# A collaborative approach to enhance capacity and power for community-driven policy change: Project HEARD

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## ABSTRACT

**Background:** A longstanding community-based participatory research (CBPR) center designed Project Health Equity via Advocacy for Resources in Detroit (HEARD) to enhance the capacity, collective power, and impact of community-based organizations— working in partnership with academics — to advance policy change for health equity in their communities.

**Objectives:** We describe how Project HEARD supported community-academic teams to develop policy advocacy campaigns that included one-year goals for equity-focused change.

**Methods:** Project HEARD had the following main components: a cohort of community-academic teams, policy change workshops, policy advocacy grant, mentoring by community-academic pairs, and online strategy sessions.

**Lessons Learned:** Supporting community-driven policy change requires recognizing and building on teams' contexts, history, and expertise; tailoring support for teams with diverse policy experiences; and identifying additional ways to support sustainability.

**Conclusions:** Project HEARD's approach and initial lessons learned can inform projects in diverse contexts aiming to amplify community-led policy change to support health equity.

## KEYWORDS

Policies that unequally distribute opportunities, resources, and power contribute to health inequities.[1,2] Strategies to disrupt patterns of inequities include enhancing community capacity and power to advance community-driven policy changes.[2–5]

Community-based organizations (CBOs)—often recognized as leaders in organizing for social justice in their communities—play key roles in advancing policy change for health equity.[6,7] Widely respected CBOs are positioned to elevate community voices to build community power, promote policies that mitigate social inequity, and advance community-driven health initiatives.[6,7] However, CBOs serve multiple roles such as providing services and acting as the first line of response to harm through organizing, coalition building, and mobilizing for social justice. Thus, their capacity to support all areas of the policy change process can be overstretched.[6] As a result of these structural limitations, CBOs may have limited remaining capacity to respond to emerging policy opportunities within their communities.

Community-based participatory research (CBPR) partnerships offer one approach to help CBOs boost their capacity to impact policy. CBPR partnerships recognize community strengths and shift power to communities to improve community health through research, interventions, and policy change.[4,6,8,9] With this equitable, strength-based approach, CBPR partnerships can generate evidence, awareness, and mobilization for high-priority policy changes that promote health equity.[10,11] In 1995, the Detroit Community-Academic Urban Research Center (Detroit URC) was established as a CBPR partnership between CBOs, health and human service agencies, and faculty members at the University of Michigan to foster and support CBPR partnerships aimed at understanding and addressing causes of health inequities.[12] The Detroit URC utilizes multi-level approaches to generate diverse actions to promote community health at

individual, community, organizational, policy, and systems levels.[13] These approaches include capacity building programs for collaborative research and actions towards health equity.[3,4,14,15]

To strengthen the Detroit URC's impact on policy, community members of its board identified the need for increased systematic support for CBOs to advance policy change. Given their long history of equitable collaboration, the Detroit URC was well positioned to develop a program of additional structure and resources to support partner CBOs to engage in policy advocacy. In 2022, the Detroit URC was awarded funding from the Total Health Care Foundation to develop and implement Project Health Equity via Advocacy for Resources in Detroit (HEARD), building on longstanding community policy capacity training developed by community and academic partners.[3,4] The planning committee was responsible for the overall design and execution of Project HEARD, overseen by the Detroit URC Board through monthly reporting. Composed of four community partners, six academic partners, and two project staff members, the planning committee drew from the Detroit URC's previous policy programs, augmented with others with relevant facilitation and policy change experience. Combined, the academic and community planning committee members had extensive experience working on policy change at national, state, and local levels and in using an equitable community-based participatory approach.

The overarching goal of Project HEARD was to strengthen the capacity and impact of longstanding CBOs, in partnership with academics, to advance policy change to address structural determinants of health equity impacting their communities. Toward this end, Project HEARD supported four community-academic Policy Action Teams (Teams) in developing and implementing one-year policy change objectives on a priority issue that each team identified. Project HEARD was distinctive among policy advocacy capacity-building programs in public

health as it focused on policy advocacy solely, not as a component of a larger curriculum; involved both community and academic partners on Policy Action Teams; included varied policy priorities; offered ongoing community-academic mentorship and support; and provided substantive financial resources to support policy work.[16–18]

This paper describes the approach, process, and methods by which Project HEARD designed and implemented a year-long initiative to provide focused support to CBOs in identifying and making progress on a specified policy lever. We (i.e., the planning committee and manuscript co-authors) share initial lessons learned for equity-focused, collaborative programs aiming to enhance community-driven policy change.

