SUBJECT INDEX

A
Academic community. See University institutions
Academic-community partnerships. See CBPR partnerships
Accountability: difficulties in defining, 365–366; researcher/community mutual, 243–244
Action: data collection as essential part of taking, 307; in-depth interview feedback to help plan, 311; in-depth interview interpretation used in, 311–312; Inspirational Images Project forum for planning, 340–341; integrating research and advocacy, 389; moving from interpretation of interviews to, 312–313; Planning Grant planning for, 319–320. See also Policy advocacy; Policy change
Action item, 60
Action research discussions, 4
Action science/inquiry discussions, 4
Activist scholar traditions, 36–37
Advocacy. See Policy advocacy
African Americans: HEP focus groups inclusion of, 112; HEP survey inclusion of, 117, 118; Inspirational Images Project on breast cancer survivors, 328–345, 338/fig; Promoting Healthy Lifestyles Among Women study on, 148–162. See also Racism
Agency for Healthcare Research and Quality, 6
Agendas: open communication facilitated by, 58–59; Robert’s Rules to get through, 58
American Heart Association, 119
American Journal of Public Health, 6
American Lung Association, 235
AOCAD (action-oriented community diagnosis): challenges and limitations of, 94–96; described, 14; examining case example of, 15; lessons learned and implications for conducting, 96–97; multi-disciplinary approach of, 95; origins of, 79–81; purpose of, 74, 78–79; research design and methods used in, 81–84; UVE application of, 79–81, 84–94
AOCAD forum planning committee, 83–84
AOCAD research design/methods: case study research design, 82; constructivist research paradigm, 81–82; data collection and analysis, 82–83; dissemination, 83–84; duration of, 84
Apsáalooke language, 135–136, 141
Apsáalooke Reservation: CBOs found on, 130; community setting of, 129; cultural issues related to
interviewing on, 132–133; interviewer training manual developed on, 132–137; MFH (Messengers for Health) conducted on, 128. See also MFH (Messengers for Health); Native Americans


Asthma triggers study (CAAA), 287–305

Asthma triggers study (Health Homes Project), 231–245

Authorship: approval of abstract, 295–296; ground rules for coauthorship and, 291–292; selecting lead coauthors and, 296

B
Block Environment Inventory, 169
Bootheel Heart Health Coalitions, examining case of, 18–19
Breast cancer survivors study, 328–345, 338fg
Breast and Cervical Health Project, 130
“Broken windows” index, 170
Brotha How’s Your Health, 195
Brown University, 374
Butzel Family Center, 149

C
CAAA (Community Action Against Asthma): community forum organized by, 299–300; dissemination committee formed by, 288–293; examining case example of, 18; objectives of, 170; overview of, 286–288. See also MCECH (Michigan Center for the Environment and Children’s Health)

CAAA dissemination committee (DC): approving abstracts/abstract authorship for presentations, 295–296; challenges faced by, 300–302; establishing ground rules for coauthorship, 291–292; establishing procedures for feedback to community and participants, 293, 297–300; formation of, 288–293; guidelines for decisions/activities of, 294t–300; handling requests for use of data, 296–297; lessons learned/implications for practice from, 302–304; selecting lead authors/coauthors for manuscripts, 296; transition to SC (steering committee) from, 293

CAAA Environmental Checklist, 170, 174–175

CAAA Steering Committee, 170

Cal/EPA (California Environmental Protection Agency), 378

Cal/EPA Environmental Justice Advisory Committee, 382, 383, 384 California Air Resources Board, 378

The California Endowment, 375, 388

California Wellness Foundation, 388

Case study research design, 82

CBE (Communities for a Better Environment), 373, 374, 385–386

CBEP (community-based ethnographic participatory research): as approach to development of culture-specific interventions, 212–213; described, 17, 105–106, 211; ECH (El Centro Hispano) experience using process of, 213–227. See also Ethnography

CBO strategies: 1: reflecting on institution’s capacities to engage in partnership, 36–38; 2: identify potential partners using networks, associations, and leaders, 38–41; 3: negotiate/reframe ultimate health issues for research, 41–43; 4: for using structures to sustain partnerships, 43–47; listed, 35

