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Addressing the Health of Formerly Imprisoned Persons in a Distressed Neighborhood Through a Community Collaborative Board

Vivian C. Smith, PhD¹ and Alexis Jemal, JD, MSW²

¹Cabrini College, Radnor, PA, USA

²Rutgers University, Newark, NJ, USA

Abstract

This article provides a case study evaluating the structure and dynamic process of a Community Collaborative Board that had the goal of creating an evidence-based substance abuse/health intervention for previously incarcerated individuals. Meeting agendas, attendance, minutes, video recording of meetings, and in-depth interviews with 13 Community Collaborative Board members were used to conduct an independent process evaluation. Open coding identified quotes exemplifying specific themes and/or patterns across answers related to the desired domain. Several themes were identified regarding membership engagement, retention, and power distribution. Results showed member retention was due to strong personal commitment to the targeted problem. Analysis also revealed an unequal power distribution based on participants' background. Nevertheless, the development of an innovative, community-based health intervention manual was accomplished. Aspects of the process, such as incentives, subcommittees, and trainings, enhanced the Board's ability to integrate the community and scientific knowledge to accomplish its research agenda. Community-based participatory research was a useful framework in enhancing quality and efficiency in the development of an innovative, substance abuse/health intervention manual for distressed communities. Overall, this article sheds light on a process that illustrates the integration of community-based and scientific knowledge to address the health, economic, and societal marginalization of low-income, minority communities.

Keywords

community intervention; community-based participatory research; health research; partnerships/coalitions; qualitative evaluation; program planning and evaluation

Introduction

Previous public health research established the existing gap in health disparities among racial/ethnic groups (Agency for Healthcare Research and Quality, 2011; Institute of Medicine, 2002; Jackson, Knight, & Rafferty, 2010; Keppel, Pearcy, & Wagener, 2002;

National Center for Health Statistics, Centers for Disease Control and Prevention, 2001; Nelson, 2002; Smedley, Stith, & Nelson, 2009) with African Americans and Latinos experiencing greater negative health consequences and less access to care than their White counterparts (Agency for Healthcare Research and Quality, 2011; Boardman & Alexander, 2011; Jackson et al., 2010; Keppel et al., 2002; Schnittker, Massoglia, & Uggen, 2011). These inequalities are exceedingly evident in impoverished African American urban communities, where the distress and marginalization are further compounded by prisoner reentry. Returning offenders are at higher risk than the general population to suffer from asthma, diabetes, substance abuse, mental health, and HIV/AIDS (Harawa & Adimora, 2008; Mallik-Kane & Visser, 2008; Maruschak, 2004; Schnittker et al., 2011). Therefore, there is a great need for interventions to address the structural and health challenges of marginalized minority neighborhoods, particularly those experiencing the return of a vast number of previously incarcerated persons (Harawa & Adimora, 2008; Gornick, 2002; Guerino, Harrison, & Sabol, 2012; Schnittker et al., 2011).

To address this need for such health interventions, some researchers have turned to community-based participatory research (CBPR). CBPR is typically implemented when researchers want to increase community involvement in important aspects of research, from question development to dissemination of results (Israel, Schulz, Parker, & Becker, 1998; McKay, Hibbert, et al., 2007; Pinto, Spector, & Valera, 2011). The community organization model of critical consciousness underlies CBPR by emphasizing the importance of equalizing hierarchical relationships for the advancement of knowledge that can be applied to address the needs of communities (Strickland, 2006). Freire's (1970/2000) critical consciousness theory provided a participatory approach to learning that shifted the power dynamics of education to engage the learner and the teacher as cocreators of knowledge. As a result, the critical consciousness perspective aligns with the philosophy of empowerment, partnership, and participation in public health and community development (Carlson, Engebretson, & Chamberlain, 2006). CBPR aims to shift the leadership roles to share power with the community, forming an egalitarian partnership to further knowledge, address health disparities, and affect social change (Carlson et al., 2006; Israel et al., 2006). Research has shown that CBPR fosters trusting relationships between researchers and community members while drawing from both scientific and indigenous knowledge (Pinto & McKay, 2006), and thus, it may be most appropriate when developing evidence-based health interventions for oppressed populations (Golden & Earp, 2012; Minkler, 2010; Wallerstein, Yen, & Syme, 2011).

