



Environmental Scan

of Research by Community-
based Organizations within
the Toronto Central LHIN

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EXECUTIVE SUMMARY

The Toronto Central Local Health Integration Network (TC LHIN) Education and Research Council commissioned an environmental scan to be conducted by the Toronto Community Based Research Network (TCBRN). This work was made possible through the financial support of the University Health Network.

This environmental scan:

- > Documents the research activity being conducted by community organizations within the TC LHIN's catchment area, with a particular focus on community-based research and
- > Describes the education and resources being accessed by these organizations to enhance their research capacity.

Data were gathered for the environmental scan through a semi-structured survey. The scan identified fifty-three community organizations that were engaged in research activities and/or research-related education, forty-seven of whom were also involved in community-based research. The survey respondents reflected the diversity of community-based organizations in the TC LHIN. They represented a broad spectrum of agencies which varied widely in organizational size and capacity, communities served and services offered.

The findings of this scan paint a picture of an active research community in community-based organizations, often operating in parallel to university/college and hospital based research units. Extensive research activity is taking place at the community level, yielding rich local knowledge that can be used to inform the development of policies and to guide the planning and implementation of service delivery. Community-based research also acts as a tool for community engagement in research and encourages the adoption of proactive health strategies. This environmental scan highlights a wealth of community level research and research-related education initiatives that are well placed to advance health equity at the local level.

The results of this environmental scan present a strong case for supporting and developing research infrastructure at the community level. It is important to recognize that critical needs exist around developing community research and education 'capacity', promoting further opportunities to translate research into policy recommendations and changes in service delivery, and developing strategies for dissemination beyond the local level. Yet despite the challenges that may accompany such needs, community level research and its policy implications are important resources for the TC LHIN to draw upon, and provide an opportunity to integrate comprehensive and inclusive notions of health care and action at the local level.

RECOMMENDATIONS

> **Recognize the important contributions of community-based research in promoting equity and addressing health disparities, and utilize this resource**

Community-based research (CBR) projects in Toronto can generate rich evidence with respect to determinants of health, local health disparities and service needs, while enhancing the capacity of community members to address issues of concern to them and generating relevant program and policy recommendations. CBR projects often focus on the health issues of marginalized groups and communities, and therefore have unique value and application for developing measures of health equity that are relevant to the most marginal populations and reducing health disparities for these groups. This rich body of local evidence is an important resource for all levels of government and organizations involved in health planning, policy development and service delivery. CBR is a valuable source of data for the Toronto Central LHIN (TC LHIN) that could be used to inform its strategic priorities, planning and implementation of its health equity agenda.

> **Support collaborative research partnerships and develop Communities of Practice**

In addition to providing rich evidence on local health needs and determinants of health, our scan suggests that many community initiatives (especially CBR initiatives) are generating collaborative networks and relationships among hospital and university/college based researchers, health and social service providers, policy makers, and community members. There is a demonstrated need to provide tangible support and coordination to new and existing research partnerships as well as the development of local Communities of Practice related to research and education.

> **Support the growth of research capacity at the local level**

There is a strong commitment to research demonstrated by local organizations in the community sector. However, insufficient funding and resources remain significant obstacles to the meaningful involvement of community organizations in research. Additional and sustainable streams of funding are needed to enable community organizations to hire permanent research staff, secure research resources (e.g., data analysis software, data collection tools), expand the range of their work, and facilitate wider dissemination of their results. We endorse the recommendation of the Health Equity Roundtable to designate 5% of all TC LHIN research budgets towards community agencies conducting community-based research (Lettner, 2008). Community-based organizations also require support to improve their access to research infrastructure such as Research Ethics Boards.

> **Increase knowledge transfer and exchange**

Existing networks such as the Toronto Community Based Research Network, the Toronto Community Social Research and Data Consortium and the Toronto Neighbourhoods Research Network currently play a key role in knowledge transfer and exchange. There are opportunities to strengthen the exchange of research findings, resources and best practices among community agencies, community members, researchers, and policy makers in Toronto in order to leverage the diverse and valuable knowledge being generated by community-level research.

This represents an opportunity for organizations within the TC LHIN and their academic partners to promote greater local research linkages. One possible approach to improve information sharing is to develop and maintain a database or portal to document research being conducted by community agencies and to improve access to tools and resources they have available to share.

> **Improve access to training and skills development for staff of community-based organizations and community members engaging in CBR Research**

Funders should enhance access to research-related educational opportunities by providing bursaries and subsidies for CBR practitioners to attend conferences and workshops, and strategizing on other ways that organizations can increase their capacity to provide CBR training and mentoring to their staff and participating community members.

> **Develop coordinated support mechanisms for involving diverse community members in research**

Our data suggest that there is a growing interest in CBR among local agencies, with many respondents reporting that they are engaging community members as research collaborators, advisors and 'peer researchers' in their projects. As community members play a more active role in research, it is important to identify the formal and informal mechanisms that could support and enhance their involvement.

I. BACKGROUND

The Toronto Central Local Health Integration Network (TC LHIN) accounts for approximately 50% of the life science research and healthcare education capacity in Ontario. With two universities, one college, one institute, nine fully affiliated academic health science centres, two large community teaching hospitals and a large concentration of community-based health research., the TC LHIN is a crucial asset for the entire province. The TC LHIN also includes an extensive network of community organizations that provide a critical, but often under-acknowledged set of services and knowledge. Together these institutional and community resources form essential health (and social) care services and knowledge at the local and regional levels.

However, these resources are also remarkably fragile, and the value of health-related education and research resources is not well described locally or regionally. Without an adequate sense of the breadth and quality of these resources, many remain under appreciated and under utilized by government and other stakeholders. The lack of attention to health science and community-based research and education within the Ontario health care system is made clear by the fact that the TC LHIN is the only LHIN to date to focus on research and education in its Integrated Health Services Plan (IHSP).

The TC LHIN Education and Research Council has undertaken the task of documenting education and research organizations' value to the Health System. The University Health Network has provided funds for The Toronto Community Based Research Network (TCBRN) to research and document the nature of community level research initiatives including community-based research (CBR), and its particular contribution to the Health System, specifically within the boundaries of the TC LHIN.

This scan also informs a larger body of work which includes an analysis by the Toronto Academic Health Science Network (TAHSN) and Ontario Council of Teaching Hospitals (CAHO) on the current research and education activities being conducted by the Academic Health Science Centres.

Research, education and knowledge mobilization efforts that are grounded in the lived experience of communities can contribute nuanced understandings of health needs and perspectives -- especially of disadvantaged communities (Gardner 2008). Local CBR contributes to a growing body of evidence addressing health disparities and promoting health equity (e.g. Khandor and Mason 2007; Daly et al 2008; Yee et al 2006). In addition, CBR can yield practical knowledge that can guide and inform the planning and provision of local health care services. As LHINs throughout the province move to design and implement health equity strategies and action plans, there is a need to recognize the strengths and opportunities that exist in the community sector (Gardner 2008).

The Toronto Community Based Research Network (TCBRN)¹ has from its inception in 2007 worked to identify existing resources, initiatives and projects related to community-based research and practice. Through community forums we have worked to identify the points of strength and tension within the community sector, but more notably to recognize the considerable range of work that is ongoing in this sector, to support collaborative efforts and share resources, and to reduce the isolation that CBR practitioners often experience in their work. This environmental scan seeks to document more formally the research-related work that is being conducted at the community level for the TC LHIN. We believe this community-level research makes a valuable contribution to local evidence about the lived experiences of health issues and the social determinants of health, and identifies resources that can intersect with mainstream health services to enhance comprehensiveness of care.

1. Visit the TCBRN website at <http://torontocbr.ning.com/> to learn more about our mission and activities.

II. OVERVIEW OF THE ENVIRONMENTAL SCAN

The community sector consists of non-profit agencies² that work with and on behalf of community members across a range of health and social issues. Agencies that comprise this sector often work in collaborative ways, sparking local innovation in the nature of services offered and the ways in which they are delivered. Increasingly, research and education are being integrated into the realm of activities that local community groups and organizations are engaging in.

This scan works to identify the extent to which community-level research including Community-based Research (CBR) initiatives are happening within the Toronto Central Local Health Integration Network (TC LHIN), as well as the extent to which education and resources are being accessed by community organizations to help build their research capacity. The Toronto Community Based Research Network adopts the definition of Community-based Participatory Research (CBPR) offered by the Kellogg Foundation, adapting it for use as a working definition of CBR: “CBR is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.”

The Toronto Community Based Research Network, with the support of peer researchers³, used a semi-structured survey to assess and document community research and research-related education initiatives that exist within the TC LHIN catchment area. This scan documents findings on the breadth, value, and opportunities afforded by community level research and research-related education resources to the health care system. Where appropriate and relevant, information about initiatives from outside of the TC LHIN was gathered and is presented, in light of the broader context of health care and services across the greater Toronto area. Based on the findings of the scan, this report also includes recommendations on promoting greater education and research linkages and facilitating opportunities for greater health promotion work among organizations within TC LHIN boundaries.

Our findings and recommendations will be shared with the TC LHIN and contribute to a larger body of work which includes an analysis by the Toronto Academic Health Science Network (TAHSN) and Ontario Council of Teaching Hospitals (CAHO) on current research and education activities being conducted by the Academic Health Science Centres. In addition key findings and recommendations from this report will be made available by the Toronto Community Based Research Network through a community forum and on our website.⁴ Funding for this environmental scan was provided by The University Health Network.⁵

2. Non-profit agencies are defined as: (1) **organized** (i.e., formalized to some extent); (2) **private** (i.e., institutionally separate from government); (3) **self-governing** (i.e., equipped to control their own activities); (4) **non-profit-distributing** (i.e., not returning profits to their owners or directors); and (5) **voluntary** (i.e., involving some degree of voluntary participation, either in their management or operations). Salamon and Anheier (1997) http://www.phac-aspc.gc.ca/vs-sb/knowledge_savoir/typology_full/es-res_e.html.

3. Peer researchers are community members, often from socio-economically marginalized backgrounds who have received research training and/or been involved in community-based research projects as research collaborators.

4. Toronto Community Based Research Network website is <http://torontocbr.ning.com>.

5. The funds were used to hire a project coordinator and 3 peer researchers, to train peer researchers and for some administrative costs such as transportation, meeting space, phone, fax and office materials. The Steering Committee of the project also made significant in-kind contributions to all aspects of the project such as peer researcher training, supervision, data analysis, report writing and editing, space and other office resources.

III. RESEARCH DESIGN AND IMPLEMENTATION

The Toronto Community Based Research Network (TCBRN) established a steering committee that provided in-kind contributions to oversee this project. The members of the steering committee represented the following organizations:

- > Access Alliance Multicultural Health and Community Services
- > Ontario Women’s Health Network (OWHN)
- > Planned Parenthood Toronto
- > Wellesley Institute

Additional guidance was provided by representatives of:

- > Community-Campus Partnerships for Health
- > St. Joseph’s Health Centre
- > Street Health

The TCBRN promotes research that is inclusive in nature and strives to involve all members of the community in the design, analysis and dissemination of local research. With this principle guiding our work, we felt it was important to give community members an opportunity to participate as co-researchers. The TCBRN Steering Committee hired a Project Coordinator who was responsible for moving the project forward as well as supervising three community members who were recruited to participate as ‘Peer Researchers’. Peer researchers who had worked on research initiatives with one or more of the partner agencies (Access Alliance, Planned Parenthood and Street Health) were recruited as members of the research team.⁶

Objectives of the Environmental Scan

The objectives of this environmental scan were:

1. To describe the breadth and value of community level research and research-related education in the TC LHIN, with respect to: health human resource development, new models of service delivery, the development of new service provider models, discovery, translational and clinical research, knowledge transfer, social cohesion and economic activity.
2. To make recommendations toward sustainability and enhancement of community level research and research-related education in the TC LHIN.

6. As members of the research team, the peer researchers received an honorarium to compensate them for their time and effort.

Scope of the Environmental Scan

In conducting this regional environmental scan there were critical challenges in establishing the scope and the limitations of the study. As practitioners and researchers active in the community-based research (CBR) community, we recognized a need for a broad scope which would capture the wide range of community level research activities being implemented in Toronto. At the same time, we were constrained by the project budget and timelines, as well as the need to maintain a relevant focus. As outlined above, this scan aims to document the range of research projects and research-related education currently operating and recently completed by community-based organizations in the TC LHIN catchment area. Within this broad remit, we identified two core areas of interest that helped to frame our work: 1) to document the community level research and CBR that is taking place; and 2) to assess the extent to which education and resources are being accessed by community organizations to enhance their research capacity.

