



CCPH SPECIAL SECTION

## **Community-based Participatory Research: Policy Recommendations for Promoting a Partnership Approach in Health Research**

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**ABSTRACT** *Community-based participatory research in public health focuses on social, structural, and physical environmental inequities through active involvement of community members, organizational representatives, and researchers in all aspects of the research process. Partners contribute their expertise to enhance understanding of a given phenomenon and integrate the knowledge gained with action to benefit the community involved. This article presents key principles of community-based participatory research (CBPR), discusses the rationale for its use, and provides a number of policy recommendations at the organizational, community and national levels aimed at advancing the application of CBPR. While the issues addressed here draw primarily upon experiences in the United States, the emphasis throughout this article on the establishment of policies to enhance equity that would serve both to increase the engagement of communities as partners in health research, and to reduce health disparities, has relevant applications in a global context.*

**KEYWORDS** *Community-based participatory research, research partnerships for health, policy recommendations for research partnerships.*

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## Introduction

There is increasing empirical evidence that a complex set of contextual factors (including social, economic and physical environmental factors, such as poverty, air pollution, racism, inadequate housing and income inequalities) play a significant role in determining health status (Kaplan & Keil, 1993; Krieger *et al.*, 1993; Dockery *et al.*, 1993; Williams & Collins, 1995; Davey-Smith *et al.*, 1996a, 1996b; Kaplan *et al.*, 1996; Kawachi *et al.*, 1997; Collins & Williams, 1999). These factors contribute to the disproportionate burden of disease experienced by marginalized communities (Krieger *et al.*, 1993; Bullard, 1994; Williams & Collins, 1995; Freudenberg, 1998). There is also considerable evidence suggesting that numerous resources, strengths and skills exist within communities (e.g. supportive interpersonal relationships, community-based organizations) that can be engaged in addressing problems and promoting health and well-being (Israel & Schurman, 1990; Kretzmann & McKnight, 1993; Steuart, 1993; Putnam, 1993; Eng & Parker, 1994; Heaney & Israel, 1997; Goodman *et al.*, 1998; James *et al.*, in press).

This understanding of the factors associated with health and disease has contributed to calls for more comprehensive and participatory approaches to public health research and practice (W.K. Kellogg Foundation, 1992; CDC, 1994; Levine *et al.*, 1994; Fisher, 1995; Green *et al.*, 1995; Novotny & Heaton, 1995; Israel *et al.*, 1998; Macaulay *et al.*, 1999; NIEHS, 1999), and a rise in partnership approaches, variously referred to as “participatory action research” (Freire, 1987; Fals-Borda & Rahman, 1991; Smith *et al.*, 1997), “participatory research” (Hall, 1981; Tandon, 1981; Stoecker & Bonacich, 1992, 1993; Park *et al.*, 1993; Green *et al.*, 1995; deKoning & Martin, 1996a), “action research” (Lewin, 1946; Cunningham, 1976; Brown & Tandon, 1983; Israel *et al.*, 1989; Stringer, 1996), and “community-based research” (Davies & Kelly, 1993; Israel *et al.*, 1998; Schulz *et al.*, 1998a). The benefits of and rationale for research partnerships have been examined elsewhere (Israel *et al.*, 1998). Policy changes at the organizational, community and national levels are needed to help address barriers and challenges to the adoption of such approaches (Israel *et al.*, 1998) and to support their increasing use.

In this article we examine lessons learned from an extensive, interdisciplinary body of literature about conducting, what is referred to here as community-based participatory research (CBPR), and offer policy recommendations to advance the use of CBPR. We present key principles of CBPR and the rationale for its use, and offer a number of policy recommendations on three interrelated areas for policy change: (1) funding research partnerships, (2) capacity building and training for CBPR partners, and (3) benefits and reward structures for CBPR partners. While the issues addressed here draw primarily upon experiences in the United States, the emphasis on establishing policies to enhance equity that would

serve both to increase the engagement of communities as partners in health research, and to reduce health disparities, has relevant applications internationally.

