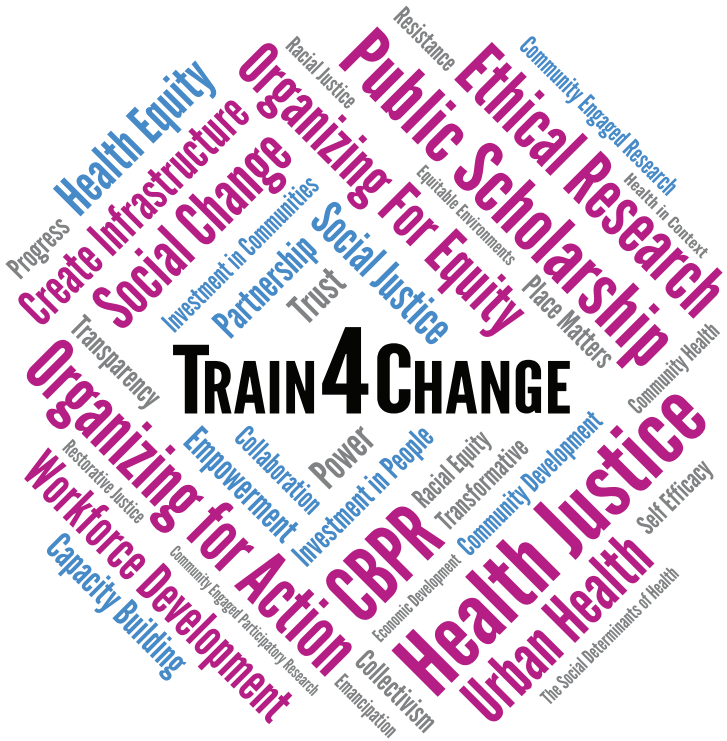

Investing in People, Advancing Equity: A New Model of Community Collaborative Research

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January 2016

> “Any situation in which some men prevent others from engaging in the process of inquiry is one of violence;... to alienate humans from their own decision making is to change them into objects.”
>
> – PAULO FREIRE

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Executive Summary

What are the benefits of academic research?

Who are the beneficiaries of academic research?

How are the benefits of academic research conceptualized and defined?

Who decides?

There are deep divides between the people and institutions that undertake public health research and the communities and people that may be involved, impacted by or subject to research activities. The research enterprise is situated within an intricate web of relationships, interests, agendas, motives, and opportunities that are defined by power and privilege. There is thus a tenuous, frequently tense relationship between researchers, research institutions, funders, the people and communities that may benefit from engagement in research. Although research has the potential to advance social justice, affect positive change, and respond to pressing social needs, all too often there is a dissonance that serves to reinforce inequities rather than eliminate or reduce them. Research is capable of empowering marginalized communities, which are overwhelmingly low-income communities and communities of color. Through changes in how we approach and conceptualize the research enterprise, we can create sustainable and meaningful change by building on community strengths and emphasizing research that is mutually beneficial in the short and long term, for all partners and stakeholders.

If communities are to benefit from funded research, trust must be built and equitable research partnerships nurtured between communities and the academic institutions who engage in research with and within communities. To not invest in these relationships reinforces historically exploitative relationships between those who have power, such as academic researchers and academic institutions, and those who have been historically disempowered by society and its

institutions, particularly communities of color. This outcome is compounded by the financial gains to the institutions with a social charged to build the knowledge base- irrespective of whether or not research has a positive impact on people and communities. Because of their non-profit status, academic institutions do not pay taxes on funds awarded for the direct or indirect costs of conducting research. Because institutions do not pay property taxes, which ordinarily go back into communities, communities should experience benefits in proportion to the value of the tax exemption given to institutions, which constitutes a loss of tax revenue. Although the benefits of participating in research are of questionable benefit to the communities that host and are targeted by research, diverse community stakeholders- individuals, citizen groups, community based organizations, coalitions- continue to participate in research. However, their experience and participation is unequal to the researchers and institutions studying them. This inequity in the purpose, process, and practice of research is an injustice that must be overcome.

In order for academic research to be transformative, it must first address the historical injustices and systemic factors that have marginalized and excluded low income communities and communities of color. Public health research focuses on addressing public health problems, advancing progress and social change by changing individual behaviors, but there should be a greater focus on addressing the context in which individual health decisions are made. We recommend not only exploring impacts to individuals, but also examining the community, socioeconomic, historical and policy contexts that influence health outcomes. Through this shift in focus, academic research can empower communities to meet their own needs sustainably while building on their strengths. When community-academic partnerships are equitable, they will find mutually beneficial outcomes without any tradeoffs to the subjects of study.

I**n the following pages we introduce a critical philosophy of community responsive research emphasizing that communities experience equal benefits from research in the short and long term.** We propose that public health research move away from traditional academic and gatekeeper models to reframe research through the lens of community development: interventions that leave lasting impacts past the project period and after grant funds are exhausted. Achieving that requires consideration and thoughtful attention to identifying the benefits of academic research, the beneficiaries of academic research, how those benefits are conceptualized and defined and, perhaps most importantly, who has decision making power and is able to make those determinations. This model thus not only requires researchers sharing power with communities, it also requires giving up some of the power inherent to the research enterprises, power that moreover is intertwined with the grant funds that drive the research enterprise and

provide an untaxed cash-flow to research institutions. This new philosophy also requires that researches work as advocates of social justice to create partnerships and programs that foster macro-level, systemic, and sustainable change in order to provide the resources, opportunities, and create the environments people need to be healthy and thrive throughout the life-course. Researchers must recognize the potential that funded research and interventions, the vast majority of which is publicly funded, have for community development: to create sustainable change that shapes community wellbeing.