CBOs (community-based organizations): Apsáalooke Reservation, 130; background information on, 31–33; controlling power relationships/racism in, 41; cultural humility incorporated into, 41; four strategies to help create, 35–47; starting places for, 33–35. See also Communities; NGOs (nongovernmental agencies); University institutions

CBPR (community-based participatory research): approaches to environmental justice using, 375–384; CBPR blend of ethnography and, 17, 211–227; competencies relevant to following principles of, 80–81; distinguished from other research approaches, 11–12; health disparities studied using, 9–11; impact on tenure/promotion guidelines, 46; increasing use and interest in, 4–6; knowledge-based goal of, 5; using photovoice as, 326–345; principles of, 6–9; used in public health and related fields, 5; relevance for professionals of, 5–6. See also PPR (participatory policy research); Research
CBPR partnerships: adapting to transitions in participation, 323; addressing conflict in, 65–66; building organic relationships within, 388; CBOs (community-based organizations), 31–47; characteristics of, 52–53; co-facilitation by each partner in, 322–323; decision making in, 58, 66–67, 341–342; developing trust, 60–61; diverse, 67–68, 302; documentation and evaluation of, 68–69, 255–274; equitable participation/open communication, 55–59; establishing norms for working together, 59; goals and objectives of, 61–62; group membership of, 55; identifying community strengths and concerns, 34, 62–63; integral factors in effective, 53–54; open communication in, 323; power and influence balance in, 64–65; SCEJC to promote environmental justice activism, 371–389; shared leadership of, 63–64; strategies for working in diverse partnerships, 67–68. See also University institutions

CBPR principles: 1: acknowledges community as unit of identity, 7; 2: builds on community strengths and resources, 7; 3: facilitates collaborative, equitable partnership, 7–8; 4: fosters co-learning and capacity building, 8; 5: integrates and achieves knowledge generation/intervention balance, 8; 6: focuses on local public health problems, 8; 7: involves systems development, 8–9; 8: disseminates results to all partners, 9; 9: involves long-term process and sustainability, 9; competencies relevant to following, 80–81; used in evaluations, 251–252

CCHS (Chicago Community Adult Health Study), 169, 173, 174

CDC (Centers for Disease Control and Prevention): assessing partnership role of, 264; CRN (Community Reintegration Network) supported by, 353; Project DIRECT funded by, 196, 200; Urban Research Centers program of, 4; URC financial support by, 148

CDC’s Division of Nutrition and Physical Activity, 149

CDC’s REACH, 149

Centered-research, 4

El Centro (Hispanic newspaper), 117

Cervical cancer mortality rates, 129

CES-D (Centers for Epidemiologic Studies Depression Scale), 170

CHASS (Community Health and Social Services Center), 149, 159

Children’s Environmental Health Research Initiative (NIEHS), 286

Children’s Health Initiative (NIEHS), 4

CHWs (community health workers): mapping planning meetings held by, 190–191; preprinted maps used by, 192–193

Co-facilitation, 322–323

Coding methods, 83, 265

Columbia University Children’s Environmental Health Center, 45

“Coming Back to Harlem from Jail or Prison” (CRN report), 363

“Coming Home from Jail” (CRN report), 363

Communication: importance of open, 55–59; importance of partnership, 323. See also Language

Communities: accessing assets and strengths of, 34, 62–63; action-oriented assessment of leadership in, 39–40; AOCD to identify dynamics/relationships within, 74; CAAA dissemination committee guidelines for giving feedback to, 293, 297–300; CRN project examining reentry from jail to, 281–282, 352–367; data judo process used by, 375; ensuring benefits from focus group interviews to, 162; having reputable connections in, 161–162; improving environment through active involvement by, 385–386; using members as data collectors, 240, 244–245, 301, 309–310, 315–317, 342; mutual accountability of researchers and, 243–244; reservations about neighborhood observation by, 183; socioeconomic position and health disparities in, 167–168; windshield tours of, 63, 87. See also CBOs (community-based organizations)

Communities for a Better Environment (CBE), 373, 374, 385–386

Community Action Against Asthma Environmental Checklist, 170, 174–175

Community Action Against Asthma. See CAAA (Community Action Against Asthma)

