Partnership Among Peers: Lessons Learned From the Development of a Community Organization–Academic Research Training Program

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Abstract

Background—Community engagement and rigorous science are necessary to address health issues. Increasingly, community health organizations are asked to partner in research. To strengthen such community organization–academic partnerships, increase research capacity in community organizations, and facilitate equitable partnered research, the Partners in Education Evaluation and Research (PEER) program was developed. The program implements an 18-month structured research curriculum for one mid-level employee of a health-focused community-based organization with an organizational mentor and a Case Western Reserve University faculty member as partners.

Methods—The PEER program was developed and guided by a community–academic advisory committee and was designed to impact the research capacity of organizations through didactic modules and partnered research in the experiential phase. Active participation of community organizations and faculty during all phases of the program provided for bidirectional learning and understanding of the challenges of community-engaged health research. The pilot program evaluation used qualitative and quantitative data collection techniques, including experiences of the participants assessed through surveys, formal group and individual interviews, phone calls, and discussions. Statistical analysis of the change in fellows' pre-test and post-test survey scores were conducted using paired sample *t* tests. The small sample size is recognized by the authors as a

limitation of the evaluation methods and would potentially be resolved by including more cohort data as the program progresses. Qualitative data were reviewed by two program staff using content and narrative analysis to identify themes, describe and assess group phenomena and determine program improvements.

Objectives—The objective of PEER is to create equitable partnerships between community organizations and academic partners to further research capacity in said organizations and develop mutually beneficial research partnerships between academia and community organizations.

Conclusion—PEER demonstrates a commitment to successfully developing sustainable research capacity growth in community organizations, and improved partnered research with academic institutions.

Keywords

Community-based participatory research; community health partnerships; community health research; power sharing; process issues; United States; Midwestern United States; organizations; academic medical centers

This paper describes the lessons learned in the development of a training program intended to create common goals and shared understanding in equitable community–academic research partnerships and increase community organizations' research capacity in doing so. Although partnerships between community organizations and academic researchers to improve health in vulnerable populations have had success in improving the health of communities, the differing objectives of academia and community can be a hindrance to partnerships. Both community health organizations and health researchers aim to improve the health of communities; however, community organizations tend to focus on program delivery and evaluation of outcomes, whereas researchers focus more on the design and rigor of the approach and the advancement of knowledge in their fields.[1] These differences are often compounded by competing interests, power differentials, lack of larger organizational support for research, and even perceived status inequity between community partners and academics.[2]

Despite these differences, community–academic partnerships can be highly synergistic and productive.[3] Partners need to acknowledge that each brings knowledge, commitment, and practices that can enhance their organizations. For academics, this includes recognizing that community organizations have indigenous knowledge of the community's culture, history, and political dynamics. For community organizations, the academic institution offers a way of ensuring sound scientific evidence guides decision making.

BACKGROUND

In 2009, faculty from Case Western Reserve University and nearly a dozen community partners established the Prevention Research Center for Healthy Neighborhoods (PRCHN), with funding from the Centers for Disease Control and Prevention. The PRCHN was structured so that a partnership approach was at its core, and a Network of Community Advisors (NOCA) was established with specific expectations for bidirectional communication. The network includes advisors from organizations, such as city and county

health departments, a diabetes foundation, a regional breast cancer foundation affiliate, and a community development collaborative, some of more than 20 local representatives. As part of these expectations, NOCA was asked to provide input on community based research and evaluation projects. However, NOCA leadership expressed concern that community partners would not feel comfortable or have the necessary background to provide meaningful advice on research projects. The group requested assistance in building capacity in research knowledge and skills. Meanwhile, university faculty who engaged the community in research projects noted that the organizations with which they partnered could benefit from a better understanding of the research processes and principles.

To address these needs, PRCHN leaders partnered with the Cleveland Clinical and Translational Science Collaborative through which they applied for and received (June 2011) a CTSA administrative supplement grant from the National Institutes of Health to develop a training program to build research capacity within community organizations known as Partners in Education, Evaluation, and Research (PEER)[4,5]. An evaluation protocol of the pilot program was submitted to the Case Western Reserve University Institutional Review Board and was granted expedited approval.