If research partnerships become a means for community development, equity can ultimately be achieved. By establishing a joint research agenda, community and academic research institutions will have an equal voice in the conceptualization, planning, development, implementation, and evaluation of research outcomes. This nuanced method of approaching research encourages new questions about the root causes of public health topics by shifting the focus to a health equity framework that moves past the social determinants of health to address the socioeconomic, political, historical, and policy factors that created the social determinants of health in the first place. These questions can lead to more sustainable intervention strategies that have immeasurable impacts on a community health outcomes. Additionally, by adopting a social justice framework, academic institutions can lend the power and respect that their status affords them to community voices that have been historically marginalized and undervalued. This equal partnership can truly lead to the empowerment of low-income communities and communities of color, allowing research to become a tool for equity through community development.

James Jennings, PhD
Professor Emeritus
Tufts University
January 2016

Introduction

Public Health[1,2]

What is it?

Public health is the practice and science of protecting and improving the wellbeing of individuals, families, and communities through efforts to advance the social and environmental conditions people need to be healthy. This aim is achieved through research and practice focused on the prevention, reduction, and elimination of injury, disease and disability. Public health promotes mental and physical wellbeing, as well as safety for individuals and communities, particularly those from underserved and marginalized demographic groups. It also encompasses the enforcement of regulations and policies that foster health. Work is carried out in smaller organizational and community settings, as well as at the population level. Promoting health equity and improving healthcare quality and access across cultures and classes is a major tenet of public health.

HEALTH EQUITY	HEALTH INEQUITIES
The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. *–Healthy People 2020*	*Health inequities are differences in health outcomes and health care delivery that are unnecessary, avoidable, unfair and unjust* *–World Health Organization 2008*

Who does it?

Public health is an interdisciplinary field that includes researchers, community educators, practitioners, activists, organizers, and policy makers. The work takes place in local, state, and national government agencies, university and other research centers, hospitals and health centers, and community-based organizations.

Workforce Development[3,4]

What is it?

Workforce development is an integral part of community development that targets employment and training activities to provide education for work and targeted assistance to employers. The goal of workforce development is providing individuals with the means for a sustainable livelihood, and aims to develop skills and provide applied job training to improve employability in business sectors currently in need of workers. The promotion of career pathways, typically involving internships, apprenticeships, or other on-the-job training, is an effective workforce development strategy for both employers and job seekers.

Who does it?

Workforce development increases both individual and organizational capacity. The business community is the largest funder of workforce development through employee development programs. Other common providers and funders of workforce development programs include community-based organizations, government agencies, and community colleges.

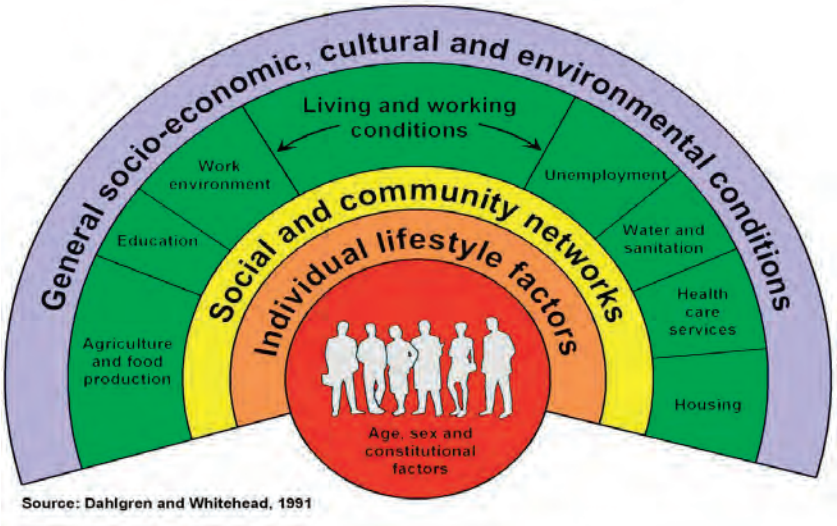
The Intersection of Public Health and Workforce Development

The goals and values espoused by workforce development and public health make them complementary fields. Employment is a key determinant of health: an individual who does not have health and wellbeing may struggle to find work; an individual without work will find health and wellbeing more difficult to achieve. Similarly, the health of a community is tied to the employment of its citizens. The sustainable livelihoods sought by workforce development promote public health outcomes through a variety of pathways. Increased skill levels can lead to employment in a better job, possibly meaning a safer work environment, less physically strenuous work, and greater financial and employment stability among other factors positively impacting individual health. Increased income can be used to purchase more and healthier foods, as well as lowering stress related to budget shortfalls. An increased hourly wage may require fewer hours of work,

freeing time for loved ones, relaxation, exercise, and other health-promoting activities. On the community level, higher incomes mean more revenue to area businesses and to the local tax base; in turn, creating a higher demand for employees. Added tax revenue can also be used to fund future public health and workforce development interventions. The cycle of increased revenue adding to local job opportunities helps individuals and communities become healthier and more sustainable. Unfortunately, the interconnected nature of workforce development and public health is not substantively reflected in public health intervention research, not prioritized by funders, and not incentivized by current funding priorities and opportunities.

