Selection Process for Inspiring Change Awardees

1081-IIT

The selection of the two funded CBPR projects included researchers, community representatives and the Training and Development Advisory Board (TDAB). Interested applicants submitted applications by December 15, 2015. Applicants were required to name leaders that would fill the roles of researcher, health care provider, and person with lived experience. At least two of those potential leaders must have attended one of the training workshops held by the TDAB in November 2015. Applicants were asked to provide their research topic, research problem, research type, hypotheses/research questions, research methods, team recruitment strategy, resources, impact, team engagement strategy, budget, budget justification, timeline, leadership bios, letters of support and agency information. Applicants were instructed that the research topic should be related to improving integrated care for African-Americans with serious mental illness in the Chicago area.

Eight grant proposals were received. Grant proposals were summarized in the TDAB meeting and interested TDAB members were given copies to read and provide comment. The initial stage of the process involved five independent reviewers that read the proposals and rated each on a 100 point scale. Reviewers included Dr. Patrick Corrigan, Lindsay Sheehan, Sonya Ballentine and two other individuals independent from the current project and experienced in implementing CBPR research. The proposal rating form used by reviewers included the following criteria: topic significance, innovation, methodology, lived experience involvement, resources, impact, engagement, budget, timeline, leadership and agency support. Engagement of persons with lived experience and research methodology were most heavily weighted.

Once ratings were received from reviewers, an average rating was computed and reviewer comments summarized. Reviewers met in a closed door session for discussion of proposal merits. Two proposals were marked as non-responsive because they failed to adequately address physical health/integrated care. Of the remaining six proposals, three received ratings of 75 or above, while bottom-rated three proposals had scores ranging from 50 to 62.

Reviewer scores and comments were summarized and presented in a special meeting of the TDAB. The TDAB discussed the proposals, with a focus on the three most highly rated. After all questions and concerns had been addressed, an anonymous vote was taken in which TDAB members ranked the top three proposals in order.

The resulting top two projects, Heartland Health Outreach and Emmaus Ministries were contacted to verify their continued interest in pursuing the projects. Upon their confirmation, the other applicants were contacted with the selection results. Applicants who were not selected were invited to meet with Dr. Corrigan to receive feedback on their proposals. The two funded projects are described more fully below.
Project 1

Title: Barriers and Stigma: Health Disparities faced by African American Male Survival Sex Workers Who Struggle with Mental Illness.

Agency Name: Emmaus Ministries & the Male Prostitution Research Center

Research Contact:

Libby Trudeau

Emmaus Ministries provides services to males who engage in survival prostitution, including provision of nightly outreach and daily drop-in center services. The Emmaus CBPR team will explore barriers to health care experienced by African-American male survival sex workers with mental illness in the Chicago area. Their CBPR team will design and conduct focus groups and surveys in hopes of better understanding the unique health care needs of this population. The team will use findings to design future programming and educate community healthcare partners that serve male sex workers with mental illness.

Project 2

Title: Self-Managed Care as a Key to Recovery

Agency Name: Heartland Health Outreach

Research Contact:

Lindy Carrow

Heartland Health Outreach delivers comprehensive services, including mental health care, physical health care, housing and outreach to vulnerable populations. The Heartland team will design a self-management intervention to empower African-Americans with serious mental illness in improving their own physical health. This intervention will include workshops led by persons with lived experience of mental illness. The content of the workshops will be determined by the CBPR team after collection of focus group data and review of current self-management programs. The team will manualize the intervention and evaluate the impact of the self-management on participant engagement in health care and wellness.