

# Community-engaged research for social & health equity: Reflections, challenges, and promise in troubling times

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# *MSEI: Promoting (and doing) Community-based research & action*

Community of Practice across  
disciplines and beyond UM

Community Fellows Program

Lecture series for refugees

Disability Rights Initiative

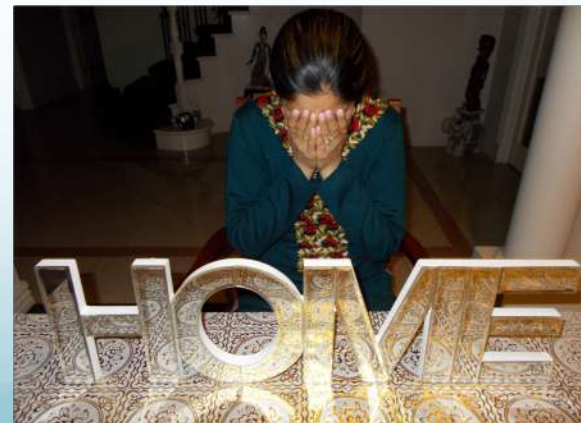
MAEVe

Unfitness to Plead Project &  
Disability Justice Support  
Program

ASPIRE project →



Improving Children's  
Lives Initiative



# *Two kinds of equity & social justice*

## Distributive Justice

Fair distribution of exposure to social and environmental hazards—and to “resources for living”



# *The context of our work*

- Politics of austerity amid unprecedented wealth gap (26 people = bottom 50%) Oxfam, 2019
- Violence against women = 1 in 3 worldwide
- “Addicted to incarceration” USA 2.3M; AU steep inc
- Worldwide increase in xenophobia and hostility
- USA Withdrawal of moral and political leadership on climate change, human rights etc.
- USA Devaluing of science, truth....democracy

# *The other context: “The dizzying array of resistance efforts”*

*--Angela Glover Blackwell*

1000's welcome Muslims in  
airports...and Latino refugees  
at the border

AU efforts re. meeting mental,  
reprod health needs of refugees

Demands for and experiments with  
justice reinvestment (Cowra, NSW  
And Texas?)



**Unfitness to Plead**

*"Make hope practical rather  
than despair convincing"  
- Jane Kenway, 1994*



# Community-engaged research for social and health equity

...a collaborative process that equitably involves all partners in the research process & recognizes their unique strengths. It begins with a research topic of genuine concern to the community, and combines knowledge and action for social change to improve community health and wellbeing and eliminate social inequities.

adapted from Kellogg CHSP,  
2001; Israel et al., 2016

# What's in a Name?



Participatory Action  
Research

Community- Engaged  
Research

Community-based PAR

CBPR

Mutual  
inquiry

Feminist-informed PAR

Participatory Research

Participatory Evaluation

Action Research

Indigenous ways of knowing

*It's all about the WHO  
question...*

# *Principles of Community-Engaged Research*

- Recognizes community as a unit of identify
- Builds on partners' strengths and assets
- Focuses on locally relevant problems & social determinants of health
- Co-learning, power sharing process
- Systems development & local capacity building
- Balances research and action
- Commits for the long haul to enable sustainability

Israel et al., 1998; 2018



## *Missing: CER embodies cultural humility*

“A life long commitment to self evaluation and self critique” understanding others’ cultures, working to redress power imbalances and to “develop and maintain respectful and dynamic partnerships with communities”

Tervalon & Garcia, 1998

# *Cultural Humility: Essential to breaking down distrust of outside researchers*



*“Researchers are like mosquitoes; they suck your blood and leave.”*

- Alaskan Native saying

*“Researchers are the real undocumented workers...”*

- Rev. Daniel Buford

Parachute research  
-Deloria, 1992

*“Nothing about us without us”*

--People with disabilities and indigenous communities

# Indigenist Critique of Western Epistemologies

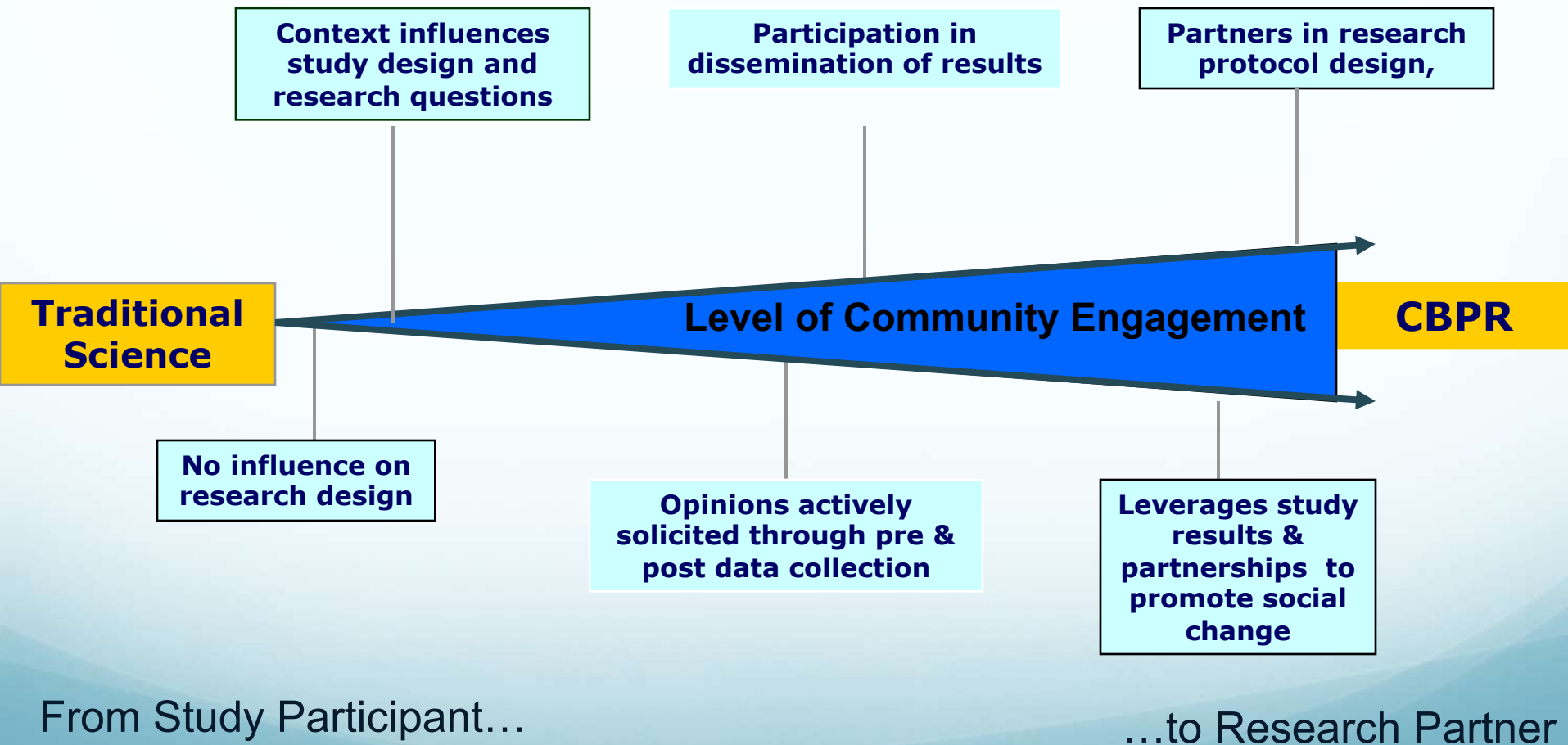
**Research** **Controlled**  
~~History~~ is ~~written~~  
by people in power

# Maori contributions

- Kanobi kitea (Maori) “the seen face”—importance of being physically present at cultural events
- Cultural values, beliefs should be explicitly built into the research, and reflected in various stages, *including reporting back, sharing knowledge*
- Don’t trample on the mana (rights) of the people
- Connect the research to concerns for social justice

Linda Tuhiwai Smith

# *Continuum of community-engaged research*



# Challenges from skeptical colleagues at each stage of continuum

- Generates action -oriented research
- Research topic, methods based on participant priorities, lived experience?
- Participants involved in data interpretation
- Co-ownership of findings??!
- Where's the objectivity? Science creds?
- What happened to evidence-based? And we know best...
- Say whaaat? With no formal research training?



