

Translating Research

Community Partnerships: Translating Research for Community Development

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The foundation of partnerships, the bond that sustains relationships, and the mechanism for community action is open dialogue. Effective dialogue nurtures partnerships, mobilizes citizens, and is ultimately a cornerstone of community development. In a partnership, sharing of information is both fundamental and reciprocal. Partners learn from each other, discover new knowledge, and come to new understandings through their work together. Knowledge transfer can be particularly productive when community members and university researchers partner (Walsh & Annis, 2003) in order to undertake participatory action research (PAR) with a goal of community development, a discussion of which is the focus of this paper.

Participatory Action Research

PAR involves participation in the research by the people “being studied”; inclusion of popular knowledge, personal experiences, and other ways of knowing; focus on empowerment; consciousness-raising; education of and among the participants; and political action (Dickson, 2000). PAR empowers partners through their participation in and control of the research agenda, process, and findings; their critical awareness of the complexities of the problems studied; and their establishment of community change as an outcome. PAR purposely links research with community development and change (Dickson).

Community Development

Community development has been defined as a philosophy, a process, a project, an outcome, and as all four at once. As a philosophy it entails the fundamental belief that people can identify and solve their problems. As a process it supports citizens as they discover their ability to effect change. As a project or as an outcome it involves work with residents to bring about change in their community (English, 2000).

The community development process involves engagement, assessment, planning, implementation, and evaluation. This circular process is often convoluted but is always continuous. Throughout the processes of PAR and community development, products for communication and mobilization are generated and disseminated first within the community and eventually beyond the community, for the purposes of research, practice, and policy. The work of one community becomes a case study with tools and outcomes to be shared with others, translated, and adapted for use.

Knowledge Translation

Knowledge translation encompasses all steps between the creation of knowledge and its application in order to yield beneficial outcomes for society (Canadian Institutes of Health Research, 2004). Knowledge translation may be more commonly understood as knowledge transfer, knowledge exchange, knowledge mobilization, research use, or research implementation (Graham & Logan, 2004). A variety of products of knowledge translation are developed within PAR and within community development projects.

Recently the Rural Development Institute (RDI) at Brandon University in Manitoba has been engaged with two rural communities through the research project Determinants of the Health of Rural Populations and Communities, funded by the Social Sciences and Humanities Research Council of Canada. Several products (as italicized below) were developed through dialogue with community committees in order to share knowledge at various stages in the project. Community advisory committees with input from RDI researchers developed processes, strategies, and products to achieve their goals and priorities throughout the project. In time, meetings of the committees extended beyond the involvement of RDI, as community members enhanced their ability to move their project forward.

During the engagement phase, information about the emerging project was shared through *organizational meetings*, *newsletters*, and *Web sites*, as well as *news releases* issued to local newspapers. These strategies were employed at all stages in the project. Concurrently, researchers and student interns conducted *literature reviews* and compiled an *annotated bibliography* on rural community health and a *database of publications and reports* on rural health and related topics. The database was linked to the RDI Web site, and partners, among others, can search for useful material at <http://www.brandonu.ca/ris/risweb.isa>

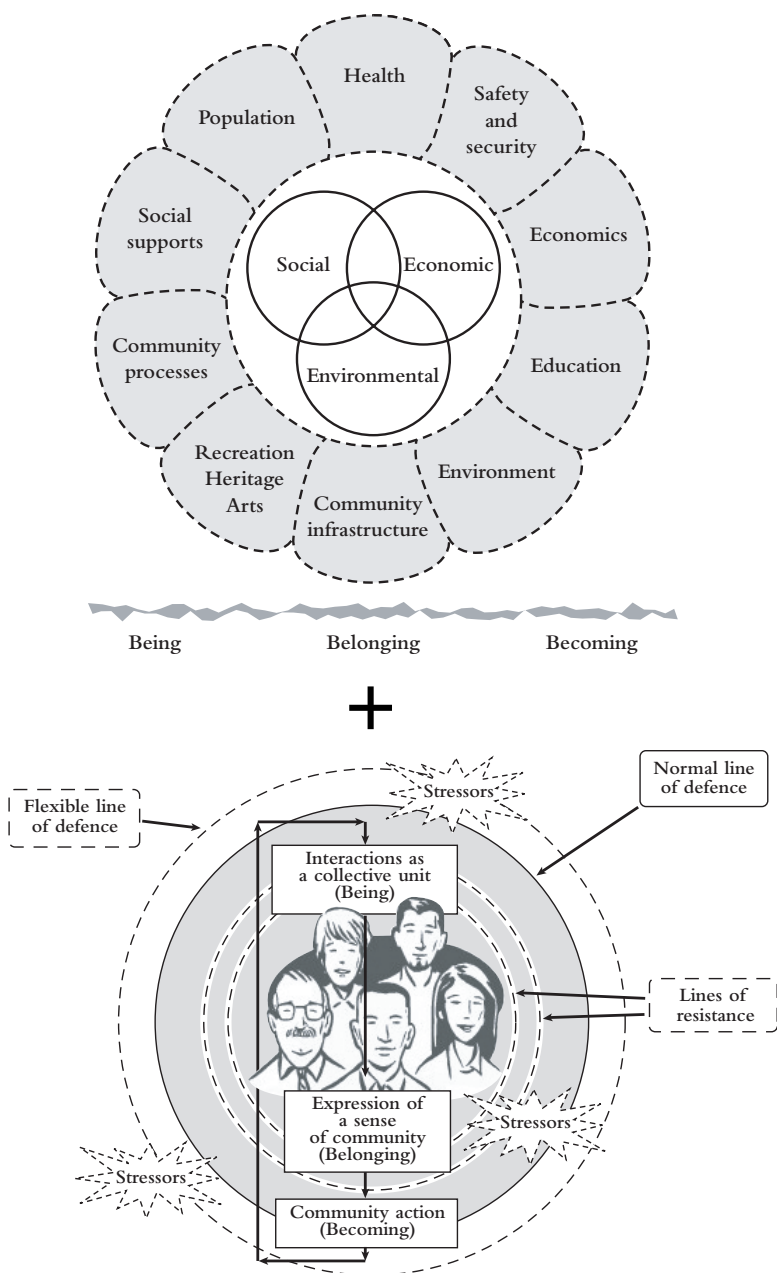
To facilitate the assessment stage, and indeed the PAR work in general, a *community assessment guide* was drafted and distributed to com-

