

2004-12 Support for Community-Based Participatory Research in Public Health Introduction/Problem Statement

There is increasing research evidence that stressors in the social and physical environment (e.g., poverty, inadequate housing, air pollution, income inequalities, racism, lack of employment opportunities, and powerlessness) are associated with poor health outcomes.¹⁻¹¹ In addition, these conditions are recognized as contributors to the growing gap between the health status of rich and poor, white and non-white, urban and non-urban.¹⁰⁻¹³ At the same time, in those communities where the environment may exert a strong negative influence on health status, have an extensive set of skills, strengths, and resources among community members (e.g., supportive relationships, community capacity, committed leaders, religious and community-based organizations) to address problems and maintain a positive level of health and well-being.¹⁴⁻²⁰

Much of the research that has focused on gaining a better understanding of these social and physical determinants of health has considered individuals and communities as passive “subjects” in the research process, with little attention paid to the generation of research ideas and the design, dissemination, translation, and integration of research in ways that actively involve and benefit the participants.²¹⁻²² This lack of involvement of community members in the conduct of research, in which there has been no direct benefit (and sometimes there has been detrimental effects to the community), has resulted in distrust of and reluctance to becoming involved in such research.²⁵⁻²⁷ In addition, prevention research often has not been as effective as it could be because: it has not been tailored to the concerns and cultures of the participants involved; it has not included participants in all aspects of the intervention design, implementation, and evaluation; and successful strategies have not been disseminated to multiple audiences — for example, the academic and practice communities as well as the general public.^{20,23,26,28,29}

Given the complex determinants of health status, the disproportionate burden of disease and the limited effectiveness of traditional research — methods particularly within communities of color — more comprehensive and

participatory approaches to public health research and practice are essential.^{24-26,30-36}

Community-Based Participatory Research in public health is a partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process.²⁶ In CBPR, all partners contribute their expertise and share responsibilities and ownership of projects designed to enhance understanding of a given phenomenon as well as integrate the knowledge gained with action to improve the health and well-being of community members.²⁶

CBPR is a valuable research strategy for the following reasons:

There are gaps related to sociodemographic and economic characteristics between the public and public health “experts,”^{13,29,36-40}

It is important that academic, public health practice, and community partnerships work together to engage in solving problems related to public health issues⁴¹;

Research methods that only emphasize the contribution of individual risk factors obscure the importance of a community’s social and environmental conditions to health and disease;^{10-12,37}

Ecological approaches that collect and analyze information on community-level factors are important to understand how social, political and economic systems help shape behaviors and access to health care resources;^{12,37-38,40,42-44,60}

Qualitative approaches, commonly used in CBPR, play an important role in expanding our understanding of and insight into health status and health behaviors;^{29,36,39,45}

The active engagement by the community — as a social, cultural, and historical entity in all aspects of the research process — can add significantly to understanding phenomena being investigated as well as to integrating the knowledge gained to improve health and well-being of community members, particularly as these steps relate to the development and implementation of policy;^{25-27,45-46}

Including community members as equal partners has the potential to bridge the cultural gaps that exist between partners involved;^{25-27,45-47}

Including community members as partners can provide continuity to overcome the frag-

mentation and separation of individuals from culture and context that often appear in more narrowly defined, categorical approaches;^{6,32,50}

One avenue for traditionally marginalized communities to gain power is through gaining knowledge;^{6,25,27,32,46,52-55}

Research can be improved through engaging local knowledge and local theory based on the experiences of the people involved;^{46,49,55-57}

There is now recognition of the need to include community voices that will bridge the gap between the professional, “expert” views and community views relative to the role that racism continues to play in maintaining health disparities;⁵⁸⁻⁵⁹ and

A recent Institute of Medicine report has recommended that public health professionals be taught how to conduct community-based participatory research so as reflect the ecological view of health and disease in their research and teaching.⁶¹

It is also important to maintain the confidentiality of study participants.

For the reasons given above, the American Public Health Association therefore urges:

- Public and private support for community-based participatory research that includes planning grants, and resources for documentation and evaluation of community participation;
- Public and private support for training in community-based participatory research;
- A fair distribution of research resources (including monetary) among the academic and community partners involved; and
- Policymakers to engage community-research partnerships in the process of policymaking and evaluation by including community members in deciding what issues should be evaluated and the methodology to be used.