## Community-based Participatory Research: Principles and Rationale

In a recent review of the literature, Israel and her colleagues (1998) provide a definition of and rationale for community-based participatory research (CBPR), synthesis of key principles, and discussion of challenges and facilitating factors. In the present article we present a brief synopsis of the principles and rationale of CBPR.<sup>1</sup> CBPR is a collaborative, partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. Partners contribute their expertise and share responsibilities and ownership to increase understanding of a given phenomenon, and incorporate the knowledge gained with action to enhance the health and well-being of community members (Israel *et al.*, 1998).

We use the label “community-based participatory research” to emphasize the participation, influence and control by non-academic researchers in the process of creating knowledge and change. We feel there is a critical distinction between CBPR and “community-based research,” which emphasizes conducting research *in* a community as a place or setting, with only limited, if any, involvement of community members in what is primarily a researcher-driven enterprise. By comparison, CBPR involves conducting research that recognizes the community as a social and cultural entity with the active engagement and influence of community members in all aspects of the research process (Hatch *et al.*, 1993; Schulz *et al.*, 1998a). Furthermore, the term “participatory” aligns CBPR with its roots in participatory research approaches that grew out of experiences in the developing world (Hall, 1981; Tandon, 1981; Freire, 1987; Falls-Borda & Rahman, 1991).

The following are key principles of CBPR:<sup>1</sup>

1. recognizes community as a unit of identity;
2. builds on strengths and resources within the community;
3. facilitates collaborative, equitable involvement of all partners in all phases of the research;
4. integrates knowledge and action for mutual benefit of all partners;
5. promotes a co-learning and empowering process that attends to social inequalities;
6. involves a cyclical and iterative process;
7. addresses health from both positive and ecological perspectives;
8. disseminates findings and knowledge gained to all partners; and
9. involves a long-term commitment by all partners.

Numerous advantages of community-based participatory research are discussed in the literature and provide a rationale for its use. Key advantages include that it: enhances the relevance and use of the research data by all partners involved; joins partners with diverse skills, knowledge and expertise in addressing complex problems; improves quality and validity of research by incorporating the local knowledge of the people involved; increases the possibility of overcoming distrust of research on the part of communities that have historically been “subjects” of such research; has the potential to link across the cultural differences that may exist between partners involved; and provides resources (e.g. funds, training and possible employment opportunities) for communities involved (Israel *et al.*, 1998).

## Policy Recommendations for Increasing CBPR

Our focus here is on recommendations for the three interrelated areas for policy change that we discuss next.

### *Funding Research Partnerships*

There are a growing number of funding opportunities in the United States (CDC, 1994; NIEHS/EPA, 1997; NIEHS, 1999) that are providing necessary resources to extend the use of CBPR approaches. Policies that relate to planning grants, long-range funding, initial and ongoing funding for infrastructure, funding directly to community-based organizations as well as universities, funding for comprehensive approaches that extend beyond categorical perspectives and traditional research designs, and grant application and review process, would further support CBPR. These recommendations are aimed not only at funders within the United States (e.g. national governmental agencies, foundations) but also international agencies that fund community-based efforts throughout the world (e.g. World Health Organization, UNICEF, World Bank).

*Planning Grants.* One of the major challenges in conducting CBPR is the understandable lack of trust that often exists between community members and researchers, based on the long history of research that has had no direct benefit (and sometimes actual harm) and no feedback of the results to the participants involved (Remington *et al.*, 1988; Levine *et al.*, 1992; Hatch *et al.*, 1993; Lillie-Blanton & Hoffman, 1995; Dockery, 1996; Martin, 1996; Israel *et al.*, 1998; Schulz *et al.*, 1998a). A related challenge is the amount of time required to develop and maintain such trusting relationships (Maguire, 1987; Israel *et al.*, 1992a; Weiss & Greene, 1992; Hatch *et al.*, 1993; Mittelmark *et al.*, 1993; Israel *et al.*, 1998; Schulz *et al.*, 1998a). In addition, grant application timelines often do not allow for the time needed to establish trusting working relationships and collaborative proposal submissions (Himmelman, 1992; Israel *et al.*, 1992b).