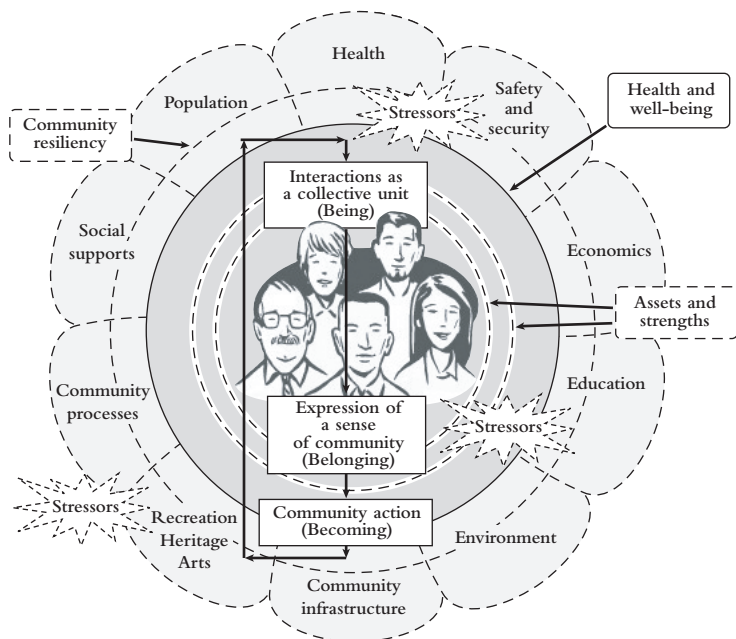
mittees within each community (Annis, Racher, & Beattie, 2004). Rural residents participated in a series of *focus groups* to share their thoughts on “What is a rural community?” and “What makes a rural community healthy?” Later, they met in a *workshop* to build a *framework* for assessing the health and well-being of rural communities. A *working paper*, later developed for *publication* (Ryan-Nicholls & Racher, 2004), included information on frameworks and indicators to prepare rural residents to participate in the workshop. The *community assessment guide* is based on the framework and selected indicators generated in the focus groups and workshop. Community members tested the usefulness of the guide; their knowledge and learning were incorporated into its next iteration, *Rural Community Health and Well-Being: A Guide to Action*, which is soon to be published and made available on the RDI Web site (www.brandonu.ca/rdi).

Community planning was ongoing throughout each project, and residents came together to discuss the current status of their communities and their vision for the future. Community data collected via secondary analysis of existing data and primary analysis of data from a community survey were documented in preliminary reports that would become chapters in the *community report*. (Useful facts as well as project updates were shared with residents through *community newsletters* designed for knowledge transfer; those for Shoal Lake and Virden, Manitoba, are available at [http://www.brandonu.ca/rdi/SSHRC Website/sshrc_communities.htm](http://www.brandonu.ca/rdi/SSHRC%20Website/sshrc_communities.htm)) These reports are useful for planning and implementing community action well into the future. They are available on the RDI Web site, with links to the communities and related sites. Along with many of the knowledge transfer products, these reports are extremely useful for evaluating the project and may be written into the evaluation plan.

