Community-University alliances promote collaborative research between academics, community researchers, private developers and the public sector. However, the incentives, interests, and resources of these partners vary greatly. The Community University Research Alliance (CURA): Making Megaprojects Work for Communities partnership consists of academic researchers, community groups and students from six major Montreal research institutions and eleven community groups, including representatives from the Concertation Inter-Quartier (CIQ) – the McGill University Health Centre (MUHC) and community organization agreement. What are the advantages of community-university research alliances and how can the disadvantages be reduced in order to benefit individuals and the project as a whole?

The assessment plan employs quantitative and qualitative analysis to address these two main research questions. Students, academic and community researchers will complete questionnaires specific to their respective partnership roles. In addition, the Steering Committee members will analyze the partnership’s internal functions with a 3-page narrative report. The CURA assessment examines the priorities and contribution of the diverse partners to evaluate the research network’s overall operation.

As the 5-year-long project comes to a close, this assessment will analyze the CURA based on its own stated objectives, as well as the University of Washington Community-Campus Partnerships for Health’s framework for successful partnerships.

Workplan:
The main research instrument for this phase of the project is a questionnaire and narrative report which will be circulated to student, academic and community researcher representatives. The instrument has been completed and piloted, and will be translated. The narrative report will be sent to the Steering Committee by mid-July, along with a consent form describing the intent of the research. The questionnaire will be mounted on a Google Docs survey template and disseminated to the wide range of academic and community partners. I will follow-up with individual Steering Committee members during the last two weeks of July, offering them the alternative of a directed interview. The data will be collected by the end of July and analyzed in August. The narrative report will be coded for repeated phrases and ideas, and direct quotations under a pseudonym might later be incorporated into CURA publications. The questionnaire consists of ordinal (ranked) assertions and in-depth questions. The ordinal responses will be statistically analyzed, while the question responses will be coded for similarities and differences amongst participants. This project will be completed by the end of August 2012 and will serve to assess the advantages and disadvantages of the CURA partnership, as well as the providing an example for future community-university research alliances.