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Youth Participatory Action Research and Decision-Making:
A Multi-Case Study of Five California Public Health Departments

By

Maggie Gaddis Wanis

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Public Health

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Emily Ozer, Chair
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Fall 2010

Youth Participatory Action Research and Decision-Making: A Multi-Case Study
of Five California Public Health Departments

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by Maggie Gaddis Wanis

Abstract

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Doctor of Public Health

University of California, Berkeley

Professor Emily Ozer, Chair

This dissertation investigated the role of youth-led participatory action research (YPAR) in influencing decision-making in five California public health departments. To my knowledge, this is the first systematic study of the utilization of YPAR for decision-making in public health, or in any other field. The present study employs qualitative methods, using a case study approach in multiple sites. Data sources include in-depth interviews, document review and participant observation. The two conceptual frameworks within the research utilization literature that guide this study are the decision-making model and frames of reference. I examined how YPAR projects fit existing models of research utilization and compared the utilization of YPAR compared to traditional research across all five departments in public health department decision-making. I found that the utilization of YPAR in the decision-making of the public health departments fit the political, problem-solving and interactive models. A key finding is the utility of YPAR to decision-makers. Decision-makers are more likely to use YPAR when it is action oriented and relevant to their work. There is also evidence that departments who do not traditionally use research are utilizing YPAR to drive policy change in their communities on issues that impact young people. It appears to provide additional utility to public health department decision-making that traditional research may not provide. Strengths, limitations and implications of this study for future study of YPAR and decision-making are also presented.

Dedication

To my departed father, Alfred, for your constant support and sacrificial love. I live in hope that one day, I too will join you in the Kingdom of our Father.

“He who lives blamelessly in righteousness, he will leave blessed children behind him.”¹

¹ Proverbs 20:7, Scripture taken from the St. Athanasius Academy Septuagint™. Copyright © 2008 by St. Athanasius Academy of Orthodox Theology. Used by permission. All rights reserved.

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Last, but not least this dissertation would not have been possible without the love of my Lord Jesus Christ and Heavenly Father, all praise and glory are due to Him.

Introduction

There has been recent growth in the utilization of community-based participatory research (CBPR) in public health as a means of influencing policy and addressing health disparities (Chunharas, 2000; 2007; Green, 2003; Minkler, Blackwell, Thompson, & Tamir, 2003; Minkler & Wallerstein, 2003b, 2003c; Park, Brydon-Miller, Hall, & Jackson, 1993). Community-based participatory research has been defined as an orientation to research that focuses on a topic of interest to the community through combining knowledge acquisition and social action (Minkler & Wallerstein, 2003b). In particular, many projects have involved youth as researchers or co-researchers, especially in identifying the needs of young people (London, 2003; London, 2004; Checkoway, 2004; Wilson, 2006; Holden, 2004; Nygreen, 2006; Schensul, 2004; Suleiman, 2006; Ozer, 2010). In addition, other CBPR projects have involved youth in addressing issues of environmental or health disparities at the community level (Breckwich-Vasquez et al., 2007; Minkler, Breckwich, Tajik, & Peterson, 2008). These CBPR projects involving young people have recently been labeled as youth participatory action research (YPAR) by researchers in the field (London, Zimmerman, & Erbstein, 2003b; Schensul, LoBianco, & Lombardo, 2004).

Youth Participatory Action Research projects are increasingly being implemented with the ultimate goal of reducing health disparities by influencing policy and social action in communities. Many YPAR projects involve youth attempting to influence change at public health departments, counties, schools or community based organizations. The limited literature on YPAR has primarily focused on understanding the processes and outcomes from the point of view of the young people who participate in these projects and the staff who support their efforts (Checkoway, Dobbie, & Richards-Schuster, 2003; Checkoway & Richards-Schuster, 2004; Holden, Crankshaw, Nimsch, Hinnant, & Hund, 2004; London et al., 2003b; Nygreen, Ah Kwon, & Sanchez, 2006; Ozer et al., 2008; S. L. Schensul et al., 2004; Wilson, Minkler, Dasho, Wallerstein, & Martin, 2006). We know little about *how* the data, evidence, actions, and/or recommendations generated by young people are perceived or utilized by public health professionals and other decision-makers who are the primary audience for these YPAR projects.

The present study seeks to address this gap by investigating how YPAR is perceived and utilized (if at all) by public health decision-makers in multiple health departments that represent key variation with respect to size, populations served, and network ties to university-based researchers and resources. Further, I consider how patterns in the utilization of YPAR parallel or diverge from patterns in the utilization of traditional research¹, a question that has not been addressed in prior research.

¹ In this study, traditional research is defined as research that involves academics and experts in the research processes of driving data collection and analysis. It is in contrast to participatory action research, which involves community members in all phases of the research process.

Theoretical Frameworks

Community-Based Participatory Research

In public health, community-based participatory research consists of a partnership between community members and stakeholders, such as city or county officials, board of supervisors, program managers and directors of public health department programs (Minkler & Wallerstein, 2003c; Wilson et al., 2006). Nine principles have been established to characterize this approach (Israel et al., 2003). Each CBPR project can embrace one, or a combination of these principles depending on the purpose or the participants involved in the project. Israel (2003) also explains that each project may not fully achieve the stated principle as there are differing levels within each principle with the stated principle being the gold standard.

The core set of principles attributed to community based participatory research are the following (Israel et al., 2003):

1. CBPR recognizes community as a unit of identity.
2. CBPR builds on strengths and resources within the community.
3. CBPR facilitates collaborative, equitable partnership in all phases of the research.
4. CBPR promotes co-learning and capacity building among all partners.
5. CBPR integrates and achieves a balance between research and action.
6. CBPR emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease.
7. CBPR involves systems development through a cyclical and iterative process.
8. CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process.
9. CBPR involves a long-term process and commitment.

There have been multiple critiques of CBPR in the literature. One critique centers on a lack of consistency in identifying how to operationalize CBPR principles and measure how they are used (Cargo & Mercer, 2008; Viswanathan et al., 2004). The CBPR principles identified above are also unclear as to the specific roles between community participants and academic partners. To address this deficiency, Cargo and Mercer (2008) recently conducted a critical review of the existing CBPR literature in order to develop a framework which clarifies the roles of research partners involved in CBPR. Their framework highlights the

following values as drivers behind CBPR: knowledge translation, social and environmental justice and self-determination of participants (Cargo & Mercer, 2008). This study primarily examines the role of knowledge translation in driving YPAR.

CBPR has also been criticized for the lack of consistency in research design and methodology and the tension between technical validity (internal and external) and face validity (local knowledge) (Minkler & Wallerstein, 2003c; Viswanathan et al., 2004). However, since CBPR has been defined as an approach and not a research method, it can be argued that it will employ a wide range of methodologies and research designs (Israel et al., 2003; Minkler & Wallerstein, 2003c). Further, by definition, CBPR emphasizes face validity and local relevance. Local knowledge provides added value to academic partners' understanding of the needs of communities they are working with and it facilitates the development of research questions that are relevant to the community at hand (Minkler, 2005). Also, researchers have demonstrated that there are ways to conduct CBPR that hold to research quality such as by establishing strong research designs and appropriate measurement and evaluation plans for intervention work (Viswanathan et al., 2004).

Last, another critique is inherent in the definition of CBPR. By definition, CBPR involves individuals researching issues that have an influence on them directly; many of the issues studied are political in nature. Researchers involved in CBPR are thus not neutral or "objective" as they have a personal stake in the outcomes of the research (Hall, 1992; McTaggart, 1991; Wallerstein & Duran, 2003). Proponents of participatory research argue that being political is key to influencing existing power dynamics and creating change (Freire, 1970, 1982; McTaggart, 1991; Wallerstein & Duran, 2003). This study involves cases that are primarily political, in that the young people had a vested interest in the issues they were researching. For a further analysis, I have listed Israel's (2003) nine principles and their presence in each case from this study in Appendix A.

Youth Participatory Action Research

Youth-driven programs are more developmentally appropriate for youth than programs driven by adults (Cargo, Grams, Ottoson, Ward, & Green, 2003; Larson, Walker, & Pearce, 2005). Developmental research suggests that that imbalance in knowledge and power between youth and adults prevents youth development during youth and adult interactions (Youniss, 1980). From a developmental perspective, the basis for youth-driven programs is that youth become active learners and participants when they make decisions and set the agenda when collaborating with adults. It is hypothesized that this type of ideology and approach are empowering and facilitate the development of youth leadership skills (Larson et al., 2005).

Youth participatory action research is an innovative research approach that aligns with youth development frameworks and critical inquiry approaches

(London & Chabran, 2004; London et al., 2003b; Suleiman, Soleimanpour, & London, 2006). Youth participatory action research projects train youth to identify major issues in their communities, conduct research to understand the underlying issue(s) and problem(s) and then influence decision-makers and/or policies to address the source of the problem or issue (London et al., 2003b; Schensul, Berg, & Sydlo, 2004). As YPAR is based on the epistemological and political value of local knowledge, youth are believed to have the greatest local knowledge about themselves (London, Zimmerman, & Erbstein, 2003a). Through YPAR, young people take ownership and exercise social and political control throughout the research and action process.

As well as having the same challenges as those described for CBPR more generally, youth participatory action research encounters additional challenges related to the relative lack of power of young people in communities (Checkoway & Richards-Schuster, 2004; Nygreen et al., 2006; Ozer, Ritterman, & Wanis, 2010). Lack of awareness regarding the position of young people, that is their relative power and privilege in YPAR projects, has been identified as an issue in projects that have been implemented with youth participants (Checkoway & Richards-Schuster, 2004; Nygreen et al., 2006). In many YPAR projects, adult collaborators are often viewed as authority figures rather than as allies or partners by young people. One project sought to address this concern by matching adult collaborators with the same racial background and/or social class as the young people participating in the project (Nygreen et al., 2006).

Furthermore, another challenge related to positionality is the fine balance of adults guiding and leading YPAR through employing democratic decision-making processes instead of leading through control (Nygreen et al., 2006). For example, one of Israel's (2003) guiding principles states that all partners need to discuss and define what a collaborative and equitable partnership will look like for the project at stake. In terms of YPAR, this means that youth and adults will need to discuss their roles in the decision-making process and level of control in their partnership. This principle poses a challenge to YPAR projects, since power and control differentials historically exist between youth and adults. That is, youth may often be "tokenized" partners in the partnership, yet they are not equitable partners with decision-making power. This is interesting considering that in fact it has been demonstrated that appropriate youth development is facilitated when youth are partners with adults (Larson et al., 2005)

This struggle can be more pronounced when young people are conducting YPAR in adult-controlled institutions such as schools (Nygreen et al., 2006; Ozer et al., 2010), or when adults view young people as problematic instead of resourceful. Adult collaborators have an important role in working with young people and should strive towards balancing youth ownership and adult guidance by respecting their contributions and encouraging their participation. Partnering with young people also carries the challenge of working within the boundaries of their limited schedules and creating "safe places" for this to happen (Nygreen et al., 2006). A common challenge to be met in YPAR projects is the high turnover of youth in agencies that employ YPAR, due to competing forces such as school

and jobs and going away to college. Some public health departments have come up with unique ways to promote long-term relationships such as by employing youth for pay.

