Capacity for Change

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Vancouver, August 2006

Executive Summary

An evaluation of the Community Based Research Capacity Building Program in British Columbia reveals that AIDS Service Organisations (ASOs) and other stakeholders are satisfied with the Program and consider the services of the Research Technical Assistant (RTA) to be a valuable resource. Although most ASOs recognise the relationship between research and continuous improvement and at least one organisation has research as part of its mandate, a shortage of funds means that few of the ASOs in the Province are able to support an active research department. The CBR Program helps to fill this gap. The RTA is widely seen as a link to the research community and is valued for the knowledge and connections that he brings to the work of the service organisations.

All the ASOs that have accessed the CBR capacity-building program are pleased with the results. In some cases, the involvement of the RTA has led to the design of research activities that received funding. In other cases, stakeholders have engaged in different aspects of research proposal development and have received financial support for larger research projects. Through direct development of research applications, stakeholders in community groups felt they had acquired better research skills. In every instance, the RTA facilitated and simplified research issues and certain research tasks, helping organisations to understand and integrate community based research into existing programs and activities, and giving substance to the idea of doing CBR at the level of community-based organisations. Small organisations located outside the Lower Mainland were especially pleased with the support they had received.

ASOs that had not yet accessed the services of the capacity building program were somewhat dissatisfied with the administrative arrangements for the program. Prior to the evaluation, some of these organisations believed that the RTA only worked for the employer/hosting organisation and did not realise that they could access the RTA's services. The evaluation provided an opportunity to correct this misunderstanding. The hosting organisation, British Columbia Persons with AIDS Society, is satisfied with its role as host and has found that having the RTA in-house is very valuable. All stakeholders agreed that having the RTA hosted within a community agency makes the Capacity Building Program accessible and credible.

The major suggestions for improving the implementation of the Program focused on communications and coordination. Stakeholders believed that more frequent communication would help to raise awareness and build more support for CBR activities. The RTA was encouraged to disseminate the successes of the program and community initiatives through local networks such as the PAN newsletter and e-news. Stakeholders are looking for simple communication on project funding situations and bullet point information.

Stakeholders also encouraged a more proactive role for the RTA in coordinating research activities and matchmaking between agencies and researchers. They want the RTA to help them negotiate the agenda of funding agencies and to support them through the proposal review process, ethics committees and other steps in the project cycle. They see a role for the RTA in connecting agencies and creating partnerships around projects. A list of the outputs and outcomes of the CBR program and the RTA activities and four case studies of RTA collaboration have been annexed here to place these findings in the context of the activities of the RTA since the inception of the Program. The first of these four case studies provides details of the actual experience of community-academic partnership in the "CBR Internship' at BCPWA.

There was unanimous and enthusiastic support for the continuation of the CBR Capacity Building Program and for the continuing employment of the RTA, Francisco Ibáñez-Carrasco.

Acknowledgements

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The research activities that led to this report were greatly aided by **Mr. David Clayton**, a social assessment consultant with a background in international relations, development assistance programs that support international trade and investment. He has worked extensively with the Canadian International Development Agency (CIDA) and multinational corporations, and is familiar with the programs and activities of the World Bank Group, the United Nations Development Program and international non-governmental organisations including Oxfam GB.

The Research Technical Assistant from the Manitoba/ Saskatchewan Region, **Ms. Paula Migliardi** contributed to this project with her skills in evaluation and continuous feedback.

Ms. Britt Permien provided the creative graphic design work for this report. We are thankful to all the key informants that participated in this evaluation. Indeed, this entire evaluation is largely the product of dedicated volunteer work from those who truly believe in CBR. ⊡

Recommendations

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1. Stakeholders agree that CBR is a key component to meeting basic knowledge needs to provide evidence-based decisions in program areas that are experiencing funding cuts and/or need funding but are not being supported. CBR is often a valuable resource to justify the continuation of various program elements. But the addition of research questions and reporting processes often puts the funding beyond the reach of ASOs and community groups. The RTA should focus on explaining the costs and benefits of engaging in research and helping groups to organise CBR projects that meet both funder's requirements and produce useful information. As part of this role, the RTA should help agencies to establish the contacts and partnerships that will support projects.

2. `Most ASOs are comfortable with the current hosting arrangements for the CBR program but the RTA should ensure that all organisations have access to services. The RTA should put more effort into communications, especially around the results of CBR research that has been carried out, both within the Province and nationally. The RTA should continue to travel and to support projects in smaller centres and ensure there are sufficient funds budgeted for outreach activities.

3. The lack of resources is a factor limiting the ability of stakeholders to participate in the program. Funds to help groups offset costs would help. Travel expenses should be covered by the CBR capacity building program so that agencies don't have to take it out of other resources.

4. ASO stakeholders want the RTA to take on a larger role as expert and authority on CBR activities and methods. ASOs want the RTA to help them structure proposals at the outset; to help them pull together data and materials

in preparation for funding applications; and to help focus research on issues of relevance to the community. As expert, the RTA should make an effort to disseminate (key) research findings and provide direction on the research agenda and priorities for the benefit of community organisations that do not have the time and resources to stay current.

5. The CBR capacity building program should devote more resources to frequent and clear communication with stakeholders, including updates on how the program is progressing, information on what's happening in CBR or within agencies, and updates on projects of particular interest. The CBR capacity building program should create awareness about the CBR process itself: what people have obtained from participating in a given project. Specifically, it was recommended that a CBR 101 workshop be designed and delivered on-line or hosted at a web site.

6. Stakeholders want the CBR program to create more opportunities for face-to-face communication between agencies. They want the RTA to broker partnerships between agencies and to strengthen linkages between organisations and community. The RTA should get agencies, academics and other stakeholders together to discuss problems encountered during research and to share problem-solving approaches to specific problems. The resources of the CBR program should be used as a vehicle to bring stakeholders together around common problems.

7. Stakeholders feel the RTA should be an advocate for CBR. The RTA's activities should increase public awareness about CBR and publicise the benefits of CBR and the positive outcomes of the process. ⊡

Purpose of the Report

This report presents the results of an evaluation of the Community Based Research Capacity Building (CBR) Program in British Columbia. The program, hosted by the British Columbia Persons with AIDS Society (BCPWA) in Vancouver, has been underway since 2003. This is the first evaluation.

The purpose of the evaluation was to measure the progress of the British Columbia CBR Program in relation to work plans; the institutional environment in which the program functions, the needs of the stakeholders that the program serves, and the outcomes of the activities of the RTA since 2003.

The evaluation process provided an opportunity to discuss CBR and the Capacity Building Program in a group setting and to gather feedback on client satisfaction. The results of the evaluation will assist the RTA to revise and improve the methodology of the Program in preparation for a new round of program funding 2007-2009. The results will also help the hosting organisation, BCPWA, to consider its role as the sponsor of the CBR Capacity-Building Program. And the results will be of interest to stakeholders such as AIDS Service Organisations in British Columbia, partner academics, and the Canadian Institutes of Health Research.

The selected approach to the evaluation was process-based. Process-based evaluations are geared to understanding how a program works and how the program produces the results that it does. Process-based evaluations are useful for portraying to outside parties how a program operates. In this case, the Research Technical Assistant (RTA) for the CBR Program, Dr. Francisco Ibañez-Carrasco, wished to collect information and share feedback, ideas and suggestions between users and stakeholders in the capacity-building program. The evaluation thus served two purposes: one the one hand, it provided an opportunity for partner organisations to come together and to critically appraise the priorities and the methodology behind the current delivery of the capacity building program; on the other, it provided fresh ideas and recommendations to guide the next phase of CBR capacity building activities in British Columbia.

The initiative to undertake an evaluation of the CBR program was taken by the RTA, and for the most part, the decision-making being aided by the findings of the evaluation is internal to the program. The RTA will use the information to adjust the priorities for different activities in the CBR program, to develop new and complementary activities, and to make adjustments to the budget.