**METHODS**

Project HEARD was exempt from IRB approval because it does not fit the definition of human subjects research per 45 CFR 46, 21 CFR 56.

**Approach**

The planning committee drew on the Detroit URC's CBPR and policy advocacy capacity training models to support community-academic partnerships in developing a yearlong policy change campaign related to health equity.[3,4,14,15] This longstanding capacity building approach integrates the experiential action learning model[19,20] with CBPR principles and processes.[3,4,15,21,22] Experiential learning theory suggests that applying elements of the continuous learning cycle to issues relevant to learners enhances knowledge acquisition and skill building.[19,20] We integrated this approach throughout the initiative's components with an emphasis on co-learning among diverse participants. We incorporated several components of the Detroit URC's successful CBPR capacity building model (e.g., grant funding, mentor teams,

cohort structure) into Project HEARD to support collaborative, equitable community-academic policy action teams.[15,23]

As depicted in Figure 1, Project HEARD involved five main components to support community-led policy change initiatives: 1) a cohort of teams each composed of at least one CBO and one academic member; 2) community-academic mentors/consultants for each team; 3) policy advocacy campaign funding; 4) three co-learning workshops on the policy change process; and 5) four online strategy sessions to support policy campaigns. Collectively, these components aimed to facilitate connecting, co-learning, enhancing skills, and building collective power in support of improving community conditions for health equity. These components are described in detail below.

**Cohort of Policy Action Teams**

Project HEARD was a cohort-based program composed of four teams, each centered in a community-based organization (see Table 1). Each team consisted of at least one community partner and one academic partner who collaborated on a health equity policy change priority identified by the community. All organizations were engaged in broader efforts/coalitions addressing the priority issues. In addition, teams committed to adhere to CBPR principles of collaborative, equitable partnerships and to participate in all Project HEARD components over a one-year period. The cohort approach fostered a co-learning, power-building network of community-academic teams to share strategies and knowledge.

The Detroit URC Board prioritized CBOs with both policy experience and capacity for integrating policy change into their organization. This approach aimed to bolster and sustain community-driven policy change efforts.[4,14] The planning committee selected five CBOs with longstanding commitment and collaboration in advancing community health. One of the five

teams withdrew from Project HEARD early on upon receiving a large grant to conduct their proposed work. The remaining four CBOs were either board members or affiliated with the Detroit URC. Some CBOs began Project HEARD with specific policies in mind, while others translated community priority areas into policy change goals. Project HEARD's components, described in greater detail below, aimed to enhance CBOs' capacity to make progress on a larger effort regardless of where they were in the policy change process.

While Project HEARD had no specific parameters about the policy area chosen, three of the four CBOs prioritized environmental policy goals at local and state levels that targeted environmental racism to improve living conditions in overburdened communities. These policy goals included semi-truck and fugitive dust ordinances and a statewide constitutional Green Amendment. The fourth CBO policy change regarded state corrections procedures concerning accrual of child support debt during incarceration. Selected CBOs then identified and invited an academic collaborator, forming community-academic teams. Using a CBPR approach,[4] forming an equitable community-academic team complemented the community's expertise with research expertise from an academic working in the selected policy arena. For two of the CBOs, the planning committee suggested potential academic partners with relevant expertise and previous experience with equitable collaboration. The remaining two CBOs had existing connections with academic partners with whom to collaborate.

Teams submitted project descriptions that detailed their policy issue and potential policy lever on which to focus during Project HEARD. Teams completed an assessment of their experience and confidence in engaging in the policy change process and identified areas for enhancement. Individuals identified their skills, experience, and desired areas of improvement related to the policy change process. Teams had diverse levels of policy experience when they

started Project HEARD. For example, while all team members reported experience with selecting a policy issue/goal and organizing communities/coalitions, some reported no experience with analyzing the policy landscape or implementing a policy campaign.

