

## Budget Item recommendations from CCPH CBPR listserv members

### Researcher Costs

- IRB (if are there fees associated with IRB)
- Research Staff costs
- Technology supplies: equipment/programs/data storage (computers, phones, headsets software for data processing)
- Materials supplies: office supplies/participant materials supplies
- Payment or incentives for participants

### Community Org staffing/ misc costs

- Project staff during project implementation phase
- Project staff during data analysis phase
- Project staff time spent co-authoring papers (including potentially manuscript writing retreats)
- Also indirect costs to other staff who may be doing support tasks (emails, calls, networking, etc)
- Internet use/long-distance calls/other technologies costs like adding/upgrading software

### Community Workgroup/Team

- Stipends for members for meetings, work done outside of meetings (sometimes given in form of gift cards, for example when working with community members without legal status)
- Training for workshops in various areas including leadership, business management, CBPR, or other areas (ref the community needs). Training or staff capacity building (allows community members on your research team to attend trainings that can build their capacity/skills to do community-based research (focus group training, indigenous research training, IRB training, motivational interviewing, cultural trainings in their community from elders or healers, etc.) Training costs—for staff training at CBOs—again, food, meeting space, supplies, etc. as well as if necessary, to hire trainers, if those are not done by in-house staff

### Public Focus Groups

- Incentives (raffle items/prizes/gift cards)/Food
- Small stipends (some researchers do this/some pay for time with food/goodies)
- Materials to take away
- Travel cost reimbursement
- Facilitator time and travel costs

### Other Public costs

- Funds for community meetings. This provides resources they can use to report back to their community about the research project. They can decide on the format. Some of our communities have an annual evening “Report to the Community” meeting to give a status report on the research and to give the community a preliminary look at the data. The meetings can also solicit community input on how the data can/should be used in the community. These funds should allow for food (call it supplies) if this is important in this group.

### Travel costs

- Local travel time should be included for implementation staff (gas mileage/ bus passes)
- Rural travel costs for staff going out to focus groups (driving/flights/hotel/food/meeting rental space)

- National travel to conferences to present jointly with university based co-researchers.(plane/hotel/food per diem/other expenses?)
- Travel for community workgroup team members

### **Meeting costs**

*(Consider types of meetings: administrative, team, public/focus groups, trainings, manuscript writing retreats)*

- Meeting room rentals (in communities we might go out to)
- Food for meetings (both meetings with team and public meetings/focus groups)

### **Materials Costs:**

- Advertising study (web creation time, paper materials time and materials)
- Study materials (workbooks, headsets, etc)
- Dissemination costs (press releases, staff time communicating, etc)
- Stipends for community members to review materials/give feedback (one researcher shared that “Depending upon the # of people participating in the field testing and the amount of time – we give about \$25 per hour for their time and offer refreshments and/or childcare so they can participate.”)

### **Sustainability** *(no specifics but repeated emphasis on planning for this)*

- Funding to assist the community in making the intervention sustainable for some time period after the funding is gone.
- Funding for strategic and sustainability planning and continuation

### **Other Notes on funding for community partner:**

- General funding for the community organization (one person suggested \$10K+/year) to cover time for attending meetings, answering email, billing the university, taking IRB, supervising field staff, etc
- Another person recommended: “I have usually found it wise to find a way to add a “capacity” line to the community partner. This is simply an amount of money that compensates their staff for the distractions of research. In other words, if some key personnel are going to spend 20% of time on the project, the rest of the staff are still going to deal with extra friction in their jobs from the fact that their organization is participating in research. It’s a way of creating some slack for research to be a comfortable part of the organization rather than a big distraction for everyone. You can’t always call it “capacity” (although I sometimes do), sometimes I have called it a participant incentive.”
- “We paid our subcontractors indirect costs. It seemed only fair and their rates (while adding to the overall bottom line) were MUCH lower than those at our university!! We paid the 13% indirect a few years back”
- “Overhead (10-15%) which would pay for occupancy, telephone, wireless, new technology(computer or ipad)local travel and travel to at least one conference, professional development. Translation costs for materials (if applicable)”
- In our experience, we also try to include relevant operational costs. In most of our grants, indirects or overhead is not allowed, so we absorb these costs through specific operational expenses. For example, we include phone, IT, payroll fees, rent/space allocation (if allowable), audit (if allowable), and office supplies. We calculate these as allocated costs per FTE. So, if the grant includes 1.5 FTE of community salaries, then we multiply the FTE by an allocated amount per category (for example, office supplies are \$380/year per 1.0 FTE x 1.5 FTE = \$570)

The other costs we try to include are support salaries. So while there may be 1 person hired for the project, we may also include a small percentage (2-5%) of our grant manager, administrative assistant, or accountant to support the project.