Although not included in the Shoal Lake and Virden projects, *town hall meetings* constitute an important forum and community process. At such events knowledge translation is reciprocal, as residents present their own interpretations of the findings and their perspectives related to future planning. They may include *poster sessions* on “What is a rural community?” and “What makes a rural community healthy?” Knowledge was transferred beyond the community when these posters and related *academic papers* (Ramsey, Annis, & Everitt, 2001) were presented at rural, community development, and health *conferences* (Racher & Everitt, 2004) and *summer institutes* (Gibson, Ramsey, Annis, & Everitt, 2004; Pachkowski, Racher, & Everitt, 2004). Information at every stage of the project was shared through *news releases*, *newsletters published by partnering organizations and non-academic journals*, and *local newspapers*. *Celebrations* at different stages of the project, at committee, organizational, and community levels, served as a means of knowledge transfer.

Figure 1 *Community Health Action Model:
A Model for Knowledge Translation and Action*





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Source: Adapted from Neuman (1995) and Kulig (1999).

Throughout the project, a key to knowledge transfer was the iterative development of a *framework*, which evolved into a *model* with input from research partners, community members, university researchers, students, and others. Figure 1 illustrates the development of the Community Health Action Model. The categories of the framework, or petals of the flower, were generated by workshop participants. Residents focused on assets and strengths. They came to understand community resiliency and found resonance in the terms *being*, *belonging*, and *becoming*. They also began to see the importance of the community coming together and creating a common vision before moving on to action. The three pivotal components of Kulig's (1999) Revised Community Resiliency Model, interactions experienced as a collective unit, expressions of a sense of community, and community action, were incorporated into the Community Health Action Model. A feedback loop was added, along with lines of defence and resistance, and stressors from the Neuman

Systems Model (Neuman, 1995). Community members interpreted the normal lines of defence as community health and well-being, the flexible line of defence as community resiliency, and the lines of resistance as community assets and strengths. The use of the model in the published guide has extended the community's learning process and will extend knowledge transfer beyond the initial project communities.

Conclusion

Reciprocal knowledge acquisition and translation of knowledge are pivotal to community partnerships, and especially to community-university partnerships that use PAR as a way of contributing to community development. This knowledge transfer happens at every stage of the partnership and the project. Effective dialogue and strategies to support and facilitate that dialogue are essential for effective knowledge transfer. Translating knowledge during and following PAR at the community level requires non-traditional and creative strategies, to build partnerships, sustain relationships, move to action, implement change, and evaluate outputs and outcomes. Effective strategies may be repeated at various stages in the project. With minimal additional effort, communication and mobilization strategies employed within the community can extend knowledge translation to rural, academic, decision-making, and policy communities.

References

- Annis, R., Rancher, F., & Beattie, M. (2004). *Rural community health and well-being: A guide to action*. Brandon, MB: Rural Development Institute, Brandon University Press.
- Canadian Institutes of Health Research. (2004). *Knowledge translation*. [Online]. Available: <http://www.cihr-irsc.gc.ca/e/8505.html>
- Dickson, G. (2000). Participatory action research: Theory and practice. In M. Stewart (Ed.), *Community nursing: Promoting Canadians' health* (pp. 542–563). Toronto: W. B. Saunders.
- English, J. (2000). Community development. In M. Stewart (Ed.), *Community nursing: Promoting Canadians' health* (pp. 403–419). Toronto: W. B. Saunders.
- Gibson, R., Ramsey, D., Annis, R., & Everitt, J. (2004, August 24–26). *What is a rural community? Community is really mostly people*. Poster session presented at Manitoba Summer Institute on Population Health Promotion, Brandon.
- Graham, I., & Logan, J. (2004). Innovations in knowledge transfer and continuity of care. *Canadian Journal of Nursing Research*, 36(2), 89–103.
- Kulig, J. (1999). Sensing collectivity and building skills: Rural communities and community resiliency. In W. Ramp, J. Kulig, I. Townshend, & V. McGowan (Eds.), *Health in rural settings: Contexts for action* (pp. 223–244). Lethbridge AB: University of Lethbridge.

- Neuman, B. (1995). *The Neuman Systems Model* (3rd ed.). Norwalk, CT: Appleton & Lange.
- Pachkowski, K., Racher, F., & Everitt, J. (2004, August 24–26). *What makes a rural community healthy? Health doesn't necessarily mean medical care*. Poster session presented at Manitoba Summer Institute on Population Health Promotion, Brandon.
- Racher, F., & Everitt, J. (2004, May). *What makes a rural community healthy?* Poster session at National Primary Health Care Conference, Health Canada, Winnipeg.
- Ramsey, D., Annis, R., & Everitt, J. (2001). Definitions and boundaries of community: The case of focus group analysis in southwestern Manitoba. *Prairie Perspectives*, 5, 187–201.
- Ryan-Nicholls, K., & Racher, F. (2004). Investigating the health of rural communities: Toward framework development. *Rural and Remote Health*, 4(244). Available online: <http://rrh.deakin.edu.au>
- Walsh, D., & Annis, R. C. (2003, October). *Addressing university-community relations: The case of Brandon University's Community Outreach Service*. Paper presented at The Future of Rural Peoples: Rural Economy, Healthy People, Environment, Rural Communities, University of Saskatchewan, Regina.

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