### Community-Academic Mentor Pairs

A community-academic mentor pair with relevant expertise was assigned to each team to provide technical assistance and guidance throughout the year, based on the team's technical assistance needs (e.g., policy strategy feasibility and scope) described in their grant proposal submissions. Both teams and mentors received responsibilities and guidelines for working together. The intent was for mentor pairs to provide feedback and guidance on equitable collaboration and on the grant proposal submission and subsequent implementation, such as assisting teams with aligning strategies to their policy change goal, documenting policy initiative progress, and planning for policy advocacy sustainability within their organizations.

### Policy Advocacy Funding

 Teams developed their proposed policy change initiatives through a structured iterative process that began after the first workshop. They submitted draft proposals including budgets for their policy advocacy campaign to project staff, who used a review form to assess each proposal individually before meeting to discuss and consolidate feedback. Feedback was shared with teams and their mentors, prompting them to meet to discuss and finalize the proposal. After they incorporated feedback, grants were processed, awarding each team $20,000. The funds were primarily used to support dedicated staff time within the organization and community-facing materials and events.

### Policy Change Process Workshops

We planned and implemented three, five-hour capacity enhancing workshops structured around the policy change process to provide a common foundation and ongoing support to teams in translating their goals into specific policy change plans. A smaller group designed the workshop agendas with feedback from the larger planning committee. All planning committee members delivered the workshops and provided technical assistance to the four teams as community-academic instructor and mentor pairs (see Table 2).

Figure 2 describes the overall content of the workshop series, organized along the policy change process continuum to respond to CBOs' aims to enhance policy initiatives. We avoided replicating community organizing training in which CBOs were already engaged and training others. The original policy advocacy training was co-designed by a team of eight community and seven academic partners, seven of whom (four community; three academic) were on the HEARD planning committee. We modified this training for already identified policy goals to add more in-depth analysis of the policy landscape to select policy levers. Once teams identified specific policy changes, the workshops provided tools for systematic consideration of all the steps and resources needed for the policy change process.

We further adapted the policy advocacy curriculum[3,4,14] and components from CBPR capacity building model[15,23] to the teams' needs as reported in their pre-assessments and workshop evaluations. For example, as teams highly valued the protected work time, subsequent workshops balanced the curriculum with time for teams to work on their initiatives. In addition, community partners developed new content (e.g., communications for building power) to respond to teams' diverse needs. Workshops were held a month apart to allow teams time between sessions to apply what they learned to advance their policy change process. As described below, the workshops used a CBPR-informed experiential action learning model.[15]

*Applied active learning.* To enhance policy change knowledge and facilitate the application of policy change skills to selected issues, workshops included interactive presentations, small group activities (e.g., power mapping), reflection, and feedback on team policy campaigns.[3,4,15,19,20] Therefore, a key goal of each workshop was to provide supportive time for teams to work on different elements of the policy change process.

*Collaborative, equitable engagement.* Community-academic instructor and mentor pairs with diverse backgrounds were selected to plan and facilitate workshops using community-based participatory approaches for equitable collaboration.[15] A formative and developmental approach was key to adjusting content to teams' diverse policy change capacity expertise and needs. Feedback from the self-assessments and session evaluations guided session structure and content throughout implementation, enabling responsive and strategic use of time and resources toward enhancing policy change.[4,14]

*Growth mindset.* Following CBPR principles to democratize the policy change process, Project HEARD regarded diverse knowledge, perspectives, and voices as essential expertise.[21] Project HEARD promoted a growth mindset approach[24] of valuing distinct expertise and understandings through iterative reflection, equitable engagement, power sharing, and mutual learning among all participants.[25]

*Collective co-learning.* Building on the equitable engagement and growth mindset approaches, we enhanced active learning by incorporating elements of CBPR capacity trainings into policy advocacy content and activities, such as coupling working sessions with presentations to receive feedback and foster co-learning.[4,15,23] This collective co-learning was intended to facilitate a reciprocal transfer of knowledge, skills, capacity, and power within and across teams by building relationships, networks, and ultimately a community of policy change experts.[15]

*Transformative group process.* By augmenting existing advocacy networks, the collective co-learning process aimed to support teams in not only sharing information, but also in identifying new avenues for change by working across policy goals to build collective power (e.g., teams analyzed the policy landscape within and across teams). This transformative approach to integrate all participants' skills and expertise through co-learning intended to transform policy framing, enhance strategic collaboration, and build community power to advance policy that addresses root causes of community health inequities.[4,6] These capacity enhancing sessions, coupled with assignments to be completed outside the workshops, aimed to facilitate moving each team's policy goal into a specific strategy to promote community-driven health equity.