The Community Collaborative Board

The implementation of CBPR projects has generated a need for Community Collaborative Boards (CCBs) whose members work collaboratively during all phases of the research process to enhance community capacity (Israel et al., 1998; Pinto et al., 2011; Pinto, McKay, & Excobar, 2008). Unlike Community "Advisory" Boards, the term *Collaborative* is used to highlight collaboration versus advisement (Pinto et al., 2011). The literature suggests several challenges that community-academic partnerships may face. Shoultz et al. (2006) list a few challenges such as determining who will control data and intellectual property rights, trust/mistrust, equity/inequity of resources, and who benefits. The challenges range from the

practical to the personal. For example, the goals demands of academic research (e.g., including a control group) may be in conflict with the community's ideals or needs (Ross et al., 2010). Careful planning, open communication, and shared decision making are essential to combatting these practical issues. Personal issues may include building trust, ensuring effective communication (Strickland, 2006), and sustaining relationships, morale, and commitment to the CBPR process over time (Israel et al., 2006). Challenges to these personal connections include lack of time, resources, uninterrupted funding, and inequality among partners in receiving benefits. The departure of original members, the addition of new members, and/or active members missing numerous meetings can affect the partnership's identity and focus (Israel et al., 2006).

This article delineates steps taken to create a CCB in an urban, impoverished, minority community concerned with the health of persons returning from a period of incarceration (see Windsor, Jemal, & Benoit, 2014). An integrated collaborative framework designed to facilitate collaboration and to foster effective relationships between researchers and community members (Pinto, 2009; Pinto et al., 2011) will serve as the grounding conceptual framework for this study. The purpose of this article is to advance the understanding of social processes and factors that affect the structure and procedures of building a multidisciplinary CCB and to provide lessons learned in order to enhance future CBPR endeavors. Specifically, Pinto et al.'s (2011) CCB structure and procedure model (see Figure 1) served as the framework for developing the Board. The information provided will be useful to not only community health practitioners, researchers, and students but also those working with criminal justice populations, since CBPR efforts (as illustrated in this article) can be used to solve important issues in that field.

Method and Procedures

Data used consist of in-depth interviews with 13 members of the NCCB at baseline (Baseline: 2 weeks after the NCCB's first meeting) and 11 members at 12 months follow-up. The persons on the CCB under evaluation will be referred to as the "NCCB" to ensure anonymity of the members and the city where it was created. Although the NCCB continues to operate, the present analysis is for the period of September 2010 to 2011. Each 60 minute interview was conducted by doctoral and master's-level students, trained in human subjects and study procedures. Interviews were conducted in person or via telephone. Answers were digitally recorded, transcribed, and stored in FileMaker Pro software. Names of interviewees were changed.

The lead researcher systematically identified the interview questions related to Pinto et al.'s (2011) CCB structure and procedure model. These questions came from a larger interview protocol and were selected due to its specificity to major domains identified by Pinto et al. (2011), which applied to the formation, engagement, and productivity of the NCCB. Thus the interview instrument provided the a priori coding tree. A deductive, theory-driven approach was used to create the original codes. Responses were then transferred into a Word document and organized by the original codes (e.g., initial involvement, personal gains, investment, etc.). However, based on the nature of the open-ended questions, the data underwent open coding until the responses did not reveal new insights about the original

codes (Charmaz, 2006; LaRossa, 2005). Researchers then relied on thematic content analyses to capture the major themes present in the Board members' accounts (Lofland & Lofland, 1995). Although, this form of analysis tends to be less descriptive overall because analysis is limited to the preconceived frames (Crabtree, 1999), the results not only provided an in-depth analysis of the procedural steps of the NCCB but also revealed deeper experiences within their involvement, motivation, and attitudes as founding members of the Board.