The documentation provided by this scan is somewhat limited due to the constraints of using a semi-structured survey and conducting a scan that is broad in scope. This scan presents a 'snapshot' of existing and recently completed projects within a limited geographical area. However, it may fail to adequately represent some of the complex networks of projects that operate at the grassroots level. With these limitations in mind, the steering committee established the following parameters to guide this work:

- > To scan for community-based research projects and research-related education which occurred within the geographical remit of the TC LHIN over the past 5 years (2003—2008)
- > To conduct an environmental scan which provides a snapshot of research being conducted in the community
- > To document community-based research initiatives which leverage collaboration and the inclusion of community members, particularly those who are disadvantaged and/or marginalized, as researchers
- > To assess the extent to which education and resources are being accessed by community organizations to enhance their research capacity
- > To identify innovations in community-based research and research-related education, as well as knowledge transfer, dissemination and mobilization activities

- > To highlight points of action and service, document achievements and contributions, identify opportunities, recognize notable trends of importance in planning towards health equity in community services, and acknowledge needs and gaps that could benefit from attention and planning
- > To create a report that is able to stand alone, but will also contribute to a larger body of work which includes an analysis by the Toronto Academic Health Science Network (TAHSN) and Ontario Council of Teaching Hospitals (CAHO) on the current research and education activities being conducted by the Academic Health Science Centres, and to collaborate, if possible, with this other scan project in order to develop a comprehensive tool or report.

Methodology

Surveys on community-level research involvement and education were completed by 53 community-based organizations that identified that they were involved in research. The identification and recruitment of research participants followed three distinctive, but overlapping, paths:

1. Contacting community organizations known to be involved in research using the existing networks of the steering committee members
2. Outreaching to other organizations through contact lists of research partners, funders, professional networks and websites and electronic mailing lists⁷; and
3. Conducting a broad, open recruitment process where announcements were posted on websites, social networking sites and listservs, to allow community agencies to 'self-identify'⁸.

Data was collected using a semi-structured survey (see Appendix A for the complete survey instrument). The survey solicited information on:

- > community organizations' involvement and experience in research and CBR
- > community organizations' skills and capacity in research and CBR
- > research-related education and resources being accessed by community organizations

7. Examples of these lists are the Wellesley Institute's inventory of funded research projects from 2003-2008, the list of TC LHIN funded agencies, and the Toronto directory of community and social services (211).

8. We used the label of 'community-based organization' broadly, reflecting a decision to allow agencies to self-identify. As part of our analysis we screened the agencies in detail to determine if they were truly community-based. In cases where it was clear that the agency was in no way community-based their data was excluded from our analysis.

- > specific CBR projects in progress or recently completed
- > benefits and barriers to involvement in research and CBR
- > opportunities for research and CBR capacity-building that could reduce health disparities and promote health equity

Data was collected from community-based organizations in the Toronto Central Local Health Integration Network (TC LHIN) catchment area from March through July 2008.

Each organization was asked to fill out only one survey. The survey took an average of 30-45 minutes to complete. The majority of respondents completed the survey online. Print copies were also made available upon request. In order to ensure that comprehensive information was gathered, and the administrative burden on respondents kept to a minimum, the research team followed up with interviews by phone when necessary or as requested by respondents.

The survey was completed by 53 community-based organizations⁹, with more than three quarters (76%) of these located within the Toronto Central LHIN (see Appendix B for a complete list of survey respondents). Nine percent were located in the Central LHIN and the rest were located in neighbouring LHINs or reported a provincial mandate. Of these 53 organizations that identified that they were involved in research, 47 identified that they were also involved in CBR, and therefore responded to a second set of questions pertaining specifically to CBR. Of those involved in CBR, 43 organizations provided more detailed information on a specific CBR project that they had completed or that was in progress at the time the survey was conducted.

9. Although more than 53 organizations participated in the scan, several surveys were excluded from the study because they were incomplete.

IV. RESULTS

Community Organizations Represented in the Scan

The scan identified 53 community organizations that were engaged in research activities and/or research-related education, 47 of whom were also involved in community-based research. The non-profit sector is incredibly diverse, consisting of a broad range of organizations that vary in size, make-up and mandate. Participants in the scan represented a range of diverse types of community organizations, including community health centres, coalitions, mental health centres, hospitals, social service agencies such as neighbourhood and community centres, drop-in centres and food banks. These organizations were addressing a wide range of issues and serving diverse communities. Respondent organizations also varied greatly in size: the smallest agency had 3 staff members while the largest had 2500. The median number of staff members reported (including full-time, part-time and contract staff) was 51. Sixty-nine percent (69%) of agencies had less than 100 staff members.

Research Topics and Communities of Interest

A wide range of issues are being explored through community level research, including mental health and addictions, disease prevention, many aspects of primary health care, including coordination of care and access to health care, and the broader social determinants of health. Common to community level research initiatives is a commitment towards ensuring that the needs and interests of the communities affected by the issues being studied are well represented.

Research Topics Being Studied by Respondents

(n=53)	% (#)		
Mental health	40% (21)	Food security	23% (12)
Social inclusion and exclusion	38% (20)	Addictions	23% (12)
Housing and homelessness	36% (19)	Transitions between services	21% (11)
Coordination of care	32% (17)	Income inequality	19% (10)
Equitable access to health care	30% (16)	Employment and job security	19% (10)
Chronic disease prevention	26% (14)	Sexual/reproductive health	19% (10)
Violence against women	26% (14)	Early childhood care	17% (9)
Settlement services	26% (14)	Working conditions	13% (7)
Primary care	26% (14)	Aboriginal issues	11% (6)
Education	25% (13)	Environmental health	9% (5)
General quality improvement	25% (13)	Rehabilitation	9% (5)
		Palliative care	8% (4)
		Acute care	4% (2)

The communities of interest that are the focus of community level research are as diverse as the topics that are being researched, and include children, youth, seniors, newcomers and immigrants. The majority of CBR projects in Toronto involve communities and populations that are marginalized, sometimes in multiple ways, such as research focusing on newcomer women who are living in poverty.

This environmental scan highlights several community-based research projects where community organizations and community members play a central role in planning and conducting the research. A particular strength of these community partnership models is their ability to represent multiple identities and perspectives. There is rich diversity within communities that can often be overlooked or minimized in favour of broad categories. An example of this is a recent CBR project exploring the issues of ethno-racial women with disabilities that considers the intersectionality of gender, race and disability, as well as the impact of these identities¹⁰. This research offers valuable insights into the complex relationships of health and illness, the structural challenges around access to health care and the multiple constructions of identity.

Communities of Interest in Research being Conducted by Respondents

(n=53)	%(#)
Low income persons and social assistance recipients	47% (25)
Women	45% (24)
Newcomers	45% (24)
Youth (13- 29 years)	43% (23)
Homeless people	42% (22)
Seniors	38% (20)
Immigrants	36% (19)
Specific ethno-cultural groups	34% (18)
Children (0-13 years)	25% (13)
Psychiatric consumer/survivors	21% (11)
People living with HIV/AIDS	21% (11)
Refugees	19% (10)
Aboriginal people	11% (6)
LGBTQIA communities	11% (6)

10. *Ten+ Years Later – We Are Visible...* Ethno-racial women with disabilities speak out about health care issues. (2008).

Benefits of Community Level Research

Respondents identified a number of clear and consistent benefits to participating in research. The production and confirmation of knowledge and evidence stood out as a particular strength of community level research identified by respondents. Respondents also felt that community level research helped to advance local skills development, research capacity and service delivery. Enhancing inclusiveness and accessibility, which are often central goals of front line service providers, was another important benefit identified. Several respondents noted that research empowered community members to take action on issues of concern to them, or helped to secure support and funding for local initiatives. The confirmation of facts or trends in the local experience of health and health care services can emerge through locally defined needs assessments and program evaluations. The identification of new areas of inquiry and previously undocumented patterns or experiences suggests an important (and growing) area of 'research-inspired innovation' (Ochocka 2008).

Benefits of Respondents' Involvement in Research

(n= 51)	%(#)
Generated new knowledge or evidence	88% (45)
Enhanced knowledge and skills of staff, volunteers and community members	86% (44)
Increased the scope and quality of organization's collaboration and partnerships	84% (43)
Confirmed what organizations already knew in scientific ways	78% (40)
Improved organization's programs and services	78% (40)
Fostered inclusion and accessibility for diverse community members	69% (35)
Empowered community members to take action on issues that are important to them	65% (33)
Promoted equity, ownership and control of research 'process' and 'research products'	59% (30)
Helped to secure increased funding for programs and services	41% (21)

Community-based organizations

utilized research findings in various ways, including:

- > to inform the development of strategic priorities, policy and program recommendations, and their own policies and programs
- > to inform advocacy and increase political awareness and will
- > to demonstrate ways in which community members can be involved in research

In addition, organizations noted that participating in research activities enhanced the organizations' reputation as a good partner to work with and/or a good source of information for media and government.

Why Organizations are Involved in Community-based Research

Community led research requires a significant time and resource commitment from community organizations. This can be particularly difficult for smaller organizations that may not have dedicated staff or funding for such initiatives. Community organizations are motivated to engage in research and CBR specifically, for multiple reasons. As shown in the table below, some of these reasons speak to the expected outcomes of the research findings (e.g. generating new knowledge and evidence, improving programs and services) while others speak to the outcomes of a participatory research process (e.g. improving collaborations and partnerships, enhancing the capacity of staff, volunteers and community members).

Reasons that Respondents are Involved in CBR

(n=47)	% (#)
To increase the scope and quality of organization's collaboration and partnerships	94% (44)
To generate new knowledge or evidence	91% (43)
To improve organization's programs and services	89% (42)
To enhance knowledge and skills of staff, volunteers and community members	85% (40)
To foster inclusion and accessibility for diverse community members	83% (39)
To empower community members to take action on issues that are important to them	79% (37)
To secure increased funding for programs and services	70% (33)
To confirm what organizations already knew in scientific ways	68% (32)
To promote equity, ownership and control of research 'process' and 'research products'	60% (28)

Other reasons:

- To increase advocacy on the determinants of health for homeless and street-involved youth
- To inform policies that are relevant to the target populations served by agency

Examples of Outcomes Reported for Specific CBR Projects

- > "Project findings led to concrete service improvements including the introduction of interpreter services in homeless shelters and more involvement of settlement agencies in homeless shelters."
- > "Results from our study were used to inform services for HIV positive, lesbian, bisexual, transgender and queer questioning women of color. Results were also used for advocacy purposes to increase health care access for women of color. A model to facilitate access to health care was developed based on the findings of the study and pilot tested with homeless and low income women of color accessing services. Women were also trained to become self advocates to reduce reliance on service providers."
- > "Community-based co-investigators and partner organizations used the research for advocacy, resulting in the establishment of a new community centre and several community-based programs."
- > "This research project will augment the understanding of the issues of recruitment and retention of home care physiotherapists. Furthermore, it will provide direction around health human resource planning and management in the home care sector."

The survey results also provide insight into the different values and approaches that community members and community representatives use to support, participate in and conduct local research. For the majority of respondents (84%), being involved in research in some way enabled them to make clear links between their experiences and insights, the generation of new knowledge and the development new approaches to social problems

Research Approaches Used by Respondents

	% (#)
Used knowledge of the community to understand the issues they face	84% (41)
Involved community members in different capacities in the research process	82% (40)
Implemented activities or interventions that address the issues studied	73% (36)
Connected community members directly with how the research is done and what comes out of it	71% (35)
Designed activities or interventions that aim to address the issues studied	71% (35)

Research Capacity in Community Organizations

Key research capacity issues for local, community-based healthcare and social service organizations include the funding and infrastructure support required to conduct research projects, the training and skill level of in-house staff, and the human resources available to engage in research-related work. When asked about their capacity to engage in research generally and CBR specifically, respondents provided similar responses to about their capacity to do both types of research. Where applicable in this section, results that are specific to community-based research capacity are highlighted.