- Child care, food, meeting space—Depending on the funder, you may or may not be able to include these, but we have gotten these in NIH grants in the past (though we hear they may be getting tougher), and we almost always include these at the CBO rather than university
- Make sure to include stipends or honorariums for community members who are on your advisory board. Also, include travel for them, depending on how is going where for meetings. We usually give \$50.00 per person per meeting plus travel if needed.
- Most grants have an allowable items list in the grant. Follow those carefully because it might kick back the grant.

#### **Miscellaneous Items to fund:**

- evaluation consultant
- protocol reviewer/lawyer
- liability insurance

#### **General CBPR tips:**

- Make sure that researchers are involved in intervention and conversely the intervention folks have a strong stake in the research.
- The Community Partner's line item should mirror the university's as it will have many of the same costs if the project is going to be a true CBPR project.
- Notes on focus groups (from Mary Anne Foo): "You may also want to run focus groups to obtain feedback from the different communities you are working with to ensure that the current curriculum for rural communities applies to the communities you are working with. So running 2 focus groups per community and depending upon the topic (you may need to separate males from females depending upon the sensitivity of the topic and the feelings of the communities you are working with). Depending upon the topic, we tend to run focus groups with various ages – older adults, adults, young adults and youth. For our breast and cervical cancer projects, we ran focus groups with women age 45 and over and women age 44 and younger due to generational differences. We also ran focus groups with their adult children and husbands/partners who helped them gain access to health care. You'd need a budget for facilitations, note takers, transcriptions, and back-translation of transcriptions, and incentives for participants. A \$40 incentive has worked well along with refreshments and child care"  
 "If you are going to do field testing, focus groups, etc. the community organization will need personnel time, supplies, laptops, recorders/transcription machines, refreshment funds, etc. What takes the longest is transcribing the focus groups – about 8 hours per 1.5 - 2 hour focus group. Then translating the transcription is another 8-12 hours depending upon how much was discussed."
- "From our experience as a community partner, we probably do the majority of knowledge mobilization - often on a peer to peer basis but also with policy makers. So, we have used funding resources to help us fulfill that role - which includes training of our volunteers in public speaking, media relations and lobbying skills. As well, hosting events where researchers present their findings - preliminary and final - so that our folks know about the new knowledge being generated. At all events we try to provide food and transportation subsidies and we provided modest honoraria as long as we could afford it."
- I think it is possibly a more comfortable for the community advisory group participants to meet at the partner organization, assuming they have some conference room space, rather than at the University
- In our experience, many of the costs have been both necessary and are usually easier and/or more appropriate to include in the community partners' budgets rather than university

Community-Engaged Research Team Support (CERTS)

# Tips & Strategies for Funding Community-Engaged Research (CEnR)

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# Goals



- To develop a fundraising plan that aligns with the principles and values of CEnR
- To strengthen proposals for CEnR
- To avoid common pitfalls in developing proposals for CEnR
- To stay informed about funding opportunities for CEnR

# Developing a Fundraising Plan



- Utilize all of your connections
- Be proactive, not reactive
- Consider non-traditional, creative funding
- Consider wide range of funding sources
- Stay on top of funding opportunities
  - CBPR Listserv: <http://bit.ly/bGKaix>
  - Grants.gov
  - RFP Bulletin: <http://bit.ly/Kcolbh>

# Considering a Given RFP



- Does it fit with partnership's priorities & agenda?
- Is funding agency knowledgeable, supportive of partnership approaches?
- What is its history of support?
- When is the proposal due?
- What is the time-frame for funding?
- Are components consistent with CEnR?
- What are review criteria?
- Are reviewers appropriate?

# Collaboratively Writing Proposals



- Start with a good idea
- Assemble research team
- Determine/clarify roles, responsibilities and expectations
- Make decisions about budget
- Review proposal



# Basic Proposal Writing Principles



- Develop your main idea.
- Target specific funding agency/announcement
- Craft a concept paper
- Work with program directors, mentors, peers & partners to refine
- Don't procrastinate – get started early, set aside dedicated time, submit only your best work (not rushed)
- Solicit, accept, and integrate feedback – before, during and after submission

# Basic Proposal Writing Principles



- Read and follow all instructions
- Conduct and demonstrate a thorough literature review
- Provide a specific rationale for your proposed study
- Be certain that your stated aims follow your rationale
- Present a complete and organized research plan
- Include legible tables and figures

# Common Reviewer Concerns



- Tired ideas, vague scientific rationales/connections
- Weak arguments for theoretical approach
- Lack of knowledge of published relevant work
- Inexperience with essential methodologies
- Disorganized research plans
- Insufficient quasi-experimental details
- Unrealistic amounts of work – overly ambitious
- Vague dissemination plans for proposed results
- Poor accounting for ethical issues

