Community-Based Participatory Research:
A Strategy for Building Healthy Communities and Promoting Health through Policy Change

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Community-Based Participatory Research:

A Strategy for Building Healthy Communities and Promoting Health through Policy Change

A Report to The California Endowment

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This report is dedicated to the many community members who give so generously of their time and talents in partnering with academic, health department, and other professionals on research and action to advance health-promoting policies.

And to the memory of Sarah Samuels, for her outstanding contributions to high-quality research and to enhancing community and partnership capacity and building healthy communities.

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Acknowledgments

This report grew out of our belief that participatory research can be a critically important approach for community-driven efforts to improve health, in part by promoting relevant change on the policy level. We also believed that many exciting examples of such work could be found in California from which valuable lessons could be drawn. The experiences and materials collected for this project, and the dialogue held among leaders in the field, more than confirmed these beliefs: Community-based participatory research (CBPR) is already practiced effectively in California and is poised to have an even greater impact through the emphasis many partnerships increasingly are placing on policy-focused research and action.

We gratefully acknowledge our research team and advisory group members at the University of California, Berkeley School of Public Health and PolicyLink, and particularly Priscilla Gonzalez, Karemi Alvarez, Mary Lee, Mildred Thompson, and Rebecca Flournoy for their contributions. Thanks also are due the participants in an earlier statewide convening who provided important early feedback and advice on this project. We also owe much gratitude to the many community leaders, researchers, and policymakers who gave of their time and insights as part of our six case study analyses. Finally, we are deeply grateful to The California Endowment for its continued support of this work, and particularly to Evaluation Manager Mona K. Jhawar and former Research Director Will Nicholas, for their valuable insights and feedback.

CBPR is "a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities."

–Kellogg Community Health Scholars Program (2001)

I. Background and Overview of Community-Based Participatory Research

Introduction

When the discipline and drive for answers, so integral to good research, are combined with the commitment, passion, and strategic thinking of good organizing, the result can be a very powerful tool in the effort to eliminate health disparities. The principles of effective community-based participatory research (CBPR), as derived from projects all over the country and around the world over several decades, can provide very useful lessons for groups who are beginning to think about, or engage in, this work as a means of studying and improving community health and well-being. These lessons can be augmented and brought to life by the experiences of CBPR partnerships in California. This report combines lessons and best practices from around the country with insights drawn from six case studies set in California. Background and context are provided, along with promising practices and sample resources and tools to assist local leaders in planning their own CBPR-inspired projects.

As partnerships using CBPR proliferate in California, more of these efforts are going the distance, from recognition and definition of a problem all the way to bringing about policy changes. The most enduring images of CBPR are those of residents fully engaged in speaking about their community and their lives, in ways that lead to tangible progress. From the cases in this report we see:

- Residents, in partnership with environmental researchers, analyze and present the adverse consequences of local industries—including asthma and other chronic conditions—leading to major changes in the land use and transportation plans of their city.

- A group of parents and *promotoras* (community health workers) carefully and colorfully document the unacceptable conditions of their local parks and streets, conditions which work against their own and their children's chances of leading safe and healthy lives. The combination of grassroots research and organizing leads to an array of improvements to the community and a shared realization that together they have the capacity to make meaningful change.

- Young people, in a part of town known mainly for homelessness and substance abuse among adults, collect, organize, and put forward detailed, moving information about their lives and circumstances, giving them a voice and moving the school district and city authorities to take action.

CBPR is a strategy or process that can be useful across many outcome areas in the social determinants of health, from air and water quality and food access to the health and safety conditions in homes, schools, neighborhoods and the rest of the built environment. It can also be central to understanding and addressing disparities in medical care and the treatment of particular diseases, though those will not be the focus of this report. The science and research employed in CBPR can run from tightly managed clinical trials to basic community-level data collection, and the tools used can range from complex technical equipment to everyday materials. The common threads weaving across these diverse experiences are, at their most fundamental level, about how the research is conducted, how all the parties are involved, and how the work is then presented and used. This report concentrates on cases where there was a tight connection between local organizing and research, and where the information was effectively employed in the development of new policies or changes in public systems.

Although CBPR is itself a change strategy, it in turn encompasses many diverse approaches.

We provide examples of promising practices, lift up case studies, and discuss the many ways in which CBPR can be tailored for use in different geographic settings, and in relation to different outcomes of interest. We also explore how CBPR projects can help move policy. Ultimately, our aim is to help spark new ideas among coalitions and other interested groups as to how they might apply CBPR as a strategy for improving their communities and for better understanding and addressing the issues with which they are concerned.

Building healthy communities, whether through formal undertakings such as The California Endowment's ambitious 14-site initiative of the same name (BHC), or through informal efforts by community groups and their supporters in public health departments is, in part, about achieving the outcomes necessary to eliminate health disparities and enable children and their families to live healthy and productive lives. But *how we get to those outcomes* is also critical, since building healthy communities also requires fostering community trust, engagement, and multisectoral partnerships. Finally, creating the environments in which people can be healthy often requires change on the policy or systems level. Building healthy communities therefore increasingly involves working to foster health-promoting policies in both the public and private sectors.

Community-based participatory research (CBPR) is a process that has shown considerable promise in building healthy communities because of its emphasis on building trust and genuine collaborative partnerships, and on using study findings to help bring about changes in programs, practices, and policies that can in turn help improve health outcomes.

We turn first to defining some terms and guiding principles derived from many years of observing and working on these kinds of projects. Next, the report explores a range of practices that have been shown to be valuable in carrying out CBPR in a way that supports efforts at policy and systems change. Throughout the report, examples of effective practices are drawn from both the six cases explored specifically for this project (the full case studies are presented in Section IV) and from many others. A number of resources published in print or available on the Internet, as well as descriptions of organizations whose work embodies these effective practices, are inserted

in the report, and a listing of these and other relevant resources is available in the Appendix.

CBPR Defined

CBPR is "a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities." That is the definition agreed upon by the community and academic partners of the Kellogg Community Health Scholars Program (2001), one of the leading sources of support for these endeavors.

The research dimension of CBPR as a part of community engagement can involve a wide range of qualitative and quantitative methods. Developing and administering community surveys or focus groups; conducting walkability assessments or air monitoring; using GIS (Geographic Information Systems) mapping; conducting secondary data analysis; and even using randomized controlled trials (RCTs) to assess intervention effectiveness have all been used as part of CBPR projects. Regardless of the particular research methods used, what is unique about this orientation to research is the *way* in which the research is conceptualized and carried out; the heavy accent placed on genuine community engagement throughout the process; and the use of findings to help bring about change. The 11 principles of CBPR described below help further articulate how this orientation differs from more traditional "top down" approaches to research and is consistent with initiatives aimed at empowering community leaders and members.

CBPR Principles

Nine guiding principles developed by Barbara Israel and her community and academic colleagues in 1998 are widely used to inform and guide the process of CBPR. Two other principles were added subsequently by Meredith Minkler and Nina Wallerstein (2008) and are also critical in this work. Every partnership wishing to undertake CBPR should adapt these principles, or develop new ones, tailored to their unique context. Following the chart is a capsule description of each principle.

Principles for Community-Based Participatory Research
Effective, authentic CBPR aspires to the following qualities:

1. Recognizes community as a unit of identity.

2. Builds on strengths and resources within the community.

3. Facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities.

4. Fosters co-learning and capacity building among all partners.

5. Integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners.

6. Focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health.

7. Involves systems development using a cyclical and iterative process.

8. Disseminates results to all partners and involves them in the wider dissemination of results.

9. Involves a long-term process and commitment to sustainability.

10. Openly addresses issues of race, ethnicity, racism, and social class, and embodies "cultural humility."

11. Works to ensure research rigor and validity but also seeks to "broaden the bandwidth of validity" with respect to research relevance.

Sources: 1-9, Israel et al., 1998 and 2005; 10-11, Minkler and Wallerstein, 2008.

Recognizes community as a unit of identity.
This first principle emphasizes the significance of community for people, and the importance of using that identification with community as a starting point for the work. A definition of community extends beyond geography and racial identity, and depends heavily on members' perceptions of what "the community" really is.

Builds on strengths and resources within the community. Rather than beginning with a "deficit mentality" that emphasizes community problems and challenges, this second principle reminds us that members of communities have a wealth of knowledge and lived experience from a cultural, local, and historical lens (Corburn, 2007). This understanding can in turn provide important insider information that is typically unattainable by an outside scientific researcher.

Facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities.
This third principle highlights the importance of shared accountability in the decision-making process, across all steps of the research process. It also recognizes the inherent inequalities that exist between researchers and community partners. Finally, it stresses the importance of addressing

these imbalances by building trusting and mutually respectful relationships grounded in an empowering process emphasizing communication, information sharing, and joint decision making.

Fosters co-learning and capacity building among all partners. This principle stresses the importance of fostering a reciprocal relationship that engages all parties in the exchange of knowledge, skills, and capacity, reminding us that all partners bring a wealth of diverse experiences, skills, and perspectives to the partnership process.

Integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners. CBPR reminds partnerships of the important contributions needed from both the scientific community, and community partners. It emphasizes integrating knowledge gained through the partnership, in the advancement of interventions and policies that capture the concerns of all partners and the larger communities they serve.

Focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health. As described by the Institute of Medicine, "an ecological approach assumes that health and well-being are affected by interaction among multiple determinants including biology, behavior, and the environment." This interaction "unfolds over the life course of individuals, families and communities" (Gebbie et al., 2003, p. 32). Consistent with an ecological view of health, this sixth principle stresses a localized approach to health with data that is relevant, timely, and inclusive. It emphasizes an approach to health that extends beyond the individual, to the immediate and larger contexts in which families live, work, and play. In CBPR partnerships, the multiple determinants of health, such as social, economic, and physical environmental factors are examined through an interdisciplinary lens, and their interactions stressed.

Involves systems development using a cyclical and iterative process. Principle seven reminds us of the iterative nature of partnerships and the importance of revisiting each stage of the research process as necessary. This is done to ensure that all voices are captured and that the action agreed upon is appropriate for all partners involved.

Disseminates results to all partners and involves them in the wider dissemination of results. This principle highlights the importance of sharing findings in an accessible and respectful way with the community and other stakeholders. The principle further stresses providing opportunities for involvement in broader dissemination strategies such as publications and presentations at the local, state, and national levels.

Involves a long-term process and commitment to sustainability. This principle places an emphasis on the importance of committing to the long haul through adequate investment of time and resources in the CBPR process. It further reminds us to keep a critical eye on sustainability and enforcement of the outcomes of the CBPR process.

Openly addresses issues of race, ethnicity, racism, and social class and embodies "cultural humility." CBPR frequently brings together community partners from marginalized groups and "outside" researchers and other institutional partners who have more privileged backgrounds in terms of race/ethnicity, education, and social class. To be effective in such situations, CBPR partners must work hard to embody what Tervalon and Murray-Garcia (1998) call "cultural humility," recognizing that while no one can be truly "competent" in another's culture, we can demonstrate a commitment to self-reflection and critique, working to redress power imbalances and to develop authentic partnerships.

Works to ensure research rigor and validity but also seeks to "broaden the bandwidth of validity" with respect to research relevance. To be sound and useful in helping promote policy change and other action outcomes that can in turn help build healthy communities, the research dimension of CBPR must take seriously notions of research rigor, validity, and reliability. At the same time, as Peter Reason and Hilary Bradbury (2006) suggest, practitioners of CBPR need to "broaden the bandwidth of validity" by asking, is the research question valid or relevant to the community and are different "ways of knowing," including community lay knowledge, valued alongside more traditional scientific sources of knowledge.

The earlier principles, and many of the accompanying skills, tools, and competencies discussed in this report, are designed to increase a partnership's familiarity and comfort level with CBPR, particularly when it is focused on broader systems or policy change. But we hope that many of these same principles and skills will also be useful to communities that may not be ready to engage in CBPR. Many of the tenets and models developed and used, by both community and academic/institutional partners, for building capacity for CBPR, for example, work equally well in building individual and collective capacity for other forms of community engagement and action. And they also often hold special relevance for coalitions and partnerships whose primary concern is with reducing health disparities and creating environments in which children and their families can be healthy.