References

1. Israel BA, et al. The Detroit Community-Academic Urban Research Center: Development, Implementation and Evaluation. *J Public Health Management Pract* 2001;7(5):1-20.
2. Collins C, Williams DR. Segregation and Mortality: The Deadly Effects of Racism? *Sociological Forum* 1999;14(3):495-523.
3. Davey-Smith G, et al. Socioeconomic Differentials

- in Mortality Risk among Men Screened for the Multiple Risk Factor Intervention Trial: 1. Black Men. *Am J Public Health* 1996;86:497-504.
4. Davey-Smith G, et al. Socioeconomic Differentials in Mortality Risk among Men Screened for the Multiple Risk Factor Intervention Trial: 11. Black Men. *Am J Public Health* 1996;86:497-504.
 5. Dockery DW, et al. An Association between Air Pollution and Mortality in Six US Cities. *N Engl J Med* 1993;329:1753-1759.
 6. Israel BA, et al. Health Education and Community Empowerment: Conceptualizing and Measuring Perceptions of Individual, Organizational, and Community Control. *Health Educ Q* 1994;21:149-170.
 7. Kaplan GA, et al. Inequality in Income and Mortality in the United States: Analysis of Mortality and Potential Pathways. *Br Med J* 1996;312:999-1003.
 8. Kaplan GA, Keil JE. Socioeconomic Factors and Cardiovascular Disease: A Review of the Literature. *Circulation* 1993;88:1973-1998.
 9. Kawachi I, et al. Social Capital, Income Inequality, and Mortality. *Am J Public Health* 1997;87:1491-1498.
 10. Bullard R, ed. Unequal Protection: Environmental Justice and Communities of Color. San Francisco: Sierra Club Books, 1994.
 11. Williams DR, Collins C. US Socioeconomic and Racial Differences in Health: Patterns and Explanations. *Ann Rev Sociol* 1995;21:349-386.
 12. Krieger N, et al. Racism, Sexism and Social Class: Implications for Studies of Health, Disease and Well-Being. *Am J Prev Med* 1993;(suppl 9):82-122.
 13. Freudenberg N. Community-Based Health Education for Urban Populations: An Overview. *Health Educ Behav* 1998;25(1):11-23.
 14. Eng E, Parker EA. Measuring Community Competence in the Mississippi Delta: The Interface between Program Evaluation and Empowerment. *Health Educ Q* 1994;21:199-220.
 15. Goodman RM, et al. Identifying and Defining the Dimensions of Community Capacity To Provide a Basis for Measurement. *Health Educ Behav* 1998;25(3):258-278.
 16. Heaney CA, Israel BA. Social Networks and Social Support in Health Education. In: Health Behavior and Health Education, 2d ed. Glanz K, et al, eds. San Francisco: Jossey-Bass, 1997.
 17. Israel BA, Schurman SJ. The Role of Social Support and Control on the Stress Process. In: Health Behavior and Health Education: Theory, Research and Practice. Glanz K, et al, eds. New York: Jossey-Bass, 1990.
 18. James SA, et al. Social Capital, Poverty and Community Health: An Exploration of Linkages. In: Building and Using Social Capital in Poor Communities, Saegert S, et al, eds. New York: Russell Sage Foundation Publications, 2001.
 19. Kretzman J, McKnight J. Building Communities from the Inside out. Evanston, IL: Northwestern University Center for Urban Affairs and Policy Research, 1993.
 20. Steuart GW. Social and Cultural Perspectives: Community Intervention and Mental Health. *Health Educ Q* 1993;suppl 1:S99-S111.
 21. Clark NM, McLeroy KR. Creating Capacity through Health Education: What We Know and What We Don't. *Health Educ Q* 1995;22:273-289.
 22. Institute of Medicine. The Future of Public Health. Washington DC: National Academy Press, 1988.
 23. Institute of Medicine. Improving Health in the Community. A Role for Performance Monitoring. Washington, DC: National Academy Press, 1997.
 24. Macaulay AC, et al. Participatory Research Maximises Community and Lay Involvement. *Br Med J* 1999;319, 7212:774-778.
 25. Hatch J, et al. Community Research: Partnership in Black Communities. *Am J Prev Med* 1993;9(suppl):27-31.
 26. Israel BA, et al. Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. *Annu Rev Public Health* 1998;19:173-202.
 27. Schulz AJ, et al. Conducting a Participatory Community-Based Survey: Collecting and Interpreting Data for a Community Intervention on Detroit's East Side. *J Public Health Management Pract* 1998;4(2):10-24.
 28. Mittelmark MB, et al. Realistic Outcomes: Lessons from Community-Based Research and Demonstration Programs for the Prevention of Cardiovascular Diseases. *J Public Health Pol* 1993;14:437-462.
 29. Susser M. The Tribulations of Trials-intervention in Communities. *Am J Public Health* 1995;85:156-58.
 30. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Cooperative Agreement Program for Urban Center(s) for Applied Research in Public Health. Program Announcement No. 515. Atlanta: CDC, 1994.