Background to the Evaluation

About the hosting organization

The organisation hosting the CBR Capacity Building Program since 2004 has been the British Columbia Persons with AIDS Society. BCPWA is a registered charitable society dedicated to empowering persons living with HIV and AIDS through mutual support and collective action. The Society is Canada's largest AIDS organization with a membership of more than 4,300 HIV-positive full members. BCPWA services are also available to and accessed by many of the approximately 12,000 to 15,000 HIV-positive persons in BC.

Unique among major Canadian HIV/AIDS organizations, BCPWA's Board of Directors is composed entirely of HIV-positive members. The organisation has taken a leadership role on behalf of individuals living with HIV and AIDS and is well known to health advocates, policy makers and the research community in British Columbia and across the country. The Society has a full-time staff of 23 and a regular monthly volunteer base of approximately 180, most of whom are HIV-positive members. In addition to hosting the CBR Capacity Building Program, BCPWA delivers a wide range of direct services to persons with HIV/AIDS.

At BCPWA, the capacity building program and RTA is located in a small but separate office with internet access and a net-worked computer. Although the program office is too small for client meetings the BCPWA facility has meeting rooms and a training room as well as a full complement of audiovisual and office equipment.

BCPWA's highly active and well-regarded communications department disseminates HIV/AIDS related information throughout British Columbia, across Canada and to more than 60 countries internationally through publications including the internationally acclaimed living ≈ magazine. The BCPWA website is www.bcpwa.org.

About the Program

Staffed and developed by one Research Technical Assistant (RTA), the Community Based Research Capacity Building Program has as general objectives:

a)   Developing and enhancing community based research capacity among community representatives and researchers from both academic and non-academic settings;

b)   Improving the skills of community organizations in designing, implementing and disseminating community based research projects, and

c)   Liaising with and promoting partnerships among AIDS service organizations, university researchers and other sectors.

The HIV/AIDS Community-Based Research Program is intended to enhance the research skills of community organi-zations through funding the services of the RTA. The RTA works collaboratively with organisations to identify, plan and deliver a wide range of initiatives that incorporate community-based research.

Activities

The RTA provides direct consultation on most phases of CBR that is social scientific in nature, localized and short-term in scope. Assistance and advice is provide in CBR stages and peripheral work that may range from formulation through proposal writing to transfer of knowledge into policy and programming in novel ways using community development and adult participatory education tools.

In the area of partnership development, the RTA is a catalyst for CBR in both the Lower Mainland and the interior of British Columbia. The RTA is often asked to advise on and to collaborate in projects that create capacity among people living with HIV (e.g. IDUs as peer researchers) as well as among university-based researchers (e.g. being sensitized to grass-roots issues/practices and the "unlearning" of conventional research). In addition, the RTA aids in the creation of "research economies of scale". Examples include: (1) the CBR project in Prince George that spawned a 2004 Community University Research Alliance (CURA) Letter of Intent to develop a multi-site CBR to assess and transfer existing CBR; and (2) a Formulation Project completed by December 2004 that fostered an alliance between two projects based in the Vancouver Downtown East Side "Community Health And Safety Evaluation – CHASE and Prison Outreach Program". A full list of the activities and outcomes from the project is provided in the Annex to this evaluation report.

The RTA takes a four pillar approach to the CBR work. This typically entails encouraging and aiding agencies and individuals in making the CBR process, methods and products:

1)   Ethical for their communities and individuals (e.g., by upholding OCAP principles)

2)   Rigorous, systematic, well-informed, accountable, transparent, and trustworthy.

3)   Empowering (e.g., using participatory qualitative and quantitative methods such as "social mapping")

4)   Reflexive (by evaluating process, outcome, etc.)

The CBR Internship

Building strong, trusting and permanent relationships is perhaps the most important component of the RTA CBR program. The RTA position is designed to be responsive to and engage with communities through provincial non-profit AIDS service organizations (ASOs) and groups. In general, the RTA CBR services are first-come-first-served, with an emphasis on underserved communities and organizations outside the Lower Mainland.

There are approximately sixty five ASOs and other community based organizations/ad hoc groups that work on HIV and Hepatitis C (linked by co-infection) that require assistance with a variety of research project throughout the province. The demand for CBR services is much greater than resources available under the CBR capacity-building program. Thus a CBR Internship was created by the RTA in collaboration with Dr. Cindy Patton at the Health Research & Methods Training Facility (HeRMeT), a health oriented facility at Simon Fraser University. Through the program, HeRMeT provides graduate students to the RTA to support community research projects. After screening the students, the RTA brokers a relationship between the HeRMeT intern and the ASO and community that requested assistance. It is important to stress the importance of trust and respect in these relationships. Because the RTA has established trusting relationships with communities, it enables some degree of trust to be extended to the intern when the RTA fosters this relationship. However, it still takes a great deal to build upon this initial relationship.

Under the program, the RTA works as a hub and coordinator for the duration of projects. The HeRMeT intern, once the project is established, functions relatively independently from the HeRMeT facility. The main objective is to fulfil the goals of the research project and support the community. The RTA is in charge of deciding the scope of the intern's involvement and may adjust it according to how the project is proceeding. Interns from the Health Research and Methods facility at SFU and from the University College of the Fraser Valley have put more than 200 hours of work towards CBR related evaluation and research capacity building activities in agencies such as YouthCO AIDS Society. Additionally, a number of BCPWA volunteers have provided more than 100 hours of work to support a CBR program. *A case study of some of the lessons learned from this community-university partnership can be found in Appendix 2.*

In 2005 and 2006 the CBR Internship has been expanded to include graduate and undergraduate students of CBR at the School of Social Work, University of British Columbia. ⌷

Goals of the Evaluation

The 2006 process-based planning and evaluation of the CBR capacity building program in British Columbia is geared toward understanding how the program really works. How is the program being delivered? What are its strengths and weaknesses? Are there ways to improve it? The goal of the evaluation is to look at the program as it operates.

There are a number of possible areas to look at during a process evaluation, including: How do people enter the program? What type of service is desired and delivered? What do clients think are the strengths and weaknesses of the program? The overall objective is to get a comprehensive sense of *how the program works* for all those connected to it.

There were numerous questions that could have been addressed in the BC evaluation. We selected six. These questions, as described below, were chosen by carefully considering what it is important to know about the program. An understanding of these six areas should provide both outsiders and stakeholders with a clearer idea of how the program operates, why the program has been successful, and how it could be improved.

a.. How stakeholders decide that CBR is needed

The intention behind this enquiry was to get a clearer idea of the organisational process that leads a community group or ASO to decide to undertake community-based research.

Organisations that have research as part of their mandate or annual workplan, or have dedicated research staff on staff, are more likely to engage in CBR. From a capacity-building perspective, the program focus for these organisations should be more on supporting and strengthening existing capacity rather than responding to requests for ad-hoc services. On the other hand, organisations that lack a research dimension to their regular work will depend more heavily on the advice and guidance of the RTA and require more hands-on, intensive support. The evaluation revealed that the majority of the program's stakeholders are in the latter category.

b. How stakeholders access the CBR program housed at BCPWA

This area of enquiry was intended to look into the institutional setting for the CBR program, hosted and housed as it is at one of the larger AIDS Service Organisations in the Province of British Columbia. The institutional setting for a given program can shape delivery in many ways. We were interested in just two of these dimensions: were stakeholders comfortable sourcing program services via the premises of the host organisation, and were the activities and services of the CBR program distinguishable as a services offered by BCPWA to its partners in service across the province? We learned that stakeholders were comfortable with the institutional setting but that more effort should be directed into building the profile of the capacity building program.

c. How staff delivers the program to stakeholders

Delivery is key to the success of a program-based service. The capacity building program has only one RTA but the stakeholders are scattered around the Province. What is the best way to deliver services to a clientele that is widely dispersed and represents significantly different communities (rural, urban, aboriginal, female, youth)? We discovered that no matter who they represented or where they were located, stakeholders placed a premium on the bridge-building and networking skills of the RTA, and looked to the capacity-building program to nurture and support collaborative arrangements with researchers and academia. This included engaging academics in debate around CBR and finding academic resources to support community groups during CBR.

