Speaking Truth, Creating Power:

A Guide to Policy Work for

Community-Based Participatory Research Practitioners

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"The best way to understand something is to try to change it."
- Kurt Lewin

This tool-kit is designed for community-based participatory research (CBPR) institutional and community partners who want to create or change policies that affect health in their communities.

Speaking Truth, Creating Power

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Background of this Project

This Tool-kit is based, in part, on work conducted at the Harlem Urban Research Center (URC), one of three Centers for Disease Control and Prevention (CDC) funded community-based participatory research (CBPR) centers. The URC in Harlem is guided by a community action board (CAB) comprised of researchers, city and state government representatives, local service providers, and community activists. The URC focuses its research on the social determinants of health and health disparities. As part of this work the URC developed a policy work group (PWG) to develop and implement policy interventions in areas identified through research by the CAB members.

Over the course of the last three years the policy work group has identified policy barriers to health in the community (specifically related to re-entry of people returning from jail), developed policy recommendations to facilitate community health, built an advocacy coalition, and implemented a multi-pronged policy change strategy. This tool-kit combines the insights gleaned from this process and similar CBPR partnerships with general organizing and policy analysis skill building tools and recommendations.

Author's Biography

Cassandra Ritas holds a Master's in Public Policy with a concentration in Political Advocacy and Leadership from the Kennedy School of Government at Harvard. Currently, she is the Policy Analyst for the Center on AIDS, Drugs and Community Health at Hunter College, City University of New York. Additionally, Ms. Ritas serves as chair of the policy work group of the Harlem Urban Research Center. She has developed this tool-kit as part of a fellowship from Community-Campus Partnerships for Health.

Ms. Ritas has been a political activist for more than 15 years, working on many issues, including US involvement in Central America in the mid-eighties, gay and lesbian rights in the early nineties, and criminal justice reform and community health promotion at the beginning of the $21^{\rm st}$ century. She is committed to achieving social and economic justice through democratic processes.

Acknowledgements

This tool-kit is supported in part by the Community-Campus Partnerships for Health (CCPH) Fellows Program, with grant support from the Helene Fuld Health Trust HSBC Trustee and the Corporation for National and Community Service. The views expressed are those of the Fellow and not necessarily the funding agencies. CCPH is a national non-profit organization that fosters health-promoting partnerships between communities and higher educational institutions. For more information about CCPH please visit www.ccph.info

The author would like to thank the members of the Harlem Urban Research Center, especially Ann-Gel Palermo, Eric Canales, Nick Freudenberg, Sister Mary Nerney, Tahirah Rashid, Princess Fortin, Sarah Sisco, Sandro Galea, Marc Rogers, Savannah Lilly, Joanne King, and David Vlahov for their partnership, patience, and perseverance. Additionally, special thanks to Nina Aledort and Bea Krauss at the Center on AIDS, Drugs, and Community Health for their support of this project. Finally, thanks to Archon Fund and Carol Chetkovich at the Kennedy School for their mentoring and encouragement.

Additionally, the author gratefully acknowledges the assistance of the many reviewers who worked on this project: Joann Casado, Jessie Daniels, Yara Ghossein, Susan Calkins, Beatrice Krauss, Arthur Ritas, Savannah Lilly, and Nina Aledort.

This guide is dedicated to the memory of Esther Madriz, who inspired me to look at the criminal justice system with a critical consciousness.

The development of this guide was supported in part by the Community-Campus Partnerships for Health (CCPH) Fellows Program, with grant support from the Helene Fuld Health Trust HSBC Trustee and the Corporation for National and Community Service. The views expressed are those of the Fellow and not necessarily the funding agencies. CCPH is a national non-profit organization that fosters health-promoting partnerships between communities and higher educational institutions. For more information about CCPH please visit www.ccph.info

I. The Role of CBPR Partnerships in Policymaking

Community-based Participatory Research partnerships have the potential to design more effective public policies, to successfully advocate for policy change, and to support the implementation of new policies that affect their communities. In realizing this potential, CBPR partnerships contribute to the healthy civil society that is integral to democracy. The power of the partnership derives from its inherent diversity of relationships, resources, and perspectives. In the health arena, CBPR can change both the individual behavior of involved participants and the communities in which they work, and affect positive changes in social policy that impact many more people.

DEFINING COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)

CBPR is necessarily action research. For community members to invest in research, the process must have tangible results. For this reason, development of knowledge not linked to action, change, or advocacy does not fall into the realm of CBPR.

Every partnership is unique. At the same time there are some common principles that many partnerships share. Barbara Israel and her colleagues in Michigan, building on work with the Detroit Urban Research Center, have developed the set of principles for community-based research partnerships listed below. (Israel et al, 1998)

- 1. Recognizes community as a unit of identity.
- 2. Builds on strengths and resources within the community.
- 3. Facilitates collaborative partnerships in all phases of the research.
- 4. Integrates knowledge and action for mutual benefit of all partners.
- 5. Promotes a co-learning and empowering process that attends to social inequalities.
- 6. Involves a cyclical and iterative process.
- 7. Addresses health from both positive and ecological perspectives.
- 8. Disseminates findings and knowledge gained to all partners.

Additionally, the Community-Campus Partnerships for Health website links to several other published partnership principles.

http://www.futurehealth.ucsf.edu/ccph/commbas.html#Principles

At the Harlem Urban Research Center we developed our own principles and operating bylaws. While these may serve as useful guides, it is important for every partnership to develop and adopt principles and operating guidelines that are tailored to its particular situation.

While CBPR principles, like the ones listed above, guide the practice of many researcher partnerships, a great deal of research that does not adhere to these principles continues to be conducted in communities. Therefore, when we think about expanding the practice of CBPR we must necessarily identify a spectrum of

partnering activities and encourage researchers and practitioners to move toward practicing the principles of CBPR partnership. Many practitioners argue, rightly, that developing partnerships should adhere to these principles from the outset. The best argument for adhering to the principles is that they tend to produce better work and more sustainable relationships than those that do not. However, we also need to face the reality that many partnerships evolve in such a way that certain individuals dominate through force of personality. Sometimes, funding or project goals constrain decision-making, or professional and personal incentives discourage communication and power sharing among partners. Therefore, while we need standards for what we term a CBPR partnership, it is equally important to describe a path to this destination and recognize that principles are ideals toward which we all must work. To this end I have developed a partnership continuum to help describe the range of research that occurs in community settings.

CONTINUUM OF RESEARCH RELATIONSHIPS

While many kinds of research can be conducted successfully without partnering, policy work in particular thrives in the context of community-research partnerships. Policy work takes time and energy; an equal partnership built over years can help to sustain the individuals involved in the work, increase resources for the work, and build credibility for the policy recommendation proposed by the group.

Research relationships fall along a continuum from loose affiliations to long-term equal partnerships. It is a useful exercise for community and research partners to think about where their relationship lies on this continuum and whether or not that matches their mutual needs.

Unilateral – Relationships in which a single individual or organization sets the agenda and retains a good deal of control over the implementation. In this type of relationship persuasion, in the form of mandates or financial incentives for participants, may be used to gain cooperation from community members. In this model, scientists enter a community with an established agenda and obtain agreements from service organizations or other organizations to recruit clients or members for participation in the research.

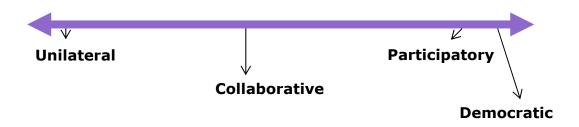
Collaborative – In a collaborative process, the initial idea for a project comes from the researcher, but the researcher decides to include community partners in some of the stages of the research from development to analysis. The initiative for the project, the bulk of the compensation for work, and the final decision-making authority rest primarily with the researcher.

Participatory – Participatory research is driven by a convergence of community need and researcher interest/expertise. The decision-making, the compensation, and the initiative for the project are shared by the partners. Naturally, some individual partners may participate in the process less than others. However, the

primary feature is that community and research interests are both well represented in the process.

Democratic – The democratic partnership is one in which the individual partners represent institutions that use participatory decision-making processes, have agreed to engage in the CBPR partnership, and have designated a representative. This end of the spectrum emerges from an insight of several CBPR practitioners that working inside hierarchical organizations can negatively impact the quality of participatory partnerships.

Research for Health: A Relationship Continuum



Partnerships may shift along the continuum for different projects, or even as changes and disagreements occur during a single project. For example, in our partnership in Harlem we have both CBPR projects (ie. driven by both community partners and researchers) and projects in which either the community partners or the researchers serve in a consultancy or advisory capacity. Some service providers in the partnership get assistance from the researchers in doing evaluations of their programs. Some of the researchers are working on projects driven by national funding priorities and their own expertise and look to community partners to help develop recruitment strategies, define ethical issues, or assist in dissemination of results to the community.

In some cases a partnership may move along the continuum during the course of a single project. For instance, a researcher may become concerned that the community driven work is not meeting the deliverables set by the funder and may, therefore, assert more decision-making authority. This is particularly likely to happen if the project was not specifically designed to adhere to CBPR principles, that is a project in which the process of CBPR is not itself a deliverable. This scenario highlights the importance of dedicated funding streams to support CBPR partnerships. In another instance, a project that was not designed initially to be participatory may tap into a community interest. In this case the researcher may discover that working in a participatory partnership will enhance the quality of the work.

ORGANIZATIONAL DEMOCRACY

Starting with CBPR partners that work either in an institution or in a community that practices participatory decision-making helps to ground the work of a partnership. For one thing, people who are accustomed to interacting in a participatory environment are much more likely to be comfortable in that environment and to reinforce participation with their behavior (I.E. encouraging quiet people to speak up, using consensus building techniques, calling for transparency). Secondly, organizations that are participatory are more likely to engage in group decision-making when collaborating, rather than sticking firmly to a single position. Finally, participatory organizations can send a delegate invested with decision-making authority to work with a partnership, while hierarchical organizations may send staff, who are not permitted to make decisions on behalf of the organization, or even truly empowered within that organization to make a case for a particular course of action.

How does a community-based organization that practices organizational democracy or internal participatory decision-making interface with the outside world? Weighing the votes (literally or figuratively) of line staff, consumers, managers, and researchers can be a political and logistical nightmare. However, this exercise is well worth pursuing. Making relationships and values explicit and transparent can help people to work together in the long run and can lead to needed change in systems that may have developed dysfunctional incentives.

DIVERSITY: A STRENGTH OF PARTNERSHIP

Diversity is one of the strengths of community-based participatory research partnerships. This diversity can encompass varying racial and ethnic groups, genders, ages, sexual orientations, geographic affiliations, and differences in formal and informal education. All of these labels attempt to summarize something deeper, a difference in experience and perspective. The ability to examine problems and develop solutions from multiple perspectives is one of the qualities that draws us into partnership. Managing multiple perspectives (ie. diversity) and bringing them to bear most effectively is one of the challenges of doing CBPR policy work.