# What Drives Reviewers Crazy?



- Applicants don't follow instructions
- Inconsistencies between what's described in narrative & in budget
- Acronyms used & not explained
- Numbers in budget don't add up
- Multiple spelling mistakes
- Tiny type and/or too much text
- Data sources cited are old
- Letters don't actually say anything

# Common Pitfalls in CEnR Proposals




- Not clear how CEnR principles are integrated, how community was involved, benefits of partnership
- Failure to define community
- Underdeveloped community partnerships
- Community translation premature – intervention needs more work
- Unclear what will be left behind – continued impact of intervention, partnership, infrastructure, policy change
- Insufficient documentation of investigator experience

# What Drives Reviewers of CEnR Crazy?



- Significance & rationale based on national data
- Community described only by needs, not also assets
- No sound rationale for composition of partnership
- No clear link between community priorities & proposed focus/approach
- Study design has no room for participatory process
- No attention paid to barriers to participation
- No methods described for community engagement
- Community board mentioned but not described

# What Drives Reviewers of CEnR Crazy?

- 
- No evidence of community capacity building
  - Not clear how the funding is divided among partners
  - Not clear who contributed to proposal and how
  - Most or all of funding retained by applicant organization

# Ways to Strengthen Proposals



- Discuss idea with program officer
- Invite program officer to see your work in action
- Be creative while following instructions
- Review & cite applicant and peer review guidelines
- Ask trusted colleague to review
- Debrief on reviewer comments
- Volunteer to serve as proposal reviewer



# Citations



- Tips & Strategies for Developing Strong Community-Based Participatory Research Proposals. Community-Campus Partnerships for Health, 2011. <http://ccph.info> & <http://bit.ly/IHSbGI>
- The Examining Community-Institutional Partnerships for Prevention Research Group. Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum. 2006. <http://cbprcurriculum.info>
- Leap into the Community Technical Assistance Workshop sponsored by the NIH Office of Behavioral and Social Sciences February 29, 2008, <http://bit.ly/Kvn7aY>

# Contact Info



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## **Exhibit 1. CBPR reviewer and applicant guidelines\***

### **CBPR efforts that involve community and academic partners as collaborators have the potential to improve the quality and impact of research by**

1. more effectively focusing the research questions on health issues of greatest relevance to the communities at highest risk;
2. enhancing recruitment and retention efforts by increasing community buy-in and trust;
3. enhancing the reliability and validity of measurement (particularly survey) instruments through in-depth and honest feedback during instrument development and pretesting;
4. improving data collection through increased response rates and decreased social desirability response patterns;
5. increasing relevance of intervention approaches and thus likelihood for success
6. increasing accuracy and culturally sensitive interpretation of findings;
7. facilitating more effective dissemination of research findings;
8. increasing the potential for translation of evidence-based research into sustainable community change that can be disseminated more broadly.

A strong proposal based on CBPR principles will clearly describe how the potential benefits described above will be combined with strong scientific rationale and methodology as follows:

#### **Significance**

- Demonstrate the extent to which achievement of the aims will advance scientific knowledge and/or improve the methods or intervention approaches used within the field.
- Describe the potential impact of the study on reducing health disparities through increased knowledge and/or social change resulting from the community partnership.
- Convey the perceived importance and relevance of the research questions and proposed study to community partners and thus the likelihood for increased buy-in and participation.

#### **Innovation**

- Present specific aims that are original and innovative.
- Describe clearly how the proposal employs novel concepts, approaches, or methods.
- Demonstrate how the proposed project challenges existing paradigms or develops new methodologies.
- Describe how innovative ideas resulted from community participation in developing the research questions, methods, and/or intervention approaches.
- Discuss how community input generated innovative approaches to overcoming research challenges.

#### **Approach**

- Present a conceptual framework, design, methods, and analyses that are adequately developed and appropriate to the aims of the project.
- Describe the degree to which community input has or will enhance the conceptualization, design, methods, and analyses.
- Present strong arguments for the proposed study design as the best possible balance of scientific rigor, implementation constraints, and ethical treatment of community partners.

\*This exhibit is from the draft version of the CBPR report (Viswanathan M, Ammerman A, Eng E, Gartlehner G, Lohr KN, Griffith D, Rhodes S, Samuel-Hodge C, Mary S, Lux L, Webb L, Sutton SF, Swinson T, Jackman A, Whitener L. Community-Based Participatory Research: Assessing the Evidence, Evidence Report/Technology Assessment No. 99 [Prepared by RTI-University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016]. AHRQ Publication 04-E022-2. Rockville, MD: Agency for Healthcare Research and Quality. July 2004).