Research Utilization

As noted above, there has been little prior examination of the utilization and influence of research, data and action generated by young people. There are, however, existing theoretical frameworks and empirical work focused on the utilization and diffusion of research more broadly that inform the present study. Prior research indicates that most decision-makers report using research to some extent in their work (Kingdon, 1984; Weiss, 1980). Several theoretical frameworks discussed in detail below have been developed in the past two decades as part of efforts to characterize and predict why and how traditional research generated by adult professional researchers is used (or not) by decision-makers to influence policy and practice. While these theoretical frameworks on research utilization provide an important grounding for this study, they explicitly do not address participatory research conducted by “lay” community members, such as youth participatory action research. To my knowledge, there has been no empirical investigation of how these research utilization frameworks influence decision-making in the context of YPAR, or any kind of community-based participatory research.

Although we know little regarding how YPAR influences decision-making, there is a literature to draw from on research utilization in general and the factors that play a role in influencing decision-making processes. “Research utilization” and “knowledge translation” are terms that emerged in the past decade to bridge the gap between research, on the one hand, and the influence of social action and policy on the other hand. The existing literature on research utilization demonstrates that these processes and factors are multi-level and complex, with multiple interactions at both the individual, organizational, researcher and decision-maker level (Chunharas, 2000; Fuhrman, 1992; Hanney, Gonzalez-Block, Buxton, & Kogan, 2003; Honig & Coburn, 2008; Huberman, 1987; Landry, Amara, & Lamari, 1999; Lavis, Robertson, Woodside, McLeod, & Abelson, 2003; Lester & Wilds, 1990; Mandell & Sauter, 1984; Nutley, Walter, & Davies, 2007; Nutley, Walter, & Huw, 2003; Spillane, Reiser, & Reimer, 2002; Weiss, 1979, 1980). Furthermore, there is increased empirical investigation of the relationship between researchers and decision-makers, as both have varying interests and values (Chunharas, 2000; Hanney, Gonzalez-Block, Buxton, & Kogan, 2003). As alluded to above, the existing literature is focused solely on research generated by professional researchers, not on research conducted by or in partnership with community members and local stakeholders. The present study draws from two main theoretical perspectives -- Decision-Making Models and Frames of Reference -- and tests the extent that they are applicable in understanding the utilization of YPAR in the decisions and practices of public health departments.

Decision-Making Models

While studies report that the majority of decision-makers and practitioners report that they use research to inform their work (Nutley, Walter, & Davies, 2007; Weiss, 1980) there is general consensus that research evidence seldom has a *direct* impact on making decisions (Weiss, 1979, 1980; Weiss & Bucuvalas, 1980). Rather, it appears that the influence of research is most often *indirect* and occurs in phases, steps or increments (Spillane, Reiser, & Reimer, 2002; Weiss, 1980). Carol Weiss, (1980) one of the seminal researchers on this topic, calls it ‘knowledge creep’ and others describe it as an *incrementalist* model (Hanney et al., 2003). An early framework describing research utilization from the work of Weiss (1979) describes seven models in decision-making applicable to the sciences of which the following four will be examined in this study:

- *Problem solving*: identification of problem drives the collection of research (linear process).
- *Interactive*: continuous interaction between researchers and decision-makers facilitates research utilization (iterative process).
- *Political*: research is used as ammunition to push or support decisions of interest to decision-makers.
- *Tactical*: research is utilized when there is pressure for change or action on an issue and also in response to decision-makers commission or request for research to be collected.

The following three models, listed below, are not being examined in this study. The *Enlightenment Model* and *Research as Part of the Intellectual Enterprise of the Society Model* are both difficult to capture retrospectively without participant observation, and thus are not being studied. Also, the *Knowledge-Driven Model* is more applicable to the natural and physical sciences instead of the social sciences, and subsequently not relevant to this study (Weiss, 1979).

- *Enlightenment*: research ‘creeps’ in gradually to decision-makers through changing insights & perspectives. Also referred to as ‘knowledge creep’.
- *Knowledge-Driven*: the study of basic research leads to the study of applied research and then to development and application of findings.
- *Research as Part of the Intellectual Enterprise of the Society*: Research and social science interact with one another, influencing each other while also being influenced by existing social thought.

Decision-makers² often use research strategically to push for a particular issue or to legitimize a decision they want to make, or have made in the past.

² The cited literature ranges in the definition of decision-maker. Definitions include individuals within a social services agency (mental health and substance use) and school district

Decision-makers cite that research often gives them the credibility they need to move forward with a course of action (Weiss, 1980). This suggests that YPAR may push decision-makers to move forward with a *course of action*; in fact, doing so is often an explicit goal of YPAR efforts. This type of utilization to influence decision-makers to move forward with a *course of action* is further developed by Weiss & Bucuvalas (Weiss & Bucuvalas, 1980), in their work on Frames of Reference.

Frames of Reference

A key study on research utilization by Weiss & Bucuvalas (1980) led to an informative conceptualization on decision-making of individuals in the mental health field and significantly informs this study. They describe five ‘frames of reference’ or factors of research that are important to decision-makers in influencing their criteria for accepting or rejecting new information or study results. The factors are:

1. *Research Quality* - how the research holds against scientific merit and rigor, such as technical quality, appropriate methodology and validity;
2. *Action Orientation* - whether the research makes feasible and doable recommendations;
3. *Conformity to User Expectations* - how research findings fit with existing beliefs, values and knowledge;
4. *Challenge to the Status Quo* - whether the research challenges existing practices and beliefs;
5. *Relevance to User* - how the research matches with decision-makers job responsibilities.

Independently, *Research Quality* carried the most weight in influencing decision-makers. Next was *Challenge to Status Quo* and *Conformity to User expectations*. *Action Orientation* and *Relevance* were not as influential. Weiss & Bucuvalas (1980) composed these factors into three *Frames of Reference*, 1) relevance of the research, 2) trustworthiness of the research and 3) direction oriented nature of the research. Then, they divided the factors into two domains, *truth* and *utility* tests. Truth tests constitute the *Research Quality* and *Conformity to user Expectations* factors to address the questions: 1) “Is the research trustworthy?” 2) “Can I rely on it?” 3) “Will it hold up under attack?” Utility tests constitute the *Action Orientation* and *Challenge to the Status Quo* factors address the following questions: 1) “Does the research provide direction?” 2) “Does it yield guidance for action?” (Weiss & Bucuvalas, 1980).

officials who make decisions regarding issues that affect their agency. Even though these studies primarily investigated individuals located at local agencies, federal and state agencies were also included.

Other Factors of Influence

Research on what facilitates or inhibits use of research by decision-makers, specifically in the fields of public policy, health care, education and mental health, have identified multiple factors that play a role in the receptivity of research utilization (Fuhrman, 1992; Hanney et al., 2003; Honig & Coburn, 2008; Huberman, 1987; Landry et al., 1999; Lavis et al., 2003; Lester & Wilds, 1990; Nutley et al., 2003; Spillane et al., 2002; Weiss, 1979; Weiss & Bucuvalas, 1980). These factors are listed in Table 1, and are expanded in detail in Appendix B.

Table 1 List of contextual factors that influence research utilization

| Contextual Factors |
|-----------------------------------------------|
| Research Context |
| Decision-maker context |
| Linkages between research and decision-makers |
| Intermediaries |
| Organizational factors of influence |

One of the most significant factors in research utilization is the linkage between researchers and decision-makers (Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Hanney et al., 2003). The likelihood of decision-makers utilizing research findings is increased if sustained relationships are developed with the researchers (Hanney et al., 2003). When research and decision-maker relationships are sustained, researchers will set priorities that are mutually beneficial, resulting in research being conducted that decision-makers will want to use (Hanney et al., 2003).

Another factor highlighted in the research utilization literature is the role of organizational capacity for new knowledge. Organizational capacity for new knowledge is a strong indicator for receptivity of innovations and influencing decision-making (Greenhalgh et al., 2004). That is, a public health department that historically has the capacity and motivation to identify, generate, and integrate new knowledge may be more likely to encourage youth participation and YPAR in decision-making. This phenomenon may extend to a public health department's tradition and practice of research utilization. That is, those departments with a strong tradition of research utilization may *also* demonstrate stronger utilization of YPAR. Alternatively, it is also possible that departments with a strong history for utilizing traditional research may not value YPAR findings or may have high criteria for research rigor that may be challenging for non-professional researchers – particularly young people – to meet.

The literature on research utilization can assist in understanding how YPAR is utilized in public health department decision-making compared to traditional forms of research. However, these models of research utilization need

to be studied in the context of the above mentioned factors. Research utilization is a complex and socially constrained phenomenon that depends significantly on both the individual and organizational context of researchers and decision-makers (Fuhrman, 1992; Hanney et al., 2003; Huberman, 1987; Landry, Amara, & Lamari, 1999; Lavis, Robertson, Woodside, McLeod, & Abelson, 2003; Nutley, Walter, & Huw, 2003). Thus, in order to understand the role of YPAR in public health department decision-making, the present study examined the individual, organizational and contextual factors discussed above.

Research Aim and Questions

Youth Participatory Action Research is a unique orientation to research in that it is conducted by young people from the public health departments' constituencies. It is not known how research and recommendations generated from YPAR projects are utilized and the extent to which these patterns fit the decision-making models and frames of reference models described above. I draw on Decision-Making Models and Frames of Reference concepts to investigate the ways in which diverse public health departments use traditional research and YPAR and identify and explain similarities and differences in the criteria for patterns of utilization. The key questions addressed by the present study are:

- How and to what extent are the findings and recommendations of YPAR utilized in the decision-making of public health departments?
- How and to what extent are patterns in the utilization of YPAR consistent with existing conceptual models of traditional research utilization?
- What are the differences/similarities between YPAR and traditional research (if any) in terms of truth and utility tests and influencing public health department decision-making on issues that impact youth?

I expect that utilization patterns will differ depending on whether the research is traditional or YPAR. It seems likely that the utilization of YPAR could fit the following four models from Weiss's (1979) decision-making models, problem solving, interactive, political, and tactical models. These four models that seem relevant to the utilization of YPAR can be conceptualized as all relating to agenda setting in situations where resistance from decision-makers is anticipated. In terms of Weiss's (1979) Frames of Reference, I expect that the factors that contribute to Utility Tests, action orientation and challenge to status quo, will have more relevance and bearing on the utilization of YPAR in public health department decision-making - see Table 2.

