

CASE STUDY: THE START OF A COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR) PARTNERSHIP?

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PART ONE: THE SITUATION

A prestigious diabetes researcher, Dr. Jackson, is well known nationally. A new NIH funding program has been announced that will support studies of diabetes interventions in urban, culturally and ethnically diverse communities. Dr. Jackson has been involved in a pilot study of a diabetes intervention conducted in white, middle-income patients who have had access to health care and health care coverage. The intervention had some success and Dr. Jackson is interested in applying for the NIH funding to test it more broadly. Both her academic institution and other academic and public agency colleagues trust Dr. Jackson.

Dr. Jackson asks a junior faculty member, Dr. Lacey with whom she is associated to assist her because the junior faculty member has extensive experience with community-based participatory research (CBPR). Dr. Jackson believes that this particular project would lend itself to best be carried out as a CBPR project though she has not been a part of this type of research before. She asks Dr. Lacey to extend invitations to her community partners who may be interested in participating in the project.

Dr. Lacey is well connected in the community through both her professional and personal relationships. She has been part of several CBPR projects conducted in this same community, focused on various aspects of health promotion and disease prevention. A collaborative body of community residents, activists, community-based organizations, city public health department and other stakeholders governed those CBPR projects. She lives in this same community, has a young child in a public school kindergarten and is active member of her faith community. Participating in an NIH funded project will greatly assist her career path in terms of her promotion and tenure pursuits. But, she is also concerned about how her trusted relationships in the community may be affected by this somewhat “imposed” study. She agrees to invite her community partners and suggests that the meeting be held in the evening in a location in the community and not at the medical school.

The city public health department has heard about this funding initiative and is encouraged that the well-credentialed Dr. Jackson is considering submitting a proposal. The department is especially eager to move this idea forward because the municipality is experiencing budget shortfalls because of the condition of their state’s finances. Potentially, their active participation in this grant would allow them to partially fund two, existing, FTE employees. Over the past few years, the health department has been getting more involved in CBPR as a way of helping it to use evidence-based research to achieve true, meaningful and sustainable changes in community health.

Community activist leaders in the community understand the importance of this research to potentially discover successful, sustainable strategies to design and implement diabetes prevention programs that will work for their community and help to change the incidence of diabetes in their community within all cultural groups. These individual community leaders work on specific issues and are not necessarily part of a staff or constituency of one particular organization. But, they have the clout and the experience to use the research findings to influence public policy. They also have actively participated in previous CBPR projects with Dr. Lacey and see this process as beneficial to their community.

An emerging, culturally based and governed community-based organization hears about this impending project and is eager to throw their support behind this project. They have never participated in a CBPR project nor have they worked on any type of health or disease-based project before. They are excited to participate in this project because it could significantly benefit the constituency that they serve and it will bring the organization credibility and financial resources.

PART TWO: THE MEETING UNFOLDS WITH ALL PARTIES PRESENT TO DISCUSS THE MERITS OF PURSUING THIS RESEARCH PROPOSAL

Dr. Jackson has never been to such a meeting in “the community” before. She understands how important it is that she be able to “sell” the idea for the project but yet is not quite sure how to do this.

Dr. Lacey is comfortable with the environment of the meeting but is unsure of exactly how to conduct herself in front of her “boss”, a highly regarded institutional representative as well as the community members that she also values as friends and colleagues.

The public health department representative is eager to attend this meeting but is also concerned that it is occurring outside of her usual workday. She is missing a function at her child’s school yet understands that how she portrays herself and her agency’s interest at the meeting tonight will have everything to do with whether her agency is invited to the next meeting. She also knows it is important to be at the table right from the beginning to shape a study from the start.

The community activist leaders believe that this overall project is the right thing for the community. They also know that they have great expertise to share around the models of governance, the issue of how to dissect and use power and using research to influence policy. However, since they are not part of a community-based organization, they are not sure how to participate or whether their participation will be accepted.

The community-based organization is full of energy and commitment to their community constituents. They have a huge respect for authority and those of educated circumstances. They want to eagerly embrace this project, agree to all of criteria set forth by Dr. Jackson and the public agency representative in order to move the research project forward. The need to discuss governance or the “whys” and “wherefores” will only slow the submitting the project proposal. CBPR is confusing to them because it would be much easier to use a more hierarchal form of research so that they could be working on all of their other projects and the development of their own organization.

KEY POINTS TO DISCOVER IN THIS SCENARIO

Note to panelists: These Key Points are only meant as an outline from which to prepare your thoughts or comments for the Grand Rounds presentation. Please feel free to add any additional points that you deem appropriate.

1. Each person and the entity or constituency they represent has a self-interest
2. Each person and the entity or constituency they represent has multiple assets to contribute
3. Self-interest is beneficial if it is conscious, made explicit and used to advance the common good
4. Each individual and the entity or constituency they represent may benefit from this project but by acknowledging those benefits and helping each other to achieve those benefits, the mutual benefits pursued by the group will be as important as the successful completion of the research project

5. The governance structure of this project can help to pursue the mutual benefits and to aid in the successful completion of the project. This work will also help the work to be sustainable in this community
6. The CBPR project AND its model of formation and governance are both important to social change

CITATION

Gust S & Seifer SD. Case Study: The Start of a Community-Based Participatory Research Partnership? Community-Campus Partnerships for Health, 2011. <http://ccph.info>