PARTICIPATION: INVIGORATING DEMOCRACY

CBPR partnerships represent one mechanism for creating an informed and engaged electorate and, thereby, for creating responsive and effective public policy. In the United States we continue to value and pursue a system of governance that involves members of communities in the decisions that will affect them. We do this both for practical reasons and in the pursuit of our value of democracy. Participation makes sense practically for two reasons 1) public policies that are designed with the involvement of affected stakeholders are more likely to be responsive to their needs than those that are designed by scholars,

advocates, or bureaucrats even with the best intentions and 2) there is some evidence to suggest that people are more likely to follow rules (or support rather than undermine policy implementation) if they have a hand in making them, even if they disagree with the outcome (Tyler, 1990).

EFFECTIVE ADVOCACY

CBPR partnerships have a unique opportunity to advocate for responsive public policy. CBPR partnerships made up of institutional (often academic) and community partners can develop advocacy arguments that are particularly persuasive to policy makers. These arguments can include:

On the community side	On the research side
 A discussion of the practical daily implications of the policy Anecdotal information about policy effects Stories about the conditions in the community Information about practice (v. stated policy) at the community level An historical perspective including prior policies or practices and their effects. 	 Quantitative analysis of policy outcomes at the community level. Qualitative research documenting community residents' experience Cost-benefit analysis of current v. proposed policies. Theoretical framework for policy proposals. Review of model programs or policies enacted in other
,	jurisdictions

Community members as constituents to a representative or as community leaders may have influence over policymaking. Researchers may also have useful relationships with decision-makers. For example researchers may have worked with policymakers on committees.

In CBPR partnerships roles are often not discrete as many community members may also be researchers or policymakers. Additionally, with advances in information technology, data that was once only available to researchers is now often accessible on the internet. As a result many research strategies such as a literature review have become popularized. For these reasons, divisions between the community side and the research side are somewhat artificial. We often joke in our partnership meetings about how many hats we wear. People preface their comments by saying they are, or more often *are not*, speaking for a particular agency with which or for which they work. The multiple roles that people bring to a partnership, like diversity among partners, ties the work into multiple sectors, enriches information gathered, and complicates communication.

EFFECTIVE IMPLEMENTATION

CBPR partnerships bring the same strengths to supporting implementation of new policies that they bring to developing and advocating for them. Additionally, the partnership, if involved in each phase of the policymaking and implementation, can provide an historical perspective and continue to monitor the effect of policy implementation, advocate for policy change, and support the community in implementing effective policies.

HEALTH POLICY

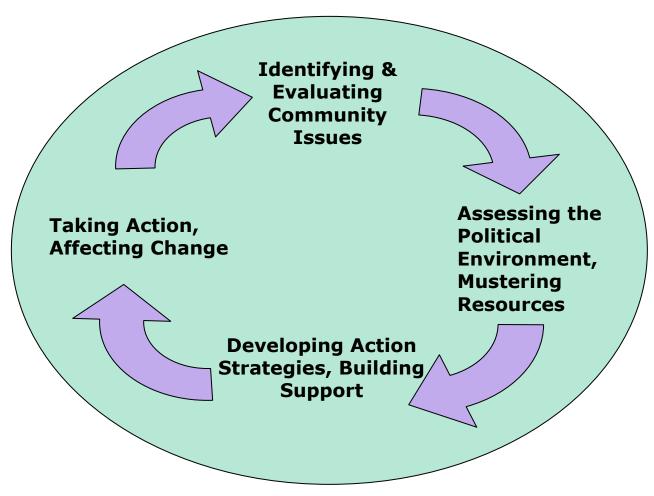
Social policies that contribute to or detract from disease prevention and health promotion are comprised of both regulatory (laws and governmental policies) and social components. For this reason, CBPR partnerships are uniquely positioned to affect health in the community. In addition to the advocacy power of partnerships, CBPR partners can devise and implement effective community interventions to influence individual and social behaviors.

While many social messages are generated and resonate far beyond specific communities, a community can take control of the local norms and messages that affect health. For example, in 2002 Brooklyn's Borough President, in collaboration with local businesses and service providers challenged Brooklynites to lose weight, citing high rates of heart disease in Brooklyn. The 8-week project, Lighten Up Brooklyn, combined a media campaign with incentives, support systems, and local weigh in centers. This project emphasized exercise and sensible eating, while touting the great cuisine in Brooklyn. It developed healthy messages that were compatible with local culture and civic pride. The 5,921 participants that stayed with the 8 week program lost a total of 82,655 pounds.

II. Overview of CBPR Advocacy Process

Done right, advocacy and CBPR have one thing in common; they are ongoing processes that develop and strategically invest social capital. Social capital refers to the products of reciprocal relationships and networks (i.e. trust, fellowship, support, sharing of resources, etc.). Used independently by several people in the twentieth century and recently popularized by Robert Putnam, the concept of social capital is extremely useful in the context of policy work and CBPR partnerships. (Putnam, 2000.)

The Advocacy Cycle



Components of policy work for CBPR partnerships:

Policy work conducted by CBPR partnerships is, like all CBPR work, an iterative process, meaning it is ongoing, reflective, and cyclical. The advocacy cycle depicted above is comprised of four overlapping phases and many ongoing tasks.

- 1. Community Needs Assessment Community needs assessments investigate a wide range of conditions in the community (population demographics, housing stock, disease rates, economic factors, etc). When a partnership is formed in response to an identified issue, community needs assessments can contribute to a more complete picture of a community. An assessment can also be used to gain an understanding of the range of issues faced by a community and to identify some of the community's strengths. Finally, community needs assessments can be conducted throughout the course of a project, policy intervention, or CBPR relationship, as an evaluative tool to assess the impact of policy changes. In partnerships it is useful to take stock of the community members impressions at the outset and look for evidence of the magnitude of the problems they have identified. For example, in our Harlem partnership many community members reported that nearly everyone in the community knows someone involved in the criminal justice system. In a community poll we conducted we found that 32% of respondents knew someone personally who had returned from jail or prison in the last 12 months. This finding helped to confirm and concretize community members impressions.
- 2. Prioritizing community issues Many partnerships evolve in response to a pressing community issue. However, for those partnerships that have general community improvement goals, prioritizing the issues facing the community will be an important and challenging task. (See Chapter IV: Assessing Policies that Affect Your Community.) Community needs assessment can help to guide this process. However, the group should generally be guided by what excites and moves it to action. Also the expertise of the members should be taken into account. If expertise is lacking in the group, additional members can be asked to join.
- 3. Assessing the Political Landscape In addition to learning about any science related to your target health outcome, the policies that are impacting that outcome, and the community views of the issue, a partnership needs to learn something about the context in which the policy is being practiced. Understanding the political and economic environment that surrounds the issue, identifying the stakeholders related to the issue, and identifying relevant policies will set the stage for the development of an effective change strategy. (See Chapter V: Following the Policy Trail to Decision-makers and Stakeholders.)
- **4. Doing your homework: Research** The more information you can gather about the policy or practice that concerns you and its social and political context, the more prepared you will be to take effective action. (See Chapter VIII's section on research.)
- **5. Agenda Setting** While the partnership is developing a sophisticated understanding of the issues, it can also begin to develop recommendations for changes in policy or practice. It is useful to think about both ideal

changes and changes that are achievable. The ideal (e.g. universal healthcare, living wage, alternatives to incarceration for youth) will guide the development of recommendations tailored to the current political and economic climate. Breaking down the ideal overall goal into specific policy recommendations for short, medium, and long range time frames allows the partnership to pursue multiple strategies with multiple decision-makers.

- **6. Coalition Building** Developing allies is often a critical component of a policy change strategy. However, it also represents a challenge to a partnership's ability to stay focused and to set the agenda. (See section on coalition building in Chapter VII: Action.)
- **7. Action** Action is the mechanism used to achieve your policy goals. Action includes all processes that lead to desired outcomes (e.g. media campaigns, negotiations, program development, etc.). (See Chapter VII on Action.)
- **8. Reflection and Evaluation** After a successful change in policy it is critical that CBPR partners monitor the impact of the change on their communities. Whether or not your actions produced the desired results, reflecting on the process used to achieve change can both bolster the groups' confidence and highlight useful lessons learned for future campaigns.

The rewards of strategic policy work

While policy work is time consuming and requires considerable resource investment, it also has many rewards. These rewards include both the political and the personal.

- Building Social Capital Growing Stronger
- ♦ Developing Skills in the Community and in the Institution
- Achieving Change
- Improving Social Policy
- Putting the "P" in CBPR back into democracy

III. Looking at community health problems with a policy lens

Policies and institutional practices can contribute to health problems. CBPR partners need to be able to identify the influence that policy has on individual behavior, healthcare access, and outcomes in their communities in order to create effective health promotion strategies. In order to accomplish this the CBPR partners can use the multiple perspectives available in the group to begin to broaden individual views of an issue.

When developing a policy lens it is useful to think about how and where government spends money and how that is affecting health and health behaviors in the community. For example, roads are paid for by tax dollars, reinforcing the automobile as the dominant mode of transportation. This is a huge boon to the automobile industry, creates urban sprawl, and contributes to obesity and poor air quality. In today's era of "smaller government" it is easy to lose sight of the profound impact government policy has on our daily lives and the choices we make.

The Researcher's Lens

Increasingly, researchers are called upon to view their research in the context of current social policies and to make recommendations for policy change. While many researchers have experience designing and conducting intervention research projects that deal with a specific problem in a specific population, fewer have successfully translated their findings to changes in policy. For theoretical models that tie research to policymaking researchers can look to literature on Participatory Action Research, Community-based Participatory Research, popular education, and applied anthropology. By drawing on these theoretical models researchers can both pursue research projects relevant to current community concerns and increase the validity of both collaboration and policy work inside the academy.

For many researchers a policy perspective emerges organically from the critical examination of a health problem. In order to identify policy factors affecting health look to a combination of quantitative data, highlighting prevalence and trends over time, and qualitative data that puts health behavior and outcomes in the context of personal experience. During the change strategy development stage, the researcher serves a valuable role in the partnership by identifying and analyzing the evidence in favor of a particular policy change. Often the challenge for researchers is moving from analysis to action.

The Community Service Provider's Lens

For service providers a policy perspective can emerge from client work. If service providers see the same issues again and again in their client population that is a useful signal that the cause, as well as the remedy, may not lie wholly with the individual. It is useful to develop a story to explain the cause of a trend

you are seeing in clients. What attributes do your clients or community members share that could lead them to the same health outcomes? Is it an effect of the social or physical environment? What policies are governing that environment? The next step is to test the plausibility of your explanation. This is where a community-research collaboration can be of critical value.

In NYC a group of service providers working with people returning from jail and prison to the community formed a coalition. This coalition included researchers and sought to reduce policy barriers to re-entry. After years of operation the coalition developed into a tight knit group that shared hints for improving services, networked to advance careers, and lent support to people engaged in very difficult work inside the criminal justice system. While policy change was the goal of the group, the additional opportunities for professional and social support contributed to the group's continuing activity over the years.

Additionally, service providers may be aware of the interaction between their funding streams, whether from government grants, insurance reimbursement, or clients, and the types of services they may provide for clients. One of the great challenges of social services, in particular, and of nonprofit organizations, in general, is that the funders to whom the organizations are accountable are often not the people whom they serve. This can create a disconnect between the self-identified needs of the clients and the services provided. In order to mitigate this dynamic service organizations may be able to fund innovative client-centered programs as intervention research projects with an evaluation component. Evaluating innovation as it happens at the community level will contribute to arguments for broader policy change.