d. What is required of stakeholders that participate in the program

There is no doubt that research is time-consuming and can be costly: two resources that are usually in short supply in ASOs and community based organisations. How taxing was the resource commitment required from stakeholders and how might the capacity building program accommodate and support resource strapped CBOs? Through the evaluation we learned that the lack of resources is a major limiting factor on the ability of stakeholders to participate in the program. One of the creative ideas that the RTA has developed to relieve pressure on organisations participating in the program is the CBR Internship with the Health Research & Methods Training Facility (HeRMeT).

e. What stakeholders consider to be the strengths and benefits of the program

Understanding the strengths and benefits of a program as perceived by stakeholders is central to shaping a program that responds to real needs. The discussion in this subject area centred on the desire of stakeholders to take more control of the research process and the importance of transferring and sustaining expertise within community based organisations.

f. What is required in order to improve/deliver the program more effectively

This is an obvious question for any evaluation not least one that is process-based. Suggestions brought forward during the evaluation will help the RTA to rearrange and reprioritise the work program for the next grant cycle 2007-2009.

Methodology

The data for this evaluation was collected through a series of focus group meetings and one individual meeting with stakeholders between April and June 2006. The framework and report format for the evaluation was developed by the RTA and David Clayton, a BCPWA volunteer with experience in social assessments. Working from the standard framework for process-based evaluations, six discussion points or evaluation questions were formulated. As discussed above, each of the questions corresponded to an area of interest to the RTA. The discussion points formed the basis of the focus group meetings with stakeholders.

The group interviews were facilitated by David Clayton with the involvement of Paula Migliardi, the Prairies RTA. Each focus group meeting lasted two hours and had an average of six key informants. All the meetings were conducted at the BCPWA facilities in Vancouver. Travel costs were provided to stakeholders from outside the Lower Mainland to ensure participation from across the Province. The complete list of participants in the focus group sessions can be found in the Annexes to this Report.

All the information collected through the meetings and interviews was qualitative and open-ended. After each question was presented, participants were asked to comment on the question and to advance suggestions or voice concerns around the issue that it raised. The main points of the individual responses were written down and the entire meeting was tape recorded.

The format for the evaluation was trialed in an individual meeting with one stakeholder in early April 2006. The first focus group, held later the same month, was a wide-ranging discussion intended to establish the scope of issues, ideas and suggestions. Recording and detailed notes were gathered and analysed prior to the following group meeting, helping to refine the questions and narrow the scope of discussion. The process was repeated during the second focus group session, with participants also being asked to respond to certain proposals and suggestions advanced by the first group. Discussion in the third group was more limited, with participants being asked to confirm or reject the central issues, ideas and suggestions raised by the first two groups. The final result is a distillation of the main ideas, concerns and suggestions advanced by the participants in the evaluation.

Concurrently, an inventory of the CBR capacity building program outputs since 2003 was compiled. In addition, three case studies were developed to showcase the community success of CBR. A review of all RTA activities and outcomes since 2003 was conducted. The results were compared with set work plans for 2004 and 2005. Seventeen key informants were consulted from January to July 2006 (See Appendix 1). The key informants attended three group interviews that utilized an iterative qualitative approach. Some key informants provided feedback verbally or via e-mail.

Limitations of the evaluation

The CBR capacity building program has been active in British Columbia since September 2003, meaning that the Program had been active just over two years when the evaluation was arranged. Due to a quirk in the timing for the BC program, the current round of funding did not become effective until 1 October 2005. Many of the activities supported by the program have yet to come to fruition, compromising the fairness of an outcome based evaluation. With the proposal call for the next round of program funding scheduled for August 2006, a process-based evaluation seemed better suited to the needs of the program and the RTA.

The preparation of the discussion questions, the open-ended format for the meetings, and the selection and recording of responses were made subjectively. This means that the findings and conclusions of the evaluation are subjective as well. Much effort was put into identifying points of common agreement and confirming the conclusions of one group of stakeholders with the next, but overall, the interpretations and conclusions remain subjective.

The premise of the evaluation is that the processes implicit and explicit in the RTA's approach to delivering the capacity building program can be improved. The findings and conclusions of the evaluation have relevance for all stakeholders but are more specifically intended for the use of the RTA. It is not meant to be a performance evaluation of the RTA.

The participants in the evaluation were heavily weighted in favour of the AIDS Service Organisations in the Province. Only one academic partner was represented in the discussions although the capacity building program has well-developed linkages with academics and researchers from various institutions around British Columbia. As a consequence, the evaluation leans towards process improvements that would be favourable to ASOs but not necessarily to the academic partners. Liaising with and promoting partnerships among and between AIDS service organizations and university researchers is one of the key objectives of the CBR program. Regrettably, the evaluation doesn't fully capture input on process improvements from these partners.

Interpretations and Conclusions

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This section of the report summarises the results of the group meetings in relation to the framework for the evaluation. It was created by synthesising the responses to the six questions at the centre of the evaluation.

How do stakeholders decide that CBR services are needed?

ASOs exhibit a high awareness of the need to do research. It is the path to better programs and more resources. It turns them into learning organisations from simple service providers. However, without some outside impetus the ASOs would probably not do research at all. There are simply not enough resources — time, money and human — to do a proper job. Even ASOs that have research as part of their mandate have difficulty assigning resources and writing research activities into annual work plans.

The RTA is therefore a vital resource for ASOs, helping them to fulfill obligations to their membership and to engage in activities with the potential to improve the quality of programs and service delivery. More frequently, however, ASOs tend to decide that CBR services are needed because funding organisations have specified a research requirement. Under these circumstances, ASOs often feel pressured to respond to a research agenda that is not necessarily something the community might have chosen. The RTA helps to bridge the gap, opening up dialogue around the benefits of research, explaining the outcome of engaging in research and organising community based research projects that produce useful information.

What then do the ASOs feel the role of the RTA should be?

- The RTA should assist organisations to understand the steps leading to research funding.

- The RTA should help agencies understand and negotiate through the agenda of funding agencies

- The RTA can support community agencies through the proposal review process, ethics committees, etc.

- The RTA could be a great source for contacts in agencies that need to create partnerships around certain projects a sort of research matchmaking.

How do stakeholders access the program?

The ASO community in British Columbia is quite small and the RTA's efforts to promote the CBR capacity building program have been quite successful. Although it is housed at BCPWA, most ASOs have began to become aware that the RTA's services are free, free of specific ties with BCPWA Society, and available to all provincial organisations as well as university counterparts. However, some of the stakeholders still thought that the capacity building program and the RTA's services were only for BCPWA. Only recently have some of the ASOs become aware they could access the services of the RTA for their own needs.

Stakeholders that had used the CBR capacity building program were satisfied with the ease of access (ie. via the RTA's offices at BCPWA) and the availability of the RTA's services. ASOs that had not already accessed the program didn't feel well informed about the program and suggested that an independent office for the CBR program might be a better, less territorial, solution.

Nearly all participants felt that a higher profile and more visibility for the RTA would help dispel the impression that the capacity building program was captive to one agency. People felt that more effort should go into communication, especially around the results of CBR research that has been carried out.

There was a great deal of satisfaction among users outside Vancouver with the RTA's willingness to travel and to support projects in smaller centres. Having the RTA come out to rural communities and see what is happening is essential. A bigger budget for outreach would help.

Interpretations and Conclusions continued

How does staff deliver the program to stakeholders?

The capacity building program is delivered to stakeholders through a combination of telephone, email and face-to-face meetings. No one seems dissatisfied with the current delivery method and no alternatives were suggested.

Some stakeholders want the RTA to take on a larger role as expert and authority on research activities and methods. ASOs want the RTA to help them structure proposals at the outset, to help them pull together data and materials in preparation for funding applications; and to help focus research on issues of relevance to the community.

