C U P I D

Community
University
Participatory
Inquiry
Designs ®

A Community-Based Research Capacity-Building Workshop

Final Report
Winnipeg, Manitoba
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Introduction

The CUPID workshop was developed in partnership between the Manitoba & Saskatchewan Research Technical Assistant (RTA)[1] housed at Nine Circles Community Health Centre, Nine Circles Community Health Centre and the Sexuality Education Resource Centre (SERC) Research and Program Evaluation Coordinators, the British Columbia RTA housed at BC Persons With AIDS Society (BCPWA), and the Assistant Director of the Health Research & Methods Training Facility (HeRMet) at Simon Fraser University.

This partnership developed in March 2005 as a result of a communication around the sharing of CBR capacity-building resources between SERC and B.C. RTA. This quickly evolved in the incorporation of other partners, Nine Circles Community Health Centre and HeRMet. In March 2005, The Nine Circles Community Health Centre received approval from the Canadian Institute of Health Research (CIHR) to host the Manitoba/Saskatchewan RTA and conducting a CBR workshop was in the plans. This became an ideal opportunity to not only jumpstart the Prairie CBR program, but to collaborate with other experienced partners in the field. While conducting capacity-building activities was part of the plans of Prairie CBR program, the foundational activity to develop the plans for the program is the implementation of an environmental scan. The environmental scan is meant to inquire on the interests, capacities, needs, and gaps around HIV/AIDS CBR in Saskatchewan and Manitoba. The findings of this workshop are a snapshot that will contribute to a broad environmental scan in the two regions as proposed in the Prairie RTA CIHR proposal.

Members of the team engaged in regular email exchange and teleconferences to organize the workshop. During that time, the team identified potential participants, developed materials and activities for the workshop, dealt with logistics and the practical aspects of the activities and expanded the partnership to include the Public Health Agency of Canada (PHAC).

The Community-Based Research program in the prairies is mandated to serve the provinces of Manitoba and Saskatchewan. Therefore, all organizations providing HIV/AIDS services, holding programs and projects were invited to participate. To facilitate the participation of organizations from across Manitoba and Saskatchewan, the CUPID team developed a partnership with PHAC. PHAC agreed to subsidize the travel and accommodation expenses of those coming from outside Winnipeg who were funded by the AIDS Community Action Program (ACAP) or the Hepatitis C Prevention, Support, and Research Program.[2]

[1] Research Technical Assistants (RTAs) are funded through Canadian Institutes of Health Research (CIHR) to develop community-based research (CBR) capacity among AIDS service organizations (ASOs), academics and other research partners.

[2] CUPID Team would like to thank the Public Health Agency of Canada for its contribution to make CUPID possible and each one of the participants for their work and contribution.

What is CUPID?

CUPID was a two-day interactive community-university participatory workshop. This workshop brought together a number of academic students, researchers, government representatives, non-profit frontline workers and managers, volunteers and persons living with HIV and/or hepatitis C to increase awareness of potential and boundaries of collaborative and participatory community research and foster critical agents in research. Thirty-one participants from Manitoba (22) and Saskatchewan (9) attended the workshop. The main objectives of the workshop were:

- To support participants in becoming aware of the elements in a community research process, implementation and knowledge creation and transfer (dissemination)
- To encourage participants to be critical readers/consumers and participants of research – a "subject" becomes an "agent".

To achieve these objectives participants formed five groups, each focusing on a general topic, which were decided based on participants' Pre-CUPID feedback. During the workshop the groups narrowed these topics and worked toward creating research projects by engaging in a community-based research activity. In almost all cases, the facilitators were able to assign participants to the groups of their first choice. We also took into consideration the location where participants came from in order to mix them into the groups. Each group had rural and urban, and Manitoba and Saskatchewan representation.

The topics selected were:

- Aboriginal Communities and HIV
- Youth and HIV
- Women and HIV
- Immigrant and Refugees and HIV
- First and Second Generation Immigrant Youth and Sexuality Related Issues

Over the course of these two days, four 30 minute pillar mini-lectures where presented by the facilitators to highlight and discuss issues of major importance in community-based research. These lecturettes addressed the main principles and characteristics of community-based research; ethics in CBR; qualitative and quantitative methods in CRB; and evaluation in CBR.

A few energizing activities were incorporated to create excitement or overcome any sense of fatigue. These activities were introduced by the facilitators and by participants.

The assignment of topics was designed to anchor the development of a research scenario in which participants would make real decisions about conducting research on the topic. To make this happen, a set of envelopes lead the way in developing the research project. Each group engaged in this hands-on workshop by opening an envelope, following the instructions, and solving the issues and task presented in the envelope. Once they

believed that they have completed the task, they checked how they did on that specific task by using the checklist. It is at that point that they continued with the following task. The envelopes were hidden throughout the site. The participants were provided with a laptop to record the decisions made about their research project.

Each group was supported by the four facilitators who worked as rotating satellites, observing the groups' progress, and assisting them with any questions/problems, and making sure they completed tasks on schedule. At the end of day one, one member of each group was assigned to do a short presentation to another group. The group provided feedback and suggestions to their peers. This allowed one group member to disseminate their work and the other group members to engage in a peer review process.

The final task required the groups to compile the work they had completed on all previous tasks to create a final 10-15 minute presentation of their project.

Different methods were used to document the process. Each group documented their decisions around the specific research project they worked on. Notes were taken of the questions and answers period following or during the mini-lectures and when participants were asked to share something they have learned as result of participating in the workshop. Also, all participants signed releases so that photographs and video could be taken. Participants agreed to have their pictures or video used only for the purpose of dissemination of findings and promotion of the "CUPID" workshop and research technical assistant functions of RTAs in Manitoba, Saskatchewan and British Columbia. Participants can withdraw their consent any time in the future.

The Projects

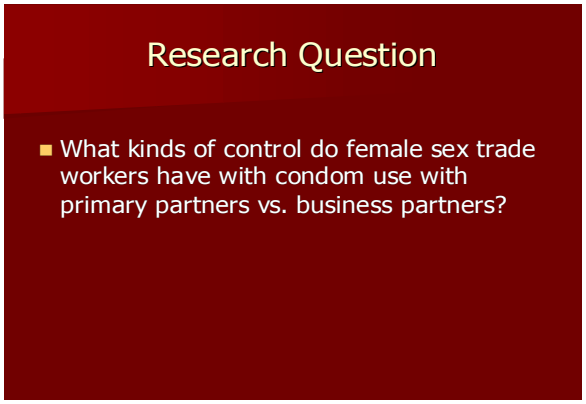
The following are a sampler of the initial task participants engaged in around their main topics of research.