CBPR and the Fight against Health Disparities

Despite some recent progress, disparities in health based on race, ethnicity, and social class remain pronounced, and have been associated with socio-structural problems including poverty, racism, lack of employment, and inadequate public infrastructure, as well as neighborhood characteristics. Environmental factors, such as higher rates of air pollution in poor communities often associated with asthma and related conditions, further contribute to health disparities, as do differences in neighborhood **"social capital,"** or reciprocity and trust (Putnam, 2000; Kawachi et al., 2008).

These realities, and the fact that healthy communities (and societies) tend to be those in which **social equity** is highly valued, underscore the need for new approaches to studying and addressing health disparities. CBPR is uniquely suited to building healthy communities and eliminating health disparities because of its recognition of the dramatic contributions that can be made by intensive levels of civic engagement (Minkler, 2010). The voices of lay leaders and residents of communities most affected by health disparities, when included in research and policy deliberations, can help bring about innovative and sustainable solutions, while also helping ensure that the conversation addresses the root causes of health inequities and

broader policy changes that can improve health outcomes. Such conversations, however, can only take place when partners are open to discussing race, class, discrimination, and racism, as these have contributed to the often substantial distrust between academically trained researchers and communities. Cultural and linguistic accommodations, understanding of intra-group disparities and openness to making institutional partners, such as health departments and universities, more culturally sensitive and open to alternative ways of thinking are important prerequisites for such conversations to take place (Iton, 2006).
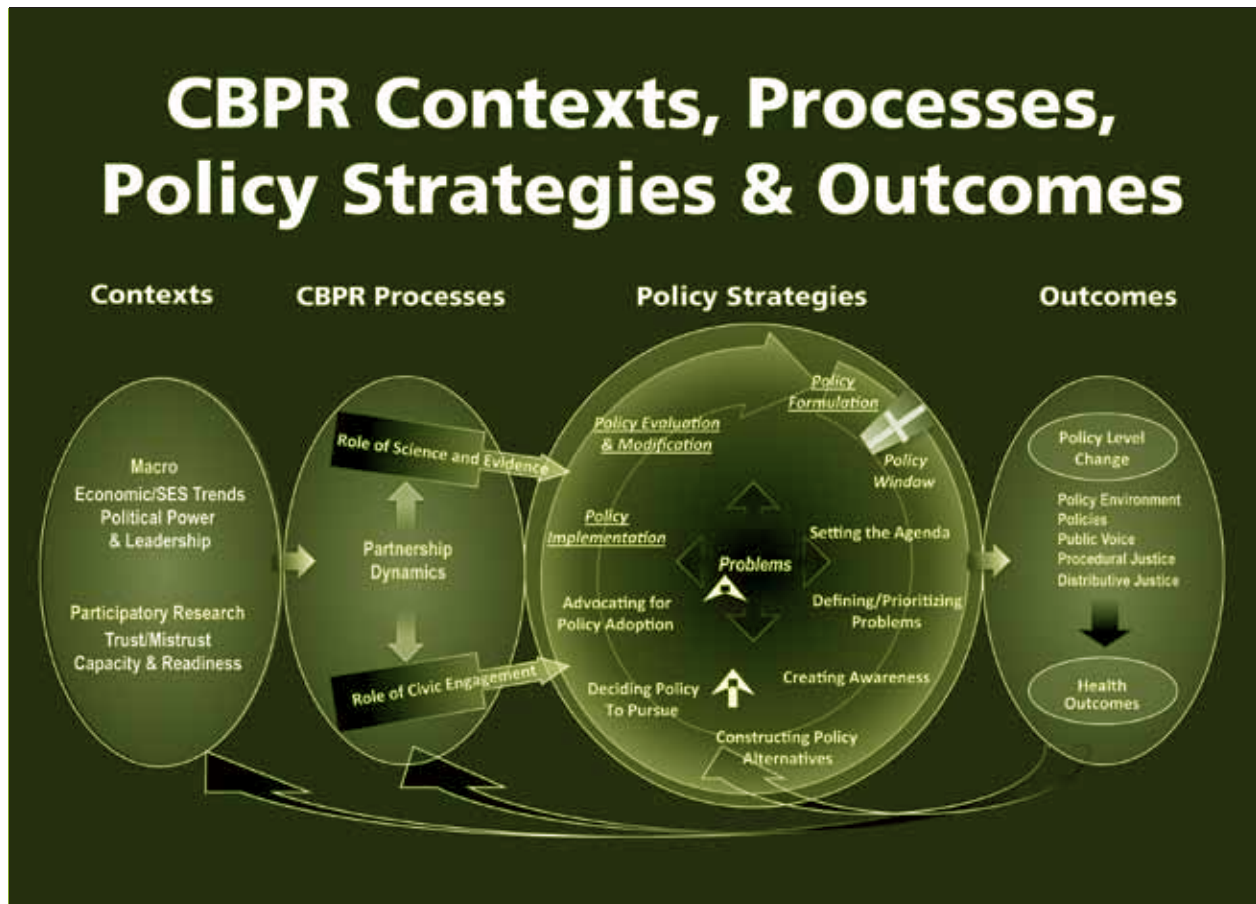
Source: Cacari-Stone, Garcia, Wallerstein, et al., in preparation.

II. CBPR as a Strategy for Policy Change: A Conceptual Model

A defining feature of CBPR in health and related fields is the belief that action is an essential part of the research process itself. Action aimed at policy change is increasingly being recognized as integral to building healthy communities and eliminating health disparities.

CBPR is a particularly promising vehicle in bridging research and policy, since evidence and data alone are insufficient to gain political momentum to address more deeply rooted and problematic social conditions. To help build healthy communities and move the health disparities agenda to a "front burner issue," relevant research must be accompanied by political momentum and the civic engagement of communities of color and other constituents.

Many models exist for helping understand the policymaking process. The model on page 14, however, looks specifically at how CBPR partnerships may help use their research, organizing, and advocacy efforts to help bring about policy change.

CBPR Contexts, Processes, Policy Strategies, and Outcomes

As this model suggests, a wide range of **contextual factors** influence the policy process, and the CBPR partnership's work. These include "macro" factors such as socioeconomic status (SES) and the broader socioeconomic environment, and more immediate ones, such as the history of collaboration and trust (or distrust) between the community and outside research partners.

The second oval, **CBPR Processes,** includes group structure, dynamics, and stakeholders, and addresses questions such as:

Are there policymakers who are already committed to the issue?

Are there democratic decision-making processes in place among partners?

This second oval also includes both the role of **science and evidence,** and the equally important role of **civic engagement** in helping make the case for a desired policy change. The role of science and evidence reminds us that to help change policy, research must be perceived as "useful," of high quality, available in real time, and tailored to the needs of decision makers. Of particular interest here is how community partners can adopt and integrate the evidence into their organizing strategies.

The **Policy Stages and Strategies** oval includes in the center the problem or problems to be addressed, and around the periphery, the various stages in which CBPR partnerships may be engaged. These range from agenda setting to policy formulation, adoption, implementation, and evaluation and modification. Agenda-setting involves a number of strategies including but not limited to:

- defining and prioritizing the problems within a given political environment

- creating awareness of the issue(s) among key policymakers and the public

- constructing policy alternatives based on what is timely and feasible

- deciding on which policies to pursue

- advocating for the proposed changes and policy options (typically drawing on both research findings and community members' stories and experiences)

"Moving Out of the Nursing Home" project, Chicago, Ilinois.

Although many CBPR partnerships think of their work as over when a desired policy is adopted, this is not necessarily so. Implementation involves a process that plays out in stages:

- creating the necessary operational details

- enforcing the new or modified rules

- evaluation

- modification of the policy (if necessary)

This means that the task of collecting and reviewing information is not over for an active community partnership when the policy is passed: It is necessary to garner input from constituencies about the impact of policies. Without attention to such follow up, a policy may fail to be implemented in a way that can help build healthier communities.

Lastly, the **Outcomes** oval includes changes in policy, the consequences of these outcomes, and perceptions of what has taken place and its importance. But it also includes longer-term health outcomes toward which policy changes ultimately are directed. **"Procedural justice"** is included as an outcome too, and involves making sure that community partners "gain a seat at the policymaking table—and stay at the table"—so that their views and concerns are routinely considered in future policy deliberations (Minkler, 2010). The six case studies featured in Section IV of this report, as well as other case examples highlighted in the report, illustrate some of the diverse pathways through which CBPR can link place-based work with policy change to help build healthier communities. What practices, however, make for a good case study? A few answers are provided in the following section.

III. Eight Promising CBPR Practices

Several promising approaches, under the broad rubric of CBPR, are examined in this section, with published, online, and organizational resources highlighted and examples used to illustrate their utility. We focus in particular on those practices that appear particularly relevant for having an impact on the policy or systems level, and better addressing the social determinants of health so critical to healthy communities.

1. Build an Effective CBPR Partnership.

2. Use Asset Identification.

3. Reflect Local Ways and Values.

4. Use Multiple Methods of Data Gathering.

5. Demystify the Policymaking Process.

6. Engage Children and Youth.

7. Rely on Visual and Social Media.

8. Think on a Regional Scale.

1. Build an Effective CBPR Partnership and Maintain it Over Time

There is no one starting place or technique for developing a CBPR partnership (Wallerstein et al., 2005). Each collaboration will involve different stakeholders, and while some may include trained researchers as partners, others may not. Partnerships between diverse stakeholders will be in different stages of development if, and when, the decision to embark on a CBPR project is undertaken. Since CBPR involves some new skills and ways of working in partnership, however, several strategies may be useful. These are:

1. Having each partner reflect on the strengths, resources, and potential liabilities they— and their institution or community-based organization—may bring to the work.

2. Looking at the existing partners in your collaboration and asking, "who else needs to be involved?" In some cases, this may be a university or health department-based researcher or a local political figure who shares an interest in the outcome you hope to address. Identifying such additional potential partners through appropriate networks and associations is key to getting off on the right foot.

3. Making sure that there is agreement on the health or related issues you wish to address, and if needed, reframing the problem to ensure maximum relevance for partnership members and the outcome(s) with which they are concerned.

4. Creating structures to nurture and sustain the partnership. Many CBPR partnerships develop "group rules" or formal memorandums of understanding to guide their work. But whatever strategies are decided upon, frequent check-ins on partnership process and not merely task-related updates are important to building and maintaining effective collaborations for the work.

Resources and illustrations

The community-based **restaurant worker health and safety study** in San Francisco's Chinatown District (www.cpasf.org) began by having members from the community, academic, and health department teams use ice breakers such as "what's the meaning of your name?" to help build trust and familiarity while also increasing members' understanding of each other's backgrounds and cultures. In initial meetings, full steering committee discussions of topics such as "what does your team bring to the partnership?" and "what are your concerns and expectations about working with each other in partner teams?" (e.g., the community, academic or health department team) often were preceded by subgroup meetings in which the community partners could discuss these issues among themselves while the other partner teams did the same. Such small group meetings helped to prepare partners for more confidently expressing their views in the larger group, while also bringing to the surface some shared concerns that might otherwise have been missed. Finally, partners used exercises like an interactive time line (with each partner indicating with sticky notes on the wall under seasons (fall, spring, etc.) when they believed different activities would be taking place and discussing their points of disagreement.

An excellent resource for help in building and maintaining partnerships is **Community-Campus Partnerships for Health (CCPH)** (http://www.ccph.info/) whose mission is to foster partnerships between communities and academic institutions and, building upon each other's strengths and resources, serve as change agents to improve the education of health professionals, civic responsibility and engagement, as well as the overall health of communities. Through annual conferences, frequent "webinars," and intensive trainings at the American Public Health Association annual meeting and other venues, CCPH offers newcomers and "old hands" at CBPR opportunities to learn new tools and approaches, and network with others around the country who are engaging in this work. The CCPH website is also filled with resources on many aspects of CBPR, including the

"how to's" of getting started, tools for building partnerships and assessing partnership strengths, along with information on conferences, funding opportunities, and evaluations of projects that can serve as examples of "best practices" in the field.

