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Doing Community-Driven Research: A Description of Seattle Partners for Healthy Communities

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ABSTRACT *Seattle Partners, an Urban Research Center (URC) funded by the Centers for Disease Control and Prevention (CDC), is a partnership of community agency representatives, community activists, public health professionals, academics, and health care providers whose mission is to improve the health of urban Seattle, Washington, communities by conducting community-based participatory research. This article describes the development and characteristics of Seattle Partners. Using primarily qualitative methods, including periodic in-depth interviews, evaluators identified the components necessary for Seattle Partners to maintain a collaborative and establish a research center driven by community interests. Seattle Partners is run by an unrestricted and inclusive board that has spent 5 years developing both an operating structure and various research interventions. Operating under Community Collaboration Principles, the board identified social determinants of health as the priority area in which to work. Collaboration, "small and concrete" accomplishments, skilled individuals, and funder support directly influence the success of the center. Decision making, project selection, and board composition have all been challenges to work through. Learning how to do and sustain the work are lessons being learned as Seattle Partners matures.*

KEYWORDS *Collaboration, Community-based research, Participatory research, Social determinants of health.*

INTRODUCTION

"Community-based research" and "participatory research" have become buzzwords in public health research. Scan Requests for Proposals of both federal funding agencies and local granting organizations and one is likely to come across either or both terms. More and more funders are requesting or requiring "community collaboration" for large-scale public health projects. Communities themselves are not willing to be researched and are demanding an active role in health studies.[1,2] And, many projects are reporting that they collaborate with the communities they study.[3] However, these terms often go undefined, and the reality of what it means to do "collaborative" research is often misunderstood or glossed over entirely.[4] Timelines and funding streams are seldom adequate for conducting truly collaborative research. Communities, researchers, and funders need more information about what collaborative health research requires.

Seattle Partners for Healthy Communities (Seattle Partners) is one of three Urban Research Centers (URCs) established in 1995 through funding from the Cen-

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ters for Disease Control and Prevention (CDC). The URC in Seattle, Washington, is run by the Community Board, which is a partnership of community agency representatives, community activists, public health professionals, academics, and health care providers whose mission is to improve the health of urban Seattle communities by conducting community-based participatory research. Seattle Partners identifies promising approaches through which communities and professionals working together can address social determinants of health and thereby prevent disease and promote healthy behaviors and environments. This identification is accomplished through pilot and demonstration health research projects conducted collaboratively with communities in inner-city Seattle.

Seattle Partners is housed in the Epidemiology, Planning, and Evaluation Unit at Public Health—Seattle and King County, a joint city and county health department. The department is affiliated with the University of Washington Health Sciences schools and with a number of community agencies and organizations. Because of its location within a major urban public health department, the URC is well positioned to make use of the most current assessment data and to bring together concerned community members, practitioners, and researchers.

LEGACY OF COMMUNITY-BASED RESEARCH IN SEATTLE

A history of program implementation and research tainted by professional arrogance, opportunism, and racism has led to skepticism and anger among community members in many places.[5–7] In Seattle, widespread acknowledgement exists of the problems that all too often are associated with community-based research, particularly research conducted within communities of color by predominantly white researchers with strong institutional affiliations (such as universities or public health departments). Awareness of such issues led Seattle Partners to its first and formative project, the Community Interview Project (CIP), which documented this legacy in Seattle.[1,8] The CIP has served as a touchstone for Seattle Partners throughout the life of the URC. Community Board members often refer to it in their discussion of current work of Seattle Partners. Participants value having a common point of reference for what does and does not work in participatory community research and see Seattle Partners as constantly striving to learn from and to improve on that history. This article describes the development of Seattle Partners and the components that constitute the unique structure and nature of Seattle Partners. Furthermore, this article illuminates the benefits and challenges emerging from this kind of work.

METHODOLOGY

This article draws on multiple information sources, including two sets of interview transcripts; participant observation minutes from Community Board meetings; field notes from the ongoing Seattle Partners process evaluation; grant proposals; and budget and administrative records. Two sets of in-depth interviews with board members and staff were conducted, in 1998 and 1999. In 1998, interviews were conducted with a total of 19 informants, who were selected on the basis of their level of participation in Seattle Partners as Community Advisory Group (CAG)/ Community Board members, Technical Advisory Group (TAG) members, and staff (the sample included those who were very active, moderately active, and inactive). In 1999, interviews were again conducted with 19 informants, who were selected on the basis of active participation in the Seattle Partners Community Board (volun-

teers and staff). *Active participants* were defined as those members who had attended at least three of the most recent nine board meetings and participated on at least one committee.