Female Sex Trade Workers and Condom Control

Research Topic: Women and HIV

Research Question:

> What kinds of control do female sex trade workers have with condom use with primary partners vs. business partners?



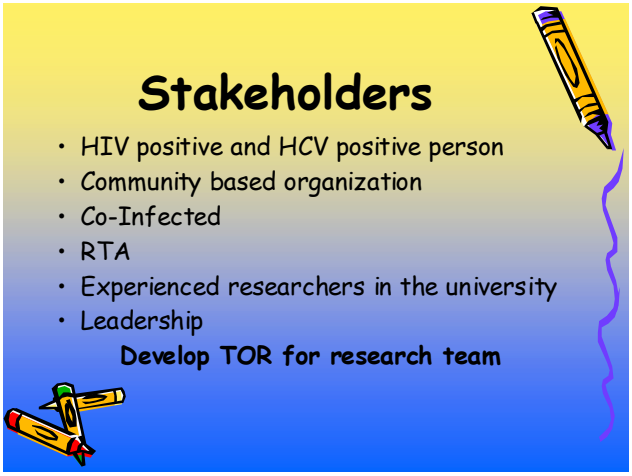
Morbidity among Aboriginal People Living with HIV and/or Hep C

Research topic: Aboriginal People and HIV

Increased morbidity among Aboriginal people (Aboriginal people meaning First Nations, Métis, Inuit and non status)

Research question:

> What are the factors contributing to increased morbidity of Aboriginal people infected with blood born pathogens (HIV, Hep C, Co-Infection)?

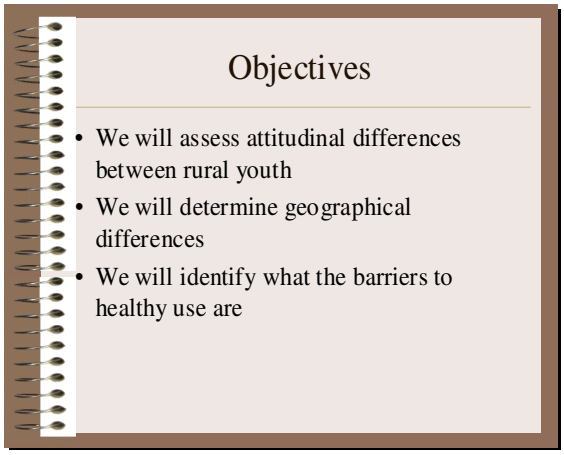


Youth, Drug and Attitude

Our research topic is:
Drug trade trends in youth

Our research question is:

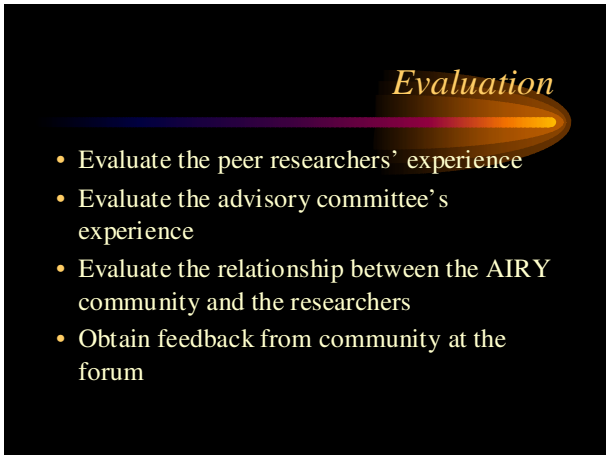
> What are the attitudes of rural youth in 4 different sites in Manitoba and Saskatchewan toward drug and alcohol use?



Opening UP! : African Immigrant/Refugee Youth Discuss Sexual Health & Sexuality

Our topic?

Sexuality of First and Second Generation Immigrant/ Refugee Youth and their families
Knowledge of health related resources and information
Inter-generational communication: differences between immigrant and refugee youth and mainstream youth; barriers to communication with parents



Our research question?

> How do the 1st and 2nd generation I/R youth integrate the ideas and information about sexuality and sexual health from their family/parents with the ideas and information on sexuality and sexual health that they are learning from their peers and Canadian society?

Paving the Golden Road : Health Concepts & Access to HIV-related Services for Immigrant & Refugee Communities

Research Topic:

Why do immigrants and refugees in Winnipeg and Brandon not seem to be accessing HIV-related services?

Research Question:

> What are the health concepts that immigrants and refugees bring to Canada that impact their decisions to access HIV-related services?

Evaluation Methodology

The main technique used to evaluate the CUPID workshop was the administration of a pre-workshop questionnaire sent ahead of time to all participants followed by a post-workshop questionnaire that was available at the workshop. Participants were asked to return the pre questionnaire at their arrival to the workshop and those who submitted the complete questionnaire were entered into a prize draw. The post questionnaire could be returned at the end of the second day or by email or fax. Again, the names of those returning the post questionnaire were entered into another prize draw.
The questionnaires were designed to learn about the background of the participants, changes in knowledge and awareness of community-based research issues and also measure some specific aspects of the workshop such as the logistics, facilitation, and agenda. The post-workshop questionnaire also included a series of questions about the benefits, interests, HIV/AIDS issues for CBR, capacities and barriers in conducting CBR. While these issues were to be explored through an environmental scan with the organizations represented in the workshop and others, the questionnaire shed some preliminary light on the presenting issues in Manitoba and Saskatchewan.
A total of 27 participants returned pre-evaluation questionnaire, and a total of 23 participants returned both, the pre and post-questionnaires representing a 74% response rate.

The Respondents

Most of the participants were connected to agencies or workplaces providing services in the area of HIV/AIDS (81% of the respondents of the pre-CUPID questionnaire). Of these, over two-third represented AIDS Service Organizations (ASOs), followed by participants from other non-profit agencies (40%), hospital (27%), university (27%), and private practice (4.5%). Their occupational background reflected a wide range of professions or activities. These ranged from nursing, health promotion, prevention, outreach, coordination of projects; and management positions such as executive director or coordinator, or program manager. Two participants were exclusively working in the area of research for their community organizations. A number of participants indicated have a dual role as students.