Human Resources to Engage in Research

Fifty-two percent (52%) of respondents indicated that they had full time staff dedicated to research. Just over one third of agencies said they relied on contract staff, while 28% stated that they hired consultants. Thirty percent (30%) indicated that they utilized students as a human resource to engage in research. Some organizations also relied on volunteers and board members to act as an important research human resource.

Human Resources Dedicated to Research in Respondent Organizations

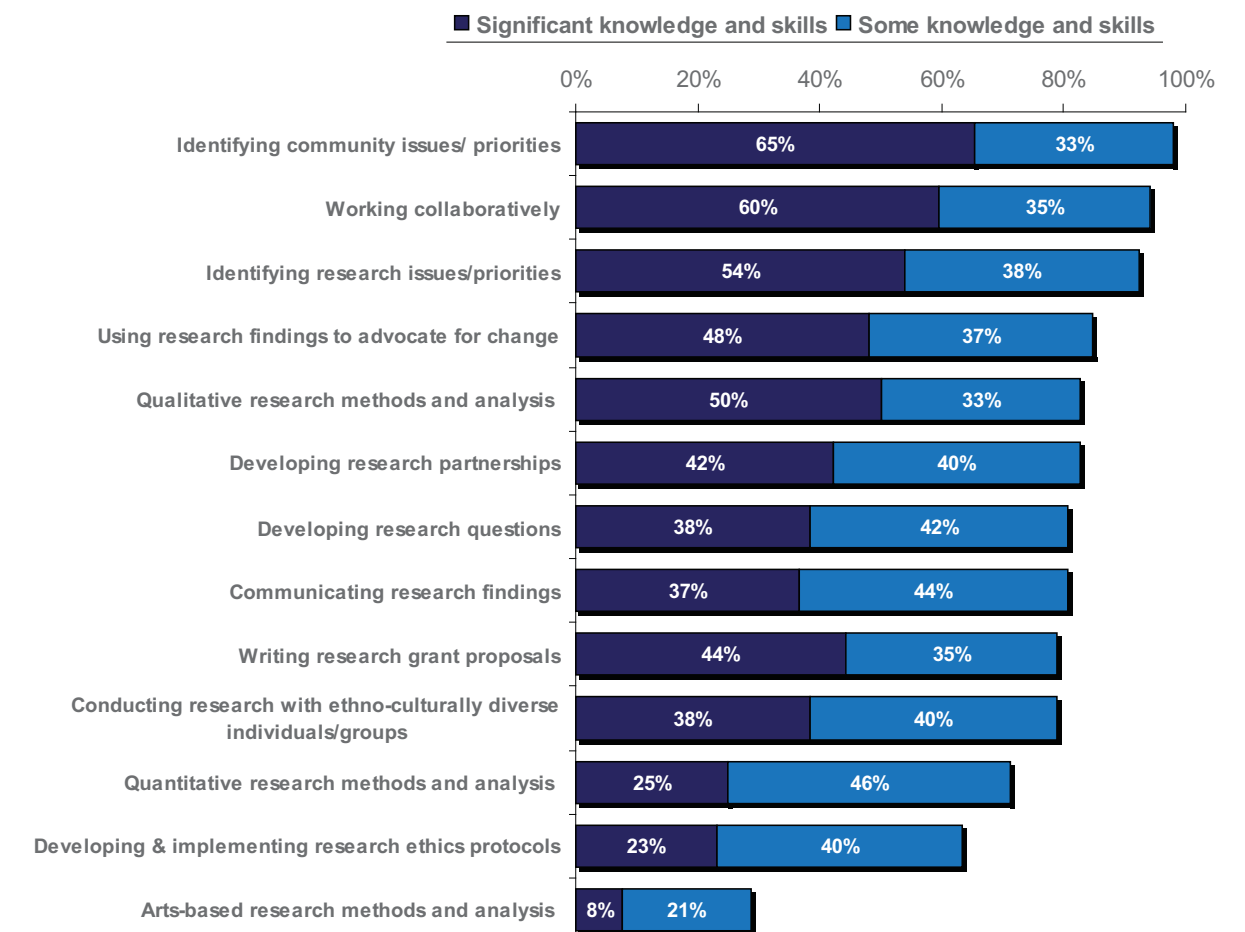
Type of Human Resource Dedicated to Research	%
Full time staff person(s)	52 %
Contract staff	35 %
Student(s)	30 %
Hired consultant(s)	28 %
Part time staff person(s)	22 %
Volunteer(s)	22 %
Board member(s)	17 %

Research Knowledge and Skills

More than half of the responding organizations reported having significant knowledge and skills in identifying community issues and priorities, working collaboratively and identifying research issues and priorities. Half of the respondents (50%) reported significant knowledge and skills in the use of qualitative research methods. However, relatively few respondents (25%) reported strong knowledge and skills in applying quantitative research methods. Less than 30% reported having any knowledge and skills using arts-based research methods.

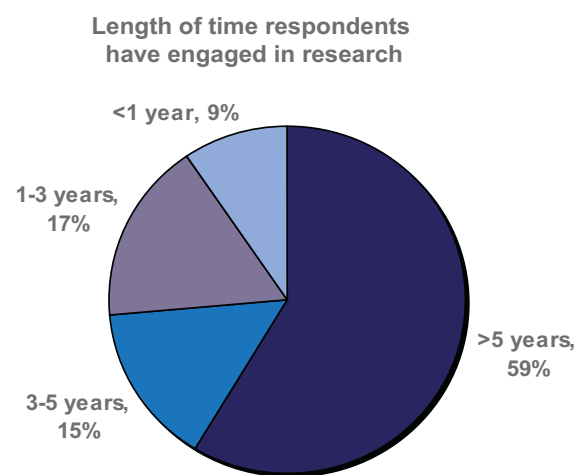
Respondents lacked knowledge and skills for some important processes associated with conducting research, including the development and implementation of research ethics protocols, where only 23% of respondents reported a significant skill level, and communicating research findings, where 37% reported a significant level of skill .

Research Knowledge and Skills in Respondent Organizations

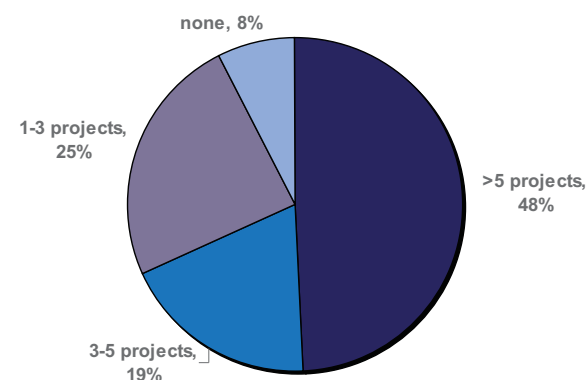


Research Experience

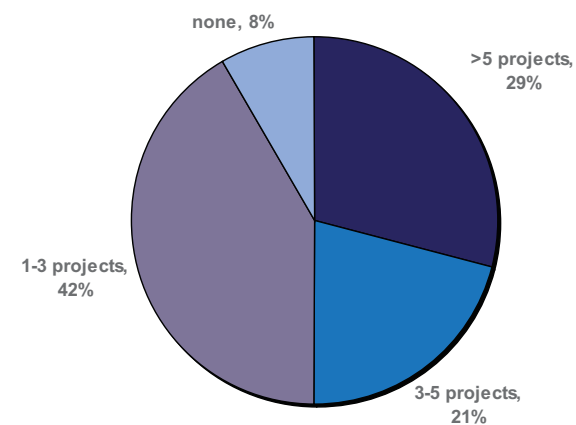
The majority of the organizations that responded to the survey (59%) have been conducting community level research for over 5 years. Moreover, almost half of the respondents (48%) indicated that their agency has been involved in more than 5 research projects within the last 5 years. This suggests a strong commitment to ongoing community involvement in research initiatives. Respondents also reported a high level of involvement in and a strong commitment to CBR projects. Of those organizations who engaged in CBR (n=47), 50% had been involved in 3 or more projects over the past 5 years.



Number of research projects respondents have engaged in during past 5 years



Number of CBR projects respondents have engaged in during past 5 years



Education, Training and Other Research-related Education and Resources Used

The existing research capacity of researchers in the non profit sector is diverse, and includes formal academic training in research design and methods, practice-based and applied research training, informal research mentoring and project-specific training initiatives. For many participants, training has been acquired through agency-led workshops and training programs that have been tailored to specific research needs and interests. For example some community-based organizations are also developing in-house tools and training resources to support innovative community-based research practices, such as working with 'Peer Researchers' (see text box).

Peer Research Training Program at Access Alliance

Access Alliance Multicultural Health and Community Services has developed Research for Change, a training program for peer researchers. This training program is intended to reduce barriers and create equal ground, to enable diverse community members to participate in and contribute their knowledge and skills to participatory research projects. The goal of the training is to enable community members to investigate issues that they feel are important, to promote evidence-based actions to address these issues, and to produce practical curriculum and training materials that are appropriately situated within traditionally marginalized social locations for other programs to draw upon. The program gives participants the opportunity to learn, teach and apply research methods in a way that is collaborative, participatory and presented in accessible language, using practical case-studies.

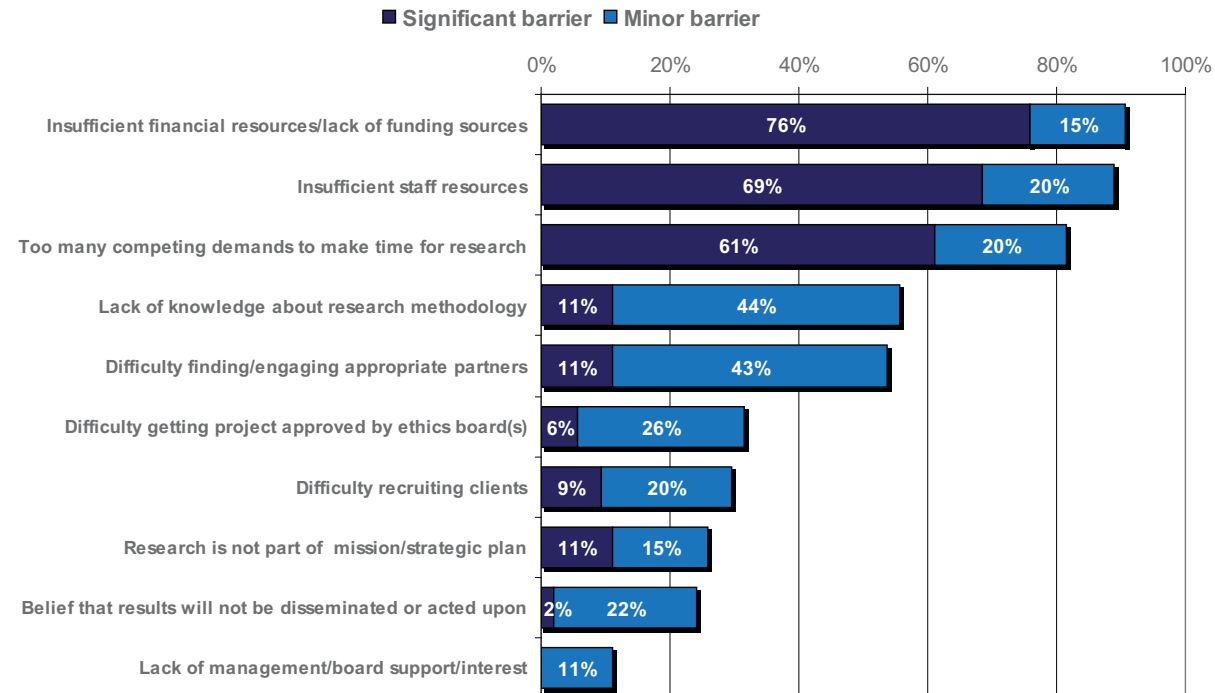
Community agencies make considerable use of their diverse networks and relationships, drawing on expertise from their community and academic partners to increase their research capacity and to access informal training and mentorship. This has given rise to a growing number of community-based research practitioners, as evidenced by the continued success of local training resources and the rapid expansion of informal practitioner networks such as the Toronto Community-based Research Network, which has over 200 members.

