



# Project GRACE: Building and sustaining effective CBPR partnerships to address HIV disparities

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# Acknowledgements

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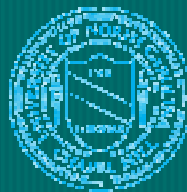
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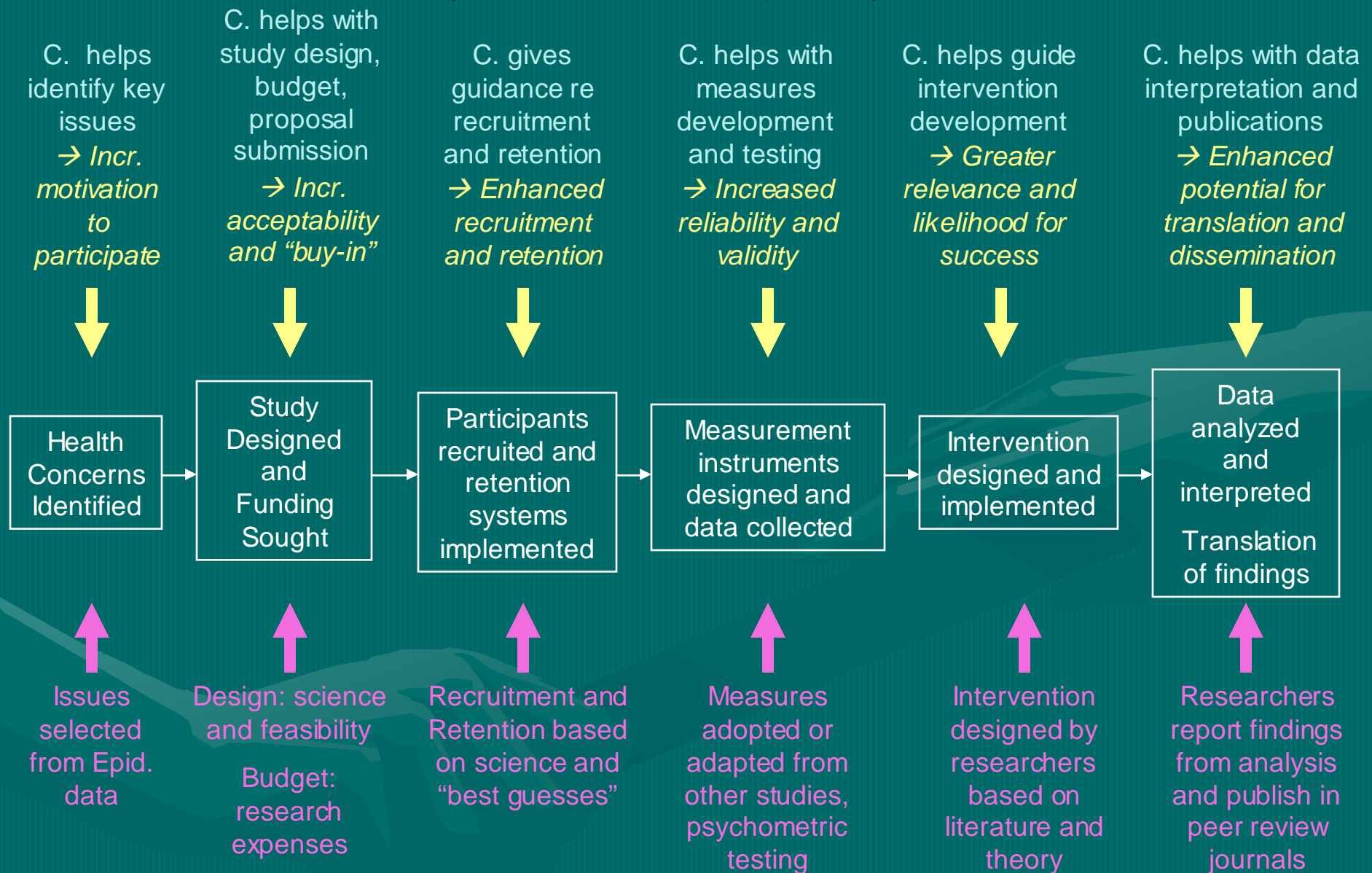
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# Community-Based Participatory Research

- Co-learning and reciprocal transfer of expertise among all research partners
- Shared decision-making
- Mutual ownership of the research process and products
- Commitment to application and dissemination of findings with goal of improving health by taking action, including social change

# Community-Based Participatory Research



Source: Viswanathan M, Ammerman A, Eng E, et al. Community-Based Participatory Research: Assessing the Evidence. Agency for Healthcare Research and Quality, Rockville, MD; 2004.