To increase reliability, an outside rater independently coded the text of two of the selected questions. The lead researcher and independent rater compared analyses. All inconsistencies were discussed and resolved. Moreover, additional sources, including meeting agendas, attendance, minutes/notes, and video recordings of each meeting, were used to further assess the credibility of the patterns and themes that emerged from the interviews. The video recordings were originally archived and provided to members, via a web portal, who could not attend a particular meeting. For the purposes of this evaluation, the videos were obtained from the principal investigator (PI) and were primarily used to review the social process and personal interactions in meetings. After assessing the interview data, videos were used to verify whether the reported events occurred and who were the main players involved. This provided the evaluators incredible insight since they were originally detached from the NCCB.

Results

CBPR methods were used to guide the development of the NCCB, in that community members and researchers joined forces to conduct research. The NCCB was designed to create *Community Wise*,¹ a health-based, substance abuse intervention for previously incarcerated, low-income, predominantly African American population living in a New Jersey city. *Community Wise* is unlike any other local outpatient substance abuse program. Because it is grounded in critical consciousness theory, it helps formerly imprisoned individuals understand societal oppressive forces and empowers them to take action (toward recovery). NCCB members believed in the usefulness of an innovative substance abuse project in their community, and it was the main reason many decided to join the NCCB.

Step 1: Engaging Membership

The first step pertaining to engagement is to find potential Board members. To begin this process, the PI distributed letters and e-mails outlining the purpose of the project to organizations that worked in the fields of ex-offender reentry and substance abuse. Agency personnel then distributed the information to their staff. Interested individuals completed an

¹*Community Wise* is a 12-week intervention that applies critical consciousness theory (Freire, 1970/2000) to help offenders cope with and overcome structural (e.g., lack of opportunity, discrimination) and internalized (e.g., beliefs of inferiority, misplaced anger) oppression, which can often lead to maladaptive behaviors, including risky sex and drug use, excessive use of alcohol and/or drugs, and crime. The intervention was designed through NCCB meetings and trainings on relevant topics (e.g., critical consciousness, oppression, substance use, and criminal justice) and by using subcommittees composed of NCCB volunteers and experts in oppression. For example, there was a committee that met to decide the themes for each session of the intervention. The themes were illustrated by select artists, and the NCCB voted on the artist to use for all themes. The first edition of the manual was prepared by a five-member subcommittee and approved by the NCCB. This manual consisted of six critical-consciousness development sessions followed by another six sessions devoted to social action in which the participants developed social action projects. For more details about *Community Wise's* development, please see Windsor, Pinto, Benoit, Jessell, and Jemal (2015).

application and were invited by the PI to attend a meet and greet mixer. There, the PI explained the purpose of the project in detail (e.g., how the idea for the project arose, theoretical framework, and definitions of CBPR and CCB). During the mixer, the applicants had 1 hour to conduct short interviews with as many of the other applicants as possible. The interview was not structured, and in fact, this process was meant to be uncomplicated. As candidates conversed with one another for 5 to 10 minutes, they completed a one-page rating sheet developed by the PI that asked for (1) name of the candidate; (2) whether the candidate lived, worked, or simply possessed an interest in the “city”; (3) reasons for recommending the person as a strong candidate for the CCB; and (4) recommendation of strongly recommend, recommend, or do not recommend. Ratings were submitted to the PI who conducted the final selection of NCCB board members. As demonstrated by the following quote, the selection process was challenging for the PI, in part because she did not interview each applicant individually and, thus, relied solely on applications and ratings for information.

Choosing people was very hard because I don't know them. Sometimes people look really good on paper but then when you actually get together with them you might realize oh that was not really a good fit, or vice versa. Someone might not look so wonderful on paper but when you see them they are totally amazing.

Guided by Pinto et al.'s (2011) model, the NCCB began with a purposive sample of board candidates by reaching out to organizations dealing with ex-offender reentry and substance abuse. In addition, the mixer and rating sheets were an innovative way to improve the selection of members. At the end of the selection process, the NCCB included 14 community residents, consumers, researchers, service providers, and government representatives. Table 1 displays the NCCB member characteristics at baseline.