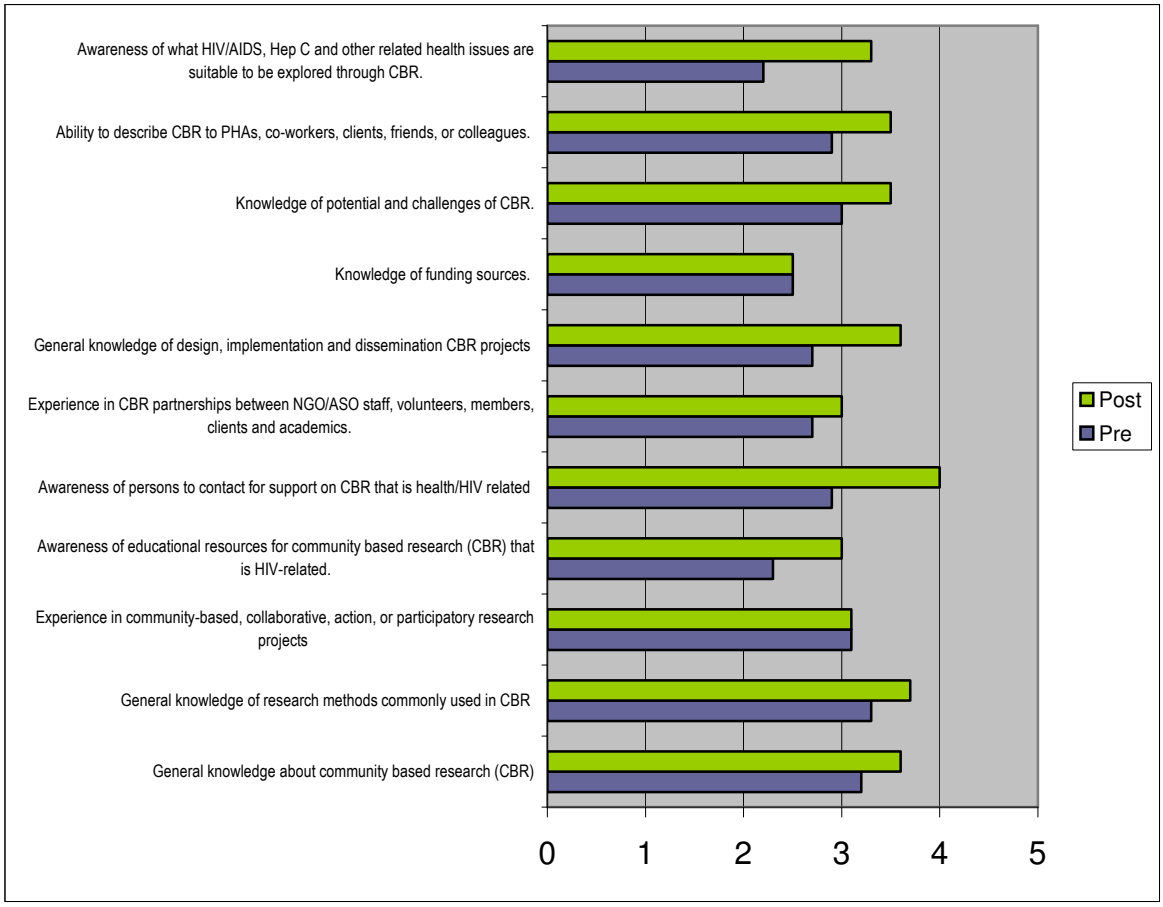
The range of years of work in the area of HIV/AIDS encompassed no experience to 15 years. 2 participants with less than one year of experience, 8 with 1 to 5 years of experience, 5 with 6 to 10 years, and 5 with 10 to 15 years of experience. 7 participants indicated not having experience working in the field of HIV/AIDS.

Community-Based Research: The Workshop

Changes in Community-Based Research Understanding

Part of the evaluation was intended to measure changes in levels of knowledge, attitudes and practices of CUPID participants with respect to Community-Based Research. A series of questions were designed to that end. The following chart and graph show the areas of evaluation and indicate the changes as result of the participation in the workshop. Participants were asked to rate themselves in the different areas on a scale of 1 to 5 from very low to very high.

	Pre-test mean score	**Post-test mean score**
General knowledge about community based research (CBR)	**3.2**	**3.6**
General knowledge of research methods commonly used in CBR (e.g. interviews, focus groups).	**3.3**	**3.7**
Experience in community-based, collaborative, action, or participatory research projects (as a participant—not only as a "subject", "informant" or "respondent").	**3.1**	**3.1**
Awareness of educational resources for community based research (CBR) that is HIV-related.	**2.3**	**3**
Awareness of persons to contact for support on CBR that is health/HIV related (e.g. expert NGO workers, PWAs/PHAs, academics).	***2.9***	***4***
Experience in CBR partnerships between NGO/ASO staff, volunteers, members, clients and academics.	**2.7**	**3**
General knowledge of design, implementation and dissemination CBR projects (i.e. I know what to look for when I see a project)	***2.7***	***3.6***
Knowledge of funding sources.	**2.5**	**2.5**
Knowledge of potential and challenges of CBR.	**3**	**3.5**
Ability to describe CBR to PHAs, co-workers, clients, friends, or colleagues.	**2.9**	**3.5**
Awareness of what HIV/AIDS, Hep C and other related health issues are suitable to be explored through CBR.	***2.2***	***3.3***



The table and graph indicate that participants increased their knowledge, awareness and skills about CBR in most areas. The exceptions were in the area of knowledge of funding sources; and experience in community-based, collaborative, action, or participatory projects. This could be attributed to the lack of information presented on funding sources, at least in a formal manner. With respect to the experience in community-based research, participants did not considered the experience of being involved in the development of a "mock" research protocol in the workshop as having changed their experience in the application of CBR.

With respect to the other areas, the most significant changes happened around raised awareness of persons to contact for support on CBR as it pertains to HIV and related issues; general knowledge of design, implementation and dissemination CBR projects; and awareness of what HIV/AIDS, Hep C and other related health issues are suitable to be explored through CBR.

General Aspects of the Workshop

Participants were also asked to rate a number of aspects related to the workshop.

General agenda and contents (CBR, HIV, etc.)	4.3
General process (timing, etc.).	4.1
General facilitation.	*4.4*
Secondary items (e.g. premises, meals, etc.)	4.1

Participants rated the workshop very positively on the general agenda and content, process, facilitation and other items (i.e., logistics). The highest rates were given to general facilitation (4.4) and general agenda and contents (4.3).

A few participants shared comments on these aspects of the workshop. While some were extremely positive, others pointed out to some weaknesses.

