



Participatory evaluation of a community–academic partnership to inform capacity-building and sustainability



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ABSTRACT

The Tampa Bay Community Cancer Network (TBCCN) was formed as a partnership comprised of committed community based organizations (grassroots, service, health care organizations) and a National Cancer Institute designated cancer center working together to reduce cancer health disparities. Adhering to principles of community-based participatory research, TBCCN's primary aims are to develop and sustain outreach, training, and research programs that aim to reach medically underserved, multicultural and multilingual populations within the Tampa Bay tri-county area.

Using a participatory evaluation approach, we recently evaluated the partnerships' priorities for cancer education and outreach; perspectives on the partnerships' adherence to CBPR principles; and suggestions for sustaining TBCCN and its efforts. The purpose of this paper is to describe implementation and outcomes of this participatory evaluation of a community/academic partnership, and to illustrate the application of evaluation findings for partnership capacity-building and sustainability. Our evaluation provides evidence for partners' perceived benefits and realized expectations of the partnership and illustrates the value of ongoing and continued partnership assessment to directly inform program activities and build community capacity and sustainability.

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1. Introduction

The elimination of disparities in cancer incidence and mortality among medically underserved populations is a national priority (National Cancer Institute, 2010). As such, there is a growing interest in application of community-based participatory research (CBPR) approaches to address and reduce cancer health disparities (Braun, Tsark, Santos, Aitaoto, & Chong, 2006; Lisovicz et al., 2006; Nguyen et al., 2006; Schoenberg, Howell, & Fields, 2012). At the core of CBPR, defined as an “orientation to research that aims at maximum feasible community participation in all phases of research”, is attention to collaborative community and academic partnerships that work to improve the health of the community (Buchanan, Miller, & Wallerstein, 2007).

In 2005, a National Cancer Institute (NCI) Comprehensive Cancer Center and 23 local community organizations (e.g., grassroots; nonprofit and faith-based organizations; community

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health centers/federally qualified health clinics/health departments; farmworker advocacy organizations; survivorship groups; adult education center) formed the Tampa Bay Community Cancer Network (TBCCN). TBCCN was organized around a CBPR framework to address cancer health disparities within Florida's Hillsborough, Pinellas, and Pasco counties (Gwede et al., 2010; Meade, Menard, Luque, Martinez-Tyson, & Gwede, 2011). Rather than focus on a specific racial/ethnic group (e.g., only Hispanics or African Americans), community partners expressed an interest to focus on medically underserved populations given cross-cutting factors (e.g., limited access to cancer screening, low literacy, etc.). As such, community partner organizations within TBCCN serve diverse multicultural, multilingual populations including low-income, under- or uninsured, and a growing number of immigrant and foreign-born individuals. Examples of unique groups served by TBCCN include Hispanic migrant farmworkers and Haitian Creole speaking immigrants. Initially funded by the NCI's Center to Reduce Cancer Health Disparities, TBCCN was one of 25 nationwide community network programs dedicated to addressing cancer-related health disparities by increasing cancer screenings, providing quality and appropriate cancer education, and developing CBPR projects with the community (Gwede et al., 2010; Meade et al., 2011). Building on this established and robust network of community partners, TBCCN has sustained its academic-community partnership through a second five-year cycle (2010–2015) as one of 23 NCI-funded Community Network Program Centers (CNPCs). CNPCs perform three key activities: research, training and outreach. Each of these aforementioned activities comprises a core with its own specific objectives. Additionally, an umbrella administrative core provides oversight on the activities of each core (see Fig. 1 for TBCCN structure). Briefly, primary objectives for TBCCN include conducting evidence-based intervention research aimed at reducing health disparities (Research Core), training junior investigators in CBPR methodologies (Training Core), and working collaboratively to address and influence a reduction in cancer health disparities in breast, colorectal, prostate, lung, and cervical cancers via education and outreach (Outreach Core). Community and academic research partners communicate and

share ideas for future TBCCN projects on a regular basis via partnership quarterly meetings, monthly administrative team meetings (involving community partners), a bimonthly newsletter, health events, workshops, and emails. The TBCCN partnership also holds an annual partners retreat to review the previous year's achievements and plan for the upcoming year's activities.