The level of education for this particular CCB was not atypical. CCBs and Community Advisory Boards usually comprise individuals from different age-groups and levels of education depending on the focus of the project. For example, HIV prevention research among adolescents will normally have young people on its board. The NCCB aimed to develop an intervention for individuals with substance abuse and HIV risk behaviors. Therefore, individuals were recruited whose knowledge and skills could enhance the intervention. The majority of NCCB members served in multiple capacities. For example, there were some who were formerly incarcerated and treatment providers and others who were researchers and consumers of mental health and/or substance use services. Certain roles that were necessary to this NCCB, such as researcher and service provider, required higher levels of education; this could explain the NCCB's unequal representation of education levels. It is important to mention that life experience was a key inclusion criterion, but varying levels of education was not a priority for NCCB member selection. However, diversifying levels of education could be addressed by the recruitment process. For example, in response to the limited representation of lower educational backgrounds and to increase the number of members from the consumer population and community, the NCCB voted to hold spots on the board for *Community Wise* Alumni. The NCCB felt strongly that the intervention's target population should have a voice on the NCCB. Although this vote did

not occur within the NCCB's first year for this evaluation, the evolution of the Board's recruitment process provided an example of one way to achieve educational diversity.

Step 2: Developing Relationships

As part of developing the intervention, members volunteered to join subcommittees to accomplish necessary tasks (see Table 2). Participation on subcommittees and a retreat offered Board members additional opportunities for interaction to strengthen relationships among its members. The NCCB also participated in a Photovoice project.² In contrast to Pinto et al. (2011), the NCCB engaged research participants from the ex-offender community instead of having Board members as participants. At an event sponsored by the NCCB, Photovoice participants volunteered to display their photographs with descriptive narratives and to speak to the attendees about their experiences as formerly imprisoned individuals and challenges of returning to the community after a period of incarceration. This event allowed NCCB members to build relationships with each other and the target population of the intervention, as well as network with potential community partners.

Furthermore, parallel to Pinto et al.'s (2011) CCB, informal interactions via electronic correspondence were customary among the group. These interactions were also encouraged through the use of technology. A website called iCoher³ provided a unique aspect to building a cohesive CCB. iCoher is an all-in-one platform that has been used to facilitate collaboration among organizations including the National Institutes of Health, the Department of Labor, and the American Society of Association Executives (iCoher, 2011). It is a fee-based web forum where teams of people, such as the NCCB, are able to post announcements and engage in conversations through discussion boards, webinars, text chat, and blogs. It also includes project task management tools, calendars, and document organization. As part of relationship building, each member created a profile, with pictures, their field of interest, hobbies, and contact information. Members used the website to communicate with other members via e-mail. There were also discussion boards that allowed members to interact with one another outside of the NCCB meetings. Liz noted,

We are able to see who each other is and easily access our contact information in the membership directory. I love the idea to have a central online location where people can get project info at any time. The blogging function was helpful to spark discussion about events and activities going on in the community.

Step 3: Exchanging Information

iCoher was also used for exchanging information. It eased communication and information sharing among the Board members, furthering the NCCB's mission and objectives. Information was broadcasted about upcoming meetings, conferences, and events. Members also posted announcements of community and volunteer activities and publication opportunities. iCoher allowed members to virtually attend meetings and trainings. Also,

²Photovoice is a method used in community development, public health, and education that combines photography with grassroots social action. Participants are asked to represent their community or point of view by taking photographs, discussing them, and developing narratives for their photos.

³iCoher is a software system that provides online conferences, webinars, and team meetings (iCoher.com).

minutes and videos were posted on iCohere in order to provide access to unattended meetings.

Just updating and following up with information that was missed at a previous meeting, reading minutes and notes ... is good. Information that you may not be aware of may be posted up there. It's not always about things happening within the board. It's just, you know, community information which is good.

(Alexandra)

Additionally, NCCB members participated in expertise information sharing by conducting lectures to the Board according to their specialty. For example, some Board members were substance abuse specialists while others had an expertise in corrections.

several of the training sessions were run by board members ... so I think that was really good because that was a way for you know people who had experience in the community you know to share their knowledge to bring the rest of us closer.

(Mary)

However, when the Board did not have expertise in a needed area, experts were invited to conduct trainings and educational seminars.

