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

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

As part of graduate-level study in public health in the United States, students are mandated by the Council on Education for Public Health (CEPH) to complete an Applied Practice Experience (APE) (Council on Education for Public Health, 2016). The purpose of this supervised field experience in the public health curriculum is for students to utilize the knowledge and concepts learned from public health study and course work in an applied setting, and refine interpersonal professional skills within the context of public health practice.

Dependent on their program, students are able to select from a variety of different sites suited to their interests ranging from internships with the local public health department to statistical processing. Regardless of his or her site, each student must complete a total of 120 hours in an approved practice setting.

This article provides a student perspective after completing an APE at an accredited public health program where I had the opportunity to collaborate with both independent community groups and a faculty member in a community-based research project proposal. The purpose of this article is for health promotion educators and practitioners to see such an experience from a student perspective. It is my hope that through this article I can highlight aspects of my experience that were beneficial and effective learning tools, as well as provide examples of challenges I faced with the intent of providing educators with ideas to incorporate into similar student experiences.

My Experience Before the APE

As I progressed through my MPH program at the Thomas Jefferson University, Jefferson, I had my eye on participating in a unique APE. With assistance from my academic advisor, I was
connected with public health professor Dr. Amy Henderson Riley, who graciously invited me to learn more about several ongoing projects she was a part of and to explore if I was interested in becoming involved as a graduate student. Having these options to choose from was valuable to me, as I was able to identify a project where I could match my interest and tailor my own learning experience to my career goals and interests.

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

This collaboration between the community group CRC and Thomas Jefferson University is an example of Community Based Participatory Research (CBPR). Within the realm of public health, CBPR is an important paradigm. Israel et al. (1998) defined CBPR as "… a collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process" (p. 177). CBPR was not available to me as a stand-alone course as part of the MPH course offerings in my program, but the APE allowed me to experience it in a real world setting. In January of 2019, I formally signed on to work on this CBPR collaboration for my APE. This involved agreeing to goals and
objectives that I co-wrote with my preceptors, which were then approved by our program’s APE coordinator. These included:

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

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

My Experience During the APE

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

The grant project offered up to $10,000 in funding to support a CBPR project between an academic and community partner to develop and maintain a mutually beneficial relationship. Our next step was to identify how we could potentially use the grant funding to achieve our project
goals. Our community partner CRC is a local group of artists, designers, researchers, educators, and social workers working together to improve access to quality mental health care services. Their goal was to design a program to help study alternative spaces where people seek mental health relief.

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

Over the next few weeks, we developed the proposal from guidelines provided by the CDRD committee through a series of meetings and conference calls. One of the main items of the proposal was the budget. In collaboration with the university, SExSE, and CRC, we developed our intervention program using assets from each group. Using known prices of products and services as well as estimations of anticipated expenditures, we developed a list of
expected costs and delineated how our $10,000 budget would be spent. We combined the budget narrative with descriptions of the project, timelines, and our goals and objectives and submitted the proposal to the CDRD committee for approval.

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

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

While developing this project, I was simultaneously enrolled in a program planning and evaluation course. The coursework included a mock scenario requiring development of a literature review, project proposal with a budget, and an evaluation process. I found this to be very valuable in developing my understanding of the process at hand. While these mock exercises provided a solid foundation, the experience of applying these concepts to the real-world CRC project was most valuable in cementing my understanding. The simulation cannot
substitute for real life experiences such as organizing meeting times, sharing developments, utilizing technology, and communicating with team members from a variety of disciplines.

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

Challenges and Successes

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

Assigned readings about the CBPR process from my faculty mentor laid a sturdy foundation to expand upon with the real experience I would later gain working on the project proposal. With this base, I was able to better articulate group goals, foster effective communication between academic and community partners, and anticipate challenges in the process. Having regular one-on-one meetings with my faculty mentor also ensured that I was
able to stay on track for my learning goals, and offered me an opportunity to debrief and ask questions in a comfortable learning environment.

**Implications for Practice**

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

**References**


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

<table>
<thead>
<tr>
<th>Public Health Knowledge</th>
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<tbody>
<tr>
<td>• Explain the social, political, and economic determinants of health and how they</td>
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<td>contribute to population health and health inequities</td>
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<th>Foundational Competencies</th>
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<tr>
<td>• Select quantitative and qualitative data collection methods appropriate for a given</td>
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<td>public health context</td>
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<tr>
<td>• Assess population needs, assets, and capacities that affect communities’ health</td>
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<tr>
<td>• Explain basic principles and tools of budget and resource management</td>
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<tr>
<td>• Select methods to evaluate public health programs</td>
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<td>• Perform effectively on interprofessional teams</td>
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