Most ASOs see the connection to universities and students as valuable and desirable and the RTA as a bridge between ASOs and academics. The capacity building program and the RTA have helped to make research and academia accessible and relevant to stakeholders but most ASOs find it difficult to engage academics in debate around CBR and to find academics that will support community groups during CBR. The RTA should put emphasis on recruiting allies in the academic community and promoting the capacity building program with academics. One area where the RTA and academic counterparts could add value is supervising and backstopping researchers and facilitators from groups in towns outside major centres.

What is required of the stakeholders that participate in the program?

Stakeholders want the CBR program to help them develop research capacity, or in some cases, to ensure a research dimension to their organisation. But research takes time away from other activities. For community organisations it is a big commitment to engage in the research process. CBR drains resources away from other activities so financial support is essential

The lack of resources is a major limiting factor on the ability of stakeholders to participate in the program so creative solutions need to be found. Funds to help groups offset costs would help. If funds aren't available, partnerships might provide the necessary resources for more research or the focus of the research could shift to something that is creative and forward-looking instead of being a drain on resources. Tying projects to practical outcomes helps. CBR projects would be more successful if they were more broadly based and more community-based. The high turnover of (project) coordinators points to a need for the RTA to guide and support projects for success.

What do stakeholders consider to be the strengths & benefits of the program?

The key strength of the CBR capacity building program is the ability and knowledge of the current RTA. Having the RTA within the community (as opposed to in Ottawa or elsewhere inside government) is a huge advantage.

Key benefits for some stakeholders are to have engaged in all aspects of research proposal development and have had access to financial support for larger research projects. The "hands-on" approach i.e., through direct development of research applications encouraged participants to feel they can too play a role in research, not as experts but as practitioners in various capacities (e.g., critiquing existing ways of conducting research, providing feedback, aiding with specific components, making results accessible to their constituency and staff in simple ways).

The capacity building program and availability of RTA has given substance to the idea of doing CBR at the level of community-based organisations and has provoked discussion about the possibility of engaging in projects that would be enhanced by CBR.

What is required in order to improve/deliver the program more effectively?

1. Communicate frequently and clearly

- Updates on how the program is progressing

- Information on what's happening in CBR or within agencies

- Dissemination of the successes of agency projects through networks, e.g., PAN newsletter/e-news – simple news that a project got funded by CIHR and bullet point information on the project

2. Disseminate (key) research findings, research agenda and priorities

- Interpret, sift, refine, synthesise current research activities and direction for benefit of community organisations that do not have the time and resources to stay current.

- Understand research agenda and priorities

- Disseminate or create awareness about the CBR process itself: what have people obtained from participating in the project

- Get groups together to discuss problems encountered during research and to share problem-solving approaches to the specific problems.

- Increase face-to-face communication between agencies.

3. Strengthen linkages between organisations and community

- CBR program should have global focus – look at the issue not at the agency.

- Should be more of a team approach. Students or volunteers could supplement resources.

- Use CBR program as a vehicle to bring agencies together around a common problem.

- Engage with organizations/communities who may like to replicate the work in their own communities or engage them to evaluate what type of impact a project or the results of a project may have in their communities.

- Offer workshops on "How to do CBR" and who the major players are, how to liaise with them, etc. I think once folks know HOW to do the work and WHO is involved, the rest will fall into place more easily…with help from the RTA, of course.

4. Advocate for CBR

- Beyond the capacity building program, to be the voice from the ground that elevates the people's concerns to funders about their instruments and processes such as the application and review process, the "Common CV", Letters of Intent, and ethics review process.

Appendix 1: Key Informants

Name	Title	Affiliation
Jennifer Evin Jones	Executive Director	Friends For Life Society
Paul Lewand	Chair Board of Directors	BC Persons With AIDS Society
Sheena Sargeant	Executive Director	YouthCO AIDS Society
Andrea Mulkins	Consultant Researcher	
Ken Clement	Executive Director	Healing Our Spirit
Helen Kang	Intern	Health & research Methods Facility, Simon Fraser University
Daryle Roberts	Executive Director	Living Positive resource Centre (Kelowna/Okanagan region)
Ana Maria Bustamante	Volunteer Student	Simon Fraser University
Cindy Patton	Professor / Director	Health & research Methods Facility, Simon Fraser Universit
Cheryl Dowden	Executive Director	ANKORS, Kootneys region
Terry Howard	Coordinator	Prison Outreach Program – BCPWA
Carlene Dingwall	Executive Director	Positive Living North (Prince George)
Neil Self	Member, Board of Directors	BCPWA
Marcie Summers	Executive Director	Positive Women's Network
Miranda Compton		AIDS Vancouver
Vicky Bright	Case Worker/CBR researcher	AIDS Vancouver, Downtown East Side Women's research Project.

Appendix 2: Outputs and Outcomes 2003 – 2006

NOTE: In the following chart the three major goals of the RTA in British Columbia: (1) Technical Assistance (**TA**), (2) Partnership Facilitation (**PF**), and (3) Capacity Building (**CB**) have been fleshed out to show the breath of activities and the nuance encompassed in these three broad categories. The additional "community service learning" activities and work with staff and volunteers is also reflected in the far right column.

Year / Period	Activity Detail	Outputs & Outcomes	Agency Assisted	Other role associated with project or activity.
		2003		
September 2003 – November 2004	**TA & PF** – Environmental Scan included 10 site visits and 22 in-person and phone interviews.	Environmental Scan Report 2004		
September – October 2003	**TA** – Proposal Writing	Prevention gay bathhouse research project for ACAP.	BCPWA	BCPWA Board of Directors member
September 2003	**TA** – Abstract preparation XV International AIDS Conference Thailand	4 abstracts submitted, 2 accepted. ■ CBR RTA program ■ Prison Outreach Program	BCPWA & ACCH Edmonton, Alberta	Alberta RTA, San Patten.
October 2003 – February 2006	**PF, PF and ongoing advising** to Prison Outreach Program (POP).	■ Consultation and advice and training sessions on specific qualitative research methods for peers "Breaking the Cycle" HIV and prison recidivism. ■ Research formulation proposal submitted to Health Canada and funded by CIHR July 2004. Full proposal submitted to CIHR [November 2004], not funded, revised version resubmitted January 2006, not funded. Submitted to Canadian Foundation of AIDS Research (CANFAR) January 2006.	BCPWA, Prison Outreach Program (POP)	PWA peer researchers, HermET intern and Director.
October 2003	**PF** - CBR program Advisory Committee Meeting	Principles of CBR for Program. Governance of CBR program.	20 representatives of ASO inside/outside Lower Mainland, academics, and PWA.	Volunteer to coordinate event.
November 2003	**Promotional/Informational writing**	Newsletter or magazine aticle writing to promote program activities and/or discuss related issues	RTA program	