Partners in CBPR may also wish to utilize tools, such as Shawna Mercer, Lawrence Green, and others' (2008) **"Reliability-Tested Guidelines for Assessing Participatory Research Projects,"** to help periodically "check in" on how the coalition or partnership is doing in terms of group process and effective functioning. Alternatively, the partners may want to conduct in-depth, semi-structured interviews and close-ended questionnaires to evaluate or measure their partnership process. According to Israel and her colleagues, in a chapter entitled, **"Documentation and Evaluation of CBPR Partnerships"** (2005), it is not only important to measure the long-term outcomes of the project, but equally important to undertake early and ongoing documentation and evaluation that can help inform the partners of the effectiveness of their collaboration.

Top and above: Chinatown Restaurant Worker Health and Safety Study, San Francisco, California.

2. Use Asset Identification:
Build on Community, Academic, and Other Partners' Strengths in Studying and Addressing Shared Concerns

CBPR reminds us of the importance of identifying and validating the community's strengths and assets, to avoid an exclusive focus on problems. By elevating what is working, and viewing communities from a balanced perspective, community asset identification helps communities identify their strengths, along with the issues they hope to address. Equally important is the accent on authentic dialogue that can lead to a richer and deeper understanding of community strengths and how these might be used or built upon to better address community concerns or problems. Collectively, this process can also shed light on the strengths and capacities of each partner. This might include the scientific expertise of academic or health department partners (including their ability to provide scientific testimony), which can be complemented with the advocacy strength and role of the community partner, e.g., in providing personal stories/testimonials and applying political pressure.

Resources and illustrations

The **Healthy Neighborhoods Project (HNP),** initiated by the Public Health Department in the west part of Contra Costa County, California, began by identifying a small number of local community members who were respected by their peers and often sought out for advice and help. Invited to an initial meeting at a local community center, these informal leaders were helped to further identify their own assets (e.g., being bilingual) and invited to be hired and trained as local neighborhood health advocates or community organizers. After learning methods like **neighborhood asset and risk mapping**, they used these tools with community members, who went in groups around the neighborhood, making notes on local assets and risks, and then convened in a local park to consolidate their findings on a large map. Through both a resident-conducted community survey and community dialogues, residents identified key issues they wanted to address (e.g., getting speed

bumps, restoring night bus service, and getting improved street lighting). But they also built on their own assets for helping secure these changes, researching the issues, learning about key decision makers and leverage points etc., and then writing letters, engaging in testimony, and in other ways working together to bring about change. In addition to securing the speed bumps, night bus service, and many other changes they had worked for, this CBPR project helped spawn replication projects in several other neighborhoods, including some in Berkeley and Oakland (Ellis and Walton, 2012; Iton, 2006).

A wide range of tools is available which can guide both the asset and problem identification process. These include **walking and windshield tours**, which involve walking or driving around the neighborhood, documenting observations and impressions, or using a checklist to indicate assets or risks identified. The **California Center for Physical Activity** (http://www.cawalktoschool.com/checklists.html) has a multilingual online **walkability assessment checklist** to assist community residents in answering the question, "how walkable is your community?" The tool also includes action steps residents can take to improve the walkability and safety conditions of their neighborhood. Kretzmann and McKnight's **mapping community capacity** approach, including sample maps of primary and secondary assets or building blocks in communities, and an **"associational map"** of diverse types of community groups and organizations to look for, can be found in their user-friendly workbook, *Building Communities from the Inside Out.* Finally, Eugenia Eng and Lynn Blanchard's **action-oriented community diagnosis** approach offers a seven-step process for helping communities or CBPR partnerships identify lay (informal) community leaders and other assets and resources while also identifying problems of local concern and providing a plan for collectively addressing these issues. Such tools, and the many others available on websites such as the **Community Tool Box** (http://ctb.ku.edu/en/tablecontents/chapter_1027.htm) and the previously mentioned **Community-Campus Partnerships for Health** website (www.ccph.info/) can be beneficial to partners interested in identifying local resources and challenges, and taking action.

3. Local Ways and Values:

Use Approaches and Processes That Reflect Local Community Culture and Ways of Doing Things—Even If It Slows Down the Process

Each community is a special and unique place that is home to a host of diverse families and subgroups, such as Hmong refugees or second generation Mexican American families. When attempting to engage in CBPR, therefore, it is critical to be mindful of local cultures and ways of doing things, and asking, for example, who are the local (informal) leaders? Where do people gather? What places or organizations hold special meaning for them, and might therefore be good potential "homes" for a CBPR project? Many tribal communities have formal protocols or processes through which nonmembers wishing to partner in CBPR or other collaborations must approach tribal leaders, explain their interests and benefits to the tribe, and seek permission to engage in a collaborative project.

Although such formality is unusual in nontribal communities, going through a process of finding and approaching local community leaders on their turf (e.g., a respected faith-based or ethnic organization), introducing yourself and the proposed project, and exploring their interest in possible collaboration, is a good approach to emulate. Although outside research partners may want to expedite the process at times to yield faster results, in doing so, critical groundwork may be missed, and important stories and other rich data not adequately captured. Partnerships that move too quickly also risk addressing an issue in ways that do not reflect community wisdom. By taking the time to establish trust and rapport and meeting community residents where they are, on their terms, and in places and at times they select, partnerships are more likely to achieve success. Getting to know and appreciate local community culture is an important prerequisite to effective CPBR and must be embraced by partnerships if they are to be successful.

Resources and illustrations

In the **Tribal Efforts Against Lead** (TEAL) project in Tar Creek, Oklahoma, a substantial amount of time was spent addressing the power and cultural differences between the outside researchers and community residents, and breaking down barriers of distrust, particularly given the historical context of rampant abuse of Native Americans by outside researchers. By showing cultural humility in their approach to the tribes and their leaders, university partners were able to enlist the support of 40 respected community elders from eight tribes who were hired and trained as "Clan Mothers and Clan Fathers," and held positions of respect and high-level decision making throughout the process. In part because of the attention paid to local ways of doing things, the project was successful not only in testing an intervention to reduce lead exposure in children, but also in helping secure policy changes (e.g., restricting the use of lead-rich mine "tailings"[1] on roads and in construction, to help decrease children's lead exposure (Kegler et al.,2004; Petersen et al., 2007).

An important resource that can help members of the dominant culture better understand the unspoken advantages they carry by virtue of their race and how it can affect work with other cultures is the "**white privilege**" **checklist** developed by Peggy McIntosh (http://www.fpg.unc.edu/~scpp/pdfs/whiteprivilegechecklist.pdf). This exercise can be used to facilitate a discussion of what unearned privilege means, and how that may affect working relationships with diverse cultures. A newer tool by Cheryl Hyde (2012), entitled, ***Challenging Ourselves: Critical Self-Reflection on Power and Privilege,*** also may be useful and includes exercises individuals and partnerships may use in such reflection. The **Community Tool Box** (http://ctb.ku.edu/en/tablecontents/chapter_1027.htm) includes many resources for partnerships under the heading, Cultural Competence in a Multicultural World, on topics including: Building relationships with people from different cultures; learning to be an ally with people from diverse groups and backgrounds; and strategies and activities for reducing racial prejudice and racism.

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[1] Materials left behind following extraction of valuable minerals from iron ore.

4. Multiple Methods:
Use Forms of Data Collection That Can Provide Both the "Stories and Statistics" Needed to Help Effect Policy Change

CBPR can involve a wide range of qualitative and quantitative methods, from photovoice[2] and community members' narrative accounts to spatial statistics, secondary data analysis using large government data sets, and even randomized controlled trials (RCTs). The goal should be to aim for high-quality research, but make results easily accessible and highlight their policy relevance.

To document community concerns, there may be the need for different levels of quantitative data, e.g., the monitoring, walk-throughs or counting that the community partners can do, and more rigorous quantitative studies by academically trained partners. Yet as policymakers frequently remind us, to help move policy they need the numbers but also people's stories captured in more qualitative data collection methods. And regardless of the method used, they need to feel confident that the findings presented can "stand up to careful scrutiny." Finally, study findings need to be accessible and their policy relevance clear, e.g., through pie charts and graphs, striking quotes from focus groups or interviews, and concise policy briefs. Such products summarizing the problem, relevant findings, and potential solutions based in part on the findings need to be available and accessible to diverse audiences.

Resources and illustrations

A collection of 10 case studies of CBPR partnerships that helped move policy, entitled *Promoting Healthy Public Policy through Community-Based Participatory Research,* is available on the website, www.policylink.org. Developed for the W.K. Kellogg Foundation, the majority of the 10 case studies showcase projects that used multiple research methods, such as water

sampling and door-to-door interviews, or secondary data analysis of public data on issues such as substance use and incarceration along with focus groups with former inmates. Providing rich qualitative data along with the hard numbers was valuable in helping the partnerships make the case for policy changes they wanted to see.

The multimethod research conducted as part of a CBPR process can be powerful and pack a substantial advocacy punch. This was well demonstrated by the work of the Harlem Community and Academic Partnership in New York, in its efforts to address the fact that fully half of the mostly African American and Latino inmates returning to the community from prison or jail annually were reincarcerated within a year, often due to substance abuse. The partners conducted: focus groups with 36 substance users and former inmates; a survey of 79 substance abuse providers; secondary data analysis, using the government's own data sets; and public opinion poll data to study the problem. Through this mixed methods research, they uncovered 11 policies (involving drug treatment, the correctional system, etc.) that worked directly against effective reintegration into the community. Using their data, and effective advocacy, the partnership was credited with helping bring about a number of policy changes, among them having Medicaid immediately reinstated at the time of release, so that former inmates could receive the treatment and other help they needed to remain with their families and communities and avoid the jail-to-community "round trip" (Freudenberg et al., 2005).

Both online resources (e.g., the **Community Tool Box)** and publications like ***A Guide to Facilitating Action Research for Youth*** (Goldwasser, 2004) may be helpful to community groups interested in learning more about research processes and methods, and their utility in place-based work. Increasingly too, articles on topics like how to conduct data analysis with communities may be found in venues like the ***American Journal of Public Health*** (www.ajph.org), ***Progress in Community Health Partnerships*** (www.press.jhu.edu/journals/progress_in_community_health_partnerships/), and ***Health Promotion Practice*** (http://hpp.sagepub.com).

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[2] A photographic technique in which group members learn to capture community issues and assets in their photos, and then collectively analyze them as a basis for deeper understanding, action, and change (see page 26).

5. Demystify the Policymaking Process: Trainings, Web-Based Tools, and Links to a "Policy Mentor" Can Help Your Partnership Better Understand and Navigate the Policy Process

Although working on the policy level can be an important "intermediate step" in efforts to reduce health disparities and build healthier communities, CBPR partnerships often feel ill-equipped to work on this level, or worry that it's simply beyond the scope of what they can hope to achieve. Working to help effect policy change does take time and resources, but the longer-term payoffs of policy level change remind us of the value of engaging on this level where appropriate. CBPR partnerships may need help in understanding the policymaking process, as well as how their partnership can become effectively engaged in efforts to move policy, and what the constraints might be on such work. They may also need assistance in thinking through how current policies created the problem; who wins and loses from the current policy; what the technical, legal, engineering, and other factors are that may limit the range of solutions, and where there are possibilities for partnership around moving policy forward (Themba-Nixon, 2010; Freudenberg et al., 2005).

Many community partners already have a sophisticated understanding of power relations and the policy process, and have developed impressive and creative approaches to power mapping and advocacy, that they in turn have shared with their institutional partners and other advocates. Some of these are highlighted below.

Resources and illustrations

A useful and accessible guide to the policy process is Cassandra Ritas' user-friendly booklet, *Speaking Truth, Creating Power: A Guide to Policy Work for CBPR Practitioners*, available on the University of Washington website (http://depts. washington.edu/ccph/pdf_files/ritas.pdf). The PolicyLink document, *Advocating for Change* (http://www.policylink.org/AdvocatingforChange), also may be helpful in providing a variety of resources for partnerships interested in exploring a range of policy options as well as sample tools for pursuing them. PolicyLink recently created a **policy bingo** game as a useful and fun way for community and other groups to learn key concepts and terms (Lee et al., 2012).