**Exhibit 1. CBPR reviewer and applicant guidelines (continued)**

- Provide the rationale for how the community partnership is expected to enhance recruitment, retention, measurement design, data collection, and analysis/interpretation.
- Discuss the plan for how the CBPR process will facilitate dissemination and translation of findings.
- Describe potential limitations of the study design and/or CBPR approach and how you will address these concerns.

**Translation (when relevant)**

- Demonstrate how the proposal will apply evidence-based research in the community setting to translate research findings into practice.
- Describe how the CBPR approach will enhance the potential for dissemination and long-term sustainability.

**Investigators**

- Provide information indicating that the training, qualifications, experience and commitment of the investigators are appropriate and well suited to the project.
- Document the experience of the investigators with prior CBPR efforts.
- Indicate the degree to which and in what way university and community partners have collaborated in the past.
- Describe the way in which community partners will be assured “a place at the table.”
- Indicate the specific expertise and strengths to be contributed by community partners.
- Include a representative community advisory board/steering committee to guide the design and conduct of the study.

**Environment**

- Describe the degree to which the institutional and scientific environment in which the work will be done contributes to the probability of success.
- Indicate whether the proposed study takes advantage of unique features of the scientific, institutional, or community environment or employs useful collaborative arrangements.
- Provide evidence of institutional and community support through letters and descriptions of prior collaboration.

**Budget**

- Discuss how direct costs are consistent with the proposed methods, specific aims, and CBPR approach.
- Provide good documentation for compensation to study participants and community partners in terms of ethical rationale and enhanced recruitment, retention, and participation.
- Provide justification for resources applied to enhancing the research capacity of community members (such as interviewer training) while improving your response rate.
- Provide justification for infrastructure support to community organizations.
- Create a mechanism whereby community organization can serve as the lead fiduciary agency.

Source: Adapted from “Instructions for Preparing Written Evaluations for R18 Applications” from the National Institute of Diabetes, Digestive, and Kidney Diseases

**Exhibit 2. CBPR reviewer checklist\***

Evidence in specific proposal sections should demonstrate combined strength in research methodology and community collaboration, according to the items in the sections below.

<b>Significance</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Reflects a synthesis of the latest epidemiological and clinical literature regarding the health problem identified and the existing barriers to change.</li> <li><input type="checkbox"/> Presents a clear and up-to-date understanding of CBPR literature and principles.</li> <li><input type="checkbox"/> Reflects a realistic understanding of the potential limitations of CBPR (such as significant time requirements subjectivity associated with community data collectors).</li> <li><input type="checkbox"/> Provides evidence (through letters of support, survey results, description of prior CBPR work in “preliminary studies”) that the health problem addressed is significant to community participants and thus likely to enhance their participation.</li> <li><input type="checkbox"/> Makes a convincing argument that a CBPR collaboration will increase the likelihood of future translation or dissemination through existing community channels, thus leaving something in place when the research ends.</li> </ul>
<b>Innovation</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Reflects creative problem solving to achieve the strongest possible blend of rigorous research methodology, feasibility, and community sensitivity. Presents the strengths and limitations of multiple possible approaches and a final plan.</li> <li><input type="checkbox"/> Builds on identified community strengths, such as existing organizations and networks, cultural beliefs, and political will.</li> <li><input type="checkbox"/> Reflects community input in the design of rigorous data collection approaches that are also acceptable to participants and respectful of their culture, time, and resources.</li> <li><input type="checkbox"/> Includes embedded substudies designed to assess the degree to which CBPR methods enhance or diminish research quality.</li> </ul>
<b>Approach</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Reflects community involvement in all phases of the research effort (community steering committee, representatives on the proposal team, feedback mechanisms) and provides structures for shared decisionmaking.</li> <li><input type="checkbox"/> Suggests an effort to provide research collaborators and participants with the necessary information and guidance about the research process to make informed choices regarding their involvement and contribution (in-service training, materials written in lay language).</li> <li><input type="checkbox"/> Builds on the knowledge and strengths of community collaborators in the areas of participant recruitment, measurement instrument development and testing, intervention development, and data collection (formative work, hiring community research assistants, involving local practitioners).</li> <li><input type="checkbox"/> Recognizes potential limitations of this approach and takes steps to address them (blinding interviewers about study status of subjects, plans for issues of confidentiality and research ethics, draws on research staff from outside the community to avoid bias when needed).</li> <li><input type="checkbox"/> Reflects a blend of flexibility and rigor in implementing sound research methods that respect participants’ interests.</li> <li><input type="checkbox"/> Measures include socioeconomic determinants of health, and interventions reflect an understanding of these influences.</li> <li><input type="checkbox"/> Intervention studies include cost-effectiveness analysis and feasibility assessment to determine long-term sustainability within the research community and/or other groups.</li> <li><input type="checkbox"/> Proposes presenting study results to members of the community (following rules of confidentiality) and seeking their input regarding interpretation, presentation, and dissemination of the data.</li> <li><input type="checkbox"/> Includes process measures to document and understand the partnership dynamics and the feasibility and acceptability of intervention, measurement, and data collection approaches.</li> </ul>