Individual in-person interviews were audiotaped and transcribed. A codebook was developed based on the contextual areas of inquiry in the interview instrument; it was then augmented through an iterative process based on review of interview transcripts and the research goals. Coded transcripts were entered into QSR NUD*IST, a qualitative analysis software package, and manipulated to identify categories, themes, and relationships within text. The evaluators re-reviewed the transcripts, consulted with board members, and further refined the codebook and output as appropriate using standard qualitative analysis methods.[9,10] The quotations used in this report come from these interviews. Names have been removed and identifiers changed slightly to protect participants' confidentiality.

RESULTS

Participation

The following Figure illustrates the organizational structure of Seattle Partners. The URC is staffed by 12 people: epidemiologists, anthropologists, a sociologist, an economist, a community organizer, and support staff from Public Health—Seattle and King County, the University of Washington, and CDC. Only 2 staff members are full time. Most also work on a variety of other community-based projects.

Many of the original Seattle Partners board members were identified through the CIP, which was carried out during the first year of Seattle Partners. The CIP

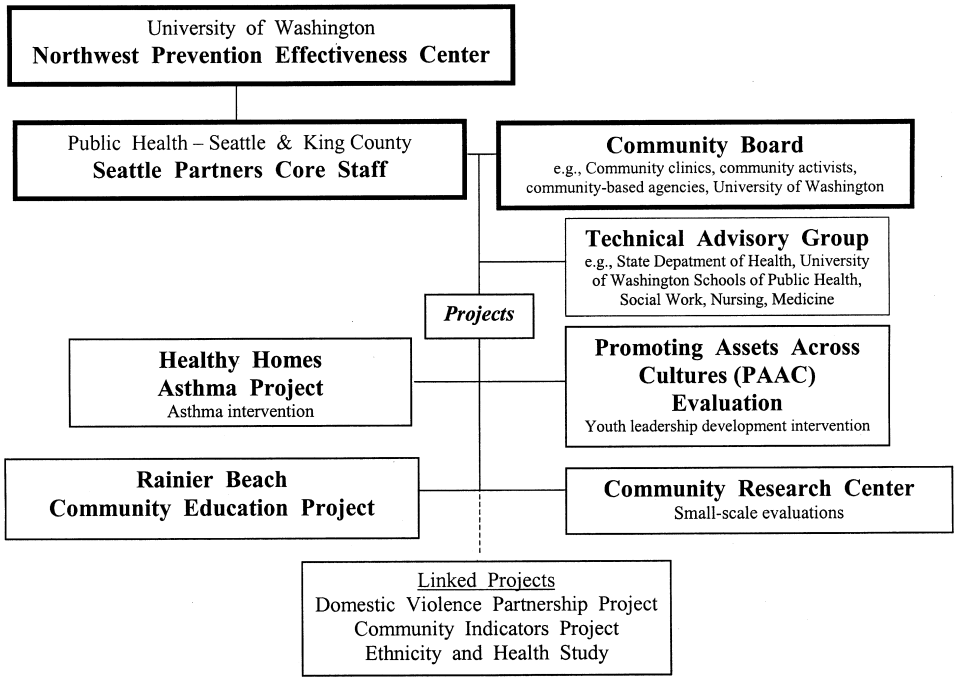

FIGURE. Seattle Partners for Healthy Communities organization chart.

was conducted for several purposes: to engage with potential community participants; to define potential issues as the basis for development of future collaborative work; and to map out the course of earlier efforts to do community-based research in the Seattle area. While some people participate on the board as organizational representatives, others contribute by drawing on their professional knowledge and experience, in effect representing themselves rather than acting as designated members of any group or agency. Seattle Partners members identify in many different ways, sometimes including their official affiliations, most often not; they wear many hats, and at different points in their participation may take one hat off and put another on, or they may wear two hats simultaneously. The insistence to represent only those identities a person considers legitimate and appropriate to a particular discussion is considered a strength by many members.

Early Community Board discussions frequently reflected the concern of the group with defining *community*, and members continue to acknowledge both the importance and the complexity of the term. Not wanting to be limited to a definition based on a geographic area or a specific population, Seattle Partners members tend to define community in different ways, depending on the issue at hand. They often prompt one another "How are you using 'community'?" or "How do we know who represents 'the community' in this project?" in the course of discussions. The common understanding that there is no single community interest or community perspective is itself a unifying principle among board members and staff. As one board member stated:

> There isn't really anything per se that creates the common bond for us, except perhaps our interests. And our interests are born out of many different places. I think . . . we've demonstrated that there's no monolithic community. I think we've kind of debunked that myth, and I think that's very important. I've learned to ask now, when someone says, "I'm from the community," one of the first questions that comes up for me is: "Which one?" You know, *which one*? Not just "Which one are you from?" but "Which one are you representing *at this point*?" [emphasis added]