# On the Plus side...

## Strong and growing evidence-base for CBPR

- Systematic reviews and meta analyses on health & social outcomes; RCTs, CETs  
Anderson et al., 2015; de las Neusces et al., 2015; Drahota et al., 2016; Bowen, 2013
- Gov. reports on impacts of CE on population health initiatives  
Popay et al., 2007; Staley, 2009
- Multi-method case studies on community, policy impacts  
Minkler et al., 2012, & 2018 Cacari-Stone et al., 2018
- Longitudinal studies of partnership processes & outcomes  
Wallerstein et al., 2018; Israel et al., In press

# Many top “traditional researchers” and institutions expound value & necessity of CER



Sir Michael Marmot, Prof of Epi & Public Health, uni of London;  
President, World Medical Assoc.  
Uni of Sydney grad

- Engage community in developing health & social indicators because

*“A good idea is harder to come by than more data”*

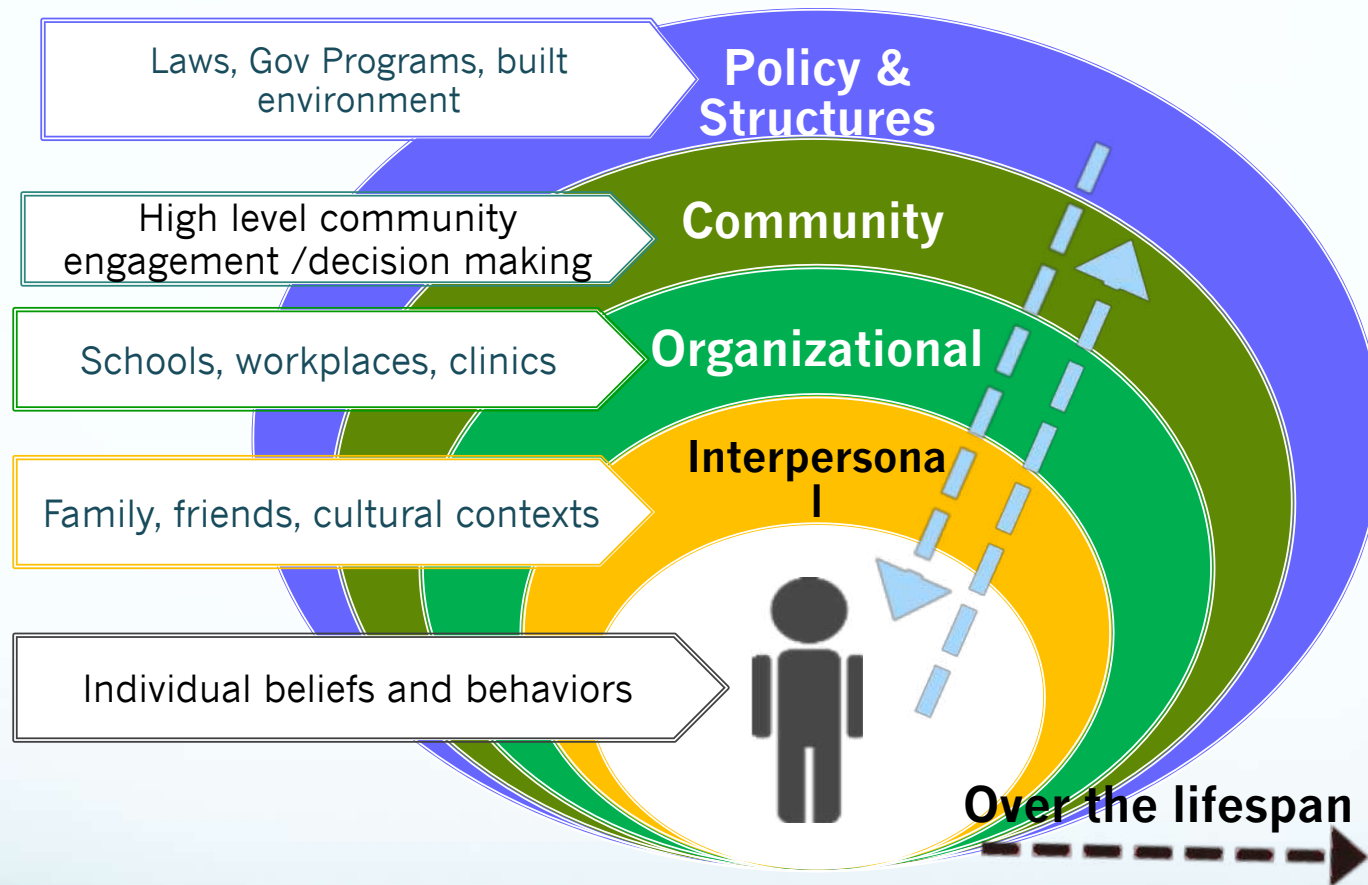
Indicator from community partner:

“Having enough money to buy birthday presents for your grandchildren”

IOM: CBPR = of 8 new areas in which all SPHs should offer training (Gebbie et al., 2003)



# More explicit integration of relevant conceptual frameworks: Social Ecological Model



*In CBPR for equity, must target the contextual or SDoH at multiple ecological levels that create and maintain inequities Trickett & Beehler, 2013*

CDC adaptation of the social ecological model (SEM) of health promotion.

<http://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity/framing-the-issue.html>