The Partnership Lens

The CBPR partnership is a potent antidote to circumscribed thinking by community members and by researchers. Community members tend to keep the conversation focused on outcomes and action, while researchers bring a theoretically and factually grounded analysis to the problem. By combining the stories in the community with what is known by researchers can help the partners to begin to think on the policy level. For example, service providers in Harlem who work with people returning from jail, and people returning from jail to Harlem both report that the re-entry process is disorganized for most people. Evaluated programs of discharge planning and community aftercare show promising results in reducing recidivism. By putting these two pieces of information together our partnership was able to begin to ask meaningful questions and to see the problem of re-entry through a policy lens.

The Health Policy Lens

The policies that impact community health form a web that is not easily separated into strands. For example, studies have found both that access to

healthcare is a significant predictor of health, and that poverty has a negative impact on health that is separate from the ability to access health care. Understanding the complex factors that contribute to a community health problem will reveal many avenues for change.

Example: The Obesity Epidemic

In the United States obesity and overweight are on the rise, and have been for some time. (Mokdad et al, 1999) An enormous and varied diet industry has arisen to address this problem, highlighting the tendency to look for and make money from individual solutions. At the same time researchers and public health officials are increasingly looking at some of the policy barriers to health in our communities. Several factors that are guided by policy contribute to reduced exercise and increased caloric intake. In schools, where people begin to form life-long eating patterns, physical education programs are often the first to go during lean budgetary times. (Dietz et al, 2002) At the same time PE is leaving, fast food and vending machines are entering the schools. Suburban sprawl is contributing to reduced exercise for both students and parents as increasing distances and lack of sidewalks or bike paths leads to the choice to drive. While individuals still retain the ability to choose what they eat and how they get around, policy helps to dictate the range of available choices. In this example several policies are identified that contribute to the epidemic of overweight and obesity. Each one of these policies represents at least one avenue for change, sometimes more, as there may be several strategies that would impact the same policy.

A note about policy vacuums: When examining public policies it is important to note that the absence of regulation in an area is a choice about how to govern. Sometimes this choice is not a calculated one, rather it results from emerging social issues or technologies or simply from an oversight. However, more often than not, particularly in an information age and an age of extreme specialization, lack of regulation in an area is calculated. Sometimes, lack of regulation goes unnoticed. In other cases, a contentious public conversation develops around the issue. For example, the equal rights amendment, which would have guaranteed equal rights to women, generated a great deal of public comment on both sides and was eventually defeated.

IV. Assessing policies that affect your community

Once you have put on your policy lens you will begin to see many of the policy implications of local health problems. In this section, you will review methods of generating potential policies to work on and be guided through a process for prioritizing these policies.

IDENTIFYING POLICIES THAT IMPACT YOUR COMMUNITY'S HEALTH

(The majority of partnerships evolve around a particular health threat or disparity. If you have already identified the issue on which to work, skip this section.)

In previous sections we explored several concepts that will help you to identify policies impacting the health of your community.

- Conducting a community needs assessment research that looks at the prevalence of various diseases, health threats, and economic indicators in the community, combined with research that explores the experience of community members.
 - Existing needs assessments may be available from elected representatives, large local service organizations, hospitals, and local academic institutions. Additionally, a great deal of information is now available on the internet. (See chapter VIII on technology.) Useful questions to guide a community needs assessment include: What is happening in the community (e.g. rates of HIV, arrest, unemployment, etc.) that concerns us? What are the strengths of our community (e.g. school system, religious institutions, informal networks, etc.)?
- > Surveying existing government agencies, service providers and, advocacy groups in your region to identify their areas of concern. (This step can be useful in issue identification and will help you to build relationships you will need later.)
- Examining community concerns. Many of the most important social changes in history began with an individual or group looking at something in a new light. For a community resident, university professor, or social service provider, the tendency to accept and normalize the status quo is very strong. CBPR partnerships can be very effective when examining entrenched social problems with a critical and problem solving eye.

CHOOSING AN ISSUE TO WORK ON

Deciding which issue to address can be a daunting task. There are so many policies and practices that affect health in our communities that it can sometimes seem overwhelming. For this reason it is useful to choose as a first project, changing a policy that is amenable to change, or choosing a project that will help to build resources. An early victory will go a long way to building the trust, optimism, and commitment among change agents necessary to meet other goals. If you are embarking on a long-term policy intervention with substantial

resources, you should also select broader more difficult to change policies as a target of your efforts.

To guide your choice of policy priorities, fill out the worksheet on pages 20-21, and consider the following questions:

1. How much damage does the current policy do, both with respect to the number of people affected and with respect to the intensity of the damage to each individual?

Policies that harm a lot of people have a natural base of support for change. However, if the impact is small, people may not be willing to invest time or energy in changing the policy. If there is a policy or practice which is severely affecting the lives of a relatively small group, that small group and their family and friends may be extremely motivated to work toward change. The importance of any given policy to your community should guide your decision. Also consider the strength of potential allies for each issue.

2. Is this a policy or a practice?

A policy is a rule, regulation, or legislation that governs action. Policies include regulated incentive systems such as government grantmaking. A practice is either the way a policy is carried out, or the way business is conducted in the absence of a defined policy. Practices are often the discretion of particular individuals and to change them will require finesse and negotiation.

3. At what level is this policy or practice set (federal, state, city, neighborhood, agency)

- a. Federal level policy change generally requires substantial coalitions combined with connections in Washington, DC. However, this does not mean they are not worth working on. It simply means that they are not easily affected from the local level. Media coverage can be a strong catalyst to changes in public policy at all levels, and is particularly useful for raising issue awareness nationally.
- b. State level policy change requires contacting state representatives. Statewide coalitions are very effective tools to affect state level policies and to strengthen understanding among activists and service providers across a range of issues, cultures, and geographies. If you are in a large city, which encompasses a large percentage of the state's population, you may be able to affect state policies simply by working with your locally elected state officials.
- c. Local policies, those set by county, city, or community authorities are changed more readily through local pressure than federal or state level policies. However, this does not mean that they will change readily. Many local policies are just as entrenched as federal

policies, some more so. An examination of the stakeholders will help you decide if a policy is amenable to change.

4. How many stakeholders are affected by this policy or practice? Who has a stake in preserving this policy or practice? (See Section V)

- a. Making a list of stakeholders and defining their stake in the issue is helpful in many ways. First, this exercise will give you some idea of how readily changeable a policy is. If the list of people/institutions positively affected by the policy strongly outweighs (in number or power) the list of people/institutions damaged by this policy, you can conclude that it the issue will not be easily changed. Again, this does not mean it would be impossible to change: it means that the resource investment to affect change would be great. (For a description of resources see Chapter VI.)
- b. Secondly, your stakeholder list will help you define allies. These potential allies may surprise you. Don't be afraid to form coalitions with groups that you do not typically work with in order to affect change on a specific issue. Often policymakers are particularly impressed by such diverse coalitions. (The argument is that if traditionally 'conservative' and 'liberal' people can agree on an issue it must have real merit. In addition, the issue is perceived as playing to a broad spectrum of voters, donators, and supporters.)
- c. Thirdly, your stakeholder list should include an analysis of incentives. This analysis is a natural outgrowth of defining who gains and who loses from a particular policy. When you determine *how* an individual or institution gains or loses from the implementation of a policy, you have defined the incentives for that particular stakeholder.

A note about research: The internet has dramatically changed the accessibility of information. Whether you are looking for statistics about your community, information about government officials, or a potential community or academic partner, you may find the information you need on the web. Google (www.google.com) is far and away the best search engine out there. However, if you are looking for copyright protected material (past newspaper or academic journal articles) you may need to access an online database. It is worth a trip to your local library, or their website, to find out if you can access databases through your library either online from your home or office, or on the library's computers. (For more info see Chapter VII on technology.)

A CBPR Partner's Guide to Prioritizing Policy Goals - WORKSHEET

Ultimately your decision about which policies to focus on should be guided by three factors: the relative importance of this issue in the community, the group enthusiasm for tackling this issue, and the feasibility of tackling the issue at the present time with the resources you have.

Describe the Situation	Specific P & Ps	Magnitude of Impact	•	Pros - factors in favor of change	Cons - factors reinforcing status quo	Gaps in Information

Directions for Prioritizing Policy Goals

The worksheet "A CBPR Partner's Guide to Prioritizing Policy Goals" is designed to help you make transparent the factors that could impact your policy priorities.

Describe the Situation = A brief description of the observed impact in the community (e.g. High rates of HIV infection), the hypothesized causes (e.g. Lack of employment)

Specific P & Ps = Identify the specific policies and practices that are contributing to the identified situation (e.g. barring people with felonies from public housing (policy), employment discrimination against young black men (practice)).

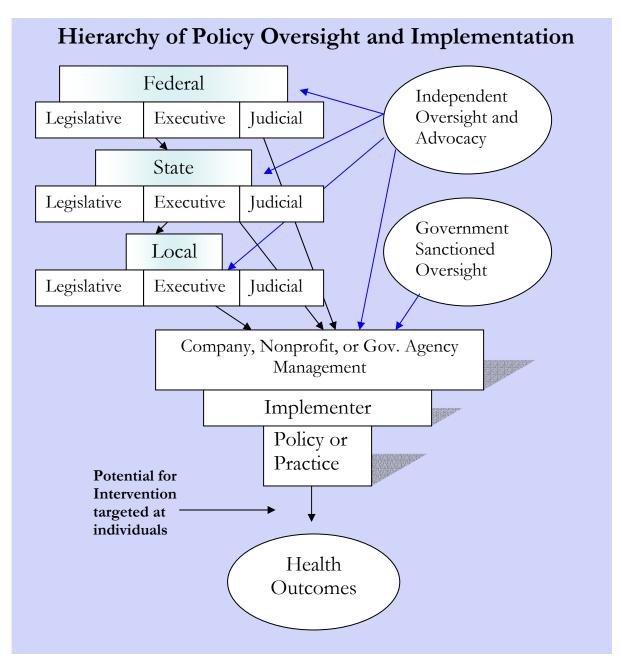
Magnitude of Impact= Multiply the intensity of damage by the estimated number of people affected. You will need to develop your own scale for valuing health problems in the community. You may start with a simple scale like 20 points per reduction in quality of daily life; 40 points per moderate chronic disease or disability, 70 points for severe chronic disease or disability, 95 points per terminal illness, 100 points per death. To this scale you made add points consistent with your value system (e.g. 25 points per case of a disease in one population above the average, signaling a health disparity). Note: This is a utilitarian exercise requiring the assignment of values to human suffering and life. Many people may object to this concept in principle. If so, skip this section.

= Level of Enthusiasm. NE= non-existent, could never muster the interest to do this even if paid; L= not personally too motivated, but see the importance of the issue. M= moderate, could commit to steady involvement in a policy change campaign to affect this issue; H= high, would devote considerable time and resources to this project, ready to go the extra mile (ie. weekends, late nights).

