

What community- and faith-based organizations want from capacity-building programs



Organizations want trainings that are highly customized and offer many opportunities for connection

Why it matters

Community-based organizations (CBOs) and faith-based organizations (FBOs) are **incredible resources** within communities to improve health and address disparities.

However, **limited staff time and resources can make it difficult for local organizations to provide evidence-based programs (EBPs)** to their community. Research has shown that delivering EBPs in community settings are a key solution to addressing health disparities.

Through our current project, **we discovered** some important elements for ensuring trainings on EBPs meet the needs of program planners from CBOs and FBOs. These findings can help organizations as they seek out trainings for staff and volunteers.



What we learned

The literature shows that capacity-building interventions should offer multiple points of contact, use active learning, and engage trainees over long periods of time. We also found that area CBOs and FBOs want trainings that are:

- 1) Customized** - specific to local cultures, norms, strengths, and issues
- 2) High-touch** - relationship-based, emphasizing ongoing connections between trainers and trainees
- 3) High-tech** - including a mix of options for sharing information, particularly interactive ones

Key definitions

Evidence Based Programs (EBPs): programs with rigorous research evaluation that have been shown to work.

Capacity-building interventions: Programs designed to increase the knowledge, motivation, and resources of those delivering the programs.

What we learned, continued

We also discovered a set of factors that capacity-building programs can address to make trainings more useful for CBOs and FBOs. These factors include:

- Funding – how we can work around the limited availability, timespan, and flexibility of funding, which limits use of EBPs in community settings
- Mismatch – how to address the fact that many programs were designed for community members who are really unlike the ones local organizations want to use them with
- Resources – how to implement EBPs when resources are limited; many FBOs that rely on volunteers to run health programs are unable to use resource-intensive programs
- Leadership – how to engage CBO and FBO leaders to support individuals, not just to attend trainings, but also to apply learnings and make the most of existing expertise
- Competing demands – how to make health EBPs useful for community members who are managing a number of other concerns

Solutions

Training co-creation between researchers and community

Support for context-sensitive program adaptation

EBP training as a part of staff professional development

How we learned it

These findings came directly from staff of community- and faith-based organizations (via 6 group discussions) and leaders of community- and faith-based organizations (via 15 interviews) in the summer / fall of 2017. Participants were from Greater Boston and Greater Lawrence, MA and worked in Black, Latino, and Brazilian communities. We used community-based participatory research methods to drive this work.

Who was involved

This research was conducted by the Outreach Core of the U54 Partnership between Dana-Farber/Harvard Cancer Center and the University of Massachusetts, Boston. The Outreach Core works in partnership with community leaders from the Brazilian Worker Center, the City of Lawrence Mayor's Health Task Force, Greater Love Tabernacle, and Health Resources in Action.

Funding info

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Next steps

The U54 Outreach Core team **used the findings** from this study to redesign a capacity-building intervention that promotes the use of EBPs in CBOs in Massachusetts.

To learn more about the program and see localized resources that may support your work, please visit: <http://www.planetmassconnect.org/training>. You can also contact Doris Sempasa, U54 Community Health Educator, at doris_sempasa@dfci.harvard.edu.