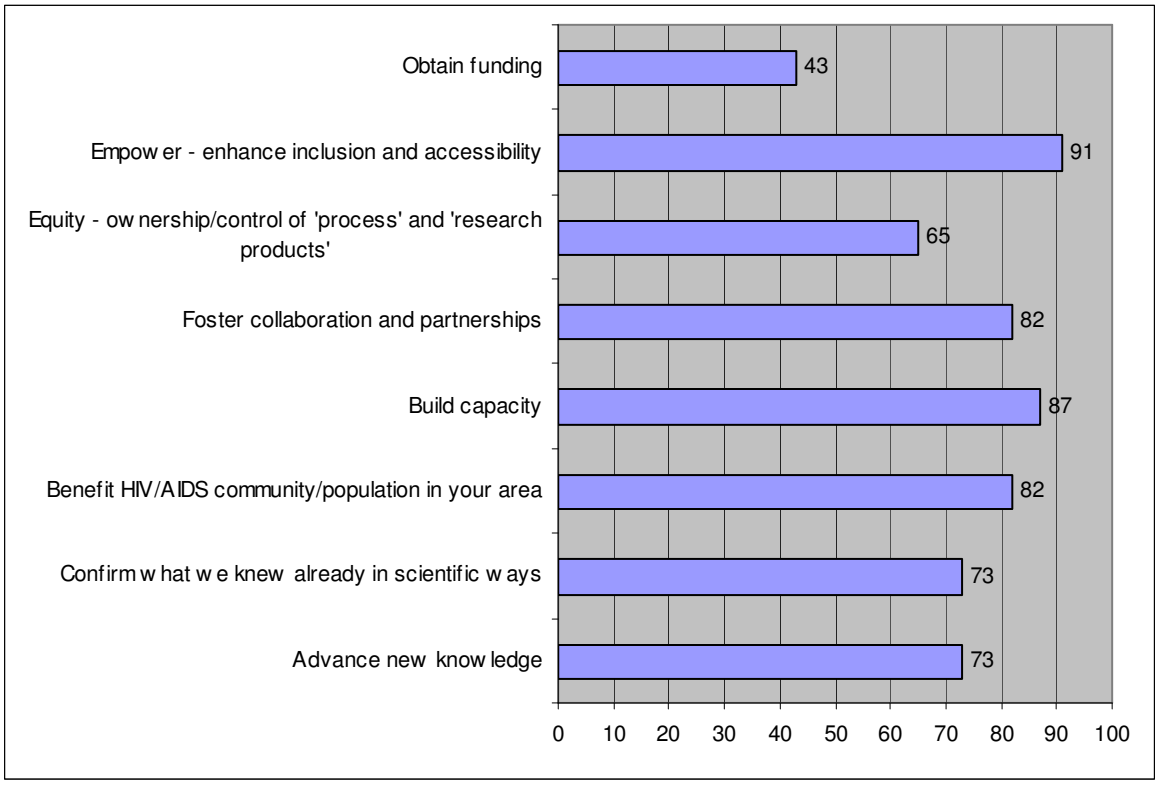
With regards to the use of energizers, a participant indicated that the physical nature of the activities may prevent people from fully participating in particular for those with limited physical abilities or uncomfortable to get involved in activities that require close physical contact or that “put [them] on the spot”. This participant also felt that all activities were mandatory, including the extent of involvement in playing the CBR “game”.

While the agenda was acceptable for most, a participant commented feeling frustrated about the first few exercises (i.e., developing the research question and objectives of the research project) as well as the fact that this participant experienced disappointment when their responses were repeatedly wrong.

Community-Based Research: Beyond the Workshop

Benefits of Community-Based Research

Participants indicated a series of outcomes that they thought should result from getting involved in CBR.



The most prominent expectation with regards to the outcomes of getting involved in CBR was to enhance inclusion and accessibility of diverse people in conducting research. The majority of participants agreed that one of the main outcomes of CBR is to empower people in actively participating in the research process. This was followed by the opportunity to build capacity of staff and volunteers with respect to research tips/tools/skills (87%).

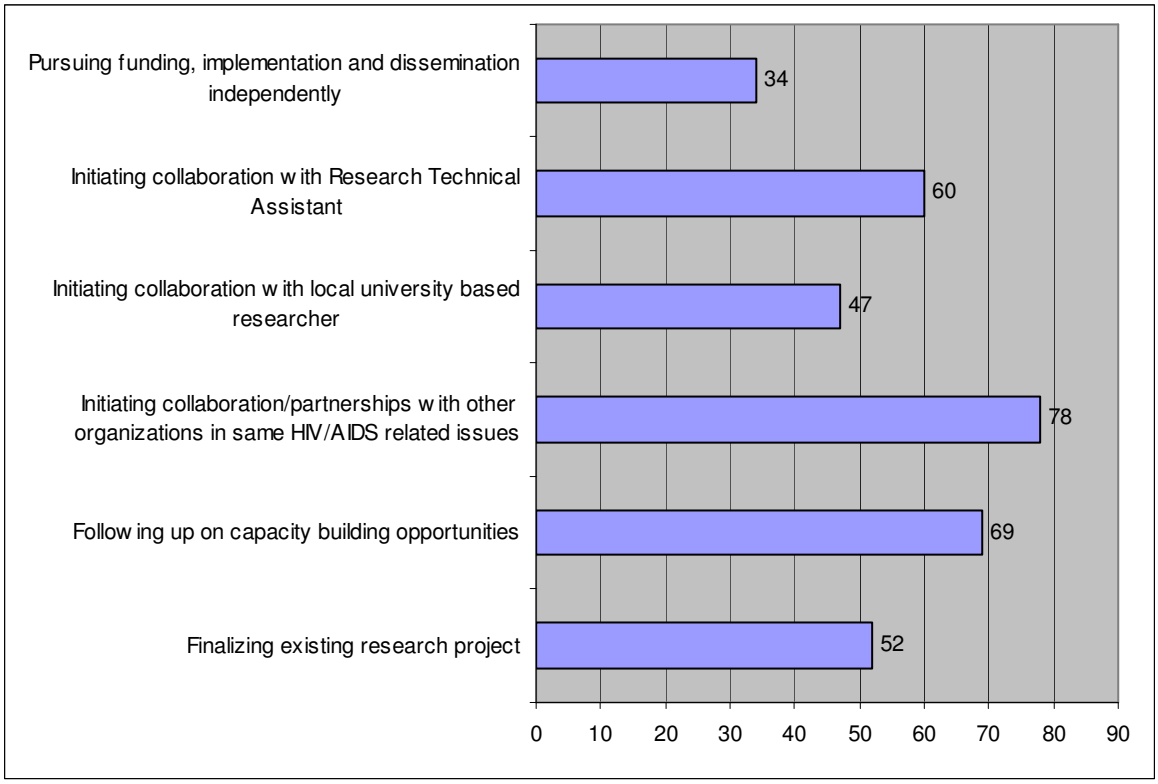
Other highly supported outcomes of conducting CBR according to the participants was the direct benefit that people in the community or geographic area of the services would obtain (82%) and fostering collaboration and partnerships (82%). Less important, but still with support of 3/4 of participants was the advancement of new knowledge-found out information people didn't know before or confirm what we knew already in scientific ways. The less supported statements were equity-ownership/control of 'process' and 'research products' (e.g. final report, abstracts for conferences signed to your name, audiovisual materials, newsletter/website content written by investigators, etc.) with support from 65% of participants, and obtaining funding, with support from 43.5% of them.