Respondents were also asked about training and education resources that were specifically relevant to community-based research. They highlighted resources such as training workshops and funding sources accessible to community organizations, most commonly citing those offered through the Ontario HIV Treatment Network and the Wellesley Institute. In addition to these resources, individual agencies have developed tools to facilitate the design or structure of research initiatives and resources specific to their agency needs and client population's interests.

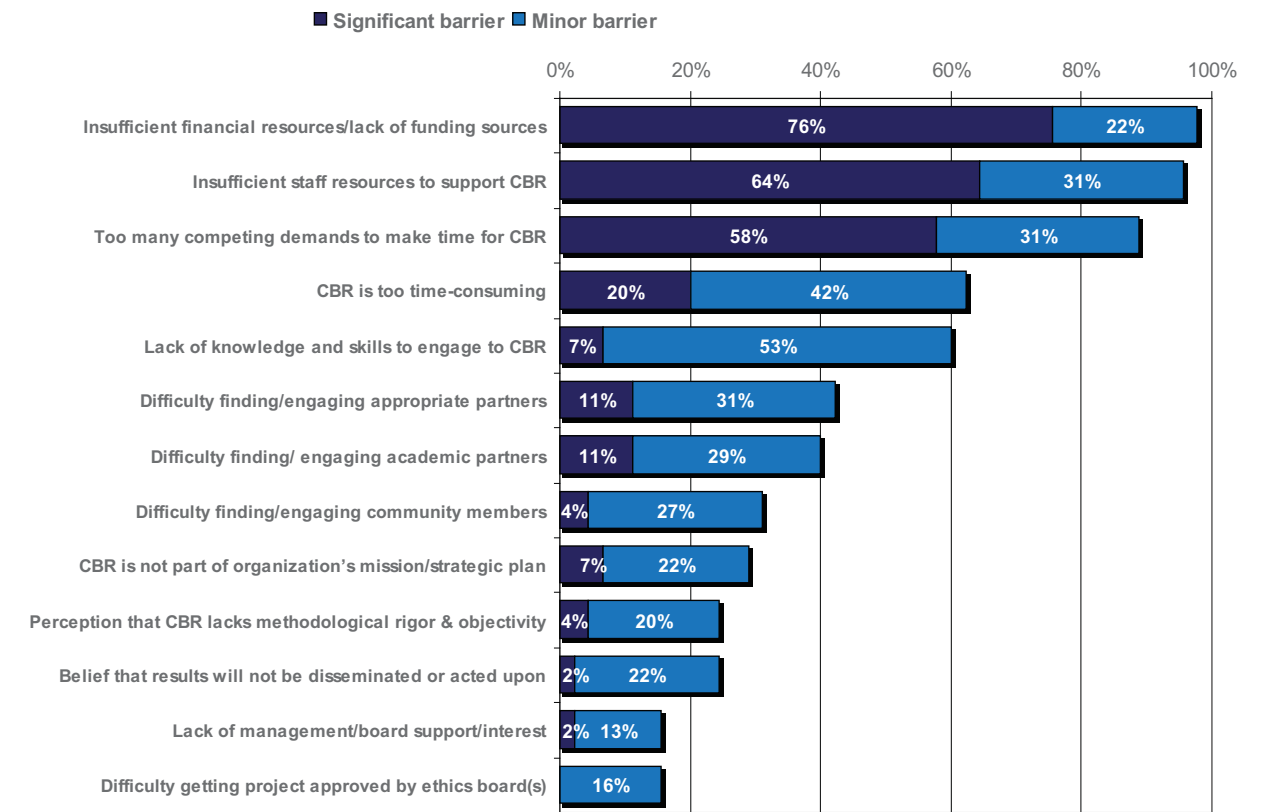
Some of these organizations who have developed research and education tools are: Access Alliance, the Ontario Women’s Health Network, Planned Parenthood of Toronto, St. Christopher’s House and Women’s Health in Women’s Hands Community Health Centre., Some respondents also explained how their research expertise has been developed through support and education from community members such as community elders in Aboriginal communities, who have played pivotal roles in local research by promoting and leading local research that is relevant to their community.

Yet despite respondents’ creativity and resourcefulness in accessing research capacity building resources, there are recurring capacity challenges that exist. Insufficient funding, staff and time were identified as significant barriers to conducting both CBR and research activities in general. In total 81% of respondents cited “too many competing demands to make time for research” as a barrier to research involvement, with 61% of respondents identifying this as a significant barrier. On a more promising note, only a small portion of respondent agencies noted lack of support from management and their Board of Directors as posing a barrier to conducting research. This suggests that there is strong organizational support within the non-profit sector for continued research at the local level.

Barriers to Involvement in Research for Respondent Organizations



Research Knowledge and Skills in Respondent Organizations



Funding

Funding barriers were identified as a significant barrier for over two thirds (76%) of respondents. This partly reflects the structural obstacles that accompany grant application processes, including the funding conditions associated with research grants.

There are very few funding opportunities available in Toronto that support community-based leadership and involvement in research. Few funders allow community organizations to apply for research funding directly as a lead or principal applicant. Instead community organizations are often required to apply for funds as part of a partnership or research collaboration that is led by an academic partner. While the intent of such guidelines may be to promote positive research practices including collaboration and inter-agency partnerships, such stipulations may also have a converse effect, resulting in relatively few opportunities for agencies or organizations to work independently, despite their considerable experience with research. These major limitations to community level research funding pose a major barrier for community agencies and community practitioners seeking to conduct research at the local level.

Limited resources for the dissemination of research findings were also identified by respondents as a significant barrier to meaningful knowledge translation and exchange. Ultimately a lack of support for dissemination activities reduces the ability of agencies to move their work from the stage of gathering new knowledge and testing new practices to implementing effective and new strategies, and the administrative burden imposed by grant requirements. An additional barrier that was noted by respondents was that involvement in research can pose an excessive administrative and workload burden on staff. When agencies are involved in research, their front line staff are often expected to integrate data collection (e.g. surveys and interviews) into their regular front line service provision, but are not provided with extra compensation for collecting this data. Subsequently research activities may impose an additional administrative burden on staff.

Credibility and Capacity

The absence of an established infrastructure and ongoing support for community level research has a notable effect on the research capacity that exists in this sector, and also has an impact on perceptions of the credibility of community level research. In particular, respondents identified the following concerns:

- > Difficulty establishing credibility that community organizations can do research that is rigorous and of high quality
- > Uncertainty on how to best utilize research data to facilitate and improve services at the local level

In addition, political and academic barriers were also identified that serve to undermine agencies' sense of credibility and capacity, including issues over the ownership, application and dissemination of research data and the tools that have been developed in the course of conducting local research.

Specific Community-based Research Projects

Forty-three (43) survey respondents provided information on selected CBR projects that had been completed or were in progress at the time the survey was conducted.

Participating organizations played many different roles in the CBR projects they reported on. Nearly 80% were involved in identifying and assessing community needs and assets, and 53% were carrying out community capacity building activities. Nearly half of organizations participated in these CBR projects as community partners or advisory committee members, and only 35% were principal investigators.

Respondents' Roles in CBR Projects

(n=43)	% (#)
Identifying and assessing community needs and assets	79% (34)
Community capacity building	53% (23)
Advisory committee member	47% (20)
Community partner	47% (20)
Co-investigator	44% (19)
Paid staff	44% (19)
Building community awareness about a particular issue	42% (18)
Identifying and proposing policy alternatives	42% (18)
Gathering baseline data	42% (18)
Principal investigator	35% (15)
Evaluation of programs and services	33% (14)

As noted above, lack of funding is often a significant barrier for community-based organizations to engage in research and specifically CBR. The Wellesley Institute was most common funding source, cited by 30% of respondents, for these CBR projects.

Funding Sources for CBR Projects

(n=43)	% (#)
Wellesley Institute	30% (13)
CIHR (Canadian Institutes of Health Research)	19% (8)
Federal government	14% (6)
Provincial government	14% (6)
United Way	12% (5)
Foundation	9% (4)
Non-profit organization or Charitable organization	9% (4)
SSHRC (Social Sciences and Humanities Research Council)	7% (3)
University or college	5% (2)
Municipal government	5% (2)
Centre for Urban Health Initiatives	2% (1)

Sources of in-kind support for CBR Projects

Respondent organizations were also able to secure in-kind support to help reduce the cost of their research and to support CBR activities. The most frequently mentioned source of in-kind support was from other non-profit or charitable organizations (21%).

Sources of in-kind support for CBR Projects

(n=43)	% (#)
Non-profit organization or Charitable organization	21% (9)
University or college	7% (3)
Municipal government	5% (2)
United Way	5% (2)
Federal government	2% (1)
Wellesley Institute	2% (1)
Centre for Urban Health Initiatives	2% (1)

Training and Capacity-Building Methods for CBR Projects

Respondent organizations had committed significant financial and human resources, as well as time, to provide extensive training and capacity-building for the community members involved in community-based research projects. Many respondents said that they had implemented training processes geared towards advisory committee members and peer researchers with lived experience of the issue being studied.

Some respondents provided specific examples of training and capacity building methods and topics that illustrate the rich resources available in the community sector:

- > Advisory committee members and steering committee members received capacity building training to facilitate their dissemination of study findings through their various networks.
- > Community Members received training on interviewing skills and the research process (cited by 3 respondents).
- > Community members received training on committee and meeting management and sat on the Project Advisory Committee. Community members evaluated and continue to promote the knowledge and concepts created by the project.

- > Cultural training and CBR training for Aboriginal research
- > Developed and provided training for the Project Research Team and Youth Steering Committee on presentation skills, small group presentations, poster development and presentation; interview skills for working with youth; analytic skills; and proposal writing. Also offered training to the Youth Steering Committee in research methods, research design and conducting a literature review.
- > Provided training on stroke prevention, which was the topic of the research study.
- > Increased staff knowledge of research methodology and recruited front line physiotherapists to participate in the research.
- > Provided in-house training for peer researchers, as well as a Wellesley workshop on CBR and training on administering surveys from an academic partner.
- > Dissemination training.
- > Peer interviewers were paired with graduate students.
- > Utilized an e-learning platform to provide training on-line.

Dissemination Methods for CBR Projects

Organizations used a wide variety of methods to disseminate the findings of their CBR projects. Most used multiple methods. Community meetings or forums were the most common methods of dissemination, used by 60% of respondents. This seems appropriate given the focus on community engagement that is central to many CBR projects. Conference presentations, as well as print and on-line reports, were also common dissemination methods. Only 23% reported meeting with politicians or policy makers to share their research findings. In addition, less than one quarter of participating organizations disseminated their findings to the media through a media release or press conference. Only 3 organizations reported using an art or photo exhibit. The limited use of arts-based dissemination methods is likely a reflection of the fact that the use of arts-based research methods is relatively new in Toronto. However, as highlighted in the box below, arts-based research and dissemination is growing in Toronto, and several arts-based research projects in Toronto have recently launched their findings.

Dissemination Methods Used by CBR Projects

(n=43)	% (#)
Community meeting or forum	60% (26)
Conference presentation	56% (24)
Distributing print reports	51% (22)
Posting reports on-line	47% (20)
Publishing an article in a non-academic publication	37% (16)
Meetings with politicians or policy makers	23% (10)
Publishing an article in an academic journal	23% (10)
Media release	21% (9)
Listserv or blog	14% (6)
Press conference	9% (4)
Art or photo exhibit	7% (3)

Homelessness - Solutions from Lived Experiences through Arts-Informed Research

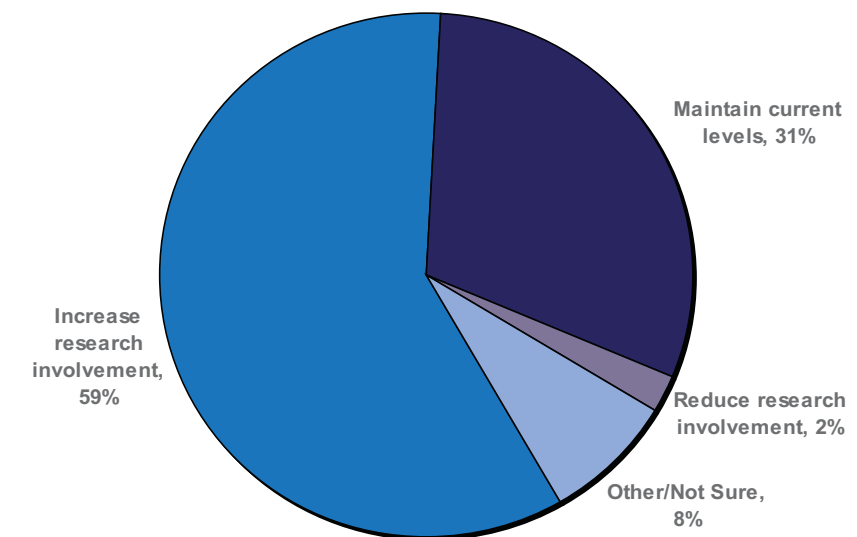
This collaborative was formed to build on the work of several community-based, participatory action and arts-informed research projects involving people with experiences of homelessness in Toronto. This effort highlights the diversity of people that experience homelessness and the validity of community-based participatory research and arts-informed research.