# *Using and measuring empowerment as a multi-level, multi-dimensional construct*

~~“Empower people” v. “Creating conditions...”~~

## ➤ **LEVELS**

- Individual
- Organizational
- Community or Neighborhood

## ➤ **DIMENSIONS**

- Participation
- Control
- Critical awareness

## ➤ **EMBODIES**

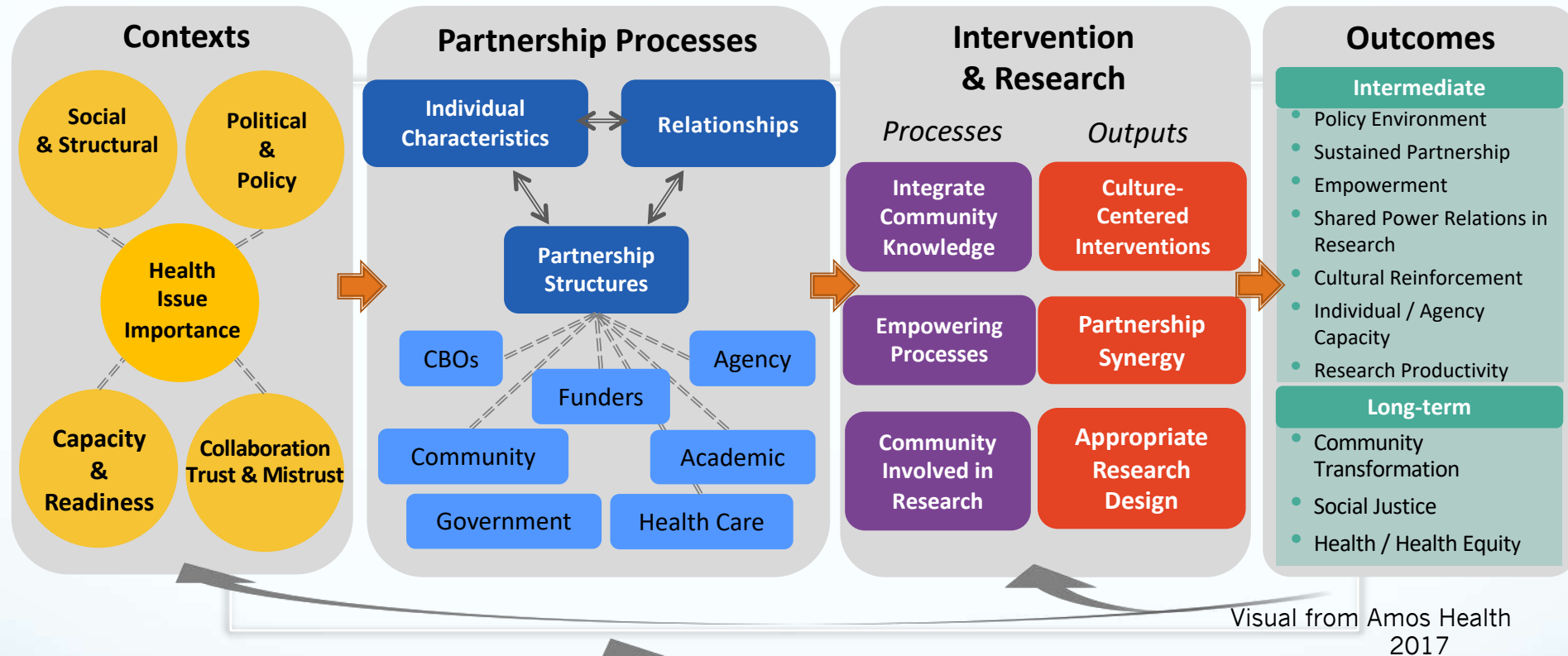
- Social change processes
- Transforming conditions

“A social action process by which individuals, communities and organizations gain mastery over their lives in the context of changing their social and political environment to improve equity and quality of life”

- Wallerstein, 1992

Zimmerman, 2000; Minkler et al., 2014

# Conceptual Model of CBPR



Adapted from Wallerstein et al., 2018

University of New Mexico Website:

<https://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html>

## Increased theoretical development

# Use of Model

- Model can be dynamic and adapted to diverse contexts and languages
- Both qualitative tools and quantitative measures foster collective reflection and partnership evaluation
- Tools can promote equity outcomes
  - Translation of findings to policies, practices
  - Build knowledge democracy
- Networks of use across the country and globally
  - Role of Think Tank across United States
  - ICPHR Evaluation Learning Community; Canada; Brazil; Latin America; Sweden; Germany

Wallerstein et al., 2018

\*Internat'l. Collaboration of Participatory Health Research

# CBPR Model

adaptation from AMOS, Nicaragua

**Context**

**Partnership**

**Intervention  
(Programs)/  
Research**

**Health/  
Social  
Justice  
Outcomes**

**E2**  
Engage for Equity

**A National Study of Community  
and Academic Partnerships**



# *New Tools for assessing process and outcomes*

## Engage for Equity Tools

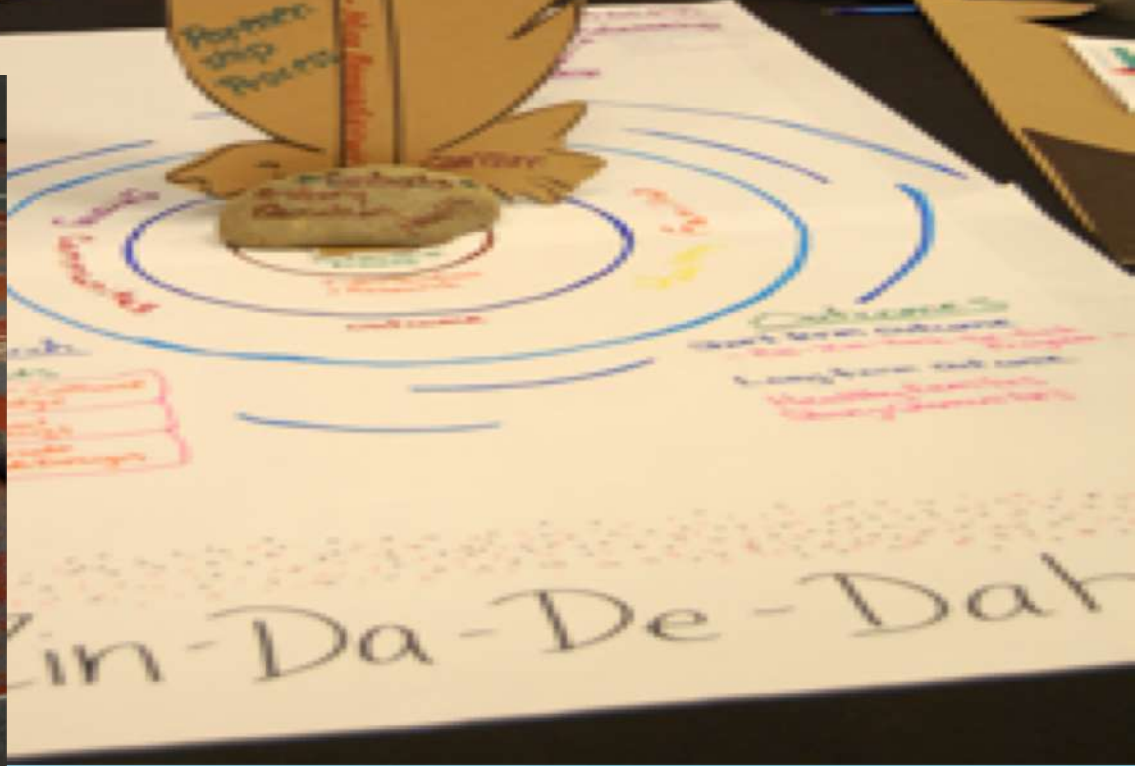
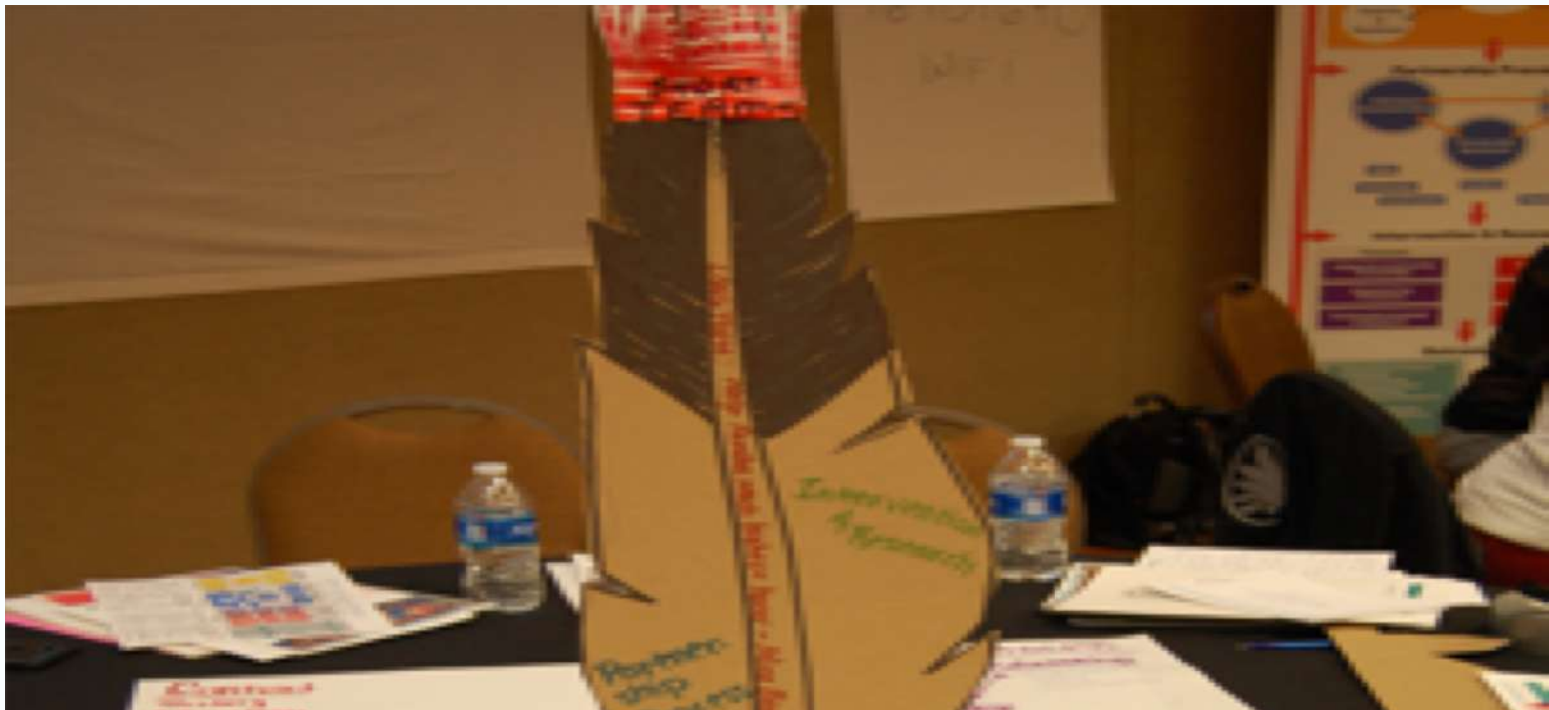
- River of Life/Historical Timeline
- Visioning with the CBPR Model
- Surveys, Interviews, Focus Groups
- Partnership Data Report
- Promising Practices Guide