The Current State of Research

Experts across sectors are separated into silos. On the academic side, thinkers and researchers in distinct disciplines rarely communicate or collaborate with those outside of their area of expertise. Successfully tackling issues as complex as health inequities through public health improvement and workforce development requires a holistic and coordinated multidisciplinary strategy informed by multiple sectors. Additionally, experts from academia, community-based organizations, and government agencies must come together to think about what needs to be assessed and how to effectively foster positive change. The first step in this process entails the recognition of the impact of employment and other community factors on health outcomes by public health experts. In public health, there is increased attention on the social determinants of health5, including socio-environmental factors influencing health, functioning, and quality of life.



Health in All Policies

Renewed focus on the social determinants of health is fueling a movement for a "health in all policies" approach to public health policy and efforts to improve population health. Health in all policies calls for the promotion of health in a wide range of policy areas that underscore the foundations of community development: economic investment, education, housing, social welfare, immigration, and other arenas where impacts on health outcomes have been less studied. A health in all policies approach thus requires funding streams that span diverse topics for research and interventions. Diversified funding would create opportunities for practitioners, researchers, and policymakers to bring together their collective expertise. It could also create opportunities for individuals and communities to experience short-term benefit from efforts targeted to them. This would encourage the design of innovative solutions to public health issues as different explanatory frameworks and philosophic lenses are combined in a single approach.

The Failure of Current Workforce Development Policies[6,7]

The Personal Responsibility and Work Opportunity Act (PRWORA) of 1996 cemented current federal regulations tying worthiness to receive government assistance to participation in the workforce. The new policy replaced the entitlement program Aid for Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF), a means-tested welfare assistance

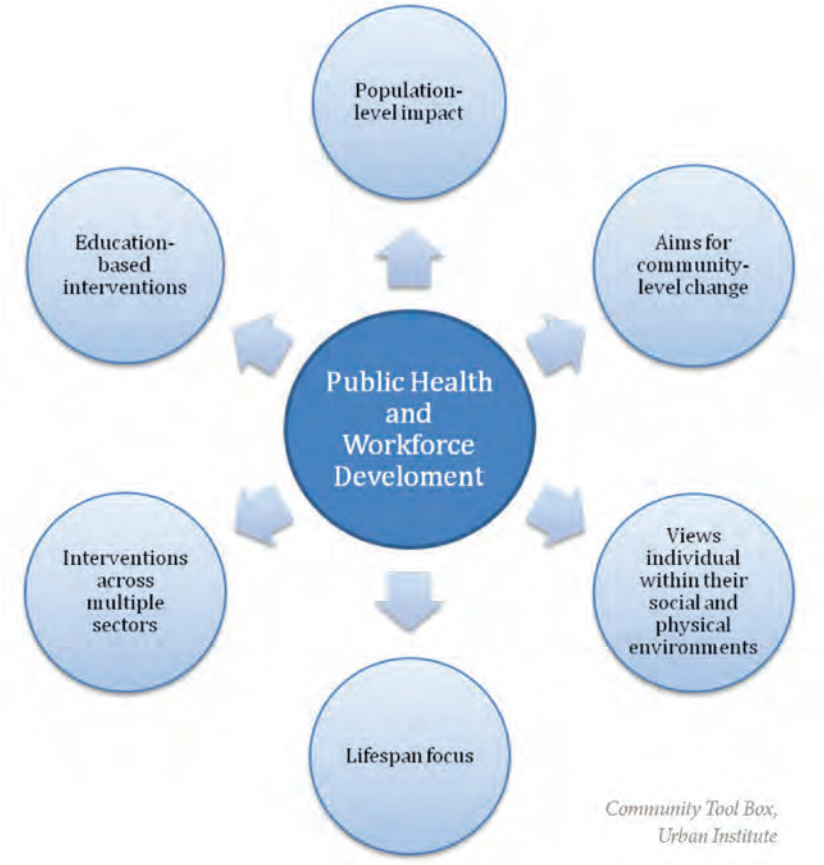
block-grant program to individual states. The language clearly emphasizes the short-term nature of the social safety net. Importantly, if a person is not "willing" to work, they do not deserve societal support. This judgment of what constitutes need worthy of public assistance does not take into account a lack of suitable employment opportunities, the likelihood of earning a living wage, or access to a career pathway, often unavailable in low-income communities. People of color, concentrated in economically depressed and historically disinvested areas, can be required to make long commutes in order to find job opportunities or to work multiple low-wage jobs to make ends meet. In so-called "Welfare to Work" programs, the wages of workers compelled to participate are partially subsidized by public funds. This means the employer is responsible for a rate below the minimum wage. When the subsidy period ends, workers risk being let go to make way for the next batch of subsidized employees. This cycle of unemployment to substandard employment back to unemployment calls into question the very foundation of TANF and work-based assistance programs: the notion that individuals on welfare can support themselves through work if they only wanted to. The ethics of the work requirement for welfare recipients is especially dubious in the case of single mothers forced to find alternative childcare arrangements, the cost of which often exceeds income even when accounting for publicly subsidized childcare assistance. The availability of education and training programs will only become a priority once workforce development policies shift from a goal of obtaining any job to a goal of securing sustainable employment that supports the basic standard of living to be expected in the United States, the wealthiest country in the history of the world.