**Strategy Sessions**

Topics for the subsequent virtual Strategy Sessions were suggested by participants on workshop evaluations. The planning committee designed strategy sessions to provide time for checking in within and between teams on their policy strategy implementation and hearing from community leaders experienced in different policy advocacy components. For example, in one session an experienced national policy advocacy leader described their process for a successful federal policy change and addressed questions from teams relevant to their campaigns.

**EVALUATION PLAN**

Combined, the above components provided tools to support CBOs in remaining simultaneously anchored in their policy change goals and nimble in advancing these goals in changing policy environments. Evaluations were administered through Qualtrics software[26] at the end of each workshop and strategy session to inform subsequent session development. Project descriptions captured teams' overall policy skills, experience, focus areas, and

accomplishments for the project period. Pre- and post- questionnaires assessed individual team member skills, experience, and desired areas of improvement in the policy change process. In addition to assessing capacity at multiple levels (e.g., individual, organizational), the post questionnaire administered at the end of the project period will evaluate program components and capture policy advocacy accomplishments. Additionally, program documentation from workshops/sessions and team final reports and presentations will provide additional insight into Project HEARD's process and outcomes. We are presently analyzing the evaluation data which will be reported in a subsequent manuscript that focuses on outcomes.

## LESSONS LEARNED

These initial lessons learned were gathered through internal discussion by the planning committee, consultation with mentor pairs, and through informal and formal (e.g., workshop evaluations) feedback from the teams. Project HEARD's integrated, developmental, multi-component approach had many strengths—such as providing dedicated funding, facilitating protected time for policy change work, bringing together community-academic teams, and offering mentorship to support teams' policy change efforts. Given those strengths, we learned lessons for future iterations of this or similar programs.

### Co-learning Among Teams

Team members had diverse policy expertise and experiences and shared the goal of improving the wellbeing of local communities. This shared commitment and relationships among some team members prior to engaging in Project HEARD enhanced the collaborative environment. The opportunity for teams to share their expertise and learn from each other was essential. Intersections between teams' policy goals likely enhanced co-learning and power building, with teams sharing information about local decision-makers or proposed policies that

helped other teams shift their own strategy. We observed that the synergies created by putting experienced Detroit community advocates in conjunction with academic partners in a room together created unanticipated pathways for collaboration and shared strategy. In the future, we suggest further enriching co-learning by creating time for teams working at the same policy level (e.g., local, state, and administrative) to connect on their analyses and approaches to inform strategies for policy change across multiple focal areas.

**Supporting the Short- and Long-range Work of Groups Pulled in Many Directions**

Although Project HEARD aimed to create time for teams to focus on policy work, the CBOs had been selected in part for their deep roots and long-term relationships in their communities, including hiring, working directly with, and being led by community residents. As part of this commitment, community team members continued to provide services and respond to emerging community needs in the context of relatively small organizational structures and staffing. Given these demands, future iterations might go beyond exploring institutional integration in Workshop 1 to include working with CBOs to systematically create and integrate plans for sustaining policy change into their organizational structures. Lastly, efforts to sustain the power of the HEARD network after the project period needed additional resources and planning. Understanding the demands on community members who both provide direct services and advocate for policy change is critical to future efforts such as Project HEARD in order to maximize the potential for impact.

**Tailoring Support to Meet the Needs of Teams with Diverse Policy Experiences**

Mentor pairs suggested the initiative may have benefitted from further tailoring in several ways. First, the assessment may have enabled adaptation of the policy advocacy training structure to specific team needs. For example, teams with more advanced policy experience may

have gained more from direct data and communications support than from general policy advocacy workshops. Second, the technical assistance process may have been further structured to require periodic meetings between mentors and teams. This may have facilitated additional support for teams less experienced with the policy change process and/or with working with academic partners, such as encouraging teams to maximize all of the resources and networks within Project HEARD. For more experienced teams, mentors may have further supported teams in honing realistic policy advocacy objectives for the project period.