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**Exhibit 2. CBPR reviewer checklist (continued)**

<b>Translation (when relevant)</b>
<ul style="list-style-type: none"> <li>❑ Describes mechanisms and approaches to building individual and community capacity that remains with the community after the researchers are gone and increases the likelihood of achieving health improvements as a result of the research (e.g., training, hiring for research jobs, leadership roles, presentation of findings, infrastructure building, proposal writing).</li> <li>❑ Considers carefully the approach to dissemination of research findings while respecting confidentiality. Proposes sharing results with research participants and designing dissemination strategies involving community partners in the academic meetings, academics at community meetings, and print dissemination approaches for both academic and community-level distribution (newsletters, videos, lay publications, TV, and radio).</li> <li>❑ Includes plans to assess longer-term sustainability of interventions evaluated as part of the study.</li> </ul>
<b>Investigators</b>
<ul style="list-style-type: none"> <li>❑ Includes community members on the list of key personnel and provides biographical information about leaderships' roles and responsibilities in the community.</li> <li>❑ Ensures that biosketches and descriptions of academic partners reflect prior collaborative research involvement with communities (beyond simply research "in" the community).</li> <li>❑ Includes, in the preliminary studies section, relevant work of the academic as well as community partners.</li> </ul>
<b>Environment</b>
<ul style="list-style-type: none"> <li>❑ Includes a section on the community "environment" in terms of individual and institutional support (availability of space and facilities for data collection including blood specimens, meeting rooms for interventions and community advisory board/steering committee meetings).</li> <li>❑ Describes the political environment as either a support or challenge related to sensitive research topics such as HIV-AIDS, smoking, or domestic violence.</li> <li>❑ Indicates the degree to which resources obtained for the proposal would be used to enhance the research environment within the community if this is lacking (e.g., computers for data collection, refrigerator for blood specimens).</li> </ul>
<b>Budget and Timeline</b>
<ul style="list-style-type: none"> <li>❑ Reflects the resources and time needed to develop or enhance community partnerships.</li> <li>❑ Includes resources and a strong rationale for expenses related to recruitment, retention, and partnership building while respecting the cost of research to participants and community partners (food, travel, lodging, meeting room rental, office supplies for community-based research staff, reimbursement or incentives for lay health advisors).</li> <li>❑ Includes and justifies the cost of training and materials to institutionalize interventions or initiate efforts by the community to address policy and environmental change as a result of research findings.</li> </ul>

The following framework was produced as a culmination of recent meetings with experts in research grant administration, training, peer review, ethics, and community research and a literature review of published and non-published articles and reports on community engagement in research in general and specifically in peer review. Previous COPR reports were also considered for reference: (1) Report and Recommendations on Public Trust in Clinical Research, (2) Enhancing Public Input and Transparency in the NIH Research Priority Setting Process, and (3) Human Research Protections in Clinical Trials: A Public Perspective. The framework below follows on recommendations in the COPR reports mentioned. NIH is currently considering implementation of the framework recommendations. See also Community Engagement Framework for Development of Education/Training for Researchers.

## COMMUNITY ENGAGEMENT FRAMEWORK FOR PEER REVIEW GUIDANCE

### Peer Review Criteria for Assessing Community Engagement in Research Proposals

(see also Community Engagement Framework for Development of Education/Training for Researchers)

*This table provides a list of criteria suggested for reviewers to be able to review community engagement research proposals effectively. Also included are suggested criteria for reviewer to use in assessing research applications involving community engagement.*

*In addition to the information in this table, peer reviewers who are assessing whether a study represents a true community engagement effort should consider the table of Values, Strategies, and Outcomes for Investigators Who Want to Engage the Community in their Research.*

*Principal investigators may come from an academic institution. Co-investigators may come from an academic institution or a community organization. This table addresses both types of investigators because an effective arrangement is for community engagement research projects to be led by a team of academic and community co-investigators as partners.*