Community facilitators, 149

Community Forum (breast cancer survivors photovoice), 339–341

Community Forum (CAAA), 299–300
Community Forum (CRN), 359–360
Community Forum (Efland-Cheeks), 92–94
Community health advocates, 149
Community Health Scholars Program (UNC-CH), 4, 85, 195
Community Outreach and Education Program (COEP) [HEP], 109, 119
Community-based ethnographic participatory research. See CBEPR (community-based ethnographic participatory research)
Community-Based Participatory Research for Health (Minkler & Wallerstein), 12
Community-Based Public Health Initiative (W. K. Kellogg Foundation), 4, 44
Confidentiality: by Apsáalooke interviewers, 138–139; respecting, 61
Conflict: addressing CBPR, 65–66; establishing norms for, 66
Conflict resolution, 66
Consensus: AOCD construction of, 84; decision making through, 67
Constructive controversy process, 66
Constructivist research paradigm, 81–82
Cooperative inquiry, 4
Council on Practice of the Association of Schools of Public Health, 46
CRAs (community research advisers), 333, 335
Critical action research, 4
CRN (Community Reintegration Network): accomplishments of, 363–364; City Council hearing goals of, 362; impact of jail service costs on, 362; lessons learned and implications for practice from, 366–367; meetings with executive branch officials, 361–362; meetings with legislators and staff, 360–361; methods used during, 354, 356–357; objective of, 281; overview of, 352–353; participatory research team developed for, 353–354, 355r; policy reports by, 363; PPR approach used by, 281–282; PPR limitations and challenges for, 364–366
Cross-cultural issues. See Cultural competence; Cultural humility
Crow Tribal Health Board, 130
Crow Tribal Legislature, 130
CSIs (culturally-supported interventions), 42
CUES (Center for Urban Epidemiologic Studies), 353, 354
Cultural competence: comparing cultural humility and, 41; ensuring that dissemination is done with, 302; as professional goal, 10
Cultural humility: academic-community partnership incorporation of, 41; comparing cultural competence and, 41; described, 10, 41; exposure assessment approached with, 239–240; as interview consideration, 132–134, 140–141, 142. See also Ethnic/racial issues
Cultural interpretation, 105–106
Cultural safety: achieved within CBPR partnership, 11; applied to medical education, 10; defining, 11
Data collection methods: photovoice, 19, 326–345; qualitative and quantitative, 257, 259; questionnaires, 107–108, 114–115, 259–260, 266–269. See also In-depth interviews; Surveys
Data collection/analysis: AOCD approach to, 82–83, 86–91; environmental health research using secondary, 378–389; as essential part of taking action, 307; field notes used in, 87–88, 211; grounded theory used in, 332, 336–337; HH (Seattle–King County Health Homes Project), 236, 238–241; by Hispano Unidos, 204–205; in-depth interviews for, 310–311; key informant interviews for, 88–91; participant observation for, 86–88; photovoice, 335–345; using preliminary findings to guide future, 336; profile questionnaire used for, 95; secondary data gathered for, 86; sensitivity to embarrassment issues of, 244; surveys for, 102–103; URC method used for, 18, 153–154, 156–158, 264–266, 326–269; by Your Crib project, 198–200. See also Focus groups; Observation; Research
Data collectors: matching ethnicity of participants and, 240; quality control/reinforcement of protocols in, 244; training community members to be, 240, 244–245, 301, 309–310, 315–317, 342
Data judo process, 375
Decision making: achieving equitable power among partners for, 341–342; consensus, 67, 84; decentralized, 65; deciding on process for, 66–67; majority rules, 58
Daniel, M., 255
SUBJECT INDEX 471
Detroit Community–Academic Urban Research Center (URC), 56, 64
Detroit–Genesee County Community-Based Public Health Initiative, 68
Dissemination: AOCD approach to, 83–84; balance between feedback to community and, 301–302; CAAA approach to, 288–304, 294; to enhance participation in environmental policies, 380–382; of HEP survey, 119; importance of, 279–280; interviewer training manual on, 137; media strategies used for, 380–381; PowerPoint presentations used for, 381; results available to all partners, 9; Rose Bowl Principle applied to, 291; timed so that findings influence policy process, 367. See also Feedback
Dissemination committee (DC) [CAAA]. See CAAA dissemination committee (DC)
Distributed-actions theory, 63
Diverse partnerships: dissemination and involvement of, 302; specific strategies for working in, 67–68