Seattle Partners strives, in the words of one staff person, to "do research with a twist." Doing research with a twist means carrying out investigative and evaluative work that is community driven with real influence and shared decision making accorded to all partners in an attempt to reduce inequalities in power, resources, and "expert" status among researchers, residents, and community organizations. By valuing the practical knowledge and life experiences that community members bring to the table alongside the technical skills and training of researchers, Seattle Partners endeavors to legitimate and integrate different sources of information to develop and evaluate programs that can make a real difference in the lives and health of local people.

The diverse personal backgrounds of board members (economically, ethnically, culturally, and professionally) and their range of experiences in working with many different groups in the area contribute to the board's sense of itself as "much more diverse than or perhaps . . . as diverse as our definition of community." Despite some board members' sense that the group as a whole has a clear understanding of local issues and concerns, the Community Board has been most cautious about defining or identifying the important issues for communities, preferring to hear from community members and organizations directly.

Seattle Partners has defined the communities with which it works in geo-

graphic, economic, and social terms. The geographic boundaries are both neighborhood determined (Central and South Seattle have clear local identities) and selected through examination of census tract data. Seattle Partners has been explicitly concerned from its inception in working with low-income people and with communities of color, which include Seattle's largest historical non-white minority group, African Americans, as well as immigrant and refugee populations, which have grown quickly in the last 15 years. Hispanic and Native American people are sizable groups within the city and are also disproportionately affected by ill health and poverty. The population in the defined neighborhoods of Seattle Partners is younger, poorer, and less well educated than that in the rest of the city and county.

Development of Structure

The structure of Seattle Partners has evolved throughout the existence of the URC. Its TAG is made up primarily of university-based researchers from several University of Washington Health Sciences schools, including Public Health, Social Work, Nursing, and Medicine. In the original structure, the CAG was made up of community members, many of whom worked for community-based social services and health-related organizations. Both groups selected representatives for the Policy Board, which was designed to function as the joint oversight and approval body for the governance and finance matters of Seattle Partners. Over time, the members of the CAG and Policy Board decided that the decision-making process was not effective; CAG members were reluctant to defer decisions to the Policy Board, and Policy Board members were reluctant to set policy apart from the CAG. Early in 1998, the URC was reorganized to consist of only two bodies, the Community Board (which combined the functions of the CAG and the Policy Board) and the TAG. The Community Board is a significant structural element of Seattle Partners, often seen as representing Seattle Partners as a whole.

Recruitment of new people to the TAG and Community Board following the initial formation of these groups has been informal and relatively unsystematic: Circles of membership have expanded through personal outreach and word of mouth. There is a strong core group of individuals, both staff and volunteers, who have been involved with the project since its early days, in many cases since the beginning. Board members are not paid for their contributions to the URC, and new members can join at any point. Despite some early concerns that bringing in too many new people slowed the process of decision making because of the need to repeat and revisit various processes and decisions, membership has remained open, and the number of regular participants has remained quite steady, although active individuals have come and gone.

Goals and Objectives

Community Board members have been deeply involved in oversight, recommendations, and approval for URC activities, including participating in the hiring processes for new staff, reviewing and approving budgets, and making decisions about whether to lend support to outside research projects and how to direct URC resources. Those who attended the first CAG meetings initiated the processes for identifying potential projects and developed the criteria by which projects would be selected. In addition, the group asserted some common values regarding the importance of genuine community inclusion and participants' desire to create lasting, sustainable changes in communities and institutions. Questions of structure and governance were addressed in early meetings and have been revisited and re-

fined over time, gradually becoming more explicitly formalized with the adoption of bylaws at the end of 1999.

Shortly after the CAG began to meet, its members adopted the Community Collaboration Principles (Appendix A), which were designed to guide the projects and processes of the URC (see Web page at http://depts.washington.edu/hprc/SeattlePartners). The Community Collaboration Principles are for many members a yardstick against which current and potential projects are measured and, together with the mission, vision, and goals statements of URC, are common points of reference for the board. Also, during the first year, the overall mission and vision statements of the URC were specified through committee work and group dialogue at both the TAG and the CAG. The (abbreviated) goals of Seattle Partners' are to identify and learn from existing programs that address the core URC issues; to create or evaluate new programs and provide technical assistance; to foster mutually beneficial relationships with those engaged in addressing core issues; to work to make institutions more responsive to communities; and to create new models for community participation in health (see Appendix B).