Table 2 Frames of reference and respective factors

| Frames of Reference | Factors |
|---------------------|----------------------------------------------------------------------------------------------------------------|
| Truth Test | <ul style="list-style-type: none"> ▪ Research Quality ▪ Conformity to User Expectation |
| Utility Test | <ul style="list-style-type: none"> ▪ Action Orientation ▪ Challenge to Status Quo |
| Relevance | |

The present study addresses these frames of references or truth versus utility tests to examine whether existing research utilization models are applicable to public health settings with respect to their utilization of YPAR. According to Weiss & Bucuvalas (1980), in situations in which the implications of the research are controversial, decision-makers are more likely to focus primarily on the credibility of the research to back them up. Thus, hypothetically, truth tests should be addressed by the research component of YPAR if the research is conducted systematically and holds to decision-makers' existing knowledge base of research quality, such as technical quality, using appropriate methodology and addressing validity. Decision-makers also uphold research to other criteria such as the credibility of the agency or nesting of the research within an organization- see Appendix B for additional criteria. At the same time, it is possible that truth tests will not be adequately addressed by YPAR efforts because the research could be viewed as 'unreliable' or 'not trustworthy' since it was conducted by young people who are not professional researchers.

Design and Methods

The primary goal of this study is to address gaps in the fields of YPAR and research utilization via investigation of the *utilization* of YPAR from the perspective of public health decision-makers who are in a position to respond to the efforts, research, and recommendations of their young stakeholders. I studied five public health departments in the State of California that were currently implementing or had implemented YPAR projects in the recent past. Because of the growing interest in YPAR in the field of public health, I placed this study within county or city public health departments that have demonstrated YPAR utilization in their communities.

For this study, I defined YPAR as research being conducted by youth for the purposes of developing evidence for action - see Appendix C for examples of these YPAR projects. In addition, I defined research as a systematic investigation to establish facts or generalizable knowledge through the use of the following methodologies such as surveys, interviews, focus groups and/or observations. I also examined the collection of data or information by young people to inform

decisions that may influence their communities. This is often conveyed anecdotally, quantitatively or qualitatively without the use of systematic research; such as knowing that most students in their school are tardy or that few youth attend a sexual health prevention program at their school.

Case Study Approach

I utilized a case study approach – specifically a multiple-case design -- for this study; this is a particularly appropriate method for investigations that need depth to examine a topic or phenomena that lacks an existing research base (Yin, 2003). A multiple-case design contains more than one case; for this study I studied multiple public health departments. The case study approach allowed for an in-depth exploration of each public health department and the contextual factors that reinforce and support the utilization of YPAR and traditional research in decision-making. This methodology was particularly well-suited to understanding the contributions of youth participation in the complex processes of YPAR, advocacy and policy work, as all involve multiple players in multiple contexts. A major advantage in utilizing a multiple-case study approach versus a single case study is replication logic, insofar as more cases make the results, more compelling (Yin, 2003). For this study, the unit of analysis is an individual decision-maker at a local public health department. Cases include public health departments with varying levels of YPAR (Appendix A).

Public Health Departments

A total of five cases (public health departments) were selected to be included in this research study. I selected cases based on having participated in YPAR currently or in the past, this is also known as purposive sampling, focusing on a combination of a snowball and convenience sample (Patton, 2002). These five cases were selected from a total of sixty-three public health departments in California. I generated a list of public health departments in the state of California that have participated with youth in a YPAR project or other advocacy capacity through contacting a network of colleagues familiar with youth projects, searching department websites, and making phone calls to various departments in the state. In addition, I met with the principal investigator of a CBPR project working with ten California public health departments to discuss potential cases that met YPAR criteria (Minkler and Garcia, 2009). Four departments were identified as suitable cases due to the strong recommendation from colleagues and convenience in studying the sites. An additional case was recommended by a colleague and subsequently added due to the prevalence of YPAR in that department. The approximate population size of each department and YPAR projects they worked on is illustrated in Table 3.

Once the five cases were selected, I initiated preliminary conversations with multiple staff from each department to assess the past and current level of YPAR and other forms of youth participation such as youth advocacy or outreach. I cast a wide net in terms of asking about differing forms of gathering input from

young people to ensure that I did not miss any examples of projects due to variances in terminology. These preliminary interviews were with key personnel in the public health department within the Maternal, Child and Adolescent Health, Tobacco, Environmental, and Substance Abuse departments. In addition, I conducted an internet search of the department using the search term “youth” and “young people” to obtain additional information regarding the department and their past and present collaboration with youth. During this phase, I identified potential interview participants.

I chose two prospective cases that were actively conducting a YPAR project during the data collection phase. Prospective studies are important in this study as they reduce recall bias during interviews. They allowed me to be involved in participant observations and observe the day-to-day activities and decisions of the department in collaboration with youth (Miller & Crabtree, 1999; Schatzman & Strauss, 1973). One of the two prospective cases was studied in-depth through participant observation. The remaining three cases were retrospective in regards to YPAR projects, but were currently involved in other forms of youth participation during data collection.

Table 3 Public health department demographics

| Public Health Department | Population | YPAR Projects |
|---------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alexandria | > 900,000 | <ul style="list-style-type: none"> ▪ Built Environment ▪ Violence ▪ School-based health |
| Thebes | > 900,000 | <ul style="list-style-type: none"> ▪ School-based health ▪ Physical Activity/Nutrition ▪ Tobacco ▪ Alcohol ▪ Violence |
| Athens | > 900,000 | <ul style="list-style-type: none"> ▪ Built Environment ▪ Tobacco |
| Rome | 300,00-900,000 | <ul style="list-style-type: none"> ▪ Tobacco ▪ Sexual Health |
| Memphis | 300,000-900,000 | <ul style="list-style-type: none"> ▪ Violence ▪ Tobacco ▪ Alcohol |

Procedures

To best address the research questions of identifying how youth participation influences public health decision-making, I conducted multiple in-

depth interviews from each case study. In-depth interviews are the most appropriate instrument of use to get at the “how” question and an in-depth examination necessary of case study research (Miller & Crabtree, 1999). An earlier study on research utilization of decision-makers located in a Mental Health department also determined that in-depth interviews provide the most utility when compared to surveys or other quantitative instruments (Weiss and Bucuvalas, 1980). I systematically conducted data collection with all five cases, conducting a minimum of two interviews, observations, and document analysis at each public health department. In addition, I observed one department through multiple visits to assess how youth participation influenced decision-making.

I collected data using a 20-question semi-structured interview guide (Appendix D). The research utilization models and stages of policy implementation were used to inform the prompts and questions of the guide. The interview guide included questions on the following content areas: Background, work with youth, youth participation in public health department, instrumental versus conceptual uses of research, and contextual factors influencing research utilization. Questions on research utilization were informed by research conducted by Weiss & Bucuvalas (1980). I pre-tested the interview guide with two researchers experienced in interviewing decision-makers who have been involved in CBPR and with one decision-maker from a department within public health department-Athens County, which was excluded from the research study due to not meeting the above-mentioned criteria. I conducted interviews in person or by phone when face-to-face was not possible. Table 4 summarizes data collection activities across all five public health departments.

Table 4 Summary of data collection

| Data Source | Alexandria | Thebes | Athens | Rome | Memphis |
|-------------------------|-------------------|---------------|---------------|-------------|----------------|
| In-depth Interviews | 2 | 4 | 3 | 3 | 2 |
| Document Review | 4 | 15 | 6 | 4 | 5 |
| Participant Observation | 0 | 0 | 2 | 1 | 0 |

Participants I interviewed represented public health department staff from a range of three different departments within the public health department including tobacco, adolescent health, and community health. All individuals from public health departments were program managers who made daily decisions regarding the direction of their department (see Table 5). In addition, I interviewed individuals from outside agencies, such as community-based organizations if they played a significant role in the public health department and

youth. All interviews were taped and transcribed with consent from participants as agreed upon by the Institutional Review Board.

Table 5 Interview distribution by agency

| | Alexandria | Thebes | Athens | Rome | Memphis |
|--------------------------------------|------------|--------|--------|------|---------|
| Public Health department Managers | 2 | 2 | 2 | 3 | 2 |
| Community-based organization partner | - | 2 | 1 | - | - |

Data Analysis

Interviews. I audio taped the interviews and transcribed verbatim. Data analysis was an iterative process in that codes and themes were developed and tested with additional data from subsequent interviews (Miller & Crabtree, 1999). I first analyzed the data using categorization from existing research utilization models (and open coding directly from the transcripts) by going through printed transcripts, one transcript from each public health department. After developing a list of potential codes, I coded the remaining interviews using Atlas Ti, a qualitative data analysis software. During this second phase, I revised the code list and redefined the codebook as necessary. Lastly, I conducted three remaining interviews and coded them using the revised codebook.

Document Analysis. In addition to the in-depth interviews and participant observations, I conducted document analysis for each of the case studies. Document analysis assists in corroboration and triangulation of key findings from the interviews and assists in eliminating self-report biases and other validity concerns (Miller & Crabtree, 1999; Patton, 2002). Documents disseminated by youth researchers, meeting minutes, media coverage and from collaborating agencies and policy makers were examined and coded in the same manner as the in-depth interviews. Document analysis assisted in addressing the following questions:

- 1) The type of youth participation in the public health department. What type of research was collected? Was it participatory? Was it YPAR?
- 2) How do decision-makers respond to YPAR versus traditional research?

The type of documents that I deemed acceptable for review included the following; white papers, evaluation reports, meeting minutes, policy recommendations/pieces, presentations, department newsletters, newspaper

articles/other media, research reports, research tools and websites. Table 6 describes and outlines the number of documents by case study.

Table 6 Document type by case

| Document Type | Alexandria | Thebes | Athens | Rome | Memphis |
|---------------------------------|-------------------|---------------|---------------|-------------|----------------|
| White papers/evaluation reports | x | xxxx | xx | | x |
| Websites | | xx | | | x |
| Meeting minutes | | xx | x | x | |
| Policy Piece/Recommendations | | xx | | x | xx |
| Presentations | | x | | | |
| Department Newsletter | | xxx | | | |
| Newspaper/Other Media | x | x | | x | |
| Research Reports | xx | | xxx | | x |
| Research Tools | | | | x | |

Coding

To address research questions regarding the utilization of YPAR by the public health departments, I coded excerpts from the in-depth interviews using existing concepts from the research utilization literature as a beginning template (Miller & Crabtree, 1999). Starting with the different *decision-making models* of research utilization by Weiss, problem solving, political, tactical, and interactive and then the *frames of reference* which make up the Truth and Utility Tests, (challenge to status quo, conformity to user expectations, action orientation, research quality, and relevance to user) (Weiss, 1979; Weiss & Bucuvalas, 1980). In addition to using those existing codes, I open coded identifying areas that could be related to the other factors of influence mentioned in the literature as defined in Table 7 (Miles & Huberman, 1994).