We recommend that funding initiatives make greater use of one-year planning grants that focus on creating the relationships and infrastructure necessary for developing and maintaining long-term CBPR partnerships. These funds can enable the partners to jointly: establish their trustworthiness; develop agreed upon operating norms and principles for how they will work together as a group; identify common goals and issues that they want to address; set priorities for CBPR projects; and develop plans for maintaining and evaluating the partnership, as well as plans for implementing and evaluating projects. Such planning grants provide the resources needed to create a partnership that can effectively compete for and carry out CBPR endeavors.

Such planning grants should be part of a longer-term funding initiative, following the initial planning year with up to five years of funding for particular CBPR projects. While it is certainly appropriate that there be no guarantee that a recipient of a planning grant would automatically receive subsequent project-related funding, planning grants should be conceptualized and have adequate resources behind them to guarantee that all partnerships that meet the agreed upon objectives of the planning grant would indeed receive further funding. Previous programs were often established to fund twice as many planning grants as there were funds available for actual CBPR projects. Consequently, some partnerships were established but were unable to sustain themselves when subsequent funding was not received. The trust that had been established between the partners was not only jeopardized, but establishing credibility and creating trusting relationships became even more difficult in the future.

There are several possibilities for overcoming this potential limitation of planning grants. First, as described above, funding agencies can guarantee subsequent funds for all partnerships that successfully fulfill the requirements of the planning grant. Second, technical assistance might be offered to partnerships not able to meet all of the requirements during the planning period to become more effective in competing for subsequent funds. Third, longer-term program initiatives, involving at least 5 years of funding, could include a 1 year planning period within the proposed CBPR project. This latter recommendation would require that funders and reviewers be prepared to support projects that do not fully specify up front all aspects of the CBPR endeavor, given that some of this would need to occur during the first year.

*Long-range Funding.* As presented earlier, two of the key principles of CBPR are the integration of knowledge and action for mutual benefit of all partners, and addressing health from both positive and ecological perspectives (Israel *et al.*, 1998). Long-range funding opportunities are needed for CBPR projects that focus on physical, mental and social well-being, as well as on enhancing understanding of and addressing the biomedical, social, economic, cultural, behavioral, historical, and political determinants of health and disease. While the number of 5 year funding initiatives in the United States has increased, effecting

changes in broad-scale determinants of health and reducing health disparities between rich and poor, and white and non-white will require comprehensive, longer-term efforts (Krieger *et al.*, 1993; Krieger, 1994; Williams & Collins, 1995; Collins & Williams, 1999).

*Initial and Ongoing Funding for Infrastructure.* CBPR partnerships require funding to develop and maintain the infrastructure necessary to sustain the partnership above and beyond the specific research and/or intervention. Resources are necessary, for example to hire project support staff whose responsibility it is to facilitate the work of the partnership (e.g. through communicating between meetings, providing minutes of meetings, establishing computer linkages, orienting new members to the partnership, overseeing the budget, assisting in grant writing) (Barnett, 1993; Cosier & Glennie, 1994; Whitmore, 1994; Fawcett *et al.*, 1996; Israel *et al.*, 1998). Funds are also needed to support community partner organizations' involvement in the CBPR partnership.

Funding agencies need to include resources in grants to support establishing and maintaining such infrastructure. In addition, academic partners need to work with their development offices to raise funds specifically to support partnership-related infrastructure. Academic institutions are in a good position to seek such funds, and in doing so they increase their credibility within the community, and enhance the potential that other funds can be successfully competed for.