Following an intensive process of priority issue selection that lasted for 6 months and was led by a community member, the CAG selected economic development and assuring community interests (ACI) in community-based research as the focal points of the work of Seattle Partners. ACI is crucial to the conduct of ethical and community-sensitive research and evaluation work. Seattle Partners members meant to assure that community interests are respected when research and health promotion activities are conducted in Seattle communities and sought to foster mutually beneficial relationships among community members, community agencies, public health agencies, and researchers. After some discussion about the difficulties of putting this ideal into practice, CAG members decided that the best way to address ACI would be to integrate this primary value into all future work of the Seattle Partners.

The second issue selected was originally described as "economic development and health." Economic development and health then evolved into an interest in the influence of economics on health. After 2 years of committee work, staff reviews of current literature, and group discussions that drew on board members' own experiences in health promotion and community change processes, the Community Board agreed that a focus on the "social determinants of health" captured their broader concerns with the multiple factors that affect the well-being of communities.

Principal Activities

The principal activities of Seattle Partners are determined by the decisions of the Community Board. The initial projects, including the CIP and the establishment and staffing of the board itself, were carried out by staff in consultation with community and academic partners. The earliest projects the board approved (Healthy Homes, an asthma control project, and the Senior Immunization Project) were structured much like traditional research projects, but incorporated community advisory groups and multiple collaborative partners and followed community collaboration principles.[11,12] During the third year (1998) of the URC, TAG and community board members and Seattle Partners staff carried out several small program evaluations for local nonprofit organizations. This work laid the foundation for the development of the Community Research Center (CRC), a new project initiated with the funding renewal of Seattle Partners in 1999.

Seattle Partners recognizes that the health of a community and its members is affected by the social environment (for example, social conditions such as poverty and racism, disparities in income and education, and social cohesion); these are currently referred to as social determinants of health. In the fourth year of the URC, Seattle Partners selected two focus areas that fit with their original priority areas and with their developing model of social determinants of health: community development and social support.

Four projects were chosen that represented a range of activities among low-income and immigrant communities and that engaged children, elders, welfare recipients, and local residents interested in developing a community resource. Each received an equal amount of money to support program activities, as well as individually tailored technical support from staff and TAG members. The Reality Check Project monitored the impact of welfare reform through a survey of current and former recipients; Somali Community Services of Seattle ran a youth tutoring program; and Unity in the Community offered a Summer Grandparent Program connecting children with older adults for weekly activities. The fourth project supported residents of the Rainier Beach neighborhood who wanted to start a Computer Technology Center; this project was intended to develop local partnerships and activities that would support the Rainier Beach Education Project proposed as a project addressing a social determinant of health for the next year.

The URC was renewed following a competitive process in the fall of 1999. The renewal proposal included two major projects focused on social determinants of health and a new program (the CRC) designed to build on the work of the small-scale evaluations. The first project, Rainier Beach, developed from the community-driven planning process of the neighborhood that emphasized lifelong learning through community education.

The Rainier Beach Community Education Project is very much a work in progress. Seattle Partners undertook to work with community groups and community members in Rainier Beach in large part because of their extensive participation in the Neighborhood Planning process of the City of Seattle. The result of the several years of participatory planning work was the vision of opportunities for lifelong learning for all Rainier Beach residents. The goal of the Community Education Project is to promote education as a means of improving the present and future for the youth, adults, and seniors of Rainier Beach.

In much the same way that Seattle Partners itself needed time to develop trust and good working relationships among people and institutions that had not necessarily worked together before, the residents of Rainier Beach are still developing their partnerships, setting their priorities, and determining how they plan to proceed. Seattle Partners is now at the point of assessing how best to participate in and facilitate this process while not interfering with or skewing local development efforts.

The second project is a demonstration project, Promoting Assets Across Cultures (PAAC); it involves some of the same community-based organizations with which Seattle Partners worked in earlier years. PAAC simultaneously addresses several areas of previous interest to the board: community building, work with youth and immigrants, cross-cultural work, and the evaluation of organizational collaboratives. PAAC was designed as a participatory evaluation of a community-building project with a focus on youth leadership and asset building among low-income minority youth in local public housing. Seattle Partners is providing a multilevel, mixed-methods evaluation of the PAAC collaborative intervention project. PAAC

evaluation staff are conducting qualitative and quantitative baseline measures of youth assets, community cohesion and empowerment, and interethnic interactions in three Seattle Housing Authority communities.

The evaluation of PAAC will assess the process of collaboration among all organizational stakeholders and assess the effects of interventions on youth empowerment, community cohesion, and interethnic group relations at the three sites. A TAG member is the primary investigator for this project, and five other Seattle Partners staff work on the project: both URC codirectors, two evaluation team members, and the project coordinator.

