

Knowledge to ACTION
strategic directions for community-based research



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Conference Report

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Community based research (CBR) is gaining momentum in British Columbia and is an important tool in the fight against HIV/AIDS. On February 27 and 28, the Pacific AIDS Network (PAN) hosted our second CBR workshop – *Knowledge to Action: Strategic Directions for Community-Based Research* (K2A2013). The event brought together 70 individuals from around the province, and for two days these representatives from community-based organizations, people living with HIV/AIDS, gay men and youth, Aboriginal organizations and individuals, academic partners and other stakeholders explored and discussed how research can be moved to action.

Highly engaged participants at K2A2013 participants heard about projects that are underway from the Opening Doors to Harm Reduction project in Quesnel, to the work of the Community Based Research Centre in Gay Men's Health in Vancouver, to the Food Security, CHIWOS and Stable Homes, Strong Families projects, which have provincial and national focuses, in addition to others.

In a session led by researcher Surita Parashar and peer research associate Dan Wilson, participants dove into conversations exploring how the peer research model is evolving and how to continue to engage peers (whether they be people living with or at risk of HIV, gay men, Aboriginal people, or women) in research. During these discussions, the group conceptualized a new way of describing the role of peers and also pointed to several areas for training and capacity building.

Leaders within community organizations – the Positive Women's Network, the Canadian Aboriginal AIDS Network, and the Health Initiative for Men – shared their strategies for when researchers “come knocking,” which included several resources that are now hosted online in PAN's [CBR Toolkit](#).

A highlight of the conference was hearing about the unfolding work of the national Aboriginal HIV/AIDS Community Based Research (AHA) Centre and REACH CBR Collaborative Centre during a hands on session in which participants engaged in concept mapping activity around several research priority areas, and teased out important areas for focusing efforts, which are outlined below.

K2A2013 also featured other inspiring speakers – including Carrielynn Lund a Métis researcher from Alberta, and Vancouver locals Katrina Pacey, Pivot Legal Society, and Kate Shannon, BC Centre for Excellence in HIV/AIDS – who shared stories of how research knowledge can and is translated into change.

We also successfully piloted having photo rapporteurs document the event and you'll find some of that team's photos within this pages of this report.

In this short report, you will find highlights from both the workshop as well as findings from the event evaluation conducted by Elayne Vlahaki of Catalyst Research Group, which reflects participant feedback.

THANK YOU

A special thank you to the Canadian Institutes for Health Research, the Centre for REACH in HIV/AIDS, and the Public Health Agency of Canada for funding this event and to the Canadian Aboriginal AIDS Network for their collaboration and support. Thank you also to all the presenters, facilitators, photo rapporteurs, and participants for contributing to an inclusive and engaging event.

What participants said about K2A2013



Half of the 70 people who attended K2A2013 volunteered time and energy to help make K2A2013 a success – from providing input and attending panel planning meetings, to presenting, to facilitating small group discussions and being photo rapporteurs. K2A2013 was molded, shaped, and delivered by the community and therefore all participants can take credit for what we accomplished together.

Feedback is an important element of community engagement and in refining the way we work together. PAN engaged Catalyst Research Group to

conduct a formal evaluation of the event. Using a post-event online survey, the evaluation explored what participants had to say about K2A2013, whether it achieved its intended objectives, the impact of attending for event participants and recommendations for future events.

Of the 70 individuals who attended, a total of 44 participants completed the online survey – a response rate of approximately 63%. Most survey respondents were representatives of AIDS service organizations (ASOs) or community-based organizations (CBOs) ($n = 14$; 40%), whereas some identified as academic researchers ($n = 9$; 26%) and people living with HIV/AIDS (PHAs) ($n = 5$; 14%). Other respondents ($n = 9$; 26%) identified as graduate students, community-based researchers, nurse researchers, funders, and community members.

“I am very glad to have taken part in this conference. It was an awesome experience that I will not forget.”

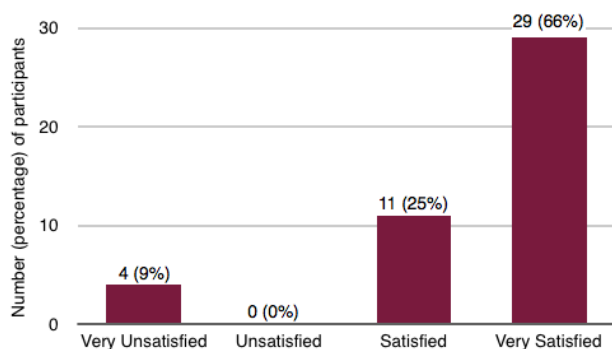


Figure 1: Survey participants' overall satisfaction with the CBR event ($n = 44$)

Overall, survey respondents reported high levels of satisfaction with K2A2013, with most indicating that they were *very satisfied* with the event ($n = 29$; 66%). In terms of the event's delivery, the value of information shared, interactivity, effectiveness of presenters and cultural appropriateness of the event all received high ratings.