DEVELOPMENT OF PEER

Academic/Community Advisory Committee

To ensure the program met the capacity-building needs of organizations, a development committee was formed, consisting of university faculty and staff and members of community organizations, including members of the PRCHN NOCA. The committee used experience with community–academic partnerships to design a program to help organizations and researchers become more equitable partners in the research process. The committee guided the development of the structure, logistics and curriculum for PEER, and discussions led to bidirectional learning and increased understanding of community–university partnerships. The committee provided specific input on how PEER might help to build research capacity to assist with their organizations' current approaches to research and evaluation.

PEER staff conducted a search of similar programs nationally and found the Building Your Capacity Program (BYC), funded through the Cleveland Clinical and Translational Science Collaborative consortium of Tufts University, Boston University, and Harvard University, based at Tufts.[6] The Boston consortium shared its insights with us in developing a research capacity building program, which were subsequently used to guide the development of PEER. Although there are many similarities between PEER and BYC, important changes were made to adapt to local differences, such as adding an organizational mentor and instituting a longer program for a more sustained introduction to research and an opportunity to build trust among academics and organizations.

Program Structure

The goal of the PEER program is to increase research capacity within participating organizations, hence, the program uses a team approach consisting of three participants

comprising a training triad. The first member of each triad is a selected staff member ("fellow") from a community-based organization. Although individual fellows directly receive training through PEER, the training triad also includes an individual at higher levels within the community agency who champions the participation of the fellow and translates the fellow's learning into practical knowledge and skills for the organization, known as the "organizational mentor." The third member of the training triad is a faculty partner who mentors and supports the fellow in their scientific learning within the organization and serves as an additional liaison for the dissemination of knowledge and skills gained through the program.

All program partners are asked to sign a memorandum of understanding before participating to clarify expectations and obligations (see Appendices[*]). The memorandum of understanding outlines expectations for seminar attendance, number of meetings with faculty partners, research dissemination, and development of a partnered research project focused on the organization's needs. The memorandum of understanding also stipulates that PEER organizations and faculty partners each receive a stipend from the program ($1,500 for faculty, $3,500 for community organizations) for their participation and to compensate the organization for the fellow's time away from work attending seminars.

The PEER Program has three major curricular components: 1) research training sessions, 2) implementation of a research project, and 3) dissemination of research knowledge and skills within the participating organizations. Although some of the curriculum was adapted from the BYC program, most of the PEER program was developed internally, due to different lengths of the programs (BYC was 5 months; PEER was 18 months long.) Throughout the duration of the pilot cohort, fellows participate in bimonthly didactic research training sessions covering topics including research design, research ethics and the institutional review board process, study implementation practices, social determinants of health, health literacy, and basic data analysis skills (see Appendices[*]). PEER research seminars are on the first and third Wednesdays of every month from 9 am to noon. Each seminar is 2 hours of didactic work and 1 hour of project work or meeting with faculty partners. Attendance is recorded and absences require at least a 24-hour notice to program staff; more than two absences require a meeting of program staff with the fellow and organizational mentor.

Each fellow works directly with his or her university faculty partner and organizational mentor in designing and conducting the research project within the fellow's organization. Projects (Table 1) are tailored to the individual needs of each organization with input from organizational mentors. Depending on the type of data used, projects are submitted through the faculty partner to the institutional review board for expedited or full review. Fellows

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[*]Appendices are available online: http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/v010/10.3.JewettTennant_Appendix1.pdf; http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/v010//10.3.JewettTennant_Appendix2.pdf; http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/v010//10.3.JewettTennant_Appendix3.pdf; http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/v010//10.3.JewettTennant_Appendix4.pdf; http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/v010//10.3.JewettTennant_Appendix5.pdf; http://muse.jhu.edu/journals/progress_in_community_health_partnerships_research_education_and_action/v010//10.3.JewettTennant_Appendix6.pdf;

work closely with their organizational mentors to disseminate research knowledge and information about the research project within their organization. Examples of internal dissemination include lunchtime research seminars in which the fellow relates what they have learned to colleagues, and fellow presentations to their respective boards of directors about the program and the importance of research to their organization.