Another aspect of information sharing used in Pinto et al.'s (2011) CCB was to develop trust between members. Members of Pinto et al.'s CCB demonstrated trust by disclosing personal information, sharing resources, and partnering in grant writing. Although the NCCB members shared resources and partnered in grant writing, trust seemed to be established by a member's level of commitment to the NCCB. Hank's statement highlighted these feelings, "... those that have stayed, I believe are trustworthy enough to commit themselves to complete the task at hand."

Step 4: Shared Decision Making

Data analysis revealed an unequal power distribution based on participants' background during the early stages of the NCCB's development. For instance, some of the researchers were individuals with a strong presence. The project's PI had full control of the budget, and one of the members had strong ties with the funding agency. Despite these individuals' best intentions to share power, their voiced opinions carried a lot of weight and subdued other Board members, regardless of their role in the Board, as illustrated by the quotes below:

The first meeting was very hard.... I had signed up for a substance abuse project, not for uh behavioral health project... when [member's name] started talking about addiction and including eating disorders and gambling... it's not what I signed up for or envisioned at all.

(Liz)

It seems like the topic kind of changes depending on the meeting... it depends on who's there and how, you know, where the conversation goes.

(Rachel)

A few months into the project, one of these powerful members left the Board. Follow-up interviews confirmed that power influence dissipated over time, since a significant portion (70.0%) of the members stated that they felt “they had a sense of ownership over the Board,” and all (100.0%) felt that they could express their opinions freely.

A subtle indication of power differential was also manifested through the use of language in the meetings. As mentioned above, this was particularly evident during the discussion of the NCCB's goals. A small number of members, with higher levels of education, were overt regarding what the NCCB's objectives should be, based on empirical knowledge. However, members of the community and practitioners used language related to their everyday experiences to express their suggestions. Although their ideas were never excluded, evidence from the meeting minutes and video shows that some members were silenced during those early stages. Nonetheless, this dynamic could not be established solely due to educational levels. After the first set of meetings, however, a common language between the community partners, practitioners, and researchers did seem to emerge. Prior research corroborates this change, where communication between community and university members/researchers is facilitated by the immersion of the planning and implementation of the project (McKay, Bell, & Blake, 2011).

In contrast to power differential, what became evident were NCCB members who became “power stabilizers”—that is, individuals from the University setting and researchers who had prior experience with CCBs and had knowledge of the literature. These individuals embodied what Israel et al. (1998) called the “capacity to operate within different power structures, and humility” (p. 187). The PI was willing to give up and/or share a number of tasks that put her in a powerful position on the Board. For example, prior to each meeting, the PI asked whether other members had items they wanted to include on the agenda. Members were also invited to chair the Board.

I hope that all of you will see this project as your project not my project, just because I started the project and invited you, it does not mean that I am going to be the sole person... the idea is to share the leadership.

(Video 1, Meeting 1)

Even though the trainings were already outlined in the study protocol by the persons who wrote the grant (two researchers and a service provider), NCCB members had the freedom to change topics, volunteer, or decide who could develop and deliver trainings. A number of trainings were conducted by NCCB members, encouraging them to use their social and professional positions to facilitate knowledge and increase their investment in the NCCB. This created an egalitarian atmosphere and a sense of ownership among members.

Step 5: Retention

Retaining membership for the NCCB appeared to have been moderately successful. We based this assumption on the minimal number of members who terminated their Board membership. At 12 months, 3 out of 14 members left the NCCB (21.4% dropout rate). Of the 11 remaining members, 10 completed follow-up interviews. The three members that discontinued membership were a government worker, a community member, and a

researcher from the funding agency. Although official follow-up interviews with these individuals were not possible, all of them cited concerns regarding time constraints during baseline interviews. In particular, the government worker took another professional position that did not allow enough time to serve as a Board member. Attrition could have been prevented by providing potential NCCB members with a more detailed description of the time commitment at the meet and greet event. In addition, full membership could have been granted after the second or third meeting, allowing the candidate to envision the level of responsibility and time needed to be a member and allowing the PI to assess the candidates' level of commitment.