Year / Period	Activity Detail	Outputs & Outcomes	Agency Assisted	Other role associated with project or activity.
November 2003 – 2005	**TA** and **PF** – Collaboration with Director of Positive Prevention department at BCPWA (permanent advisor to Prevention Committee)	A series for theoretical research that supports the Positive Prevention definition spearheaded by BCPWA	BCPWA	Staff Director of Prevention Department
November 2003	**TA** – Proposal writing for POP to CBR in Health Canada	Grant proposal submitted and grant for a "formulation phase" allocated.		Lynnette Sigola - Volunteer
November 2003	**TA** – Proposal writing – MSM non identified as gay/bisexual/queer in rural areas. Activity continued in 2005 and 2006.	Grant proposal submitted to CBR Health Canada, not funded.	Positive Living Resource Centre, Kelowna, B.C.	
November 2003	**PF** - Speaking engagement to Board of Directors BCPWA on community based research and Environmental Scan	Inclusion of CBR in BCPWA Strategic Plan		
December 2003	**TA** - Consultation		Healing Our Spirit	Healing Our Spirit research coordinator.
2004				
February 2004 – March 2005	**TA and PF** Volunteer Impact Assessment, a qualitative survey on volunteering at BCPWA		BCPWA	Volunteer services directors, BCPWA, and volunteers, student from University College of Fraser Valley.
February 2004	Promotional/Informational writing	2 Articles for Living + Magazine	BCPWA	
March – April 2004	**TA** - Proposal writing and mentoring	Proposal for Health Canada PF Fund – P2P a HIV+ peer, not funded.	YouthCo AIDS Society & BCPWA	YouthCo staff person, BCPWA Director
March 6th, May 27th, 2004 and June 11th 2004	**PF** and **TA** and Mentoring of Positive Prevention Director and presenting findings at International Interdisciplinary Conference on Gender, Sexuality, and Health 2004, Adult Education Conference, University of Victoria, BC, and International Interdisciplinary Conference on Gender, Sexuality, and Health.	Abstracts for a series of iterative roundtables accepted, "Disruptive Resolutions: (Dis)Mounting Missionary Positions", "Ethical issues and the Role of Persons Living with HIV in Positive prevention" and "Disruptive Disclosures: A Roundtable to (Dis)Mount Missionary Positions" – refining of concept of "positive Prevention" for BCPWA committee.	BCPWA	PWA guests
June-August 2004	**PF** - Dissemination of research results from Community Health and Safety (CHASE) research project. This included workshops on qualitative research methods.	Design and implementation of community based peer led participatory campaign titled "Got Rock?" in DTES.	BC Centre for excellence in HIV/AIDS	Community Health & Safety (CHASE) peer researcher group and coordinator

Year / Period	Activity Detail	Outputs & Outcomes	Agency Assisted	Other role associated with project or activity.
June 28th – 30th	Conference presentation and professional development at the "Improving the Health of Our Communities Through Collaborative research" Conference, Portland	Presented on behalf of all RTAs to disseminate lessons learned from RTA program in U.S.	RTAs	RTAs
September 30th , 2004	**PF** - Speaking Engagement Interdisciplinary AIDS rounds, St. Paul's Hospital		BC Centre for Excellence in HIV/AIDS	Jane McCall - Nurse
October 2004 - May 2005	**PF, PF, & TA** - Consultation, project design, proposal writing, and implementation	Proposal to GlaxoWelcomeShire for "Three Days at the Fire Pit" workshop on CBR and HIV rural issues. Submitted and funded.	Positive Living North, Health and Research Training Facility (HeRMet) Simon Fraser University	Staff, UNBC academic. HeRMet Intern and Director.
September 2004	Promotional/Informational writing	1 Article for Living + magazine	BCPWA	
September 2004 to December 2004	**TA** - survey design for the Mission Abbotsford Needs Assessment Group		BCPWA Religious organization check the final report	**HeRMet** Intern
September 2004 to December 2004	**TA** - Consultation and mentoring on CBR methods' to The Solace Project"			Staff person, Gayway program for gay men's health at AIDS Vancouver.
October 5th, 2004	**TA** - Consultation to review Client Needs Survey for Gay, Lesbian, Bisexual Youth Group at the GLBT Centre, Vancouver.	Refine quantitative product.	GLBTQ Centre, Vancouver.	Staff person GLBTQ centre
October 20th, 2004	**PF** - CBR program Advisory Committee Meeting	Principles of CBR for Program. Governance of CBR program.	15 representatives of ASO inside/outside Lower Mainland, academics, and PWA	BCPWA Volunteer to coordinate event (Lola Brown)
October 2005 – December 2005	**PF , PF,& TA** - Collaboration and writing of Community University Research Alliance Letter of Intent – Social Sciences and Humanities Research Council of Canada (SSHRC)	Inter-provincial collaboration with Alberta RTA, partnership development with University of Northern British Columbia, Positive Living North, ACCH Alberta and HerMet facility at UBC. Letter submitted, successful.	Positive Living North, UNBC, Hermet SFU and BCPWA.	
October 2004	**PF** - Speaking Engagement – Co facilitated workshop on research and curriculum implementation of Positive Prevention principles	Abstract submitted and accepted. Scholarship granted to RTA to attend meeting.		

Year / Period	Activity Detail	Outputs & Outcomes	Agency Assisted	Other role associated with project or activity.
October 2004 – February 2006	**TA & PF** – Ongoing evaluation of SeroSupportive retreat for serodiscordant couples		Support Services BCPWA	Volunteers, support services staff.
November 2004 – January 2005	**TA** - Proposal writing for the RTA CBR fund at CIHR	Proposal submitted and funding granted	BCPWA	
November 4th – 7th, 2004	**PF** - Dissemination of research results on Positive Prevention and Speaking Engagement with BCPWA Positive Prevention Director Peter Hall. Hull, Quebec.	Literature review and iterative series of roundtables on the concept and applications of Positive Prevention.	BCPWA	
2005				
March - May 2005	**TA** - Dissemination of research results and abstract writing in collaboration with RTAs.	3 Abstracts submitted and accepted CUExpo: Community University partnerships Conference in Winnipeg	Living Positive North Nine Circles, Winnipeg BCPWA	**HeRMet** graduate Intern
February 3rd, 2005	CB Workshop on CBR and Positive Prevention	How to integrate and evaluate Positive Prevention concept across agency activities	BCPWA	Collaboration with prevention Department Director Paul Adomako
March 6th, 2005	**PF** - Keynote presentation at the Pacific AIDS Network		Pacific AIDS Network (PAN)	
March – May 2005	**TA** - Dissemination of research results and abstract writing in collaboration with RTAs.	3 abstracts submitted and accepted to the Canadian Skills Building Symposium, Canadian AIDS Society.		
May 2005 – ongoing 2006	**TA, PF and PF** in "The Living Well Lab".	Rapid Assessment Procedure, focus groups and literature review conducted Summer 2005. CBR research proposal for CIHR submitted and granted. RTA retained as Collaborator in funded project 1 Abstract accepted to International AIDS Conference 2006	Friends For Life Society (FFL), Westcoast School of Massage Therapy. BCPWA	Master of Social Work UBC Candidate, volunteer from FFL and **HeRMet** graduate Intern (Helen Kang)
May 17th, 2005	**PF** - Speaking engagement		BC Coalition for Health Promotion	
July 2005 – August 2006	**TA and PF** - "20 Years of Courage". Oral history project on the 20th anniversary of the foundation of the agency.		BCPWA	BCPWA volunteers and Volunteer Coordinator, UBC social work graduate student.

Year / Period	Activity Detail	Outputs & Outcomes	Agency Assisted	Other role associated with project or activity.
July 2005 – October 2005	**TA, PF and PF** - Inter-provincial collaboration, Consultation, advising, and partnership development of "Community University Participatory Inquiry designs" CUPID.	Three day workshop in Winnipeg, Manitoba. 1 CD resource with all products in PowerPoint format.	Nine Circles Health centre, Winnipeg Manitoba, BCPWA.	RTA Prairies Manitoba/Saskatchewan, **HeRMet** graduate Intern (Brian Richter)
August 2005 – December 2005	**PF** - Co-teaching of "Community Based research" graduate course at School of Social Work, University of British Columbia	Partnership with UBC School of Social Work, there students worked on HIV CBR related projects.	BCPWA.	Volunteer coordinator at BCPWA Oral History committee, Needs assessment committee, and Prison Outreach Program.
August 2005	**PF and PF** – Consultation with provincial HIV/AIDS Coordinator		Provincial health service Authority (PHSA)	Janice Duddy – HIV AIDS coordinator PHSA
September 2005 – Ongoing 2006	**TA, PF and PF** to the BCPWA Needs Assessment Working Group (NAWG). Design, implementation, analysis and dissemination.	"What you Get is What You Need?" in house survey of needs of BCPWA members who visit 1107 Seymour St. Community presentations about process and findings. Envisioning of provincial survey.	BCPWA	Simon Fraser University graduate volunteer student, UBC social work graduate student, and BCPWA peer volunteers.
October 2005 – ongoing	**TA** to MAKA Initiative: HIV prevention and care among women survival sex workers in Vancouver DTES		Women's Information and Safety House (WISH)	Coordinators Maka Initiative
October 27th – 30th, 2005	**PF & CB** Speaking engagements at the 5th HIV/AIDS Skills Building Symposium	3 oral presentations	BCPWA HeRMet	HeRMet intern Brian Richter
November 18th /19th, 2005 – Ongoing 2006	**PF and PF** - "Blink Once, Think Twice" PF workshop and consultation on Needle Exchange use in Victoria, B.C. Ongoing advising. Partnership development with UVIC professor Eric Roth.	2 day consultation and workshop/consultation with active drug users that access Needle Exchange at AVI	AIDS Vancouver Island (AVI)	Health Promotion director AVI (Heidi Exner). Needle Exchange staff.
2006				
May 2006	**TA** - Dissemination of research results and abstract writing in collaboration with Prairies RTA. CUPID in Winnipeg	Abstract for the Canadian Association of HIV Research (CAHR) submitted and accepted for poster presentation.	Nine Circles Health centre, Winnipeg Manitoba, BCPWA.	

