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Developing a Community-Based Research Project Proposal to Build Public Health Educator Capacity: A Graduate Student Perspective.

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Health Promotion Practice

Manuscript Title: Developing a Community-Based Research Project Proposal to Build Public Health Educator Capacity: A Graduate Student Perspective

Journal:	<i>Health Promotion Practice</i>
Manuscript ID	HPP-19-0253.R2
Manuscript Type:	Career Development
Keywords:	Community-Based Participatory Research < Health Research, College / Community Partnerships < University / College Health, Program Planning and Evaluation
Abstract:	This article is the author's first-person perspective of completing an applied practice experience (APE) at an accredited public health program. Graduate-level public health students in the United States are mandated by the Council on Education for Public Health to complete this supervised field experience to apply knowledge and concepts to real-world public health practice. For his APE, the author worked with a faculty advisor and two community groups to facilitate and submit a community-based participatory research grant proposal. This article discusses the author's experiences before, during, and after the APE. The author outlines challenges and success of working on this applied project. The article concludes with implications for public health education specialists regarding experiential learning and applied practice experiences for graduate students.

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24 connected with public health professor Dr. Amy Henderson Riley, who graciously invited me to
25 learn more about several ongoing projects she was a part of and to explore if I was interested in
26 becoming involved as a graduate student. Having these options to choose from was valuable to
27 me, as I was able to identify a project where I could match my interest and tailor my own
28 learning experience to my career goals and interests.

29 During the site selection process for my APE, I first attended a joint university-
30 community information session called Community Driven Research Day (CDRD). This meeting
31 was designed to link community groups with research institutions, and provided avenues of
32 funding for programs through grants. Following the meeting, a request for proposals was issued.
33 My mentor, Dr. Riley had participated in a previous CDRD event and had met with a local
34 community group called the Creative Resilience Collective (CRC). This group had a vision of
35 devising a program with the goal of engaging young refugee and immigrant teens through art in
36 order to explore and identify spaces where they feel safe and experience mental health relief.
37 CRC was interested in partnering with our academic institution for development of the proposal
38 for the grant to fund the program.

39 This collaboration between the community group CRC and Thomas Jefferson University
40 is an example of Community Based Participatory Research (CBPR). Within the realm of public
41 health, CBPR is an important paradigm. Israel et al. (1998) defined CBPR as "... a collaborative
42 approach to research that equitably involves, for example, community members, organizational
43 representatives, and researchers in all aspects of the research process" (p. 177). CBPR was not
44 available to me as a stand-alone course as part of the MPH course offerings in my program, but
45 the APE allowed me to experience it in a real world setting. In January of 2019, I formally
46 signed on to work on this CBPR collaboration for my APE. This involved agreeing to goals and

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47 objectives that I co-wrote with my preceptors, which were then approved by our program's APE
48 coordinator. These included:

- 49 1. Gain experience building a budget for a public health project;
- 50 2. Collaborate with community partners to design and guide a public health project from
51 conception of ideas to a tangible study; and
- 52 3. Gain experience working with an Institutional Review Board (IRB) and ensuring
53 research compliance for a public health project.

54 These APE goals were picked to be in line with selected CEPH core competencies
55 (Table 1), as described by my program's APE Goals & Objectives agreement.

56 --insert Table 1 about here--

57 **My Experience During the APE**

58 My preceptor, aware of my inexperience in this type of collaborative work, established a
59 weekly meeting routine during office hours. Once per week, I met with Dr. Riley to discuss the
60 project and to review the weekly independent reading she assigned from a Community Based
61 Participatory Research (CBPR) textbook. As I did not have formal coursework on CBPR, it was
62 worthwhile to study CBPR concepts from an academic perspective prior to applying them in the
63 field. Our weekly sessions prepared me for our eventual in-person sessions with the community
64 group. For example, I was able to have my preceptor give me feedback on material I would be
65 presenting to the group, as well as receive help to organize my thoughts and ideas into a
66 structured meeting agenda.

67 The grant project offered up to \$10,000 in funding to support a CBPR project between an
68 academic and community partner to develop and maintain a mutually beneficial relationship. Our
69 next step was to identify how we could potentially use the grant funding to achieve our project

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70 goals. Our community partner CRC is a local group of artists, designers, researchers, educators,
71 and social workers working together to improve access to quality mental health care services.
72 Their goal was to design a program to help study alternative spaces where people seek mental
73 health relief.