According to Pinto et al.'s (2011) model, retaining membership required scheduled activities, such as informal gatherings and workshops. Also, the importance of stipends, flexibility in the scheduling of meetings, and availability of meeting information were outlined by Pinto et al. To optimize attendance in the NCCB, the date and time of weekly meetings were decided by the members during the first year of the Board's inception. Members also received a small stipend and meeting information, and documents were available on iCohere. Additionally, near the end of this study, Board members were planning a retreat and other informal gatherings.

Members' attitudes and motivations for joining CCBs were also significant in building collaborative capacity and retention (Foster-Fishman, Berkowitz, Lounsbury, & Allen, 2001; McKay, Hibbert, et al., 2007). The study's findings showed a variety of reasons for involvement and engagement. Interview analysis revealed four main themes: (1) community investment, (2) prior public health work/concerns, (3) interest in the research process/implementation of CBPR model, and (4) interest in ex-offender reentry.

Community investment: When asked about reasons for involvement in the NCCB, five of the members' motivations were associated with helping the community directly. A member recounted,

I grew up in [city's name] ... and I have overcome some of the downside of growing up in urban areas ... when I heard about this I felt that it was something that I could work with and help people in the community to overcome some of the challenges that are my own.

(Kelly)

Prior public health work/concerns: Three other members cited their prior work in public health (i.e., HIV/AIDS outreach) as the main reason for joining a board that was concerned with the community's health status.

Research process/implementation of CBPR model: Four members discussed their main interest as being part of the implementation of the CBPR model in a new environment. Two members in particular mentioned their excitement about seeing the creation of this Board which, unlike other CCBs, had a specific purpose—the creation of a substance abuse/health intervention manual and treatment.

Reentry perspective: Two members cited their interest in the “reentry experience” of formerly imprisoned persons as their rationale for joining the Board. They were passionate about the rehabilitation of former offenders as illustrated below:

I thought it had to do with one, the community, but two, recidivism within the community with respect to ummm those that were incarcerated.... There appears to be little to no hope for individuals that come out of incarceration.

(Hank)

The Board's focus on persons with a history of incarceration came from an organic process of meeting with NCCB members, conducting the needs assessment (see Windsor, 2013), and seeking funding. The PI found that NCCB members had intersecting needs (some working with drug abuse and HIV, others with previously incarcerated individuals, and others with HIV only). This worked to the Board's advantage because these interests also met the priorities of the Board's funding agency.

Step 6: Maintaining NCCB

As part of maintaining the NCCB, the members assessed/reviewed their accomplishments. The Board was highly successful in accomplishing a series of trainings and tasks significant to the development of the manualized health intervention. Table 2 displays the tasks and goals originally outlined by the NCCB. The ratio of completion was approximately 92% (24 out of 26 tasks were completed⁴). The trainings that the Board initially planned, but not completed, were often replaced by other trainings and projects. For example, through training and the development of knowledge, the Board realized the need for a measure of critical consciousness. Thus, the development of a critical consciousness scale was added to the agenda. Most important, at the end of the 12-month period, the Board accomplished its goal of completing the first *Community Wise* manual. Within a year, the Board pilot-tested *Community Wise* and was able to begin manual revisions based on results and feedback from the first cohort.

Formalized procedures were enacted for the NCCB, which encouraged member participation and the ongoing maintenance of the NCCB, including (1) e-mail reminders about meetings, (2) drafted agendas, (3) note-taking/drafting meeting minutes, (4) meeting evaluations (later abandoned through membership vote), and (5) customary approval of minutes. Also, members were provided with dinner, free parking access, and \$30 stipends at each meeting. Many of these procedures and administrative steps were primarily performed by a team of hired staff. Findings suggests that this administrative process was significant in the establishment of the NCCB, timely start of meetings, organization of trainings, and dissemination of important information.