## Visioning CBPR Model

Anishnabe  
Tribe with  
Uni of  
Nebraska



# Improving “relevance, rigor and reach”\* of research -- and getting to action & equity-focused policy change through CER



*The Chinatown Immigrant Restaurant Worker Study  
San Francisco 2007-2010 & waaay beyond*

\* Balazs & Morello-Frosch, 2013



## Community



## University



## Health Department



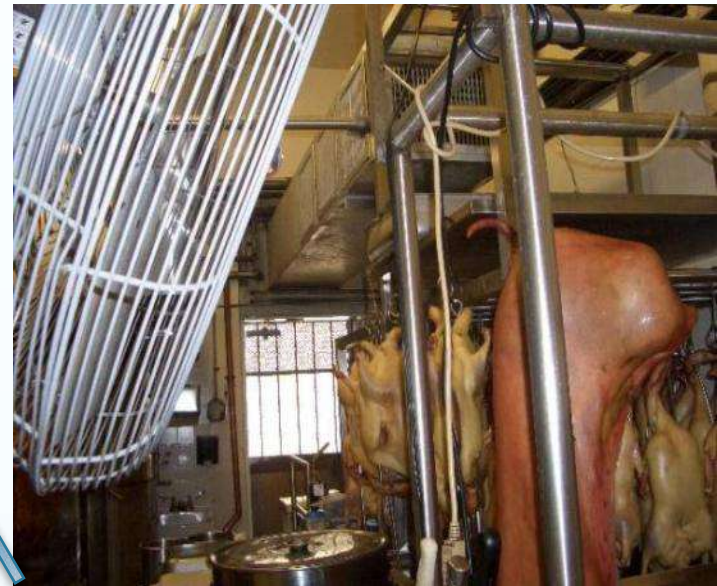
*Community-  
University-  
Health  
Department  
Partnership*

# Worker Coordinators



# *The imperative of community engagement in insuring we outsiders “get” the real issue*

- Academic and DPH perspectives:
- Restaurants employ ~1/3<sup>rd</sup> of Chinese immigrant workers in Chinatowns and other urban centers
- Have among highest rates of non fatal injuries and illnesses in US
- Few studies of conditions faced by immigrant restaurant workers



SPH, UCSF, DPH concerns



## Worker partners: Our biggest health problem is wage theft?!!

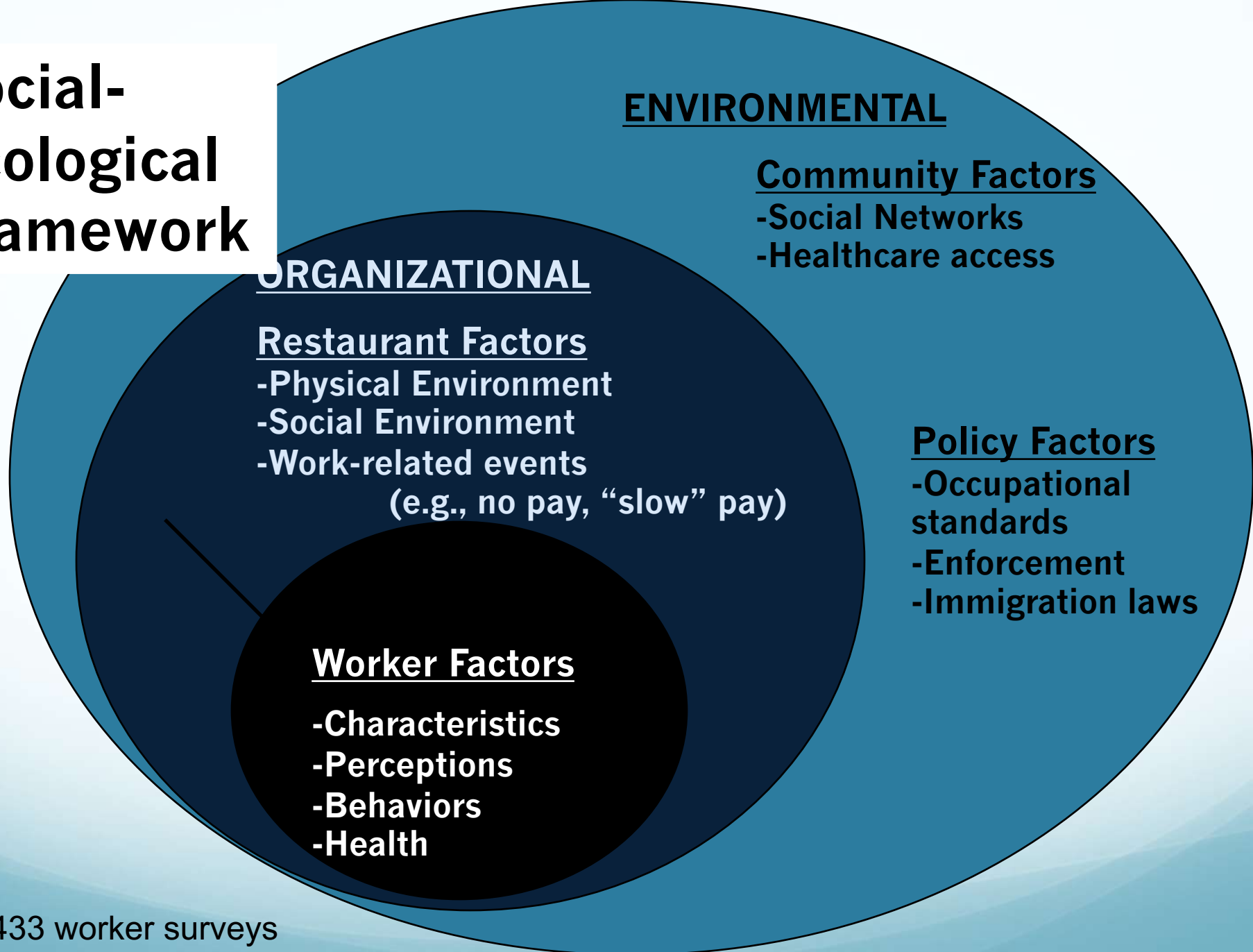
- Non-smokers called in earlier from breaks