Consistent with a CBPR approach, open dialog within the community partnership is a prerequisite for the development of successful and sustainable interventions and programs (Minkler, 2004). Failure to engage the community can lead to the development of programs and interventions that are irrelevant or lack community benefit, thereby limiting implementation and influence (Wallerstein & Duran, 2010). Thus, to enhance the success and sustainability of this partnership and collaborative network, we conducted a comprehensive needs assessment in 2007 that identified partner perspectives on issues such as the needs and priorities of the communities served and their cancer education and resource needs (Gwede et al., 2010). Key findings from this initial assessment revealed a need for increased access to cancer care (including prevention, screening, early detection, treatment, and survivorship) for medically underserved populations and an interest in more education and training for TBCCN's partners to increase their capacity to reduce cancer disparities. As such, these findings informed and fueled TBCCN's research and training efforts. Following the needs assessment, we completed a longitudinal social network analysis study (2007–2009) and identified that linkage types (e.g., shared information, shared resources, collaboration on community events) between TBCCN partners had increased over time, leading to greater network stability and trust (Luque et al., 2011).

To ensure "continuous quality improvement" of TBCCN's initiatives to reduce community cancer health disparities (Macaulay & Ryan, 2003; Williams & Yanoshik, 2001), a participatory evaluation was recently completed using CBPR principles. A participatory evaluation methodology was chosen over a more conventional process/outcome based program evaluation. This approach as defined seeks to create action-oriented initiatives that address partner needs, empower community partners to take ownership of the evaluation process, build capacity in the communities we serve, and generate means for enhancing the sustainability of the partnership (Scarinci, Johnson, Hardy, Marron, & Patridge, 2009; Whitmore, 1998). Therefore, each component of the evaluation process was developed, implemented and assessed by the collaborative effort of the community partner representatives, investigators and staff of TBCCN. We also sought to examine if current initiatives were addressing the needs of the community network partners and to determine the direction for future research and outreach initiatives. Consequently, the purpose of this paper is to (1) describe implementation and outcomes of a participatory evaluation process in a community/academic partnership and (2) illustrate the application of evaluation findings for partnership capacity-building and sustainability.

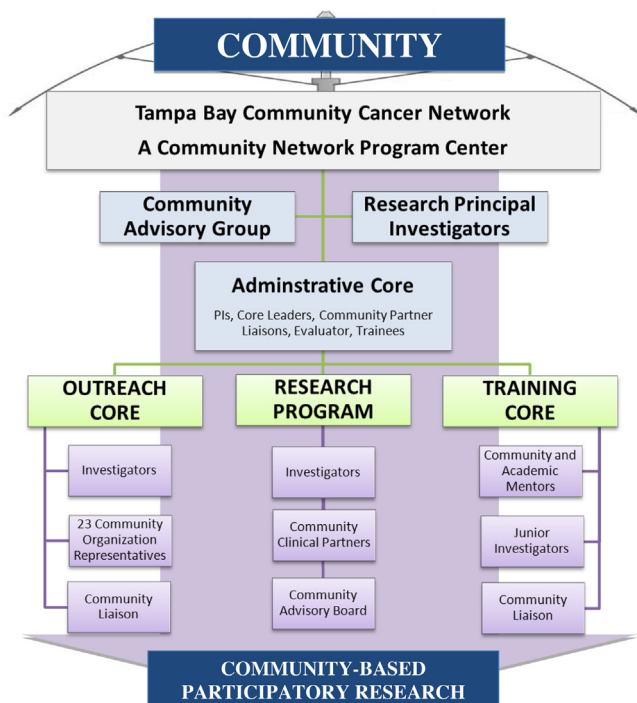


Fig. 1. TBCCN Organizational structure.

2. Methods

2.1. Design

The decision to utilize a CBPR approach to conduct a cross-sectional, mixed-methods community network participatory evaluation was born out of several network-wide discussions. The interview guide combined qualitative (semi-structured interviews) and quantitative (questionnaire, rating scales) data collection measures. Importantly, using mixed-methods to examine cancer-related priorities would allow for triangulation of the data and improve the range and richness of information gained during the assessment (Foss & Ellefsen, 2002).

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