Criteria	Evidence
<b><i>For reviewers:</i></b>	
1. Peer reviewers understand, have experience, or both in conducting research that involves community engagement as defined by COPR	<ul style="list-style-type: none"> <li>• All reviewers understand the requirements of community engagement in research to be able to assess community engagement proposals</li> </ul>
2. Peer reviewers understand the value added by public review panel members	<ul style="list-style-type: none"> <li>• Public reviewers provide the patient/public perspective in assessing scientific excellence (1)</li> </ul>
<b><i>For the application:</i></b>	
3. Evidence of an equitable partnership between the investigators and the community partner	<ul style="list-style-type: none"> <li>• Community partner is identified and demonstrates acceptance of the role as a <i>partner in research</i></li> <li>• Community of interest is clearly defined (2)</li> <li>• Community agencies consistently access students and/or faculty as resources for their work through course-based projects, community-based research, service, or other activities (3)</li> <li>• Investigators have demonstrated involvement in the community and know which topics are of interest to the community and which community representatives can be brought together to discuss these topics (4)</li> <li>• Community partner and investigators share power and responsibilities equally</li> </ul>
4. The investigators have defined the relevant community or communities	<ul style="list-style-type: none"> <li>• The community is defined using tangible and explicit criteria, such as common interest, identity, characteristics, or condition (5)</li> </ul>

Criteria	Evidence
5. The investigators have identified the appropriate community or communities for the project. The community co-investigator has identified the appropriate research partner for the project	<ul style="list-style-type: none"> <li>• The investigators have identified the community members who will participate in the research as partners (5)</li> <li>• The community co-investigators have identified the academic co-investigator who will participate in the research as a partner</li> </ul>
6. Community engagement is an integral part of the research	<ul style="list-style-type: none"> <li>• Investigators provide a sound rationale and track record (if applicable) for community engagement in the study</li> <li>• A clear link exists between community-defined priorities and the proposed research focus and approach (6)</li> <li>• The proposal addresses not just research methods, but also methods of building and sustaining community partnerships and community participation (6)</li> <li>• The proposal includes a management plan for maintaining transparent communications between the community and the academic partners</li> <li>• Investigators describe existing or proposed involvement with one or more community-based organizations (5)</li> <li>• The investigators involve the community as an equal partner in the research process, including priority setting, participation, and followup (7)</li> <li>• Community partner participation may enhance, but does not focus solely on, recruitment and retention of research subjects</li> </ul>
7. Community played an appropriate and meaningful role in developing the application	<ul style="list-style-type: none"> <li>• Letters of support were clearly written by the community, not the investigator (8)</li> <li>• Proposal offers evidence that the planning, organization, structure, and design of the research reflect a genuine collaboration between the partners (9)</li> </ul>
8. Appropriate division of funding among partners	<ul style="list-style-type: none"> <li>• The amounts going to the academic partner and the community are transparent, clear, fair, and appropriate (8, 9)</li> </ul>
9. Sound science	<ul style="list-style-type: none"> <li>• Community engagement projects meet the same rigorous scientific standards as other projects</li> <li>• Project addresses an important scientific health problem (9)</li> <li>• If project aims are achieved, this will advance scientific knowledge, community health, or clinical practice (9)</li> </ul>
10. Training opportunities	<ul style="list-style-type: none"> <li>• The application includes plans to train investigators, trainees, and scholars in the methodology of community engagement in research (7)</li> <li>• The application includes a plan to train community partners in research methodology</li> <li>• The application includes a plan to train the research team in translating research findings into policy and practice</li> </ul>
11. Appropriate environment	<ul style="list-style-type: none"> <li>• The environment in which the research will be done enhances the likelihood of success (9)</li> <li>• The research benefits from unique features of the environment or study population (9)</li> <li>• The community benefits from the presence and implementation of the research</li> </ul>



Criteria	Evidence
12. Impact	<ul style="list-style-type: none"> <li>• The project will lead to improved public understanding of research (9)</li> <li>• The project will produce strategies for promoting collaboration between academic intuitions and the community to improve the public's health (9)</li> <li>• The research will foster long-term, bidirectional relationships between the academic institution and the community for the benefit of both (7)</li> <li>• The research will support positive social change in the community's health</li> </ul>

### REFERENCES

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8. Seifer SD. Tips & Strategies for Developing Strong Community-Based Participatory Research Proposals. Community-Campus Partnerships for Health. [http://depts.washington.edu/ccph/pdf\\_files/cbpr-reviewf.pdf](http://depts.washington.edu/ccph/pdf_files/cbpr-reviewf.pdf).
9. Template for Writing Critiques for the Partners in Research Program, RFA R03, April 2008. *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institutes of Health.