The CRC is the third activity currently under the auspices of Seattle Partners. It is directed by a member of both the TAG and the Community Board and staffed by a Public Health Department epidemiologist, both of whom have long been involved in Seattle Partners. The goal of the CRC is to work collaboratively with nonprofit community-based organizations and grassroots groups in Central and South Seattle by providing technical assistance and resources—specifically grant writing support, program evaluation, and community health assessment. Through this work, CRC staff hope to be able to build opportunities for mutual learning and capacity building within and among community groups and to learn more about effective community programs.

The Seattle Partners board has continued involvement in all projects. Staff members on projects attend board meetings and frequently update the board on the progress of the projects. Many staff members were originally board or TAG members who then were hired to serve on various projects. The board makes decisions regarding continued funding of projects and, when ethical or logistic challenges arise, lead project staff often bring problems to the board for input and guidance.

Accomplishments and Benefits

Most members described the important accomplishments of Seattle Partners as taking place in one of two areas: (1) projects and products and (2) process.

Projects and Products The accomplishments of projects—measured not only in terms of their outcomes, but also in terms of how they were carried out—were foremost in people's minds during the 1999 interviews. Partners referred with pride to the importance of benefits to the people who participated in projects that received Seattle Partners support. Believing that families affected by asthma, poor housing conditions, and welfare reform are receiving immediate and long-term benefits from Seattle Partners' various projects is crucial to partners' definition of success for the URC as a whole.

Occasional tensions are produced by the differences in expectations regarding products among staff and academic partners, community members, and CDC. Participants said that evaluations carried out by Seattle Partners staff and TAG members were important products, particularly for those programs that might not otherwise have had access to technical resources. Ensuring that the products that Seattle Partners creates are useful to a variety of audiences is a concern shared by a number of partners. Carrying out a program evaluation is seen as a good and appropriate function, but some people want to see more evidence that programs value and use evaluation results or other research before they are willing to claim this work as an accomplishment. In addition, helping community-based organizations to secure tangible benefits such as new or additional program funding or training for staff

and intangible benefits such as networking and information sharing are considered clearly valuable results.

Published articles were cited as important accomplishments or products only by those staff responsible for producing them. A volunteer felt that "certainly anything that gets published is a major accomplishment" in terms of disseminating the experiences of the URC, but written products were rarely mentioned when interviewees were asked to name main accomplishments.

Process Internal processes, such as the adoption of bylaws and application of the Community Collaboration Principles in decision making, were specific examples of accomplishments cited in interviews. Some board members also felt that maintaining the Community Board as an open forum for diverse perspectives to be shared and heard was a significant accomplishment in and of itself.

A few people worried that attention to structural and procedural details, elements of process, could overshadow the activities of the URC and were more dismissive of the intrinsic value of monthly meetings, discussions, and debates. At the same time, nearly all of those interviewed commented positively on the evolution of communication and interactions among board members, agreeing that, despite rough patches, they had observed a steady improvement in collaboration and a growing clarity of purpose within the group. This was directly related, for some, to the board's following through on its priority area of assuring community interests and was a sign of succeeding where other community research projects had failed.

Greater cohesion within the board over time was evident to a number of people. Many of those interviewed felt that matters of process were taking less and less time, and several suggested that this was the result of improved trust among participants, as well as the fact that the group had succeeded in establishing basic operational procedures that facilitated better information sharing and decision making. People referred to clearer communication among participants ("communicating . . . without making assumptions") and to greater focus in board meetings: "We get more done."

Among those who discussed internal strengths as an accomplishment of the URC, several topics were specifically identified as important. These were

- Leadership from both volunteer board members and staff
- Organization and sharing of information
- Creation of a welcoming and collaborative atmosphere at board meetings
- Increased recognition of Seattle Partners in the broader community

Within the Public Health Department, staff have been able to strengthen the commitment of the department to community-based public health work using the experiences of working with multiple community partners in Seattle Partners. Several Public Health Department projects linked to Seattle Partners were developed in partnerships nurtured through the primary activities of the URC, and staff noted that their experiences with Seattle Partners has influenced the rest of their work within the department.[13]

Generally, people felt that the relationship of the URC with CDC had strengthened over the years, and that this reflected determined engagement on both sides. A number of people suggested that more explicit attention to the social determi-

nants of health within CDC is the result of the work of Seattle Partners to develop this focus itself.