Table 7 Definition of Codes

| Code | Definition | Example |
|-----------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Problem Solving Model | Research provides evidence that helps solve a policy problem | “For example, they found out that in the Sunrise District, which has twice as many youth, 3 times as many people of color, a third of the income level as Bayview and has 44% more stores with permits to sell tobacco. They also found out that research shows the higher the density of stores selling tobacco that it is linked with higher smoking rates and tobacco illness and death... And they decided that the permit ordinance would be the most appropriate to amend to limit the number of tobacco permits in the city.” |
| Political Model | Research is used to endorse an existing position | “... we went to city council and they presented; and they counted qualitative and quantitative data, because they counted the number of liquor stores and billboards that they saw in downtown Creekside, as opposed to the number of liquor stores and billboards in the same sort of mileage in Mond, as well as they talked about how they felt in terms of the issue of safety. How much of the advertisement they saw they felt was directed solely at them, as opposed to the marketing that was intentionally marketing to African-American and Latinos and to young people.” |
| Tactical Model | Research being done for sake of research, regardless of results | “They [young people] try to get a supervisor to sponsor it, and that supervisor works at the city attorney to finalize the language. The supervisor right now is concerned about small business... Couple of things that families be able to pass on their permits to other people. We are doing some research to find that might not happen very frequently anyway.” |

| | | |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interactive Model | Research to decision-making is an interactive non-linear process of back and forth before making decision | “And this was all kind of a buildup to and then we invited a meeting with the police chief. We invited him out and these were all kind of the preliminary conversations before we started the process of actually trying to get the ordinance passed in the city so that by the time that we were almost a year and a half in we were ready to take the first step in getting the ordinance passed.” |
| Challenge to Status Quo | Whether research challenges existing practices and beliefs | “They surveyed like 1,500 [young] people in that community, and asked them ‘What do you see as solutions to what’s happening?’ The results showed to create...culturally relevant spaces for young people, where they could access art, culture and mental health services, but not in the traditional mental health model. There was a whole lot of doubt, like, ‘Is this really the answer?’” |
| Conformity to User Expectation | How research findings fit with existing beliefs, values and knowledge | “...making sure that there is an evaluation piece involved because it gives validation for their work also for themselves and also for the community.” |
| Action Orientation | Whether research makes feasible and doable recommendations | “The youth did all this work, except that we helped them in getting census data and generating the GIS map...They put together a packet with a model policy, a case statement, talking points, fiscal [implications] questions and answers, and they are doing a lot of practicing and they have been getting a lot of endorsement.” |
| Research Quality | How research holds against scientific merit and rigor (e.g. technical quality, appropriate methodology and validity) | “Sometimes we don’t get much participation in our County schools and they have to get a certain percent for it to be quote on quote valid. They have to get like 70% participation and if they don’t get 70% pretty much it’s not valid. And unfortunately a lot of the County schools, there isn’t a whole lot of participation in those surveys from the kids.” |

| | | |
|-------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relevance to User | How research matches with decision-makers job responsibilities | “You know, it [research findings pointing need for youth center] was about seven years of just pushing and dropping it for a while and then pushing it on again. Finally, it [youth center] was chosen in 2005, I got a call from Supervisor “Gin” saying we have this abandoned building; really, it used to be a sanitation. He's like, ‘I heard that you, guys, were thinking about trying to do a youth center. Can we try to put something together in the next six months?’” |
|-------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

To address my third research question that involved comparing and contrasting utilization of YPAR to traditional research, I used the existing research utilization codes described above and evidence from interviews and document review to develop a set of higher-level categorization of public health departments. All departments were categorized as “strong” versus “weaker” on their utilization of traditional research, and as engaging in “regular” versus “strategic” use of YPAR. Table 8 provides the specific criteria I used to make these categorizations.

Table 8 Criteria for each research tradition

| Research Tradition | Criteria |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Strong Traditional Research need minimum of three criteria</p> | <ul style="list-style-type: none"> ▪ Emphasis on both research collected beyond county level and locally. ▪ A division exists within the public health department that focuses on research and/or assessment. ▪ Problem Solving Model-Evidence through documents/publications of ongoing and regular community health assessments conducted broadly of the public health department to identify problems. ▪ Political and/or Tactical Model-Assessments or research collection is utilized beyond evaluation purposes. It is utilized for policy development. ▪ Require community groups to utilize the Community Action Model (CAM). |

Weak on Traditional Research

department doesn't meet minimum of three criteria from Strong Traditional Research and meets at least two of these criterion

- Emphasis on local knowledge.
 - Community Health Assessments are not conducted regularly.
 - Assessments or research collection is primarily utilized for evaluation purposes. It is seldom used for policy development.
-

Considering that there is much variability in YPAR projects with regards to broad CBPR principles, each YPAR project was also examined with respect to each guiding CBPR principle established by Israel et al. (1998). The selected guiding principles are outlined in Appendix A and compared against each case study. After creating a code-book, I reviewed each interview transcript and assigned codes as appropriate to sections of text using Atlas Ti software. A breakdown of the frequency of codes from the interview transcripts is shown in Appendix E.

Results

Findings are presented below in order of the three main research questions investigated in the present study:

- How and to what extent are the findings and recommendations of YPAR utilized in the decision-making of public health departments?
- How and to what extent are patterns in the utilization of YPAR consistent with existing conceptual models of traditional research utilization?
- What are the differences/similarities between YPAR and traditional research (if any) in terms of truth and utility tests and influencing public health department decision-making on issues that impact youth?

Utilization of YPAR

I found evidence that YPAR was utilized in decision-making across all five public health departments, and that the extent of utilization and the rationale for utilization differed significantly. Overall, YPAR facilitated decision-making on policy level factors across all public health departments, fitting closely to the political model and on occasion to the problem-solving model of decision-making. Youth participatory action research was also instrumental in public health departments addressing controversial issues. It served as a strategic tool to engage youth on controversial topics such as gun control. At times, YPAR also fit the problem-solving model in instances when the public health department had

questions regarding broad health topics in the community. Youth participatory action research was utilized in terms of how to improve or build upon existing services. In terms of the other models of decision-making, YPAR also fit the interactive model. I had previously hypothesized that YPAR would fit the tactical model of decision-making, but that was not the case – decision-makers were not driving research collection as frequently as I had expected. Evidence of the other remaining models being practiced was not demonstrated in this study.

As mentioned above, the model that fits Public Health Department decision-making in the context of YPAR is the Political Model. Drawing from the Political Model and two factors from the Frames of References, *action orientation* and *relevance to user*, I developed the concept of “strategic use” of YPAR to describe the process in which YPAR is used to influence decision-making through a course of action. Whereas there was evidence for traditional forms of professional research primarily serving the functions of informing programming and evaluation, I discovered that the utilization of YPAR, not surprisingly, was more oriented towards goals of action. Most of the impetus for YPAR was to address change policies or practices to address social justice issues in the community. Action orientation, one of the factors of the Utility Test, came up frequently in my interviews as a valued identity of YPAR, for example:

“It [YPAR] has had an influence on programming: partnering with community groups. The data has influenced that. Constantly evaluating. Are we making a difference for youth in this community? Are we addressing youth concerns? Social conditions?”

Alexandria Interview #1

“Often, this is just to show the council that there's a problem, same thing with youth decoy operations. You will bring photographs and/or the actual containers of cigarette butts to the council and the youth is going to say, ‘Hey, we went out for a couple of hours and we collected 1,200 cigarette butts in this park. We think that this is gross and our park has supposed to be family-friendly community environments, and they're not. We want you to do something about it.’”

Athens Interview #2

“They also found out that research shows the higher the density of stores selling tobacco that it is linked with higher smoking rates and tobacco illness and death. They also researched existing policies of the city. They looked at banning codes and land use codes and health codes. And they decided that the existing health codes, the permit ordinance would be the most appropriate to amend to limit the number of tobacco permits in the city.”

Memphis City Interview #2

This next quote from a program manager emphasizes the role of research as it relates to the *political model* in addressing pushback from decision-makers in the city.

“They have since approached one member on the Board of Supervisors that has agreed to sponsor this legislation. And the supervisors are now at the point of meeting with the city attorney and is concerned about small business and the pushback from them. The supervisors [are] concerned about convenience stores and chains versus preserving small local independent businesses. We are trying to do research to deal with that and there may be further changes to the model policy that the supervisor and city attorney are going to recommend.”

Memphis Interview #2

There were multiple reports of how the research that young people collected gave a decision-maker ammunition to move forward with a course of action to address disparities in the city, for example in the case of tobacco legislation:

“Once they take their area of work, in this case tobacco density, and disparities, they write their case statement and they did their research. They did a survey of people in the community. Comparing neighborhoods. We looked at the distribution of tobacco permits in the city...And yet it has 44% more stores with permits to sell tobacco. They also researched existing policies of the city. They looked at banning codes and land-use codes and health codes. They have since approached one member on the Board of Supervisors that has agreed to sponsor this legislation. And the supervisors are now at the point of meeting with the city attorney and is concerned about small business and the pushback from them.”

Memphis City Interview #2

Across all departments, I found that the frames of reference factors of action orientation and relevance to user were the dominant criteria with respect to their influence on decision-making. That is, the high utility and relevance of YPAR was the primary driver of decision-making, as illustrated below:

“So, what we always taught our young people is, like you need to give them a reason why they need to say, “Yes.” Just asking them, without any kind of backing, it just doesn’t make to ask various people who are strong that have access or a gatekeeper to resources. I think it’s kind of like what we said on school-based campaigns, just saying give more money to something, isn’t going to be as strong as “Give more money to something, and we’ve assessed where you can actually move money so we can get this, and we’ve done some of you work for you.” It’s a different frame. It’s harder to argue with that, and I think that’s part of what we train our

youth organizers at the time is that's going to get you a lot further. Having the survey results was really critical, but having young people persistently saying like, "You all haven't done a great job of addressing violence in the community." We have some hard core statistics here that we think are going to show that our method can actually add value to larger work that's happening. I think that's when it's really like, "What does research show? Where are they drawing this information? Why is technology important for young people's health?" Well, part of it is like how we [are] arming young people with that information."