Participants were also asked to add any other outcomes they may believe should result from the application of CBR approach. Other important outcomes for some participants

were the creation of new services or the improvement of current services and programs as result of the findings and recommendations of a CBR project. These participants saw the potential for identifying needs and obtaining enough information to justify the creation of new positions or services. Other series of comments were related to capacity building through experiential methods and creating a culture where community members understand that "their needs are significant and warrant a closer look". Finally, other comments spelled out the type of benefits community members should obtain from CBR, first research leading to action or change; but also about immediate benefits to the community such as creation of jobs.

Future Involvement in Community-Based Research

All participants indicated that in the near future they or their organizations would be involved in community-based research. The form that this participation would take was varied. About 80% of participants specified that they would pursuit partnerships with other organizations interested in similar HIV/AIDS related issues. This was followed by people's interest in following up on research capacity-building opportunities (69%). Sixty percent indicated initiating collaboration with the regional Research Technical Assistant. About 50% would pursuit collaboration with local university-based researchers. The same rate would finalize existing research projects. About one third indicated pursuing funding, implementation and dissemination of research in the near future.

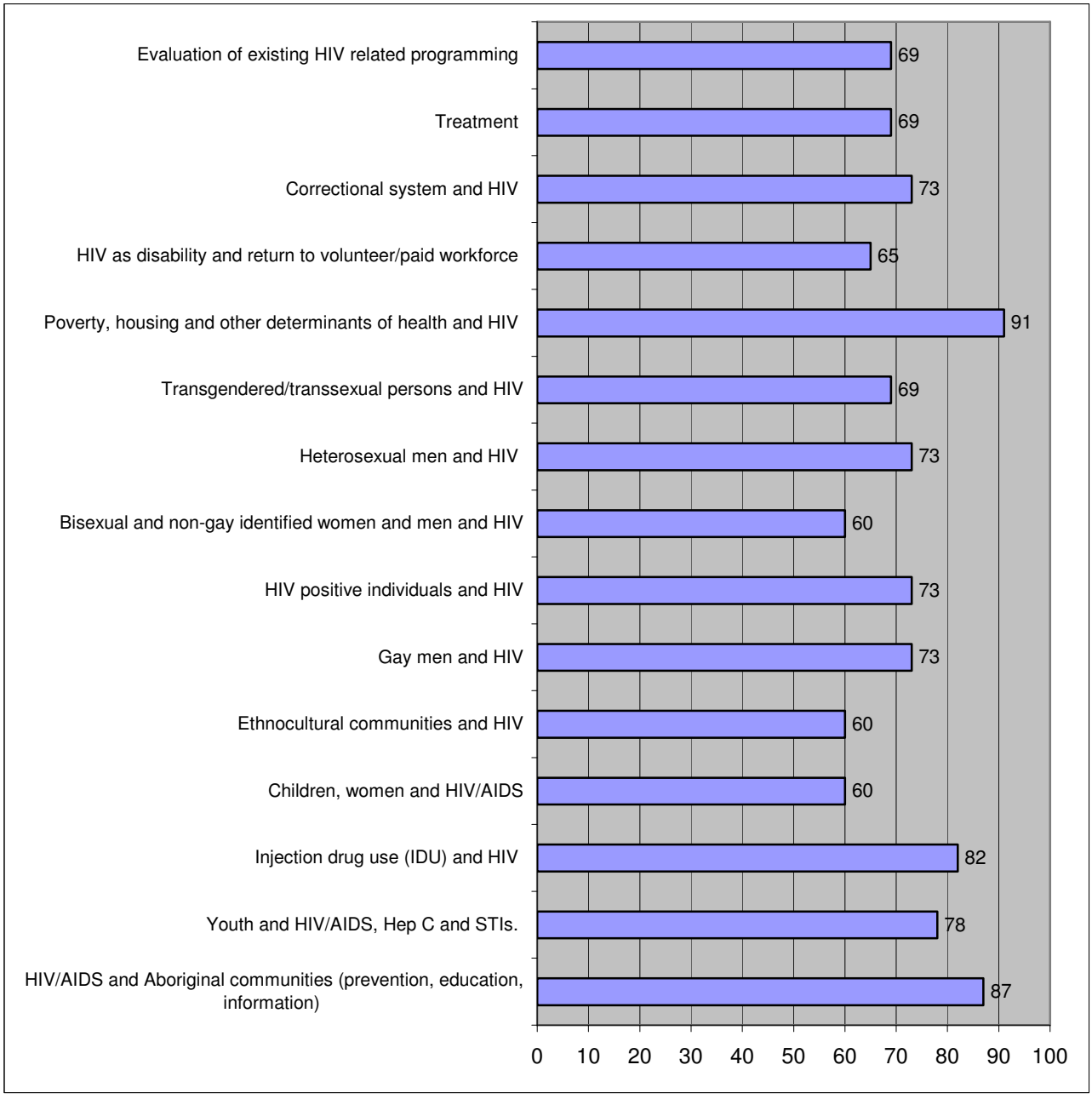


This graph shows that just over half of participants are involved in some sort of research project. However, this does not show the approach used in research (i.e., traditional or community-based research). A few participants involved in conducting research would like

to make it more consistent with the principles of CBR. A few other participants would begin new research projects.
Another indicated future involvement in community-based research was to lobby for more positions of Research Technical Assistant.