E
East Side Village Health Worker Partnership, 63, 112
ECH (El Centro Hispano): background and setting of, 212–213; capacity building objective of, 222–224; CBEPR process used by, 215–221; challenges and limitations of CBEPR process used by, 224; Horizonte Latino role in project, 215, 219, 222–223, 224, 225; lessons learned/implications for practice by project, 224–226; study participants and meetings held by, 214–215
Ecological theory, 189–190
Ecosocial theory, 385
Efland-Cheeks. See UVE (United Voices of Efland-Cheeks, Inc.)
EJ Advisory Committee, 382, 383
EJ (Environmental Justice) Institute, 374, 381, 387
Empowerment education techniques, 93–94
Empowerment evaluation, 4
Environmental exposure assessment: of asthma triggers (CAAA), 286–305; of asthma triggers (Health Homes Project), 231–233; CBPR approach to improving, 239–241; CBPR methods applicable to, 230–231; HH (Seattle–King County Health Homes Project) using, 233–239; lessons learned/implications for practice of, 241–245; SCEJC approach to, 19, 282, 372–389
Environmental Health Perspectives (journal), 6, 381
Environmental justice: community organizing/advocacy fueling, 371–372; developing CBPR approaches to, 375–384; dissemination of findings to enhance participation in, 380–382; leveraging research promoting policy changes and, 382–384; SCEJC collaboration formed to promote, 19, 282, 372–389; secondary data used in, 378–380; transforming traditional approaches to research to promote, 384–386
Environmental Justice Initiative (NIEHS), 4
Environmental mapping: participatory meetings for planning, 190–191; using preprinted maps for, 192–193
EPA National Ambient Air Quality Standards, 298
EPA (U.S. Environmental Protection Agency), 231, 286, 378
EPA's National Air Toxics Assessment and Cumulative Exposure Project, 378
Equitable participation strategies, importance of, 55–56
ESIs (empirically supported interventions), 42
Ethnic/racial issues: African Americans and, 112, 117, 118, 148–162; matching data collectors/participants ethnicity, 240; racism as, 41. See also Cultural humility; Latinos
Ethnography: CBPR approach to, 212–213; general description of, 211–212; terms describing collaborative models of, 211–212. See also CBEPR (community-based ethnographic participatory research)
Evaluating partnerships: using CBPR principles as guide in, 251–252; conceptual framework for, 256–257, 258/fig; data collection methods as part of, 257–260; importance of, 68–69; URC (Detroit Community–Academic Urban Research Center), 260–274
Facilitation strategies, 57–58
Fact sheets, 298
Family health advocates, 149
Feedback: balance between dissemination and community, 301–302; CAAA dissemination committee guidelines for giving, 279–300, 293; on HEP survey questionnaire structure, 114–115; on HEP survey results, 119; importance of research,
279; from in-depth interviews, 311; photovoice pilot program to elicit, 331; Planning Grant member checking and, 317–318. See also Dissemination
Field notes: described, 211; used in UVE observation, 87–88. See also Observation
Focus groups:
anticipating/budgeting for needs of participants in, 161, 162; CRN (Community Reintegration Network) use of, 359; data collection using, 146–147; described, 146; engaging community members in, 111–113, 160–161; ensuring benefits to community from, 162; HEP use of, 172; interviewing, 91; planning for timelines of, 162; Promoting Healthy Lifestyles Among Women use of, 151–157; stress process exercise protocol by, 112; URC-affiliated projects on pregnant/postpartum women using, 148–162. See also Data collection/analysis
Follow-through, 60
Force field analysis, 93
Ford Foundation, 388
Foto novelas dissemination strategy, 381
The Future of Public Health (IOM), 78

