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Increasing Accessibility for Community Participants at Academic Conferences

Robb Travers
Wilfrid Laurier University, rtravers@wlu.ca

Michael Wilson
McMaster University

Colleen McKay
Ontario HIV Treatment Network

Patricia O'Campo
Centre for Research on Inner City Health, St. Michael's Hospital

Aileen Meagher
Mental Health Community Advisory Panel, St. Michael's Hospital

See next page for additional authors

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Robb Travers, PhD[1,2], Michael Wilson, PhD candidate[1,3], Colleen McKay, MA[1], Patricia O'Campo, PhD[2], Aileen Meagher, BA[4], Stephen W. Hwang, MD, MPH[2,5], Urica Jenny Parris, PhD candidate[6], and Laura Cowan, RN, BScN[7]

(1) Ontario HIV Treatment Network; (2) Centre for Research on Inner City Health, St. Michael's Hospital; (3) Health Research Methodology Program, McMaster University; (4) Mental Health Community Advisory Panel, St. Michael's Hospital; (5) Faculty of Medicine, University of Toronto; (6) Health Policy and Health Education Program, D'Youville College; (7) Street Health

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Abstract

Background: To decrease the gulf between academic and community perspectives, there has been an increased call among stakeholder groups to collaborate in solving complex urban health problems. Despite these recent shifts, however, community partners face barriers to participate in conferences, ultimately limiting exchange of ideas and uptake of research data. This paper reports on the evaluation of the strategy used to engage community participants at the 4th International Conference on Urban Health (ICUH) held in Toronto, Canada, in October, 2005.

Method: We surveyed participants ($n = 98$) and conducted follow-up interviews ($n = 23$) to assess factors that facilitated attendance at ICUH 2005 as well as the impact of the conference on their work.

Results: Community registrants were drawn by accessible fee structures, scholarship opportunities, and preconference workshops relevant to their interests. Both community and academic registrants were drawn by the presence of a separate conference stream showcasing high-quality and rigorous community-based participatory research (CBPR). The conference provided valuable opportunities for networking with other community-based researchers by facilitating the development of relationships between community registrants and researchers, increased the profile and legitimacy of CBPR, and reinforced the value of community input in research. It also provided opportunities for capacity building—knowledge sharing and heightened awareness of CBPR.

Conclusion: The 4th ICUH had a significant impact on community registrants and provided valuable opportunities to bridge academic and community divides. These data support the need for comprehensive strategies for community engagement at health conferences.

Keywords

Community-based participatory research, community–academic health partnerships, power sharing, community health research, community health services, urban health

Funding agencies, policy makers, researchers and community groups are increasingly calling for the engagement of community in collaborative efforts to solve health issues.[1–9] As urban centers continue to grow and diversify, so do the social and health challenges experienced by their populations. Health inequalities, for example, continue to be a predominant theme, with an increasing focus on the health status of marginalized urban populations.[9,10]

More and more, there are claims that solving these complex urban health problems requires the involvement of community partners who can help to deepen our understanding of health-related phenomena, and who can assist in mobilizing community and policy-level efforts to effect change.[8,9,11–15] Although these claims are important, there are often challenges associated with putting them into practice. One such challenge is meaningfully engaging community members in research conferences that address community-relevant issues.

OBJECTIVE

We sought to evaluate the Community Engagement Strategy (CES) for the 2005 ICUH held in Toronto, Canada.

WHY ENGAGE COMMUNITY PARTICIPANTS?

The benefits of collaborations between community members and academics have been the subject of considerable scholarly inquiry.[8,9,16–19] Where community–academic partnerships exist, the relevance and sensitivity of research questions and methods, the validity of data, and the uptake of research findings are all significantly enhanced.[9]

One encouraging approach for facilitating these types of collaborations for addressing complex urban health issues is CBPR. CBPR engages communities as partners in the input (question identification and study design), process (data collection, analysis, and interpretation), and outcome (disseminating data) stages of research studies.[20] CBPR studies are guided by a carefully considered set of principles that attend to increasing community relevance and ownership of research, enhanced partner capacities as a result of participation, and the desire to improve quality of life and effect social change through research findings.[8,18 21]

Further support for the importance of ongoing community–academic partnerships relates to knowledge transfer and exchange (KTE) strategies that seek to increase the uptake of research. The KTE literature emphasizes that building partnerships between the producers and the intended audiences of research throughout the entire research process helps to enhance the relevance of research questions, the quality of research evidence, and the eventual uptake of knowledge by the intended research audience.[22,23]

COMMUNITY EDUCATION THROUGH CONFERENCES

Despite the growing evidence base about the importance of community–academic partnerships, conference venues for sharing research findings from such partnerships have typically been reserved for academic researchers. From the CBPR and KTE literature, we can surmise that having both stakeholder groups present would broaden opportunities for learning and sharing knowledge about community-related topics and for developing community–academic partnerships. To realize these potential educational and research-related opportunities, there is a need for a paradigm shift that would see the active and full engagement of community in these events.