Year / Period	Activity Detail	Outputs & Outcomes	Agency Assisted	Other role associated with project or activity.
June 2006	**PF** workshop at 10th Aboriginal HIV/AIDS Conference in Cranbrook BC.	Workshop	Pacific AIDS Network.	
January 2006 – Ongoing 2006	**TA** - Advising to "GaMMa" gay men and methamphetamine Group.		BCPWA, BC Centre for Excellence in HIV/AIDS	
January 2006 – July 2006	**TA** - Process Evaluation of CBR program housed at BCPWA	Focus groups with ASOs and academic key informants. Report for community	CBR Program BCPWA	Volunteer (David Clayton) and Prairies RTA.
February 8th, 2006	**PF** workshop: "Social Mapping" Demonstration.	Workshop	YouthCo, AIDS Vancouver Island, MAKA project Downtown East Side (DTES)	UBC Social Work
February 27th & March 30th, 2006	**PF and PF** with the Institute for Community Research, Hartford, Connecticut, US. & YouthCo AIDS Society, British Columbia.	2 Workshops Peer Advocates in harm reduction and ICR staff offered in Hartford CT and in exchange a Co-facilitated workshop was organized in Vancouver BC on novel ways of disseminating drug use research for all Vancouver HIV community at YouthCo, Vancouver, BC to co-present "breaking the Cycle" and "Rolling and Dustin' in Hartford" a research dissemination activity.	YouthCo, BCPWA, Institute for Community Research, Hartford CT.	
February 2006	**PF** - "Blink Once, Think Twice" PF workshop on consultation at Needle Exchange use in Victoria, B.C. at the Pacific AIDS Network annual skills building symposium	Workshop	AVI	Health Promotion director AVI (Heidi Exner)
February 2006	**TA & PF** - Dissemination of research results and abstract writing.	2 Abstracts submitted to the XVI International AIDS Conference in Toronto and Global Village application in collaboration with all RTAs.	Friends for Life, BCPWA	BCPWA staff, FFL, Prairies RTA
January 2006 – Ongoing	**TA and PF** - Consultation and ongoing advising with YouthCo AIDS Society on a Needs Assessment of young gay men's health in the City of Vancouver	Draft plan for literature review and Needs Assessment and process evaluation.	YouthCo AIDS Society	E.D. Sheena Sargeant, Suzanne de Castell, professor, Faculty of Education, Simon Fraser University.
April 2006 - Ongoing	**TA and PF** - Advising on "Nutrition and HIV" for The LifeSkills Centre, DTES, Vancouver, Friends For Life, and A Loving Spoonful	Preliminary action plan and design of evaluating for nutrition and HIV peer groups.	LifeSkills Centre	Executive Directors

| Year /
Period | Activity Detail | Outputs & Outcomes | Agency
Assisted | Other role associated
with project
or activity. |
| --- | --- | --- | --- | --- |
| May 30-31 | **CB** - BC Aboriginal AIDS Conference, Cranbrook, B.C. | Workshop on Social Mapping as a qualitative technique to assess issues specific to Aboriginal communities. Collaboration with CAAN RTA – Jann Ticknor | | |
| June 28 - 29 | **CB** - Red Road Aboriginal HIV/AIDS Network's Quarterly Meeting in Nanaimo B.C. | Workshop on Social Mapping as a qualitative technique to assess issues specific to Aboriginal communities. | Red Road | |
| July 2006 | **TA & CB** Assessment of HIV prevention, information, services and support needs African communities and in the City of Vancouver and the Lower Mainland | Survey for the needs assessment, focus group to evaluate drafts of survey. | National Congress of Black Women of Black Women Public Health Services Agency (PHSA) | Victoria Nalugwa, volunteer. Nalda Calender Janice Duddy. |
| July 2006 – December 2006 | Internship program of six UBC Social Work students | Students to work on thee different projects Provincial Needs Assessment BCPWA AIDS Vancouver CBR workshop Volunteer project | | Pilar Riano, Assistant Professor, School of Social Work, UBC |

Appendix 2: Four Case Studies

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One case Study:
How RTA and university collaborate with ASOs

Got Student, Will Travel: Community-University Partnership Experience in HIV/AIDS Community Based Research in British Columbia

Case study prepared by Brian Richter (Health and Research Methods Facility, Simon Fraser University) & Francisco Ibáñez-Carrasco.

Necessity is the mother of all inventions. The British Columbia Research Technical Assistant Community Based Research Capacity Building Program (henceforth CBR Program) is a modest time-limited grant ($80.000 annually) housed in a non profit consumer driven AIDS empowerment agency. An alternative way of rendering a diversity of research facilitation services with one staff person was found by engaging volunteers, established academics and, university students in CBR. The experience of offering CBR services through an Internship model akin to "service learning" provides a number of lessons for CBR practitioners, community developers, and university researchers.

This case study outlines some elements of the experience and mechanism of a unique service learning model in community based research. It also outlines some challenges and benefits of establishing and sustaining community-university partnerships. In addition, it provides clues about the experience of promoting and conducting social scientific, health related research in Canada.

CBR can range from large scale, top-down conventional schemes to localized, intimate, short term and intentionally functional research. Due to its mandate and funding requirements, the RTA CBR program focuses more often on the latter type of research. Service learning fits well with community based research. "Service learning", also called "community service learning", is a methodology by which students have the chance to "improve the community and invigorate the classroom, respond to the needs of the community, build self-esteem, and develop

higher order thinking." (Kahne & Westheimer, 1996 In Cipolle 2004; also see Eyler 2002 and Saltmarsh 2005). Cipolle defines service learning as "a learning strategy in which students have leadership roles in skilfully organized service experiences that meets real needs in the community." A number of educational components such as student's situated learning and the community-institution relationship separate service learning from "community work", "volunteerism", "peer involvement" and other modalities (Hetch 1999). The motto of the BC Persons With AIDS Society (where the CBR program is housed) is "From our personal struggles and challenges come our courage and strength" which is congruent with the definition that "service learning is grounded in how learning occurs" (Cipolle 2004). The model has its limitations in that it may, in some cases, add to the workload of the community based researcher in supervision and mentoring hours.

Players

RTAs are funded through Canadian Institutes of Health Research (CIHR) and mandated to develop community-based research (CBR) capacity among AIDS service organizations (ASOs), academics and other research partners. This mandate allows for and requires flexibility in addressing all the requirements of communities requesting and needing assistance, and at the same time places an extensive amount of work of the shoulders of whomever holds this position.