### Identifying Ways to Support Sustainability of Policy Efforts

With sustainability in mind, Project HEARD components aimed to support advancing a specific aspect of CBOs' existing policy efforts within the year. In addition to assessing Project HEARD's process and outcomes, future evaluation activities will include discussion among teams to elicit additional strategies to sustain policy advocacy work within their organizational structures (e.g., building policy translation into program grants, dedicated personnel/staff effort).

Given the amount of time required to achieve policy change, extending the one-year project timeline would have allowed teams more time to transition from forming, norming, training, and organizing to working on their policy change goals. Furthermore, start-up processes such as identifying teams and receiving initial project descriptions required more time than expected. Grant cycles that are responsive to community-driven policy change structures and timelines are needed to enhance policy advocacy initiatives. In spite of the above challenges, all teams advanced their policies.

## CONCLUSIONS

Community-driven policy change for health equity occurs in complex, fluid environments that require multiple strategies to enhance community capacity and power.

Project HEARD created a collective learning and power building environment in which community-academic teams were supported to work together to advance policy change efforts. The project was grounded in CBPR principles, including a strong emphasis on equitable community-academic partnership among team members, trainers, and mentors. The training was structured to integrate diverse policy advocacy capacity building components with multiple support strategies and prioritized directing resources to communities to address community-prioritized policy efforts. The preliminary lessons presented in this paper can inform future efforts across diverse contexts aiming to bolster community-led policy change to promote health equity.