G
Gender role/division of labor study (ECH), 219–221t, 222–226
Goals. See Objectives
Grounded theory, 332, 336–337
Groups: agendas/minutes taken during meetings by, 58–59; establishing appropriate size of, 56; facilitation strategies applied to, 57–58; using individual and small-group work by, 56–57; membership of, 55; NGT (nominal group technique) used in, 57, 59
H
A Handbook of Structured Experiences for Human Relations Training, Vols. 1–10 (Pfeiffer), 55
Harlem Urban Research Center, 353, 354
HEAL (Home Environmental Assessment List), 236
Health, RCT (randomized, controlled trial) to measure interventions for, 234
Health disparities: CBPR used to study contexts of, 9–11; racial and ethnic, 210
Health Disparities Initiative (NIEHS), 109, 171
Health Education & Behavior (journal), 5
Health research issues: asthma triggers study (CAAA), 287–305; asthma triggers study (Health Homes Project), 231–245; breast cancer survivors study, 328–345; CBO perspective on, 42–43; CRN project examining reentry from jail to community, 281–282, 352–367; HIV/AIDS study (El Centro Hispano), 213–218; negotiating or reframing for CBO partnerships, 41–42; transforming traditional approaches to environmental, 384–386. See also Public health; Research
Healthy Homes Project (Seattle), examining process and lessons of, 17, 106
Healthy Neighborhood Project (Berkeley), 35, 40, 45
HEC (Home Environmental Checklist) [HH], 238
HEP (Healthy Environments Partnership): affiliation between URC and, 109, 110, 111, 124; background and description of, 108–110, 171–172; creating structure for focused collaborative work, 113–114; engaging focus groups, 111–113; examining the, 16, 102–103, 168; neighborhood stressors identified during study of, 175t; specific aims of, 108–109. See also NOC (Neighborhood Observational Checklist)
HEP Steering Committee: described, 111; field period overseen by, 115–118; HEP survey implemented by, 110, 125–126
HEP survey: challenges encountered/lessons learned from, 119–125; dissemination of results of, 119; examining the, 108; field period implementing, 115–118; getting feedback/fine-tuning questionnaire for, 114–115; partners/community members’ role in development of, 110–119; results of, 118–119
HEP Survey Subcommittee, 110, 113–114
HEP’s Community Outreach and Education Program (COEP), 109, 119
HH Parent Advisory Group, 235
HH (Seattle–King County Health Homes Project): asthma triggers focus by, 233–235; data collection/analysis methods used by, 236, 238–239; deciding what to measure/exposure measures used by, 235–236, 237t; dust sampling/three-spot dust test used by, 239; HEC (Home Environmental Checklist) used by, 238
Hispanics. See Latinos
LBHC (Little Big Horn College), 138
Leadership: action-oriented assessment of community, 39–40; CBPR shared, 63–64; distributed-actions theory on, 63
Liberty Hill Foundation, 373–374, 376, 377, 379, 381
Likert scale, 267
Lineberger Comprehensive Cancer Center (UNC), 330
Literature reviews, 359
Logic model, 263
Los Angeles Times, 380, 382
Majority rules, 58
MCECH (Michigan Center for the Environment and Children’s Health): Biostatistics and Exposure Assessment Facilities Cores of, 289; overview of, 286–288; “Philosophy and Guiding Principles for Dissemination of Findings of MCECH,” 291, 293; URC affiliation with, 286. See also Community Action Against Asthma
Media dissemination strategies, 380–381
Meetings: using agendas and taking minutes, 58–59; improving group processes at, 69
MFH (Messengers for Health): conducted on Apsáalooke Reservation, 128; interviewer training manual developed for, 132–137; interviewers selected by, 138–139; lessons learned/implications for practice from, 139–141; plans for updating community on progress by, 137; survey findings by, 129. See also Apsáalooke Reservation
Michigan Center for the Environment and Children’s Health, 18
Minutes (meeting), 58–59
Montana Department of Public Health and Human Services, 130
Moving upstream analogy, 384–385
N
NACR (Native American Cancer Research), 130
NARCH (Native American Research Centers for Health), 37
National Air Toxics Assessment and Cumulative Exposure Project (EPA), 378
National Institute of Environmental Health Science’s Health Disparities Initiative, 171
National Institutes of Health Interagency Workgroup on Community-Based Participatory Research, 4
National Institutes of Health (NIH), 37
Native Americans: cervical cancer mortality rates by region, 129; cultural humility when interviewing, 132–134, 140–141, 142; research indiscretions committed when working with, 139–140. See also Apsáalooke Reservation
Navajo Nation, 44
Navajo National Data Resource Center, 44
NC–BCSP (North Carolina Breast Cancer Screening Program), 329–330
Neighborhoods: block club lamps issue of, 177–178; “broken windows” index of, 170; community reservations about observation of, 183; comprehensive assessment of, 168; HEP identification of stressors in, 175; identifying ethnic enclaves symbols in, 179; reviewing existing instruments for observing, 169–171; socioeconomic position/racial disparities in health in, 167–168; systematic (or social) observation of, 168. See also NOC (Neighborhood Observational Checklist)
New York Academy of Medicine, 353, 360
New York City reentry project. See CRN (Community Reintegration Network)
NGOs (nongovernmental agencies): academic partnerships with, 40. See also CBOS (community-based organizations)
NGT (nominal group technique), 57, 59
NIEHS Children’s Environmental Health Research Initiative, 286
NIEHS Children’s Health Initiative, 4
NIEHS Environmental Justice Initiative, 4
NIEHS (National Institute of Environmental Health Sciences), 4, 109, 286
NINR (National Institute of Nursing Research), 213
NOC (Neighborhood Observational Checklist): challenges/lessons learned during design of, 183–184; community participation in development of, 184; content discussions on purpose and focus of, 176–180; design/implementation of tasks, participants, and timeline of, 173; examining
construction and use of, 16, 105, 168; formation of the, 176; pilot testing and implementing, 180–181; review of previous data collection prior to designing, 172–175; selected outcomes of the design process for, 181–182. See also HEP (Healthy Environments Partnership); Neighborhoods