Pros, Cons, and Gaps = In order to inform your decision, think about the pros and cons of working on a particular issue. These pros and cons include timeliness, details about the political and media environment, how your issue fits in with other issues that are currently on the political agenda. Finally, is there anything else you need to know before you decide which issue to work on? (e.g. your elected representative's point of view on the issue.)

V. Following the policy trail to decision-makers and stakeholders

Once you have identified the health outcome of concern to the community and viewed this problem through a policy lens, you need to identify the stakeholders affected by the policy or practice and the decision-makers that have the potential to change the policy or practice. You can follow the policy trail, looking at the history and implementation of the policy, back to the decision-makers.



In this figure, we trace the path from the outcome in the community to the contributing policy or practice. Frequently, there will be several avenues for change and it is critical to identify each of them. These avenues for change come out of the many policies that may be impact a specific health problem (e.g.

asthma rates affected by a bus idling, poor pest management, and lack of parks), as well as, the many levels of oversight and decision-making governing the individual policy.

Example of the many avenues for change: Federal Regulation prevents people who are incarcerated from receiving public assistance, including Medicaid. This policy is based on the premise that the state cares for all of the needs of people who are incarcerated. This federal regulation can be interpreted to mean that benefits should be suspended and reinstated upon release or that they should be cancelled, requiring a re-application process upon release. In the late 1970's early 1980's NYC made certain that eligible inmates left jail with active Medicaid coverage by processing reenrollments while inmates were still incarcerated. Presently, NYC does not provide that service and as a result many people with chronic diseases go for weeks or months without health care access. In this case, the city, state or federal government could step in legislatively to mandate that Medicaid be suspended while incarcerated and reactivated upon release. In NYC, the executive branch could re-implement the practice at Department of Corrections (i.e. re-enrolling people upon release) that would have the same effect. A decision in a class action lawsuit on behalf of incarcerated people with mental health diagnosis has mandated expedited re-enrollment for this population. This policy is governed by many branches of government and by both the city and federal governments. As a result defining a single solution is difficult, but the avenues for change are many.

DEFINING AVENUES FOR CHANGE

Policies are developed by federal, state, and local governments, as well as by both for-profit and non-profit organizations. In general, policies fall into a hierarchy with federal policy governing all other policy. However, it is important to remember that in the United States, a republic, the states retain the right to create laws within the general guidelines set by the federal government and to govern all issues that are not specifically addressed by federal policy. As a result of this system, each state sets its own speed limits and drinking ages.

Another important function of government is to allocate money that has been collected in taxes. This function affects both policies that require financial backing in order to be effectively enacted (like oversight of adherence to federal food quality standards) and incentives that change practice (like the federal funding of abstinence only health education programs).

Of course, while government and private organizations set policies that affect incentives, choices, and behavior at the community and individual level, these organizations are embedded in a larger culture that in turn affects policy decisions. It is this reality, that decisions occur within a complicated web of social norms and power dynamics, which accounts for the potency of CBPR partnerships. Partners bring to policy work a wide range of social connections, skills, and perspectives. For this reason the partnership can develop a

sophisticated understanding of the specific problem in the community, the policies affecting this problem, and the cultural context of the problem.

THE THREE BRANCHES OF GOVERNMENT

The state and federal governments, and usually local government, have three branches of government, each of which may be an avenue for change on your issue. The legislative branch, which includes the congress, state legislatures, and city councils, makes the laws. This branch also collaborates with the executive branch to create the budget. (For more on change strategies targeting the legislative branch see the "legislative advocacy" section in chapter VIII: Action.)

The judicial branch, i.e. the court system, is responsible for interpreting the law. The judge has the discretion to decide what the law means and their written decisions become precedents that help to define future interpretations of the law. Additionally, judges are responsible for determining which law takes precedence when two laws conflict, as in the case of state sodomy laws recently overturned by the Supreme Court due to their conflict with the constitutional right to privacy. As culture changes, the judicial branch sets new precedents that overturn former precedents; it is a constantly evolving system. (For more on change strategies within the judicial branch see the "legal action" section in chapter VIII Action.)

The executive branch is responsible for enforcing the law. The executive branch controls the military and the police, as well as a wide range of government agencies. The government agencies that are responsible for health concerns from the federal level Centers for Disease Control and Prevention to the city level health department are part of the executive branch of government. For this reason the executive appoints the key leadership positions in these agencies. For CBPR partnerships working to affect health policy developing relationships with executive appointees is useful for agency level change and can help provide critical access to the executive and his or her thinking on an issue.

The executive has to sign every bill into law. If the executive vetoes a bill, generally a 2/3rds majority vote is required in the legislature to override the veto. Consequently, both laws and budgets are the result of a negotiation between the legislative and executive branches. Currently, the executive branch of government dominates in agenda setting. This is true at the federal level, and increasingly at state and local levels. For this reason it is critical for CBPR partnerships to examine the possibilities of working with the mayoral, gubernatorial, or presidential administration in office in order to set the stage for policy change.

INDEPENDENT AND GOVERNMENTAL OVERSIGHT

Both independent and governmental organizations examine practices to determine whether they conform to policy and examine policies to determine

whether or not they are effective. This oversight looks at both governmental and private for-profit and non-profit policy and practice.

In general, government oversight of governmental operations is less critical of those operations than independent oversight. For example, the Environmental Protection Agency may be less critical of government policy or of businesses that are strong supporters of the current administration than it is of a nongovernmental environmental advocacy organization like Greenpeace. At the same time, sometimes government to government relationships will result in changes that outside advocacy cannot achieve. In addition to oversight organizations, some municipalities may have an elected position designated to serve a watchdog function. In New York City we call this elected position the Public Advocate.

ORGANIZATIONAL LEVEL POLICY AND PRACTICE

For-profit, Non-profit, and governmental organizations all follow governmental laws and regulations and develop their own set of policies and procedures. Some of these policies and procedures will be governed by existing laws or regulations others will not. If a CBPR partnership is targeting changes in one of these organizations – convincing a fast food change to use low cholesterol oil in their fryers, persuading an automotive company to include airbags in their most inexpensive cars, working with a community service provider to build capacity to serve mentally ill clients, encouraging a local police department to take domestic violence calls seriously – the first best line of attack may be to work directly with the organization. If the change required has a larger scope, i.e. the goal is to change the policies in an entire class of organizations, then working through government may be more efficient. It is important to understand what existing laws and regulations may govern the issue you are concerned about in order to develop the most effective change strategy.

IMPLEMENTER: THE ROLE OF THE INDIVIDUAL

The implementer is often a single individual who is responsible for enforcing policy. Like the organization, the implementer may develop practices that are not governed by specific policies. For instance, a teacher in a racially diverse school may assign only books written by white men. This practice is, in this example, not governed by a written educational policy. However, if parents of students in this community feel that their children should be assigned literature that they deem more relevant, the parents have the option of advocating that the institution require diversity in literature assignments. In other cases working directly with the individual implementer may be more effective. For example when working in a jail setting it is critical to develop good relationships with the corrections officers, because the COs can grant, deny, or delay access to the jail for civilian personnel, even if the civilians have clearance to be there.

HEALTH OUTCOMES

In many cases the variables that contribute to a health outcome at the individual or community level are difficult to separate. However, it is clear that policies both directly impact health outcomes (for example, toxic waste siting contributing to neighborhood disease rates) and have an effect on personal health behaviors (for example building sidewalks or bike-paths causing an increase in exercise). If the policy contributing to the health outcome is intractable or if the solution to the current problem is unclear an intervention at the individual or community level may be warranted. In the first case, the intervention could prevent the policy from affecting the expected outcome on health. For instance in example of Medicaid enrollment for people returning from iail described above, some private non-profit agencies work with individual clients to start the Medicaid enrollment process while the client is still incarcerated. In the second case, an intervention can be designed to modify the policy impact on health behaviors for a segment of the population. For example, a public education campaign to reduce the consumption of fast food in schools, as an intervention to counter the impact of fast food availability in schools.

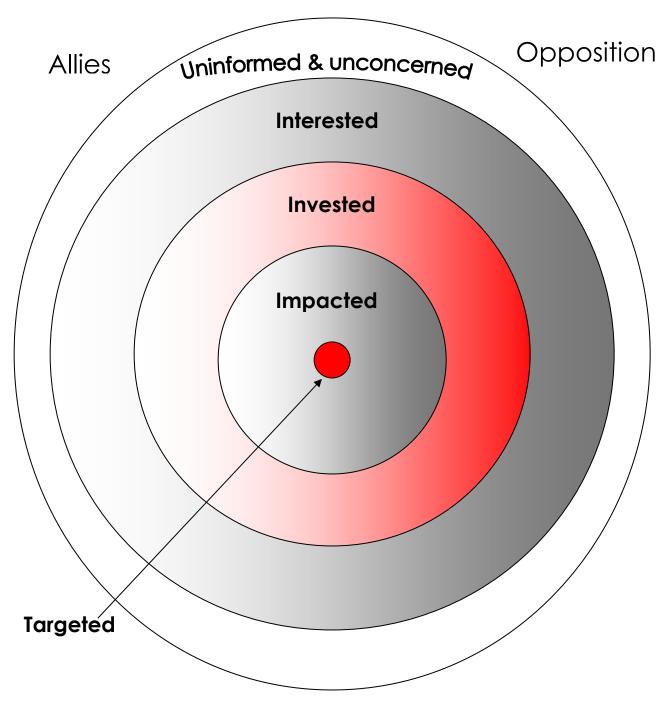
BUILDING ALLIES, DEFINING OPPOSITION, TRACKING ENGAGEMENT

For CBPR partners, decision-makers and vocal opposition are often easy to identify. The difficult part is identifying and recruiting less obvious allies, and heading off recruitment by the opposition. This is especially true because most issues do not have two sides, but rather multiple perspectives shaped by different incentives. The tool on the following page, "The Policy Target," is designed to help you think about and keep track of the various stakeholders who relate to your issue.

STRATEGIC PARTNERING

Whether you are participating in a mature partnership or developing a new partnership, policy work can be an opportunity to start new collaborations and reinvigorate old relationships. Look at your Policy Target, make a list of all your allies and develop a strategy to enhance your relationships with them. For those allies that your partners do not have personal contacts with, decide as a group which partner is the best suited to making first contact. Finally, bringing your allies together in the same room can be very powerful. Whether with 5 or 500, a face-to-face event lays a foundation for collective action.

The Policy Target: Mapping Engagement



Directions: Make a list of the individuals relevant to your cause. Place each individual onto the policy target. Choose a regular interval at which to re-assess your map. This can be a useful tool to both gauge your understanding of the policy environment and the players in it, and to track your coalition building and consciousness raising progress over time. Of course, in order to complete this exercise you first need to be clear about your goal.

The Policy Target Described

Allies and Opposition = Your allies and your opponents fall onto a spectrum. The shading of the rings represents the intensity with which someone is allied with or opposed to your point of view. For example, individuals falling into the grey portion of the impacted ring will be very opposed to your recommendation for policy change. They will have a strong incentive to preserve the status quo, as in the case of correction officers opposing the downsizing of the jail, or a strong incentive to see a different change implemented, as in the case of pro-life advocates who want to make abortion illegal and pro-choice advocates who want to make abortion more accessible.