PolicyLink also is creating a new set of tools by which practitioners can assess the progress and impacts of their policy change efforts. This effort, known as **Getting Equity Advocacy Results** (GEAR) (with its work in progress available for review at http://www.policylink.org/gear), outlines 10 phases of activity in efforts to bring about policy change for equity, the relationships among these phases, and benchmarks and indicators for assessing a campaign or coalition's progress toward its interim and long-term goals.

For those specifically interested in media advocacy, or the "strategic use" of the mass media to help frame and present issues from a healthy communities' perspective, the **Berkeley Media Studies Group** (www.bmsg.org) and its user-friendly workbook, *News for a Change* (Wallack et al., 1999) may be of considerable help. **The Praxis Project** (www.thepraxisproject.org/), a national nonprofit organization that builds partnerships with local community groups to influence policymaking, also incorporates media approaches, as well as research and community-driven plans, to build local community power to effect change and address social and political structural problems. Praxis assists local groups in holding their local government agencies accountable and responsible in the pursuit of sustainable solutions. It offers technical assistance, capacity building, research and training, and useful tools and publications for partnerships. *Talking the Walk*, a workbook by Hunter Cutting and Makani Themba-Nixon (2006), is particularly helpful in using media advocacy to promote racial/ethnic justice. Finally, the booklet, *Working Upstream: Skills for Social Change,* by Lori Dorfman and others (2009), provides a wealth of easy-to-access information, exercises, and tools for community groups and CBPR partnerships interested in addressing health disparities and building healthy communities through advocacy and other policy-focused change (http://bmsg.org/sites/default/files/bmsg_handbook_working_upstream.pdf).

Coalitions and partnerships interested in helping move policy through CBPR may also benefit from identifying and collaborating with local **policy mentors** familiar with the issue and the local political scene. Such mentors may become invaluable partnership members and/or an important source of support and guidance in the work.

In San Francisco's Bayview District, a CBPR partnership was interested in increasing access to healthy foods and decreasing the advertising and availability of tobacco and alcohol products in local "mom and pop" stores. A charismatic local county supervisor became a policy mentor to youth and their organization, **Literacy for Environmental Justice** (www.lej.org), as well as the partnership's health department and other adult CBPR partners early in the process, helping them consider the feasibility of potential policy options. The partnership was originally interested in working for an ordinance requiring more access to healthy foods in neighborhood stores, for example, but their mentor pointed out that such a measure would "lack teeth," and helped them find an alternative, voluntary policy option, which was ultimately more effective. The resultant **"Good Neighbor" Program** provided incentives for stores that provided a minimum of 10 percent of shelf space for healthy foods, along with other changes, and the first of several such Good Neighbor stores showed dramatic and sustained changes in product sales—and increased profits—as a result of their participation (Hennessey Lavery, 2005; Brechwich Vásquez et al., 2007). Whether elected officials or individuals who know the "ins and outs" of the policymaking process, policy mentors can be most helpful if identified early and consulted as needed throughout a policy-focused CBPR project.

6. Engage Children and Youth in CBPR

Increasing attention has been devoted to CBPR as a means for increasing the civic engagement of children and youth while improving the self-esteem, critical thinking, and future orientation needed for success in school and beyond.

Youth can play important roles in CBPR partnerships and projects by serving as cultural brokers and/or offering high-level energy and proficiency in using Internet technologies and other new media. Policymakers have pointed out that when children and youth are involved in helping to collect data and present testimony based on the findings, "policymakers pay attention." The importance of working for change indeed appears to resonate in a more forceful way than when adults advocate for changes that would benefit children and youth. For these reasons too, and without negating the often substantial challenges involved in working with youth, their training, mentoring, and engagement may be a useful strategy for coalitions and partnerships.

Resources and illustrations

For more than 20 years before its recent closure, health departments, schools, and community partners interested in engaging youth in participatory research called upon the former Sacramento-based organization, **Youth in Focus (YIF).** With its mission of educating and working in partnership with adult partners and underrepresented communities, YIF provided consultation and assistance to organizations throughout the state wishing to use youth-led participatory action research as an empowerment strategy. YIF developed workshops, trainings, and a series of resources for youth, adults, policymakers, and educators engaged in creating social conditions in which youth and families can thrive.

Youth in Focus was a key partner in Fresno's youth-driven **Escuelas, Sí! Pintas, No! (ESPINO)**

project, a youth-led coalition in which youth and their adult partners and YIF mentors conducted youth action research and youth organizing in the California Central Valley. Through the use of policy-focused participatory research, the youth investigated the experiences of incarcerated youth. Their findings led them to successfully advocate for several changes in the California juvenile justice system. With support from Youth in Focus and their other adult partners, the youth proposed an amendment to California Senate Bill 1642, testified at the Senate Committee for a Responsible Budget Commission, screened a film, *Systems Failure*, and joined a statewide workgroup to promote policy level change. As the youth learned of the connection between education and juvenile justice issues, they challenged the initial focus of an adult-led organizing campaign aimed at countering the "No Child Left Behind…Bars" legislation. The youth reframed the issue to not only focus on the school-to-jail pipeline, but also to create a proactive school-to-college pipeline. The youth, supported by their adult partners, also investigated the impacts of the California high school exit exam, joined a statewide campaign for quality education, and testified on two bills in this area as well (Wright, 2007).

An excellent resource for helping youth develop the tools and ways of thinking necessary for effective participation in CBPR is the five-step **Community Action Model (CAM)** (www.sfdph.org/dph/comupg/oprograms/CHPP/CAM/default.asp) developed by Tobacco Free Program staff at the San Francisco Department of Public Health (SFDPH). The model has been used to teach dozens of youth critical thinking and research skills for understanding the root causes of problems, identifying contributing factors, gathering data, evaluating action-oriented change strategies, and proposing policy solutions.

In the previously mentioned LEJ partnership, youth used the CAM model in their efforts to study and address the problem of food insecurity in their San Francisco neighborhood, exploring such forces as "food deserts" which lack access to healthy foods, and then collecting their own data to help work for change. The youth's store-shelf diagramming enabled them to determine the amount of space devoted to different types of products in the 11 corner or "mom and pop" stores in this neighborhood which, until recently, had no full-service grocery store. Their findings—for example, that almost 40 percent of shelf space was devoted to packaged foods, 26 percent to alcohol and tobacco, and just 2 to 5 percent to fresh produce and other healthy foods—were critical to their subsequent use of the CAM model in pushing for relevant policy and practice changes (Hennessey Lavery, 2005; Breckwich Vásquez et al., 2007). More recently, in this same neighborhood, a group of older youth known as the **food guardians** have played a key role in working with the health department and other partners in CBPR and related projects to further increase healthy food access in the neighborhood (http://www.sfgov3.org/index.aspx?page=1183).

The Oakland-based community service center, **Youth UpRising** (www.youthuprising.org/), the Los Angeles-based **Community Coalition** (http://cocosouthla.org/), and the **Imoyase Group, Inc.** (www.imoyaseinc.com/), also in Los Angeles, frequently partner on youth-engaged CBPR and are excellent resources. Some organizations not specifically focused on youth, moreover, have become engaged in this work when the opportunity has arisen. The **United Coalition East Prevention Project (UCEPP)** in LA's Skid Row (http://www.socialmodelrecovery.org/united-coalition-east-prevention-project-ucepp) was predominantly serving the senior population in this rundown neighborhood when some local youth began hanging out. As described in Section IV, the staff at UCEPP saw an opportunity to engage the youth, and ultimately help connect them with an academic partner, laying the ground work for a powerful CBPR partnership. The youth's video and survey, and their powerful advocacy, helped bring about several policy changes (albeit without adequate enforcement) while building their own confidence and future orientation.

7. Visual and Social Media:
Take Advantage of New Technologies to Document, Study, and Effect Change

With cell phones doubling as cameras and video recorders, and once expensive technologies now in the hands of countless Americans, even in low-income neighborhoods, the power of visual and other new media approaches for helping to build healthy communities through CBPR has never been greater. Many CBPR partnerships are relying on Internet-based technology to conduct sophisticated GIS (Geographic Information Systems) mapping and other ways of visually depicting the concerns and assets of their communities, as well as differences by race/ethnicity, income level, geography, disease prevalence, and other factors and indicators.

Resources and illustrations

An excellent overview of resources in this area may be found in **Communicating for Change: Targeting Audiences with New Communication Tools**, and published by the HealthExChange Academy of the Center for Healthy Communities, part of The California Endowment (www.calendow.org/Article.aspx?id=3904). The guide includes sections on building user-friendly and easy-to-maintain advocacy websites, as well as podcasting, electronic letter writing and community building, and a host of websites with further information on these and other approaches.

Older visual methodologies also have gained popularity in CBPR, and may be particularly useful with youth, low literacy groups, and other marginalized populations. Among these is **photovoice** (http://www.photovoice.org), a collaborative approach to photography developed by Caroline Wang (Wang et al., 2000) that involves community members in taking and discussing photographs to promote change on the individual, community, and/or policy levels. The acronym SHOWeD frequently is used in this process, with

participants collectively "digging deeper" while viewing their group's photographs to address the questions: What do we See in this picture? What's really Happening? How does this relate to Our lives, How can we become Empowered… and What can we Do to address the problem?

Photovoice projects have been used to address a broad range of health and community concerns, including asthma and diabetes, tobacco control, violence prevention, obesity and physical activity, and HIV/AIDS. The process provides training and capacity-building, opportunities for critical dialogue, and rich descriptive research. It further can enhance understanding of community assets and needs, and facilitate changes on the policy level that can help build healthy communities.

The **Youth Empowerment Strategies (YES!) Project** in West Contra Costa County, California, made photovoice a central part of its after-school program in six local schools which trained and engaged over 120 ten- to twelve-year-olds in critical thinking, participatory research, and social action organizing. As part of the YES! Curriculum, and under the guidance of college student facilitator pairs, groups of five to six youth were given inexpensive cameras and taught the basics of photography, along with **asset and risk mapping** and other methods for assessing both the strengths and the problems in their school settings. Using the SHOWeD technique, they then discussed their pictures, and collectively devised social action plans. Of the 28 YES! groups that took place over three years, all but two developed and completed social action projects, among them a public awareness campaign about the dangers of dumping in a creek behind the school; conducting a survey of students about their concerns and devising methods to address them; and writing to a building engineer to successfully remove a shack on campus that attracted drug users. Preliminary findings comparing program participants and controls at non-YES! schools showed substantial improvements in such outcomes as sense of control, future orientation, and pro-social behavior.

During exit interviews, a number of the youth also expressed their interest in continuing to engage in participatory action research and organizing (Wilson et al., 2006 and 2007).

Building on the philosophy and methodology of photovoice, a newer approach, **videovoice** (http://video-voice.org), puts videocameras in the hands of community members who similarly use this technology, together with critical analysis of community assets and problems, to collect visual data and employ it in working for changes in programs, policies, and practices. **In Harmony**, a videovoice project in post-Katrina New Orleans' 9th ward, resulted in a powerful video shown at two large community screenings. The screenings, which attracted 200 people, included lively dialogue about race, education, and other issues, and a renewed community commitment to working for change. Other outcomes included creation of a new local nonprofit organization that has since made several other videos; paid employment for several of the original team members in the city's burgeoning movie industry; thousands of hits to YouTube showings of In Harmony video segments; and use of the information gathered, and the videos themselves, to press for policy change (Catalani et al., 2012).

GIS mapping increasingly is being used by community groups to illustrate and provide powerful, visual data to help address a wide range of health disparities. For example, as described in the book **Street Science**, by Jason Corburn (2005), a community in Brooklyn, New York, generated maps and successfully challenged the city's approval of a waste transfer station. The maps served as evidence in the argument against the anticipated cumulative environmental impacts to neighborhood residents.