The information shared during the event was also commonly reported to be *highly relevant* and *useful* to the work of attendees. For instance, the majority of survey respondents

reported that their professional development needs for participating in CBR were *very well met* ($n = 26$; 68%).

K2A2013 also had a positive impact on a range of outcomes of event attendees. Specifically, respondents reported increased:

1. Knowledge of CBR strategies;
2. Awareness of CBR projects underway in BC;
3. Capacity and desire to participate in CBR projects; and
4. Feelings of connectedness with the CBR community.

Improved access to CBR networks was another positive outcome of participation in K2A2013 for the majority of survey respondents ($n = 36$; 95%).

The survey also examined what participants intend to do with the information they learned during the event. Most survey respondents agreed that they plan to apply some of the information they learned in their practices and share some of the information they learned with others (i.e. staff, peers, etc.).



"The focus on ideas for connecting programming/advocacy agencies to CBR academic partnerships and building research capacity within our organizations was exactly what I was hoping to get out of this event."

Survey respondents provided a range of recommendations for the design and delivery of future PAN CBR events, such as more time dedicated to networking, increased representation from different communities and stakeholders, providing more focused direction for small group work, as well as recommended topics for future events.

Overall, participants were very pleased with the format of the event and the opportunity to learn and network. Participants indicated a strong desire to have PAN continue to offer opportunities for building knowledge and connecting communities through research.

Next Steps: Strategic Directions for HIV/AIDS-Related CBR in BC

One of the goals of K2A2013 was to seek input from those working in HIV/AIDS-related community based research in the province into what capacity-building support is needed and into directions for future research projects that respond to community need. During the workshop, participants engaged in agenda setting, brainstorming, and discussions to identify what is needed to keep building on our existing CBR foundations and to make sure that research is resulting in positive social change.

Capacity Building Needs

K2A2013 participants were asked to identify what types of training and support are needed, particularly in response to the challenges that peers, community based organizations, and academic



researchers currently face. The word cloud on this page (left) is a visual representation of the small group discussions and illustrates some of the key ideas that were discussed.

Twenty one capacity building priorities identified during the face-to-face meeting were fed into the post-event evaluation and survey participants ranked them according to usefulness in terms of supporting their personal future involvement in CBR (on a scale from *not useful at all* to *very useful*). In the sidebar to the left, the top 10 most useful capacity building activities or resources identified by survey participants are listed. (*Note that they were ranked by the number of survey participants (n = 36) who rated them as useful or very useful.*)

Over the coming months, PAN will work with the BC Core Team of the REACH CBR Collaborative Centre to use these priorities as a basis for developing further training opportunities.

Community-Identified Research Priorities

PAN's executive director Jennifer Evin Jones and Cathy Worthington, associate professor at the University of Victoria's School of Public Health and Social Policy, are the co-leads of the BC Core Team of the REACH Collaborative Centre in HIV/AIDS. The Centre received funding from CIHR in 2012 and has the primary goal of fostering rigorous, relevant CBR that will improve the health and well-being of people affected by HIV in communities across Canada.

Top 10 Capacity Building Priorities

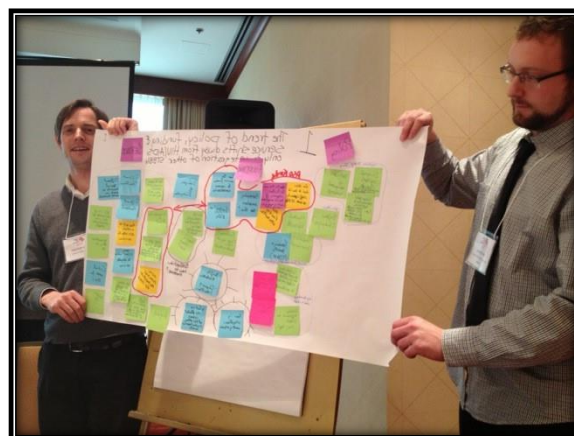
1. A community of practice on how to make research relevant to community [*useful* (n = 14); *very useful* (n = 19)]
2. A resource for CBOs that lists possible research collaborators according to research topics [*useful* (n = 10); *very useful* (n = 22)]
3. Training on how to do knowledge translation and exchange [*useful* (n = 17); *very useful* (n = 15)]
4. Learning how to be accountable to the OCAP (Ownership, Control, Access and Possession) principles for research with Aboriginal communities [*useful* (n = 15); *very useful* (n = 14)]
5. Training on the use of technology to analyze data and share results [*useful* (n = 14); *very useful* (n = 14)]
6. Training on research methods and approach so that community can inform research [*useful* (n = 11); *very useful* (n = 17)]
7. How to translate research findings into an accessible format for funders [*useful* (n = 8); *very useful* (n = 20)]
8. Training on how to translate research into benefits for the community [*useful* (n = 11); *very useful* (n = 17)]
9. Training on how to get members engaged with doing research [*useful* (n = 18); *very useful* (n = 9)]
10. Training for CBOs on how to support PRAs [*useful* (n = 11); *very useful* (n = 15)]