 31. Fisher EB, Jr. The Results of the COMMIT Trial. *Am J Public Health* 1995;85:159-160.
 32. Green LW, et al. Study of Participatory Research in Health Promotion. Vancouver: University of British Columbia, Vancouver, the Royal Society of Canada, 1995.
 33. Levine DM, et al. Community-Academic Health Center Partnerships for Underserved Minority Populations. *JAMA* 1994;272:309-311.
 34. Novotny TE, Heaton CG, eds. Research Linkages between Academia and Public Health Practice. *Am J Prev Med* 1995;1, supplement: 1-61.
 35. National Institute of Environmental Health Sciences. Health (1999) Disparities: Linking Biological and Behavioral Mechanisms. RFA No. ES-00-004. Research Triangle Park, NC: National Institute of Environmental Health Sciences Available online at <http://grants.nih.gov/grants/guide/rfa-files/RFA-ES-00-004.html>.
 36. Israel BA. Community organization for health education: Action, reflection and learning. In: Galura J, Howard J, Waterhouse D, Ross R, eds. Praxis III: Voices in Dialogue. Ann Arbor, MI: OCSL Press. 1995:83-105.
 37. Krieger N. Epidemiology and the web of causation: Has anyone seen the spider? *Soc Sci Med* 1994;39(7):887-903.
 38. McKinlay JB. The promotion of health through planned sociopolitical change: Challenges for research and policy. *Soc Sci Med* 1993;36(2):109-117.
 39. Pearce N. Traditional epidemiology, modern epidemiology, and public health. *Am J Public Health* 1996;86(5):678-683.
 40. Susser M, Susser E. Choosing a future for epidemiology: I. eras and paradigms. *Am J Public Health* 1996;86(5):668-673; and Choosing a future for epidemiology: II. from black box to Chinese boxes and eco-epidemiology. *Am J Public Health*, 1996;86(5):674-677.
 41. Bruce TA, McKane SU, eds. Community-Based Public Health: A Partnership Model. Washington, DC: American Public Health Association. 2000.
 42. Brown ER. Community action for health promotion: A strategy to empower individuals and communities. *Internat J Health Services* 1991;21(3):441-456.
 43. Gottlieb NH, McLeroy KR. Social health. In: O'Donnell MP, Harris JS, eds. Health Promotion in the Workplace. 2nd ed. Albany, NY: Delmar. 1994:469-493.
 44. Lalonde M. A New Perspective on the Health of Canadians. Ottawa: Ministry of Supply and Services. 1974.
 45. Minkler M, Wallerstein N, eds. Community-Based Participatory Research for Health. 1st ed. San Francisco, CA: Jossey-Bass. 2003.
 46. Dressler WW. Commentary on "Community research: Partnership in black communities." *Am J Prev Med* 1993;9(6 suppl):32-34.
 47. Eng E, Blanchard L. Action-oriented community diagnosis: A health education tool. *Internat Q Com Health Educ* 1990-1;11(2):93-110.
 48. Bishop R. Initiating empowering research? *New Zealand J Educ Studies*, 1994;29(2):175-188.
 49. Vega WA. Theoretical and pragmatic implications of cultural diversity for community research. *Am J Comm Psychol* 1992;20(3):375-391.
 50. Stokols D. Translating social ecological theory into guidelines for community health promotion. *Am J Health Promotion* 1996;10(4):282-298.
 51. Durie M. Whaiora: Maori Health Development. Auckland, NZ: Oxford University Press. 1994.
 52. Hall B. From margins to center? The development and purpose of participatory research. *Am Sociologist* 1992;23(4):15-28.
 53. Himmelman AT. Communities Working Collaboratively for a Change. Minneapolis, MN: University of Minnesota, Humphrey Institute of Public Affairs. 1992.
 54. Wallerstein N. Powerlessness, empowerment, and health: Implications for health promotion programs. *Am J Health Promotion* 1992;6(3):197-205.
 55. Altman DG. Sustaining interventions in community systems: On the relationship between researchers and communities. *Health Psychology* 1995;14(6):526-536.
 56. Bishop R. Addressing issues of self-determination and legitimation in Kaupapa Maori research. In: Webber B, ed. Research Perspectives in Maori Education. Wellington, New Zealand: New Zealand Council for Educational Research. 1996:144-160.
 57. Caldwell CH, Zimmerman MA, Isichei P. Forging collaborative partnerships to enhance family health: An assessment of strengths & challenges in doing community-based research. *J Public Health Management Pract* 2001;7:1-9.
 58. Jones CP. Levels of racism: A theoretic framework

and a gardener's tale. *Am J Public Health*
2000;90(8):1212-1215.

59. Selig S, Greene-Moton E, Tropiano E. A community-campus partnership to promote anti-racism. *Partnership Perspectives III:1*, summer 2003:73-80.

60. World Health Organization. *Ottawa Charter for Health Promotion*. Copenhagen: WHO. 1986.

61. Institute of Medicine. *Who Will Keep the Public Healthy?* Washington, DC: National Academy of Sciences. 2002.