The ICUH

The First International Conference on Inner City Health was held in Toronto in 2002. Overseen by the International Society for Urban Health, subsequent conferences (renamed the *International Conference on Urban Health*) have been held in New York City (2003), Boston (2004), Toronto (2005), Amsterdam (2006), and Baltimore (2007). Believing in the value of community participation in urban health initiatives, our objective for ICUH 2005 in Toronto was to increase community engagement and participation compared with previous conference years to provide greater educational opportunities.

In an attempt to further facilitate community–academic exchange on issues relating to urban health, the 4th ICUH included a comprehensive CES to engage community participants. We outline this strategy and the results of the strategy evaluation. Last, we provide recommendations for future conferences and their organizing bodies that recognize the educational benefits of engaging community members in their activities.

METHODS

Community Engagement Strategy at ICUH 2005

The ICUH 2005 Conference Planning Committee designated a Subcommittee on Community Engagement (Co-Chaired by the first and fifth authors of this paper) to develop and implement a comprehensive CES, that implemented six key activities, which were designed to increase community participation (Table 1). The Subcommittee on Community Engagement included key community leaders working in various urban health areas in Toronto as well as academic researchers involved in CBPR.

Of the six activities, a particularly important initiative was the dedicated CBPR conference stream. The Community Engagement Subcommittee felt strongly that a separate CBPR conference stream would help to debunk the myths that CBPR studies lack methodological rigor, and thereby increase the legitimacy of CBPR as an approach to urban health research. Moreover, in highlighting individual CBPR studies, we could showcase successful examples of community–university collaboration, thereby offering insights into how community

members could potentially be involved in such collaborations. Moreover, community participation in CBPR initiatives could not only provide ample opportunities for community members to contribute their valuable knowledge base to research initiatives, but also build the research capacity of their communities. The CBPR conference stream consisted of oral abstract sessions, poster presentations, and workshops embedded within the larger set of events occurring at ICUH 2005.*

Evaluation of the CES

We used a mixed methods research design to evaluate the impact and usefulness of the CES, obtain reflections about the CES, and make recommendations for future health conference organizers. Ethics approval was sought from the University of Toronto Research Ethics Board , which deemed it unnecessary given its program evaluation focus (protocol reference number 21172). The evaluation consisted of a self-administered survey, which was complemented by semistructured one-on-one interviews with community members who attended the conference. Interviews were conducted approximately 3 months after the conference.

* The CES strategy was successful in encouraging a significant number of community members to participate at ICUH 2005 with 20% of the 536 conference registrants registered as "community stream." In addition, one-third of the 375 abstracts accepted (in both oral and poster sessions) were presented in the CBPR Stream and showcased high-quality and rigorous projects.

Survey. Surveys were provided to all conference participants who attended the five CBPR stream oral abstract and workshop sessions on the second day of the conference (n = 200). Members of the community engagement subcommittee requested completed surveys from people as they left the sessions.

The survey questions (some open-ended, some using a 5-point Likert Scale) sought to evaluate the six activities outlined in Table 1 by assessing the factors which were intended to draw participants to the conference, the community-focused conference events that were favored by attendees and why and the relevance of the conference content to their work. The survey took approximately 5 minutes to complete.

Participants were asked to voluntarily provide their name and contact information if they would like to be contacted for a follow-up interview in 3 months. For those wishing greater confidentiality, they were given the option of contacting the Chair of the Subcommittee on Community Engagement directly. Survey data were entered into Statistical Package for the Social Sciences (SPSS) V.15 and descriptive statistics were generated for each of the survey responses.