The collaboration is innovative and unique in that the projects involved recognize people with experiences of homelessness as the 'experts' of their own experiences, whose insights can inform real-world solutions to the lived experiences of homelessness. The collaboration's website includes a report synthesizing key findings and recommendations from all of the research projects in the collaborative, as well as detailed information on homelessness and arts-informed research: <http://www.artsandhomeless.com/index.html>

Respondents' Future Research Plans

Ninety percent (90%) of respondent agencies said they were planning to sustain the same level of research involvement or increase their research activity in the upcoming year. This is consistent with the continuing high demand for research and CBR workshops and training.

Respondents' Plans for Future Research Involvement (n=49)



Respondents engaging in CBR specifically were also asked about their future research plans for the next year. Organizations engaging in CBR said that they planned to be involved in CBR in the future in the following ways:

Respondents' Future Plans for CBR Involvement

(n=43)	% (#)
Initiating research collaborations and partnerships with other organizations	89% (40)
Finalizing existing research projects (e.g. disseminating existing results)	78% (35)
Initiating research collaborations with local university based researchers	58% (26)
Developing capacity of staff and volunteers to conduct CBR	56% (25)
Pursuing research projects independent from other organizations	47% (21)

Respondents reported that they planned, in their future CBR projects, to explore diverse issues such as: community-based paramedicine in rural areas, health issues of black women and women of colour, HIV, housing and families, issues related to the social determinants of health, inclusion and settlement, homophobic attitudes among youth and their impact on LGBTQ youth and youth perceived as being LGBTQ, transitional needs for young people leaving residential care, and harm reduction for homeless youth.

Other future plans for CBR involvement include the following:

- > strengthening organizational capacity for CBR
- > utilizing research to help with organizational operations, such as the development of strategic priorities and the improvement of programs and services
- > using research capacity to evaluate organizations' programs and services
- > developing stronger relationships, particularly with academia and other practitioners, both as a resource and as a way to support community-based research activities in other organizations.
- > ensuring that CBR principles are incorporated into a broader range of research activities, including academic partnerships and research being conducted in the realms of clinical, basic sciences, epidemiology and social sciences.

Respondents' Suggestions for Promoting Greater Research Linkages and Support

Respondents identified many strengths in their research involvement and CBR work, but also candidly offered several suggestions for how their research work could be improved. Specifically, respondents offered ideas for how their research work could be better supported and developed, and how greater linkages among researchers and research-users could be made, within the TC LHIN.

- > Develop community research-related communities of practice and increase knowledge transfer and exchange of community-level research by:
 - organizing TC LHIN-wide events that bring researchers, policy makers and service providers together to share research findings, successes and failures and for KTE purposes
 - supporting an online forum where research results are posted
 - developing a community research database that links researchers and their activities and houses research and training tools

- > Provide a secure funding commitment, where the TC LHIN provides financial support for research capacity building, CBR projects, to hire dedicated staff, and for dissemination
- > Provide accessible and affordable research-related educational workshops and training
- > Increase awareness about research in the community and how it can impact on best practices, service delivery and policy development
- > Establish a credible Research Ethics Board for community agencies to access for ethical review and guidance on methodologies consistent with the Tri-Council on Research Ethics
- > Provide research consultation resources from the TC LHIN for joint projects and to support the work of community organizations, to enable them to develop realistic research goals and to evaluate their programs and services. In addition, provide assistance to help to link researchers from hospitals and universities with community organizations without resources
- > Encourage the TC LHIN to focus on the inclusion of marginalized individuals and groups, and to promote research and education activities that address the complex health care needs of marginalized populations

Discussion

The environmental scan of community-level research within the TC LHIN highlights some important observations about recent and ongoing research activities in Toronto. While this scan represents a 'snapshot' in time, it documents numerous examples of current, local research activities on a diverse range of health and social issues. From community-level studies on mental health to CBR projects on income security, this research approach offers valuable insights into the lived experience of health, and particularly the social determinants of health, at the local level. Community-based research methods can be particularly effective in generating a deeper understanding of local health disparities and in the development of effective solutions to these disparities (Gardner, 2008; Minkler and Wallerstein, 2002). This work has grown steadily over the past decade in Canada and continues to flourish, branching out into new and innovative research practices which push participatory and action-driven research methods to new heights (Flicker and Savan, 2006). However, there are some notable challenges to conducting this work. This scan illuminates some of the key stumbling blocks that community-based organizations experience in their research work, perceived barriers to effective Knowledge Translation and Exchange (KTE), and challenges to making research policy-relevant. As we enter into a period of harsh economic realities, these concerns warrant a closer examination.

Research Capacity

In the course of the environmental scan, research capacity surfaced as a recurring theme. Several key features comprise the notion of capacity for Community-based organizations (CBOs): human resources to conduct research (i.e. labour, time and funding resources); and research experience (i.e. having the appropriate knowledge and skills; availability of and access to appropriate education and training).

Resources

Community-based agencies can conduct research on a variety of topics as long as the required resources are available. One of the key strengths of community agencies, as reported in the survey, is the richness of their networks and connections with diverse communities. When appropriately resourced and connected into the larger system of policy- and decision-making, this becomes an asset with the potential to impact broader health enhancement goals at local and regional levels. Investing in coordinated support mechanisms for community members to engage in research and for community-based organizations to implement inclusive research strategies creates a potentially powerful resource that can support and further meaningful community engagement.

However, many non-profit organizations face severe resource constraints. Relatively few agencies have well-established, long-term and core funding in place; instead many rely heavily on unstable, short-term and project specific funding (Eakin, 2007 and Scott, 2003). This is particularly true for CBR funding and funding to support community organizations' involvement in research, where typically organizations secure short-term, limited and project-based funding for research. It is encouraging to note that half of the agencies reported employing full-time research staff; however it is not clear how many of these were permanent employees versus temporary project-specific staff whose tenure was time-limited. Many CBOs rely upon a patchwork of human resources including temporary employees, students, volunteers, and board members to carry out research activities. Students often provide an important informal resource through internships, course-related practicums, or by conducting research in fulfillment of a higher degree. Although the majority of community agencies do not receive secure, ongoing or even adequate funding and human resources for research, they have nevertheless succeeded in building a significant amount of research experience.

In the absence of a core research infrastructure it is difficult for organizations to maintain stable and consistent staffing between research projects. This lack of staff continuity may limit the quantity and quality of knowledge exchange among research and community partners, as well as other stakeholders who could benefit from community research findings. It appears that agencies rely heavily on students to support their research activity, which implies that many organizations have active relationships with local academic institutions. The strength of these connections can be undermined by the more cyclical nature of university or college sponsored internships or practicums. Moreover, these arrangements inevitably impose administrative and supervisory burdens on organizations. Seldom do these relationships result in a complete exchange of knowledge and expertise for the CBOs; too often they function as a source of practice-based learning for students without reciprocal benefits for the organizations.

The findings of this scan indicate that while the community sector has some significant research capacity in place, it is typically not well resourced by organizational infrastructures within CBOs. In addition, for some CBOs research is not an important part of their mandate. Despite this lack of research infrastructure and resources, many organizations conduct important community-level research on an ongoing basis. This suggests a high level of resiliency and commitment to research on the part of CBOs, and a strong belief that such work yields tangible benefits to both community organizations and the communities that they serve.

Research Experience

As community-based organizations engage in more research, they build up a depth of research experience. This increase in research activity is resulting in increased credibility for the organizations involved and for their research results (Roche, 2008 and Flicker 2006). This environmental scan attests to the strong commitment to research among community-based organizations. The majority of CBOs surveyed reported active involvement in multiple research projects over the past 5 years, with nearly 70% involved in 3 or more. A strong proportion of these reflect CBR projects, an approach to research that has increasingly gained credibility and legitimacy in academic and in funder circles (Roche 2008).

Key strengths of emerging CBO-led research lie in its ability to include community members as active collaborators and its ability to yield critical insights informed by the lived experiences of community members on questions of local importance. There is great potential in this work for generating appropriate policy and program solutions that are community and issue specific. Beyond the immediate value, the 'best' or 'promising' practices that can be identified by community level research can have implications on a broader scale, across communities and regions.

Many scan participants reported the engagement of community members as 'peer researchers' on their projects. Peer researchers provide a very important link between researchers and communities of interest, thereby enhancing the level of community engagement in research and the quality of data that is collected. As the practice of employing peer researchers grows, it will be important to proactively identify the kinds of formal and informal mechanisms that could be used to support the ongoing engagement of community members as research partners. In addition, community members' involvement in research provides an opportunity to support community members in applying the knowledge and skills that they gain through peer researcher experiences, by linking them to other employment opportunities within the sector.

Despite the wealth of community-level research involvement documented by this scan, only 42% of respondents felt strongly or very strongly about their ability to conduct community-based research. This indicates there is a significant opportunity to enhance and expand the research training and capacity-building that are available and accessible to CBOs. Community-based organizations are widely recognized for their strong connections with the community members they serve and their expertise and experience in working collaboratively. These strengths are also relevant to conducting research projects.

Community organizations engaging in research in the TC LHIN have been resourceful in securing and developing education and training opportunities. Many community agencies have accessed training through workshops provided by organizations such as the Wellesley Institute and the Ontario HIV Treatment Network. Some have increased their internal research capacity by developing in-house training which draws on existing staff expertise and experience as well as bringing in expertise from other community organizations and academic partners. Mentoring is a common way for individuals to build research capacity, and strategies for supporting research mentorship for community organizations is an opportunity that should be explored in greater depth. Improving access to training and skills development for staff of community-based organizations and community members engaging in CBR would directly impact community organizations' capacity to conduct high quality community-based research. There is a significant opportunity to strengthen links between community organizations and more traditional research stakeholders, and also to enable effective knowledge exchange processes which facilitates the use of community-generated knowledge to inform policy and health care planning service and delivery decisions.

Facilitators and Barriers to Research

Limited funding seems to be the greatest barrier to conducting research within community health and social service organizations. The issue of limited funds and limited staff resources constitute primary barriers to engaging in research activities regardless of the research methodology being used. This finding is consistent with those of Flicker and Savan's national study of CBR, in which funding was the most commonly reported barrier (2006, p. 5). This finding also relates to larger funding challenges facing the non-profit sector, which are well documented by Scott (2003), Eakin (2007) and others.

Relatively few survey respondents identified a lack of research skills and knowledge as a barrier to research involvement. However, organizations report high levels of knowledge and skills in some specific aspects of research and less in other areas. Many respondents reported strong skills and capacity related to planning research projects, identifying community issues and priorities, identifying research issues and priorities, and working collaboratively. However, there are also clear opportunities to target education and training efforts to areas where skills and capacity seem to be lacking, such as quantitative data analysis and arts-based research methods.

This scan did not reveal any facilitators or barriers that are specific to community-based research compared to engaging in research more generally. Nonetheless, a small number of respondents reported challenges around the perceptions of CBR, where it is perceived to be of lesser quality or that it is not accepted as valid research.

The Wellesley Institute was the most frequently reported source of funding for community-based research among responding organizations. This reflects, in part, the fact that the Wellesley Institute played a lead role in conducting outreach for this project. However, the survey findings do suggest that many community level research projects rely on funding from a few small foundations that operate on very limited budgets, and that may not have sufficient resources to support a growing field of community research. Although several larger research funding bodies exist, many of the larger funders are not accessible to community organizations seeking to conduct local research projects. Government funding for CBR was infrequently cited as a funding source by respondents, with only 14% of organizations reporting the provincial and federal government as a funder, and only 5% reporting receiving municipal research funding. These substantial CBR resource limitations mean that even in situations where CBOs acquire project funding for research, they typically must draw upon other resources to ensure that projects are viable. For example, 21% of community organizations reported that they relied on in-kind support from other non-profit and charitable organizations to assist with their research projects. This indicates not only that CBOs lack adequate funding to conduct research (and therefore have to rely on in-kind resources), but also that there is strong community support for research activities given that other CBOs are willing to contribute their limited resources to further this work.