## **Tips & Strategies for Developing Strong Community-Based Participatory Research Proposals**

### **What drives all reviewers crazy?**

1. When applicants don't follow the instructions
2. When there are inconsistencies between what's described in the proposal narrative and what's included in the budget
3. When acronyms are used and not explained
4. When numbers in the budget don't add up
5. When there are multiple spelling mistakes
6. When tiny type is used and there is hardly any white space
7. When the data sources cited are old
8. When letters of support don't actually say anything (e.g., they all simply repeat the same language, they are not consistent with commitments described in the proposal narrative and/or budget)

### **What drives CBPR reviewers crazy?**

1. When the argument for the study's significance and relevance in a particular community are based on national data
2. When a community is described only in terms of its needs and not also its strengths and assets
3. When no sound rationale is provided for the composition of the partnership
4. When there is not a clear link between community-defined priorities and the proposed focus and approach
5. When the study design is so specific and detailed that there is no room for a participatory process
6. When no attention is paid to barriers to community participation (e.g., childcare, transportation, interpretation services)
7. When attention is paid to the research methods but not the methods of building/sustaining community partnerships and community participation
8. When a community board is to be established, but no detail is provided about board member recruitment, composition, role, staff support, etc.
9. When there is no evidence of community capacity building (e.g., creating jobs, developing leaders, sustaining programs)
10. When it is not easy to discern how funding is being divided among partners (e.g., show what % is going to the community vs. the university)
11. When it is not clear who was involved in developing the proposal and how it was developed
12. When most or all of the funding is retained by the applicant organization.

## Ways to strengthen your proposal

1. Be creative (e.g., use stories, quotes and photos to help make your case)
2. Ask trusted colleagues not involved in the proposal to review drafts and be brutally honest
3. Invite representatives of potential funding agencies to visit your community and see your work in action up-close (e.g., invite to be a speaker at a community forum, to serve on an advisory committee)
4. Take advantage of opportunities to discuss your proposal idea with a funding agency representative before you submit it
5. Debrief on any and all comments received by reviewers
6. Volunteer to be a proposal reviewer – reviewing proposals will make you a better grant writer
7. Review the peer review guidelines for community-engaged research developed by the NIH Council of Public Representatives:  
[http://depts.washington.edu/ccph/pdf\\_files/3-Peer\\_Review\\_Framework.pdf](http://depts.washington.edu/ccph/pdf_files/3-Peer_Review_Framework.pdf)
8. Review the reviewer and applicant guidelines in the appendix of the Agency for Healthcare Research and Quality Evidence Report on CBPR  
<http://www.ahrq.gov/clinic/evrptpdfs.htm>

## Other ideas

Consider a wide range of funding sources. For example, did you know...

- a. The Indian Health Service funds CBPR?  
<http://www.ihs.gov/Research/index.cfm?module=narch>
- b. The Administration for Children and Families funds CBPR?  
<http://www.acf.hhs.gov/programs/opre/project/headStartProjects.jsp>
- c. The Sociological Initiatives Foundation funds CBPR?  
[http://www.sifoundation.org/?page\\_id=2](http://www.sifoundation.org/?page_id=2)
- d. Funding agencies that say “we don’t fund research” do fund community-based participatory approaches to community-building and addressing social justice issues?  
[http://depts.washington.edu/ccph/PM\\_100705.html#MessageFromExecDirector](http://depts.washington.edu/ccph/PM_100705.html#MessageFromExecDirector)

## Stay on top of CBPR funding opportunities

1. Join the CBPR listserv co-sponsored by CCPH and the Wellesley Institute:  
<https://mailman1.u.washington.edu/mailman/listinfo/cbpr>
2. Follow funding announcements posted by CCPH on twitter:  
<http://twitter.com/CCPH2010>

**Exhibit 2. CBPR reviewer checklist\***

Evidence in specific proposal sections should demonstrate combined strength in research methodology and community collaboration, according to the items in the sections below.