Designed at the implementation of PRWORA, the Workforce Investment Act is the major source of public funding for workforce development programs. Most funding through this policy is funneled to career centers, which focus on placing already employable individuals into appropriate jobs. While this strategy does qualify under the technical definition of workforce development, it does nothing to increase skill levels or promote career advancement. Additionally, focusing the minimal funding available on already employable workers leaves those needing the most assistance without anywhere to turn for help. This includes those requiring support with even basic workforce skills such as a high school degree or equivalent, English language competency, or mathematic and reading literacy. These are the individuals most in need of workforce development assistance, yet are among the least likely to receive it due to the insufficient funding. The Workforce Investment Act evaluates the success of its workforce development programs through "Common Measures:" individuals entering employment, retention of employment after 9 months, and average income[7]. Those measures incentivize job placement centers to target immediate employment opportunities, rather than careers with long-term potential. Employment requiring internships or credentialing

programs, while typically garnering higher wages, will be discouraged due to not providing immediately measurable outcomes. A more holistic approach, acknowledging the context in which a person finds and maintains a job, is necessary to meet the larger goal of community development through workforce development. Better employment opportunities lead to improved economic and physical health in communities, as workforce development and public health are clearly linked.

Advancing Change[8,9]

Understanding the areas for improvement within workforce development policies and how they may help promote the health of people illustrates the importance of a health in all policies framework. Most federal funders and implementers of workforce development interventions already hold



in-house the expertise needed to incorporate public health principles into their policy decisions. The Department of Housing and Urban Development, the Department of Health and Human Services, the National Science Foundation, the Department of Agriculture, and the Department of Energy all fund programs separately targeting both health promotion and economic development[8]. Programs carried out through regional, state, and municipal agencies like departments of transportation and area planning councils grapple with impacts on health, safety, and wellbeing promotion while implementing programs targeting economic development. Breaking down the silos within these agencies to form intra-organizational collaborations is the first step toward a health in all policies perspective being implemented.

Similarly, community-based organizations providing either workforce development or engaged in public health research could integrate those units or work in collaboration with other agencies, to create programs improving economic and health outcomes at the same time. For this to happen, local entities like community development financial institutions and foundations need to request multiple outcome target areas, encourage and incentivize multi-disciplinary proposals.

Anchor Institutions

Community anchor institutions, such as universities and hospitals, could have an important role in the integration of public health and workforce development in grant-funded projects. Anchor institutions are "place-based entities" linked to their communities, differing from a business in that they cannot easily relocate for economic benefit9. Anchor institutions have a major impact on the direction of research and interventions, as they house human and intellectual capital in addition to economic resources dedicated to funding grant-based research and interventions. They are also structurally distinct from other community entities, public agencies, and social institutions.

The Need for Change[9,10,11]

Billions of dollars are spent annually on research, much of it channeled through anchor institutions. While anchor institutions are among the major employers in nearly all American cities[9] and are critical assets in the economic development of the communities where they sit, more can be done to spread value to those communities. Most universities and hospitals are nonprofit organizations, qualifying them for tax-exempt at a yearly cost savings of billions of dollars. In exchange, nonprofit organizations are mandated to provide community benefits such as improving community-wide health, research, and education. Unfortunately, these benefits are defined by institutions, as opposed to determined by community needs.

The communities closest to hospitals and universities are studied time and time again with little attention to how responsive or appropriate such activities are to community needs and characteristics, resulting in questionable benefits and mistrust. Benefits, rather, are accrued in the halls of hospitals and universities where researcher salaries are paid with grant funding and prestige is gained through publishing from funded research. After the period of study ends, communities are often left wondering about the research outcomes and scrambling to find alternative funding for programs researchers abandon when the grant lapses (i.e.: afterschool programs for children); an aftershock with very real consequences for people that is inherent to research activities lacking continuity and a sustained commitment to community improvement in the long term.

Collaborative models involving communities in choosing study topics and designing interventions, such as community-engaged research and community-based participatory research, remain uncommon. Universities and hospitals are heavily supported by taxpayer funded extramural grants, which are frequently awarded with the pretext of benefiting host and partner communities participating in research. However, little tangible benefit transfers beyond the walls of the institutions, which are not encouraged or financially incentivized to advance community improvements past the grant period and which do not experience the social costs of community disinvestment. Rather the social costs to communities from unmet community development needs, characterizing the oft-identified rationale for the academic research imposed upon them, creates incentives for further research in disinvested communities. A philosophical lens emphasizing enduring investment in communities from anchor institutions using extramural grant funding is needed as the current state of affairs is ethically questionable and may very well cause harm. For communities to benefit from research, anchor institutions should concentrate on growing local economic and social capacity through collaboration and technical support for community development organizations and through education and training opportunities. Useful indicators of economic and health investment from anchor institutions could include micro-loans, small business grants, scholarships or reduced tuition for students, and hiring from local communities, particularly members of underrepresented groups. Moreover, worthwhile research projects should combine short and long term benefits to communities and residents with those to individual researchers and institutions in the long term.