Thebes Interview #4

"It's been kind of shifting, but our vision was in order to create the spaces, it has to be collaborative, the community has to back it, young people need to be the drivers of it. You know, it was about seven years of just pushing and dropping it for a while and then pushing it on again. Finally, I got a call from Supervisor Tony saying we have this abandoned building, really, it used to be a sanitation. He's like, "I heard that you, guys, were thinking about trying to do a youth center. Can we try to put something together in the next six months?"

Thebes Interview #3

Surprisingly, *research quality*, a Frames of Reference factor supporting the Truth Test was not an important factor in the conversations I had with decision-makers regarding YPAR. The literature suggests that research quality is of great importance in the utilization of traditional research (Hanney et al., 2003; Huberman, 1987; Lester & Wilds, 1990; Weiss & Bucuvalas, 1980), but my data do not generally support this claim in the case of YPAR. I did find that during my interviews, many respondents felt the inclination to justify or explain the research quality of YPAR and more frequently, traditional forms of research. In their interviews, many respondents did discuss the need to base their work and decisions on research and "numbers," whether generated by YPAR or traditional research. Review of documents from the same organizations regarding decisions made, however, were not consistent with the self-reported claims that research and numbers were important to decision-making. One explanation for this inconsistency is that reporting that their work should be based on research and "statistics" (even if in reality it is not) was the socially desirable response for the interviewees to give – particularly in talking about their decision-making with a doctoral student from a research university. They expected that I was judging them on their use of research and "statistics." For example, in these cases the interviewees discuss aspects of research, such as numbers, that were not related to the question at hand:

"Another thing that the youth are get involved with is, through all these campaigns, they also collect public opinion surveys.....Sometimes that causes problems, because again, while these public opinion surveys are

used the sampling method is a convenience sample. So sometimes, the youth will not talk to adults, and you'll look at all their data and say your convenience sample can't be that convenient."

Athens Interview #2

"Always looking for data that helps identify specific health issues also look at new research that talks about....rarely clinical studies. Qualitative research. Built environment encourages or impacts how people eat become physically active. Journal articles are a really vital resource for me. The numbers. Whatever the health statistics. Those are always really important to fill in an issue."

Memphis City Interview #1

Traditional Research versus YPAR

My third research question focused on within-case similarities and differences in the utilization patterns of YPAR and traditional research. Based on my analysis of the interview data and document reviews, I identified three broad patterns with respect to how the five public health departments utilized traditional research and YPAR: “Omni-research-friendly” for those departments that have a strong tradition of research utilization and regular use of YPAR, “stakeholder-research friendly” for departments with a strong tradition of research utilization and strategic use of YPAR and lastly “conditional-research friendly” for departments with a weaker research tradition and strategic use of YPAR see Table 9 for the categorization of public health departments according to their level of tradition of research utilization (stronger versus weaker tradition) and their utilization of YPAR (strategic use versus regular use).

Table 9 Cases distributed by traditional use of research versus YPAR

| Research Use | Stronger Tradition (R) | Weaker Tradition (r) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|
| YPAR | | |
| Regular Use | Alexandria Memphis | |
| Strategic Use <ul style="list-style-type: none"> ▪ Political model ▪ Relevance to user & action orientation | Athens | Thebes Rome |

Those departments with a strong history of traditional research use, Alexandria and Memphis, were also the same departments that demonstrated strong evidence of the utilization of YPAR and were characterized as “omni-research friendly.” While Alexandria was markedly stronger in the integration of research into its regular operations than any other case, both Alexandria and Memphis demonstrated evidence of utilization of research regardless of whether it was generated by adult professionals or young people. On the other end of the spectrum were Thebes and Rome City, two departments that tended not to utilize traditional research, but did utilize YPAR strategically on an “as needed” basis. Lastly, Athens County was a very large department that demonstrated substantial within-department variability in its utilization of YPAR depending on the specific division; it is characterized as “conditional-research friendly.” The multiple divisions within Athens County appeared to work in relative isolation such that “cultural” practices regarding the utilization of YPAR did not carry across divisions. For example, two of the divisions I studied utilized traditional research and limited YPAR for decision-making, while there was no evidence that a third department utilized YPAR.

This variation in utilization across all five public health departments highlights that YPAR is providing a utility beyond what traditional research can provide alone. That is, YPAR is giving health departments a tool to achieve action and change that traditional research alone does not provide for them. Within YPAR utilization, the “omni-research friendly” departments, both Alexandria and Memphis City, use YPAR frequently, however, at varying levels. Alexandria has ingrained YPAR in the department’s infrastructure; thus, they are continually engaged in YPAR projects. For example, YPAR has become part of their on-going community assessment process. Whereas, Memphis City uses YPAR more regularly through their requirement of the CAM (community action model) from the communities which receive funding from them.

Alexandria County “Omni-research friendly”. Alexandria County, has the strongest tradition of research; it is one of the public health departments, which has a division with resources dedicated to the regular implementation of community health assessments throughout the department. They have such a strong tradition of research, that both traditional research and YPAR are integrated, for example:

“So the survey part that was done by the CAED Unit were administered in 2004 or 2007 and they’ll be re-administered in 2010. The youth survey was attached to the 2007 component. Out of that survey, there is a group of youth that were identified in those communities. They were pooled together, put together in a grouping to respond to the findings that came out of the surveys. They come together to form Townoak Youth Movement. Their intention is actually to conduct participatory action research projects that are responsive to the survey findings.”

Alexandria County Interview #1

My findings demonstrate that Alexandria is a department that utilizes research and evidence-based programming. Alexandria County is also influenced a lot by a local large university and has linkages to students and faculty from the School of Public Health. Their emphasis on research is demonstrated at the organization level by having a community assessment and evaluation department (CAED)³. Young people are significantly involved in CAED in conducting YPAR. They are a department that traditionally uses research and invested in YPAR because of two reasons, 1) It involves research and 2) It involves local stakeholder knowledge. However, the evidence suggests that with Alexandria, it is more about the tradition of research than local stakeholder voice.

“[Research Utilization] has an influence on programming: partnering with community groups...data has influenced that. Constantly evaluating. Are we making a difference for youth in this community? Are we addressing youth concern? Social conditions. Lots of schools. 10 new school based health centers in Townoak. Research will inform these centers.”

Alexandria County Interview #2

Memphis City “Omni-research friendly”. Memphis falls along the same line as Alexandria County in that I categorized it as a public health department that has a stronger tradition of research generally. Their value of research stems from their work with the Community Action Model (CAM), which involves participatory action research of all their community partners. Unlike Alexandria County, their commitment to YPAR is more from local stakeholder knowledge versus the research alone. It is more about their value of this model in facilitating effective programming. YPAR is the language that all of their funded partners speak when communicating action and/or change. The difference between Alexandria and Memphis is that Alexandria values research “R”, where as Memphis doesn’t necessarily value “R” as much as they value CAM and local knowledge.

“Working on the SAMHSA grant with young people with youth development approach violence and alcohol prevention. Community Action Team.. an approach on popular education ...guides them to assessment and based on findings helps them determine a plan of action. What is unique about the CAM is that it really pushes community groups to make some long term sustainable change. And that usually means making some organizational level change or some policy level change. Really the goal is how can they change the system... Youth helped develop an assessment on issues around mental health, violence and substance use issues. [We] hired young people and interviewed young people. They

³ CAED is a fictitious name created for the purposes of this dissertation to protect anonymity.

conducted a photovoice project and then participated in focus group. Essentially they presented the results to community meetings. And CAM teams, [actually] one group advocated to end gun shows at the stadium.”

Memphis City Interview #1

Athens County “Conditional-research friendly”. Next in the hierarchy is Athens County, the “conditional-research friendly” department which has a strong tradition of research “R” and strategic versus regular use of YPAR. Interestingly, Athens County falls close to Memphis, even though the department utilizes YPAR on a more strategic basis versus regularly. Athens is an extremely large public health department and as such there is much variation in research utilization within divisions in the department. I worked with three divisions; one did not utilize YPAR, and the other two utilized them sparingly through their funded communities. Like, Memphis City, Athens County also requires use of the CAM from the communities they fund. Since, it is a large department, traditional research is used frequently for program planning, assessment and evaluation. Two of the divisions relied heavily on evidence/best practices from the state level. I found that it was challenging for Athens County to focus on local knowledge since it is a large and diverse county with many different communities. They collect ongoing research on each of their communities that are primarily used to modify direct clinical services. I also noticed that they do not have close ties to a School of Public Health from a local university.

“Well, you can look at both of these as the data collection at activities. Especially the youth purchaser, we definitely look at that as a scientifically valid sample if possible for that. We may do a census, that is, we survey all the retailers in the community if we have the resources to do so or we do a sample.”

Athens Interview #2

Both departments, Thebes and Rome, have a weaker tradition of research “r” and use YPAR more strategically than on a regular basis, hence the label “stakeholder-research friendly.” YPAR is often used in instances when young people need to be heard and to achieve system level policy change. That is, there were more instances of the political model or tactical model at play in both these counties. Another significant finding is that traditional use of research “R” is used more internally for evaluation or informing direct services.

Thebes County “Stakeholder-research friendly”. Thebes County is not as connected as closely to a university, such as Alexandria. However, the culture of Thebes County is open to addressing and tackling social justice issues. Also, throughout the department there is an emphasis on the importance of youth development. For example, one department is dedicated solely to young people

called the adolescent program (AP)⁴. However, most of AP's activities are on education and improving direct services versus on YPAR. In addition, because of their strong youth development orientation many of the staff who make decisions are younger, and are products of the AP program. They are young people who were exposed to TAP in high school and then recruited to work in the department. Thus, many of them do not have graduate degrees in public health, yet they have been trained to understand youth development more than research. Most of their training has been hands-on through working at the adolescent program (AP) as young people.

Their geographical proximity most probably has an influence on their philosophy. They are not situated in an urban region and thus, are facing less progressive issues as compared to Memphis or Alexandria. However, when it came to addressing tobacco and alcohol issues in the context of policy work, YPAR became more instrumental in communicating to the Board of Supervisors and getting policy passed. Thebes County values local knowledge, more than the collection of systematic research. They used YPAR, because they felt that youth or young people would not be heard, unless they had research. Below are examples of how Thebes County uses research primarily for evaluation purposes;

“We don't have enough evaluation going on over here. We need more. I know that we're really trying to do a push over here. I don't know if you know (name), but we're trying to do a push right now to do some evaluations in our school based health centers because we just rode them out last year, the three vans, and we weren't doing a whole lot...”

Thebes Interview #2

“One of the things is that we often take data that we have compared to our experiences and observations either our direct observations or observations from other community members. An example of this would be in East County. We know that the pregnancy rate in East County is really high, particularly among Latinas. And so and you know, there's been a lot of conversation to why that might be something cultural, you know, we keep our years open in trying to understand what the cause of that.”

