

# Participatory Action Research Grants

## Decision Making Framework

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### Purpose

This funding supports health-related research projects that use a participatory action research (PAR) methodology.

- PAR projects are co-designed and co-led by community members and researchers to learn more about the root causes of pressing issues that negatively affect the health of communities.
- We strive to apply the principles and practices outlined in this framework to distribute research-restricted funding equitably.

### Overview

Prior to 2010, Vancouver Foundation funded traditional medical research through the BC Medical Research Foundation housed within Vancouver Foundation. This approach centred the decision-making and design power with researchers and positioned communities and individuals as research subjects.

Vancouver Foundation's volunteer advisors advocated to the Board of Directors to dissolve the BC Medical Research Foundation and to dedicate its restricted funding to promote and support participatory action research instead. This methodology is a collaborative approach that shifts and shares power amongst all stakeholders - including people whose lives are affected by the issue being studied - in all phases of the research process. The Board agreed and, since 2010, Vancouver Foundation has awarded research-restricted funding exclusively to projects that use a participatory action research methodology.

At the core of the PAR methodology is the belief that research must be done with people, and not for them or on them.<sup>1</sup> The 'action' part of PAR refers to how evidence is gathered, and how issues are researched. The action becomes part of the subject matter being researched. Action happens throughout the project by the team to develop the research and inform its future direction. Action also means that research moves beyond just observing or studying an issue and focuses upon using the research findings to transform it.

### Principles

PAR has many definitions, but it tends to have these features in common:<sup>2</sup>

- researchers and community members are active co-participants
- researchers and community members learn from each other
- the research team uses a process of critical reflection
- the research is action-oriented to influence systemic change

Building upon past PAR cycles, we are applying the following principles:

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<sup>1</sup> Chevalier, JM and Buckles, DJ. Participatory Action Research: Theory and Methods for Engaged Inquiry. UK: Routledge; 2013.

<sup>2</sup> McIntyre, A. Participatory Action Research. Thousand Oaks (CA): SAGE Publications, Inc.; 2008. Available from: SAGE Publishing. <http://us.sagepub.com>

- Community-directed change: We will prioritize funding to projects that articulate a clear health-related research question that came forward from community and demonstrate how the findings will position community to take action to influence change.
- Flexible funding: We will offer two different grant types to reflect the different stages of a participatory action research process (Convene and Investigate). Projects must demonstrate how funding will enable and sustain community participation in the process.
- Informed decision-making: We will consult with project teams to understand their proposals as best we can and will rely upon the expertise of advisors to make funding recommendations. We will seek out community members from affected communities to act as advisors and will compensate them for the service they provide to us.
- Equity, diversity, and inclusion: We recognize some groups are underrepresented in health-related research, that require priority consideration. We will strive to reduce and/or simplify the application process to reduce structural barriers to applying for and being considered for funding, and we will continue to require that only one of the applicants be a [Qualified Donee](#) listed by the CRA.
- Reconciliation: We recognize the unique relationship we have with Indigenous people, that requires special consideration.
- Transparency: We are open, transparent, and communicative about our decision-making.

## Guiding Framework

If the number of applications we receive is greater than the funding we have available, then we will prioritize the following:

- Research projects that are co-led by communities who are disproportionately impacted by racism and other discriminatory behaviours and beliefs within health systems
- Research teams that include as many community members as professional researchers
- Research projects that bring an intersectional lens<sup>3</sup> to the work

## Community Informed

In order to ensure that our recommendations are community-informed, we are drawing on three primary forms of intelligence:

1. *Published Data* - in addition to asking specifically about what research and evidence is shaping their knowledge and understanding of the research question, we will also seek out information about the current state of health systems, such as through the independent investigations into the discrimination faced by Indigenous people and children with disabilities. <https://engage.gov.bc.ca/addressingracism/>

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<sup>3</sup> Intersectionality is a framework developed and articulated by Dr. Kimberly Crenshaw. Her work articulated intersectionality as conceptualizing a person, group of people, or social issue or circumstance as affected by a number of intersecting and compounding discriminations and disadvantages. It takes into account overlapping identities and experiences in order to understand the complexity of prejudices they experience. More information, including an interview with Dr. Crenshaw, can be found here: <https://www.vox.com/the-highlight/2019/5/20/18542843/intersectionality-conservatism-law-race-gender-discrimination>

2. *Existing Community-based Health Research Networks* - from our portfolio of grantees to our relationships with research-based universities and [CBHR networks](#), Vancouver Foundation actively engages our community networks to share information and assess priorities.
3. *Community Advisors* - Vancouver Foundation has a network of existing and alumni community advisors with a broad range of expertise. We will engage additional community reviewers from the populations that brought research projects forward to bring unique perspectives to the decision-making process.

## Restricted Funds Influence Some Decisions

The largest proportion of research-related funding is distributed through subfunds with specific charitable intentions, such as researching the social determinants of heart disease, cancer, arthritis, mental health, multiple sclerosis, Alzheimer's disease, or neurological, emotional or paediatric disorders. Vancouver Foundation strives to honour these intentions as much as possible by making special consideration to project proposals that align with these charitable intentions.

## PAR Decision-Making Process & Matrix

All PAR applications are assessed by Vancouver Foundation staff and Community Advisors with expertise in PAR.