HeRMeT (at Simon Fraser University) integrates community-based research with health promotion in real-world settings, and - in particular - with investigation of applied research methodologies and their application to public health issues. The programs of research undertaken in the facility cross sectors and disciplines in health care and health education while increasing the ability of consumers to participate in and utilize the results of health research. HeRMeT is a physical and conceptual space created by Dr. Cindy Patton, Professor in Sociology/Anthropology and Women's Studies at Simon Fraser University and holder of Canada Research Council (CRC) Chair in Community, Culture and Health. The facility was created and runs under the guise of mandate of this CRC Chair position.

The facility strives to engage in CBR that is supportive and both immediately and lastingly beneficial to community groups and members, avoiding university-centred projects by refusing to create CBR grounded at the university level. The rationale for HeRMeT is that if projects are not grown from the (often marginalized) communities which request and need assistance in addressing HIV/AIDS issues, then projects fundamentally lack what is needed to be called CBR. While not entirely disputing the usefulness of some university-based community research, the facility's position on CBR, particularly with regards to ownership of project outcomes and both short and long project benefits and support for communities guides how relationships are approached and formed.

How the CBR Internship Works

One of the most complex aspects of engaging in CBR is building strong and lasting relationships with community groups. These communities are often marginalized, ignored and have not had particularly good relationship experiences with the research community, particularly those rooted in the university. The RTA position is designed to be supportive and engage communities through provincial non-profit AIDS service organizations (ASOs) and groups. These existing relationships between the RTA and communities throughout the province have allowed this model of collaboration to develop.

Because there exist a number of ASOs and communities that require assistance with a variety of research throughout the province, and the RTA is one person operating on a shoestring budget, an opportunity was seen to foster a relationship which could channel more assistance to communities in need. However, it is not always realistic for HeRMeT or other university outfits or teachers to directly contact these communities and begin working with them. Community relationships must be strategically fostered. It was decided that HeRMeT could provide skilled students whom which the RTA could work with to help support community research projects that they were presented with.

In its most skeletal sense, the model works as follows: The RTA brings to the attention of HeRMeT, projects that he has been approached by community ASOs about that require support and that may be able to benefit from HeRMeT's involvement. From there, we negotiate whether HeRMeT has the necessary resources and skills to contribute to the community's needs.

This entails asking a few questions. Is there a student (intern) within HeRMeT who has the skill set to match the required work of the project and if so, does HeRMeT have the monetary resources to sufficiently support both the intern throughout the project as well as possible support fort the community following the official duration of the project? The CBR projects and agencies to be assisted are chosen by following a somewhat intuitive assessment of the level of need, existing capacity and preparedness for CBR, and long term commitment to this kind of work in requesting AIDS service organizations. In this respect, the RTA and the intern academic associate practice a discreet form of "*triage*".

Once it is established that a good "fit" exists, the RTA brokers a relationship between the HeRMeT intern and the ASO and community who requested assistance. Because the RTA has worked hard to establish trusting relationships with communities, it enables some degree of trust to be extended to the intern when the RTA fosters this relationship. However, it still takes a great deal to build upon this initial relationship. Once this relationship is established, the project can proceed.

The RTA essentially works as the hub, supervisor, and coordinator for the duration of CBR projects under this model. The HeRMeT intern, once the project is established, functions relatively separate from the actual HeRMeT facility. Their main objective is to fulfill the goals of the research project and support the community. The RTA is in charge of deciding the scope of the intern's involvement and may adjust it according to how the project is proceeding. This allows for the best possible support and outcome across various projects.

Funding

Funding for the HeRMeT facility is key in having allowed this particular model of CBR to develop with the RTA and community groups. Like research at all levels, funding often dictates how much work can realistically be accomplished and perhaps more importantly, exactly what work can be done and whom results are beholden to. Funding for the facility is gained under both the guise of Dr. Patton's CRC position and position as SFU faculty. Because grants are written with community-based research support built into them, and some are with the rationale of fulfilling Dr. Patton's CRC mandate, there exists a degree of flexibility in fostering various types of community work.

The Work

The CBR Internship is flexible; it allows us to engage in a wide range of projects, both in respect to types of work and duration of time. To date, we have engaged in collaborative projects that are relatively short, spanning a couple months and projects much longer in length, spanning over a year. Through the various projects we have taken part in over the last couple years, we have experienced a high degree of success based on our individual goals and review of projects as well as based on feedback from other partners and communities involved in each of these projects.

One example of project work shorter in duration is involvement in helping communities complete needs assessments. Successfully determining a community's needs assessment can require the employment of a variety of tools, such as questionnaires, focus groups and interviews. There can exist a great deal of misconception over both the skills needed to successfully complete these assessments and the time and resources that are required. Our goal is to assist communities in completing what work they would like done, but doing this in a collaborative manner. *The three case studies that follow this first case study are designed to offer examples of this CBR Internship model of community service learning.*

Another primary goal of the CBR Internship is engaging in capacity building. Community groups are rich with skills and abilities, although they are often unrealized or conceptualized in alternative manners. Although our model is designed to provide varying levels of assistance in carrying out projects such as needs assessments and rapid assessment procedures, the end goal is to assist while building lasting supportive relationships and transferring as many skills as reasonably feasible.

Who Gets What?

In describing the collaborative CBR Internship, it is important to discuss the experiences of all the parties involved in these projects. What can academics expect to get out of this collaborative type model? Likewise, what can students, the RTA, and most importantly the community get out of this model?

What the Community Gets

- Free specialized work and project related resources. However, our experience shows that but not always knowing what to request or how to use resources.
- Knowledge Translation skills: how to talk to funders, academic and other agencies/staff

- Legitimacy of what they already knew and gaining access to networks
- Differentiating research from programming & from evaluation.
- The problem of "transient populations", the workers in small non-profit organizations (BC CBR Environmental Scan 2004)

What the Academic Gets

The type of community-based research this model is designed to work within, is not the same type of community-based research that has been gaining popularity in the university over the past several years. Because the majority of newly popular CBR grows from the university, partaking in CBR that grows from the community may be harmful or undesirable for lower ranking academics that rely upon strong university research and performance to solidify their career. Bluntly stated, being involved in the type of CBR model may constitute professional suicide. Evidence exists that faculty agenda's are shaped by the realities of their profession and their particular disciplines, that applied work is not encouraged by the peer-review and tenure-track system, and that research funding "often support more traditional, academically oriented as opposed to applied types of research. Thus faculty faces very concrete pressure to mold their research, or to avoid certain kinds of research such as community-based research, to fit academic requirements for rewards and advancement within the field" (Ferman & Hill 2004). Thus, academics need to be cautious with regards to career preservation and their academic's degree of establishment has an impact on the community projects and relationships.

What the Student Gets

The student intern has a great deal to gain from participating in the internship program we have created. These include learning and expanding a vast number of skills and building strong community ties and relationships. While these gains can be substantial, they require a great deal of work and should be accompanied by a careful understanding of the sometimes complicated set up circumstances the student can experience.

As mentioned above, students involved in this model of community-based work are selected and placed in projects based on how their skill sets fit the needs of community-based projects. We attempt to create a balance whereby the students are able to complete all necessary work, but are challenged in a way which requires they expand their skills. On the one hand, the student is supposed to serve as expert, free labour in the eyes of the community. On the other hand, they are very much a student, engaging in skills building and learning about how to successfully and respectfully engage in CBR.

Many of the skills attained by the student are transferable between academic and non-academic work. Tools like questionnaire creation and analysis, curriculum building, working in groups and building long term relationships can be utilized in future CBR or within university-based research projects. Students may find however that not all skills and lessons are transferable to academic life due to potential conflict with university values and practices. Although there has been an increase in community-based research within the university, this community-research has largely differed from the organic type community rooted research that we engage in.

Research ownership and ethical standards can dramatically differ inside and outside the university. The student may learn a very different style of collaborative work, such as how to negotiate ethical practices throughout projects. Gaining informed consent in many communities may entail only obtaining verbal consent and written consent may be unacceptable and violate respecting community standards. This runs contradictory to university practices, which have rigidly developed ethical standards that are first and foremost designed to legally protect the university from liability and much less designed to intelligently protect those involved in research projects.