Thebes Interview #1

Rome City “Stakeholder-research friendly”. If my cases were aligned along a spectrum, Rome City would be at the end with regards to having a strong research tradition “R”. Based on the interviews and participant observations, I characterized them as having a weaker research tradition “r.” Research is used when writing grants and evaluation programs, but that is the extent of the role of research in their department. However, YPAR is prominent in this department and

⁴ AP is a fictitious name created for the purposes of this dissertation to protect anonymity.

it does play the role of giving young people credibility and voice to be heard. One of the explanations for the limited role of research in this department stems from it being a city public health department with limited resources. The individuals I interviewed and observed within the department function autonomously from the public health department and director. They mentioned that the director gives them free reign in their work without much accountability. This is different from Memphis City, in that the individuals I interviewed are integrated closely with the city public health department. As the program manager from Rome states regarding the use of research in her department, “*We do collect some data, we do pre- and post-tests [evaluation] with our programs. Generally, that's more just knowledge.*” Since her department worked in isolation from the rest of City public health departments, she primarily conducted research for evaluation purposes.

Credibility of YPAR and youth researchers. The “stakeholder research-friendly” pattern is perhaps the most interesting and surprising in that it suggests that research conducted by young community members provided a means by which research was utilized in settings in which there existed a major gap between research evidence and public health practice. I found that traditional research did not carry the same weight as the research conducted by young people. For instance, I did not find evidence that public health departments following the “stakeholder research-friendly pattern utilized traditional research to influence decisions around action or change.

Multiple, reciprocal processes of credibility enhancement may account for these patterns of utilization. First, in settings that don’t typically value or utilize professional research, the fact that youth from the community conducted the research may lend credibility and relevance to the research enterprise and findings, with the youth researchers essentially acting like “wolves in sheep’s clothing” as they bring research-based findings and recommendations into a public health setting not usually receptive to research.

At the same time, the nature of the research conducted by local youth is likely to be highly community-specific and relevant for the public health decision-makers. Thus, part of the credibility and utility of YPAR is due to its provision of data that are generated locally by young people. This facilitates its being used for strategic purposes (Weiss, 1980). To highlight this point, Thebes County is an example of a department that does not have a strong tradition of utilizing research, and does not utilize YPAR on a regular basis. However, they have a strong value of local information. When this local knowledge has the added benefit of “research,” it becomes more effective in decision-making. It appears that the value of YPAR stems primarily from it being research masked as local knowledge. For example, a tobacco ordinance in Thebes County was not a priority until youth got involved with research in hand.

Further, across all cases, a theme that emerged regarding YPAR is the importance of research in giving youth credibility in the eyes of decision-makers. This is different than the way credibility is discussed in the existing literature on

research utilization (Weiss & Bucuvalas, 1980) in that it concerns the credibility of those individuals who are conducting the research rather than of the research itself. My data suggests that youth “armed” with research are more likely to be received positively by decision-makers than youth without data, as decision-makers often have a negative perception of young people. When young people are associated with doing something “good” and “positive” they are more credible to the receivers. This enhancement in credibility is illustrated by these comments from program managers:

I think that numbers without advocacy, there's nothing, there's no movement on it. And then advocacy without backing it up, there's no legitimacy. So, what we always taught our young people is, like you need to give them a reason why they need to say, 'Yes.' ...just saying 'give more money to something' isn't going to be as strong as 'Give more money to something, and we've assessed where you can actually move money so we can get this, and we've done some of you work for you.' It's a different frame. ...but having young people persistently saying like, 'You all haven't done a great job of addressing violence in the community.' We have some hard core statistics here that we think are going to show that our method can actually add value to larger work that's happening. I think that did help with health services, and the health department. I think that's when it's really like, "What does research show? Where are drawing this information?"

Thebes Interview #4

Interestingly, this strength of YPAR is even more clearly illustrated in instances where a public health department does not traditionally use research, but utilizes YPAR on a strategic basis. Research gives young people credibility and the voice to be heard, especially in communities where there is negativity attached to young people.

This phenomenon is significantly related to Weiss' & Bucuvals (1980) “frames of reference” and their description of the factor of *challenge to status quo*: the likelihood of research being utilized is increased when dealing with controversial topics. The findings from this study suggest that this is true, with a slight variation on the model. It is not so much an issue of the *research* being controversial, but *who is presenting* the research that is controversial (young people) and that is when the research begins to have meaning.

“Policy makers are amazed/happy that we have young people that we work with and doing good work for their community. Board of Supervisors often look at youth and wonder what else is going on in their life. Since there is so much negativity attached with young people. Especially youth of color.”

Alexandria Interview #1

I further found that YPAR tended to be used in situations with controversial issues and topics, and in areas in which there might be resistance from decision-makers. This pattern is consistent with YPAR's philosophical and political emphasis on issues of equity and power. Also, as alluded to above, it appeared that utility criteria or "tests" were more salient than truth "tests" in determining the utilization of YPAR in public health department decision-making. Traditional research and evaluation by adult professionals was primarily used for less controversial assessment, program planning, and evaluation purposes; this was especially true for the departments that are characterized on the weaker tradition of research use. Traditional research data was also more commonly utilized when writing grants or education purposes than for persuasion or political purposes, and for educational programming and clinical services, but not policy level change. Some examples of other forms of research being utilized in public health department decision-making are listed below.

Factors That Influence YPAR and Traditional Research Utilization Patterns

Organizational capacity for new knowledge is one of the factors mentioned as playing a role in receptivity of innovations and influencing decision-making (Greenhalgh et al., 2004; Huberman, 1987; Lester & Wilds, 1990). I find that this is true, in that departments with closer ties to universities are more likely to be open to YPAR and overall research utilization. However, these ties can't just be at the top level with administrators, it has to be diffused throughout the department. For example, in Thebes County, the public health director has strong connections to a local large university, however, many of the staff that work with young people are more removed and thus their receptivity to research and YPAR is more limited.

I found that, not surprisingly, staff who were trained and more closely connected to a local university were more likely to utilize research and YPAR. For instance, Alexandria County has close ties with the School of Public Health at a local large university. More interestingly, not only does Alexandria County have close ties to the neighboring School of Public Health, but also most of the staff working on youth issues have received doctoral degrees from the university. This is the one significant distinction between Alexandria and the other counties, which may explain its strong tradition of research and YPAR utilization.

Many decision-makers also talked about the role of community-based organizations in influencing the utilization of YPAR by decision-makers. Decisions are influenced from multiple pressures from different outside groups who have the capability to set agendas and develop policy recommendations (Kingdon, 1984). One of the roles of organizations or intermediaries, such as community-based organizations, is that they help to shape and influence policy and decision making through translating or communicating research to appropriate stakeholders. Also, such organizations often play an advocacy role, positioning the research for ammunition versus illuminating or shedding light on a gap in the area of interest. This is an important role, as oftentimes a disconnect

exists between researchers and decision-makers due to factors such as credibility and communication (Huberman, 1987; Landry et al., 1999; Nutley et al., 2007). Public health departments mentioned that community-based organizations, have more of an organizational capacity to work with young people in advocacy work, which is often difficult for public health departments due to being constrained by rules or resources. As the program manager of Alexandria put it, "...we're neutral, so we can't advocate.....we can't take an explicit position around some of the challenges in the community, and so we have to work through other organizations to do that [advocacy work]."

Program managers also discussed the increased capacities of community-based organizations from an organizational perspective.

"They were responsible...[for]convening the young people. [The]health department shouldn't necessarily be running programs..[it]should be piloting programs. Community based organizations are more in touch with what is happening in the local level. They often have more trust in the community."

Memphis City interview#2

"The challenge with the work here in the department, in part, is that it's a public health department. It's not the usual [place] for [youth] development. As the youth advance...they seek outside organizations that are better suited to working with them."

Alexandria Interview #2

Linkages among researchers is another factor mentioned as having a significant role in influencing research utilization by decision-makers (Greenhalgh et al., 2004; Hanney et al., 2003). When researchers and decision-makers are interacting together on a regular basis research utilization increases in occurrence. This is related to the interactive model, one of the decision-making models established by Weiss (1979). This is interesting because Thebes County had strong linkages among researchers and decision-makers and yet it did not influence the uptake of traditional research. However, it did influence the receptivity of YPAR. From my observations, I would say that linkages among researchers and decision-makers carries more weight in controversial or political decision-making and is most relevant in instances of using YPAR.

"They (decision-makers) were definitely aware of the fact that there were young people who were starting to rally around the issue. Like I said, the work had a ready started two years before in the other part of the County.... they were primed for it. The point was to teach them community organizing, really their own power, recognition of their own power."

Thebes County Interview #4

“There was definitely prep work and also we had a few meetings with council members ahead of time, which is something that I don't know if it is typically done, but it was certainly done for them so before all of that happened the process was teaching them what it means to be organizing around an issue. They had gotten a few folks to be kind of like their allies. Like the chief of police, and they had gotten a few store owners unbelievably to become their allies. So this is part of the prep work that went into way before we got into the point where anybody could take a vote on anything. It was like teaching them how to write a letter, teaching them how to ask agency for a show of support that took my part, because they would say oh we should really contact the police department.”

Thebes County Interview #4

“When you're in relationship with the youth, you influence them. The youth are here, they're here every week in the office and have ready access to the people who make decisions. I can't tell you what decisions have been influenced, but I do know that their presence has changed our practice in terms of the Unit.”

Alexandria Interview #2

Discussion

This study demonstrates that 1) YPAR is being utilized in public health department decision-making in departments where traditional research is not being used and that 2) existing theoretical frameworks on decision-making and research utilization only partially explain decision-making when it comes to youth participatory action research. However, there are aspects of these frameworks which may begin to help us understand how decision-makers view and utilize YPAR. In this section, I will discuss how these frameworks fit and how they can extend our understanding of how decision-makers utilize YPAR.

One of the first findings from this study is that departments that are utilizing YPAR are not necessarily utilizing research more broadly. In fact, I found that some departments use traditional research minimally, yet rely on YPAR to influence decision-making on policy and issues that impact young people. They are using YPAR because it provides utility for them that traditional research may not provide. The utility comes from YPAR being action-oriented and giving young people credibility to have a voice in decision-making.

This comparison, made in Table 9, regarding the different ways public health departments utilize traditional research versus YPAR highlights the importance of utility. Why are those departments that do not traditionally use research utilizing YPAR? I propose that YPAR provides a strategic benefit through the following factors: 1) It follows the *political* model of research and 2) It fits the action orientation and relevance to user factors from the Frames of Reference and has a significant role in influencing decision-makings (Nutley et

al., 2003; Weiss, 1979). Lastly, it is interesting, but not surprising that none of the departments studied had a weaker tradition of research use and regular use of YPAR. It makes sense that a department that does not value research would not use YPAR on a regular basis.