- Wage theft as a health issue

- Toll of long hours, low pay, and lack of benefits



# Social- Ecological Framework



433 worker surveys  
DPH observations in 106 Chinatown restaurants

# 8 week initial training using popular education

- Help workers see selves as experts in restaurant work and value to project
- Deepen their reflections about realities of CT restaurant work
- Learn about CBPR/ research methods, ethical issues
- Increase comfort levels with other partners
- Developing skills in recruiting, surveying, public speaking etc.

c/o PT Lee

“What kind of questions would these workers have about their working conditions?”



# *Sample stories shared*

- A worker got injured— we took him to the hospital and boss wasn't around. When we got back we were both screamed at and fired
- I got hurt but was told not to report it and not to call 911 when there was a fight
- I was not paid the first 2-3 months I worked. When I asked, I was told “Go ahead, quit. Many more would like your job”
- The boss takes some tip money— even on days he's not there; or says tip on Visa card is “a gov tax”

# *Stories used as basis of deeper discussion of SDoH and wellbeing...and how workers can help bring about change*

- How common are these incidents?
- Why do they keep happening?
- How can we document this?
- Who has the power to change cotions?



*Role plays, discussion with peers, and preparation for research roles*



*Community engagement can improve the cultural relevance and validity of research instruments, & improve data collection and interpretation*



# Identify missing information, cultural & social errors on quantitative measures

5. What type of work do you regularly do in the restaurant? (Check all that apply)

- ☐ washing and cleaning vegetables
- ☐ cutting meat, fish, or poultry
- ☐ cooking or baking food or boiling tea
- ☐ transport and store food in kitchen, fridge or storage room
- ☐ serve food to customers
- ☐ work as cashier
- ☐ Other (please describe:)

Leafleter

# *Identifying difficult –to- translate concepts on validated scales*

What does it mean,  
“butterflies in your  
stomach?”\*

*\*Item from depression  
and anxiety scale  
doesn't translate well...*



# *Community partners improve new Restaurant Observational Check List*

Is first aid kit visible?



Are the posters visible  
where workers can read  
them (paid sick leave,  
OSHA, minimum wage)?



DRAFT - Health and Safety Inspection Check List - DRAFT

Inspection date and time: \_\_\_\_\_ Restaurant name: \_\_\_\_\_  
Inspector name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

1. Are the following posters visible where employees can read it?

SF Minimum Wage Ordinance Wage <input type="checkbox"/> Yes <input type="checkbox"/> No	SF Paid sick leave <input type="checkbox"/> Yes <input type="checkbox"/> No
OSHA information <input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation information <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Do workers have dry potholders, gloves, mitts, or rags to prevent burns?  
☐ Yes  
☐ No

3. Are cooks wearing long sleeve shirts or cook jackets?  
☐ Yes  
☐ No

4. Are range tops overcrowded with cookware?  
☐ Yes

Final instrument used in 106 of 108 restaurants



# *Pooling knowledge about how, when and where to SAFELY recruit participants\* (n=433)*



Popular pastry shops

\*Community partners know where to find them; University partners bring understanding of human subjects protection in recruitment

# *Cultural understandings and insider knowledge help in interpreting study findings*

## Some key findings

58% wage theft

70% < minimum wage

45% interrupted lunch break

65% no overtime pay

42% didn't get mandated paid

sick leave

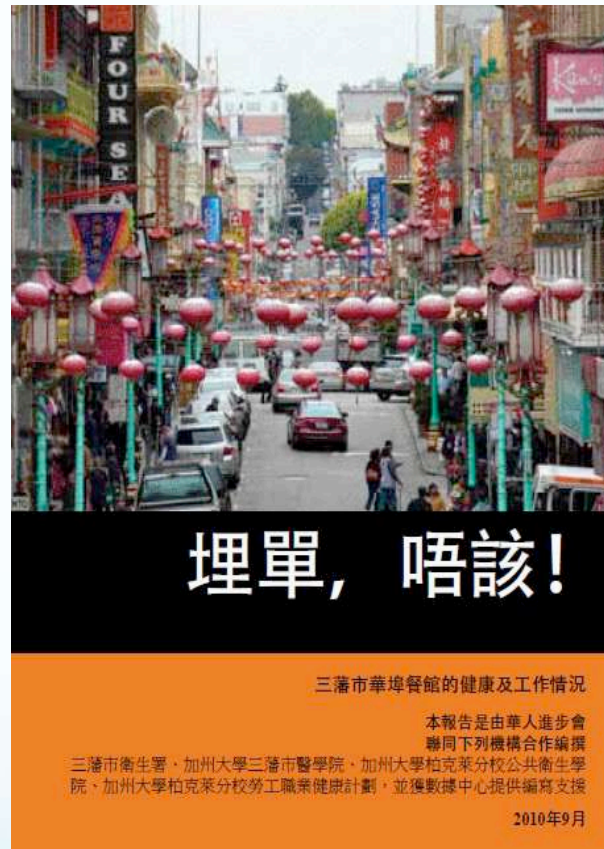
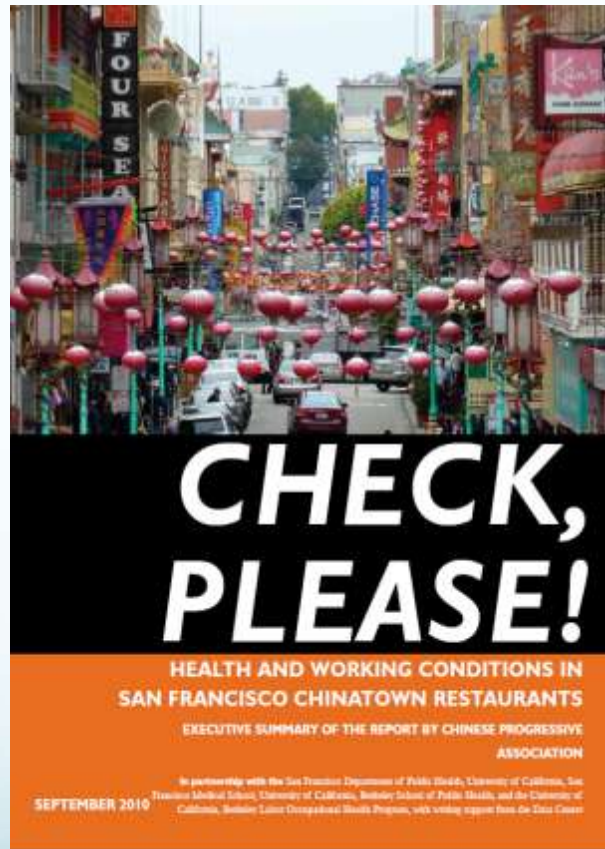
华埠古馆工人调查初步结果