All of those associated with Seattle Partners have high hopes for the URC and hold it to the highest standards of process and performance: "I know that people support [and] really like the work we are doing, and people like to see it done right." Seattle Partners members have a tendency to criticize rather than to praise themselves. This habit may be related to the bitter aftertaste from previous Seattle research projects. A few of those interviewed indicated that, in their eyes, Seattle Partners has not yet proven itself to be different from earlier efforts. One veteran board member suggested that fellow members are reluctant to acknowledge successes: "It just seems like maybe one of the things we need to look at is . . . how to talk more about our accomplishments."

Facilitators

A number of different factors were cited as facilitating the work and progress of the Seattle URC. In addition to the basic importance of building an organizational infrastructure and developing mechanisms for negotiating and making decisions, several common themes that have contributed to the success of Seattle Partners are highlighted here.

Specific examples of fostering collaboration among individuals and organizations range from the inclusion of dinner as a routine part of monthly board meetings, to the informal friendships that have developed among staff and board volunteers, and to the contracts between the Public Health Department and partner agencies for work on projects not directly connected with Seattle Partners. For a number of board members, developing personal and professional networks are closely related, as Seattle Partners provides a unique forum for like-minded people to come together and work toward common goals.

"Small wins are important" said one board member, simply. It is impossible to overstate the significance of specific projects and successful collaborative efforts. For many participants, developing the infrastructure of the URC, setting priorities, and writing a mission statement were necessary tasks, but they would have been meaningless had not the real work of Seattle Partners in the form of intervention and evaluation projects been taking place simultaneously.

Board members pointed to the highly skilled people, both volunteers and staff, who facilitate board meetings, keep information flowing, and contribute to the open communication that is essential to the work of the URC. Many of those interviewed commented on the essential nature of "behind the scenes" work in keeping people engaged in the board. Just as having concrete programs and specific accomplishments are important to the life of the URC, it has been crucial to have people ready and able to carry out specific tasks and to maintain a collaborative and open atmosphere.

The flexibility of CDC staff in allowing Seattle Partners to develop at its own pace, and according to its own community-driven process, has also been an important facilitator for the Seattle URC.

Challenges and Barriers

Making group decisions, particularly regarding project selection, has highlighted internal challenges in the development of Seattle Partners. The Community Board has used several different mechanisms for making decisions, ranging from informal (group discussion leading to a general sense of agreement that a decision has been

reached) to more formal (voting by eligible members with vote totals counted and recorded). Both before and after the adoption of the bylaws in November 1999, members used an honor system to determine who votes (eligibility is based on meeting attendance, which is intended to ensure familiarity with current Seattle Partners issues; these guidelines were formalized in the bylaws). No one has ever been challenged as to voting entitlement. However, in response to a concern about increased staff presence at board meetings, it was decided that only a limited number of core staff would regularly attend board meetings, with project-specific staff attending as they choose or as the agenda dictates. Furthermore, all votes must be weighted to reflect 60% community members' influence and 40% staff influence.

While most decisions within Seattle Partners have been made with little dissent and general agreement, the attention to voting results, development of the bylaws, and other attempts to clarify the processes used for making decisions at the Community Board indicate varying degrees of discomfort around some of the major decisions the board has had to make. Most difficult decisions have involved which projects to support with the financial and technical resources available, and the most charged decision processes have occurred under severe time constraints and without sufficient board discussion. This was particularly the case with the decisions regarding the selection of the projects for the renewal application.

There is strong feeling among some Seattle Partners members that these limitations—partly internal and partly external, due to an unexpectedly abbreviated renewal time frame—have interfered with the development of the URC. Most staff and volunteers realize that their idealized notion of project selection—in which a community group approaches the board for assistance in realizing a project that can integrate research or evaluation work with direct programming or services—occurs rarely and then only as the result of extensive groundwork and not a little good fortune. In the absence of explicit protocol for deciding how the board should balance its interest in allowing projects to emerge organically with its need to put effort into soliciting partnerships, there have been some clashes over the desirability or appropriateness of "waiting" for a new project or "picking" a new project. The decisions that have resulted are seen by some as default decisions made under the strain of limited time, and some members note that the resulting lack of a sense of ownership of certain projects or residual hard feelings about a decision-making process have on occasion undermined the ability of the group to move forward.

Interacting with Our Funder

The Centers for Disease Control and Prevention clearly provided the jumping off point for the founding of Seattle Partners: "I don't think Seattle Partners would exist if there hadn't been a CDC initiative," one person plainly stated. While the ability of the Public Health Department to gather interested parties to respond to the initiative reflects previous networking and collaboration among local people concerned with community-based public health work, the scope of support offered by the CDC made it possible to build on those connections and to plan for an ambitious project. In addition to providing the support for starting the URCs, CDC has influenced the URCs directly and indirectly. Most of those interviewed in 1999 agreed that CDC has influenced Seattle Partners, although there was a range of opinions as to the nature and extent of that influence.