*Funding Directly to Community-based Organizations as well as Universities.* Two related challenges in conducting CBPR are the inequitable distribution of power and control among the partners, and conflicts over funding (Israel *et al.*, 1998). Given the history and presence of power differentials among researchers, human service providers, and community-based organizations, the latter are legitimately skeptical about becoming "equal partners" with true shared ownership and control of the process (Israel *et al.*, 1992a; Barnett, 1993; Cosier & Glennie, 1994; Plough & Olafson, 1994; Altman, 1995; Buchanan, 1996; Dockery, 1996; Martin, 1996; Israel *et al.*, 1998). Related issues include equal access to resources, determining the fiduciary of funds, how funds are distributed, the amount of funds provided to different partners, and how budget-related decisions are made (Plough & Olafson, 1994; Buchanan, 1996; Israel *et al.*, 1998).

One mechanism for addressing these challenges is increasing the number of funding initiatives that not only allow for but also require, as appropriate, that community-based partners be the direct recipient and fiduciary of CBPR grant awards. While it is certainly recognized that community-based organizations (CBOs) need to be accountable for funds received, as do universities, funders need to be careful not to assume that CBOs lack the capacity to be the fiduciary, and thereby create different measures of proof and oversight

mechanisms for them to account for their capabilities. Such an approach can further reinforce community partners' concerns about lack of trust and equity. At the same time, some CBOs may not have the necessary skills and experience to handle large budgets. In these instances, resources are needed to provide training and technical assistance to the staff of the CBOs involved to enhance their capacity in fiscal management.

It is not always possible or appropriate that CBOs be the fiduciary of CBPR grants. There are other mechanisms through which CBOs can receive funding. For example, universities or health agency partners that are the fiduciary of a particular grant can establish procedures for subcontracting with CBOs for services provided. Such subcontracts need to ensure accountability but minimize bureaucratic processes, and include mutually agreed upon indirect cost rates.

*Funding for Comprehensive Approaches that Extend Beyond Categorical Perspectives and Traditional Research Designs.* Given the emphasis within CBPR on a broad-based definition of health and the multiple determinants across multiple units of analysis, funding opportunities need to be long-term, and to support comprehensive and innovative approaches to research and intervention. Many granting institutions that fund public health research have determined priorities that investigate categorically defined physical health problems, involve individual behavior change interventions (if at all), emphasize morbidity, mortality, and risk factors as outcomes, and use traditional research designs which emphasize researcher control and randomized control designs (Israel *et al.*, 1989; Mittelman *et al.*, 1993; Whitehead, 1993). Funding institutions need to extend beyond categorical perspectives and provide the resources necessary to address the complexity of public health problems, using appropriate research methods that often include non-randomized, non-control group designs, and the use of qualitative and quantitative methods (Dressler, 1993; Hatch *et al.*, 1993; Green *et al.*, 1995; deKoning & Martin, 1996b; Susser & Susser, 1996; Israel *et al.*, 1998). It may be beyond the scope of some funding agencies to provide the types and level of resources needed to conduct such comprehensive CBPR efforts (e.g. including research and intervention components). There is a need for public and private funding agencies to collaborate to develop and implement co-sponsored grant initiatives. In addition, within categorical funding opportunities, resources can be designated for research that adopts an ecological perspective, examining multiple determinants of a given disease across multiple levels of analysis, using innovative research designs.

*Grant Application and Review Process.* Changes are also necessary in the grant application and review process in order to support increased use of CBPR. Two critical challenges for CBPR are the questions raised concerning scientific quality and the ability to prove intervention success (Israel *et al.*, 1992b; Koepsell

*et al.*, 1992; Levine *et al.*, 1992; Mittelmark *et al.*, 1993; deKoning & Martin, 1996a; Israel *et al.*, 1998; Parker *et al.*, 1998; Schulz *et al.*, 1998b). As discussed elsewhere, methodological flexibility is essential, that is, the use of research methods that are tailored to the purpose of the research and the context and interests of the community involved (Hall, 1992; Koepsell *et al.*, 1992; Mittelmark *et al.*, 1993; Singer, 1993; Green *et al.*, 1995; Israel *et al.*, 1995; Israel *et al.*, 1998). Grant application and review processes need to recognize the importance of diverse methodologies and the validity of multiple approaches to research.