Recruiting Fellows and Organizations

The advisory committee identified individual and organizational characteristics that might facilitate successful participation in the program, both for the organization and the fellow. For example, the group believed that organizations having a health focus and a strong interest and commitment to building research capacity within the organization would provide the foundation for a good match for the program and for recruiting faculty partners.[7] Other important organizational characteristics included size, structure, culture of the organization and interest/commitment to increasing and institutionalizing research capacity.[8] Individual characteristics of fellows considered important were position in organizational hierarchy, educational attainment, and commitment to the program. The committee was looking for fellows who were 'mid-level' in their organizations, so the person would have a greater commitment to the organization and be less likely to leave at the end of the program with their newfound research knowledge.[9] Recruitment for the pilot program was done at various PRCHN community partner meetings and through NOCA recommendations. All five organizations that applied were accepted.

Faculty Recruitment

Potential faculty partners for the pilot cohort were recruited via advertisement in an online university newspaper and through recommendations by PRCHN affiliated faculty. Interested faculty attended a meeting about the role of the faculty partners, time commitment, and benefits of the PEER program.

The Match

A key component of the program is matching faculty and community organizations. After the initial faculty meeting, interested faculty review a list of the participating organizations and their proposed research projects. Faculty rate their interest in working with each community organization. Based on this information, the advisory committee is able to "match" faculty with organizations/fellows based on a mutual interests, thus providing a foundational basis for a successful partnership.[7] In the first cohort, five triads were identified as the result of this matching process. The participating organizations included a large regional health department, an environmental health agency, an HIV/AIDS task force, an urban agricultural extension service affiliated with a local university, and a regional branch of a national organization focused on breast cancer and health. Organizational sizes ranged from fewer than 50 employees to more than 500. The organizational fellows were all mid-level employees with 5 to 13 years of experience; two fellows had bachelor's degrees and two had master's degrees.

EVALUATION PROCESS

Evaluation Process

The PEER evaluation process was multi-level and used immediate and long-term evaluation methods. Surveys, a focus group, and individual interviews (see Appendices[*]) were conducted with all participants at different points in the program. Pre-program and post-program surveys were based on the BYC model; however, PEER pre-tests and post-tests were administered online (as compared with paper and pencil in BYC) and the other evaluation methods were adapted to PEER's longer time period. Given the small sample size of five, we reviewed the survey data in terms of the trends they suggest rather than the statistically significant change between the two time periods, with plans to compare data sets between the pilot and future cohorts. Table 2 evaluated methods for each of the PEER participating groups (fellows, faculty partners, and organizational mentors).

DISCUSSION

Through the analysis of the formal evaluation data (surveys and interviews), and input from the program staff, five key ideas emerged, organized across the three main groups of participants: fellows, faculty partners, and organizations.

Fellows

Develop a Policy That Recommends a Course of Action if a Fellow Should Leave Their Organization During the Fellowship Period—The dynamic nature of organizations necessitated the development of policies around staffing changes. During the program, a PEER fellow was laid off from her job. Because the stated goal of the program was to build capacity within organizations, PEER ended its formal relationship with the fellow. However, this did not seem fair to the fellow, who did not choose to leave the organization and had committed a significant amount of time to the program. Through mutual agreement between the program, the organization's director, the fellow, and the faculty partner, it was decided that the fellow would complete the research project. The organization indicated in post-program evaluations that it greatly benefited from the knowledge gained in the project. In anticipation of similar situations, the PEER advisory committee developed a protocol for fellows and/or organizational mentors who are unable to finish the program. The protocol gives organizations the option to replace the fellow if he or she is laid off in the program's first few months. If it has been underway for longer, the committee decided that introducing a new fellow would be too far behind in research knowledge to produce a research product. However, the organization would be given the option to send a fellow to the next training cohort to build organizational capacity.

Cohesion within the Fellow Cohort Is Not a Given—The program developers hoped to build a cohesive cohort among the fellows to develop and enhance their networking relationships (Table 3). PEER staff assumed the cohort dynamics would develop similarly to an academic class, where class discussions and activities increases group rapport. However, our first PEER cohort struggled to develop a strong group dynamic. It is possible the group did not cohere because of their status as full-time employees with no student status, outside

obligations, or because of varied levels of program engagement. In assessing our own biases in determining why group cohesion was a challenge, we realized our incorrect assumption that the fellows would have many things in common because they all worked for community organizations. Although we plan to encourage cohort cohesiveness by instituting small changes in seminars and other group interactions in the future, we recognize that cohesion should not be taken for granted, nor is it absolutely necessary for a successful program.