Last, the NCCB's vision is to build a community where vulnerable individuals are empowered to freely exercise their civic rights and advocate for equitable opportunities for all. Its mission is to advocate for and empower individuals with a history of substance use issues transitioning from incarceration into the city through community engagement, critical

⁴Tasks scheduled to start after the frame of this study or were not in the original plan were displayed but not counted.

thinking, improved psychological well-being, and civic participation. Based on the evidence provided above, we believe that the NCCB has the tools necessary to accomplish their vision. However, in terms of future maintenance of the Board, it is important to consider two issues. The first relates to the identity of the Board. It is vital to contemplate how the vision and actions of the NCCB will change when (1) the primary goals are accomplished and (2) new people join the Board and tenured members leave. The second issue is sustainability, that is, how long do Board members believe the NCCB should last and whether funding will be a key factor in that decision.

Discussion

To address health and behavior issues of previously imprisoned individuals returning to an economically disadvantaged, urban environment, a CBPR approach was used to organize the NCCB and conduct research. Through the use of Pinto et al.'s (2011) CCB model, members were recruited, and engaged in *reentry* research. As a solution to the reentry needs of the formerly incarcerated, the NCCB was formed to create a substance abuse/health intervention. At the end of this CBPR process, the Board successfully completed its primary goal: to create *Community Wise*, a manualized health intervention.

Similar to previous CBPR efforts, knowledge and resources contributed by NCCB members fostered research initiatives in ways that could not have been accomplished through independent research efforts (McKay, Pinto, Bannon, & Guillamo-Ramos, 2007; Wells et al., 2006). The partnership enhanced recruitment of potentially hard-to-reach and -engage population and “allowed streamlined community-level feedback on a regular basis” (Norris et al., 2007). Increased community involvement, specifically the inclusion of voices from the target population, enhanced the development and relevance of the manual and ultimately promoted the attainment of the Board's goal. Moreover, the Board implemented strategies to address inequitable distribution of power, control, and resources that often plague the community–academic partnership through implementation of tools, such as the memorandum of understanding (MOU), agenda setting, and voting process. The Board also emphasized the importance of individual responsibilities with clear definitions of roles and responsibilities for building community and organizational capacity.

Several lessons were learned that would enhance the replication of CCBs within distressed communities. First, recruitment is significant to the success of the Board. To ensure a fair and less daunting process of member selection, establish a small interviewing committee (possibly with members of grant proposal team) and interview CCB applicants. Second, regardless of their current role, probe potential members for their investment in the community. Next, it is critical to consider power distribution based on individual members' background and devise strategies to effectively share power during the early stages of board development. For instance, research suggests that keeping funders close to the board can be a positive strategy in the survival of such endeavors (Norris et al., 2007). However, it is important to consider the power differential and the impact on the decision-making process of such members. Creating a mission statement and an MOU that build structure and foster power sharing during exchanges of information, negotiation, and consensus building is important.

Provision of incentives, such as providing food at meetings, free parking, and monetary stipends, may increase member engagement and attendance. It is important to have additional networking activities (mixers, conferences, and retreats) to build board cohesion and engagement. The use of a structured format, subcommittees, and trainings proved critical in the success of the Board's cohesion and overall retention. For example, members were able to join subcommittees and create workshops based on their expertise. This process allowed members to make meaningful contributions and, thus, strengthened the ties between members and increased the members' investment in the Board's projects. In addition to building relationships between members, Board members should be encouraged to seek other potential community members to be part of the CCB. The networking mission of the CCB should be clearly stated in the MOU to ensure the acknowledgement of and commitment to this important aspect of the CCB's role.

Limitations

Due to the self-reported nature of follow-up interviews, these retrospective accounts are vulnerable to issues of recall. Some of the members did not remember whether decisions were always made in a collaborative form throughout the first year of the Board. For the most part, they answered in ways that demonstrated that they were content but did not discuss whether decision making had evolved. Nevertheless, the use of meeting minutes and videos reduced the impact of recall. Furthermore, it is important to consider the racial/ethnic population and the type and degree of health disparities in other distressed neighborhoods when attempting to apply these results to other locations and CCBs.

Conclusion

CBPR was a useful framework in enhancing the quality and efficiency in the development of an innovative, community-based substance abuse/health intervention manual for distressed communities. The use of a structured format, incentives, subcommittees, and trainings proved critical in the success of this process. Yet analysis raised a number of questions: What is the influence of researchers on the decisions/accomplishments of the NCCB? What are the main points of conflict and/or consensus on the board? Overall, this article sheds light on a process that illustrates the integration of community-based and scientific knowledge to address the health, economic, and societal marginalization of low-income, minority communities.