	男	女
每小时的工资 HOURLY WAGE	9875	936
每个月工资 MONTHLY INCOME	1500	1200
% 没有最低工资 NO MINIMUM WAGE	66%	79%
% 没有带薪病假 NO PAID SICK LEAVE	100%	42%
% 没有带薪假期 NO PAID VACATION OR HOLIDAYS	100%	81%

c/o CY Chang



*Community ideas → “real time” translation and dissemination of findings*



# *Community and partnership contributions to research dissemination and policy change*



“Laws are like sausages– it is better not to see them being made”

-Otto von Bismarck



# *Three Streams in Policy Making*

## **Problem stream:**

convincing decision makers a  
problem exists

## **Policy stream:**

propose feasible, politically  
attractive solutions

## **Political stream:**

negotiate politics to get approval of  
the proposal



A diagram illustrating the 'Three Streams' model of policy making. On the left, three streams are listed vertically: 'Problem stream:', 'Policy stream:', and 'Political stream:'. Each stream has a corresponding description of its role. To the right of these descriptions is a large blue bracket that groups them together. To the right of the bracket is a blue box containing the text 'Successful Policy Making'.

**Successful  
Policy  
Making**

# *Getting on policymakers' agenda*



270 residents  
20+ media outlets  
DPH & other stakeholders  
4 of 11 City Supervisors

# Getting on the agenda Policy and Media Advocacy



“We don’t even have minimum wage, maybe \$4 an hour. Think about it, \$1200, for an entire month, working 10 hours a day, six days a week”

# *Broadening the base: Creating a Progressive Workers Alliance*

- **Workers across occupations**
- **Mujeres Unides Y Activas**
- **LGBTQ workers**
- **Unions**
- **Youth workers**





# *Balancing research and action— and long term outcomes*



## WORKPLACE

# Wage theft payment sets S.F. record

Restaurant accused of cheating workers out of thousands of dollars

By John Côté

San Francisco officials have secured \$525,000 in back wages and penalties from the owners of a Chinatown restaurant accused of forcing employees to work 11-hour days, six days a week for less than \$4 an hour, with at least one doing double duty as a maid at the owners' Telegraph Hill home, court documents show.

The settlement with the owners of Dick Lee Pastry Inc. is the single largest payment the city has received as it tries to protect workers from wage theft, a national problem in

which employees, often recent immigrants with limited English, are paid below minimum wage and forced to work long hours without overtime.

By some estimates, California loses \$7 billion a year to wage theft in lost tax revenue and economic participation by low-wage workers, state Labor Commissioner Julie Su has said.

San Francisco is among the leaders in cracking down on the practice, collecting more than \$7.4 million in back pay and interest for workers and \$526,000 in penalties and costs

*Wages continues on E8*

SF Chronicle, 2/13/13

2014 \$4.2 million in back pay to workers in one restaurant  
2018 \$10 million in citations for back pay, other infractions

# *Commit for the Long Haul*



Continued monthly meetings in Chinatown after funds ran out; attend special events e.g., testimony at City Hall, special event honoring workers, actions & fundraisers



# *Challenges and Pitfalls in Community-Engaged Research*



Catalani, C. New Orleans VideoVoice Project, 2007

# *Insider-Outsider Tensions*

- Power dynamics; the “power of authority” of the outsider’ s often multiple sources of unspoken privilege
- Differential reward structures
- Conflicting time tables & demands

Minkler, 2006; Wallerstein, 1999; Segal, 2016

# Leadership training can make participants “strangers in their own community”

Freire, 1970

## Doing the partnership’s “dirty work”

NIH-funded CBPR study of interventions to reduce exposure to indoor allergens in low income housing unit

Community partners asked to explain to angry residents why some would be in control group

Ameliorating perceived harm: staggered design v. RCT

## *Ethics review boards never designed with Community-engaged research in mind*

“IRBs are generally unfamiliar with CBPR, reluctant to oversee community partners, and resistant to ongoing, research-participant interaction”



**Pangaea HIV project took 9 months  
Chinatown project 1 year...**

Brown et al., 2010

# Ethical review board skepticism

- In “blurring the lines” between researcher & researched, what does informed consent even mean?
- Who, or what organization, should give consent for a community to participate? Do we even have mechanisms for getting community consent?

# *Sample IRB Questions for CER*

Will the methods used be sensitive and appropriate to various communities?

What training or capacity building opportunities will you build in?

How will you balance scientific rigor and accessibility?

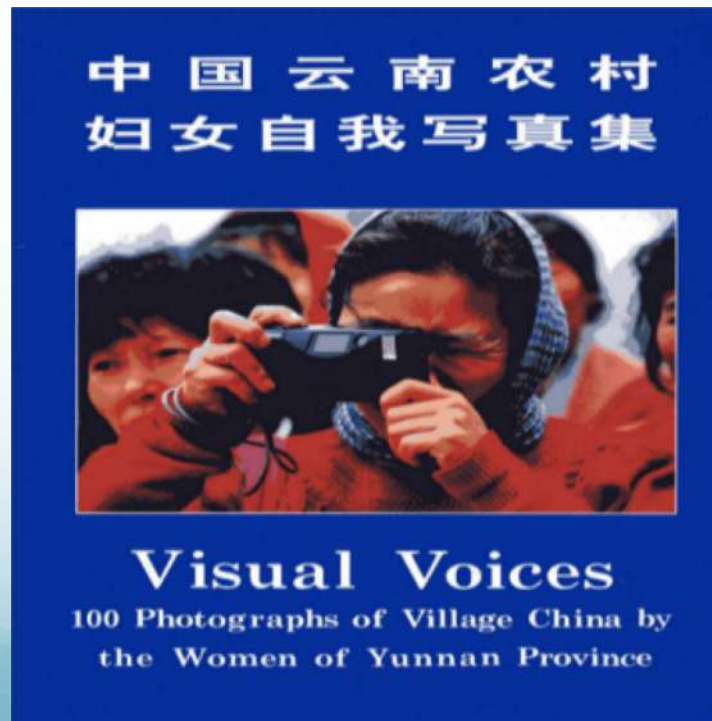
Are there built-in mechanisms for dealing with unflattering results ?

Flicker et al., 2007; 2017



# *Special ethical issues in using visual methods popular in CER with youth, vulnerable communities*

## Photovoice



Using cameras to capture and collectively study issues concerns, why they exist, and what we can do about them including sharing pictures and themes with policy makers, health professionals and others to help effect change

# SHOWeD

- What do we See?
- What's really Happening?
- How does it relate to Our lives?
- What can we Do about it





ality and anonymity  
studying local problems  
when the findings are  
to thPix o

So African study with community health  
Workers and teachers (reluctant to talk  
About AIDS)