Departments that do not seem to utilize traditional research are using YPAR – at least strategically. This strategic use of YPAR can be metaphorically viewed as a “wolf in sheep’s clothing.” That is, one interpretation of this phenomenon is that stakeholder-generated research is a means of integrating research into departments that typically do not value research. They are valuing YPAR not necessarily because it is research, but because of the credibility of local knowledge and the utility of the research for strategic purposes.

These case studies demonstrate that there is a difference in the utilization of traditional research and YPAR. In all of the five cases, YPAR fit the Political Model whereas traditional utilization of research in public health department decision-making focused on programmatic or evaluation purposes, which is more related to the Problem-Solving Model. In addition, YPAR in these cases often, though not always, fit with the Interactive Model of decision-making. These models that seem relevant to the utilization of YPAR can be conceptualized as all relating to agenda setting in some respects.

My findings on YPAR are inconsistent with an aspect of the Frames of Reference literature. According to Weiss and Bucuvalas (1980), situations in which the implications of the research are controversial, decision-makers are more likely to focus primarily on the credibility of the research to back them up. In this study, I found that decision-makers were looking more at the Utility that YPAR provided (action orientation and relevance to user) than the factors leading to Truth (research quality and conformity to user expectation).

However, when the deliverers of the research are controversial (young people), the research carries more importance because it gives them credibility. This represents a variation of the phenomena described in the literature about research giving controversial topics credibility. In the case of young people, they are often perceived as being controversial when making recommendations; however, when they are armed with research they are perceived as more credible. In pursuit of developing a modified framework on YPAR and research utilization, I recommend that further research test the Frames of References and Decision-Making Models on adult-based CBPR projects in comparison to YPAR projects. Studying how decision-makers in a public health department view CBPR in comparison to YPAR can shed light on the role of research, utility and credibility and whether the findings in this study are unique to YPAR or to broad types of CBPR.

Another common theme across the five public-health departments is that YPAR was used strategically as ammunition to get policy changed at the county or Board of Supervisors level. This contrasts to how these departments utilized traditional research, where it was used more internally for evaluation or program direction. Here, I found that YPAR addressed the more political or social justice

issues when compared to the traditional use of research. YPAR findings were utilized as a guide to inform direct services or education programs.

“So we had the data. And that is what our champion said. You know our city council champion said well I know we need to do it. It’s a good idea but I need all the ammunition I can get so I can convince my other members. And this is why it took so many years because we had to keep going back and collecting more data, we had to go back and keep educating the new council members.”

Rome Interview #3

“In the tobacco free project. It was the young people that eventually got the Trade Commission to put warning labels on the Indian cigarettes...bidis. Young people working with merchants in the [neighborhood]. They got merchants to agree to remove some of the negative things in the store. Like advertising, and the youth went into the stores to get merchants to beautify and paint.”

Memphis Interview #2

Prior literature suggests that decision-makers often use research strategically to push for a particular issue or to legitimize a decision they want to make, or have made in the past. Decision-makers cite that research often gives them the credibility they need to move forward with a course of action (Weiss, 1980). This is especially true with controversial topics, such as wanting more leverage to fight the tobacco industry or illuminating the sale of toy guns. The findings from the present study suggest that YPAR may be used to push decision-makers to move forward with a course of action; in fact, doing so is often an explicit goal of YPAR efforts.

Strengths and Limitations of Present Study

Strengths of this study include the diversity of the multiple public health departments studied, which varied in terms of size, urbanicity, demographics of population served, and geographical location in both Northern and Southern parts of California (Yin, 2003). Corroboration of findings from the in-depth interviews by document review and participant observation added to the validity of my results. The examination of YPAR in the context of two research utilization models contributes to the breadth of explanation and pattern analysis.

Several points are important to note with respect to the claims of this study and issues of generalizability. First, despite the fact that the five public health departments studied here were diverse, they still represent a limited number of cases. My in-depth methods favored depth over breadth, limiting generalizability (Yin, 2003). The potential threats to external validity are related to the individuals I interviewed and the geographic locations of the public health departments I studied (Trochim, 2006). I did not randomly select public health departments, but

instead used the advice of leaders in the CBPR field as well as snowball sampling to identify public health departments that were conducting CBPR more generally and YPAR in particular. Also, these cases are public health departments from the state of California only; it is not known the extent to which the findings regarding these departments would also be found in other states and regions in the United States or elsewhere. As noted, earlier, however, the five departments are markedly diverse with respect to their geographical location and communities served.

A second area of potential limitations concerns the validity of self-report retrospective bias. Although I followed two cases prospectively through participant observation, this participant observation was limited in scope. Further, the interviews I conducted for the other three cases asked participants to think back to YPAR projects that had been conducted in the past. Recall bias may be a factor using this kind of retrospective approach. Third, it was difficult to cross-validate findings, as I was the only one coding the interview transcripts and documents. This was addressed by identifying possible rival explanations and using multiple sources of data collection (participant observations, document review and interviews) to validate findings.

An additional limitation of this study is the absence of youth perspectives on decision-making. Even though the focus of this study was on decision-makers' perspectives, future studies warrant the inclusion of the perspectives of young people who participated in YPAR projects. Most of the existing literature on YPAR involves only the perspectives of youth and their adult advocates in examining the processes involved. The perspectives of young people on how their research influences decision-makers will enhance and supplement the existing literature base and my findings.

One of the central goals of YPAR and other empowerment-oriented approaches to youth development and community participation is the promotion of procedural justice, that is to bring young people to the table to have a voice in decision-making and policy development (Kuehn, 2000). Young people, when "armed" with research may be accorded more authority, a type of legitimate power (French, 1956). The perceptions of youth researchers by decision-makers, from the standpoint of social influence theory, would be an interesting question to address in further research; this issue was beyond the scope of the present study. Social influence is the occurrence of change in thinking, feelings, attitudes and or behavior as a result from interaction with an individual or group. Dynamic social impact theory, more specifically, describes the influence of beliefs through diffusion to social systems, such as public health departments. Dynamic social impact theory is related to the Interactive Model of decision-making and may explain the processes involved in these decisions (Weiss, 1979). Future longitudinal research that examines the role of Social Influence and Dynamic Social Impact theories and how they relate to the uptake and utilization of YPAR, would be an informative next step in this field.

Significance and Implications of Study

The social sciences have historically demonstrated theoretically relevant empirical methods to identify targeted evidence-based interventions, but many challenges remain in diffusing these programs on a larger scale (Botvin, 2004). The Institutes of Medicine, Centers for Disease Control & Prevention and National Institutes for Health (NIH) have all allocated funding for community-based participatory research (CBPR) in the past decade (Green, 2003; Israel et al., 2003; Minkler & Wallerstein, 2003a). The NIH's rationale in funding CBPR is that it has the potential to diffuse evidence-based interventions on a larger scale: by increasing relevance of intervention approaches; targeting interventions to community identified needs; and developing intervention strategies that include community values into scientifically valid approaches (NIH, 2004). In the context of increased attention to and funding for CBPR, this study on YPAR is particularly salient as it to my knowledge the first to consider how a type of CBPR – in this case, YPAR, is being utilized by public health departments in their decision-making. It is also the first study to my knowledge to compare patterns in the utilization of YPAR and traditional research within public health departments.

As is evidenced, YPAR closely follows the political model of decision-making and appears to lend young people credibility and authority in the eyes of decision-makers, a much-needed resource for those in urban communities. Another key finding is that YPAR provides much utility to public health department decision-making that traditional research may not be able to provide. There is evidence that those departments who do not traditionally use research are utilizing YPAR to drive policy change in their communities on issues that impact young people. YPAR may be a vehicle to integrate research and practice into departments that are not research friendly. It appears that the utility of YPAR is primarily dominating the direction of public health department decision-making.

One implication of the present study points to the role of national funding agencies and statewide organizations. Some of the public health departments studied here reported that they were mandated by funding agencies to conduct research and evaluation. Informed by the findings presented here, these agencies could develop guidelines that identify the utility of YPAR in influencing policy development for departments who receive government funding or resources such as technical assistance from them. Another implication of this work is the potential role of local universities in influencing research utilization in their neighboring public health departments. The development of stronger ties and “pipeline” mechanisms between universities and public health departments may facilitate networks such as Alexandria County. Such networks may help create a strong climate of research utilization.

This study is timely and relevant due to recent shifts towards participatory research approaches in addressing health disparities. Consistent with a youth development perspective, YPAR can promote young people credibility and authority, much-needed assets in urban communities. Understanding policy-making as it relates to YPAR and youth participation gives stakeholders in

academia, government, community-based organizations and communities an illuminated perspective to better inform public health practices and policy development on issues of health disparities.

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Appendix A. Cases and Presence of CBPR Principles

| CBPR Principle | Case | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1) involvement of community members in all aspects of research and action—from the identification of the research questions, study design, data collection and analysis, to the interpretation of results, and design of interventions | ✓ | ? | ? | ✓ | ✓ |
| 2) community capacity and strength building | ✓ | ✓ | ✓ | ? | ✓ |
| 3) facilitation of collaborative, equitable partnerships in all phases of the research and action process | ✓ | ✓ | ? | ✓ | ✓ |
| 4) promotion of co-learning among all participants | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5) maintenance of a balance between research and action | ✓ | ✓ | ? | ✓ | ✓ |
| 6) emphasis on local relevance of health and/or social problems | ✓ | ✓ | ✓ | ✓ | ✓ |
| 7) involvement of systems level change | ✓ | ✓ | ✓ | ✓ | ✓ |
| 8) permitting of all partners to disseminate findings and results | ✓ | ✓ | ? | ✓ | ? |
| 9) long-term commitment and involvement | ✓ | ✗ | ✓ | ✗ | ✓ |

✓ present ✗ not present ? unknown

Key

Case 1 Alexandria

Case 2 Thebes

Case 3 Athens

Case 4 Rome

Case 5 Memphis

Appendix B. List of Factors of Influence

| | Factors |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Research Context | <ul style="list-style-type: none"> ▪ Study characteristics ▪ Presence of dissemination & utilization strategy ▪ Time/resource commitment to utilization ▪ User centeredness of study ▪ Orientation towards utilization in this study ▪ Researcher's nesting in organization ▪ Quality of research ▪ Concern regarding methodology ▪ Credibility or trusted source or agency/organization ▪ Timing of research ▪ How research presented/communicated (reports, presentations) |
| 2. Decision-Maker Context | <ul style="list-style-type: none"> ▪ Differing levels of education ▪ General attitudes toward research ▪ Interests-self interest of decision-makers (can be political or personal) ▪ Ideology- systems of beliefs & values ▪ Information- competing knowledge & ideas from other sources ▪ Institutions- organizations which decision-makers represent ▪ Barriers from research side may include such things as research communication not being user friendly ▪ Perceived worth of study ▪ Perceived links to needs/priorities ▪ Commitment of key administrators opinion leaders ▪ Expectations concerning study ▪ Presence/absence of an institutional mandate ▪ Quality of relationships with research staff |

| | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> ▪ Credibility, reputation of research team ▪ Priority of research in organization |
| <p>3. Linkages among researchers & decision-makers</p> | <ul style="list-style-type: none"> ▪ Physical accessibility to research/dissemination. ▪ Strength of linkage between researcher and decision-makers (this has been shown to be one of the best predictors of research utilization) ▪ Personal contact is crucial and can be informal ▪ Presence of intermediaries ▪ Strength of relationships ▪ Involvement of decision-makers during data collection ▪ Presence of intermediaries (credibility, communication skills, mastery of substance of study, degree of infrastructure, and level of involvement) |

Appendix C. Examples of YPAR Projects from this Study

Most YPAR projects involve youth attempting to influence change at public health departments, counties, schools or community based organizations. Furthermore, many projects involve youth participating with an intermediary or collaborating agency, such as an academic institution, public health department or youth development agency to assist with technical development and communicating across to policy and decision makers. Below are examples of different YPAR projects from the cases studied, which have achieved success in creating change.