Organizations

Engaged Organizational Mentors Tend to Have Successful Fellows—The organizational mentors served several functions in the PEER program. They served as points of access for imparting a research orientation to the organization and influencing organizational culture, conveyed program findings to the board of directors, and supported for the fellow's participation in the program. The most successful fellows had organizational mentors who were engaged with the fellow, strongly committed to incorporating research into the everyday functioning of the organization, and who are willing and able to garner resources in support of the program. These organizational mentors were also better able to successfully disseminate new learning from the program to their organizations. In addition, having a more active role for the mentors might serve to further strengthen the triad and also further institutionalize research capacity building in the organizations (Table 4).

Some Organizations Are Better Prepared to Increase Research Capacity Than Others—The organizations participating in the first cohort of PEER varied in their abilities to adapt, support, and incorporate research models into their current organizational structure. Less than optimal outcomes were observed in organizations that viewed the distribution of scarce resources to research as "extra" activities not central to the organization's core mission, did not have a board of directors that was supportive of research, and did not reduce fellows' workloads to allow sufficient time to meet the demands of PEER. These issues may have been prevented by more carefully selecting the organizations and by offering more extensive training in both how to support the fellows and disseminate their learning.

Faculty Partners

Engaging Faculty Partners Can Be Challenging—Identifying interested faculty members who would be appropriate matches for the program was more difficult than expected. A small number of faculty members who conduct community-engaged research were readily recruited, however, recruiting others to become involved required identifying faculty who (1) were willing to put in the time and effort required to develop a working relationship with community organizations, (2) were able to tolerate the uncertainty and timing of "payoff" of participating in the program with regard to products such as publications and grant opportunities, (3) could be flexible with timelines when they had organizational deadlines, and (4) understand that community engaged research is not always valued for professional advancement. Recruitment solutions might include a wider distribution of recruitment advertising materials, PEER program staff presenting information at various faculty department meetings across campus and asking PEER faculty alumni to recruit colleagues on behalf of the program.

CONCLUSIONS

Although this report separates emergent key ideas by type of participant, the quality of the triad comprising the fellow, organizational mentor, and faculty partner is most important to a successful academic–community partnership. Together, these individuals have embraced the principles of community-engaged research and through an equitable partnership have produced high quality research that is having an important impact on the organizations. Any one of these participants working alone would not have had the same impact, and therefore the key to the partnership was each one bringing his or her own perspective to the table to ensure that the needs of their organizational goals around community health were addressed. Thus, the synergy emanating from the triad as a whole is more important than the individual parts. Table 5 illustrates the impact of the program to each of the three stakeholder groups in their own words.

The PEER Program has continued with a new cohort that began in spring 2014. The program continues to actively work with its university and community partners to both build on its successes as well as make changes for future cohorts to address programmatic challenges. Although further research and evaluation will be necessary to measure the full impact of academic community partnerships, the lessons learned have helped us to strengthen the programmatic foundation. We continue to both build upon the success of the program as well as work toward improving it with the goal of strengthening the research capacity of community organizations through collaborative efforts.