Norming exercise, 59

Norms: established for conflict, 66; establishing group, 59

North Carolina Rural Economic Development Center, 333

O

Oakland Community Health Academy, 44

Objectives: of CAAA, 170; of CRN, 281; of ECH (El Centro Hispano), 222–224; of Inspirational Images Project, 332–333; of SCEJC, 372; selecting and prioritizing CBPR partnership, 61–62; of URC, 261

Observation: community reservations about neighborhood, 183; NOC (Neighborhood Observational Checklist), 16, 105, 168, 172–185; PHDCN Systematic Social Observation, 169; reviewing existing instruments for, 169–171; systematic (or social), 168; UVE use of, 88–91; windshield tours as, 63, 87. See also Data collection/analysis; Field notes

Occidental College, 374

Open coding, 265

Open-ended interview, 308

Operation Health 27610, 195

Orange County Health Department, 85, 86

Outsiders: AOCD dissemination of views by, 83–84; CBPR role of expert, 32; perception of, 78

P

Participant observation.

See Observation

Participatory action research, 4

Participatory community research, 4

Participatory feminist research, 4

Participatory research, 4

Partnerships. See CBPR partnerships

PHDCN (Project on Human Development in Chicago Neighborhoods), 169

PHDCN Systematic Social Observation, 169

"Philosophy and Guiding Principles for Dissemination of Findings of MCECH,"

291, 293

Photovoice: conducting community forum using, 339–342; described, 19, 326; ensuring safe/open environment during discussions, 343; goals of, 326–327; grounded theory used to interpret, 332, 336–337; involving partners in, 343, 344; using local expertise and support for, 343; origin, use, and theoretical underpinnings of, 327–328; QOL framework for, 337–339, 338fig; recruiting/training participants in, 334–335, 343–344; SHOWED questions to interpret, 336. See also Inspirational Images Project

Planning Grant (SLU–SPH); action planning taken by, 319–320; background of, 313–314; data feedback and member checking, 317–318; interpretation of data, 318; interview approaches used in, 314; interview guide developed for, 314–315; recruitment of interviewers and data collection/analysis, 315–317

Policies: considering context of, 351–352; defining, 350; examining costs of options for, 366; framing problem, 351; limited impact of research on, 365; methods used to understand/change reentry, 354, 358–363. See also Public health

Policy advocacy: defining, 350; distinction between research and, 352; triangle strategy used for, 373; work integrating research and, 389. See also Action

Policy analysis: CRN, 281–282, 352–367; defining, 350

Policy change: dissemination to enhance participation in, 380–382; leveraging research to promote environmental, 382–384; SCEJC long term investment in, 388; time dissemination of findings to influence, 367. See also Action