Calls for grant proposals need to incorporate the principles of CBPR in the grant application submission and review processes. To promote equity, the language used throughout needs to be easily understood by all partners involved. Technical assistance and pre-application consultation needs to be readily available to assist organizations that have little experience completing these application forms.

In addition, the review criteria for judging applications for CBPR projects and the persons involved in the review process need to be consistent with the principles themselves. For example, Green and his colleagues (1995) have developed guidelines for participatory research in health promotion intended to be used to assess the extent to which proposed projects meet participatory research criteria. Furthermore, the review process needs to include not only academicians with expertise in the particular content area being addressed, but also academicians with expertise in CBPR, and community members who have been involved in CBPR endeavors. Given that the inclusion of community members in the review process and the review criteria for CBPR projects incorporate fairly new approaches, members of a peer review panel need to develop a common understanding of the review process and their roles prior to the review of grant applications. The input of the community participants in the review process must be heard and incorporated into the final decision-making processes. For example, community members need to be oriented to how the review process is conducted, their roles need to be clearly defined from the beginning, and how their input is going to be “weighted” needs to be clarified. Community members’ perspectives and expertise might best be applied to assess specific partnership-related criteria across all applications, rather than taking a lead review role on the entirety of a few applications.

### *Capacity Building and Training for CBPR Partners*

Here we discuss policy recommendations related to the need for training and capacity building to support CBPR among all the partners involved.

*Pre- and Post-doctoral Training and Continuing Education.* An important facilitating factor in the successful conduct of CBPR is the presence of researchers who have the skills needed for following the principles of CBPR



(Israel *et al.*, 1998). In addition to competencies in the areas of research design and methods, researchers need skills in group process, communication (e.g. the use of language that is understandable and respectful), conflict resolution, participating in multicultural contexts, ability to be self-reflective and admit mistakes, capacity to work within different power structures, and humility (Israel *et al.*, 1998). Doctoral and post-doctoral programs and continuing education courses that emphasize preparing researchers to conduct CBPR are needed.

Emphasis should be placed on recruiting students who come from the same marginalized communities that are frequently the partners involved in CBPR projects. Doctoral training is particularly important in that it is often easier for researchers to learn this approach initially than having to “unlearn” another perspective. Courses are needed that specifically address the principles of CBPR and the concomitant researcher skills and competencies. Many of these competencies are best learned through field-based learning in which students work with and are mentored by both faculty and community partners involved in CBPR projects. The value of community partners in this teaching and learning process needs to be recognized and compensated. For such an approach to be adopted, policy changes are needed within the university curriculum as well as within funding institutions, so that resources are devoted to supporting these training programs. Seminars, conferences and continuing education courses for academics and practitioners interested in gaining the competencies to conduct CBPR are also needed.

*Training Programs for Community Members.* For community members to participate as equal partners and share power and control over the research process, they often need to enhance their knowledge and skills in such areas as evaluation, grant proposal writing, research design, survey administration, and fiscal management. The content and the approaches used in any courses offered need to be identified by and tailored to the organizations involved. Funding for such training programs could come from grants specifically focused on continuing education and/or be built into project-specific CBPR efforts. Upon requests by community partners, universities also need to consider making existing courses available to them in non-degree programs, with recognition provided for successful completion.

*Educational Opportunities for Members of Traditionally Marginalized Communities.* Although doctoral and post-doctoral programs in CBPR are needed, educational initiatives must also target high school and undergraduate students from historically marginalized communities. Some examples of such university programs and policies are: summer institutes that prepare high school students for college level work; recruitment and retention of faculty and staff from communities of color; and development of programs for “returning students,” allowing them to continue full-time jobs and receive recognition and credit for relevant work experience.

### *Benefits and Reward Structures for CBPR Partners*

While it is beyond the scope of this article to discuss policies concerning benefit and reward structures in-depth, such policies are vital for facilitating CBPR efforts and are briefly described in this section.