At K2A2013, we collaborated with Sherri Pooyak (Canadian Aboriginal AIDS Network) and Charlotte Reading (co-lead of the AHA Centre & associate professor, School of Public Health and Social Policy, University of Victoria) from the AHA Centre to develop workshop sessions that would assist in identifying research priorities identified by communities. After hearing updates from projects currently underway, attendees participated in a concept mapping activity, working with seven draft priority areas for research to explore and identify possible research directions.

The results from the concept mapping were incorporated into the post-event survey, and participants were asked to select their three most important priorities from the list. Since the survey results demonstrated a three-way tie for the third most important research priority, the top five research priorities are listed in the sidebar on this page.

Top 5 CBR Priority Topic Areas

1. Impact of stigma ($n = 13$)
2. The integration of sexually transmitted and blood borne infections (STBBIs) into HIV work ($n = 10$)
3. Access to services (i.e. testing, care, treatment, etc.) ($n = 9$)
4. Alternative research methods (i.e. using personal experiences, qualitative methods, knowledge translation, evaluation of research uptake) ($n = 9$)
5. Barriers to HIV/AIDS prevention and support work (i.e. attitudes towards sex, criminalization of HIV non-disclosure) ($n = 9$)



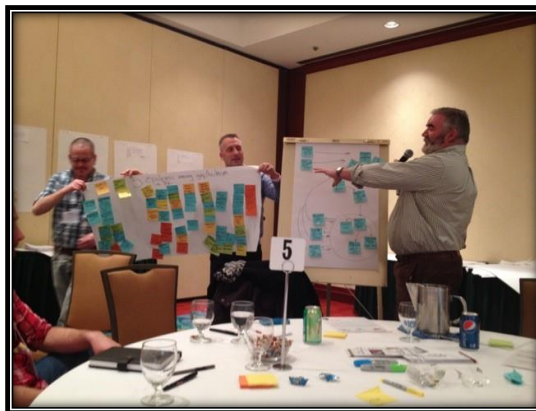
Priority Populations and Geographic Regions

Within priority-setting discussions it was noted that particular populations affected by HIV/AIDS – such as Aboriginal communities and gay men – are important to consider when moving forward. In particular three directions were noted for future research:

1. Access to HIV/AIDS prevention and support services by Aboriginal people that takes into account the physical, mental, spiritual and emotional sides of health;
2. The impact of stigma and heteronormativity on gay/bi/MSM's access to services; and
3. The need for localized information on the HIV epidemic among gay/bi/MSM.

The need for CBR projects that are responsive to the needs of rural and remote communities was also extensively discussed. In a workshop dedicated to “recipes for success” in undertaking research outside of urban areas, panelists shared their thoughts and experiences, followed by small group discussions aimed at identifying challenges and opportunities.

The challenges for conducting research in these settings are multiple, and include the high levels of stigma, challenges in reaching geographically distant and culturally diverse communities, adequate funding, and building relationships and engaging key stakeholders. Key priorities for further developing capacity to conduct CBR in rural and remote regions of BC identified as the most important included: exploring how technology can be used within CBR; training and education on how to build and maintain meaningful relationships and communicate effectively with community; ensuring that research questions are grounded in community need; developing research designs that work in rural and remote regions and include opportunities for capacity building.



Conclusion

K2A2013 was the second CBR educational and agenda-setting event organized by PAN, and it is but one step in the process of working to create a culture of moving research to action in British Columbia. By gathering together, we build relationships, share ideas, and ground our work in an atmosphere of collaboration and commitment to developing ideas, projects, and solutions together.

PAN’s CBR program will continue our efforts to take the priorities identified at K2A2013 forward working with our partners at the REACH CBR Collaborative Centre and the AHA Centre. In this, we also look forward to the active involvement of people living with HIV/AIDS, community and academic researchers, community-based organizations, policy-makers and other stakeholders.

To get involved in HIV/AIDS related CBR in British Columbia and to stay informed as to new developments, please visit the Pacific AIDS Network’s website at www.pacificaidnetwork.org/cbr.