Targeted = The explicit subjects of the policy or practice (e.g. some prisoners in the criminal justice system are incarcerated under a variety of stringent drug laws).

Impacted = People whose health or well-being is directly affected by the policy or practice (e.g. family members of those who have been incarcerated).

Invested = People who are not directly impacted by policy, but have a strong investment in the outcomes caused by the policy. Often decision-makers will fall into this category, because they may derive some benefit or harm from their association with the policy or practice.

Interested = People who are not completely invested in the issue, but for political, ethical, social, or spiritual reasons are interested in the outcomes of the policy. This group may include residents concerned about an issue they are seeing in the community, but from which they are personally distanced.

Uninformed and Unconcerned = People who don't know about the issue and people who know about the issue but don't really care about it one way or another. You will note that this ring is not shaded, because the individuals in it fail to support or oppose you in any significant way.

Note: As an issue heats up more and more people will be drawn into the center rings, both because awareness increases and because increased awareness changes incentives. One of the important roles of the community organizer is to raise residents' awareness of the impact that a policy or practice is having on their lives and to illuminate options for change.

If over time the map changes in unexpected or undesirable ways, it is time to reevaluate strategy.

VI. Putting your money (time, connections) where your heart is

When you are preparing to do policy work it is essential to get a good idea of the resources you are willing to commit. CBPR partnerships engaged in policy work will need resources to monitor and analyze current policies and ongoing policy change, as well as resources to mount a policy change campaign. The first step to committing resources to policy work is to get a sense of the total resources available to the partnership.

ASSESSING RESOURCES

When you are preparing to do policy work it is essential to get a good idea of the resources you are willing to commit. Of course you first have to assess what resources you have. Anything that might be useful in the process of research, analysis, outreach, or advocacy should be included. Think about the infrastructure of the organizations involved in your partnership. Do you have a copier, email, a website, phones, office supplies, databases, computers, access to the Internet, access to a library? How much of your office infrastructure can reasonably be devoted to or shared with your policy work and what effect will that have on the rest of the organization? How much and what kind of staff time can you devote to the project? Do you have staff who are passionate about the issue selected by the partnership? What other human resources do you have available (volunteers, political connections, funding connections, connections with people knowledgeable about the policy)? Perhaps most important, are their existing coalitions or networks that might be willing to join you in this effort? Also consider the skills and resources brought to the table by the individuals in the partnership that are separate from those contributed by the organizations with which they may be affiliated.

MONITORING POLICY

The policies and practices that affect the lives of community members, are interconnected and constantly changing. The task of monitoring these policies and practices can be more than one person or one organization can take on.

Strategies for monitoring policy:

- Link with other service and advocacy groups interested in the issue to share the work of monitoring.
- Look on the Internet for organizations that are already monitoring this issue and review their reports and newsletters.
- Sign up for a listserv or bulletin board that covers your issue. (See Chapter VIII on technology.)
- After figuring out where your policy comes from (city, county, state, or federal regulation), contact the appropriate legislative representative to find out what they know about the issue.
- Use existing relationships within your partnership to find people interested in keeping tabs on specific issues of interest to the group and communicating developments to the partners.

RESOURCE ASSESSMENT GUIDE

FOR COMMUNITY-BASED PARTICIPATORY RESEARCH PARTNERS

It is useful to think about policy change campaigns as investments. You need to weigh this investment against other potential investments (ie. servicing individual clients). What return are you hoping for on this investment? What is the likelihood of that return? On this worksheet list all of the resources you can commit to the change campaign.

	dollars do you currently have available	to put into your policy change
•	other material resources do you have a	vailable that could be used in the
Infra	structure	Office Supplies
	Office Space	□ White paper
	Meeting Space for people	□ Colored paper
	Computers	□ Poster board
	Internet Access	□ Paint
	Research Database Access	□ Other
	Media contact lists	
	Telephones	□ Other
	Copier	
	Answering machines or voicemail	□ Other

Human Capital = the work capacity of paid employees, volunteers, and coalition members.

Name	Hours per week devoted to project	Employees, volunteers, or coalition members	Level of enthusiasm for initiative (1) littleA lot (10)	Skills: writing, speaking, computer, research, etc.

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RESOURCE ASSESSMENT GUIDE FOR COMMUNITY-BASED PARTICIPATORY RESEARCH PARTNERS - PART 2

Social Capital = the potential inherent in relationships (i.e. fellowship, support, good will). Who do we know? How well do we know them? How much do they like us? Do they owe us a favor? Can they donate anything we need for our campaign?

Name/Position	Power	Interest	Contact	Relationship	Favors	Background

P= The level of power that the person has in reference to your issue of interest. 1=weak - 10= strongest (final decision-maker)

I= The level of interest that the target currently has in your issue. 1=weakest to 10=strongest

Contact = the partners who know the target. Relationship = What is the relationship between the target and the partner?

Favors = Does the target owe a favor to the partner? Background = describe the target's history in the community and with the issue.

VIII. Action: A simple guide to changing policy and practice

This chapter introduces a wide variety of strategies for change, and provides some useful tips on how to select from among them.

DEVELOPING AN ADVOCACY PERSPECTIVE

Whether you are working alone, with community members, lawyers, a coalition of service providers, or other interested parties, you will need to create a story about the policy you want to change. Understanding how the policy came about can be very helpful. Having a history of the policy in your story can help lead the policymaker to understand why a policy which was once seen as needed is now outdated and counter-productive. A description of how the policy is operating now is an essential component of the story. Finally, you want to tell the policymaker a story of how things could plausibly be different. Create optional alternative policies and describe the intended outcomes of these changes.

The best stories will address the issues brought to the table by all the important stakeholders in the policy. The most effective storytelling from a policymaker's perspective includes both quantitative data (numbers of people affected by the policy over time, some numerical representation of the problem with the policy, and, of course, policy costs and benefits) as well as qualitative data (narratives that put the policy into the context of real people's lives).

No matter what strategy you choose to affect change, an advocacy perspective is the foundation of all productive change strategies. Advocacy requires that you share your analysis of a problem with policymakers. This analysis should include recommendations for change and explanations of these recommendations.

STRATEGIC COMMUNICATIONS

Communications have two important attributes: the quality of the information, and the source from which it is coming. The quality of your information depends upon good research and appropriate presentation. The way the information is received often depends on where it came from, therefore consider who you are communicating with. Would they respond best to a specific partner, the partnership as a whole, a researcher, a resident, or someone outside of your partnership?

Policy Change Strategies

Choosing a strategy or combination of strategies requires that you define your goal clearly. Once you have chosen the policy you want to change or mitigate, you can set a change goal. What outcome are you looking for? The various strategies for change have both productive and unhelpful side effects. Keeping your goal in mind will help to guide you to the strategies most likely to produce positive change in both the short and long-term.

Coalition Building – Working with existing organizations and individuals outside of the partnership can help create momentum for change. Are there other groups interested in or working on the same issue? If so, advocacy work can be much more powerful when backed by a coalition. Partnerships will find both natural allies, i.e. people who support their effort for change and share their motivations, and unnatural allies, i.e. people who support their effort for change and are motivated to do so by incentives that they do not share. Even natural allies will have a larger set of goals, all of which the partnership may not share. While it

Note: When possible it is best to attempt policy change in collaboration with policymakers. While this route will sometimes not achieve your goals, it both gives you needed information about stakeholders and lends credibility to any adversarial approach that you might try later. The most serious danger associated with this strategy is cooptation. Increasingly government and business is using the strategy of drawing in adversaries in order to diffuse them. However, if you are aware of this risk you can both stay true to your partnership mission and use insider information and relationships with decision-makers to advance that mission.

is important to keep the partnership's coalition on topic, it is equally important to support coalition members on other issues that they are concerned about when possible. If the partnership is working with unnatural allies, it may be more difficult to support them in their other work. Therefore, The partnership should think about other ways to show appreciation for their share in the coalition work.

There are several technological advances (see chapter VIII) that can contribute to communication in a coalition and to coalition building. Regular face-to-face meetings compliment email and phone communication. Full coalition meetings need not be frequent, but they should happen at regularly scheduled intervals. Additionally, small subcommittees can be useful to move specific strategies forward.

- Community Organizing Working with community members, outside of a partnership, creates momentum for change. Particularly if the community can be motivated to take a strong and sustained interest in the issue at hand. This strategy has the advantage of building real local power, creating an informed base of community members, creating leadership at the community level, and creating a foundation for long-term change across multiple issues. However, this strategy requires the sustained attention of organizers and a long-term investment in the community, which may not yield immediate results, and may not yield the projected outcomes (or the outcomes required by funders). Additionally, this strategy can fail to be effective if the community being organized is so marginalized that policy makers can easily ignore them. In this case coalition building, media strategies, and/or lawsuits may be used in tandem with local organizing efforts.
- ❖ Lawsuits Lawsuits force a discussion of an issue. They tend to gain media attention. As the anti-tobacco suits illustrate, lawsuits can legitimize a

struggle for change in an area. However, lawsuits are extremely expensive and require lawyers. Additionally, engaging the legal system and failing can have serious long-term implications. If a judgment is found in favor of the defendant (the city agency, government office, etc. in which the partnership is trying to affect change), the precedent of the case may be used to further promote the status quo, and to legally block change in the future.

Court rulings can affect policy and practice both directly and indirectly. In some cases court rulings explicitly require a change in policy or practice. For example, in New York City a class action lawsuit was brought against the city on behalf of jail inmates with mental health diagnoses charging that the city was violating the law in failing to provide discharge planning for them. This lawsuit has resulted in a dramatic increase in discharge planning for this population. If a court ruling does not specifically require a change in policy, it may still change the incentives for stakeholders in a way that encourages policy change. For example, over the years in NYC several high profile police brutality cases have resulted in changes in police procedure. These civil cases sought monetary awards for individual claimants and the judgments resulted in high costs for the police department that increased the incentive to change policy.

Both civil and criminal cases have the potential to influence the policies and practice that impact health in the community. *Criminal cases* are initiated by a government prosecutor. In order to initiate a criminal case CBPR partners would need to convince a district attorney to prosecute. District attorneys are elected and will therefore be likely to stay away from controversial issues. However, advocating for criminal prosecution can be very effective in cases of fraud or endangerment: for example, when an organization with a government contract is failing to provide services to clients or is abusing clients. *Civil cases* are initiated by a private attorney on behalf on an individual or class of individuals. Civil cases can seek monetary damages, changes in policy or practice, or both. *Class action cases* seek reparations in civil court for an entire class of defendants, represented by a few individuals.

* Negotiations – Face-to-face negotiations can help to build trust between stakeholders, can broaden the perspective of stakeholders, and can expand the range of change strategies. Negotiations can also go bad. Face-to-face negotiations that go bad can leave people with negative feelings about the issue or about working with coalitions. A thorough analysis of stakeholders' incentives for change and their incentives for participation in negotiations will help to determine if negotiating is a viable option. The incentives for policymakers to negotiate will be influenced by other change strategies, such as lawsuits, media attention, or community organization. If people can be brought to the table with some chance of progress or resolution, the next step is to find a skilled facilitator, who will be accepted by all the participants. In order to predict your chance of success try to imagine what each of the stakeholders will do in the absence of a negotiated agreement.