School Based Health Center Coalition

One project achieved county level change through a collaborative coalition. This county has seven school based health centers and each of these centers is a member of the County School Health Center Coalition. The Centers for Disease Control and Prevention (CDC) awarded the local university a Community-Based Participatory Prevention Grant to conduct a participatory student evaluation project of the school based health centers.

As a result of the project, different types of change occurred at the individual, group and institution level. For example, one school convinced their school board to revise the school district's condom availability policy as a result of the students' participatory research. The revision of the policy allowed all high schools to dispense condoms and other forms of contraception at the school based health clinics and for health educators to dispense condoms at prevention events and presentations.

The Youth Empowering Project

Another case of a YPAR project exemplifying successful outcomes is *The Youth Empowering Project*. This after-school program for urban elementary and middle school youth in California, utilized YPAR to promote problem-solving skills, critical thinking and social action. The project's emphasis is to build and identify youth strengths and capacities to prevent risky behaviors, such as alcohol, tobacco and other drug use. Grounded in empowerment education, the project also utilized the Photovoice technique, a process by which individuals can identify and represent their community through documentary photography, to give youth an opportunity to identify themes of concern and then to move towards social action to address their concerns. To date, the intervention, has contributed to individual and group efficacy and empowerment.

Juvenile Justice Evaluation Project

Another example of a YPAR project with successful outcomes is the Juvenile Justice Evaluation project. Community groups and other youth advocacy agencies facilitated this YPAR project team of twenty youth researchers to evaluate the effects of a city's Juvenile Justice Action Plan. Youth developed

indicators for measuring the outcomes of the action plan's project through researching the needs of adolescents in surrounding neighborhoods.

One significant result of the Juvenile Justice Evaluation project is that it contributed to a community wide discussion, led by youth, regarding youth needs and experiences in the juvenile justice system. It also created a relationship between the professional researchers and the youth researchers and youth serving organizations that have been sustained. In addition, the project led to youth developing leadership skills and the desire and ability to continue participating in civic engagement after the duration of the project. Lastly, and most important the researchers note that "the project reached out to a population of youth who are typically marginalized in policymaking-in this case, low-income youth of color-many of whom themselves had prior experiences with or within the juvenile justice system".

Creating Healthy Built Environments

One county was involved in the Local Public Health and Built Environment Network as part of the California Department of Public Health Initiative developed in 2004. The county allocated funds for competitive community grants through an application process. Five grantees were awarded funds and one of those communities had a YPAR component. Young people conducted focus groups and surveys to plan for a bicycle and pedestrian master plan. Their survey contained feedback from the community on what was needed for a greenway plan for a tributary of a neighboring river. The young people in collaboration with adult partners were also successful in creating a circuit walking loop with signage to local sites.

Teen Pregnancy Prevention Collaborative

Young people in this department were asked to co-chair a state level Teen Pregnancy Prevention Collaborative as a result of their YPAR efforts in the area of pregnancy prevention. The collaborative is made of staff from several youth-serving agencies including youth development, medical, and education programs with the charge to facilitate a comprehensive approach to preventing pregnancy and promoting responsible parenting among teens and young adults. Young people in this department were asked to develop a presentation on how to prevent pregnancies in their community to present at a state level conference on family planning. The young people organized themselves and developed a survey on sexual health practices of high school students in their communities and presented the findings at the conference. Conference attendees were impressed with the scope of data and their resulting recommendations, that they were given funding to conduct prevention work. Also, two of the youth who were working on the YPAR project and presentation were subsequently asked to co-chair the collaborative. It was the first time that a young person staffed the collaborative. As a result, there have been numerous young co-chairs from this same department participating in the Teen Pregnancy Prevention Collaborative.

Appendix D. Interview Guide

Interview guide

Protocol Title: Youth-Led Research & Public Health Policy Development: Decision-Makers' Perspectives on Youth Participation

Lead Investigator: Maggie Gaddis, MPH

Case Study _____

Date _____

Participant _____

Decision-Makers' Interview Guide (semi-structured)

[Give description of study]

[Give written document & ask for any questions]

[Give working definition of decision-making]

[Begin audiotaping]

1. Background

Describe your role in working/collaborating with _____ public health department.

How long have you been in this role?

What type of decisions do you make in this role?

2. Experience with Youth

How much experience have you had working with youth prior to work on these projects?

3. Youth Participation

How did you feel about working with youth in these projects?

[Ambivalence of youth participation?]

[Barriers? Challenges?]

[Any differences in working with youth between project (1) and project (2)?]

What is your experience in working with youth as collaborators on these projects?

Could you describe the role of youth in this project?

[Research?]

[Advocacy?]

Can you describe youth role to the following research phases of this project?

[Only Project/PH Staff]

- *Problem definition/deciding on issue*
- *Defining research questions*
- *Developing instruments*
- *Collecting data*
- *Analyzing data*
- *Disseminating findings*
- *Developing action plan*
- *Evaluation*

Are there ways of working with youth that you feel are successful? Any that aren't successful?

Have there been any unintended consequences, either positive or negative, in working with youth on these projects?

Can you identify some youth strengths that are currently being demonstrated from their participation on these projects?

- *Verbal skills*
- *Ability to formulate and convincingly state a position*
- *Summarize conflicting opinions*
- *Critically examine an issue*

In what ways has youth participation influenced (or not influenced) decision-making on these projects?

[Influence on adults? Influence on organization(s)? Influence on policy?]

What are the particular steps or activities that you find useful from their involvement?

4. Research Utilization

Walk me thru your day. What kind of information available to you?

Give me an example where you used data or information to make a decision?

How would you describe your use of research in arriving to decisions on your job? In what ways do use research on your job?

[Under what circumstances do you seek research?]

How would you rank the following when examining research? According to level of importance in your role?

- **Research Quality**- factors such as the scientific merit of the research, technical quality, etc.
- **Action Orientation**-practicality of implementing research findings within current settings & knowledge
- **Conformity to User Expectations**-whether findings coincide with existing beliefs
- **Challenge to Status Quo**- does research challenge existing organizational practices? Does it have implications for changing philosophies or existing practices and policies?
- **Relevance**-is the research relevant to issues your work addresses

Are/were data and research findings from this project well-received by others (decision-makers)? Taken seriously? Influential? In what way?

Have you used any products from this project for press releases? Connecting to other policymakers? Funding? Other (if haven't do they anticipate using)

Do you feel this project will have an impact on policy? How so?

Do you go to the youth involved in these projects for other issues? Do you see yourself working with these youth in the future?

What lessons would you offer to other projects with youth participation to increase their influence on decision-making?

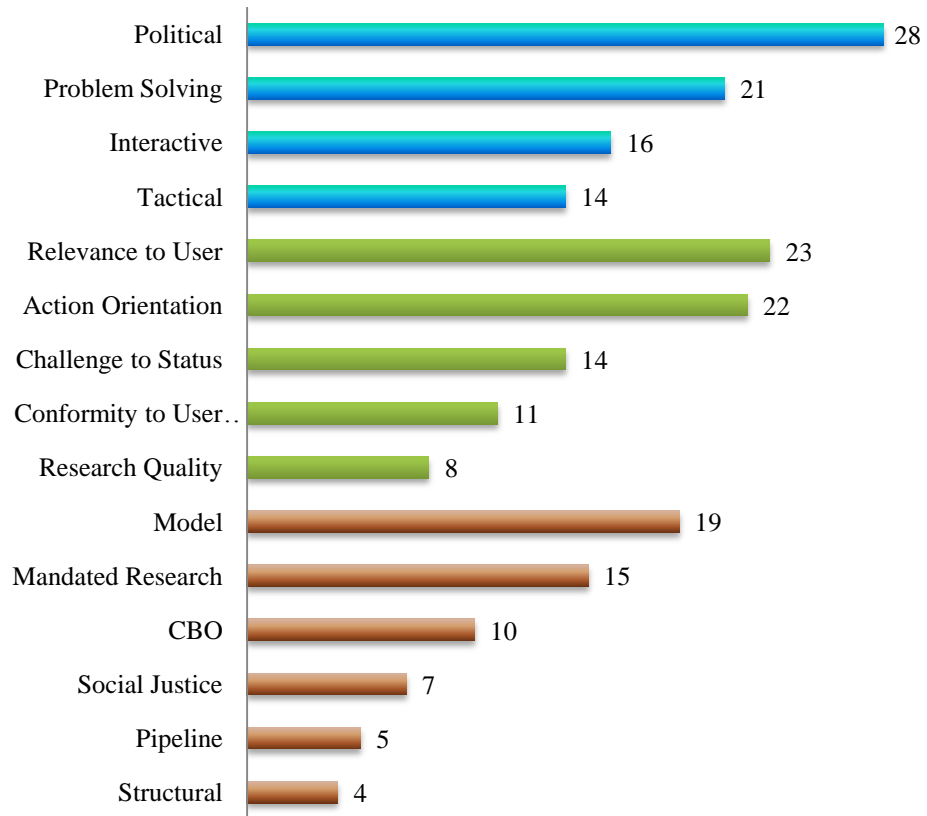
5. Organizational Factors

Were any non-profit organizations representing youth involved in this project? (Intermediaries)

[Who were the opinion leaders or change agents in facilitating public health decision-making?]

What was their role on this project?

Appendix E. Distribution of Codes from Interviews



Distribution of codes classified by (a) decision-making models (blue), (b) frames of reference factors (green), and (c) other theoretically relevant constructs (brown).