The **Toxic Free Neighborhoods Campaign** in Old Town National City, San Diego County, discussed in more detail in Section IV, conducted GIS mapping to quantify and compare the toxic emissions exposures of four neighborhoods on a large scale. Using the **ESRI mapping program, ArcView™,**

New Orleans videovoice project, New Orleans, Louisiana.

the partnership was successful in creating a "footprint" of the neighborhood, comparing it to three adjacent neighborhoods, which revealed a staggeringly disproportionate number of pounds of toxic emissions to which residents were exposed. The information gathered through the mapping contributed to the partnership's ability to successfully advocate for policy change, including a Specific Plan to relocate polluting industries out of the community (EHC, 2005; Minkler et al., 2010).

The advent of a number of free or low-cost applications has made GIS mapping a powerful and accessible instrument for communities interested in finding scientific evidence to back up their concerns, and is ideally suited to many policy-focused CBPR efforts. **Google maps** is a potent and accessible online tool that CBPR partnerships can access to design and customize interactive maps of their local community (http://maps.google.com). Google maps has unique features that can assist groups in identifying place markers, such as grocery outlets, parks, and schools, which can be layered to compare, for example, the number of grocery stores against the number of liquor outlets. Free online resources like Google maps lend themselves to be shared among members of your partnership and can provide valuable information in mapping community assets and risks, while helping build a case to present to local officials.

8. Regional Scale:
Communities Can Work Together on a Regional Level on Efforts to Improve Health and the Environment

Although most policy-focused CBPR has thus far occurred at the local level, there are situations where potential partners should also think regionally and beyond, as they consider where they can have the greatest impact, and whether their local efforts and findings might help further broader-level change efforts. Widespread recognition of the regional scale on which problems like air pollution and children's asthma are experienced, and of the power of broad-based coalitions for helping study and address such problems, have led to growing social movements stressing "regional equity." Although the fight for regional equity takes many forms and involves a wealth of diverse strategies, CBPR increasingly is being leveraged and used as a promising approach in efforts to build on local and regional assets and engage community, academic, and other partners in addressing problems that do not respect local boundaries. The new regionalism is not a substitute for action at the neighborhood or city level, but a necessary complement to it.

Resources and illustrations

In Long Beach, Los Angeles, and the Inland Empire, **THE (Trade Health and Environment) Impact Project** (http://hydra.usc.edu/scehsc/web/Index. html) described in Section IV has been effective in part *because* it is a regional coalition composed of community-based organizations and academic partners across multiple counties. While trained community members collected much useful local data (e.g., through traffic counts and air sampling), that work was complemented by the University of Southern California academic partners' analysis of potential emissions and health impacts emphasizing the regional nature of the problem of air pollution in southern California. This combined local and regional data, and effective advocacy work by the partnership and its allies, was credited with helping to delay a major freeway expansion, as well as helping secure the adoption of a "Clean Air Action Plan" in Los Angeles and other positive legislation.

In California's San Joaquin Valley, the **Community Equity Initiative**, a partnership coordinated by PolicyLink, California Rural Legal Assistance, Inc., and the CRLA Foundation, has been working with residents of disadvantaged unincorporated communities to map and survey conditions as a starting point for efforts to improve water systems, sewers, streets, parks, and other infrastructure, and to bring greater democratic participation to the governance of local service districts. Residents of three unincorporated communities have conducted door-to-door interviews, in English and Spanish, as well as windshield surveys of environmental conditions, using survey instruments and procedures developed jointly by the residents and their research partners. In one of these communities, students and faculty from UC Merced were key contributors to the data collection, as part of that new university's commitment to civic engagement in the San Joaquin Valley. For a description of the initiative, see http://www.policylink.org/site/c.lkIXLbMNJrE/b.5160111/k.8DA6/Unincorporated_Communities.htm.

Communities for a Better Environment (CBE) (www.cbecal.org/), based in Los Angeles and Richmond, has frequently engaged with academic and other partners to undertake powerful CBPR on a regional level. The **Southern California Environmental Justice Collaborative,** of which CBE is a partner, is exemplary of such regionally focused partnerships that have conducted effective CBPR and helped move regional policy (e.g., regarding exposure to toxic emissions from both stationary and mobile sources). This collaborative also has been credited for some state level policy change, including making the case to California's

Trade, Health and Environment project, Southern California.

EPA to consider cumulative and not merely individual risk exposure in its deliberations over population health and safety from environmental exposures.

The Community Action to Fight Asthma Initiative (CAFA), (www.calendow.org/Collection_Publications.aspx?coll_id=18&ItemID=306#), **Ditching Dirty Diesel** (www.pacinst.org/topics/community_strategies/ditching_dirty_diesel/index.html), and the previously mentioned **CCROPP** are examples of collaboratives that welcome new members and willingly share their expertise in using CBPR and related community-engaged strategies with a regional focus.

Case Studies

IV. Using CBPR to Help Effect Policy Change: Six California-Based Case Studies

A major challenge in CBPR involves being able to document the processes and pathways through which a community partnership's research and advocacy efforts "on the ground" may have contributed to changes in policy or the policy environment. In this section, we describe six cases in which an in-depth, multimethod analysis was undertaken to do just that. With an advisory group, six diverse partnerships were selected, from West Oakland through the Central Valley to Los Angeles and San Diego, to learn more about their evolution, the place-based research they conducted, and how they used their findings to help work for change on the policy level. Information was collected using methods such as in-person, "key source" interviews, focus groups, observations, and review of mass media accounts and other documents. Phone interviews were also conducted with relevant policymakers in each community to gain their perspectives on whether and to what extent these CBPR partnerships had helped bring about particular policy changes.

Drawing on these many findings, we now present the six case studies which, we believe, well illustrate the many diverse ways in which communities, working collaboratively with academics, health departments, and other partners, may indeed collect and use the "stories and statistics" that can help move policy.

Reclaiming a Latino Neighborhood in San Diego County:
The Environmental Health Coalition Partnership

Environmental Health Coalition health promotoras.

Once a vibrant Latino residential community, Old Town National City (OTNC) in San Diego County, California, has, in recent decades, "become a dumping ground for polluting industry and warehouses" (EHC, 2005). The disproportionate burden of toxic air contaminants, over two-thirds of which come from the community's many noncompliant auto body and paint shops, also contribute to a childhood asthma rate of 14 percent—almost twice the state average.

To help address these concerns, the Environmental Health Coalition (EHC) partnered with the Southern California Environmental Health Sciences Center at the University of Southern California and other key stakeholders in 2000 and engaged in a multi-pronged CBPR and policy advocacy effort. The Toxic Free Neighborhoods Campaign involved a range of research approaches from secondary data analysis and Geographic Information Systems (GIS) mapping to air sampling and survey research.

Following a six-session training on topics including land use and environmental health, and how to design and conduct surveys and minimize bias, six *promotoras* (community health workers), under the guidance of EHC researchers, conducted a 56-item survey of 119 community members and worked with staff on data interpretation and dissemination. Survey results indicated that almost a third of children lacked health insurance, making

the likely proportion with undiagnosed asthma considerably higher than the 14 percent reported. Respondents also showed a high level of support for ending the neighborhood's designation as a Light Manufacturing and Residential Area, and for relocating auto body shops and other polluting industries outside the community.

The *promotoras'* findings, using ultrafine particulate counters (P-trak) to measure the smallest and most dangerous particles, also were revealing, and demonstrated a dramatic difference in air quality from 25,000 particles per cubic centimeter at a control site (City Hall) to 150,000 near a truck from the truck-driving school located opposite the community's primary school.

The academically trained research partners' broader base of information helped contextualize these local findings and concerns. "Visual footprints" produced with GIS mapping compared toxic releases for OTNC with those of three adjacent areas: 23,000 pounds of toxic air contaminants were released in National City in 2005, while the nearby footprints contain 6,000, 3,500, and 0 pounds respectively (EHC, 2005).

Based on these findings, and burden of disease data from academics at the University of Southern California, EHC staff and *promotoras* developed principles and recommendations for action, which

were published in 2005, along with the survey and GIS findings, in a widely cited report. The partners then undertook a number of policy-related steps and activities, including a broad-based public and policymaker awareness campaign that included media advocacy, door-knocking, briefing public officials, and testifying at hearings. Although EHC's researcher and other top leadership participated in providing such testimony, a special effort was made to enable the "front and center" participation of *promotoras.* These and other community members also took part in visioning processes and strategic planning to help identify the policy strategies most likely to be effective in helping achieve their goals. After reviewing a variety of policy alternatives, the partners decided on the short-term goal of an "amortization ordinance" to phase out polluting businesses. But the partners also selected a larger policy goal: securing passage of a Specific Plan for OTNC, which would address the toxic emissions issue, but also other urgent concerns of residents. Among these were limiting gentrification pressures and increasing access to housing which would be affordable to the mostly low-income residents of OTNC.

Through a power mapping process, the partners identified the city council and several organizations and individuals as key policy targets with the power to make desired changes. EHC then worked with San Diego State University's Environmental Law Clinic to develop the legal grounds for the amortization ordinance and help advocate for its adoption. Presentations at city council meetings, including the sharing of "statistics and stories" from the partnership's research and from the lived experience of the *promotoras*; a strong relationship with the local media; and strong alliances with diverse advocates, all contributed to the successful passage of an amortization ordinance in August 2006. Maintenance of strong lines of communication with key policymakers also proved critical, as did mobilizing the community to be present at hearings and other events and show their support on this and related issues.

Although implementation of the ordinance proved less successful, the partners and their allies were effective in helping win support for their larger goal. In October 2009, the city council voted to become the first municipality in California to include environmental justice as a full element of its General Plan, and six months later, the Specific Plan was adopted. As a policymaker noted, "numbers and statistics make or break an argument," and the EHC partnership's compelling data, together with its effective organizing and policy advocacy, was widely credited as having been a major contributor to this substantial policy victory (Minkler et al., 2010).

For more information:
Environmental Health Coalition (EHC). (2005). *Reclaiming Old Town National City: A Community Survey.* National City, CA: Environmental Health Coalition. www.environmentalhealth.org/index.html.

Environmental Health Coalition. (nd) *Building Power to Win: Strategic Vision 2008-2018.* National City, CA: Environmental Health Coalition. www.environmentalhealth.org/index.html.

Minkler, M., Garcia, A.P., Williams, J., LoPresti, T. and Lilly, J. (2010). Si, Se Puede! "Using Participatory Research to Promote Environmental Justice in a Latino Community in San Diego, California." *Journal of Urban Health* 87 (5): 796-812.

UCEPP staff member reviews *Los Angeles Times* coverage; Cover image from Coalition booklet, Children Left Behind.

Typically bringing to mind images of homeless single men, often with substance abuse issues, the 55-block square block "Skid Row" area in Central City East, Los Angeles, also includes a less visible population of families with children. From 1990-2000, the number of children under the age of 18 living in Skid Row grew from 1 percent to 15 percent of the area's population, while the number of women grew from 168 to 1,251. Although the number of youth declined substantially over the last decade, families and children remain an important, if less visible, part of the face of Skid Row.

Despite a dense network of social services, the neighborhood is not designed or equipped to meet the needs of families and youth. Much of the housing stock consists of single room occupancy (SRO) residential hotels which typically are overcrowded and in poor condition, posing threats to the health and well-being of children and adults alike. In the words of staff at the Social Model Recovery Systems, Inc.'s United Coalition East Prevention Project (UCEPP), however, in addition to adverse living conditions, the children of Skid Row have "no place to play, no sports, no chance for a good education" (UCEPP, 2005). The UCEPP report further noted that "the

children living in Skid Row are not protected by law enforcement or school officials" but instead are further stigmatized or discriminated against, placing them in vulnerable or compromising positions becoming targets for "drug dealers or sex predators." In the words of UCEPP leader Zelenne Cardenas, living in these conditions has taken these youth from being "at risk" to being "in risk."

In 2003, UCEPP, located in the heart of Skid Row, began informally connecting with local youth, who had begun dropping by on a regular basis. Seeing the need for a more strategic engagement, UCEPP began working with the youth on their concerns, including "lack of recreational activities," and unsupportive school and community environments.