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Table 1

PEER Pilot Fellows Projects

Organization	Project
AIDS TaskForce of Greater Cleveland	Research Questions: (1) How does attending a support group affect the overall well-being and sense of hope among agency clients living with HIV/AIDS? (2) Does the impact of support groups vary as a function of the following: (1) length of time since diagnosis; (2) length of time attending groups; (3) number of groups attended; (4) type of group attended; (5) non-agency support system(s); (6) stressors; (7) other demographic factors (e.g., gender, age, employment, relationship status, employment status). Basic Methodology/Measurements: A mixed methods approach will be used to examine clients' experiences with agency support groups. Semi-structured qualitative interviews will be conducted with clients to explore their experiences with the support groups they have attended, and to examine their perceptions of the effects of the groups. A structured questionnaire will be used to assess client well-being quantitatively and to examine the other factors that might account for client well-being. Overall well-being will be assessed by the following: levels of depression, anxiety, life satisfaction, medication adherence, social support, self-efficacy.
Susan G. Komen for the Cure/Northeast Ohio	Research Questions: What is the ROI (objective measures on the impact of grants on community health improvement) for Komen on grant money funded to local agencies and could devising a strategic method for measuring ROI be implemented to identify potential grantees with the highest ROI? Basic Methodology: The main data source for this study will consist of the final reports submitted by organizations who received funding from Komen NEO in the past 5 years (2007–2011; $n = 106$) totaling over $6.5 million. From these reports, we will be able to retrieve the number of women who received screening, education, and/or support through grantee services. In addition, we will characterize the grantee's organizational structure. Using these measures, we will build a database to carry one record for each grantee and grant period. Following the development of the database, we will conduct a detailed descriptive analysis examining the distribution of each measure. In addition, we will look at the bivariate associations using the appropriate statistical tests. Finally, we will conduct multivariable analysis to evaluate the association between organizational-level measures and the outcome(s) of interest, after adjusting for population- and contextual-level measures.
Cuyahoga County Board of Health	Research Question: Does healthy food access impact preterm birth outcomes in Cuyahoga County? Basic Methodology: We will be using geographic information systems (GIS) to map 2011 Cuyahoga County live births at the census tract level and then layer the locations of small and large grocery stores and farmers markets. We will then create a ½ mile buffer around each store or market and compare the birth outcomes of those births in census tracts with healthy food access and those births that are not in census tracts with healthy food access using logistic regression.
OSU-Extension	Research Question: Do community gardens have a positive impact on food insecurity among urban populations? Basic Methodology: We intend to contribute to the broader understanding of the social aspects of food pathways by investigating the role that gardens play in linking people to food. By studying both gardeners and non-gardeners in a neighborhood with a community garden, this project will compare food security, perspectives on community gardens, and perspectives on the role of community gardens in the total food environment. This will help gain an understanding of how the presence of a garden influences food security within a community.
Environmental Health Watch	Background: The purpose of the Deep, Green and Healthy Project is to determine whether highly energy efficient home renovations ("Deep Green") result in equivalent home environmental quality to standard energy efficiency renovations ("Energy Star"). This project is designed to compare energy use, costs of renovation, indoor air quality, and self-reported health by using remote sensors in multiple locations. Research Question: Does education aimed at behavior change affect occupant behavior with regard to energy consumption in Deep Green and Energy Star homes within the "Deep, Green and Healthy Project"? The information we gather could help us better understand barriers to energy use reduction, asthma trigger control and the impact of environmental education on IAQ and future research study design. Basic Methodology: We will examine the differences in occupant behavior within each of the 12 homes utilizing structured interviews with project staff and residents. The case study format will allow us to capture individual behaviors in comparison to IAQ data, observations by project staff and resident responses from quarterly visit questionnaires. Currently EHW staff is conducting 12-month interviews and reviewing a fact sheet with the residents highlighting specific IAQ issues pertaining to the behaviors observed within the unit (EHW is seeking a 6-month extension). The PEER fellow and mentor will amend the current questionnaire to include additional questions about IAQ, behaviors and barriers. The questionnaire will be administered at the 12 month home visit.

Note. EHW, Environmental Health Watch; IAQ, indoor air quality; NEO, Northeast Ohio; ROI, return on investment.

Table 2

Evaluation Protocol

Participant Groups	Evaluation Methods
Fellows	Fellows were the group with the most intense interaction with the program, hence they also had the most intense evaluation protocol. Immediately following every didactic seminar, PEER fellows were asked to complete a five-question online survey to get feedback about each presentation, gauge topic relevance, and ask for suggestions for improvement. From these surveys, real-time changes could be made to the curriculum. The fellows were also contacted by phone monthly for a "check-in" exit interview at the end of the program, and a survey and 10-minute interview 1 year after the conclusion of the program.
Faculty partners	Faculty completed pre-program and post-program tests, were contacted monthly for a 'check-in' phone call, met as a group before the start of the program, for an exit interview, and participated in a 10-minute individual interview 1 year after their PEER experience.
Organizational mentors	To assess the organization's "readiness" for changing culture around research, supervisors were given a brief survey before the program started in which they ranked the importance of several indicators that would help them incorporate research more fully into their institutions and took part in a focus group to determine a list of organizational change indicators. Organization mentors also participated in an individual interview 1 year after their PEER experience.

Note. PEER, Partners in Education Evaluation and Research.