Ultimately, the ability of anchor institutions to build capacity through action-oriented research can be gauged through the presence or absence of sustainable achievements made after the funding period ends. If nothing else, healthier and better-educated local community members will provide cost savings for the anchor institutions that serve and hire them while building the trust

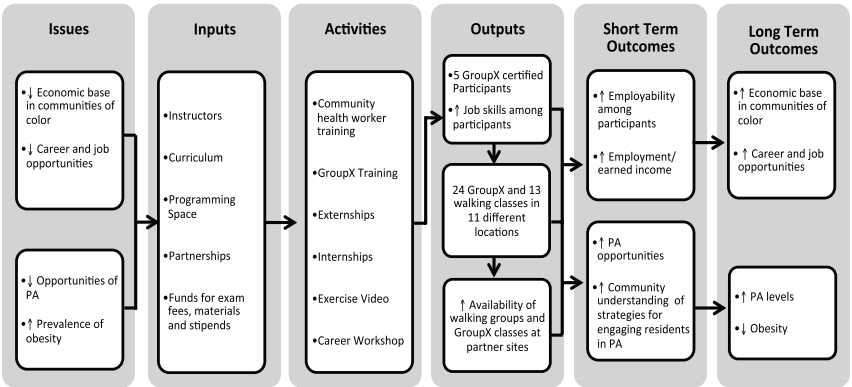
and track record of mutually beneficial collaboration. Here, the unbreakable link between anchor institutions and the communities where they sit becomes clear: the health of these institutions is tied to the health of their communities. As such, anchor institutions have a stake in developing the physical and economic health of their host communities in order to promote overall wellbeing. Most importantly, anchor institutions should turn to community leaders and members as experts in local issues to develop sustainable collaborations through applied research. The next section will provide a case study of just such a program: a strengths-based public health intervention targeting workforce development called Train4Change.

“T4C changed my life completely just with exercise... I really think it did change me in a sense, I want to do more, I want to exercise more, you know, I want to live.”

Train4Change Case Study

Train4Change was a pilot public health intervention aimed at reducing obesity and improving employment opportunities in underserved minority communities of Boston, Massachusetts, specifically Jamaica Plain, Roxbury, and North Dorchester. The intervention approached obesity mitigation through a community development lens, emphasizing benefits to the target communities and project partners in addition to participants. Train4Change also utilized a community-engaged research approach, described in more detail in the next section. Train4Change was developed in response to community partner interest in addressing employment as a strategy to confront health inequities locally. While public health intervention research is usually conducted with a deficits-based approach focused on disease, Train4Change employed an assets-based approach focusing on addressing social and systemic factors that often

Train4Change Program Logic Model



characterize the life circumstances of disparity populations, both creating and sustaining health inequities. With a focus on workforce development and physical activity, Train4Change sought to address one important determinant of health by building the health and fitness workforce, while increasing opportunities for community residents to be physically active. Train4Change was the fruit of a vision that brought together the interests and work of our community partners: Healthworks Community Fitness, a local non-profit fitness center in the Dorchester neighborhood of Boston, Southern Jamaica Plain Health Center, and the Dominican Development Center, a small non-profit serving Boston's Dominican community. The Train4Change intervention aimed to provide women of color with the opportunity to increase employability, improve physical health, and spread those benefits into their communities long after the intervention ended.

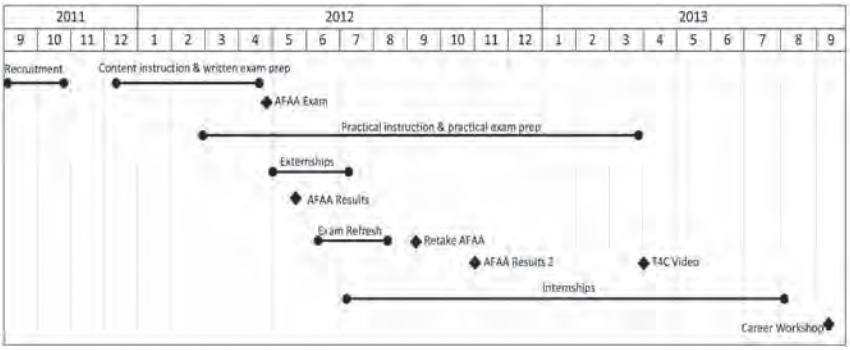
"Completely different (referring to her past job), I am happier, I love my schedule because I can make it up."

Train4Change took a community development approach to obesity mitigation that emphasized immediate benefits to project partners and study participants, while building individual and community capacity as a strategy to reduce obesity in the target communities. During the planning phase of this intervention, community partners identified inadequate opportunities for physical activity and low employment opportunities, as priority needs. Group exercise course instruction was identified as flexible employment that paid a significantly higher hourly wage, making it especially attractive part-time work netting substantive supplementary income without a large time commitment. By definition, group exercise was also a tool that could be strategically implemented to help reduce obesity rates in the target communities. The Train4Change model encompassed a workforce development program that prepared participants to work in the health and fitness fields. The intervention was designed to develop a skill set that could be applied in other community health professions. At the same time, Train4Change increased physical activity opportunities in local neighborhoods by having participants teach group exercise classes in their communities.