**Convene applications** that are deemed eligible are reviewed individually by up to 3 community advisors using the Participatory Action Projects Recommendation Matrix. Advisors must determine whether a project is using the PAR methodology, the extent to which the research is meaningful and viable according to the matrix. Each application will be recommended or declined by Vancouver Foundation staff based on advisor feedback.

Convene grants are approved by the Vice President, Grants & Community Initiatives, or the CEO.

**Investigate applications** are assessed in two stages. At stage-1, eligible applications are reviewed individually by up to 3 community advisors using the Participatory Action Projects Recommendation Matrix. Advisors must determine whether a project is using the PAR methodology, the extent to which the research is meaningful and viable according to the matrix. Each application is invited to stage 2 or declined by Vancouver Foundation staff based on advisor feedback.

Stage-2 applications are reviewed by 7-10 community advisors who are then to discuss each application. This discussion is chaired by a Vancouver Foundation board member and attended by staff. The Chair and staff may contribute to the discussion but do not submit a recommendation. After discussing each application, Community Advisors make their recommendations confidentially using a 6-point scale that produces a ranked list of recommendations at the end of the meeting. Once advisors' recommendations are tallied, staff come up with a funding scenario to fund as many of the recommended projects as possible starting with the highest ranked applications. Final recommendations for grants

under \$100,000 are made by the CEO. Grants over \$100,000 are approved by the Vancouver Foundation board.

	<b>PAR?</b>	<b>Meaningful?</b>	<b>Viable?</b>	<b>Convene Indicators</b>	<b>Investigate Indicators (Stages 1 and 2)</b>	<b>Other Observations</b>
Strong Recommend	Yes	Yes	Yes	<ul style="list-style-type: none"> <li>Well articulated health issue</li> <li>Some thought into the systemic behaviours involved</li> <li>A clear process to bring community together to develop a research project is well thought out</li> <li>Partnerships/participation in place</li> <li>Likelihood for success</li> </ul>	<ul style="list-style-type: none"> <li>Well articulated health issue</li> <li>Root systemic behaviours identified and related to issue</li> <li>Clear project plan outlined to answer the research question</li> <li>Partnerships/participation confirmed and in place</li> <li>Budget, timeline and research team make sense</li> <li>Likelihood for success</li> </ul>	
Soft Recommend	Yes	Yes / Maybe / No		<ul style="list-style-type: none"> <li>Well articulated health issue</li> <li>Some thought into the systemic behaviours involved</li> <li>A somewhat clear process to bring community together to develop a research project is described</li> <li>Partnerships/participation may not all be confirmed</li> <li>Likelihood for success if shortfalls addressed</li> </ul>	<ul style="list-style-type: none"> <li>Well articulated health issue</li> <li>Root systemic behaviours identified and related to issue</li> <li>Somewhat clear project plan described</li> <li>Partnerships/participation may not all be confirmed</li> <li>Budget, timeline and research team may need some revisions</li> <li>Likelihood for success if shortfalls addressed</li> </ul>	
Strong Maybe	Maybe	Yes	Yes	<ul style="list-style-type: none"> <li>Well articulated health issue</li> <li>Unclear relationship between the health issue and the systemic behaviours identified</li> <li>A somewhat clear process to bring community together to develop a research project is described</li> <li>Partnerships/participation in place</li> <li>Possibility for success if</li> </ul>	<ul style="list-style-type: none"> <li>Well articulated health issue</li> <li>Unclear relationship between the health issue and the research question proposed</li> <li>Fairly realistic project plan outlined to answer the research question</li> <li>Partnerships/participation confirmed and in place</li> <li>Budget, timeline and research team make sense</li> <li>Possibility for success if</li> </ul>	

				shortfalls addressed	shortfalls addressed	
Soft Maybe	Maybe	Yes / Maybe / No		<ul style="list-style-type: none"> <li>• Health issue is not well defined</li> <li>• Uncertain relationship between the health issue and the systemic behaviours identified</li> <li>• The process to bring community together to develop a research project is vague</li> <li>• Partnerships/participation may not be confirmed</li> <li>• Possibility for success if shortfalls addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Health issue is not well defined</li> <li>• Uncertain relationship between the health issue and the research question proposed</li> <li>• The overall research plan is not equitably distributed between the community members and researchers</li> <li>• Partnerships/participation may not be confirmed</li> <li>• Budget and timeline may need some revisions</li> <li>• It reads more like a program evaluation</li> <li>• Possibility for success if shortfalls addressed</li> </ul>	
Soft Decline	No	Yes / Maybe / No		<ul style="list-style-type: none"> <li>• Pressing health issue is not clearly identified, or many issues are identified</li> <li>• No systemic root cause identified</li> <li>• Partnerships/participation identified</li> <li>• It reads like an initiative to develop, implement, and evaluate a meaningful program or service</li> </ul>	<ul style="list-style-type: none"> <li>• Not a participatory research proposal as proposed, but could become one if it is reworked</li> </ul>	
Strong Decline	No	No	No	<ul style="list-style-type: none"> <li>• Pressing health issue is not clearly articulated</li> <li>• No systemic root cause identified</li> <li>• Partnerships/participation are not established</li> <li>• It's not clear what it is they're</li> </ul>	<ul style="list-style-type: none"> <li>• Not a participatory research proposal, nor is it an appropriate methodology given the research question</li> </ul>	

				trying to accomplish		
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For more information on PAR, please [visit our website](#).