With the assistance of UCEPP staff and a professor at Loyola Marymount University, several of the youth—who called themselves "Coalition X" in reference to all the unknowns in their lives and futures—then helped design a survey, which they administered to 96 Skid Row youth. After conducting a preliminary analysis of the findings, the academic partner met with the youth and UCEPP staff to engage the youth in discussing and interpreting what they had learned. Among the

study results were that 53 percent of the youth had been suspended, 50 percent of them reported being "in trouble at school" for not having proper uniforms, and 43 percent had been ticketed for minor offenses, most often jaywalking (66 percent). Finally, and far from the image of skid row youth as homeless transients, the great majority lived with a parent or family member, over 70 percent lived in the neighborhood for at least a year, and 30 percent for four or more years (UCEPP, 2005).

Based on their findings, the youth helped their adult mentors craft recommendations directed at the Los Angeles School District, the Los Angeles Police Department, and Los Angeles Parks and Recreation. They held policy breakfasts for the media, and brought substantial attention to a little known provision in the No Child Left Behind Act which requires that homeless children not be discriminated against in terms of access to free and appropriate public education.

Findings of the partnership's research, along with their recommendations for action, were published by UCEPP in a much-publicized report, *Toxic Playground: Growing Up in Skid Row*, in 2005. Youth also shared their perspectives through media advocacy, with one of the youth authoring a first-person account in the *LA Times*.

The UCEPP partnership's research, and its strong and effective advocacy, have been credited with helping secure, albeit without needed enforcement, several policy victories. Among these was working for enforcement of the McKinney Vento Homeless Assistance Act, reauthorized in No Child Left Behind, regarding equal education access for homeless youth. The partnership's work in this regard resulted in a substantial increase in the number of case managers assigned to work with homeless youth in the Los Angeles Unified School District. The partnership also was credited with helping get the Department of Parks and Recreation to clean up and open a neighborhood park—although even today, the park typically remains locked for all but a few hours a week. Indeed, so many of these "victories"

were severely curtailed by lack of enforcement and adequate resources, that the slowness of change has been a major source of frustration.

Yet the very fact that politicians took notice, and felt compelled to act, even given a dismal subsequent implementation record, made UCEPP and its youth-involved CBPR partnership a potent example of the power of youth in standing up for their right to be respected and have a safe place in which to learn, live, and play. The resilience of young people even under the most difficult circumstances also was well demonstrated in this case. In the words of one youth, "If you put forth the effort people will listen…you have to be willing to do it and to know that change doesn't happen overnight."

For more information:
Dryness, R., Spoto, P., and Thompson, M. (2003). *Crisis on the Streets: Homeless Women and Children in Los Angeles.* A Feasibility Study for the Union Rescue Mission. Los Angeles: Center for Religion and Civic Culture, University of Southern California. http://crcc.usc.edu/resources/publications/crisis-in-the-streets-homeless-women-and-children-in-los-angeles.html.

UCEPP. (2005). *Toxic Playground: Growing up in Skid Row. Youth Survey Findings and Recommendations.* Los Angeles: United Coalition East Prevention Project. http://www.csu.edu/cerc/documents/ToxicPlayground-GrowingUpInSkidRow.pdf.

UCEPP. (2005). *Children Left Behind: The Plight of Homeless Students—Their Struggle to Achieve.* LA: United Coalition East Prevention Project. http://www.cof.org/files/Documents/Conferences/WhenProgramandCommunicationsareintegrated-1.pdf.

The Trade, Health and Environment (THE) Impact Project:
Addressing the Ports and Goods Movement through a Collaborative Partnership

One of the key entry portals to the global trade and goods movement can be found in the southern California region, at the ports of Los Angeles and Long Beach. With the rapid increase in global trade in the 1990s, the twin ports became even more dominant, receiving over 40 percent of all imports into the United States, and accounting for 20 percent of diesel particulate pollutants in southern California—more than from any other source. The movement of goods through this area has had detrimental effects and consequences for neighborhood residents living close to the shipyards, railroad yards, and along the connecting highways (Hricko, 2006). For decades, they have been disproportionally exposed to diesel exhaust, other vehicle pollutants, and noise from congested roadways. Ironically, while goods are being transported through the southern California region to communities across the United States, the neighboring residents are left to bear the burden of the enormous negative impact of goods movement on their communities, their families' lives, and their health. Regionally, this goods movement has been estimated to account for 2,400 premature heart-related deaths, 62,000 cases of asthma symptoms, and among a million more cases of respiratory distress (CARB, 2006).

In 2006, with funding from The California Endowment, the Trade, Health and Environment (THE) Impact Project established a regional CBPR partnership between the University of Southern California, Occidental College, and four advocacy groups in a coalition to address air pollution and other community health impacts associated with the movement of goods through the Los Angeles and Long Beach ports.

THE Impact Project grew organically from residents concerned about asthma in communities close to the docks, and from advocacy groups from several spread out localities with separate concerns. The East Yard Communities for Environmental Justice (EYCEJ) in East Lost Angeles, for example, grew out of concerns about rail yard issues; the Center for Community Action and Environmental Justice (CCAEJ) in Riverside from concerns about movement near big warehouses; and the Coalition for a Safe Environment (CSE) in Wilmington from the desire to stop the expansion of a local port terminal and the effects of numerous air pollution sources. Finally, the Long Beach Alliance for Children with Asthma (LBACA) started as a clinic serving families with asthma and became another leading partnership member.

In 2001, two critical events occurred in the southern California policy environment, creating a window of opportunity for the academic-community coalition to come together over the next decade. First, the National Resources Defense Council, along with two other advocacy groups and two homeowner associations, sued the Port of Los Angeles for insufficient emission mitigation strategies for a planned large shipping terminal, winning a $50 million settlement two years later. Second, USC hosted its first town hall meeting in 2001, with 300 people attending, allowing a first-ever exchange between USC scientists showcasing their work on air pollution, and community residents sharing their concerns in the open microphone sessions. Building from CCAEJ and USC's long-term personal relationships, the town hall also offered a chance for two new advocacy partners to be introduced and to coalesce around the ports. In the words of one participant, "We realized that we'd been working on all these air pollution issues [i.e., from the railroad yards, warehouses, highways, etc.], and the ports were such a significant part of this, and they had completely escaped our attention."

In 2003, USC received a prestigious NIEHS/EPA Children's Center grant, which formalized work between USC, LBACA, and CCAEJ. As part of the grant's outreach, USC formed neighborhood assessment teams, or "A teams," which taught *promotoras* and other community members to count traffic and measure ultrafine particles. This "street science" (Corburn, 2005), coupled with new USC epidemiologic studies linking traffic exposures to higher levels of premature births and low birth rates (Wilhelm and Ritz, 2003;2005), helped build the science base for this work. As LBACA became more sophisticated in the issues, it also began to shift its focus towards policy. A major catalyst for this shift was a proposed highway bypass that would increase diesel emissions within 100 feet of homes and 700 feet of a neighborhood

THE Impact Project community partners and community forum.

school. At the same time, EYCEJ and its new partners expanded their work on railroad yard emissions.

Policy around the ports' emissions has been a consistent challenge, both because of their role as major economic engines, and because of the multiple policy jurisdictions, including city and port authorities; regional air quality districts; and state of California oversight of highways, railroads, and specific legislative initiatives, on the state and federal levels. Despite these challenges, progress has been made. Through the partners' consistent public advocacy and community organizing, in addition to another major town hall hosted by USC in 2005 with 500 people in attendance, receptive public figures, and the project's enhanced scientific research, the successful passage of the Clean Air Action Plan (CAAP) was achieved in 2006. This act created a five-year plan to reduce pollution from the ports by 45 percent. In addition, the CAAP gave a major boost to five out of the six Impact Project partners which were invited to serve on the governor's ports advisory board, as well as a similar mayor's advisory board in Los Angeles. In addition, they serve on the CAAP implementation task force.

The community-driven movement built by THE Impact project has dramatically influenced and changed how policy decisions about goods movement are made. It has shifted from one with no participation to a deeply rooted community participation approach that brings to the forefront community voices on important health issues that will ultimately impact residents' daily lives. The community organizing strategies employed by the partners engage community members who were most affected by the issue at hand. They do this through training, such as in the neighborhood assessment teams, and through skills-building. Neighborhood residents learn to collect, translate, and disseminate findings to their local neighbors at schools, churches, or other community venues, while working collectively to identify solutions to the problem.

From the inception of THE Impact Project's collaborative efforts, the goal has remained the same: to shift the policy debate and make the goods movement industry accountable for its decision making by taking into account the health and environmental impacts from the multiple sources of air pollution. This has shifted the debate among policymakers from being only about an "economic engine" and business model to encompassing a comprehensive community model. The latter takes into account the needs of the neighbors most affected by the goods movement and transportation system.

The successes of THE Impact Project at shifting the debate is grounded in the often challenging, but critical and sensitive balance between research and community organizing. THE Impact Project partners continue to have a mutually respectful and beneficial relationship with all partners involved, which, in the eyes of policymakers, has resulted in the successful marriage of strong, rigorous science to support the claims made by neighborhood residents, with community organizing strategies.

For more information:

California Air Resources Board (CARB). (2006). Emission Reduction Plan for Ports and Goods Movement. (April).

Corburn, J. (2005). *Street Science: Community Knowledge and Environmental Health Justice*. Massachusetts: MIT Press.

Garcia, A.P., Wallerstein, N., Hricko, A., Marquez, J., Logan, M., Nicholas, E. and Minkler, M. (under final review). "The Impact of a CBPR Environmental Justice Collaborative: A Case Study Analysis of Trade, Health and Environment (THE) Impact Project." *Environmental Justice*.

Hricko, A.M. (2006). "Guest Editorial: Ships, Trucks, and Trains: Effects of Goods Movement on Environmental Health." *Environmental Health Perspectives* 114:A204-A205.

Wilhelm, M. and Ritz, B. (2003). "Residential Proximity to Traffic and Adverse Birth Outcomes in Los Angeles County, California, 1994-1996." *Environmental Health Perspectives* 111(2): 207–216.

Wilhelm, M. and Ritz, B. (2005). "Local Variations in CO and Particulate Air Pollution and Adverse Birth Outcomes in Los Angeles County, California, USA." *Environmental Health Perspectives* 113(9): 1212–1221.

The Central California Regional Obesity Prevention Project:
A CBPR Effort in Kern County

Greenfield Walking Group (CCROPP); children walking to school.

Despite providing much of the fresh fruits and vegetables for California, the many low-income, often immigrant residents of the San Joaquin Valley frequently have trouble affording or accessing healthy food for their own families. They also often lack access to safe streets and parks that help promote physical activity. In Kern County, as in other parts of this rural region of sprawling cities and small towns, obesity rates are above the state average.

The Central California Regional Obesity Prevention Project (CCROPP) is an initiative supported by The California Endowment and devoted to addressing these disparities through community action. In Kern County's CCROPP alliance, the lead partner—Get Moving Kern—began by seeking to learn who was *already* taking action, and identified a group of approximately 40 Latino mothers who had met in a nutrition class and subsequently formed themselves into the Greenfield Walking Group (GWG). This group planned to meet daily at the local neighborhood park to exercise, but they were confronted with barriers such as lack of access to a safe and open space. Greenfield Group members began working with other partners to study and address their number one concern: barriers to physical activity at Stiern Park.

The Greenfield residents partnered with California WALKS and received technical assistance and training on neighborhood walk audits, and invited

city officials to join them. (For a description of these methods, see https://californiawalks.org.) They also used GIS mapping and small video recorders called flip cameras to further document their observations. After completing their assessments, they worked in small groups to identify, on a master map, additional information and barriers that they and their families had encountered in trying to walk or play in the park. Safety concerns included broken street and park lights, drug use and hypodermic needles, aggressive stray dogs, gang recruitment, and even a kidnapping. They also pointed out that the park's location—across from a four-lane highway without a crosswalk or pedestrian signal—posed a serious barrier for families wishing to get there safely. In the words of former Project Director Jennifer Lopez: "Everybody has a horror story about the park. The walkability assessment gave them an opportunity to share their stories with people who could help develop solutions."