For CBPR partners the challenge of negotiated agreements is to appoint a negotiator for the group. In some cases, all the members of the partnership can be present at a face-to-face negotiation. However, even in this situation it is critical both that the partners have defined their values and their goals so that they can provide a unified front, and that they have a clear enough understanding of their shared broad goals to avoid getting into position bargaining (in which the negotiators get stuck on a specific item and lose track of the greater potential good).

City, state, or federal agencies with appointed leaders may have policies that can be affected through direct negotiations in combination with other strategies. Appointed officials may be more interested in cost-effectiveness or program or policy efficacy than the concerns of voters. For this reason, researchers are a useful liaison to appointed officials. The appointed official will be most closely concerned with the positions of their appointer (mayor, governor, or president), therefore negotiating with appointers is another avenue for change. In most cases it is useful to start lower on the hierarchical ladder, beginning with agency staff, and work your way up. Remember, if you go directly to the appointer a "no" will generally mean "no" from everyone who works for them as well. If you work from the bottom up, convincing people as you go, you may be able to build support for the change within government.

Legislative advocacy - Approaching elected officials directly can be very effective, if they have the authority to change the targeted policy. You can contact the legislator through their local office or in their legislative office. You can make an appointment to see the legislator or a staff member. Several things work together to impress legislators: the support of a large number of voters in their district, the support of other respected elected officials, the support of a few important or wealthy individuals in the district, compelling facts, compelling arguments, compelling stories. To find out who your local legislator is you can call your local League of Women Voters, or check them out on the Internet (http://www.dnet.org/). 501c3 designated tax-exempt organizations need to be very careful about lobbying for specific legislation, but have the freedom to educate elected officials.

Anecdote: I went with a few of my research colleagues to meet with a City Council Member. My colleagues were concerned about controlling the agenda for this meeting and as a result had chosen not to invite any of our community partners from the district. The Council Member was very generous, spending a good deal of time with us. However, the Council Member scolded us for not bringing "anyone who looks like they live in this neighborhood" with us. While this is a very embarrassing story, it is certainly not unique. It points to two important lessons. 1) Constituents are important to elected officials and 2) Partners need to have faith in the power of their partnerships, the credibility of their partners, and the congruence of their goals.

❖ Public Education Campaigns – Successful public education campaigns reach a targeted audience with a message that is persuasive to them. For this reason, defining the audience for the campaign is an essential first step. (e.g. persuading a geographic community to be more receptive to people returning from jail, or informing Medicaid recipients about proposed changes in Medicaid).

Media contacts, while they enhance public education campaigns, are not essential. The key is to design a public education effort that fits both your topic and the resources available to you. If your subject is off of the policymaker/media radar, grassroots education -- using art, chalk tagging, flyers, and events -- can be effective strategies to spark public interest. Community partners are likely to be able to identify opinion leaders in the community. Convincing an opinion leader of your position is one of the most effective forms of grassroots public education. Information sharing is the first step to the creation of allies that may one day be able to put your agenda on the public stage. To this end, speaking and networking at block association meetings, tenants association meetings, church functions, and tabling at street fairs can help your partnership to get the word out.

- ❖ Rallies and Public Demonstrations A public display of approval or dissent can be exciting for the participants and memorable for the observers. On the other hand, in today's political climate it is also potentially physically dangerous, and not likely to be covered or favorably covered by the media. These events are made more powerful by strength in numbers and clarity of message.
- Media Strategies- A media campaign can enhance an ongoing public education campaign or turn a demonstration into a public education event. Media Campaigns attempt to directly affect media coverage of an issue, through press releases, media invited events, op-ed pieces, articles, and paid or unpaid advertising. Media outlets are found in print, on television and radio, and on the internet. Local media, community newspapers, and independent media will often cover local issues and controversial issues when mainstream national media will not.
- ❖ Documentary: Photo, Film, and Print Documenting the work of the partnership as it pursues a change strategy provides a useful historical record. Additionally, articles, photos, and films about the partnership or the issue of concern can be a useful jumping off point for a public education or media campaign.
- Study Circles and Consciousness Raising Sessions While not a popular tactic today, bringing small groups of people together to learn about and discuss an issue is a great grassroots organizing technique. It has several advantages 1) it typically is below the radar of government observation; 2) it builds real relationships between individuals; and 3) it encourages critical examination of the issue and problem solving.

- ❖ Special Arrangements One way to achieve immediate results is to negotiate special arrangements to mitigate the negative impact of policies on community residents. Maybe the city, state, or federal government isn't ready to recognize a living wage as a human right, but a partnership still may be able to negotiate living wage policies at a large local employer, like a university. A special arrangement is a change in practice that can sometimes build momentum for a change in policy.
- ❖ Pilot Programs -A pilot program can be initiated one of two ways. A partnership can go directly to the authority in question and ask to start a pilot program in which community residents would be given a needed service or exempted from a prohibitive regulation. Another strategy is to develop a community-based program that addresses community needs locally.

CHOOSING A CHANGE STRATEGY

If you have a lot of resources... think big. Brainstorm with affected stakeholders. When you have decided on your issue, you may decide to pursue multiple change strategies and in order to build momentum for change. Play to win. Having resources means that you will probably have more ability to get and sustain the attention of the public and policymakers. Be prepared to set the agenda. Think about devoting some of your resources to developing a very detailed new policy (ie. your ideals enacted in the context of the current political and economic realities). If you offer a plausible alternative to current practice, policymakers will be more likely to listen to you.

If you have very limited resources... pick a change strategy that will allow the partnership to make the best of what it has and will increase the resources for change in the future i.e. social networks, media contacts, or your knowledge about the policy. Choose a policy that is likely to change. It is particularly important for partnerships that have slim resources to have early victories in the policy arena. Partner morale and enthusiasm will be boosted by early success. Success may also lead to additional funding or other types of resources. If the partnership has chosen to work on a difficult policy, build in the expectation that victories will not come quickly and focus on relationship and capacity building. Many policies take a sustained effort over a long period of time to change.

If the policy affects only a very marginalized group... be clear about what is at stake. Working to change public policy can be a very empowering experience for the affected individuals. However, keep in mind that while it may seem that a person who is being harmed by a policy has little to lose in trying to change it, a defeat can be another blow to an already fragile individual or social network. Sometimes the individual or network will bounce back stronger or more cohesive and ready to try another strategy; sometimes an early defeat will discourage further activity.

If the practice is in conflict with an existing law or regulation...consider face-to-face negotiation as a first step, keeping in mind that the alternative to a negotiated agreement is always to try a media campaign or finally a lawsuit. Look to the list of stakeholders and their incentives to discover why the discrepancy exists. They key in this situation is to change the incentive for the stakeholder who is not practicing the policy. Approach the negotiation as cooperatively as possible. The mere fact that the practice is in conflict with the law will create an implicit threat. If you approach the situation in an adversarial manner it may escalate unnecessarily. Remember, community residents will have to work within these systems and with the individuals who operate them for a very long time.

If the policy or practice targets very few people... think about the incentives that other people have for caring about the issue. For instance, many people who are not directly involved in the criminal justice system do not give it a second thought, until they find out how much tax money is being spent for poor results, such as high recidivism rates and high rates of communicable diseases. If you think about the impact on society of the partnership's concern, you can often develop a wider base of support. However, for really dedicated support look to the families and friends of affected individuals (the impacted on the policy target).

If you are looking to affect a permanent change... focus on the incentives inherent in the system. The change you affect will only last as long as the incentives in the system remain aligned with the policy. Long-lived policies are created with in a system in which many stakeholders are given an incentive to support the policy. For instance, Social Security has become a sacred cow in the United States, because virtually all individuals (rich and poor) in America expects to benefit from it when they are older.

If you want a quick fix to a short-term or emergent problem... negotiating a special arrangement may be your best course of action. Special arrangements don't typically require a large investment and can change immediately the experience of targeted individuals.

If your day has come... Once in a long while the partnership may find that their issue becomes sexy. The media is interested, lawmakers are interested, etc. Sounds like an ideal situation? It can be. The key is to turn interest into action. To do this the partnership needs to keep its plan (recommendations) at the ready, a plan backed by stories and numbers, and relationships.

IX. Information and Communication Technology: The Wave of the Present

Advances in technology are rapidly changing the way people communicate and access information. For CBPR practitioners these advances present new opportunities to gather and share information, and suggest new strategies for advocacy and organizing. For the researcher the advent of the internet means that accessing articles, statistics, maps, and other raw and analyzed data has become a few minutes work rather than a few hours. For the community member, the internet has increased access to information that was once only available filtered through news sources or experts, while simultaneously creating the option to expand community affiliations by joining geographically dispersed online affinity groups.

DIGITAL FLUENCY AND THE DIGITAL DIVIDE

While the internet is a valuable resource many people do not have access to it, and some of those who do resist using it. People who are young, white, educated, or have upper level incomes are more likely to have access to the internet (and computers generally) and to use it than people who are not. "Digital divide" is the term commonly used to describe this phenomenon. "Digital fluency" refers to the ease and comfort with which a person uses digital (computer) technologies like the internet. In CBPR partnerships it is likely that there are a few digitally fluent individuals. Use of information technology is a huge boon to a partnership and an opportunity for skills transfer. In our partnership we sought out a group of information technology students to work on a website for us. In this way we expanded our network to include an additional university and completed a useful product for the community (a web-based guide to local service providers).

For those who are not at all familiar with these technologies a short glossary is listed below. For an exhaustive list of internet terminology and their definitions see http://www.webopedia.com/ of for those of you who prefer open content sources (or want to learn more about the concept of open content/open source try http://www.matisse.net/files/glossary.html

Internet - a decentralized network for information sharing. The World Wide Web (www) is one of the components built on top of the web. The web uses html language and web browsers like Netscape, Explorer, and Sherlock to create and connect to web pages. The internet also allows for the transfer of email and instant messages, as well as, the downloading and sharing of files.

Internet Service Provider (ISP) – the company or organization that provides a connection for a computer to the internet.

Webpage – A document that is developed for the world wide web. It must be viewed through a web browser, and must be sought out by the computer user.

Email – A message that is sent from one computer user to one or more other users over the internet. These messages may also include attached documents.

Email lists – a list of emails to which messages can be sent en masse. This process can be facilitated by a computer program that creates a single email address, which comprises all of the members of the group. If the partnership is affiliated with a university, it may be able to set up a list through the network administrator there. Some universities limit the activities on their email lists. For instance they may prohibit file attachments. Outside of the university, there are both free and commercial services available. Free services usually require registration and have commercial content. For some people registration is too much of a barrier and prevents them from joining. Generally, email list servers are quite inexpensive.

Bulletin board – a message center located on the web that allows users to post messages and read past messages.

Computer Virus - A virus created by a human being to disrupt the normal functioning of a computer. Viruses are spread primarily through email. Anti-viral software is available to combat viruses.

RESEARCH

The internet makes a wealth of information readily available. The challenge then becomes finding the desired information from a credible source. As a medium, the internet is neutral; the information available via the internet is not more or less reliable than information in print or on the airwaves. In fact, many of the same sources are now available through multiple media.