Working with CDC was frequently compared to working with other large funding agencies; CDC was particularly identified, though, as having a "traditional" research emphasis. Seattle Partners members are aware that the institutional

imperatives of CDC can be very different from those of the URC, particularly in terms of the timetable for doing work. Respondents urged CDC to continue to provide "flexible support" with which the urban centers can explore the possibilities of true collaborative research. *Flexible support* means providing financial and technical resources that are adequate to sustain research partnerships; revising application processes to allow sufficient time for communities to be engaged fully in the process of responding to funding opportunities; providing support to community-based organizations to enable them to act as the primary fiscal agents for grant monies (rather than always channeling funds through the URC or the university); and lengthening funding periods.

Finally, some board members expressed skepticism that CDC as a whole is poised to take a more expansive view of what constitutes knowledge development. One said, "They want it to be community based, and yet they also expect it to be scientifically and academically strong and sort of follow a [formal] proposal process." A number of people were similarly skeptical of the extent to which CDC as an institution is committed to supporting research that does not fit the traditional model of epidemiological research trials.

Board members also identified "promising things" that indicated that there is support within CDC for the URC projects and that community and researcher perspectives have been heard. These included the emphasis on social determinants of health that was written into the renewal Request for Proposals and new forms of funding to enhance partnerships, such as the planning year that was built into the REACH grant. One person said, "I feel like CDC has learned from us . . . [they are] learning our language and talking like us [about such things as] communicating findings back to communities, involving communities in decision-making, assuring community interests." Most Seattle Partners members who were interviewed mentioned with pleasure the development of a strong working relationship with the Project Officer, who is seen as "a real advocate" for all of the URCs and for participatory research in general.

CONCLUSION

Board members agreed that some of the primary lessons learned have to do with the tremendous commitments of time, goodwill, and enthusiasm necessary to develop and maintain a sense of trust and a collaborative environment. A key lesson, in the words of one board member, is the necessity for

> Patience, patience, patience, a lot of patience. . . . I want to say that community process is valuable and gives us good measurable results, but I don't know yet, you know? I believe in it, I think this is a great way to do things. It feels like it's the right thing to do. I think that . . . lessons are that you really do need strong community leadership. And that you need to try to keep that energy going and . . . focus a lot of energy at the upstart of a project.

While nearly all of those interviewed were convinced that the effort is worthwhile, there was some sense among participants that these lessons of community-based research are somewhat difficult to articulate, being specific to the settings and populations involved. People reported that they learn, individually and as part of the group, lessons from each project, which are then applied in the next project. Some "lessons" on community research took the form of questions, reflecting the open-

ended nature of learning in this area: "We've learned that it's not simply a matter of asking people to come to the table. And that's still a challenge ahead. How do you entice people to want to be involved?" Despite the difficulty of drawing specific conclusions about doing community work, board members expressed optimism about what was to be gained simply by engaging in the struggle:

> Work in the community is a very tough job. Working with diverse community members is a tough thing. . . . Trying to satisfy the academic research goals with the community lay people and the community idea is a challenge. It is very difficult work but it can be done. Because for four years we have been tackling with this [sic] and we are still meeting and we are still talking with each other . . . being persistent really pays off. So it's hard but it's not impossible, but it requires time, a lot of patience, time, and a lot of commitment. And a lot of . . . self-effacing. . . . I think that's something we can definitely pass on and I hope we pass that on.

Beginning with the CIP, concern with the need to discover, advocate for, and protect the interests of "community" in the planning and implementation of community-based research has been a constant theme through the activities of the URC. Simply put, assuring community interests means that

> People wanted to make sure that the community has a say in the project and community interests may be different than the academic or researcher's interests, but not always making sure that it's [solely] the researcher's interest that's assured. Let's make sure that we respect and maintain community interests also.

Several partners cited the fact that a board volunteer (not a staff person) chairs the monthly meetings as an example of how the board follows its Community Collaboration Principles in the course of working to further those same principles in research projects.

Some board members highlighted the difference between assuring community interests in the course of doing other business and making an explicit effort to find ways to make that the central focus of board activities. On one hand, Seattle Partners has adopted operating principles and approved programs that demonstrate respect for the interests of communities with which it partners. More difficult to achieve, though, is the shifting of power so that community representatives can themselves initiate research projects designed to further their own interests. "Many of the people in the communities we are dealing with are struggling with their own daily problems. . . . It takes a special effort to go and regroup and say "What is it we really want?' " This goal of developing a reliable presence with a strong reputation for community partnerships is shared by many in Seattle Partners; the extent to which it is achievable cannot yet be assessed.