Interviews. Three months after the conference, all individuals who had volunteered their names were invited via e-mail to participate in an interview. Follow-up e-mail invitations were sent 3 weeks later to those who did not respond

Table 1. CES Components

Strategy Activity	Examples
Create community scholarship program	• Engaged funders and other strategic partners to create scholarship program for community registrants
Create accessible fee structure	• A reduced fee structure (50% below other registrants) was offered to community registrants
Target community-friendly promotion materials	• In addition to the more traditional conference advertisements, community-friendly advertisements were created and circulated through networks and e-mail lists
Offer community-relevant preconference workshops	• Preconference workshops (topics included community-based participatory research, understanding research jargon and the social determinants of health) were offered to community registrants
Provide community site visits	• Select community health centers, AIDS service organizations, needle exchange programs, homeless shelters, and youth services hosted conference delegates to community site visits • Excellence in community–university partnerships as well as innovation in programming and service delivery were showcased
Offer a dedicated CBPR conference stream	• Presentations that showcased high-quality CBPR were grouped into a "stream" • Concurrent sessions included at least one CBPR Stream session, ensuring community registrants relevant content at all times

and follow-up phone calls approximately 2 weeks after that.

Interviews were conducted via telephone or in person, tape recorded once verbal consent was obtained, and then transcribed. The interviews focused on gaining a greater depth of understanding of why participants attended the conference, in addition to changes that had occurred in how they think about or approach their work. We were particularly interested in their general experiences at the conference, what they enjoyed most, opportunities for acquiring new knowledge about health issues and health research, and their thoughts on community–academic partnerships and CBPR.

We conducted the analysis of interviews in three stages. First, interview transcripts were coded line by line based on the six activities in the CES to develop a sense of the major issues that were discussed in relation to our strategy. Next, some members of the team met to analyze the coded transcripts and we then developed a list of themes and subthemes that were used to recode the interview transcripts. Last, we met again and held a final discussion where duplicate themes were eliminated and the remaining ones were subsequently grouped into three primary domains, which were then applied to the transcripts by independent coders.

RESULTS

Survey Findings

We obtained 98 completed surveys from the 200 distributed (49%). We identified three primary groups of respondents that are included in our quantitative analysis—"community" ($n = 47$), "academic researchers" ($n = 32$), and "other" ($n = 27$). Table 2 offers a full description of the composition and definition of these groups.

Ninety-one percent of respondents attended both academic and CBPR stream breakout sessions. Across the three groups, the most frequently identified factor influencing conference attendance was the CBPR stream. In addition,

Table 2. Survey Highlights

Survey Question	Conference Participant: Community* ($n = 47$)	Conference Participant: Academic† ($n = 32$)	Conference Participant: Other‡ ($n = 19$)	Total ($n = 98$)
"I would attend this conference again if there was a separate CBPR stream (5-point scale), mean (SD)	4.27 (1.07)	4.1 (1.0)	4.32 (1.06)	4.22 (1.04)
Factors influencing conference attendance				
Preconference workshops, *n* (%)	18 (38)	9 (28)	3 (16)	30 (31)
CBPR stream, *n* (%)	39 (83)	22 (69)	15 (79)	76 (78)
Scholarship availability, *n* (%)	21 (45)	12 (38)	2 (11)	35 (36)
Community site visits, *n* (%)	7 (15)	0 (0)	3 (16)	10 (10)
Conference accessibility to community participants (5-point scale), mean (SD)	3.87 (1.04)	3.83 (0.89)	3.61 (0.85)	3.80 (0.95)
Enjoyed CBPR stream (yes/no), *n* (%)	39 (83)	24 (75)	13 (68)	76 (78)
Information from breakout sessions is useable (5-point scale), mean (SD)	4.26 (0.71)	4.0 (0.95)	4.21 (0.79)	4.16 (0.81)
CBPR stream allowed me to think about practical applications of research data including programming. (5-point scale), mean (SD)	4.27 (0.86)	4.41 (0.80)	4.47 (0.70)	4.35 (0.81)
CBPR stream allowed me to think about practical applications of research data including policy work (5-point scale), mean (SD)	4.24 (0.79)	4.29 (0.90)	4.58 (0.51)	4.32 (0.79)
The CBPR stream allowed for networking opportunities (5-point scale), mean (SD)	4.36 (0.91)	3.88 (1.10)	4.16 (0.96)	4.16 (1.0)

* *Community* refers to community members not employed by a community-based organization or those who work in positions such as front-line, management, board of directors or a researcher in a community-based organization.