**ACKNOWLEDGMENTS**

**Figure 1. Project HEARD Core Components for Supporting Community-Driven Policy Change**
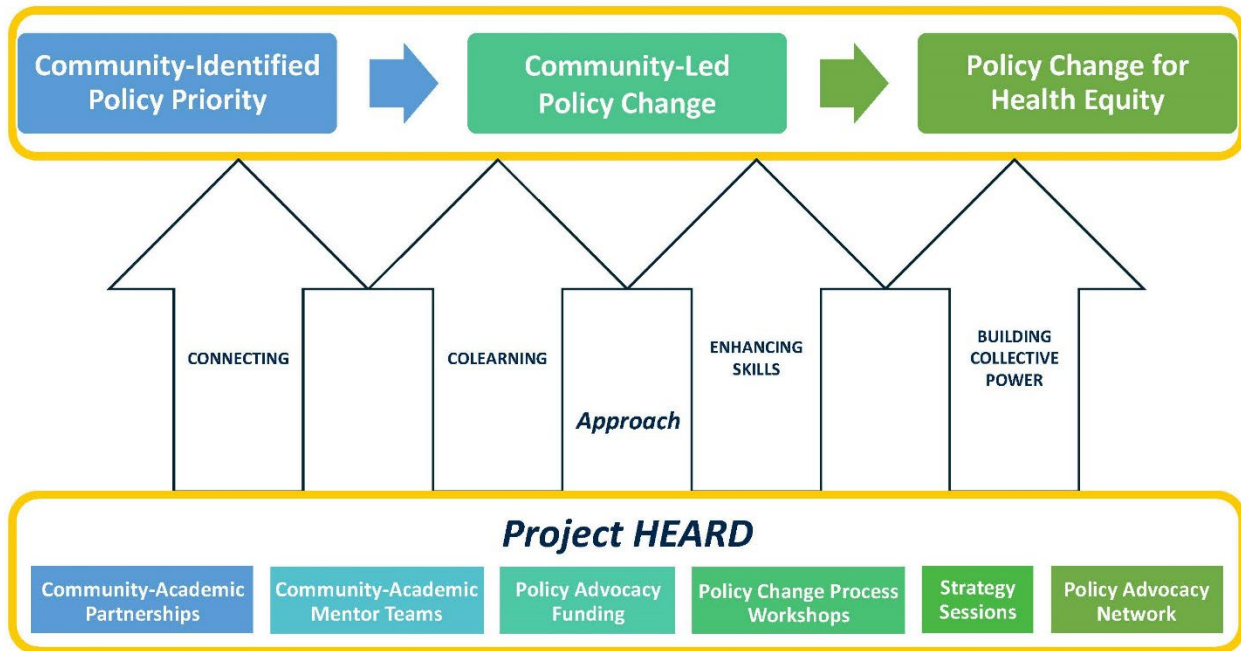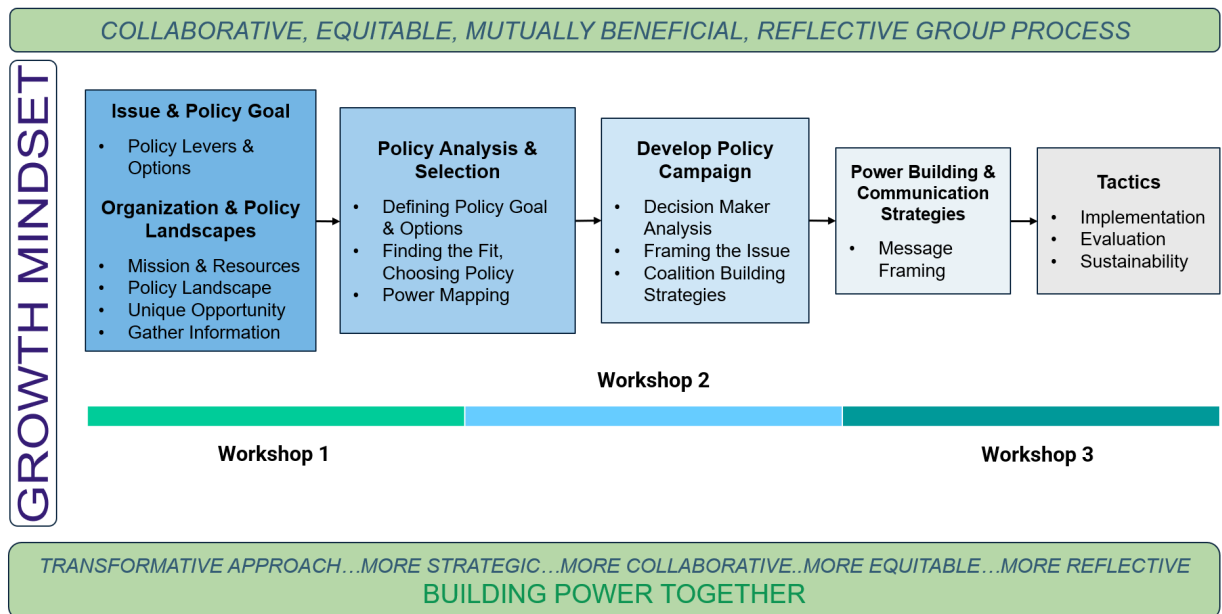
**Table 1. Project HEARD Policy Action Team CBOs, Policy Goals, Partners, and Mentors**

| Organization (Year founded) | Policy Goal | Level of Policy Goal | Academic Partner | New P'ship? | Mentor Pair Backgrounds |
|---|---|---|---|---|---|
| Detroit Hispanic Development Corporation (1997) | Administrative procedures to inform incarcerated Michiganders of opportunity to pause child support debt accrual | State | Carceral system & immigration researcher at University of Michigan (U-M) | Yes | • Communications specialist for statewide organizing group<br>• Health equity researcher & advocate |
| Detroiters Working for Environmental Justice (1994) | Green Amendment to Michigan Constitution to make access to clean air, water, soil, & a stable climate fundamental rights | State | Environmental law scholar at University of Detroit Mercy | No | • National Federally Qualified Health Center leader<br>• Policy advocacy program design & evaluation researcher |
| Eastside Community Network (1984) | Robust & enforceable Semi-Truck Ordinance to address air quality & truck traffic & engage residents | Local | Team of science & public policy researchers at U-M | Yes | • Community development/affordable housing specialist<br>• Anti-racist health policy researcher |
| SW Community Benefits Coalition (2008) | Fugitive Dust Ordinance to increase environmental health protections | Local | Environmental health researcher at U-M - Dearborn | No | • National environmental justice leader & CBO founder/executive director<br>• Community-based participatory action researcher around the social & physical environmental determinants of health |