Discussion: What Works Well and What Doesn't
We have experienced a great deal of success with this CBR internship program. This success has been the result of hard work and strong relationship building. There are a couple aspects which we feel have been exceptionally important to the success of this program and which makes it standout from many other types of CBR programs.

Informality has played an integral role to the program. While this may at first seem a counterintuitive term to use in reference to a strong CBR program, it is quite intuitive when we think about community relationships. Because work and relationships within communities by nature vary a great degree, an approach that was rigid, formal and inflexible would result in only occasional success. Maintaining the ability to exercise flexibility in forming working relationships and around ethical issues has been vital toward participating in productive CBR.

Secondly, our intern program has avoided common pitfalls associated with giving students academic credit or formal evaluation for their work. Students who engage in this work are part of the program because the research and style of CBR work we are participating in

is of interest to them and compatible with their skill sets. It is contrary to our philosophy for the student to use the work as direct research toward their thesis or dissertation. Granting academic credit or formal evaluation would provide no valuation to our goals while contributing significant complications.

Providing credit would be a burden to the student though extra motivational concerns resulting in distractions from the project at hand. Why the program we have designed certainly aims to achieve education for the students involved, assisting communities in carrying out research is first and foremost in priority. In addition to creating an extra distracting dimension for the student, having credit or formal evaluation burdens the RTA with taking on an additional role. Because the RTA does work as the supervisory coordinator of how the student functions within the project, it would require that they then be asked to assess the students work from the university's perspective, adding another distracting and ultimately conflictual aspect to each project. ⊔

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Three Case Studies: How RTA and Program collaborate with ASOs

THREE DAYS IN THE FIRE PIT

This project began in April of 2004 when Positive Living North (PLN), a non-profit ASO in Prince George BC, contacted the RTA and expressed their wish to put together a collaborative project with central and northern BC communities to discuss Aboriginal HIV issues. The RTA was aware of GlaxoSmithKline holding a grant contest for non-profit ASO to apply for up to $15,000. The RTA approached HeRMeT with the possibility of a student intern collaborating on the project.

At that point the intern came aboard the project with the idea that they would assist PLN in creating the grant application and budget as well as develop and coordinate the development of the project if funding was obtained. PLN, the RTA, a professor at the University of Northern British Columbia and HeRMeT formed a working collaborative relationship to develop the project plan. This plan was to hold a 3 day educational, relationship networking and exploratory workshop in Prince George.

Upon successfully receiving funding on the grant, and with substantial in-kind contribution from the RTA and HeRMeT, the project moved forward. The collaboration then shifted toward coordinating putting together the workshop which involved creating structure, activities and curriculum for the workshop as well as making decisions about inviting partici- pants, and organizing all travel and accommodations. The entirety of the project involved a high degree of cooperation and collaboration between all groups. The workshop, which occurred in April 2005, was very successful. Participants were able to discuss a variety of issues relating to HIV within their communities and develop the actual beginnings of potential

research and present them to official health authorities who were invited to attend the end of the workshop.

Three Days in the Fire Pit was such a great success due to the collaboration that was established between all parties. There are hopes that future collaborations may grow out of this project. Currently PLN has been included in at least one HeRMeT based project and it is planned for HeRMeT to support future community-based projects throughout the Northern commu- nities that were part of the workshop.

CUPID in Winnipeg 2005

The Community University Participatory Inquiry Designs (CUPID) workshop is a dynamic model of capacity building in community based research (CBR) adaptable to local research contexts and issues. A "learning by doing" format is based on Paulo Freire's popular education initiatives; it practiced what it preached by involving its designers in a series of collaborations from the start. CUPID in Winnipeg 2005 was an inter-provincial collaboration where a university intern student was instrumental in brokering the language and practice of the community partners while having to apply administrative and leadership skills. The expectations and needs of the community and the health authority funder had to be balanced.

A number of working meetings of the community organizers also served as debriefing and reflection for all involved. Three months of preparation work culminated in two days when CUPID participants work through the generic stages of CBR within a "finding the treasure" format — a series of envelopes with clues hidden in the facilities — to produce feasible and engaging research proposals that can be immediately promoted in their communities.

Guided by facilitators, each group systematically builds a CBR proposal about a relevant topic by opening in sequence a series of envelopes with a list of possible strategies, choosing the most appropriate one, and deciding how to implement it. For example, "consulting with key informants and stakeholders in a community" is the most likely step before "deciding on a research question".

CUPID learning is supported by four 30 minutes mini-lectures on the main principles of CBR, ethics, most common qualitative and quantitative methods, and evaluation. The group energy is sustained by constantly rotating the facilitators and at least one of the group members who consult and advise in other groups. The workshop ends in brief PowerPoint/flipchart and/or verbal public presentations of the CBR proposal. The RTAs and the intern had the chance to facilitate at least one of these mini-lectures.

In Winnipeg 2005, thirty one participants from frontline voluntary sector workers, public health workers, funders, and academics worked in groups pre-assigned by issue affinity: Aboriginal communities, youth, women and HIV, immigrants and refugees and HIV, and first and second generation immigrant youth and sexuality in Canada. The objectives were to create awareness of the elements of a CBR project and to encourage them to be critical readers/audience of all kinds of research.

The pre and post evaluation showed participants were animated by the playful format, intended to engage in CBR in the future, and had acquired a greater understanding of the complexity of research projects in general without being intimidated by it.

Also, consulting with participants about topics of concern before the workshop established unified working groups and this led to a "realistic" experience. In Winnipeg 2005, participants tackled research issues such as the "controls female sex trade workers have with condom use with primary partners versus business partners". In terms of the process, the greatest challenge was to engage the health authority funder representative in a playful format that did not seem serious and efficient.

The Living Well Lab

Since 1993, Friends For Life Society (FFL) has provided free complementary health therapies to people living with a life-threatening illness such as HIV/AIDS and cancer (including naturopathy, Traditional Chinese Medicine and massage). Guided by this mandate, in January 2005, the FFL gathered an ad hoc committee of community partners to find ways of opening a self-standing free Complementary and Alternative Medicine (CAM) clinic in the City of Vancouver. This ad hoc committee invited the RTA to seek guidance on how to integrate research and evaluation into this idea. The RTA recommendation was to gather evidence through CBR by assessing the impact of CAM in the Quality of Life and rehabilitation of people living with HIV/AIDS.

There was a strong agreement that CAM supports people living with HIV/AIDS and that research into its impact is often neglected. CAM encompasses a broad spectrum of health practices: modalities (e.g. acupuncture), therapies (e.g. naturopathy), and complementary lifestyles (e.g. yoga). CAM benefits include gaining a sense of control over their wellness, feeling better about themselves, managing drug treatment and disease impact, developing effective relationships with their conventional health care providers, and feeling satisfaction with the services that differ from conventional medicine.

To support the vision of creating a sustainable non-profit CAM clinic with a CBR institute, a Rapid Assessment Procedure (RAP) was proposed by the RTA. The idea was welcomed and the RTA put together a team to conduct the RAP in the summer of 2005. It consisted of a literature review on CAM, focus groups and individual interviews on the impacts of CAM on PHAs and expectations about a CAM clinic with a research component. It identified that practitioners and frontline workers envision a democratic, community governed and open CAM Clinic and research institute. A Masters student from the School of Social Work worked and an intern from the Health and Methods Research Facility at Simon Fraser University (HeRMeT) worked on this project.

A research proposal to the Canadian Institutes of Health Research (CIHR) was submitted based on the RAP findings. In March 2006, The Living Well Lab was funded by CIHR for a two-year longitudinal cohort study to measure the health and quality of life outcomes of 500 PHA members. A qualitative sub-cohort of 100 PHA members will be followed to gather data on outcome setting and lived experience. Next steps include designing a user-friendly database to aid CAM users with self-monitoring, setting a Community Advisory Group to govern the process and a social marketing campaign aimed at wellness, and community updates.