Conducting walkability assessments with city officials was critical—the walking group members learned who to contact about animal control, law enforcement, and public works. Another important strategy was inviting City officials to partake in the lives of families. It is a challenge when a parent has trouble pushing a baby stroller over a cracked, narrow sidewalk or park path, but when City officials try and have difficulty, it gives them a heightened sense of reality

concerning the obstacles that families face. GWG members also worked with the local school district to study and address the need for new school policies promoting healthy eating and physical activity at school. Using flip cameras and GIS mapping, they were able to highlight areas that posed particular risks.

Eight middle-school youth from the César Chavez Leadership Program also took part in a photovoice project (http://www.photovoice.org) by taking pictures documenting health and safety risks, discussing their findings as a group, and then using selected pictures at city council meetings and other venues to press for change. Powerful pictures of an unsafe play structure and a broken and gang-tagged water fountain were among many that, together with their other data, helped catalyze action to renovate the park.

Infrastructure changes for which CCROPP and the Greenfield Walking Group have received much of the credit include new lighting and safer walking paths, the impounding of aggressive stray dogs, a new playground funded by the Kaiser Family Foundation, and a new fence—something particularly important since the neighborhood had tragically lost a small child who got through the broken fence and drowned in a sump ditch on the other side. A new phone system also is in place for reporting hazards, with directions in both Spanish and English.

Finally, and in a testament to the visibility and respect the Greenfield Walking Group has attained, many local and statewide organizations now call on the group for advice. These include the Kern Council of Governments, which has held special meetings with the group to include community health concerns as they develop both the Master Plan for the Valley, and their County General Plan for Transportation and Transit.

For more information:
California Walks (2011). https://californiawalks.org.

Central California Regional Obesity Prevention Program (2010). Phase I Evaluation Findings 2006-2008. http://samuelsandassociates.com/samuels/upload/ourlatest/CCROPPSynthPres.pdf.

Get Moving Kern. http://www.getmovingkern.org.

Greenfield Walking Group. http://www.getmovingkern.org/Greenfield.htm.

Addressing Diesel Bus Traffic and Asthma in West Oakland

Child using inhaler at park; diesel truck moving goods; WO EIP Community Leader and now Port Commissioner Margaret Gordon; air sampling device.

Located on the shores of the San Francisco Bay, and bounded on all sides by freeways, West Oakland is a small but vibrant community of 25,000 mostly low-income African American and Latino residents. A popular destination for diesel trucks taking goods to and from the Port of Oakland, the community has long borne the brunt of disproportionate exposure to diesel exhaust and traffic-related pollutants that can cause or exacerbate asthma and adversely affect the growth of lung functioning in children (Gauderman et al., 2007).

To help address these and other community concerns, the West Oakland Environmental Indicators Project (WO EIP) began in 2000 as a partnership between a nonprofit research organization, the Pacific Institute, and the 7th Street-McClymonds Neighborhood Initiative. Through this project, the residents themselves determined the indicators to be studied, and helped collect, analyze, and use the data to effect change. The resulting 2002 report, *Neighborhood Knowledge for Change,* was cited in the local media, with one of its findings in particular—that children under age 15 in West Oakland had asthma rates seven times the state's average—drawing widespread attention. This visibility, together with the high quality of the research produced, contributed to WO EIP's becoming a community-based organization in its own right and incorporating as a nonprofit in 2004.

Together with its partners at the Pacific Institute, WO EIP then used CBPR to study and address the high volume of diesel truck traffic in West Oakland, and its potential links to high asthma rates. As part of this research, and with training from a technologies consulting firm, 10 residents gathered data on the number and type of trucks on selected neighborhood streets, as well as on truck idling at the port. Their studies revealed that 6,300 truck trips through West Oakland occurred *every day*, some in areas where trucks were prohibited. They further demonstrated that idling outside the port amounted to an estimated 280 truck-hours per day. In all, they found some 64 pounds of diesel particulate matter emissions were being generated from truck traffic and truck idling in this neighborhood daily—or about 90 times more exposure per square mile annually than in California as a whole (Buchan, Jackson and Chan, 2003).

Study findings were released in November 2003 in a widely cited report, *Clearing the Air*, and WO EIP partners and their allies then went to work on their number one priority: creating, with high-level community involvement, a designated truck route that would prevent trucks from traveling through West Oakland neighborhoods. The WO EIP partnership began by building alliances with other concerned local organizations and a city councilwoman with deep roots in West Oakland. But the partnership also reached out to less likely allies, including an independent trucking company and the Port of Oakland, which was a major change target, to collectively create a truck route committee. This group of sometimes unlikely bedfellows met monthly in the councilwoman's office to hammer out a truck route all could agree to, and strategically plan for its adoption. The partnership also leveraged its alliances with

statewide groups, such as the Ditching Dirty Diesel Collaborative. Through a multipronged advocacy process, residents testified about the impact of diesel exposure on their health and quality of life, and WO EIP partners used their study findings in briefing officials and presenting at hearings.

In September 2005, WO EIP and Pacific Institute achieved a key victory when the city council unanimously passed a truck route ordinance that adhered closely to the specific truck route the partners had recommended. Although enforcement of the ordinance proved difficult, WO EIP's work helped spur other changes that have helped create a policy environment more favorable for environmental justice. The partnership's work also prompted other groups to conduct their own studies, with the California Air Resources Board beginning in 2006 a comprehensive and multiyear Health Risk Assessment for diesel exhaust in West Oakland. Policymakers and stakeholders have cited the *Clearing the Air* study as "instrumental" in catalyzing regional and statewide attention and action regarding the crisis of diesel pollution in West Oakland. The WO EIP partnership's truck count and related studies and policy level work also serve as a model for others of how CBPR can help produce solid data and use it to move forward environmental policy efforts in a way that empowers and respects the community (Gonzalez et al., 2011).

For more information:
Arronson, L. 2011. "From Housekeeper to Eco-activist." *Oprah Magazine*. October, p. 47.

Buchan W., Jackson M.D., Chan M. (2003). *Container Truck Traffic Assessment and Potential Mitigation Measures for the West Oakland Diesel Truck Emission Reduction Initiative*. Cupertino, CA: TIAX, LLC. Technical Report TR-03-176. Case D5247. Sponsored by The Pacific Institute.

Costa S., Palaniappan M., Wong A.K., Hays J., Landeiro C., Rongerude, J. (2002). *Neighborhood Knowledge for Change: The West Oakland Environmental Indicators Project*. Oakland, CA: Pacific Institute.

Gauderman, J., Vora, H., McConnell, R., Berhane, K., Gilliland, F., Thomas, D., Lurmann, F., Avol, E., Kunzli, N., Jerrett, M. and Peters, J. (2007). "Effect of Exposure to Traffic on Lung Development from 10 to 18 Years of Age: A Cohort Study." *The Lancet* 369(9591): 571-577.

Gonzalez, P., Minkler, M., Gordon, M., García, A.P. et al. (2011). "Community-Based Participatory Research and Policy Advocacy to Reduce Diesel Exposure in West Oakland, California." *American Journal of Public Health* Suppl 1:S166-75.

Palaniappan, M., Wu, D., Kohleriter J. (2003). *Clearing the Air: Reducing Diesel Pollution in West Oakland*. Oakland, CA: Pacific Institute In collaboration with Coalition for West Oakland Revitalization. http://www.pacinst.org/reports/diesel/clearing_the_air_final.pdf.

Engaging Youth and *Promotoras* in CBPR to Improve the Built Environment: A Case Study from Chula Vista

Chula Vista community survey; Network for a Healthy California "Champion Mom".

Nestled between the U.S.-Mexico border and downtown San Diego, Chula Vista, once the "Lemon Capital of the World," has a rich culture of diversity and a name that in Spanish means "a beautiful view." However, the "view," for many low-income families, was, until recently, less than beautiful, especially when they were seeking a safe space in which to live, work, and play.

Lauderbach Park, a local community park in southwest Chula Vista, had long suffered from vandalism, including graffiti, broken playground equipment and light fixtures, dilapidated fences, delinquency, and problematic homeless and drug activity. The forgotten park, although surrounded by family homes and adjacent to a church, had a history of ineffective patrolling by police, leaving families feeling insecure and discouraged from visiting the park for physical activity or social interaction. This decades-long situation changed, however, as a result of two independent projects, a youth leadership development project, and a faith-based *promotoras* project, which, unbeknownst to their leaders, were independently working towards a similar goal: promoting physical activity by improving the built environment.

The faith-based project was initiated by San Diego State University (SDSU) Research Foundation and named the 'Caminando con Fe' or the Walking with Faith *Promotora* Program. This program

was part of the foundation's study examining the feasibility of using *promotoras* to encourage fellow Latina church members to be more physically active by catalyzing changes in the built environment. The youth leadership development project was initiated by the Healthy Eating, Active Communities (HEAC) Initiative and named CX3, or Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention. CX3 youth received in-depth training in nutrition, physical activity, walkability assessment, leadership, and advocacy from community partners including CANFIT (Communities, Adolescents, Nutrition, Fitness), California Project LEAN (Leaders Encouraging Activity and Nutrition), the San Diego County Health & Human Services Agency, and WalkSanDiego.

After completing the training, CX3 youth and their adult mentors conducted walkability audits to assess obstacles to engaging in physical activity in their community and recorded the availability of fresh fruits and vegetables at neighborhood markets. The youth also took pictures to document the health and safety risks in their community.

SDSU *promotoras*, who had also received training on walkability audits from WalkSanDiego, were connected by that organization with the CX3 youth, for whom they provided mentorship and with whom they collaborated on data collection and action. Together, the *promotoras* and CX3 youth, with

guidance from staff at HEAC, SDSU, and the San Diego County Childhood Obesity Initiative, provided input on the design and wording of questionnaires, and then administered and helped analyze over 120 community surveys. The analysis corroborated existing community wisdom about the long history of the park's lack of security and the ways in which this discouraged access and physical activity.

With technical support from WalkSanDiego, in January 2008, the youth and *promotoras* prepared a report of the identified built environment barriers and provided recommended solutions. The youth wrote a letter to the city council advocating for improvements and the *promotoras*, HEAC, and WalkSanDiego all provided testimony. The City of Chula Vista, under pressure from the community, had planned to make a few changes to the park— but not nearly to the extent to which the youth and *promotoras* were advocating.

Media advocacy played an important role at this stage, with the Network for a Healthy California bringing citywide English- and Spanish-language media attention to bear to highlight the unique collaboration among youth, *promotoras*, community organizations, and city officials. Powerful testimony before the city council by the CX3youth, the *promotoras*, and other community partners also had an important impact. A councilmember and City staff in engineering, general services, and landscape architecture subsequently met with the partners, as well as with local church representatives, to discuss areas for park improvement.

As a result of these varied advocacy efforts, over $500,000 was secured to restore Lauderbach Park. Completed in September 2008, the park's revitalization included many of the recommendations that the youth, *promotoras*, and the community had identified through their surveys and walkability assessments. These included removal of the dilapidated fence dividing the park from the adjacent church; the building of restroom facilities and water fountains; improved and more energy-efficient lighting for both the

park and the church exterior; a new children's playground area; a new and more level walking path; repainted benches and tables; and an enlarged soccer field. Long ignored alcohol and tobacco use bans also were enforced.

Deterring homeless people from living at Lauderbach Park was a challenge: According to the police department, the weekly free meals provided by the adjacent church and the numerous liquor stores within walking distance of the park contributed to this problem. But there were other obstacles to change: Many parents surveyed, for example, had expressed concern for their children's safety because of the homeless activity at the park, but also stated that they did not report illicit or disruptive behaviors to the police. This lack of reporting had made it difficult for the police to address the issue. Similarly, and while the dilapidated fence raised safety issues, church authorities were concerned about the removal of the fence out of fear that this would put the safety of church members at risk. Collaborating with the police department was key in this effort, as the chief of police assured church authorities that removing the fence was in alignment with the Crime Prevention through Environmental Design (CPTED) model, a multidisciplinary approach that had proven effective elsewhere in deterring criminal behavior.