**Table 2. Workshop and Strategy Session Co-Facilitators and Content Overview**

| Session | Co-Facilitator/Instructor Organizations | Content Overview |
|---|---|---|
| Orientation | ● Faculty co-leads from the University of Michigan School of Public Health (U-M SPH) | ● Project HEARD overview (e.g., components, materials)<br>● Team member expectations & hopes for Project HEARD<br>● Team member policy issues, communities, skills, & knowledge<br>● Reflections & Pre-Assessment |
| Workshop 1 | ● Green Door Initiative<br>● Detroit URC policy trainer, U-M SPH | ● Define the problem & policy goal<br>● Identify policy options or levers<br>● Assess organizational & policy landscapes<br>● Reflections & Evaluation |
| Workshop 2 | ● Detroit URC policy trainer, Cinnaire Community Connection<br>● Detroit URC policy trainer, U-M SPH | ● Choosing the policy lever<br>● Power mapping & decision maker analysis<br>● Policy advocacy strategies & tactics<br>● Planning the campaign<br>● Developing the grant proposal<br>● Reflections & Evaluation |
| Workshop 3 | ● Detroit Hispanic Development Corporation<br>● We the People Michigan<br>● Faculty co-leads | ● Peer feedback on policy proposals<br>● Communications for building power<br>● Team planning & communications consultations<br>● Peer feedback on campaigns<br>● Reflections & Evaluation |
| Strategy Session 1 | ● Community Health & Social Services Center<br>● Faculty co-leads | ● Team check-ins<br>● Peer feedback<br>● Policy success story – Federally Qualified Health Center funding in the Affordable Care Act<br>● Team planning time<br>● Reflections & Evaluation |
| Strategy Session 2 | ● Detroit Mercy Law<br>● Detroit Hispanic Development Corporation<br>● Faculty co-leads | ● Team issue, policy goal, decision maker<br>● Conversation on political influence<br>● Team planning time<br>● Reflections & Evaluation |
| Strategy Session 3 | ● Faculty co-leads<br>● Mentors | ● Team planning time<br>● Peer feedback<br>● Co-planning a culminating event<br>● Reflections & Evaluation |
| Strategy Session 4 | ● Faculty co-leads<br>● Mentors | ● Framing & communicating policy messages<br>● Team showcase event preparation - one-pagers & presentations<br>● Peer feedback<br>● Reflections & Evaluation |

**Figure 2. Policy Change Process Workshop Series**

COLLABORATIVE, EQUITABLE, MUTUALLY BENEFICIAL, REFLECTIVE GROUP PROCESS

GROWTH MINDSET

**Issue & Policy Goal**
- Policy Levers & Options

**Organization & Policy Landscapes**
- Mission & Resources
- Policy Landscape
- Unique Opportunity
- Gather Information

**Policy Analysis & Selection**
- Defining Policy Goal & Options
- Finding the Fit, Choosing Policy
- Power Mapping

**Develop Policy Campaign**
- Decision Maker Analysis
- Framing the Issue
- Coalition Building Strategies

**Power Building & Communication Strategies**
- Message Framing

**Tactics**
- Implementation
- Evaluation
- Sustainability

**Workshop 2**

**Workshop 1**

**Workshop 3**

TRANSFORMATIVE APPROACH…MORE STRATEGIC…MORE COLLABORATIVE..MORE EQUITABLE…MORE REFLECTIVE
BUILDING POWER TOGETHER

| Table 3. Community and Academic Collaboration in Project HEARD | | |
|---|---|---|
| | **Members** | **Purpose** |
| **Project HEARD Planning & Implementation** | | |
| Planning Committee | Four community partners, six academic partners, & two project staff members | Responsible for the overall design & execution of Project HEARD; overseen by the Detroit URC Board. |
| Mentor Teams | Community & academic partners from the Planning Committee | Matched with Policy Action Teams to provide additional feedback & guidance on their policy campaign grant proposals & implementation |
| Instructor Teams | Community & academic partners from the Planning Committee | Planned & facilitated workshops using community-based participatory approaches for equitable collaboration |
| **Project HEARD Participants** | | |
| Policy Action Teams | Community Based Organization (CBO) & Academic Partner Co-Leads | Participated in Project HEARD to develop year-long campaigns to support policy change on a priority issue |

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