Pollution. See Environmental exposure assessment

Positivist research paradigm, 81

Postpositivist research paradigm, 81

Power/influence balance, 64–65

PowerPoint dissemination strategy, 381

PPR (participatory policy research): CRN (Community Reintegration Network) use of, 281–282, 352–367; CRN lessons learned/implications for practice of, 366–367; described, 19, 281, 350; framing policy problem, 351; importance of policy context in, 351–352; involvement of relevant
stakeholders in, 350–351; limitations and challenges of, 364–366. See also CBPR (community-based participatory research)

PRCs (Prevention Research Centers), 314

Pregnancy study. See Promoting Healthy Lifestyles Among Women Prevention Research Initiative, 4

Professional culture, 34

Professional strangers: described, 77; perspective/knowledge available to, 78

Profile questionnaire, 95

Program on Ethnicity, Culture, and Health Outcomes (UNC–CH), 201

Program on Intergroup Relations (University of Michigan), 68

Promoting Healthy Lifestyles Among Women: challenges and limitations of, 159–160; data analysis by, 157–158; data feedback/products and CBPR interventions by, 159; examining the, 16; focus group interviews with policy, program, organization leaders, 154–157; focus group interviews with pregnant/postpartum women, 151–154; formation of, 149–150; lessons learned/implications for practice, 160–162; research design used by, 150. See also REACH Detroit Partnership

Protegiendo Nuestra Comunidad, 214

Public health: CBPR used to study, 5; examining impact of policies on, 349; mission of, 78. See also Health research issues; Policies

Public opinion poll (CRN, 2002), 360

PWG (Policy Work Group) [CRN], 354, 359, 361, 362, 363, 366

Q

QOL (quality of life) framework, 337–339, 338/fig

Qualitative research method: data collection using, 257, 259; focus group as, 146

Quantitative research method, 257, 259

Questionnaires: closed-ended survey, 259–260; evaluation of URC, 266–269; getting feedback and fine-tuning, 114–115; for population-based community surveys, 107–108. See also Surveys

R

Racism, 41. See also African Americans

RCT (randomized, controlled trial), 234

REACH 2010 (Racial and Ethnic Approaches to Health initiative), 4

REACH Detroit Partnership, 149–150, 155, 156, 157, 159. See also Promoting Healthy Lifestyles Among Women

REACH (Racial and Ethnic Approaches to Community Health) [CDC], 149

Research: AOCD approach to, 81–84; CBPR approach, 17, 211–227; different types of participatory, 4; discussions on centered-, 4; PPR approach to, 19, 281–282, 350–367; survey, 131–132, 137, 358–359; work integrating advocacy and, 389. See also CBPR (community-based participatory research); Data collection/analysis; Health research issues

Respect, 60

Robert’s Rules of Order, 57–58

Rose Bowl Principle, 291

S

SCEJC (Southern California Environmental Justice Collaborative): challenges and limitations of research approach by, 386–387; described, 282; environmental justice promoted using CBPR, 375–384; environmental research approach transformed by, 384–386; examining CBPR approach used in, 19; goals and objectives of, 372; lessons learned and implications for practice by, 387–389; partners in, 372, 373–375

School of Public Health (UC Berkeley), 44

Seattle Partners, 234

Seattle–King County Healthy Homes Project. See HH (Seattle–King County Health Homes Project)

Secondary data: analysis of, 379–380; identification and selection of, 378–379

SHOWED questioning technique, 336

SHOWED technique, 93

SLU–SPH (Saint Louis University School of Public Health Prevention Research Center), 313

Small-group work, 56–57

Social cognitive theory, 189–190

Southern California Environmental Justice Collaborative. See SCEJC (Southern California Environmental Justice Collaborative)

STBF (Strengthening the Black Family, Inc.), partnership between Your Crib and, 194–195, 199, 200