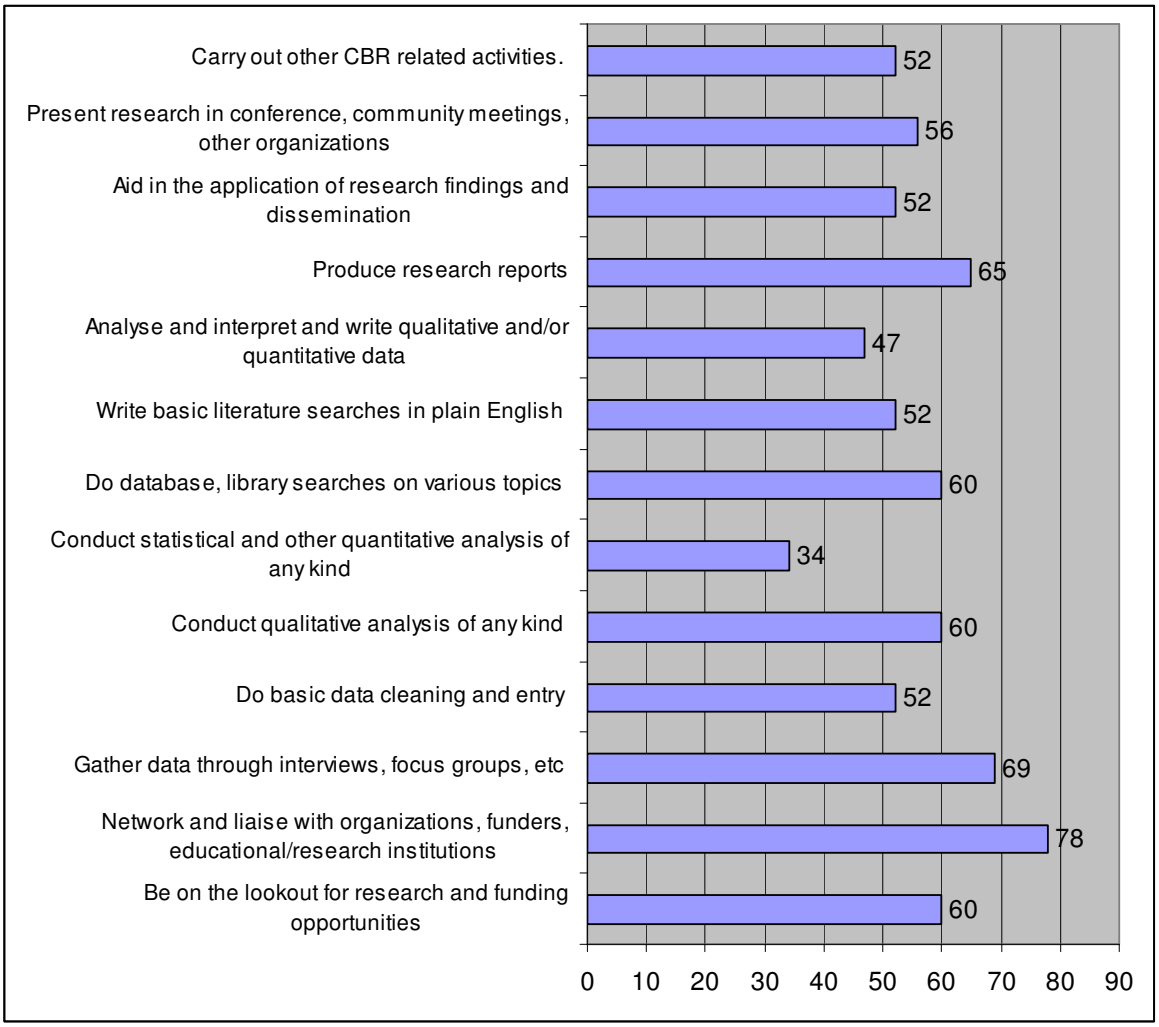
HIV/AIDS Related Issues and Community-Based Research

For most participants all the topics included in the list of HIV/AIDS related issues developed to assess their views on the application of a CBR approach to their understanding, lent themselves to this research approach. Yet there was higher agreement about using CBR to research poverty, housing and other determinants of health and HIV (91%) and HIV prevention, education and information related issues with Aboriginal communities (87%). The lowest agreement about using this approach was around bisexual and non-gay identified women and men, ethno-cultural communities; and children, women and HIV/AIDS. As per other topics, co-infections, cultural methods and traditions in teaching sexual health, student curriculum and HIV, safer body art, and evaluation of existing programs. One participant said that it would be feasible to apply CBR to all the issues in the list; however, being cognizant of the current CBR in Manitoba may have helped to focus on areas where research is lacking.



Community-Based Research Organizational Capacities

There is no shortage of research strengths among the participants or their organizations that they could tap into. About 80% have staff, volunteers or others who can liaise with organizations, funders and research institutions. This was followed by the capacity to gather information through interviews, focus groups and so forth by about 70% and to produce research reports by 65% of participants. About half indicated that someone in their organization is able to do data entry, basic literature searches, aid in the application of research findings and carry out other CBR related activities. Organizations had less capacity to conduct statistical and other quantitative analysis.



Other mentioned capacities were access to target populations and participating as member of advisory committees.

Barriers to Conduct Community Based Research

Participants mentioned a series of barriers that prevent their organizations from conducting community-based research. A number of themes capture these many barriers.

Limited Internal Resources

The main barrier found was related to availability of resources. For about 60% of the participants, the main obstacle was the limited number of staff able to dedicate time to community-based research. These are small organizations with staff who are dedicated to provide front-line services and do not have spare time to dedicate to other activities. Another related issue was not having enough space to involve other people in CBR.

Lack of Funding
A few participants clearly stated that there would find opportunities to conduct CBR if funding was made available. This was even true for an organization that believed having a solid CBR component to their work.

Geographic Isolation
For geographically isolated organizations, location was considered a barrier. Not being in close proximity with others who may assist in CBR was a problem. A participant stated that not being close to university or the RTA could be a barrier.

Limited Capacity
For some the current capacity and the need to build capacity to conduct CBR were barriers at this point. The "how-to" to engage and implement in CBR projects were important obstacles for about 40% of the participants. A participant elaborated on the limited understanding of elements of popular education in CBR. Another participant mentioned other specific factors such as facilitating community participation and implementing all activities that sustain CBR such as outreach, education and research throughout the process of a research project.

Problems Engaging University or other Institutions
According to the experiences of some of the participants who have engaged in research activities with university, this linkage has been a "struggle". For one participant, the challenge was in finding "like-minded" university students or academics to engage in a partnership. In this participant's words: "we have had difficulty with this in the past (university partners who do not share our values or understand our approaches, interpret our values/approaches differently, or understand CBR differently)."
For another participant partnering has been a mixed blessing. While partnering with the Regional Health Authority has been critical they have faced problems.

Perceptions about CBR
Some participants indicated that organizational perceptions and attitudes towards research may act in detriment of implementing CBR. Comments such as "research is only academic", that research involves "long-term commitment" or that for many "research" is a threatening/scary/academic/elitist/loaded term" prevent people from discussing the use and benefits of research.

CBR is not a Priority
CBR is not a priority in organizations or for individuals. The focus of the work is mainly in the provision of services and all resources are devoted to these activities. Further, in this work only minimum information on the services is collected. As CBR involves community members, a participant pointed out that for people engaged in the organizations' programs and activities CBR is not a priority.