> *"The best was it was great having a practical thing like a certification and ability to say 'I am trained for this.'"*

All program elements were designed to support and build capacity among the women participating in the program as well as the communities in which they lived. The core training program consisted of several components: community health worker training, preparation for group exercise instructor certification exams, practical training, and paid work experience through an internship and an externship. The program revolved around required 1.5-hour meetings and training sessions held

Train4Change Program Timeline



twice a week at the community health center. Once participants began teaching group exercise classes during the internship and externship phases, meetings were reduced to once a week.

"I am more fit and healthy because of my participation in the program… I lost 24 pounds."

A fitness video featuring Train4Change participants titled **"An Exercise Video By the Community, For the Community"** was produced as an outreach tool to introduce physical activity into the homes of individuals unable to attend group exercise classes. The strategic vision behind the video was that it featured real women from the target communities, women of color that looked like the average woman and were relatable to other women from their communities. The intervention culminated with a career workshop featuring four experts from Boston's fitness industry. The participants' involvement continued over two years.

Ten women of color from Boston's neighborhoods disproportionately impacted by health inequities enrolled in the Train4Change program. Participants earned a $700 stipend, plus $25 per hour for teaching a 1-hour group exercise class or walking groups and $10 per hour for working health fairs and other community events. 8 participants completed the training portion of the program (excluding the internship and externship), 7 completed the 2-year program in its entirety, and 5 became certified group exercise instructors. In total, Train4Change participants led 24 group fitness classes and 13 walking groups across 12 locations during the internship phase of the intervention alone.

The outcomes of Train4Change show the intervention was successful at improving the physical and economic health of the community at the same time as supporting program participants. Attention to the social determinants of health and health inequities, such as socioeconomic status and community environment, is increasing in public health research. The Train4Change intervention is a model for integrating research and action toward advancing individual- and community-level health through building skills for sustainable employment and increasing opportunities for physical activity. Training members of underserved community will also diversify the healthcare workforce, demand for which is projected to grow significantly in response to newly insured patients from the Patient Protection and Affordable Care Act. The next section of this report suggests an adaptation of the Train4Change model creating a community health work career ladder, thereby allowing entry-level health workers to advance within the health professions.

"T4C gave a sense of accomplishment, you know taking a hard exam and passing it."

“I would say that it has impacted the women that I have come in contact with at the gym because they get to see more people like themselves at the gym.”

Train4Change Community Partners

HEALTHWORKS COMMUNITY FITNESS

Healthworks Community Fitness is a non-profit fitness and health education center for women and children in the Codman Square, Dorchester neighborhood of Boston, Mass, which provides health and fitness services at affordable prices. **Lauren Broadhurst Cook**, was Executive Director of Healthworks Community Fitness (HCF) from 2009-2013. http://www.healthworksfoundation.org

Southern Jamaica Plain Health Center

Southern Jamaica Plain Health Center (SJPHC) focuses on providing quality and personalized health care to residents of Jamaica Plain, Boston, particularly through community engagement, outreach and education through their Health Promotion Center. **Abigail Ortiz** is the Director of Community Health Programs at SJPHC. http://www.brighamandwomens.org/departments_and_services/medicine/services/primarycare/sjphc/sjphc_hpc.aspx

DDC
Dominican Development Center

The Dominican Development Center (DDC) is a grassroots non-profit that supports the Dominican and other immigrant groups in their quest for social justice and racial equality in the Massachusetts area. **Magalis Troncoso** is the Director and Founder of the DDC. http://dominicandevelopmentcenter.org/

Train4Change Staff

Project Coordinator September 2014 to September 2015

Lindsay Kephart is a M.P.H. degree candidate (expected May 2015), with a concentration in Epidemiology and Biostatistics at Tufts University School of Medicine. Her research interests include nutrition, physical activity, health disparities in communities of color.

Project Coordinator April 2012 to July 2014

Andrea M. Talhami Lozano received a B.S. in Kinesiology from California State University San Marcos in 2011 and a M.S in Food Policy and Applied Nutrition from Tufts University, Friedman School of Nutrition Science and Policy in 2013. Her research interests are the social determinants of health, community nutrition and exercise.

Project Coordinator October 2010 to March 2012

Jamie Tully received both an M.P.H. from Tufts University School of Medicine, and an M.S in Food Policy and Applied Nutrition from Tufts University, Friedman School of Nutrition Science and Policy in 2013 in 2012.

Architecture of the Innovation

Train4Change is a program worthy of adaptation and diffusion. The intervention was ultimately successful in its dual goals of workforce development and obesity mitigation. The women who participated all improved their individual health, are actively engaged in improving their families' health, and all teach group exercise courses in their communities providing safe venues for physical activity. All of the women who participated also have a new marketable skill when seeking employment. Most importantly, the participants have developed a tremendous sense of agency and have come to see themselves as community health champions.