An additional key outcome of the project was policy-related. Residents wanted to bring a community garden to the park to both help address food insecurity and increase a sense of community ownership. Following the park's renovation, HEAC, WalkSanDiego, and the Network for a Healthy California therefore educated policymakers about the community garden. Partners then participated in meetings with city representatives and community members, and in July 2009 the City of Chula Vista approved not only a community garden at Lauderbach Park, but a citywide community garden ordinance as well. Further, and in a noteworthy example of government-community collaboration, the City of Chula Vista developed a draft ordinance, and the Network

for a Healthy California provided feedback to help ensure that health was placed front and center in the proposed policy. Its recommendations were included in the ordinance that was then adopted.

Much of the success of this project has been attributed to the fact that youth were given the opportunity to choose the issue of most importance to them and were then helped to study and address that issue. Empowering and elevating youth voices helped lead to sustainable changes in their community: Not only was the park restored, but the youth had a place at the table, influencing the political process. Celebrating the youth's successes was also an important component of the project. A City representative expressed to the group how much City decision makers needed and valued their documentation and advocacy efforts. The youth also received, in 2009, both the WalkSanDiego's Golden Footprint Award for their leadership and commitment to the project, and the County of San Diego's Public Health Champion Award. Additionally, one of the youth was invited to present at the 2009 Active Living Research Conference, where he described the project and the impact participation had had on him. Finally, all partners involved in the project learned from one another and contributed unique resources, contacts, and expertise critical for restoring the park and securing the community garden policy. This partnership now is being used as a model of how youth-engaged research and community collaboration, including the work of *promotoras*, can maximize efforts, bring political support, and leverage resources to make a sustainable impact on community health.

For more information:
Arredondo, E.M., Mueller, K., Mejia, E., Rovira-Osterwalder, T., and Hoos, T. (in press). "Engaging Youth and *Promotoras* to Advocate for Environmental Improvements to Enhance Access to Physical Activity." *Health Promotion Practice.*

California Department of Public Health. (2010). Network for a Healthy California. Sacramento, CA: California Department of Public Health. http://www. cdph.ca.gov/programs/CPNS/Pages/default.aspx.

V. Evaluating CBPR Processes and Outcomes

An important component of CBPR is finding ways to measure progress without violating the very tenets of empowerment and high-level community engagement that lie at the core of the work. Although traditional evaluation approaches are necessary to assess progress, newer methods, variously termed **participatory evaluation** and **empowerment evaluation** and well described at **The Community Tool Box** website (http://ctb.ku.edu), also are helpful in enabling partnerships themselves to measure their progress both in growth and functioning, and in achieving the outcomes and objectives of their CBPR projects. The website of **Community-Campus Partnerships for Health** (www.ccph.info/), described earlier, also is an excellent source of resources and ideas on participatory and other means of CBPR partnership and project evaluation.

Several useful assessment tools and guidelines further have been developed to help partnerships appraise their areas of strength and room for improvement, and their progress toward shared goals. Israel et al.'s **guidelines for CBPR partnerships** (2005) as well as those developed by Mercer and Green, et al. (2008) may be particularly helpful (see references).

Evaluating Contributions to Policy Change

Particularly for policy-focused CBPR projects, where numerous players and contextual factors beyond the partnership are involved, teasing apart the partnership's contributions to helping move policy is fraught with difficulty. The California Endowment's two-volume booklet, entitled *The Challenge of Assessing Policy and Advocacy Activities* (www.calendow.org/uploadedFiles/

challenge_assessing_policy_advocacy2.pdf), is an excellent resource for understanding how "most policy work involves multiple players 'hitting' numerous leverage points" magnifying the difficulty of assessing "the distinct effect of any individual player or any single activity." (p. 9)

In attempting to assess their role in helping achieve a policy change—or their inability to do so—CBPR partnerships must carefully consider such factors as the role of an economic downturn, the opening of a window of opportunity following a media exposé, or the appointment or election of a new policymaker who shares or opposes the partnership's goals. The role of such external forces, and the complex nature of the policymaking process, remind us not to engage in simplistically attributing causation where policy change is concerned.

Finally, the fact that policy change tends to take place over a long period of time makes evaluation of a partnership's work in this regard challenging. Paraphrasing Guthrie et al. (2006), rather than asking whether *policy* has changed, more fruitful questions might be:

How did the [partnership's] work *improve the policy environment* for this issue?

How successful was the [partnership] *in taking the necessary steps toward the policy change?*

To help address such questions, **triangulation**, or the use of multiple methods of data collection, is helpful. Interviews with policymakers and other key stakeholders, focus groups with community members, participant observation at public hearings and other venues, and documents review, including coverage by local and regional media, all are helpful sources of information and together can help improve a partnership's assessment of its contribution to changing a

❝ *We have had successes because at city council meetings they see that a lot of us from the community get together…we put our t-shirt on, there is certain pressure from the community on the city council members—they have never seen this level of participation…It is important for them to know that people are present and listening to what is happening."* **—Community Member**

policy or the policy environment. Where possible, having an **outside evaluator** engaged in this data gathering can be useful in helping increase the rigor and real and perceived validity of the assessment being undertaken. But whether by an outsider or a partnership member or subcommittee, and whatever questions are asked regarding policy-related outcomes, it is critical to think not in terms of *attribution*, but rather *contribution and connection*. In other words, in what ways did the work of the CBPR partnership help contribute to efforts to change a policy, or the broader policy environment in relation to an outcome of interest. The evaluation section of the **Community Tool Box** (http://ctb.ku.edu) and the PolicyLink **Getting Equity Advocacy Results** (GEAR) project mentioned earlier (http://www.policylink.org/gear) are useful resources for helping partnerships think about their results in this way.

VI. Additional Resources by Topic

Here are some helpful journal articles, reports, and websites relevant to topics and case studies addressed in this resource guide. They are grouped by topic, and hopefully many of the references cited will lead the reader to other sources and tools.

Introduction to CBPR and Its Use as a Strategy for Helping Move Policy

Gebbie, K., Rosenstock, L. and Hernandez, L. et al. eds. (2003) *Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21st Century.* Washington, DC: National Academies Press.

Kellogg Community Health Scholars Program. (2001) *Stories of Impact: Kellogg Community Health Scholars Program.* http://www.kellogghealthscholars. org/about/ctrack_impact_scholars_book.pdf.

Israel, B.A., Schulz, A.J., Parker, E.A., Becker, A.B. (1998). "Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health." *Annual Review of Public Health 19*: 173-202.

Israel, B. A., Eng, E., Schulz, A. J., and Parker, E. A. (2005). *Methods in Community- Based Participatory Research for Health.* San Francisco, CA: Jossey-Bass.

Minkler, M., Brechwich Vásquez, V., Chang, C., Miller, J., Rubin, V., Blackwell, A., Thompson, M., Flournoy, R. and Bell, J. (2008). *Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies.* Oakland, CA: PolicyLink. (www.policylink.org).

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Please see the websites of Policylink (www.policylink.org) and The California Endowment (www.calendow.org) for a fuller list of references.

Appendix: Summary of Helpful Websites and Other Resources

Advocating for Change (http://www.policylink.org/AdvocatingforChange)

An online source developed by PolicyLink that may be helpful in providing a variety of resources for partnerships interested in exploring a range of policy options as well as sample tools for pursuing the appropriate advocacy strategies.

Berkeley Media Studies Group (www.bmsg.org)

A wonderful resource for those specifically interested in media advocacy, or the strategic use of the mass media to help frame and present issues from a healthy communities' perspective.

Community-Campus Partnerships for Health (CCPH) (www.ccph.info/)

A comprehensive resource to help build and maintain partnerships between communities and academic institutions, the CCPH website is filled with resources on many aspects of CBPR, including the "how to's" of getting started, tools for building partnerships and assessing partnership strengths, using CBPR to help promote policy change, along with information on conferences, funding opportunities, and evaluations of projects that can serve as examples of "best practices" in the field.

California Center for Physical Activity (http://www.caactivecommunities.org)

This online site includes a wide range of tools which can guide both the asset and problem identification process. The tools, including the popular walkability check list tool, can assist community residents in studying and improving accessibility and safety conditions of their neighborhood.

Community Action Model (CAM) (www.sfdph.org/dph/comupg/oprograms/CHPP/CAM/default.asp)

An excellent resource for helping youth develop critical thinking and the tools necessary for effective participation in community building and CBPR toward the end of promoting sustainable change on the policy and systems level.

Community Tool Box (http://ctb.ku.edu/en/tablecontents/chapter_1027.htm)

Over 6,000 pages in length, the tool box is a global resource focused on building healthy communities by assisting and connecting partners interested in identifying local resources, tools, and challenges, and taking action. Includes excellent resources relevant to CBPR and the evaluation of its impacts on problems, policies, and practices, in part through empowerment evaluation approaches.

Getting Equity Advocacy Results (GEAR) (http://www.policylink.org/gear)

PolicyLink is creating a new set of tools (GEAR) through which practitioners can better assess the progress and impacts of their policy change efforts.

Photovoice (http://www.photovoice.org)

A visual methodology, photovoice is a collaborative approach to photography and subsequent critical dialogue and action plans that may be particularly useful with youth, low literacy groups, and other marginalized populations to promote change on the individual, community, and/or policy levels. This website includes links to many photovoice projects and publications, as well as other useful resources.

The Praxis Project (www.thepraxisproject.org)

A national nonprofit organization that builds partnerships with local community groups to influence policymaking by building local community power to effect change and address

social and political /structural problems. The Praxis Project and its website offer technical assistance, capacity building, research and training, and useful tools and publications for partnerships.

Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies (www. policylink.org/atf/cf/%7B97C6D565-BB43-406D-A6D5-ECA3BBF35AF0%7D/CBPR_ PromotingHealthyPublicPolicy_final.pdf)

This document explores diverse community-based participatory research (CBPR) partnerships around the United States that have in common a commitment to fostering healthy public policy. These case studies offer a window into the world of community, health department, and academic partnerships throughout the nation that are working to change policy to improve community health, reduce disparities, and foster equity. The report draws on data from dozens of in-depth interviews with partnership members, community focus groups, and policymakers.

Speaking Truth, Creating Power: **A Guide to Policy Work for CBPR Practitioners**

This user-friendly work book, available on the University of Washington website (http://depts.washington.edu/ccph/pdf_files/ritas.pdf), helps community and other stakeholders better understand the policymaking process, and contains helpful tools for teaching and communicating this information.

"**White Privilege**" **Checklist** by Peggy McIntosh (http://www.fpg.unc.edu/~scpp/pdfs/whiteprivilegechecklist.pdf)

This exercise can be used to facilitate a discussion of what unearned privilege means, and how that may affect working relationships with diverse cultures in CBPR and other cross-cultural undertakings.

Working Upstream: Skills for Social Change (http://bmsg.org/sites/default/files/bmsg_handbook_working_upstream.pdf)

This detailed and user-friendly resource from the Berkeley Media Studies Group (BMSG), with support from The California Endowment, presents a curriculum and resource guide for advocates and others interested in learning the art of working to address the social determinants of health through advocacy and related approaches. Available in print copy as well as online from BMSG.

Authors' Biographies

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Victor Rubin is vice president for research at PolicyLink. A noted authority on community engagement in higher education, and on social factors that affect health, he leads efforts at PolicyLink to build a strong research base for equity. As an author and editor, he has appeared in various academic journals, most recently as guest editor for the special issue on regional equity of the journal *Community Development* (2011). He collaborated with Meredith Minkler on the 2008 PolicyLink report, *Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies.*

Nina Wallerstein, DrPH, MPH, is professor of Public Health, and director of the Center for Participatory Research, Department of Family and Community Medicine, School of Medicine, University of New Mexico. As a long-time empowerment and popular education and CBPR practitioner, she is co-author (with Elsa Auerbach) of *Problem-Posing at Work: A Popular Educator's Guide,* (Grassroots Press, 2004) and co-editor (with Meredith Minkler) of *Community-Based Participatory Research for Health: From Processes to Outcomes* (2nd edition, 2008).

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