† *Academic* refers to researchers working in an inst tutional setting (e.g., government, university or hospital).

‡ *Other* refers to all those that selected the public policy ($n = 11$) or other ($n = 14$) categories or that did not respond to this question ($n = 2$).

scholarships were a key factor in helping community and academic registrants to attend. To a lesser extent, preconference workshops and community site visits were also factors that contributed to community attendance at the conference.

All three groups agreed with the statements that "The conference was generally accessible for community members," "I can use the information in my work," and "The information provided encouraged me to think about programming and policy implications." Conference registrants strongly indicated that the CBPR stream provided them with networking opportunities.

Interview Findings

Thirty-five individuals volunteered to be contacted for participation in an interview. Of the 35 participants approached, 23 replied and agreed to participate in the interview. All interview participants identified themselves as primarily community based and had completed the initial survey. Our sample provided a range of geographical representation with approximately 50% of interviewees from the province of Ontario, Canada, which was reflective of the geographical diversity of ICUH 2005 attendees. The remaining interviewees came from the United States, India, and the Philippines.

Three main themes emerged from the qualitative interviews that provided additional insight into our evaluation of the CES. The first theme is described as *networking,* as the conference afforded valuable opportunities to connect with other community-based researchers and community members and to develop relationships with academic researchers. The second theme dealt with the notion of *legitimacy*; many interviewees felt that the conference increased the profile of CBPR and reinforced the value of community input in urban health research. The third theme, *capacity building*, refers to the increased knowledge sharing and heightened awareness of CBPR that the conference afforded participants from various backgrounds. These themes (and their subthemes) are illustrated with quotes from the interviewees in Table 3.

Networking. The opportunity to network with other participants was a recurring theme throughout many of the interviews. Specifically, respondents described how the conference enabled them to find a "CBPR community" with which they created a connection based on shared CBPR interests, similar health research projects with urban communities, or being an urban community member themselves. For instance, one respondent indicated:

> it's possible to copartner with researchers, some of whom are you know academics, but that it showed me that it's happening, it's possible to happen. . . . it gave me the kind of confidence to know this is happening and that I can approach researchers in the field that we're interested in working in.

Table 3. Themes Emerging from Qualitative Interviews/Focus Groups

Theme	Quotations
Networking • Finding a "CBPR community" • Creating connections based upon shared vision of CBPR • Reduced isolation/sharing experiences • Learn new CBPR methods • Opportunities for new partnerships	"Initially going to this conference, I thought I would be a complete stranger and this would be fairly foreign. By the end of the conference, I felt very connected."
Legitimacy • Reinforced CBR as rigorous research • Credibility of community involvement in CBPR heightened • Community presenters felt empowered • Community-generated knowledge gained credibility • Gap between expert knowledge and lived experience closed	"[The conference was] really sending a message that it's not just academic knowledge that's valued. There are other different bodies of knowledge that we have to learn from." "I think the community focus definitely made it seem more open to [community members] to submit abstracts."
Capacity building • Occurred at both the individual and organizational levels • Increased knowledge and awareness of CBPR principles among academics, policy makers and community members • Enhanced awareness of the potential impact of CBPR interventions.	"Several of us reported back to the larger group at staff meetings after the conference about things we saw that were interesting, projects we thought that people might want to know about, things we learned at the conference." "We're thinking about research and evaluation differently. . ."

Many interviewees also explained that they often find themselves isolated from other community-based researchers and welcomed opportunities such as this conference to meet with others to share experiences and learn about new ways of doing CBPR. By bringing together CBPR practitioners, community members, and academic researchers, the conference was seen as a facilitating factor in the development of partnerships and collaborations between community-based researchers, community members, and academics.

Legitimacy. Many interviewees felt that by enabling community members to actively participate at the conference, and through showcasing excellence in CBPR through a dedicated conference stream, the conference reinforced CBPR as a strong and rigorous type of research, deserving of the same merit as other more established research approaches. By encouraging community involvement and having a dedicated CBPR stream, the credibility and importance of the role community members can play as both producers and users of research was heightened. Those working closely with a specific urban community felt more comfortable submitting and presenting their research. As one respondent explains, "I think the community focus definitely made it seem more open to [community members] to submit abstracts."