For those leading interventions in communities with similar needs for workforce development and obesity mitigation programs, direct or near direct replication of Train4Change could be appropriate. The majority of communities, however, have different needs, or problems in addition to, those addressed by Train4Change. **Adaptation will allow communities and those who work within them to decide the most meaningful way to apply the philosophical lens of Train4Change.** Reducing any program to the least elements needed to produce the same value permits the widest possible diffusion of the innovation. Train4Change is a strengths-based public health intervention achieved through a community development pathway. **The adaptation-worthy element of Train4Change is that the communities in which researchers and institutions work benefit equally from participating in research, and that researchers and institutions leverage their tremendous resources to promote equity through research that is mutually beneficial for all partners and stakeholders.**

The Innovation of Train4Change

Train4Change was structured to provide short and long term benefits to the community and project participants. The Train4Change model of using project resources within the community enhances the public value of grant-funded research and interventions by realizing **tangible benefits**. In the innovative model, interventions are designed to have the most lasting, and ideally multiplicative,

impacts possible. The innovative model of **using grant funds for an intervention to build community capacity** fits well with community-engaged and community-based participatory research principles. These community-engaged interventions acknowledge the value of the **expertise possessed by community members** on the needs, the strengths, and the best methods to address local issues in those communities. **Philosophically valuing community expertise flows seamlessly into the equitable allocation of grant funds in-line with project processes and goals designed to further equity.**

Train4Change used community-engaged research techniques in program design and implementation, championing the importance of engaging in work that is mutually beneficial to all partners. The project realized the **community-engaged research** priority of working with community partners to design the intervention. Community partners identified workforce development and inadequate opportunities for physical activity as priority public health issues in their communities. The Train4Change **researchers and community partners worked together** to identify group exercise class instructor certification as the intervention focus, as it could support community and academic interests. Community-engaged research principles carried from the program design into the implementation of Train4Change. The primary investigators **contracted with community partners** to provide space and programmatic support. In addition to **paying participants,** the

project **supported group exercise instruction internships and externships** for Train4Change program participants, allowing partners and other organizations within the communities to provide **free exercise classes to residents.** Train4Change program graduates continue to work in health and fitness, a testament to the deep impact of the intervention, providing multiplicative benefits to the community through free or low-cost group exercise classes in their communities.

Evaluating the Train4Change Approach Against Your Existing Work

Although Train4Change was successful, adopting this innovative model poses challenges. Community-engaged research necessitates **more and consistent funding** than traditional research to fairly compensate community partners and participants, and to ensure a minimum degree of continuity while carrying out the research. It also requires a higher level of trust within the community and with the community partners. Researchers considering adapting the Train4Change innovation should contemplate contextual circumstances supporting or opposing its adoption. Some factors to consider when contemplating adapting an innovation[12]:

Relative advantage is the most fundamental factor to adopting the innovative model: *Does distributing significant portions of grant funding into communities have advantages over the current model of academic institutions reaping significantly larger financial benefits*

from externally funded research? You must believe the Train4Change innovation, as a strategy to advance funding innovation, is **superior to the status quo.**

Compatibility is also fundamental to the adoption of an innovation: *Is providing grant-funded benefits to communities compatible with the existing norms and values of my institution?* Here, you may need to **push against the status quo** to successfully adapt the Train4Change innovation. Similarly, you must consider if the innovation is compatible with the community: *Does receiving funding from a grant fit with the existing norms and values of the community I propose to study? The norms and values of the community partners whose support I will require?* If the answer is no, an attempt at community-engaged research will not succeed in this community.

Complexity and **resource intensity and opportunity cost** considerations for community-engaged research innovations must be considered: *Do I have sufficient funding and positive reputation in the community to support community-involved research? Would these resources be better used for another program?* You must have **legitimacy** in the community and be **committed to nurturing relationships and community improvement** to produce lasting community benefits to successfully implement the Train4Change innovation, as well as the will to devote those resources to the innovation.

Trialability and **observability** concern public and organizational perceptions of attempting innovation: *How many resources will I need to devote to establishing a community-engaged research agenda? Will I be able to return to the status quo once I try the innovation? Who will notice either way?* You must be willing to risk a failed attempt, and learn from trial and error, to ensure community benefit from grant-funded research. Failure and mistrust can also arise from rescinding community benefits after a failed or successful attempt to engage in equitable funded research that is mutually beneficial. Researchers must also have a strong moral compass and high degree of integrity, **and not waiver in their commitment to community improvement and ensuring community benefits** from research. Such sustained dedication to community change is a personal and professional commitment and should not hinge on the availability of grant funds, which rarely support the relationship building and planning activities that are necessary: *Will I lose legitimacy in my community? With my colleagues? In my field*? Only after considering all of these factors should you move forward in adapting the innovation to your work.

Applications to Your Current Work

Once the decision to implement the Train4Change model is made, the principles of maximizing community involvement and benefit must be present from the grant proposal to the final program evaluation.

Grant Proposal:

You can use community-engaged or community-based participatory structure for interventions outlined in grant proposals. You can also build consultancy or contractor positions for community partners and payments to participants into the proposed program budget. Grant funders are able to advocate for the innovative model by favoring proposals using community-involved methods.