We found that the systematic collection of different types of data (e.g., videos, interviews, and minutes) allowed for an increased level of data reliability. In addition, the analysis of multiple data sources demonstrated that Pinto et al.'s (2011) CCB structure and procedure model are replicable and adaptable based on the goals and target population of a CCB.

This study addressed key steps to follow when attempting to construct a CCB. It also described the shortcomings of the NCCB, which could assist in future Board endeavors. It identified innovative methods to achieve the successful recruitment of people and relationship building, and how the use of technology could increase information sharing. One of the key findings of this study is that CCBs should constantly revisit their

implemented strategies to ensure that they are meeting their goals (as opposed to other types of community boards). Last, a process evaluation component can be very useful in determining whether the Board should be expanded on and/or refined. An implementation of timely assessments can speed up changes and expectantly increase the Board's success.

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Figure 1. Pinto's CCB's Structure and Procedures Framework

SOURCE: Pinto, Spector, and Valera (2011).

NOTE: CCB = Community Collaborative Board.

Table 1
Sample characteristics of the NCCB at Baseline

Characteristics	%	Total (N)
Gender		14
Female	57.1	8
Race		14
White	28.6	4
African American	50.0	7
Hispanic	7.1	1
Mixed	14.3	2
Age (years)		11
26-35	27.3	3
36-45	18.2	2
46-55	36.4	4
56-55	18.2	2
Education		13
High school graduate	7.7	1
Some college	7.7	1
Bachelor's degree	30.8	4
Graduate degree	53.8	7
Role		14
Service provider	35.7	5
Community member	28.6	4
Researcher	28.6	4
Government	7.1	1
Recruitment method		12
Work/agency email	41.7	5
Part of proposal team	50.0	6
Received letter	8.3	1
Employed	100.0	11

Table 2
NCCB'S tasks/goals and 12-month Performance

Task	Task Expected by Funder ^a	Completion	Time Frame
Important logistics			
Recruitment	X	Completed	Month 1-2
Mission statement and logo	X	Completed	Month 3—Meeting 1, 2 and 4
Memorandum of understanding (bylaws)	X	Completed	Month 3—Meeting 2 and 4
Community work (prior to intervention)			
Ethnography study: "Living reentry from inside the community"		Started in July 2011	7 months
Part 1—Ethnography project		Completed	
Part 2—Photovoice project		Completed	
Trainings			
Reentry	X	Completed	Month 3
Theoretical framework: "Critical Consciousness Theory"	X	Completed	Month 3
Substance use and available treatments within the city	X	Completed	Month 3
City's policy on reentry		Completed	Month 4
CBPR	X	Completed	Month 4
Civic engagement		Completed	Month 6
Intervention development and funding	X	Completed	Month 7-8
Photovoice-CBPR		Completed	Month 9
Historical trauma		Completed	Month 10
HIV/HCV	X	Incomplete	—
Training of hard-to-reach groups	X	Incomplete	—
Manual development			
Information merging and distribution writing to subcommittees	X	Completed	Month 4
Subcommittees meet as needed to develop manual	X	Completed	Month 5
Manual development	X	Completed	Month 6-8
Develop the illustrations/cues to be used in intervention		Completed	Month 6-8
Write up and refine manual	X	Completed	Month 9
CCB feedback on manual	X	Completed	Month 10
Creation of "critical consciousness" measurement scale for intervention (development, testing, and implementation)		Not in original plan	Month 11 (1 month)
Incorporation of feedback	X	Completed	Month 11
Approval of the manual for testing and first research evaluation training	X	Completed	Month 12
Successfully obtained further funding to pilot test the manual	X	Completed	Month 12
Dissemination of information via scientific conferences	X	Completed	Month 12

NOTE: CBPR = community-based participatory research; HCV = hepatitis C virus; CCB = Community Collaborative Board.

^aThese were tasks promised in the grant proposal which was funded. The other tasks were proposed, approved by the CCB, and conducted in addition to the tasks promised in the funding application.