Strategic Retreat on Reentry Policy, 354
Stress process exercise, 112
Survey research: CRN (Community Reintegration Network), 358–359; dissemination and use of findings, 137; goals of, 131–132
Surveys: addressing geographical distance/difference, 121; balancing multiple priorities, 123–124; creating mechanisms for diverse participants in, 120–121; demonstrating contributions are valued, 124; ECH (El Centro Hispano), 218; gathering data using, 102–103; HEP (Healthy Environments Partnership), 108, 110–125; MFH (Messengers for Health), 129; population-based community, 107–108; providing flexible/organized support for participation, 121–122; recognizing when/from whom participation is needed, 122–123; sustaining mutual commitment, 124–125. See also Data collection methods; Questionnaires
Synergy, 271
Systematic (or social) observation, 168
Systematic Social Observation instrument, 169, 174
T
Targeted mediators, 263
Teens Against AIDS, 196
Tobacco Society (Apsáalooke Reservation), 130
Triangle strategy, 373
Trust development: attending other’s interests/needs, 61; following through for, 60; matching ethnicity of data collectors with participants for, 240; respect confidentiality for, 61; showing respect, 60
Turning Point Initiative (W.K. Kellogg Foundation), 4
U
UC Berkeley School of Public Health, 44
UNC–CH Community Health Scholars Program, 4, 85, 195
UNC–CH institutional review board, 89
UNC–CH Program on Ethnicity, Culture, and Health Outcomes, 201
University of California, Santa Cruz, 374
University institutions: activist scholar traditions of, 36; CBPR impact on tenure/promotion guidelines of, 46; historical abuses of, 37; identifying potential community partners for, 38–41; power dynamics within, 37–38; reflecting on capacities to engage in partnership, 36–38; reframing health issues in context of CBO, 41–43; sustaining CBO partnerships, 43–47. See also CBOs (community-based organizations); CBPR partnerships
University of Michigan School of Public Health (SPH), 262
University of Michigan’s Program on Intergroup Relations, 68
University of New Mexico-Tribal CBO partnership, 42–43, 46
University of North Carolina at Chapel Hill (UNC-CH), 79, 80, 85, 194, 328
University of North Carolina’s Lineberger Comprehensive Cancer Center, 330
Unstructured conversational interview, 259, 308
Uranga-McKane, S. U., 4
Urban Research Centers program (CDC), 4
URC Community Action Board, 358
URC (Detroit Community-Academic Urban Research Center): background of, 260–261; CAAA project of, 170; challenges and limitations of project by, 159–160; data collection/analysis by, 18, 153–154, 156–158, 264–266, 267–269; data feedback/products resulting in interventions by, 159; evaluating partnership of, 260–274; focus group interviews by, 151–153, 154–156; future directions of, 163; goals and objectives of, 261; inclusion of partners by, 56, 64; lessons learned/implications for practice by, 160–162; MCECH affiliation with, 286; project background of, 148–150; research design used by, 150
URC partnership evaluation: of challenges and limitations of research methods, 269–271; design of, 269–271; of interviews, 263–266; lessons learning/implications for practice from, 271–274; of questionnaire, 266–269
U.S. Census (2000), 172, 333
U.S. Environmental Protection Agency (EPA), 231, 286, 378
UVE (United Voices of Effland-Cheeks, Inc.): affiliation between HEP and, 109, 110, 111, 124; AOCD applied to, 79–81, 84–94; case example presented on, 74–75, 79; Community Forum of, 92–94; gathering secondary data, 86; key informant interviews, 88–91; participant observation and gaining entry, 86–88; partnership background of, 84–86
Visioning activities, 62

WE ACT (West Harlem Environmental Action), 45

We-Count Program (North Carolina), 330, 331

Who Will Keep the Public Healthy? Educating the Public Health Professionals for the 21st Century (Gebbie, Rosenstock, & Hernandez), 5

Windshield tours, 63, 87

Wish lists, 61–62

W.K. Kellogg Foundation, 4, 44, 85, 149, 195

Women: breast cancer survivors study on African American, 328–345, 338ff; ECH study on division of labor/roles by Latino, 219–221f, 222–226; URC-affiliated projects on pregnant/postpartum, 148–162

Your Crib, Your Grub, and Your Moves project: data collection/analysis by, 198–200; mapping protocol developed by, 197, 205–207; partnership between STBF and, 194–195; primary purpose of, 195; research process stages and role of partners, 196–200; selection and recruitment of participants in research, 197–198