JOURNAL AND ARTICLE DATABASES

These extremely useful services are often priced out of the range of most individuals. However, most academic and some public libraries subscribe to this service. Often it is possible to access libraries and their databases online from a home or office computer. See your librarian about setting up a membership, and in the case of university libraries ask about the possibility of using the library as a proxy server. This will allow you to access their full range of online services from your home or office.

The Lexis/Nexis databases provide full text newspaper and magazine articles, as well as legal decisions. Looking up an issue in Lexis/Nexis' "general news" in the advanced search will scan for articles in major newspapers around the country. This exercise can provide a stepping off point for planning a change campaign by outlining some of the stakeholders and controversy to date.

Academic journal databases are plentiful, many of them containing the journals in a specific field. Researchers typically will perform a literature review, looking at all of the journal articles on the subject of interest, in order to understand the progression of the understanding of the issue. This process helps the researcher

to assess what is known and where the further areas of inquiry exist. A literature review can be very useful to a CBPR partnership engaged in policy work. Evaluations of existing policy outcomes and examples of different policy outcomes in other jurisdictions add potency to your change arguments.

WEBSITES

Another place to look for information is on the web. Websites vary as much as print material. Important websites for the CBPR partnership engaged in policy work include:

- ➤ Government agency websites if the partnership is interested in changing the policy of a specific agency, or understanding that agency's role in the issue, looking at the website can be a first line of inquiry. Additionally, many government reports are now available on the web. One good place to learn about the demographics in your community is the U.S. Census website. www.census.gov
- ➤ Individual biographies when meeting with an elected official, executive director, or other decision-maker it is useful to know as much about them as possible. One way to gain information about a person is to look for what has been written about them on the web. Try putting his or her name (and if it is a common name something about his or her location or position) into www.google.com
- > University/Think Tank websites Increasingly research reports and articles are available on the web.
- Advocacy websites Many advocacy organizations have websites. Accessing these sites helps a CBPR partnership to get a list of potential allies and to understand some of the change strategies currently underway.
- Media websites Many newspapers, magazines and television and radio stations now have websites. The advantage of accessing this information on the web is that it can be done at any time. Additionally, the websites usually have a search function. Independent media is also very well represented on the web and may cover stories or angles on a story that the mainstream media does not.

INQUIRIES

Email allows for fast asynchronous communication with other people. In most instances email messages require less formality that traditionally mailed letters. For this reason, CBPR partners can use email to ask questions of both people they know, and with a brief introduction, people they do not know. The only caveat here is that politically sensitive questions may signal alarms to certain recipients.

CHANGE STRATEGIES

In addition to providing information for the CBPR partnership, the internet can play a role in changing policy. Once the partnership has developed policy

recommendations or change messages, the internet can be used to get the word out,

EMAIL AND EMAIL LISTS

Email and email lists can be used to keep in contact with CBPR partners and other coalition members. The caveat here is that if there are members who are not connected to the internet a special effort needs to be made to get them the communications and include them in decision-making.

WEBSITES

In addition to accessing other people's websites the CBPR partnership may decide that it would be useful to have a website of its own. This website can be useful in publicizing their work to funders, potential partners, and policymakers. However, for the purposes of advocating or educating the public about a specific issue, sometimes a separate website is useful. Remember that a website requires a user to seek it out, so the partnership may need to do publicity via another media, or request that other sites link to theirs in order to get users to log on.

PETITIONS AND EMAILS TO REPRESENTATIVES

Petitions and emails to representatives can be persuasive tools if they show a great deal of constituent support. Petitions should not be sent around for people to sign onto and forward (this process doesn't work well and many of these petitions are scams, giving the whole process a bad name); rather, emails can be sent directing users to a webpage where they can enter in their information to add their name to a petition.

Going Wireless – Wireless technology allows people to access the internet using portable devices. This feature can literally bring technology to the streets and has underutilized potential for both community organizers and community health workers.

IX. Surviving Policy Work, Sustaining Partnerships

Community-based research partnerships that engage in advocacy and policy-making face the same challenges experienced by other advocacy coalitions. Additionally, CBPR partnerships bring some special strengths to this work and face some unique challenges.

SUSTAINING PARTNERSHIPS

Presumably, one of the explicit goals of your partnership is to improve health in your community. Individual partners may have other goals, also. These goals can be professional (publications, promotions), personal (friendship, skill building), and political (community building). In addition to pursuing your shared goal of community health, your partnership needs to find ways to meet some of the individual partner goals, as well.

Policy work raises issues of trust, because policy work requires a lot of contact with people outside of your partnership, who may or may not share your partnership goals and who may be interested in some individual members of your partnership more than others. As a result each individual member of the partnership needs to make a special effort to support and stay in close contact with other members. Trust and a sense of partnership can be maintained by reporting regularly on information gained through personal contact with connections outside the partnership.

Challenges CBPR partnerships face in doing policy work:

Haven't we been through this before? When moving to the advocacy phase of a project old demons may rear their heads. Most partnerships endure growing pains as they develop. Developing trust between researchers and community partners can be a difficult and time consuming process particularly, in communities that have been specifically or historically ignored, exploited, or abused by researchers. This process can lead to a strong, trusting, mutually beneficial relationship. However, the memory of the process is likely to loom large when the partnership faces new challenges. Policy work, frequently involving more public exposure than research, will require the reexamination of the roles, incentives, and limitations of the partners. Recognizing this at the outset can help to lay to rest some old demons. Partnerships that are formed with the explicit goal of policy change will have less difficulty moving into the action phase, because much of the negotiation of roles will take place during partnership formation.

Questions about commitment to values will come up. In a CBPR partnership these are significant questions. While values may have been agreed upon by the group, people may have interpreted these values differently. For example, while the group may have agreed to adhere to the principle of community guided research and shared dissemination, one partner may not have forseen

dissemination to include advocacy when another took that eventuality for granted.

Old Demons Rise

- Questions of Ownership
- Power Dynamics
- The Influence of Funding Streams
- Strain on Organizational and Partnership Resources
- Turnover in Partners
- Length of CBPR Process
- Lack of funding

Process Challenges

She Who Writes Wins – One very important, consistent theme that has emerged from my community-based work in the last six months is the idea that the person who pursues a project or a policy change in writing tends to dominate over those who do not. Of course there are exceptions. This trend is very significant for those involved in community-based work because community partners may not bring the same level of training or the same amount of resources (time) available to devote to writing as institutional partners. Writing affects the crafting of projects and goals, the implementation of projects, the analysis of the projects, and helps to define the meaning of a project in reflection.

He who is most persuasive in a group wins - On its surface, this doesn't seem like a problem, assuming the persuasion is based upon the merits of an argument. However, in some cases persuasion emerges from an individual's position in the group (or society), ability to articulate, or charisma. It is important that decision-making events have a facilitator who is specifically charged with bringing out multiple points of view and making sure all are well understood by the group.

New Challenges Faced

- Some partners will be politically vulnerable.
- In troubled times for the community, partners may have difficulty selecting one issue over another on which to focus.
- Partners may not be familiar with policy analysis methods.
- Partners may not be experienced advocates. In general, however, community partners that join into CBPR partnerships tend to be activist or advocacy oriented in one way or another.
- Resources required to organize advocacy events or put together persuasive scientific or cost-benefit evidence in favor of a particular policy can be intensive.

Strategies for Overcoming New and Old Challenges:

- If you are beginning to partner, or in the early stages of partnering, include policy work and policy change outcomes in your initial and ongoing planning, development of goals, and evaluation.
- When developing advocacy initiatives be sensitive to the limitations, both legal and political, on partners participation. Think about ways to take action that can protect vulnerable partners. Partnerships can choose to keep the names of members working for the government or receiving money from the government off of advocacy documents.
- Policy work can really make tempers rise. However, in order to sustain partnerships it is important to focus on what can be done in partnership, rather than what cannot.
- Use your experience. The same interpersonal strategies that worked to build and sustain trust among partners in the beginning will help to get you through collaborative policy work. Did the group find humor helpful? Were there gestures of good will made among partners, perhaps offering to share resources outside of the partnership? Does your partnership have a strong philosophical foundation? How can you bring that philosophy to your policy work?

Fundraising: a Necessary Evil

Fundraising is a fact of non-profit and academic life. Some partnerships can build and sustain themselves without funding, and they have a great deal of freedom with respect to their agenda, but few resources with which to pursue it. However, the majority of CBPR partnerships will seek funding for their work to cover staff time, events, publicity, and other necessary components of policy work.

If you are working in a partnership that has traditionally focused solely on research, making the move to policy work and advocacy often requires new sources of funding. Nonprofit organizations with a 501c3 designation need to be very careful about adhering to lobbying regulations. (add AJPH article)

Beyond Winning and Losing: Building relationships for a healthy society Community-based participatory research partners bring a diversity of skills and perspectives to bear on health threats and health disparities. CBPR partnerships are a precious resource to their members, the communities with which they work, and policymakers. For this reason, it is important to continue to nurture your partnership as you develop and implement policy change strategies.

The power of relationships can not be over- estimated. Make time to recognize the importance of small individual contributions to the work and to reinforce collegial relationships. Individuals and groups can get demoralized. One useful exercise to combat this tendency is to regularly discuss the value of what you have accomplished, your group's potential, and the preciousness of your relationships.

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Make no promises about results to coalition members.

Recent history has taught us an important lesson. Sometimes we have to fight really hard just to achieve status quo. Roll backs in social welfare and a lagging economy coupled with more aggressive policing and incarceration policies have decimated poor urban communities. Currently, under the Bush administration access to reproductive health information and care is being drastically curtailed.

Whatever your political agenda, there will be a time when forces are against you and a time when you can make some advances. When working in a partnership it is important to take the long view and work to sustain the partnership while attempting to affect change. It is also critical to recognize that when political forces are favoring policies you oppose, you need to push your point hard and consider the status quo a marginal success. And remember, if your opponents can affect policy and practice, so can you.

OK, but everyone still likes a win – so try for one early on.

Cooptation: The Most Effective Strategy you will come up against

For community-academic partnerships, working with business or government to change policy, the line between collaboration and cooptation is often unclear. Individual members of your partnership may be invited into the decision-making process that you are trying to influence. While collaboration with decision-makers can be an extremely effective strategy, it has the potential to cause division in the partnership.

Collaboration with decision-makers is always complicated. When effective, trust is developed, positional negotiating is abandoned, and a wider range of potential solutions may be generated. However, if only one member of an external partnership is involved in this process, the partners will not experience the same relationship building. As a result the uninvolved partners will have a different perspective on the decisions. In a strong partnership that has the time and resources to communicate regularly and effectively this tension can serve as a continuous quality improvement mechanism. The other partners can serve a useful reality check for the individuals actually involved in the negotiation. While it is sometimes simpler to have a single liaison to a decision-maker, the values of the partnership may be better expressed by a group of partners

The best resistance to co-optation is a strong partnership with shared goals. At the same time, the most effective policy change strategies are often an inspiration of the moment. For this reason the partnership must communicate well and regularly enough to agree upon modifications to plans. In our experience in Harlem documenting goals, reviewing goals, and discussing and documenting changes in goals are critical to the integrity of this process.