A Newlan, 2012

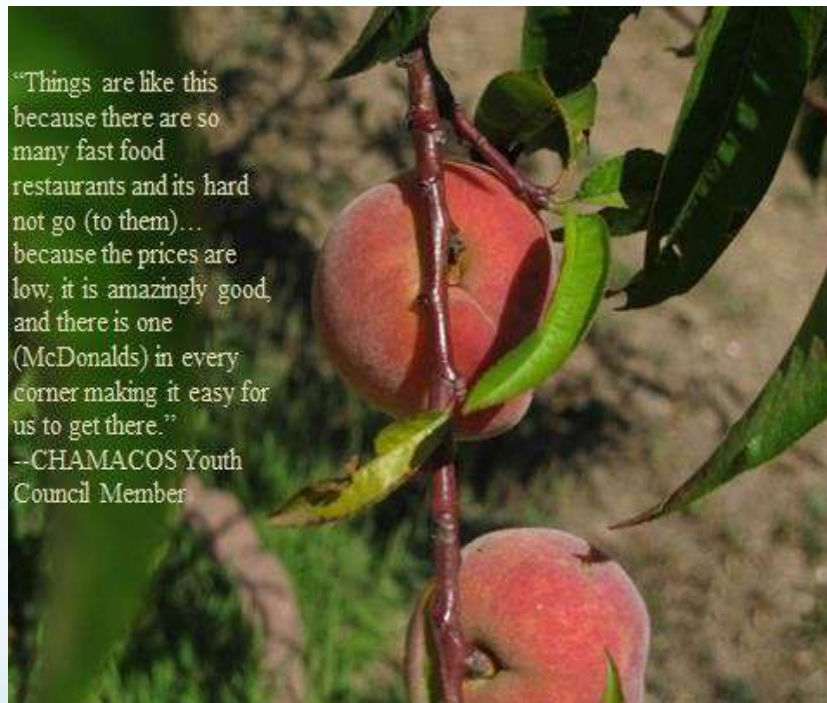


# Youth Photovoice: 36 hour training in research ethics etc. and yet...





“...one McDonald’s on every corner”





# ASPIRE Project

## 8 site, multi-method study of family violence



### Mannequin

Family violence is not always ugly. It can be disguised. I would fully love a mannequin. The only one  
never not visible, as long as they have gone, then they must be ok. I think this points themselves I  
was once like the mannequin. All my hurt hidden behind an image that suited society. Like the  
mannequin, I had no voice. My model as before, not had no voice. It was the mannequin who had to be  
true, "It is a sin to speak against your neighbor". As a consequence, women took their secrets  
to their graves exposing another generation of women to abuse.

—Toby

c/o C Vaughn

# “Solutions” re: anonymity and informed consent

- Blurred pixelated faces
- Print out of all images so participants can approve those they choose
- Multiple consent forms for different uses



# Photovoice as part of mandated MCH assessment



# CBPR Balancing Act

```
graph TD; A[CBPR Balancing Act] --- B[Necessary Skepticism of Science]; A --- C[Action Imperative of the Community];
```

The diagram illustrates the 'CBPR Balancing Act' as a conceptual framework. At the top, the title 'CBPR Balancing Act' is centered. Below it, a horizontal line with a large, light-blue arrow pointing to the right serves as a visual separator. From this line, two vertical lines descend to connect to two separate rectangular boxes. The box on the left is labeled 'Necessary Skepticism of Science' and the box on the right is labeled 'Action Imperative of the Community'. The entire diagram is set against a solid blue background.

Necessary Skepticism  
of Science

Action Imperative  
of the Community

- Price and Behrens, 2003

# The Academic's Dilemma



What do we  
want?

*Evidence-  
based  
practice  
and policy*





When do  
we want it?

*After peer-  
review!?!*

# Reaching academics & public health professionals, but...

## Community-Based Participatory Research and Policy Advocacy to Reduce Diesel Exposure in West Oakland, California

Priscilla A. Gonzalez, MPH, Meredith Minkler, DrPH, MPH, Analilia P. Garcia, MPH, Margaret Gordon, Catalina Garzón, MCP, Meena Palaniappan, MSc, Swati Prakash, MS, and Brian Beveridge

“If an article is published in Social Sci & Med but nobody reads it, does it exist?”

- D. Raphael

We conducted a multimethod case study analysis of a community-based participatory research partnership in West Oakland, California, and its efforts to study and address the neighborhood's disproportionate exposure to diesel air pollution. We employed 10 interviews with partners and policymakers, participant observation, and a review of documents. Results of the partnership's truck count and truck idling studies suggested substantial exposure to diesel pollution and were used by the partners and their allies to make the case for a truck route ordinance. Despite weak enforcement, the partnership's increased political visibility helped change the policy environment, with the community partner now heavily engaged in environmental decision-making on the local and regional levels. Finally, we discussed implications for research, policy, and practice. (*Am J Public Health*. Published online ahead of print May 5, 2011; e1–e10. doi:10.2105/AJPH.2010.196204)

Located on the San Francisco Bay, and bounded by freeways, West Oakland is a small but vibrant community of predominately low-income African American and Latino residents. Home to nearly 22000 people in 10 distinct neighborhoods, the community also contains thousands of moving and stationary sources of diesel pollution. From the buses and trucks on surrounding freeways, to the

elevated exposure to traffic-related air pollutants such as nitrogen dioxide, carbon monoxide, and black carbon, in utero or in infancy was also recently found to be associated with higher risk of asthma in children under age 5.<sup>7</sup>

In many low income urban neighborhoods, and particularly communities such as West Oakland with major “goods movement” activity related to international trade, a larger than

been used by local residents, in partnership with outside researchers, to help study and address neighborhood challenges, while building local capacity.<sup>11-19</sup> Green et al.<sup>20</sup> defined CBPR as “systematic inquiry, with the participation of those affected by the issue being studied, for the purposes of education and taking action or effecting change.” Among the core principles of this approach to research are that it recognizes community as a unit of identity; it entails an empowering, colearning process that “equitably” involves all partners; and it includes systems development and increases local problem-solving ability. It also achieves a balance of research and action, and “involves a long term process and a commitment to sustainability.”<sup>21</sup> Finally, CBPR pays serious attention to issues of research rigor and validity. However, it also “broadens the bandwidth of validity”<sup>22</sup> to ask whether the research question is “valid,” in the sense of coming from or being meaningful to the involved community. With its commitment to action as part of the research process itself, CBPR has increasingly been utilized by community-ac-

Gonzalez, Priscilla A., et al. "Community-based participatory research and policy advocacy to reduce diesel exposure in West Oakland, California." *AJPH*.S1 (2011): S166-S175.

Sick of the diesel exhaust threatening kids' health in her neighborhood, Margaret Gordon stopped scrubbing bathtubs and got to work cleaning th



I

N THE EARLY 1980s, Margaret Gordon, a housekeeper and single mom in gritty West Oakland, California, was cleaning the home of ecologist Michael Herz—founder of the nonprofit San Francisco Baykeeper—when she stumbled upon a stack of environmental magazines. Curious, Gordon asked to borrow a few, and was soon devouring articles about pollution and its adverse effects on health. Gordon had always assumed the environmental movement was about “kissing birds and saving whales,” but the more she learned, the more she realized it was about protecting human beings, too.

Her interest became personal when she



*Margaret Gordon, 64*  
CLEAN AIR ACTIVIST  
OAKLAND, CALIFORNIA



*Academic publishing of community - engaged research: choose journals carefully!*

Instructions for authors, Epidemiology

"We discourage policy recommendations in research papers; such recommendations are reserved for commentaries."