Program Design:

Once funding is awarded, you can use a paid community advisory board or steering committee with community representation to design the intervention. You can also conduct a thorough community needs and strengths assessment to support designing an intervention that fits well with the community's interests, and not just those of your funder.

Program Implementation:

You can contract with community partners to provide services to the intervention whenever possible. You can also hire community members to conduct the program and pay participants for joining the intervention. Conducting a formative evaluation will allow you to maximize the positive impact of the intervention in the community

Evaluation:

You can use the final program evaluation as another method of skills development by hiring participants or community members to collect data, interpret results, and carryout local dissemination activities based on study findings. Drawing from the initial needs and strengths assessment, evaluation should include the community's desired outcomes and not solely measures of interest to researchers and funders.

Other Factors to Consider

To be successfully implemented elsewhere, the Train4Change innovation must be adapted to best fit the new community of engagement. Dissemination of the model explained above is not as simple as replicating the original program. The original Train4Change intervention benefited from many situational factors that may or may not be replicable in other communities of study:

The **geographic environment** played a supportive role in the success of Train4Change. The City of **Boston hosts many universities and hospitals conducting research** interventions in local communities, thus communities are knowledgeable and often experienced in participating in research. Additionally, Boston maintains a **high concentration of community organizations** able to support interventions like Train4Change in comparison to many other cities. Finally, the city is **large enough to support a class of group exercise instructors** needing internships, externships, and, ultimately, employment during the same timeframe. Without this, the skills gained through participation would not have improved employment outcomes.

The objectives of **workforce development and obesity mitigation were easy to incorporate** in the group fitness instructor-training program; other community needs may not integrate well into common research topics requested by funders. The **objective of employing community-engaged research allowed the investigators to respond to the community's self-defined needs.** This was **made possible by the funders** of Train4Change, who were committed to addressing community needs through Train4Change and the other initiatives they fund. Other funders may not be as supportive of community-engaged research structures.

The **community partners** played a key role in the success of the innovation with pre-existing staff and capacity to support the program. Possessing the **trust of community partners** allowed the co-primary investigators to bypass the often-lengthy trust-building process required for community-involved research. Similarly, the community partners had **pre-established legitimacy in the community** allowing for easy recruitment and retention of participants for a pilot intervention.

Probably the most important factors in the success of Train4Change were the participants, community partners, project staff, and co-primary investigators who championed the intervention and took the necessary risks, going above and beyond to ensure its success.

Train4Change

> “If the structure does not permit dialogue the structure must be changed.”
>
> – PAULO FREIRE

A Call to Action

We wrote this report to challenge people to **think critically about the meaning of community partnership in the context of public health research and intervention.** Participatory research partnerships as a tool to advance equity emerged from the concept of "action research" first developed by Kurt Lewin, and Paulo Freire's revolutionary pedagogy for social justice, which were intended to challenge power structures and give voice to the oppressed with a long term view on social action and liberation. Unfortunately, these are rarely the characteristics of academic-community research partnerships today. Which is not surprising given the high stakes of questioning the continuation of business-as-usual within parameters established by the systems and institutions that stand to benefit from them the most.

All too often communities, particularly poor communities of color, are used as a means to the end through "partnerships", in the most basic sense, that exist solely to carry-out research and meet academic goals, add legitimacy, but are not sought as long term collaborative relationships nurtured to advance change in the long term, and ensure communities benefit from investments made in research. This must change. To advance social justice r**equires intentionality and principled action;** equity requires **investing in people and communities**, holding firm to the belief that we are responsible for one another, that communities and people should have control over their own destiny; it requires **communities organize for equity,** with recognition of the many relationships, power dynamics, competing agendas, privileges, and lack thereof, that exist among people and organizations in communities where we live, work, and play; that we should use the tools, resources, and power we have to **advance equity in the fullest sense**- which, in particular, requires **giving up that most sought after of human desires: power,** while trusting that our partners can keep our best interests at heart.

We believe in **the transformative powers of research as a vehicle to advance social justice when community development approaches are employed.** We believe that Train4Change is

a good example of the shape such an approach can take. Train4Change participants and community partners continually challenged us to rethink our approach to intervention research. With equity as a priority, we invested in community residents, which turned out to be an effective strategy for improving health, empowering residents, diversifying the group fitness workforce, and increasing community opportunities for physical activity. This **community development approach with an eye towards equity** through research allowed us to meet our academic goals as well as further community goals. This laid a firm foundation for continued collaboration from which everyone can benefit. This inspiration is a foundation from which we think change is possible.

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The Goldberg Initiative

For over 25 years, the Carol R. Goldberg Civic Engagement Initiative has met critical community challenges by bringing together researchers, practioners and civic leaders. Partnering with The Boston Foundation and Tisch College, the Goldberg Initiative has addressed issues of healthcare access, green space, childcare and nonprofit development.

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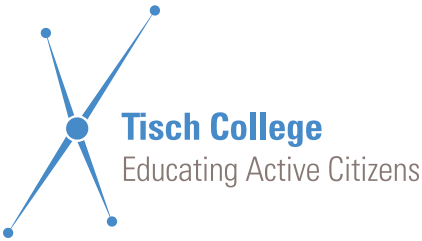

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