Table 3

Fellow Feedback Action Loop

Pilot Cohort Feedback	Cohort Two Action
Program too long	Shorten program from 18 to 12 months.
Fellows did not learn what they needed when they needed it	Rearrange program schedule to 6-month didactic/3-month applied learning/3-month didactic/3-month applied learning.
Fellow leaves organization mid-program	Organizations select alternate fellow. If the program is too far along, organization can "hold their spot" for next cohort.
Fellows fail to meet memorandum of understanding obligations	Adopt a "three chances" system (first: meeting with program manager, fellow only with statement of the problem; second: meeting with triad partners and all PEER staff for solutions; third: alternatives to continuing in the program).
Lack of fellow cohesion	Begin a group project in the first month of the program.

Table 4

Pilot Program: Organizational Mentor Challenges

Organizational Mentor Challenges	Organizational Mentor Potential Solutions
Not enough mentor involvement with project or fellow	Require mandatory meetings between fellow and mentor to specifically discuss project; check in phone calls with mentor.
Mentors unsure of role	Provide mentors with a 'guidebook' detailing potential meeting times per month, questions to ask, project milestones.
Mentors have unsupportive board of directors or supervisor	Provide a forum for mentors to meet with other mentors to discuss issues, solutions, program concerns and successes.

Table 5

PEER Impact

Fellows	Organizational Mentors	Faculty Partners
"[The PEER] project is so relevant to Komen; it will be so valuable to everything we do. Our research question is critical to Komen's success and I'm excited to be the one to bring research to the table here and explain the extreme relevance to the organization." "The [PEER] curriculum has been relevant. Going in, I definitely had a different agenda in mind for what I would do, but the curriculum has made me rethink things in a more systematic way. The curriculum has molded the [research] project too." "You know that research circle you showed us a few sessions back? Well, I'm definitely in that circle now." "Pressure was high at the beginning [of PEER], but now I'm taking a more systematic approach and I have more realistic goals for my project. Research really is that continuous process we've been learning about." "This has been a wake-up call for me and [my organization] in terms of research capacity. We need to have discussions about how we can do this."	"Through the capacity building aspect, PEER has allowed us (CCBH) to enhance staff's ability to conduct and engage in research as it relates to their programs and projects. The data analysis proved to be extremely beneficial. The skills acquired have already been integrated across additional projects within our agency. The agency's overall capacity to conduct research and evaluation has been increased and will continue to grow." "The value of EHW's experience with PEER cannot be overstated. As a result of [our fellow's] participation, we have sharpened our data collection and analysis, and have integrated evaluation components and survey instruments into each of her projects. We look forward to institutionalizing the components into all of our projects going forward." "PEER was an invaluable learning experience for us. Not only did this training program provide our participating staff member with a significant amount of technical knowledge and expert faculty guidance, but it gave her an opportunity to apply what she learned in a manner that was authentic and resulted in qualitative outcomes that aided in telling a more meaningful story. Because of the PEER training program, we now have the internal capacity to 'dig a little deeper' in assessing other programs' impacts and to conduct our research in a thoughtful, engaged manner with the broader community and to the benefit of all." "The PEER project helped Komen NEO establish a baseline of performance standards among our grantee network. With this new information, we will be able to make more informed decisions about our grant funds and have a better understanding of what happens to Komen funds once the grant check is dispersed. We hope to continue our working relationships with both PRCHN and our faculty partner."	"My relationship with my fellow has exceeded my expectations. She is very intelligent and motivated. It has been enjoyable to experience looking at a research question through her eyes and guiding her through the process." "I see the partnership has long term potential with the possibility of other projects. Komen has asked me to sit on their review board which is helping me better understand [the] organization. The chemistry of the partnership is great." "My partnership with my fellow has exceeded my expectations. This is a wonderful match both on a project and personal level." "My experience in PEER has given me the opportunity to support the development of community-based research capacity and connect with other faculty with this interest. PEER has provided the structure to bring together community organizations and academics to improve the use of data in some of our crucial health promoting agencies in the Cleveland region. PEER has produced short-term advances for these organizations and is likely to pay off big in building their data capacity and data culture over time."

Note. CCBH, Cuyahoga County Board of Health; EHW, Environmental Health Watch; NEO, Northeast Ohio; PEER, Partners in Education Evaluation and Research.