Collaboration, remarked a Community Board member in a 1999 interview, involves learning how "to separate individual or personal agendas from . . . the collective agenda . . . to accomplish some greater good from the work that you're doing." Organizational collaboration is a piece of the broader concern with collaboration: While working with community-based agencies is both valued and essential to the activities of the URC, there is a sense that such relationships only partially capture the kind of partnerships that could and should be developed. By working with more grassroots community groups, a number of board members feel that

Seattle Partners could assure community interests in somewhat different ways than if partnerships were restricted to more established community-based organizations. This, too, has become a recurring subject of Community Board debate.

During a presentation of findings from the process evaluation at the January 2000 Community Board retreat, members responded with vigorous approval to this interview excerpt:

> If there is a sort of lesson to be passed on it might be to make sure when you end up having multiple . . . sub-groups of individuals coming together to form a Board of this kind, then I think we need to apply plenty of grace in our relationships with each other.

This quotation seemed to capture for people not only the often-repeated truths that collaboration is a time-consuming, tricky, and continuing process, but that there are important "intangibles" crucial to the success of collaborative efforts such as this.

The direct experiences of many partners, coupled with recommendations from the CIP, indicate that concerns about planning for continued support for the work of the URC and for its ongoing projects are crucial. Researchers "coming into communities and leaving nothing behind" symbolize the kind of work that Seattle Partners is attempting to change and guard against. In the past year, Seattle Partners has been considering the matter of project sustainability more explicitly. Several members interviewed just before the URC renewal was announced expressed concern that continued financial support from CDC came with certain constraints on the work of the URC. Implicit in the board's discussions of sustainability is the understanding that there may be some projects for which continued funding is appropriate and others that are by their nature limited in time and scope. Differentiating between these two is not always easy. The issue of sustainability is also complicated because it occurs on two levels at once: Individual projects may require creative planning and resources to carry on and develop, and Seattle Partners as a whole must assess the extent to which it continues to be a viable collaborative meeting community needs and fulfilling community interests.

Seattle Partners carries out its work in the context of this paradoxical aspect of participatory research: Sometimes the very actions that are designed to sidestep or correct the pitfalls of more traditional research create new dilemmas and difficulties. This is not to suggest that such new approaches ought not to be tried, or that the problems that may arise from them are necessarily worse than those that become apparent in traditional research projects. Indeed, one of the major accomplishments of Seattle Partners may be that it has succeeded and grown despite the difficult Seattle legacy of previous attempts to conduct community-based (nonparticipatory) research.

Seattle Partners members continue to discuss the tensions between "process" and "product"—between the trust building and infrastructure maintenance necessary for true partnerships and the actual project-related work that motivates all members. Staff and volunteers refer frequently to the lessons learned through the CIP that lay the groundwork for Seattle Partners and periodically find it necessary to renegotiate issues related to membership, decision making, and member roles. All of this may very well reflect the never-ending process of attempting to equalize power between community members and researchers. Through dedicated efforts to do research with a twist, Seattle Partners has developed essential trust and demonstrated that successful research-community partnerships are possible, given time.

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APPENDIX A

Community Collaboration Principles

- Community involved in plans and development *from the beginning*.
- Community partners have *real* influence on center direction and activities.
- Community involved with specific projects in

  objectives and selection

  implementation

  evaluation

  shared ownership of data

  interpretation and dissemination of research findings

- The values, perspectives, contributions, and confidentiality of everyone in the community are respected.
- Research process and outcomes will serve the community by

  sustaining useful projects

  producing long-term benefit for the community

  developing community capacity (training, jobs)

APPENDIX B

Vision

Seattle Partners for Healthy Communities is a collaboration of diverse community members, health care institutions, and researchers working together with mutual respect and support to improve community health and quality of life through shared priorities and common actions.

Mission

Seattle Partners works to improve the health of urban, disadvantaged Seattle communities by conducting community-based research and program evaluations to learn promising approaches in preventing disease, promoting healthy behaviors and environments, and influencing the underlying social factors that affect health such as education, income, housing, and economic development.

Goals

- Evaluate existing community-based programs that work and draw lessons from them that can be applied to other efforts
- Evaluate and/or create community-based programs that benefit the community and address unmet needs
- Foster mutually beneficial relationships among community members, community agencies, public health agencies, and researchers
- Work to change government, funding, and research institutions to make them more responsive to community needs
- Provide technical resources to support existing and new programs in program design and evaluation
- Create new models for community participation in health promotion activities

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