Through presenting their work, community members felt empowered and came to see their local knowledge to be both of value and important to the research process. Some respondents claimed that the conference effectively contributed to closing the gap between the importance of academic research contributions and the lived experience of community members. As one respondent noted,

> What really impressed me was the number and the breadth of community-focused presentations at the conference. So it wasn't just one talk which is what I typically experience . . . you know fairly isolated papers that's been my experience of community based research, health research, at the conference that I've been attending whereas at this conference . . . there was a broad array I guess of different forms of community-based research. And so it just opened a door for me in terms of this approach of being at least initially accepted or being considered in the larger urban health field.

In essence, it was felt that the conference "reinforced" and "reaffirmed" what community participants and CBPR practitioners already know about CBPR.

Capacity Building. Respondents highlighted capacity building as one of the concrete outcomes resulting from their participation at the conference. This occurred at both the individual and organizational levels; participants shared their experiences and the CBPR knowledge gained from conference sessions with each other and with fellow staff members who did not attend the conference.

This sharing of information led to an increased knowledge and awareness of CBPR. After attending a number of CBPR sessions at the conference with a colleague, one participant stated, "we're thinking about research and evaluation differently." Similarly, another respondent said:

> At that point [during the conference] I was a sponge and I was just learning about community-based research. I was at the beginning of learning about what it was. So being able to kind of walk into a program where I actually got to sit and listen to people talk about research that they've done was very important in terms of my understanding that there is a community of people deeply engaged in this. There is . . . you know, there are people to turn to learn from.

Overall, participants became deeply aware of the potential that CBPR, and research in general, has in enhancing interventions and programs to address community needs.

DISCUSSION

Principal Findings

Our results indicate that enhancing community involvement at research conferences is important for supporting the types of knowledge exchange and equitable partnerships argued for by CBPR scholars (e.g., Minkler[9]) as well as KTE scholars (e.g., Lomas[23]; Goering et al.[22]). There were opportunities to highlight numerous models of community engagement in research and this became an integral part of the conference's overall appeal and legitimacy in the eyes of both community members and academic researchers.

Among our evaluation respondents, both community members and academic researchers listed the CBPR stream as a primary reason for attending ICUH 2005 Toronto and said that the conference achieved a better balance between CBPR and academic research than in previous years. Knowledge exchange and co-learning occurred among and between academic and community researchers, and there were

opportunities for networking, especially for community registrants, suggesting that their feelings of isolation at conferences is a concern. Community registrants were also drawn by scholarships, targeted conference promotion, and community site visits, suggesting great success for the CES.

The CBPR stream prompted community registrants to think about how research can inform their programming and it prompted policy makers to contemplate the application of CBPR knowledge to policy-based work, dispelling the myth—among these policy attendees anyway—that CBPR is an ineffective public policy tool.

Implications

Our results indicate that there is a need for organizers of health conferences to develop policy supportive of community engagement that will build on the successes realized with the 2005 ICUH strategy. Although other conference organizers (e.g., Community Campus Partnerships for Health, International AIDS Society, and the American Public Health Association) address community-relevant issues and typically draw large numbers of community participants to their events, the literature about how to successfully engage communities at conferences is relatively undeveloped. As a result, this study provides a unique opportunity to share a framework and best practice for community engagement.

Strengths and Limitations

The primary strength of our evaluation of the CES at ICUH 2005 is that we have obtained quantitative feedback from a range of conference attendees as well as more in-depth insight from on these findings from qualitative interviews with a diverse geographic sample, thereby increasing the depth and applicability of our data. Therefore, our evaluation of the ICUH 2005 CES can be used as a framework for other conferences that discuss issues relevant to the communities they serve.

Despite the depth of our qualitative findings, there are some important limitations to our quantitative data. First, we have used an unstandardized survey tool that was originally included as part of a fairly broad conference evaluation strategy. With the broad nature of the survey, more nuanced survey questions would have been helpful in enhancing the depth and understanding of the survey responses.

However, the data we have obtained are still valuable and serve as strong complements to the more in-depth qualitative findings. Last, we could have increased the number of survey participants by providing it online after the conference was completed.

Future Directions

Community engagement in health conferences is an important strategy for the ongoing development of evidence-based strategies for solving complex urban health problems. Given the framework offered for community engagement offered in the ICUH 2005 strategy, there is opportunity for conference organizers with a longer history of community engagement (e.g., Community Campus Partnerships for Health, American Public Health Association, Ontario HIV Treatment Network) to create standardized outcomes and learning goals for their events in support of building a body of evidence indicating the value inherent in community attendance at conferences.

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