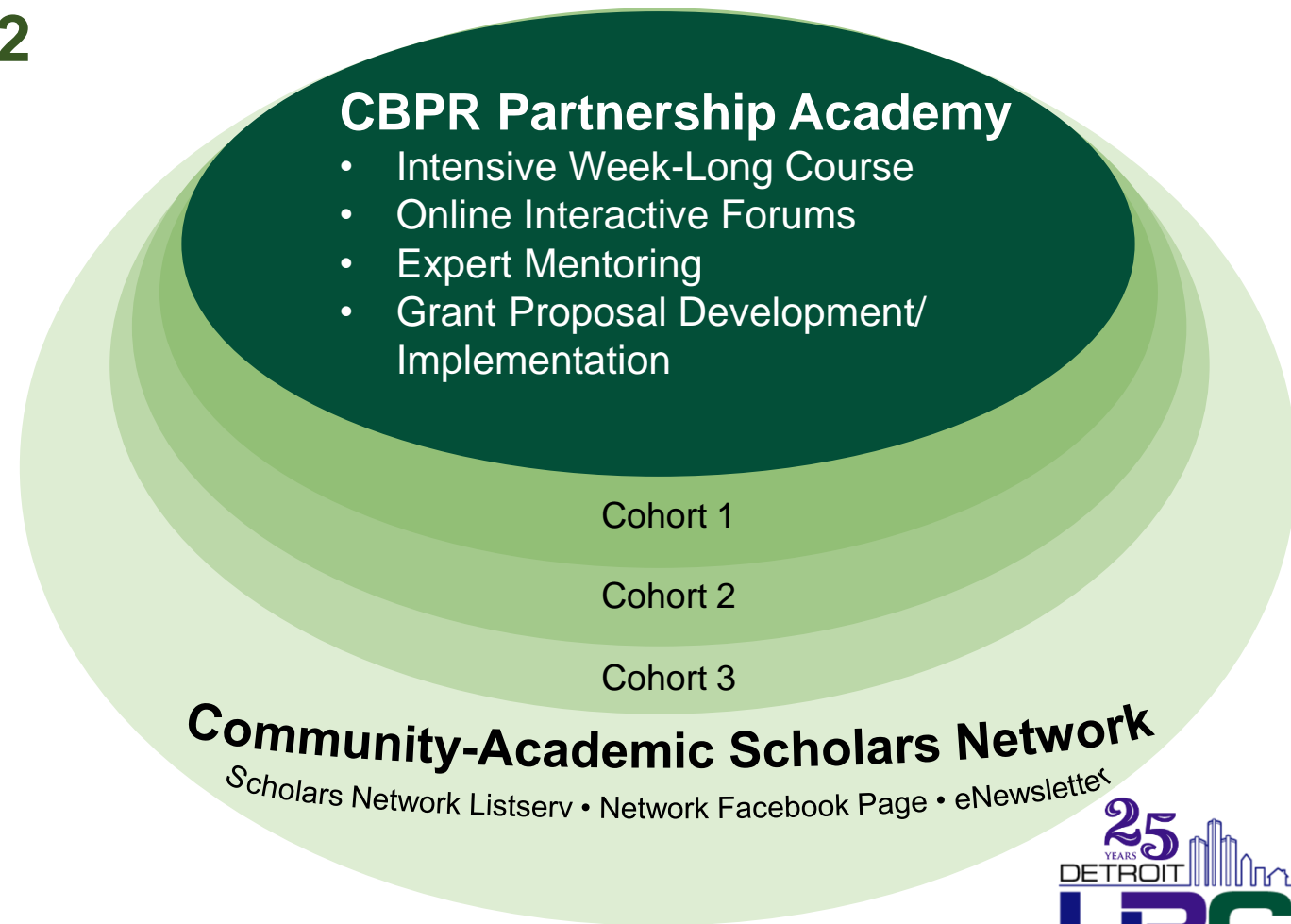
- Four-year initiative funded by NIH to enhance use of CBPR in social and behavioral sciences to improve health
- Overarching goal: Enhance capacity, knowledge and skills for creating, implementing, and maintaining successful CBPR partnerships
- Aims to increase participation of researchers from underrepresented racial and ethnic groups
- Conducted by experienced Detroit URC community and academic partners



# Partnership Academy Year-Long Process

Integrated year-long learning for 12  
Community + Academic Partner  
teams per year (3 cohorts)

- Week-long Intensive CBPR Course
- Online Interactive Forums
- Community-Academic Mentoring
- Grant Proposal Development/Implementation
- Community-Academic Scholars Network



# 36 Teams from 18 States and 2 Tribal Nations

## ★ Cohort 1

- Florida
- Illinois (2)
- Massachusetts (3)
- New York (2)
- North Carolina
- Oregon
- Washington