<b>Significance</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Reflects a synthesis of the latest epidemiological and clinical literature regarding the health problem identified and the existing barriers to change.</li> <li><input type="checkbox"/> Presents a clear and up-to-date understanding of CBPR literature and principles.</li> <li><input type="checkbox"/> Reflects a realistic understanding of the potential limitations of CBPR (such as significant time requirements subjectivity associated with community data collectors).</li> <li><input type="checkbox"/> Provides evidence (through letters of support, survey results, description of prior CBPR work in “preliminary studies”) that the health problem addressed is significant to community participants and thus likely to enhance their participation.</li> <li><input type="checkbox"/> Makes a convincing argument that a CBPR collaboration will increase the likelihood of future translation or dissemination through existing community channels, thus leaving something in place when the research ends.</li> </ul>
<b>Innovation</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Reflects creative problem solving to achieve the strongest possible blend of rigorous research methodology, feasibility, and community sensitivity. Presents the strengths and limitations of multiple possible approaches and a final plan.</li> <li><input type="checkbox"/> Builds on identified community strengths, such as existing organizations and networks, cultural beliefs, and political will.</li> <li><input type="checkbox"/> Reflects community input in the design of rigorous data collection approaches that are also acceptable to participants and respectful of their culture, time, and resources.</li> <li><input type="checkbox"/> Includes embedded substudies designed to assess the degree to which CBPR methods enhance or diminish research quality.</li> </ul>
<b>Approach</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Reflects community involvement in all phases of the research effort (community steering committee, representatives on the proposal team, feedback mechanisms) and provides structures for shared decisionmaking.</li> <li><input type="checkbox"/> Suggests an effort to provide research collaborators and participants with the necessary information and guidance about the research process to make informed choices regarding their involvement and contribution (in-service training, materials written in lay language).</li> <li><input type="checkbox"/> Builds on the knowledge and strengths of community collaborators in the areas of participant recruitment, measurement instrument development and testing, intervention development, and data collection (formative work, hiring community research assistants, involving local practitioners).</li> <li><input type="checkbox"/> Recognizes potential limitations of this approach and takes steps to address them (blinding interviewers about study status of subjects, plans for issues of confidentiality and research ethics, draws on research staff from outside the community to avoid bias when needed).</li> <li><input type="checkbox"/> Reflects a blend of flexibility and rigor in implementing sound research methods that respect participants’ interests.</li> <li><input type="checkbox"/> Measures include socioeconomic determinants of health, and interventions reflect an understanding of these influences.</li> <li><input type="checkbox"/> Intervention studies include cost-effectiveness analysis and feasibility assessment to determine long-term sustainability within the research community and/or other groups.</li> <li><input type="checkbox"/> Proposes presenting study results to members of the community (following rules of confidentiality) and seeking their input regarding interpretation, presentation, and dissemination of the data.</li> <li><input type="checkbox"/> Includes process measures to document and understand the partnership dynamics and the feasibility and acceptability of intervention, measurement, and data collection approaches.</li> </ul>

\*This exhibit is from the draft version of the CBPR report (Viswanathan M, Ammerman A, Eng E, Gartlehner G, Lohr KN, Griffith D, Rhodes S, Samuel-Hodge C, Mary S, Lux L, Webb L, Sutton SF, Swinson T, Jackman A, Whitener L. Community-Based Participatory Research: Assessing the Evidence, Evidence Report/Technology Assessment No. 99 [Prepared by RTI-University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016]. AHRQ Publication 04-E022-2. Rockville, MD: Agency for Healthcare Research and Quality. July 2004).

**Exhibit 2. CBPR reviewer checklist (continued)**

<b>Translation (when relevant)</b>
<ul style="list-style-type: none"> <li>❑ Describes mechanisms and approaches to building individual and community capacity that remains with the community after the researchers are gone and increases the likelihood of achieving health improvements as a result of the research (e.g., training, hiring for research jobs, leadership roles, presentation of findings, infrastructure building, proposal writing).</li> <li>❑ Considers carefully the approach to dissemination of research findings while respecting confidentiality. Proposes sharing results with research participants and designing dissemination strategies involving community partners in the academic meetings, academics at community meetings, and print dissemination approaches for both academic and community-level distribution (newsletters, videos, lay publications, TV, and radio).</li> <li>❑ Includes plans to assess longer-term sustainability of interventions evaluated as part of the study.</li> </ul>
<b>Investigators</b>
<ul style="list-style-type: none"> <li>❑ Includes community members on the list of key personnel and provides biographical information about leaderships' roles and responsibilities in the community.</li> <li>❑ Ensures that biosketches and descriptions of academic partners reflect prior collaborative research involvement with communities (beyond simply research "in" the community).</li> <li>❑ Includes, in the preliminary studies section, relevant work of the academic as well as community partners.</li> </ul>
<b>Environment</b>
<ul style="list-style-type: none"> <li>❑ Includes a section on the community "environment" in terms of individual and institutional support (availability of space and facilities for data collection including blood specimens, meeting rooms for interventions and community advisory board/steering committee meetings).</li> <li>❑ Describes the political environment as either a support or challenge related to sensitive research topics such as HIV-AIDS, smoking, or domestic violence.</li> <li>❑ Indicates the degree to which resources obtained for the proposal would be used to enhance the research environment within the community if this is lacking (e.g., computers for data collection, refrigerator for blood specimens).</li> </ul>
<b>Budget and Timeline</b>
<ul style="list-style-type: none"> <li>❑ Reflects the resources and time needed to develop or enhance community partnerships.</li> <li>❑ Includes resources and a strong rationale for expenses related to recruitment, retention, and partnership building while respecting the cost of research to participants and community partners (food, travel, lodging, meeting room rental, office supplies for community-based research staff, reimbursement or incentives for lay health advisors).</li> <li>❑ Includes and justifies the cost of training and materials to institutionalize interventions or initiate efforts by the community to address policy and environmental change as a result of research findings.</li> </ul>