With additional financial support, community organizations could continue to generate important local evidence to support the TC LHIN's equity agenda and the reduction of health disparities. In addition to increased funding, new mechanisms to ensure the uptake of knowledge generated by community organizations by decision makers is needed, to ensure that this important and rich knowledge base is utilized and reflected in health policy, planning, programming and service delivery. Resources and effort also need to be directed towards increased knowledge transfer and exchange among community-based organizations and health service providers, to ensure that the evidence generated in the community is being used to inform their programs and services.

Benefits of Community Level Research Involvement

Organizations reported many benefits of engaging in and conducting research. All scan participants reported at least one benefit of being involved in research, and most reported multiple benefits. A limitation of this study is that our findings do not speak to the benefits or drawbacks for community members or groups who were the subjects of research or partners in a research project. This information would further enhance our understanding of the value of community level research in the TC LHIN.

For 91% of organizations surveyed, the main benefit of their CBR and general research involvement was the generation of new knowledge. Community-based research has the added value of increasing the scope and quality of organizations' collaborations and partnerships (Roche 2008). Ninety-four percent (94%) of survey respondents cited this as a benefit for their organization. The strong local support networks and professional partnerships that have developed around community research activities are a great potential resource for the LHINs to draw upon, as these networks and collaborations can support LHIN goals of minimizing the duplication of services and promoting effective partnerships to improve service quality.

Community level research and CBR in particular, has proven to be an effective way to foster the inclusion and empowerment of diverse communities and community members. Eighty-four percent (84%) of scan respondents indicated that their community-based research projects drew on the community to inform, expand and enhance the knowledge that is available for their project. Eighty-one percent (81%) of respondents actively involved community members in the research process. These projects that involve community members in the research process are a rich resource for the TC LHIN, as they can provide models for building community networks and learning about equitable and meaningful ways to engage community members. Many organizations conducting CBR have developed research-related resources and toolkits which would be useful to others. An effective way to increase the research capacity of community organizations is to provide resources, supports and opportunities to expand the dissemination and sharing of these resources.

Ensuring that research topics and processes are relevant to community members can help to make local programs and services responsive to the needs of the population they serve. This is particularly relevant to the TC LHIN, which has committed to promoting equity and inclusion by ensuring that addressing health disparities and involving local communities in service planning are integral aspects of the health care system. Community-based research projects promote inclusivity and equity, while at the same time generating rich evidence with respect to determinants of health, service needs and local health disparities. It is vital to recognize the important contributions of community-based research in promoting equity and addressing health disparities. (Gardner, 2008)

Conclusion

The findings of this environmental scan paint a picture of an active and vibrant research community in community-based organizations, often operating in parallel to academic and hospital based research units. Extensive research activity is taking place at the community level, yielding rich local knowledge that can be used to inform the development of policies and to guide in the planning and implementation of service delivery. Community-based research also acts as a tool for community engagement in research and in encourages the adoption of proactive health strategies. This scan highlights a wealth of community level research and research-related education initiatives that are well placed to advance health equity at the local level.

The results of this environmental scan present a strong case for the value of supporting and developing research infrastructure at the community level. It is important to recognize that critical needs exist around developing community research and education capacity, promoting further opportunities to translate research into policy recommendations and changes in service delivery, and developing strategies for dissemination beyond the local level. Yet despite the challenges that may accompany such needs, community level research and its policy implications are important resources for the TC LHIN to draw upon, and provide an opportunity to integrate comprehensive and inclusive notions of health care and action at the local level.

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Appendix A

Final Survey Questionnaire

Welcome and Introduction

About the Survey

1. Would you like to participate?
 Yes
 No
2. If you have decided not to participate, please let us know why. This information is important as it will help us to ensure that this survey is relevant, inclusive and accessible to all organizations.

Overview and Consent

Thank you for accepting the invitation to participate in this survey. This survey aims to collect information around two main parts:

Part 1: Research conducted by community-based agencies

Part 2: Community Based Research conducted by agencies that directly involves community members.

This survey asks questions about research and community-based research activities being conducted by local agencies and community based organizations within Toronto. We hope to provide a brief overview of the current and past (within the past 5 years) community based research and educational initiatives related to CBR within this region.

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Please note that while personally identifiable responses will not be used in the final report, organizational information and the research work conducted by it will be profiled. If you have any concerns, or require further information about the project, please contact Ritu Chokshi, Community Based Researcher, at (416)972-1010 ext.255 or at ritu.tcbnr@gmail.com¹¹.

3. I have read and understand the above information and I agree to participate in this survey.
 Yes
 No

Organization Profile

4. What is the name of your organization?

5. What is your organization's website address?
 Yes
 No

6. For the purposes of this survey, Toronto Community Based Research Network (TCBRN) is currently surveying only GTA-based agencies. Is your organization located within the Greater Toronto Area (GTA)?
 Yes
 No

7. Please give us the first three digits of your organization's postal code.

If your organization is not in the GTA, please submit the survey as is. Thank you for your interest in participation. For TCBRN's other initiatives and opportunities to connect with our network, please visit our website.

¹¹. Note that contact information for contract project coordinator is no longer valid.

8. Which of the Local Health Integrated Network (LHIN) is your organization physically located in?

- Toronto Central LHIN
- Central West LHIN
- Central East LHIN
- Mississauga Halton LHIN
- Central LHIN
- Don't know
- Not applicable
- Other (please specify)

9. Briefly, what is the mission/mandate of your organization? (If this information is available on your organization's website, please indicate the website and URL.)

10. Is research a part of your organizational mandate?

- Yes
- No
- Other (please specify)

11. What is the size of your organization?

- # of Full time staff person(s): _____
- # of Part time staff person(s): _____
- # of Contract staff: _____
- # of Student(s): _____
- # of Hired consultant(s): _____
- # of Board member(s): _____
- # of Volunteer(s): _____

12. What are your organization's service areas: (please select all that apply)

- Aboriginal
- Addictions
- Aging
- Community safety and violence prevention
- Disabilities
- Family support and early childhood development
- Health

- Health promotion
- Housing
- Immigration and settlement
- LGBTTTQIA (lesbian, gay, bisexual, transgendered, two-spirited, intersex & allies)
- Mental health
- Organizational capacity building
- Poverty
- Primary health care
- Women's issues
- Youth
- Other (please specify)

13. What is your organization's current research capacity (please select all that apply):

- Full time staff person(s)
- Part time staff person(s)
- Contract staff
- Students
- Hired consultant(s)
- Board member(s)
- Volunteer(s)

14. Are you a part of the research initiatives within your organization? (If your answer is yes, please skip to question 17)

- Yes
- No

15. If you are not a part of your organization's research initiatives, are you able to respond to your organization's research related activities?

- Yes
- No
- Not applicable

16. If you are not able to respond about your organizations research related activities, please forward this survey to people involved with research initiatives. Please enter any available contact information for research team members and submit survey as is.

17. Please enter your job title:

18. Please enter your name:

19. Please enter your e-mail address:

20. How long has your organization been involved in research?

- <1 year
- 1-3 years
- 3-5 years
- >5 years

21. How many research projects has your organization conducted or participated in as a partner within the last 5 years?

22. What research areas has your organization focused on? (Please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> General Research | <input type="checkbox"/> Sexual/reproductive health |
| <input type="checkbox"/> Employment and job security | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Acute care | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Transitions between services | <input type="checkbox"/> Coordination of care |
| <input type="checkbox"/> Violence against women | <input type="checkbox"/> Food security |
| <input type="checkbox"/> Equitable access to health care | <input type="checkbox"/> Primary care |
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Education |
| <input type="checkbox"/> Aboriginal issues | <input type="checkbox"/> Working conditions |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Early childhood care |
| <input type="checkbox"/> Settlement services | <input type="checkbox"/> Social inclusion and exclusion |
| <input type="checkbox"/> Palliative care | <input type="checkbox"/> Income inequality |
| <input type="checkbox"/> Housing and homelessness | <input type="checkbox"/> Environmental health |
| <input type="checkbox"/> General quality improvement | <input type="checkbox"/> Other (please specify) |

23. Who did your research focus on? (Please select all that apply)

- Aboriginal groups
- Children (0-13 years)
- Newcomers
- Refugees
- Seniors
- Psychiatric consumer/survivors
- Women
- People living with HIV/AIDS
- Homeless
- Specific ethno-cultural groups
- Immigrants
- LGBTTQIA communities (lesbian, gay, bisexual, transgendered, two-spirited, queer, intersex & allies)
- Low income/persons on social assistance
- Youth (13-29 years)
- Other (please specify)

24. What were the benefits of these research initiatives for your organization?

(Please select all that apply)

- Generated new knowledge or evidence
- Confirmed what we knew already in scientific ways
- Enhanced knowledge and skills of staff/volunteers/community members
- Increased the scope and quality of organization's collaboration and partnerships
- Promoted equity, ownership/control of 'process' and 'research products'
- Fostered inclusion and accessibility of diverse community members
- Empowered community members to take action on issues that are important to them
- Helped to secure increased funding for programs/services
- Improved organization's programs/services
- None of the above
- Other (please specify)

25. Please describe any other benefits.

26. Please rate your organization's knowledge and skills in each of the following areas:

Options: **L**-limited knowledge and skills; **S**-some knowledge and skills; **SG**-significant knowledge and skills (Please select all that apply)

- Identifying research issues/priorities
- Identifying community issues/ priorities
- Writing research grant proposals
- Developing research partnerships
- Working collaboratively (e.g. issues of power, building trust, resolving conflict)
- Conducting research with ethno-culturally diverse individuals/groups
- Developing research questions
- Quantitative research methods and analysis (e.g. surveys, working with census data)
- Qualitative research methods and analysis (e.g. interviews, focus groups)
- Arts-based research methods and analysis (e.g. photovoice, video storytelling)
- Developing and implementing research ethics protocols
- Communicating research findings
- Using research findings to advocate for change

27. What barriers exist for your organization in participating in or conducting research?

Options: **N**-not a barrier; **M**-minor barrier; **SG**-significant barrier; **NA**-not applicable]

- Lack of knowledge about research methodology
- Insufficient financial resources/lack of funding sources
- Insufficient staff resources
- Too many competing demands to make time for research
- Difficulty finding/engaging appropriate partners
- Difficulty recruiting clients
- Research is not part of organization's mission/strategic plan
- Belief that results will not be disseminated or acted upon
- Lack of support/interest in research on the part of management or board
- Difficulty getting project approved by ethics boards)
- Other (please explain these barriers).

28. What kind of sources of education/training and/or information did staff within your organization use to improve the effectiveness of research activities? Please detail specific resources. (Example: In-house training, attending training workshops, tool kits, etc.)

29. What kind of resources did your organization access for conducting community based research? Where applicable, highlight resources accessed specific to community-based research. (Example: In-house training, attending training workshops, tool kits, etc.)

30. What are your organization's plans in terms of future research initiatives?

- Increase involvement with research initiatives
- Reduce involvement with research initiatives
- Maintain current levels of research involvement
- Other (please specify)

31. Please recommend ideas or suggestions around promoting greater education and research linkages between organizations within Toronto Central LHIN.

Community Based Research Conducted by your Organization

The remaining questions will focus on community based research conducted by agencies that directly involves community members.

32. Which of the following does your organization incorporate when it engages in research? (Please select all that apply)

- Involves community members in different capacities in the research process
- Connects community members directly with how the research is done and what comes out of it
- Uses knowledge of the community to understand the issues they face
- Designs activities or interventions that aim at addressing the issues studied
- Implements activities or interventions that address the issues studied
- None

33. How many community based research (CBR) projects has your organization conducted or participated in as a partner within the last 5 years?