74 The first meeting with our community partner CRC occurred early on in the process,
75 where different ideas were shared regarding possible avenues for development of an
76 intervention. Our first goal for this project was to develop a formal letter of intent to deliver to
77 the selection committee regarding our plans to submit a full proposal for our project. Using
78 CRC's goals and vision as a framework for development, we decided to focus on immigrant and
79 refugee youth in the city of Philadelphia, a large and vulnerable population. Recognizing the
80 need for access to this population, we identified several other community partners as potential
81 collaborators, and worked independently to contact them and gauge their interest. After an
82 extensive outreach, we chose the group Southeast by Southeast (SExSE). This group already had
83 an established rapport with the immigrant and refugee community we were interested in, as well
84 as existing outreach programs to youth, offering us an opportunity to engage our desired
85 audience. After agreeing to the goals and objectives for the proposed project, we developed and
86 delivered a letter of intent to the grant committee, and shortly after received an invitation for a
87 full proposal.

88 Over the next few weeks, we developed the proposal from guidelines provided by the
89 CDRD committee through a series of meetings and conference calls. One of the main items of
90 the proposal was the budget. In collaboration with the university, SExSE, and CRC, we
91 developed our intervention program using assets from each group. Using known prices of
92 products and services as well as estimations of anticipated expenditures, we developed a list of

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93 expected costs and delineated how our \$10,000 budget would be spent. We combined the budget
94 narrative with descriptions of the project, timelines, and our goals and objectives and submitted
95 the proposal to the CDRD committee for approval.

96 The program was designed to be offered to 14-15 refugee and immigrant teens over a
97 series of 8 after school workshops. During these sessions, the participants used creative artistic
98 design strategies such as photography, collage, mapping, and book making to explore the
99 following research objectives:

- 100 • Define and identify places, people, strategies, and barriers to care,
- 101 • Understand what makes a safe space or home,
- 102 • Understand what makes a safe and supportive person,
- 103 • Understand strategies of safety,
- 104 • Unwrap how teens are coming of age in a western culture that is different than
105 nuclear family dynamics (e.g. western individuality, idea of code/language
106 switching), and
- 107 • Identify sustainable strategies that community sites can use to make safe spaces
108 more accessible

109 While developing this project, I was simultaneously enrolled in a program planning and
110 evaluation course. The coursework included a mock scenario requiring development of a
111 literature review, project proposal with a budget, and an evaluation process. I found this to be
112 very valuable in developing my understanding of the process at hand. While these mock
113 exercises provided a solid foundation, the experience of applying these concepts to the real-
114 world CRC project was most valuable in cementing my understanding. The simulation cannot

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115 substitute for real life experiences such as organizing meeting times, sharing developments,
116 utilizing technology, and communicating with team members from a variety of disciplines.

117 My role as a graduate student occasionally afforded me the opportunity to be an acting
118 liaison between the University and community partners. In instances where my faculty mentor
119 was unavailable during a project meeting, I was tasked with representing the university,
120 requiring me to take detailed notes and to provide a summary of the developments in our
121 process. My participation in the development of the letter of intent, project, and budget proposal
122 provided me with deliverables to demonstrate my contributions to the project as required by
123 CEPH.

124 Challenges and Successes

125 This APE experience provided me with my first opportunity to participate in a proposal
126 process. While many of the challenges were mitigated through preparation, I sometimes found
127 myself unsure of my scope as a student and my capability to participate in certain project tasks.
128 One of the biggest challenges encountered during this experience was learning to adapt concepts
129 from the academic environment to the actual interactions with group members. This is where the
130 important value of the faculty mentor became apparent, as I was able to receive real-time
131 guidance.

132 Assigned readings about the CBPR process from my faculty mentor laid a sturdy
133 foundation to expand upon with the real experience I would later gain working on the project
134 proposal. With this base, I was able to better articulate group goals, foster effective
135 communication between academic and community partners, and anticipate challenges in the
136 process. Having regular one-on-one meetings with my faculty mentor also ensured that I was

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137 able to stay on track for my learning goals, and offered me an opportunity to debrief and ask
138 questions in a comfortable learning environment.

139 **Implications for Practice**

140 The involvement in this APE demonstrated the large potential for learning and real life
141 experience a student can be exposed to by being involved early in a project development process.
142 The practice of designing a proposal, conceptualizing a project, and working with community
143 partners is a valuable hands on learning experience which cannot be comparably simulated in a
144 classroom setting. Students should have the opportunity to join faculty members at this early
145 stage, and be involved with the proposal process. Involvement in co-drafting a proposal, budget,
146 and communicating with different project members is an invaluable experience for a student,
147 providing him or her with directly translatable skill that can be further expanded. Regardless of
148 the ultimate success of a proposal to secure funding, student involvement provides for a
149 significant learning opportunity.

150

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161 **Tables**

162 Table 1. Selected CEPH Public Health Competencies as Related to this APE

Public Health Knowledge
<ul style="list-style-type: none"> • Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
Foundational Competencies
<ul style="list-style-type: none"> • Select quantitative and qualitative data collection methods appropriate for a given public health context • Assess population needs, assets, and capacities that affect communities' health • Explain basic principles and tools of budget and resource management • Select methods to evaluate public health programs • Perform effectively on interprofessional teams

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