> "CBR is on the back burner – and we often struggle with finding ways to help them "get there". As well, most of the people we work with on a regular basis are in "survival mode" and CBR is not a priority, or even something they see as contributing to their lives. It's often viewed as something that doesn't directly help them meet their basic needs, so it's seen as a luxury."

Lessons Learned

A few conclusions and lessons can be drawn from the implementation of this interactive workshop. First, the workshop was very well accepted and enjoyed, people increased their awareness and capacities in CBR. They also had the opportunity to share their experiences and expertise in different areas of HIV/AIDS work and network across the regions. The findings on perspectives and perceptions on CBR also shed some light on the benefits, interests and barriers organizations face in conducting CBR or potentially doing so. Factors such as funding and ability to dedicate time to CBR, capacities to carry out research activities and research being a low priority for organizations are important challenges for many. Still, many existing capacities, which enhanced to their potential, could result in exciting and meaningful research.

This process of collaboration also led to the reflection on the lessons resulting from the work. These are as follows:

- Keep a balance between providing structure and allowing groups to follow their organic process

In order to accomplish all tasks set up to "play out" a research scenario and develop a research proposal the groups have to quickly move from one step to the next within a short period of time. In many cases, the participants also need some time to get to know each other, develop decision-making processes and keep energized throughout the process. We learned that the workshop allows for keeping some structure in place to get through the tasks and at the same time leave people to develop their own personalized projects. In real life all these processes can take months. Also, given the right conditions and resources, the projects could become real research projects.

- Consult participants before the workshop to match their experience/expertise with their areas of interest and pre-assign them to groups

Participants were consulted about the topics or areas of interests. This allowed the facilitators to create groups based on these areas of interests. The facilitators were able to, in almost all cases; create groups based on the first area of interests. A condition to successful research is to be interested in a given research topic. This strategy worked in favour of keeping participants interested throughout the two days.

- Balance, sometimes dissimilar expectations of funders, participants and facilitators

CUPID brought together a number of partners. These partners were a number of representatives of NGOs, university and government. While the workshop was designed as a package where activities would carefully flow from one to the next, there was a need to accommodate the interests of partners who become involved later on in the process of development of the workshop. Still, accommodations were made to include issues relevant to their interest and assure the integrity of the workshop principles and architecture. The collaboration of all partners was invaluable to make the workshop possible. It was particularly instrumental the collaboration of the Public Health Agency of Canada in subsidizing travel costs for out of Winnipeg participants.

- Realize that CUPID has raised expectations of the Manitoba/Saskatchewan Research Technical Assistant

CUPID became an opportunity to bring together members of organizations from Manitoba and Saskatchewan. Members from organizations learned about the HIV/AIDS Community-Based Research Program, which consequently sparked interest in liaising with the local RTA in their research endeavours. While this is what the program was expected to achieve, the fact that this is a new program and most of the activities were still to take shape, an immediate demand for services could become an overwhelming enterprise.

Thank You!

CUPID Team

Appendix

Community-University Participatory Inquiry Designs (CUPID) Workshop

Come as you are; leave knowing more about community-based research

August 26, 2005

Dear CUPID participants:

Please complete the attached pre-evaluation before you arrive to the CUPID workshop on September 13, 2005. It is intended to measure baseline levels of knowledge, attitudes and practices of CUPID participants with respect to Community Based Research (CBR):

Complete the questions to the best of your ability and reflect as much as possible your actual current level of understanding. Responses will be used to determine the level of change in knowledge and/or capacity that may occur as a result of the CUPID workshop. Your responses are confidential and anonymous. We ask for a unique identifier code in order to match your baseline and follow-up responses for comparison purposes only.

Please return your completed questionnaire when you register at the CUPID workshop on September 13, 2005. Each person who completes this questionnaire will have their name entered into a draw for a fun door prize. Thank you very much for your participation,

CUPID team Winnipeg 2005

Pre-CUPID Evaluation – Winnipeg, September 2005

Please assign yourself a unique identifier code comprised of your initials and birth year, and write it on the line below. *For example, Jane Doe born in 1970 would be JD70.*

1. What is your occupation? _____

☐ Work ☐ Study ☐ Volunteer

2. In which settings do you primarily work, study, or volunteer? (check all that apply):

☐ Community-based AIDS Service Organization ☐ University/Teaching and/or Research Institution ☐ Government

☐ Hospital / Clinic / Primary Health Centre ☐ Private Practice /Consultant ☐ Other NGO

3. How many years have you been working in the field of HIV/AIDS? _____

4. In what year did you complete your last formal education? _____

5. Please tell us what degrees and/or diplomas you have earned, if any: _____

Please indicate the extent to which you agree with the following statements:	**Please circle one**				
	Strongly Agree	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
6. I am committed to participating in CBR designs in which the "subject" of a research projects becomes the "agent" of change in a community.	1	2	3	4	5
7. People living with HIV/AIDS, Hep C and other co-infections and/or mental health issues can potentially participate fully and equally in all aspects of a CBR project, from funding o seeing it through, to dissemination.	1	2	3	4	5
8. I know of examples of successful community based research in which those "studied" were active participants.	1	2	3	4	5

How would you rate yourself (as of today) on the following items?	Please circle one				
	Very Low	Low	Inter-mediate	High	Very High
9. General knowledge about community based research (CBR).	1	2	3	4	5
10. General knowledge of research methods commonly used in CBR (e.g. interviews, focus groups).	1	2	3	4	5
11. Experience in community-based, collaborative, action, or participatory research projects (as a participant—not only as a "subject", "informant" or "respondent").	1	2	3	4	5
12. Awareness of educational resources for community based research (CBR) that is HIV-related.	1	2	3	4	5
13. Awareness of persons to contact for support on CBR that is health/HIV related (e.g. expert NGO workers, PWAs/PHAs, academics).	1	2	3	4	5
14. Experience in CBR partnerships between NGO/ASO staff, volunteers, members, clients and academics.	1	2	3	4	5
15. General knowledge of design, implementation and dissemination CBR projects (i.e. I know what to look for when I see a project)	1	2	3	4	5
16. Knowledge of funding sources.	1	2	3	4	5
17. Knowledge of potential and challenges of CBR.	1	2	3	4	5
18. Ability to describe CBR to PHAs, co-workers, clients, friends, or colleagues.	1	2	3	4	5
19. Awareness of what HIV/AIDS, Hep C and other related health issues are suitable to be explored through CBR.	1	2	3	4	5

20. Any other comments / expectations? _____

_____

_____

Thank you very much for completing this pre-CUPID evaluation!