- <1
- 1-3
- 3-5
- >5

34. How would you rate your organization's overall ability to engage with community based research (CBR)?

- Weak
- Moderate
- Average
- Strong
- Very Strong

35. Describe some of the key reasons your organization is involved with CBR projects.

- Generate new knowledge or evidence
- Confirm what we knew already in scientific ways
- Enhance knowledge and skills of staff/volunteers/community members
- Increase the scope and quality of organization's collaboration and partnerships
- Promote equity, ownership/control of 'process' and 'research products'
- Foster inclusion and accessibility of diverse community members
- Empower community members to take action on issues that are important to them
- Help to secure increased funding for programs/services
- Improve organization's programs/services
- None of the above
- Other (please specify)

36. What research issues does your organization engage in through CBR?

- | | |
|---|--|
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Housing and homelessness |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> General quality improvement | <input type="checkbox"/> Acute care |
| <input type="checkbox"/> Income inequality | <input type="checkbox"/> Transitions between services |
| <input type="checkbox"/> Food security | <input type="checkbox"/> Integration activities |
| <input type="checkbox"/> Working conditions | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Employment and job security |
| <input type="checkbox"/> Violence against women | <input type="checkbox"/> Access to care issues |
| <input type="checkbox"/> Early childhood care | <input type="checkbox"/> Coordination of care |
| <input type="checkbox"/> Community-based ethics | <input type="checkbox"/> Aboriginal issues |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Primary care |
| <input type="checkbox"/> Social inclusion and exclusion | <input type="checkbox"/> Other (please explain these barriers) |
| <input type="checkbox"/> Education | |

37. What barriers exist for your organization in participating in or conducting CBR?

Options: **N**-not a barrier; **M**-minor barrier; **SG**-significant barrier; **NA**-not applicable

(Please select all that apply)

- Insufficient financial resources/lack of funding sources
- Insufficient staff resources to support CBR
- Too many competing demands to make time for CBR
- Perception that CBR lacks methodological rigor and objectivity
- CBR is too time-consuming
- Lack of knowledge and skills to engage to CBR
- Difficulty finding/engaging academic partners
- Difficulty finding/engaging appropriate partners
- Difficulty finding/engaging community members
- CBR is not part of organization's mission/strategic plan
- Belief that results will not be disseminated or acted upon
- Lack of support/interest in CBR on the part of management or board
- Difficulty getting project approved by ethics board(s)
- Other

38. In what ways do you anticipate your organization to be involved in CBR within the next 1-2 years?

- Finalizing existing research project (e.g. disseminating existing results)
- Developing capacity of staff (and volunteers) to conduct CBR
- Initiating research collaboration/ partnerships with other organizations interested in same/related issues
- Initiating research collaboration with local university based researchers Pursuing research projects independent from other organizations
- Other (please specify)

39. Briefly describe future plans for CBR within your organization.

Highlight a CBR Project Within Your Organization

For the purposes of this survey, please pick a CBR project within the past 5 years that your organization participated in and would like to highlight. Please enter project specific details in the following questions:

40. Project title:

41. Project duration:

Starting in: _____

Ending in: _____

42. Which of the following roles did your organization (or staff) play within this project?

(Please select all that apply)

- Principal investigator
- Co-investigator
- Advisory committee member
- Paid staff
- Community partner
- Other (please specify)

43. What were the primary goals of this project?

- Identify/assess community needs and/or assets
- Evaluation of programs/services
- Building community awareness about a particular issue
- Identifying/proposing policy alternatives
- Gathering baseline data
- Community capacity building
- Other (please specify)

44. Who funded the research? If the program was not funded, skip this question.

(Please select all that apply)

Options: **FS**-provided financial support; **IK**-provided in-kind resources (staff, meeting space, etc.)

___ Centre for Urban Health Initiatives

___ CIHR (Canadian Institutes of Health Research)

___ Federal government

___ Foundation

___ Municipal government

___ Non-profit organization/Charitable organization

___ Provincial government

___ SSHRC (Social Sciences and Humanities Research Council)

___ United Way

___ University or college

___ Wellesley Institute

___ Other

45. Describe, if any, training/capacity building initiatives that were a part of this project.

46. What methods did you use to disseminate your results? (Please select all that apply)

- Posting report(s) on-line
- List serve or blog
- Distributing print reports
- Community meeting or forum
- Art/photo exhibit
- Meetings with politicians or policy makers
- Press release
- Press conference
- Conference presentation
- Publishing an article in a non-academic publication (newsletter, newspaper)
- Publishing an article in an academic journal
- Other (please specify)

47. Please add any other information, or project highlights that you would like to draw light to.

48. If details of the project (e.g. proposal, report) are available on-line, please provide the web address (URL)

49. Would you be willing to participate in a few follow-up questions?

- Yes
- No

50. Would you be willing to share your experiences with community-based research projects to develop a case study?

- Yes
- No

Contact Information

51. What is your preferred contact method?

- Phone
- E-mail

52. Please enter your contact information here.

Name:

E-mail:

Telephone:

Other:

53. If you have any questions around the project or would like to add a comment, please enter it here:

Thank you for taking the time to fill out our survey. This information is vital to ensure that we get an accurate picture of community based research in the Toronto Central LHIN. If you would like to continue to be informed about initiatives around CBR please sign up at our NING website.

Appendix B List of Responding Organizations

- 2-Spirited People of the 1st Nations
- Access Alliance
- Multicultural Health and Community Services
- AIDS Committee of Toronto
- Alliance for South Asian AIDS Prevention
- Association of Ontario Midwives
- Baycrest Centre for Geriatric Care
- Boundless Adventures Association
- Canadian Mental Health Association, Toronto
- Chinese Canadian National Council Toronto Chapter
- Closing The Gap Healthcare Group-Toronto Office
- Daily Bread Food Bank
- Davenport Perth Neighbourhood Centre
- Delisle Youth Services
- Dixon Hall
- East Metro Youth Services
- Fife House
- Flemingdon Neighbourhood Services
- Fred Victor Centre
- Habitat Services
- Homeward
- Houselink Community Homes
- Jean Tweed Centre
- Jiamini Community Consultants
- Midaynta Community Services
- Mid-Toronto Community Services
- Neighbourhood Link Support Services
- New Visions Toronto
- Nur Concepts
- Ontario Aboriginal HIV/AIDS Strategy
- Ontario Women's Health Network
- Planned Parenthood Toronto
- Regent Park Community Health Centre
- ReStructure Non-Profit Consulting and Canadian Urban Libraries Council
- Saint Elizabeth Health Care
- Scadding Court Community Centre
- Second Harvest
- Sherbourne Health Centre
- SHOUT Clinic (site of Central Toronto Community Health Centres)
- Social and Equity and Health Program Centre for Addiction and Mental Health
- Sound Times Support Services
- South Riverdale Community Health Centre
- St. Christopher House
- St. Joseph's Health Centre
- St. Stephen's Community House
- Street Health
- Sunnybrook Osler Center for Prehospital Care
- The Canadian Hearing Society
- The Dorothy Ley Hospice
- Toronto Public Health
- VHA Home HealthCare
- Warden Woods Community Centre
- Women's Health in Women's Hands CHC
- WoodGreen Community Services
- YOUTHLINK
- YWCA Toronto

Appendix C Common Research Topics— with which Respondent Organizations had Research Experience

Organizations	Mental health	Social inclusion /exclusion	Housing and homelessness	Coordination of care	Equitable access to health care	Chronic disease prevention	Violence against women	Settlement services	Primary health care	Education	Food security	Addictions
Total #	21	20	19	17	16	14	14	14	14	13	12	12
2-Spirited People of the 1st Nations		X										
Access Alliance Multicultural Health and Community Services	X		X		X			X	X			
Alliance for South Asian AIDS Prevention		X		X			X			X		
Baycrest Centre for Geriatric Care	X					X						
Boundless Adventures Association		X								X		

Organizations	Mental health	Social inclusion /exclusion	Housing and homelessness	Coordination of care	Equitable access to health care	Chronic disease prevention	Violence against women	Settlement services	Primary health care	Education	Food security	Addictions
Canadian Mental Health Association, Toronto	X		X						X			
Chinese Canadian National Council Toronto Chapter	X	X					X				X	
Closing The Gap Healthcare Group				X		X			X	X		
Daily Bread Food Bank											X	
Davenport Perth Neighbourhood Centre						X		X				
Delisle Youth Services	X											
Dixon Hall			X		X					X	X	
East Metro Youth Services	X		X					X				
Fife House		X	X									

Organizations	Mental health	Social inclusion /exclusion	Housing and homelessness	Coordination of care	Equitable access to health care	Chronic disease prevention	Violence against women	Settlement services	Primary health care	Education	Food security	Addictions
Habitat Services	X		X		X							X
Houselink Community Homes			X									
Jean Tweed Centre	X	X										X
Jiamini Community Consultants	X		X					X				X
Neighbourhood Link Support Services		X	X	X	X							
Nur Concepts							X			X		
Ontario Aboriginal HIV/AIDS Strategy		X	X	X	X		X		X			X

Organizations	Mental health	Social inclusion /exclusion	Housing and homelessness	Coordination of care	Equitable access to health care	Chronic disease prevention	Violence against women	Settlement services	Primary health care	Education	Food security	Addictions
Ontario Women's Health Network	X	X	X	X	X	X	X	X			X	X
Planned Parenthood Toronto					X							
Regent Park Community Health Centre		X	X		X	X	X	X	X		X	X
ReStructure Non-Profit Consulting and Canadian Urban Libraries Council		X		X		X		X				
Saint Elizabeth Health Care				X					X	X		
Scadding Court Community Centre		X						X				
Second Harvest											X	
Sherbourne Health Centre	X	X	X	X	X	X	X		X			

Organizations	Mental health	Social inclusion /exclusion	Housing and homelessness	Coordination of care	Equitable access to health care	Chronic disease prevention	Violence against women	Settlement services	Primary health care	Education	Food security	Addictions
SHOUT Clinic (Central Toronto Community Health Centres)	X	X	X	X	X	X	X	X	X		X	X
Social and Equity and Health Program, CAMH	X	X			X			X				
South Riverdale CHC	X			X	X	X	X		X		X	X
St. Christopher House		X		X	X		X	X		X		
St. Joseph's Health Centre				X						X		X
St. Stephen's Community House	X	X	X	X	X			X		X	X	
Street Health	X		X	X	X	X			X		X	X
Sunnybrook Osler Center for Prehospital Care	X			X			X		X	X		

Organizations	Mental health	Social inclusion /exclusion	Housing and homelessness	Coordination of care	Equitable access to health care	Chronic disease prevention	Violence against women	Settlement services	Primary health care	Education	Food security	Addictions
VHA Home HealthCare									X	X		
Warden Woods Community Centre			X					X			X	
Women's Health in Women's Hands CHC	X	X			X	X	X		X	X		
WoodGreen Community Services	X	X	X			X	X	X				
YOUTHLINK	X		X			X						X

Appendix D Common Communities of Interest— with which Respondent Organizations Conducted Research

Open-Ended Response	Low income/ persons on social assistance	Women	Newcomers	Youth	Homeless	Seniors	Specific ethno-cultural groups	Children (0-13 years)	Psychiatric consumer/ survivors	People living with HIV/AIDS	Aboriginal groups	LGBT/QIA communities
Total #	25	24	24	23	22	20	18	13	11	11	6	6
2-Spirited People of the 1st Nations										X	X	X
Access Alliance Multicultural Health & Community Services	X	X	X	X	X		X		X			X
AIDS Committee of Toronto	X	X	X				X			X		
Alliance for South Asian AIDS Prevention							X			X		
Baycrest Centre for Geriatric Care						X			X		X	

Open-Ended Response	Low income/ persons on social assistance	Women	Newcomers	Youth	Homeless	Seniors	Specific ethno-cultural groups	Children (0-13 years)	Psychiatric consumer/ survivors	People living with HIV/AIDS	Aboriginal groups	LGBT/QIA communities
Boundless Adventures Association		X		X			X	X				
Canadian Mental Health Association, Toronto					X							
Chinese Canadian National Council Toronto Chapter	X		X	X		X						
Closing The Gap Healthcare Group						X						
Daily Bread Food Bank	X	X	X	X				X			X	
Davenport Perth Neighbourhood Centre			X		X							