*Tenure and Promotion Process.* One of the most frequently mentioned institutional barriers for faculty conducting CBPR are the risks associated with trying to achieve tenure and promotion (Israel *et al.*, 1998). While excellence in scholarship and having a national reputation are major criteria for tenure and promotion at many universities, multiple means are needed for providing evidence of having obtained such recognition. For example, given the importance of publishing in peer-reviewed journals, highly regarded journals must recognize the methodological issues associated with conducting CBPR and be willing to publish such articles. Furthermore, universities need to expand their assessment of reputable journals to include those in which CBPR efforts can be credibly published. Also, in keeping with the principles of CBPR and upon request of community partners, faculty members may be involved in writing grant proposals that are submitted through community-based partner organizations as the fiduciary, rather than through their universities. Policies and mechanisms need to be established in universities to ensure that faculty members receive credit for their roles in such grant submissions. Furthermore, as discussed above, faculty involvement in providing training and technical assistance to community partners needs to be recognized in the tenure and promotion process.

*Roles, Responsibilities and Recognition of Community Partners Involved in CBPR.* The multiple and competing demands on the time and resources across partner organizations may make it difficult for participants to devote the time needed for a particular CBPR endeavor (Israel *et al.*, 1998). This issue is especially relevant for individuals who get involved in CBPR projects but are not relieved of other responsibilities (Himmelman, 1992). Policies are needed within community-based and other partner organizations that recognize the contributions that participants from their organizations make to the partnerships (e.g. release time from other activities, include partnership responsibilities as part of job descriptions). Given that it is the university partners that are often requesting the time and participation of community partners, there is a need for institutional policies that compensate community partners for their contributions (e.g. payments made to organizations that have participants involved, publicity/publications that highlight organizational involvement).

## **Concluding Remarks**

In this article we have presented key principles of community-based participatory research and rationale for its use, and provided relevant policy

recommendations aimed at advancing the application of CBPR. While the focus here has been on policies for enhancing the CBPR approach, we must not lose sight of the aim of CBPR, which is to benefit the communities involved. There are also policy implications resulting from the findings of particular CBPR endeavors. Given the emphasis on working with marginalized communities, and on examining and addressing social and structural determinants of health and disease, the potential for translating research findings into policy is especially critical. CBPR results will be grounded in the experiences of the communities involved, and reflect a comprehensive understanding of the complex issues under investigation and addressed through action. Thus, the translation of such findings into policy has the potential for having a broad impact on communities in multiple arenas. To effect such policy changes, participants may, for example, testify at public hearings to share the results of the research, seek appointments on local, state and national policy making boards, and prepare documents that inform policy makers of key findings that support policy decisions.

If we are to have a major impact on the public's health, it is not enough that we advocate for a community-based participatory research approach, but we also need to engage CBPR partnerships in applying what we learn to effect large-scale policy changes. Given that many of the challenges to community members' participation in CBPR are similar to the underlying issues that contribute to health differentials, the establishment of broad policies that enhance equity would both serve to reduce health disparities and increase the engagement of communities as partners in health research. While the issues addressed here draw primarily upon experiences in the United States, the emphasis throughout on enhancing equity through knowledge generation and change, and the history and contributions of participatory approaches to research throughout the world (Freire, 1987; Fals-Borda & Rahman, 1991; Whyte, 1991; Green *et al.*, 1995; deKoning & Martin, 1996a; Toulmin & Gustavsen, 1996; Smith *et al.*, 1997), suggest the applicability within a global context of many of the recommendations presented here. International, comparative case studies can extend our understanding of and ability to advance community-based participatory approaches to research and action.

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## Note

1. For a fuller description of these principles and issues in conducting CBPR, see the expanded, original version of this paper at <http://www.futurehealth.ucsf.edu/ccph/guid.html#CommissionPaper> (#6), the review article by Israel *et al.* (1998), and the article by Israel *et al.* (2001) that is a case example of the processes involved in developing and maintaining CBPR partnerships.

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