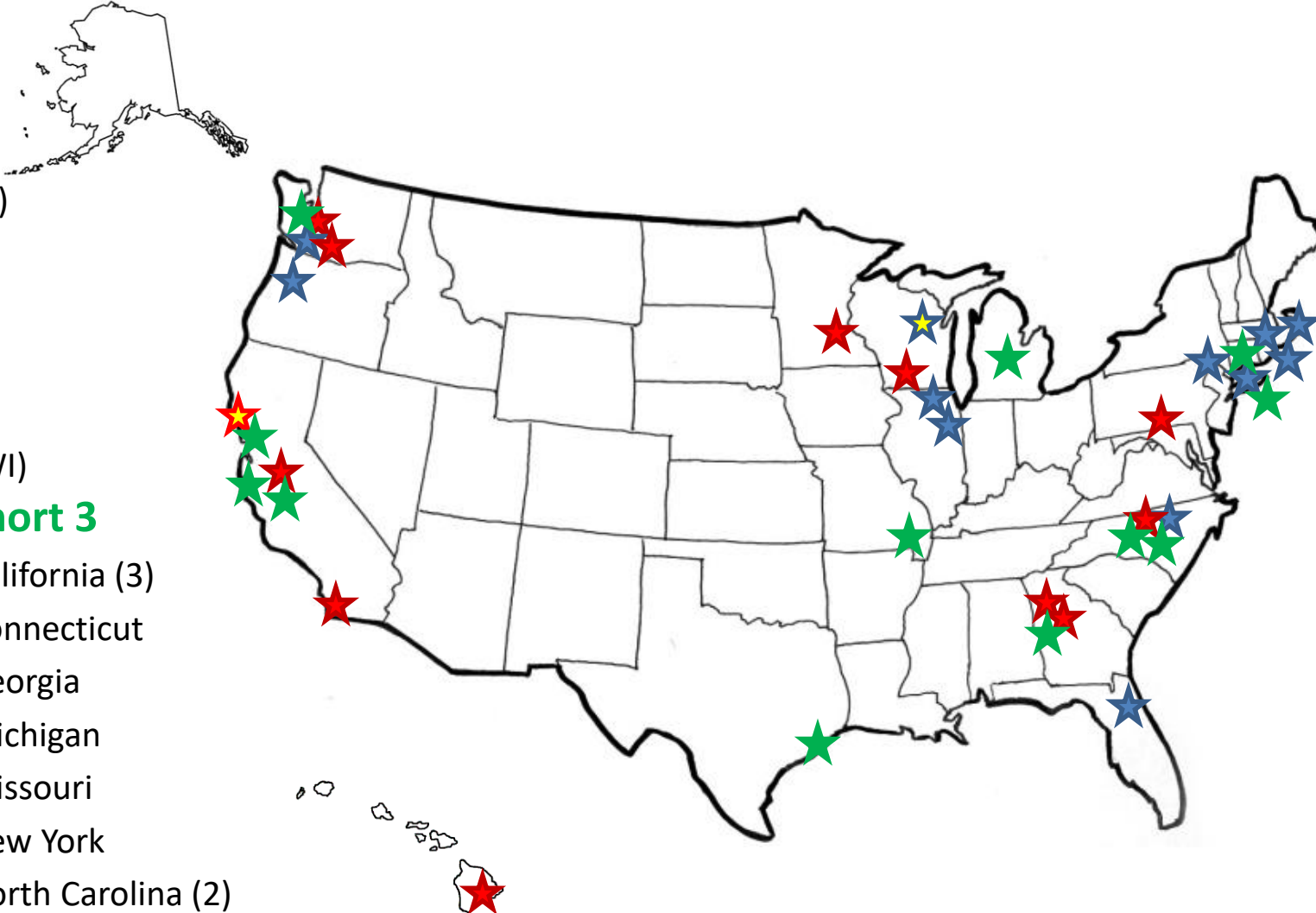
- ★ Oneida Nation (WI)

## ★ Cohort 2

- California (3)
- Connecticut
- Georgia
- Michigan
- Missouri
- New York
- North Carolina (2)
- Texas
- Washington

## ★ Cohort 3

- California (3)
- ★ Kasha Tribe of Pomo Indians
- Georgia (2)
- Hawaii
- Minnesota
- North Carolina
- Pennsylvania
- Washington (2)
- Wisconsin



# Postcourse Assessment (Cohorts 1 and 2)

	<u>%Agree</u>	<u>Cohort 1</u>	<u>2</u>
Overall course was well organized.		73%	100%
I can define CBPR/explain its rationale.		100%	100%
I am confident I can sustain a partnership.		82%	96%

## Most valuable/beneficial:

- *“I now feel I have a family across the country that I can lean on when things aren’t going as I planned or when things are going great and I can celebrate with them. Two words – energy and synergy.” – Community partner*
- *“In the type of research I’ve done in the past, the community piece has usually come in at the level of recruitment or disseminating research findings. But through this course, I really learned HOW to engage the community from the beginning and how to craft research questions together and design the study together, from start to finish.” – Academic partner*

Coombe et al., 2020, *Health Promotion Practice*



# Partnership Academy Key Barriers and Challenges

- Range of experience, expertise, knowledge, and learning needs
- Desire to do *project* development before *partnership* development
- Balance hands-on, applied learning with knowledge
- Scheduling & logistical challenges
- Time, time, time....
- Sustainability/maintaining funding

# Partnership Academy Key Lessons Learned

- A highly diverse group brings an essential dimension.
- Value of in-person sharing of experiences, strategies, perspectives
- Engaging Community-Academic teams both as instructors and participants integrates CBPR and equity.
- Focus on relationship-building in all activities throughout the year.
- Continuing connections beyond the year fosters a network of peers and co-learners committed to equity.

# Plans for Future Detroit URC Capacity Building Efforts

- *New grant funded by NIEHS to continue the Partnership Academy for 4 years*
- Continue to conduct Community Rights in Research workshops
- Continue to develop the cross-cohort interaction through Community-Academic Scholars Network
- Expand focus to address capacity building and change at institutional level
- Submit grant proposals to expand these and other capacity building efforts
- Disseminate learning model to multiple audiences and venues

# Conclusion: CAPACITY BUILDING CAN...

- Increase community organizations' control and ownership
- Foster mutual trust and respect
- Enhance the ability of community organizations and academic partners to envision and implement future projects
- Lead to effective solutions that promote health equity



[www.detroiturc.org](http://www.detroiturc.org)