Building Social Capital: Sustaining the Momentum for Change

Partnerships are designed to build social capital, the currency minted by relationships. Policy work requires that individuals invest that capital in a campaign. The trust in existing relationships is leveraged to persuade people to join in the campaign. Favors are called in. Introductions to decision-makers are made. Like any investment, an investment of social capital has variable returns. If your policy change campaign is a success, you are likely to find your partners re-energized, your social capital currency stores replenished. However, if your campaign drags on and your successes are less obvious, you and your partners will need to think of ways to build social capital both in the group and with all of your external connections. Socializing, doing favors, praising and remembering people publicly can all contribute to your store of capital.

Policy work is painful. It requires a great deal of social support for those involved, particularly for those who are most affected by the policy at issue. One of the responsibilities of good partners is to support each other in our work.

I drew one of my colleagues into policy advocacy work. He works in the jails as a case manager and had first hand experience with many of the issues I was advocating around. After several months of meeting with elected officials and discussing policy options he shared with me how painful the work was to him. He, his family and friends had been personally devastated by many of the policies we were trying to change. Seeing how difficult it was to change these policies and how racist the system was at the policy level was deeply disturbing to him. Keep in mind, this was a man who was comfortable working in a jail setting with individuals with serious problems. Yet when he was confronted with some of the seemingly intractable structural causes of these individual problems he felt profoundly angry and saddened. This colleague continues to work as an advocate at the policy level.

One way to mitigate the exhaustion connected with long-term policy work is to allow for different levels of engagement. However, at all levels of engagement keep the lines of communication open, keeping the less active informed. This also promotes coalition building. At the same time it is important to reward different levels of engagement differently, showing appreciation for those who work extra hard, while acknowledging the importance of every ally.

Backlash and Policy Cycles

It is absolutely essential that you be prepared for a backlash to change. Backlash is one of the unintended consequences of social change. For example, recently prisoners lost the right to vote in Massachusetts, in part, because they organized a voting campaign to affect the election of judges. If your partnership is working with an extremely vulnerable population that could not tolerate a backlash, try to work toward changing policies in ways that do not negatively affect other stakeholders. Finally, stakeholders who may be negatively affected

by backlash should be informed of this fact and their input should be used to guide change strategies.

Progress and backlash are both part of the organic cycle of policy change. Understanding the public mood, and getting a feel for where the culture is in this cycle is very important to developing effective change strategies. However, there are many cases in which people push forward regardless of the social climate, and in their dedication to the issue, change public opinion. Therefore, it is necessary to temper your realism with vision just as you temper your strategies with realism. If this sounds rather mystical, it is because though we may make sense out of history, events as they are happening always retain an element of uncertainty and sometimes even chaos.

Social Responsibility

Affecting social policy is an awesome responsibility. When we seek to affect social policy, we often do this at personal risk, and at great or small risk to others. However, this should not make one hesitant to engage in social policymaking. In a very real sense all citizens, and residents, participate in policymaking either affirmatively or passively. Inaction sends a message to policymakers that can be readily misinterpreted as satisfaction. As responsible citizens, residents, and social servants, we must endeavor to make informed choices about representation and to let our representatives know when we are pleased or displeased with the policies they promote. Finally, much social change is affected by a few organized dedicated people. For this reason, I highlight again the importance of choosing a limited number of policies to work on at one time, and to prioritize building the partnerships resources for action.

Recommended Resources

ORGANIZING AND ACTIVISM

Alinsky, Saul D. 1969. *Reveille for Radicals*. New York, New York: Random House.

Alinsky, Saul D. 1971. Rules for Radicals: A Pragmatic Primer for Realistic Radicals. New York, New York: Random House.

Heifetz, Ronald A. 1994. *Leadership Without Easy Answers.* Cambridge, Massachusetts: The Belknap Press of Harvard University Press.

Horton, Myles. 1990. *The Long Haul: An Autobiography*. New York, New York: Doubleday.

Horton, Myles and Paulo Friere. 1990. We Make the Road by Walking: Conversations on Education and Social Change. Philadelphia, Pennsylvania: Temple University Press.

Minkler, Merideth ed. 2002. *Community Organizing and Community Building for Health*. New Brunswick, New Jersey: Rutgers University Press.

Piven, Frances Fox and Richard A. Cloward. 1979. *Poor People's Movements:* Why They Succeed, How They Fail. New York, New York: Vintage Books, Random House.

Shaw, Randy. 1996. *The Activist's Handbook: A Primer.* Berkeley, California: University of California Press.

RESEARCH AND ACTION: PAR, CBP, AND CBPR

Cheever, Julia. 1975. Your Community and Beyond: And Information and Action Guide. Palo Alto, California: Page-Finklin Publications.

Fals-Borda, Orlando and Mohammad Anisur Rahman. 1991. *Action and Knowledge: Breaking the Monopoly with Participatory Action Research.* New York, New York: The Apex Press.

Greenwood, Davydd J. and Morten Levin. 1998. *Introduction to Action Research: Social Research for Social Change.* Thousand Oaks, California: Sage Publications.

Hughes, Ian et al. 1994. Koori Action Research in Community Health. Paper presented at the Second Healing Our Spirit Worldwide Conference. Sidney, Australia.

http://www.scu.edu.au/schools/gcm/ar/arr/arow/hgkr.html

Isreal, Barbara A., Amy J. Schulz, Edith A. Parker, and Adam B. Becker. 1998. Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. *Annual Review of Public Health*, 19, 173-202.

Jones, W. Ron, Julia Cheever and Jerry Ficklin. 1971. *Finding Community: A Guide to Community Research and Action.* Palo Alto, California: James E. Freel and Associates.

Minkler, Merideth and Nina Wallerstein, ed. 2003. *Community-Based Participatory Research for Health.* San Francisco, California: Jossey-Bass.

Schensul, Jean J. 1994. The Development and Maintenance of Community Research Partnerships. Institute for Community Research http://www.mapcruzin.com/community-research/schensul1.htm 6/13/02

Park, Peter, Mary Brydon-Miller, Budd Hall, and Ted Jackson ed. 1993. *Voices of Change: Participatory Research in the United States and Canada.* Westport, Connecticut: Bergin and Garvey.

Sclove, Richard E. et al. 1998. Community-based Research in the United States: An Introductory Reconnaissance. Amherst, Massachusetts: The Loka Institute.

Sclove, Richard E. 2001. Better Approaches to Science Policy. Amherst Massachusetts, The Loka Institute. http://www.loka.org/crn/pubs/scienced.htm 6/13/02

Seifer, Sarena. 2002. Resource List for Community-based Participatory Research. http://csf.colorado.edu/forums/service-learning/jan02/msg00040.html 6/17/02

Smith, Susan E, Dennis G. Willms and Nancy A. Johnson, ed. 1997. *Nurtured by Knowledge: Learning to Do Participatory Action-Research*. New York, New York: Apex Press.

Stoecker, Randy. 2001. *Community-Based Research: the Next New Thing*. http://comm-org.utoledo.edu/drafts/cbrreportb.htm 1/30/03.

Stoecker, Randy. 2002. *Thinking about CBR: Some Questions as We Begin.* http://comm-org.utoledo.edu/drafts/cbrqs.htm 1/30/03.

Stringer, Ernest T. 1999. *Action Research*. 2nd ed. Thousand oaks, California: Sage Publications, Inc.

RESEARCH METHODS

Grady, Michael. 1998. *Qualitative and Action Research: A Practitioner Handbook.* Bloomington, Indiana: Phi Delta Kappa Educational Foundation.

Gonick, Larry and Woolcott Smith. 1993. *The Cartoon Guide to Statistics*. New York, New York: HarperCollins Publishers, Inc.

Mishler, Elliot G. 1986. *Research Interviewing: Context and Narrative.* Cambridge, Massachusetts: Harvard university Press.

Willigen, John Van and Billie R. Dewalt. 1985. *Training Manual in Policy Ethnography*. Washington, DC: American Anthropological Association.

NEGOTIATIONS

Fisher, Roger and William Ury. 1991. *Getting to Yes: Negotiating Agreement Without Giving In.* New York, New York: Penguin Books.

Bazerman, Max H. and Margaret A. Neale. 1992. *Negotiating Rationally*. New York New York: The Free Press, A Division of Simon and Schuster Inc.

PUBLIC POLICY

Bardach, Eugene. 2000. A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving, 2nd ed. New York, New York: Chatham House Publishers

Kingdon, John W. 1995. *Agendas, Alternatives, and Public Policies* 2nd ed. New York, New York: Harper Collins.

Stokey, Edith and Richard Zeckhauser. 1978. A Primer for Policy Analysis. New York, New York: W.W.Norton.

Stone, Deborah. 2002. *Policy Paradox: The Art of Political Decision-Making*. New York, New York: W.W. Norton & Company.

CASE STUDIES

Glantz, Stanton A., and Edith D. Balbach. 2000. *Tobacco War: Inside the California Battles*. Berkeley, CA: University of California Press.

Nyden, Philip, Anne Figert, Mark Shibly, and Darryl Burrows, ed. 1997. *Building Community: Social Science in Action.* Thousand Oaks, CA: Pine Forge Press.

WRITING MANUALS

Howard, V.A., and J.H. Barton. 1986. *Thinking on Paper.* New York, New York: William Morrow and Company, Inc.

Lannon, John 1997. *Technical Writing*. 7th ed. Reading, Massachusetts: Addison-Wesley Educational Publishers.

OTHER CITED SOURCES

Deitz, William H., Mary Groves Bland, Steven L. Gortmaker, Meg <olloy, Thomas L. Schmid. 2002. Policy Tools for the Childhood Obesity Epidemic. *Journal of Law, Medicine, and Ethics,* V. 30, Issue 3, 83-88.

Mokdad, Ali, Mary K. Serdula, William H. Deitz, Barbara A. Bowmna, James S. Marks, Jeffrey P. Koplon. 1999. The Spread of the Obesity Epidemic in the United States, 1991-1998. *Journal of the American Medical Association*, October.

Putnam, Robert. 1993. The prosperous community: social capital and public life. *The American Prospect*, 35-42.

Putnam, Robert. 2000. Bowling Alone: The Collapse and Revival of American Community. New York, New York: Simon & Schuster, Inc.

Tyler, T.R. 1990. Why people obey the law: Procedural justice, legitimacy, and compliance. New Haven: Yale University Press.

WEBSITES

The Ace Project – The Administration and Cost of Elections electronic publication reviews the basics of elections administration from an international perspective. http://www.aceproject.org/main/english/pi/pi.htm

United for a Fair Economy – UFE is a national nonpartisan advocacy group that works toward economic justice. http://www.ufenet.org/

Community-Campus Partnerships for Health – CCPH is a membership organization made up of researchers, teachers, health professionals, and community members who work together to improve health. Many of their members are involved in CBPR projects and their website has many useful tools and articles for CBPR practitioners.

http://www.futurehealth.ucsf.edu/ccph.html

The Independent Media Center – IMC is a collective of non-commercial grassroots media organizations and independent journalists. http://www.indymedia.org/ FAIR – Fairness and Accuracy in Reporting is a progressive media watchdog group that provides critical analysis of news and coverage of under-reported stories. FAIR also advocates for media reform. http://www.fair.org/