Student Papers & Posters   Student Works

11-1-2019

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

Alexander J. Baukus
Thomas Jefferson University

Health Promotion Practice

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

Journal:	*Health Promotion Practice*
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.

SCHOLARONE™
Manuscripts

A GRADUATE STUDENT PERSPECTIVE   1

1   Developing a Community-Based Research Project Proposal to Build Public Health Educator

2   Capacity: A Graduate Student Perspective

3   As part of graduate-level study in public health in the United States, students are

4   mandated by the Council on Education for Public Health (CEPH) to complete an Applied

5   Practice Experience (APE) (Council on Education for Public Health, 2016). The purpose of this

6   supervised field experience in the public health curriculum is for students to utilize the

7   knowledge and concepts learned from public health study and course work in an applied setting,

8   and refine interpersonal professional skills within the context of public health practice.

9   Dependent on their program, students are able to select from a variety of different sites suited to

10   their interests ranging from internships with the local public health department to statistical

11   processing. Regardless of his or her site, each student must complete a total of 120 hours in an

12   approved practice setting.

13   This article provides a student perspective after completing an APE at an accredited

14   public health program where I had to opportunity to collaborate with both independent

15   community groups and a faculty member in a community-based research project proposal. The

16   purpose of this article is for health promotion educators and practitioners to see such an

17   experience from a student perspective. It is my hope that through this article I can highlight

18   aspects of my experience that were beneficial and effective learning tools, as well as provide

19   examples of challenges I faced with the intent of providing educators with ideas to incorporate

20   into similar student experiences.

21   **My Experience Before the APE**

22   As I progressed through my MPH program at the Thomas Jefferson University, Jefferson,

23   I had my eye on participating in a unique APE. With assistance from my academic advisor, I was

A GRADUATE STUDENT PERSPECTIVE   2

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

A GRADUATE STUDENT PERSPECTIVE   3

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

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 where 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

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

A GRADUATE STUDENT PERSPECTIVE   6

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

A GRADUATE STUDENT PERSPECTIVE   7

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

151   **References**

152   Council on Education for Public Health. (2016). *Accreditation criteria*. Retrieved from

153   https://media.ceph.org/wp_assets/2016.Criteria.pdf

154   Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of Community-

155   Based Research: Assessing Partnership Approaches to Improve Public Health. *Annual*

156   *Review of Public Health*, *19*(1), 173-202. doi:10.1146/annurev.publhealth.19.1.173

157   Jefferson College of Population Health. (2018). *MPH Clerkship-Applied Practice Experience*

158   *Handbook*. Retrieved from

A GRADUATE STUDENT PERSPECTIVE   8

159   https://www.jefferson.edu/content/dam/university/population-health/student_resources/C-

160   APEHandbook10.31.2017WEB.pdf

161   **Tables**

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

Public Health Knowledge
• Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
Foundational Competencies
• 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

163