Open-Ended Response	Low income/ persons on social sistance	Women	Newcomers	Youth	Homeless	Seniors	Specific ethno-cultural groups	Children (0-13 years)	Psychiatric consumer/ survivors	People living with HIV/AIDS	Aboriginal groups	LGBTQTQIA communities
Dixon Hall				X	X	X		X				
East Metro Youth Services			X	X			X					
Fife House					X					X		
Flemingdon Neighbourhood Services			X	X				X				
Fred Victor Centre	X				X							
Habitat Services	X				X				X			
Houselink Community Homes	X			X	X				X			
Jean Tweed Centre		X						X			X	

Open-Ended Response	Low income/ persons on social sistance	Women	Newcomers	Youth	Homeless	Seniors	Specific ethno-cultural groups	Children (0-13 years)	Psychiatric consumer/ survivors	People living with HIV/AIDS	Aboriginal groups	LGBTQTQIA communities
Jiamini Community Consultants	X		X					X				X
Neighbourhood Link Support Services				X	X	X		X				
New Visions Toronto			X	X			X					
Nur Concepts					X					X		
Ontario Aboriginal HIV/AIDS Strategy			X	X				X				
Ontario Women's Health Network	X				X							
Planned Parenthood Toronto	X				X				X			
Regent Park Community Health Centre	X			X	X				X			

Open-Ended Response	Low income/ persons on social sistance	Women	Newcomers	Youth	Homeless	Seniors	Specific ethno-cultural groups	Children (0-13 years)	Psychiatric consumer/ survivors	People living with HIV/AIDS	Aboriginal groups	LGBTQIA communities
ReStructure Non-Profit Consulting & Canadian Urban Libraries Council			X	X			X					
Scadding Court Community Centre	X	X	X			X	X				X	
Second Harvest	X	X	X	X	X	X						
Sherbourne Health Centre	X	X	X	X	X	X	X			X		X
SHOUT Clinic (Central Toronto Community Health Centres)	X	X	X	X	X		X		X	X		X
Social and Equity and Health Program, CAMH	X		X	X			X					

Open-Ended Response	Low income/ persons on social sistance	Women	Newcomers	Youth	Homeless	Seniors	Specific ethno-cultural groups	Children (0-13 years)	Psychiatric consumer/ survivors	People living with HIV/AIDS	Aboriginal groups	LGBTQIA communities
Sound Times Support Services									X			
South Riverdale Community Health Centre	X	X	X	X	X		X		X	X		
St. Christopher House	X	X	X	X		X		X				
St. Joseph's Health Centre		X				X		X				
St. Stephen's Community House		X	X	X	X	X			X			
Street Health	X				X							
Sunnybrook Osler Center for Prehospital Care						X						

Open-Ended Response	Low income/ persons on social sistance	Women	Newcomers	Youth	Homeless	Seniors	Specific ethno-cultural groups	Children (0-13 years)	Psychiatric consumer/ survivors	People living with HIV/AIDS	Aboriginal groups	LGBTQIA communities
VHA Home HealthCare	X					X						
Warden Woods Community Centre	X	X	X	X	X	X	X	X				
Women's Health in Women's Hands CHC	X	X	X	X		X	X			X		X
WoodGreen Community Services	X	X	X	X	X	X		X	X			
YOUTHLINK	X			X	X				X			
YWCA Toronto		X										

Appendix E Selected CBR Projects and Links

This table presents information on a cross-section of CBR projects that have recently been completed in and around Toronto. The list of projects is not intended to be representative of wide range of CBR work conducted locally.

Organization(s)	Name of Report and Url	Synopsis
Access Alliance Multicultural Health and Community Services	Best Practices for Working with Homeless Immigrants and Refugees http://accessalliance.ca/index.php?option=com_content&task=view&id=46&Itemid=33	This 3-year CBR project sought to: <ul style="list-style-type: none"> document the experiences of adult immigrants and refugees who have used single men's or women's shelters or drop-ins in Toronto; develop best practices among shelter and drop-in staff for working with immigrants and refugees. facilitate the linkage of shelter/drop-ins with health, settlement, legal and community-based social services. <p>Through the efforts of a community-based Planning and Implementation Committee and its Working Groups, significant steps were taken to address many of the reports' recommendations</p>
AIDS Committee of Toronto (ACT) & African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)	MaBwana Black Men's Study http://www.accho.ca/MaBwana	<ul style="list-style-type: none"> A community-based research study for Black/African/Caribbean guys in Toronto who chill with other guys. The study tries to understand the factors that may make this group vulnerable to HIV/AIDS. The study will include key informant interviews, a survey, and in-depth interviews with Black/African/Caribbean gay and bisexual men and other Black MSM. It will examine dating, sexual relationships, and community issues. It will provide information to improve HIV prevention programs for Black/African/Caribbean guys in Toronto and elsewhere in Ontario, and help build healthy communities.

Organization(s)	Name of Report and Url	Synopsis
Centre for Addiction & Mental Health, Social Equity & Health Studies Program; Association of Sudanese Women in Research	Study of Sudanese Settlement in Ontario http://settlement.org/downloads/atwork/Study_of_Sudanese_Settlement_in_Ontario.pdf http://www.utoronto.ca/cuhi/awards/Simich%20CCPH%20poster%202007.pdf	The Study of Sudanese Settlement in Ontario was the first major study in Canada on the settlement and integration of Sudanese immigrants and refugees. The study provided a socio-demographic profile of the population in Ontario, described settlement needs and social determinants of health, expectations and mental well being, barriers to service utilization, and socio-cultural influences on the settlement and integration process. Quantitative and qualitative data analysis used the framework of population health, which asserts that social determinants of health (e.g. income, family environment, social support and access to services)--impact mental and physical health. This psychosocial perspective is distinct from a more common and narrow emphasis on refugee trauma. Study recommendations helped to bring about more effective programs and service delivery models for this and other recent newcomer groups.
Daily Bread Food Bank	Who's Hungry – Profile of Hunger in the GTA http://www.dailybread.ca/get_informed/our-publications.cfm	A detailed report about the current hunger crisis in the GTA. It includes a section on implications for Ontario's Poverty Reduction Strategy.
519 Church Street Community Centre	Invisible Men: FTMs and Homelessness in Toronto http://wellesleyinstitute.com/files/invisible-men.pdf	This community-based research project explores and documents issues of homelessness and shelter access affecting FTMs within the Greater Toronto Area with the aim to dramatically improve access to safe shelter facilities for FTMs. Qualitative interviews were conducted with FTMs who had experienced homelessness and service providers within the shelter system. The project's principal investigators and research assistants were all members of the Toronto FTM community with the goal of building community capacity to conduct research and take leadership roles in addressing barriers.

Organization(s)	Name of Report and Url	Synopsis
Ontario Prevention Clearinghouse; Ontario Women's Health Network; Toronto Christian Resource Centre; Toronto Public Health	Count us In! Inclusion and Homeless Women in Southeast Toronto http://www.owhn.on.ca/countusin.htm	This project investigated how health and social services can be made more inclusive, and in turn, promote the health and well-being of marginalized groups. Homeless and underhoused women who live in Downtown East Toronto led the research and were actively engaged in all stages of the project, from collecting and analysing the data to developing the final recommendations. Careful attention was paid to directly engage community members in all facets of the research, to examine issues raised by that community, and provided actionable solutions developed collaboratively by researchers, community members and service providers. A team of inclusion researchers facilitated the focus groups of homeless or underhoused women, collected and analyzed data, and contributed to the final recommendations. The report produces suggestions for how health and social services can be improved to better serve marginalized populations.
Ontario Women's Health Network	Key to Women's Health: A Health Promotion Framework to Prevent Stroke Among Marginalized Women http://www.owhn.on.ca/stroke/index.htm	"Marginalized Women, Inclusion, and Stroke" is a unique project, designed to create a new health promotion framework for preventing stroke among women. It used a methodology called Inclusion Research, which involves marginalized women in all facets of designing and implementing the research, to identify their health needs and make policies, programs and services more accessible and responsive. The project brought together key partners in the fields of women's health, health promotion, community-based research and public health to conduct Inclusion Research in three locations in Ontario.

Organization(s)	Name of Report and Url	Synopsis
Planned Parenthood Toronto	The Toronto Teen Survey www.ppt.on.ca/research_teensurvey http://www.utoronto.ca/cuhi/awards/Larkin%20CCPH%20Poster.pdf	The aim of the Toronto Teen Survey (TTS) is to gather information from youth on assets, gaps and barriers that currently exist in sexual health education and services and to use the information to involve community partners in the development of a city-wide strategy to increase positive sexual health outcomes for diverse Toronto youth. One of the successes and innovations of this CBR project has been the involvement of teens in all stages of the TTS project design, development, implementation, and evaluation. Youth have been directly involved as co-investigators and advisory group members in a way that stimulates their learning, and empowers them to increase awareness of issues in their own communities.
Fife House; CLEAR Unit, McMaster University; School of Social Work, York University	HIV, Housing and Health in Ontario http://www.healthyhousing.ca/	This is the first longitudinal CBR initiative in Canada to examine housing and health in the context of HIV. The project will consist of face-to-face quantitative interviews with People Living with HIV/AIDS from across Ontario as well as a qualitative sub-study aimed at enhancing understanding of the housing experiences of PHAs. In keeping with the guiding principles of CBR, quantitative and qualitative data analysis will include community-feedback initiatives; dissemination of research findings and action-outcome activities will be directed towards established relationships with relevant policy makers, community leaders and program providers in the areas of housing and supportive care.

Organization(s)	Name of Report and Url	Synopsis
Shout Clinic and CAMH	Queer Youth Speak http://wellesleyinstitute.com/research/funded-research/enabling-grants/queer-youth-speak-0	Interviews were conducted with over 40 youth in the LGBTTTIQ (Lesbian Gay Bisexual Transgender Transsexual Two-spirit Intersex and Queer) community who were either homeless or street involved. Participants also identified as dealing with mental health or substance use issues. The goal of the project was to learn about what issues these youth were confronting. Issues included barriers to accessing services and identity. The primary concerns, however, dealt with housing and income.
Street Health	The Street Health Report www.streethhealth.ca http://www.utoronto.ca/cuhi/awards/StreetHealthReportPoster.pdf	The Street Health Report 2007 presents the results of a survey on the health status of homeless people in Toronto, conducted in the winter of 2006/2007. This report discusses the nature of homelessness in Toronto, its root causes and the daily living conditions of homeless people. It also presents findings on the physical and mental health status of homeless people, how they use health care services, and the barriers homeless people face when using these services. Based on these findings, the report presents an action plan consisting of realistic solutions to immediately improve the health of homeless people and to ultimately end homelessness.

Organization(s)	Name of Report and Url	Synopsis
St. Stephen's Community House & Toronto Western Hospital – University Health Network (UHN)	The Struggle to Eat Well - The Report of the Concurrent Disorder Nutrition Project http://www.ststephenshouse.com/events_past/events2006winter.shtml	This research project examined the nutritional needs of people with concurrent disorders. The project consisted of a literature review and a community scan including a survey of service providers, networks, and interviews with people who are living with concurrent disorders. The project report identifies a set of eight action items or recommendations that emerged from the scan and review.
2-Spirited People of the 1st Nations	A Study Comparing Aboriginal Two Spirit Men Who Utilize AIDS Service Organizations Compared to Those Who Do Not www.2spirits.com (select the "2 Spirits' Reports" link)	This organization used community-based research to educate non-Aboriginal people about the importance of Aboriginal controlled research. The purpose of this CBR research study was to investigate and compare behaviours and characteristics of four groups of Aboriginal Two Spirit Men in different parts of Southern Ontario who do and do not utilize AIDS service organizations.

Organization(s)	Name of Report and Url	Synopsis
University of Toronto Faculty of Social Work; Regent Park Community Health Centre; Sistering - A Woman's Place	Coming Together: Homeless Women, Housing and Social Support http://www.comingtogether.ca/	Coming Together is an arts-based community research project exploring how women and transwomen who are marginally housed build support networks with each other in order to survive. The research team collected interview data, and identified key themes that were then explored in the art making process with other women/transwomen at drop-in centres across the city of Toronto. Through painting, drama and photography women/transwomen depicted their visions and stories of inclusion, friendship and safe spaces.
Women's Health in Women's Hands CHC	Access to primary healthcare for Black Women and women of colour http://www.whiwh.com/research.htm	The two-year project will use its findings to identify barriers and recommend solutions to improve access to health care for black women and women of color.

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