<http://edmgr.ovid.com/epid/accounts/ifauth.htm>

# *But all these journals do publish\**

- Progress in Community Health Partnerships (87)
- American Journal of Public Health (49)
- Journal of Health Care for the Poor and Underserved (33)
- Health Promotion Practice (30)
- Environmental Health Perspectives (29)
- Ethnicity and Disease (26)
- Health Education and Behavior (25)
- American Journal of Preventive Medicine (21)
- Journal of Urban Health (21)
- Social Science and Medicine (16)
- Journal of Empirical Research on Human Research Ethics (14)
- AIDS Education and Prevention (14)
- Family and Community Health (14)
- American Journal of Community Psychology (13)
- American Journal of Bioethics (13)
- Cancer (13)
- Journal of General Internal Medicine (13)
- Journal of Cancer Education (10)
- Journal of Immigrant and Minority Health (9)
- Health Education Research (9)
- Canadian Journal of Public Health (9)
- Journal of Interprofessional Care (9)
- Ethnicity Disease (9)
- Public Health Nursing (9)
- Journal of Ambulatory Care Management (9)
- Annals of Family Medicine (8)
- Journal of Community Practice (8)
- Preventing Chronic Disease Electronic Resource (8)
- Journal of Primary Prevention (8)
- International Journal of Circumpolar Health (8)
- Evaluation and Program Planning (8)
- Journal of the American Board of Family Medicine (8)
- Health Promotion International (8)
- Preventing Chronic Disease (7)
- Disability and Rehabilitation (7)
- Education for Health Abingdon England (7)
- Public Health (7)
- Education for Health Change in Learning and Practice (7)
- Journal of Community Health (7)
- New Solutions A Journal of Environmental and Occupational Health Policy (7)
- Journal of the National Medical Association (7)
- AIDS Care Psychological and Socio Medical Aspects of AIDS HIV (7)
- Action Research (7)
- Academic Medicine (7)



# For MSEI moving forward

- Builds on strong precedent for community engagement in diverse campus departments, and with Chancellery's increased support
- Emphasize strong evidence-base for the role of CBPR in improving the “relevance, rigor and reach” of research (Morello-Frosch)
- And in tenure and promotion considerations

# Creating university climates supportive of community-engaged research

- Campus committees (e.g., P&T) and faculty knowledgeable about CBPR orientation, timetable etc. "Counting" products beyond pubs
- Funding for Community Scholars - in-Residence (UMich) & Community Fellows, (Melbourne Uni)
- Chancellor's Award for Research in the Public Interest– including CER (UCB)



# Leveraging External networks and support opportunities

Internat'l Collaboration  
for Participatory Health  
Research



- Global network of PR scholars; and wonderful meetings for showcasing your work
- Info on CER funding, networking meetings, info webinars, annual meetings and awards
- Partnership development and 2 year planning grants for CBPR
- Intensive one year partnership training and mentoring grants



# *Help junior faculty, students find the (many) journals that welcome CER*

- Progress in Community Health Partnerships (87)
- American Journal of Public Health (49)
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- New Solutions A Journal of Environmental and Occupational Health Policy (7)
- Journal of the National Medical Association (7)
- AIDS Care Psychological and Socio Medical Aspects of AIDS HIV (7)
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**Scopus Index , compiled Jan. 2011, ONLY health & medicine; since then JAMA, NEJM etc.**

# *Remember what you've accomplished!*

*“We so easily forget who we are and what we have done. We forget our miracles as soon as we make them.... We don't know how to loop them back to ourselves so we can see the impact and know we caused that.”*

Adapted by KM Roe from Joan Steiner Lester

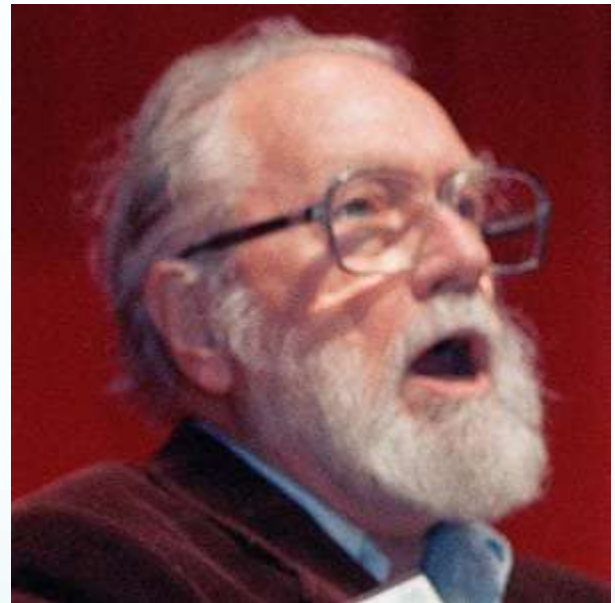




# Final thoughts

The greatest education  
comes from action...and the  
greatest action is the  
struggle for social justice”

-- Myles Horton  
Founder Highlander Center



- “Progress is never permanent, will always be threatened, must be redoubled, restated and reimagined if it is to survive”

Zadie Smith



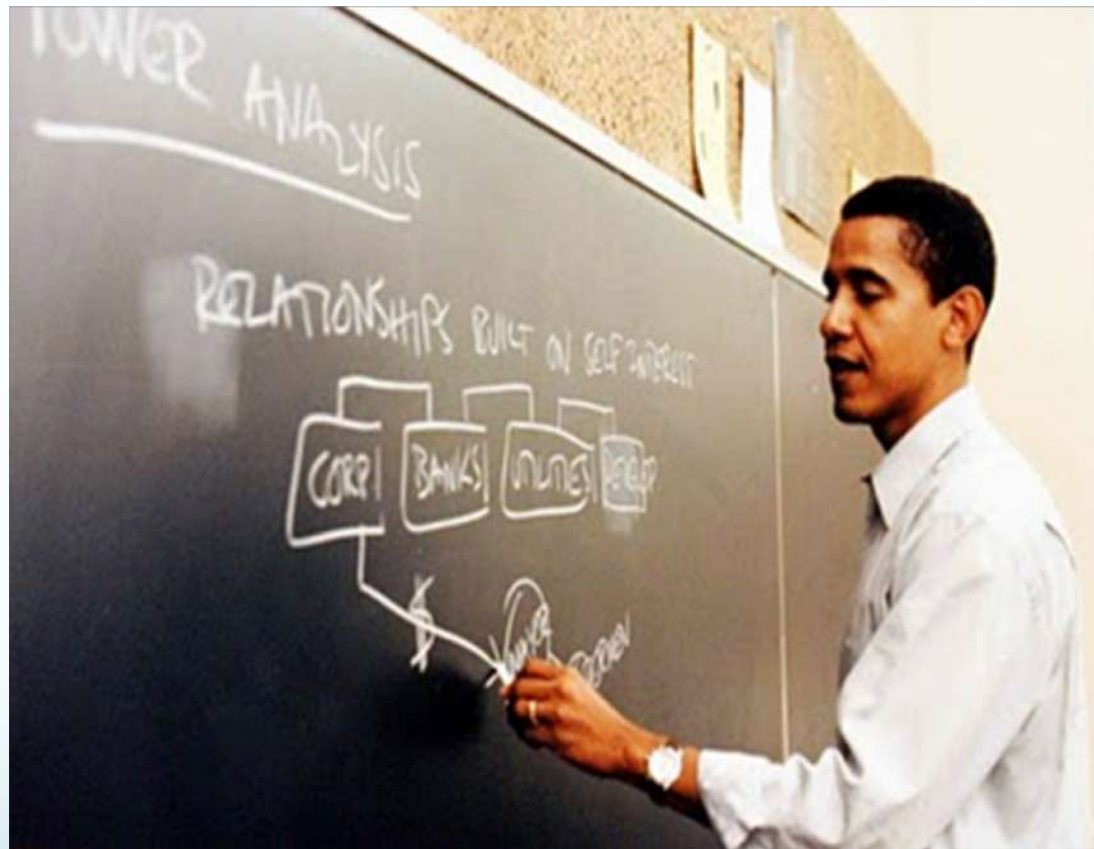
*“Power is, I hate to say it, fear”*

Candidate Trump, 2016



Real power is people building alliances across differences to collectively identify, study and address shared concerns – and work together to build more equitable communities & nations & a better world

# Paraphrasing "44"



*"[Community-engaged research] and community organizing teach, as little else does, the beauty and strength of everyday people."*  
~Barak Obama, 1998; 2012