Community University Participatory Inquiry Designs (CUPID) Workshop
Come as you are; leave knowing more about community based research.

September 14, 2005

Dear CUPID participants:

Please complete the attached post-evaluation in print or via e-mail after the CUPID workshop on September 13, 2005. It is intended to measure progress in levels of knowledge, attitudes and practices of CUPID participants with respect to Community Based Research (CBR):

Complete the questions to the best of your ability and reflect as much as possible your actual level of understanding. Responses will be used to determine the level of change in knowledge and/or capacity that may have occurred as a result of the CUPID workshop. They are also intended to measure your satisfaction with the workshop itself. Your responses are confidential and anonymous. We ask for a unique identifier code in order to match your baseline and follow-up responses for comparison purposes only.

Please return your completed evaluation by mail to Bo Kinasevych at 705 Broadway, Wpg., MB., R3G 0X2, or via fax at 204-940-6027 or email to bkinasevych@ninecircles.ca. Each person who completes this questionnaire will have their name entered into a draw for a fun door prize. Thank you very much for your participation,

CUPID team Winnipeg 2005

Post-CUPID Evaluation – Winnipeg, September 2005

Please repeat here your unique identifier code comprised of your initials and birth year, and write it on the line below. *For example, Jane Doe born in 1970 would be JD70.*

How would you rate yourself (after having attended the CUPID workshop) on the following items?	Please circle one				
	Very Low	Low	Inter-mediate	High	Very High
1. General knowledge about HIV, AIDS, Hep C and other related conditions	1	2	3	4	4
2. General knowledge about community based research (CBR).	1	2	3	4	5
3. General knowledge of research methods commonly used in CBR (e.g. interviews, focus groups).	1	2	3	4	5
4. Experience in community-based, collaborative, action, or participatory research projects (as a participant—not only as a "subject", "informant" or "respondent").	1	2	3	4	5
5. Awareness of educational resources for community based research (CBR) that is HIV-related.	1	2	3	4	5
6. Awareness of persons to contact for support on CBR that is health/HIV related (e.g. expert NGO workers, PWAs/PHAs, academics).	1	2	3	4	5
7. Experience in CBR partnerships between NGO/ASO staff, volunteers, members, clients and academics.	1	2	3	4	5
8. General knowledge of design, implementation and dissemination CBR projects (i.e. I know what to look for when I see a project)	1	2	3	4	5
9. Knowledge of funding sources.	1	2	3	4	5
10. Knowledge of potential and challenges of CBR.	1	2	3	4	5
11. Ability to describe CBR to PHAs, co-workers, clients, friends, or colleagues.	1	2	3	4	5
12. Awareness of what HIV/AIDS, Hep C and other related health issues are suitable to be explored through CBR.	1	2	3	4	5

13. If your organization gets involved in CBR, what should be the outcomes of CBR? If you are a funder, please think of the organizations you work with.
(Check as many as you need).

- ❑ Advance new knowledge–found out information people didn't know before.
- ❑ Confirm what we knew already in scientific ways.
- ❑ Benefit the HIV/AIDS community/population in your area.
- ❑ Build capacity—our staff/volunteers learned research tips/tools/skills
- ❑ Foster collaboration and partnership.
- ❑ Equity—ownership/control of 'process' and 'research products' (e.g. final report, abstracts for conferences signed to your name, audiovisual materials, newsletter/website content written by investigators, etc.)
- ❑ Empower— Enhance Inclusion and accessibility—include diverse people as peer researchers (e.g. drug users, sex trade workers, nurses in the area)
- ❑ Obtain funding.

14. Please, describe other outcomes _____
_____
_____
_____
_____
_____
_____

15. In the near future, How will you or your organization be involved in CBR? (Check as many as you need)

- ❑ Finalizing existing research project (e.g. disseminating existing results)
- ❑ Following up on capacity building opportunities (workshops, etc.)
- ❑ Initiating collaboration/partnerships with other organizations interested in same HIV/AIDS related issues
- ❑ Initiating collaboration with local university based researchers.
- ❑ Initiating collaboration with the research Technical Assistant.
- ❑ Pursuing funding, implementation and dissemination independently.

- ❑ Other. Please describe _____

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16. What kinds of HIV/AIDS related issues need to be researched within a CBR approach? (Check as many as you need)

- ❑ HIV/AIDS and Aboriginal communities (prevention, education, information)
- ❑ Youth and HIV/AIDS, Hep C and STIs.
- ❑ Injection drug use (IDU) and HIV
- ❑ Children, women and HIV/AIDS.
- ❑ Ethnocultural communities and HIV.
- ❑ Gay men and HIV.
- ❑ HIV positive individuals and HIV.
- ❑ Bisexual and non-gay identified women and men and HIV.
- ❑ Heterosexual men and HIV
- ❑ Transgendered/transsexual persons and HIV.
- ❑ Poverty, housing and other determinants of health and HIV
- ❑ HIV as disability and return to volunteer/paid workforce (income support issues).
- ❑ Correctional system and HIV
- ❑ Treatment
- ❑ Evaluation of existing HIV related programming
- ❑ Other. Please, describe _____

_____

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_____

17. In your organization, at first glance, do you know of any staff/volunteers/partners who can…(Check as many as you need)

- ❑ Be on the lookout for research and funding opportunities
- ❑ Network and liaise with organizations, funders, educational/research institutions
- ❑ Gather data through interviews, focus groups, etc
- ❑ Do basic data cleaning and entry
- ❑ Conduct qualitative analysis of any kind
- ❑ Conduct statistical and other quantitative analysis of any kind
- ❑ Do database, library searches on various topics
- ❑ Write basic literature searches in plain English
- ❑ Analyse and interpret and write qualitative and/or quantitative data

- ❑ Produce research reports
- ❑ Aid in the application of research findings and dissemination
- ❑ Present research in conference, community meetings, other organizations (e.g, City Council, etc.)
- ❑ Carry out other CBR related activities.
- ❑ Please, name other research related activities your volunteers/staff can contribute with _____

_____

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18. What barriers exist for your organization to conduct CBR? (e.g. staff, technology, capacity, money). Be as specific as you can.

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How would you rate the following aspects of the CUPID workshop?	Please circle one				
	Very Low	Low	Inter-mediate	High	Very High
19. General agenda and contents (CBR, HIV, etc.)	1	2	3	4	4
20. General process (timing, etc.).	1	2	3	4	5
21. General facilitation.	1	2	3	4	5
22. Secondary items (e.g. premises, meals, etc.)	1	2	3	4	5

Thank you very much for completing this post-CUPID evaluation!