# How Project GRACE Started

- NIH Request for Application
  - National Center for Minority Health and Health Disparities (NCMHD)
  - Community-Based Participatory Research (CBPR)
  - Goal to reduce/eliminate health disparities
  - 3 year needs assessment
  - Pilot intervention

# Planned Approach to Partnership Development

- Stage 1: Initial mobilization
- Stage 2: Establishment of organizational structure
- Stage 3: Capacity building for action
- Stage 4: Planning for action

Source: Florin P, Mitchell R, Stevenson J. Identifying training and technical assistance needs in community coalitions: a developmental approach. Health Educ Res 1993;8(3):417-32.

# Stage 1: Initial Mobilization— Writing the Grant

- University of North Carolina at Chapel Hill invites the community to the table at the outset.
- Community-based organization (CBO) liaison
- Assembled a group of CBOs to provide input
- Components developed by working committees
- Presentation to the larger community

# Choosing the Problem

- HIV/AIDS epidemic in Nash and Edgecombe counties

## *New Cases of HIV in 2006*

<b>Race/Ethnicity</b>	<b>Edgecombe</b>	<b>Nash</b>
African American	85%	84%
Whites	10%	9%
Other	5%	7%

*North Carolina Dept. of Health & Human Services. HIV/STD Surveillance Report, 2006; 2006.*



# Who is Participating?

- The “Community”
  - Subcontractors
  - Agency/CBO Representation
  - Grassroots Representation
  - Individual Representation



# Stage 2: Establishment of Organizational Structure

## Project GRACE Consortium

*Comprised of \*\*51\*\* organizations and \*\*43\*\* individuals*

### Steering Committee

Area L AHEC (Comm Outreach Spec)	Nash Co. Health Dept.
Better Days Ahead	Nash Health Care Systems
CEO (Youth LHA Supv)	New Sources, Inc. (Parent LHA Supv)
Citizens of Edgecombe Co.	Project Momentum, Inc. (GOC)
East Tarboro-Princeville CDC	Rocky Mount OIC (Interviewer Supv)
Edgecombe Co. Health Dept.	Sozo Ministries
Freedom Hill Community Health Center	Visions, Inc. (Process Consultants)
Heritage Hospital	Wright Center, Inc.
NAACP, Edgecombe County	UNC-Chapel Hill (Project Coordinator, PI)

Membership & By-Laws  
Sub-Committee

Events Planning  
Sub-Committee

Research Design  
Sub-Committee

Communications &  
Publications Sub-Committee

Fiscal/ Budget  
Sub-Committee

Nominations  
Sub-Committee

# The Consortium

## Mission

*To improve the health of minority and/or high-risk populations by establishing collaborative structures and processes that respond to, empower, and facilitate communities in defining and solving their own problems.*

Includes volunteers from many fields, including:

- HIV/STI prevention and/or care services
- Edgecombe County and City Government
- Health Care Services
- Education & Educational Support for Youth
- Daycare Services
- Housing Assistance
- Legislative Representation
- Education & Educational Support for Young Adults and Adults
- Local History/Genealogy for African Americans
- Recreation
- Private Business
- Mental Health Services & Support
- Character and Life Skills Training
- Employment assistance
- Religious/Spiritual Support

# Development of By-Laws

- Mission statement and goal
- Principles of community participation
- Consortium membership
- Steering committee (composition, voting, representation, responsibilities, etc).
- Officers
- Sub-Committees
- Meetings
- Gifts, bequests, grants
- Amendments

# Stage 3: Capacity Building for Action

- Initial and ongoing multicultural “isms” training
- Process consultants at each community meeting
- Annual process evaluation
- Periodic retreats to address concerns, progress and strategic planning
- Coalition building sessions

# Stage 4: Planning for Action

- Identify community needs and assets to plan intervention
- 11 focus groups conducted
- 37 stakeholder interviews
- Intervention mapping to plan intervention
- Pre-test curriculum pieces
- Pilot test intervention

# Lessons Learned

- Planned approach has resulted in effective engagement of community members
  - Consortium membership increased from 15 to 57
  - Representation from 51+ community agencies and 43 individuals
  - 82% of steering committee reside or work in the two counties
  - Community members chair 5 of the 6 working committees
  - Over 100 people attended community forums
- Need for flexibility in by-laws, organizational structure and processes
- Paying close attention to organizational structure, developing by-laws and focusing on process have been crucial