



Community-Based Participatory Research

Scientific Rigor + Community Participation = Better Research + Better Health

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Community-Campus Partnerships for Health

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Outline

Community-Campus Partnerships for Health (CCPH)

Community-based participatory research (CBPR):

What is it?

Why do it?

What do we know about it?

What are its prospects for the future?

What are the continuing challenges?

What resources are available?



Mission

To promote health through partnerships between communities and higher educational institutions





At-A-Glance

- Nonprofit organization launched in January '97
- Headquartered in Seattle, WA USA
- 16-member board of directors
- 1000+ members from communities and campuses across the US and a dozen countries
- Private and public funding
- Staff, students and senior consultants



Board Members

Chris Atchison, University of Iowa School of Public Health

Renee Bayer, University of Michigan School of Public Health

Cynthia Barnes-Boyd, Neighborhoods Initiative,
University of Illinois-Chicago Great Cities Institute

Chuck Conner, West Virginia Rural Health Education
Partnership, Spencer, WV

Diane Downing, Arlington County Dept. of Human
Services, VA

Elmer Freeman, Center for Community Health Education,
Research and Service, Boston, MA

Barbara Gottlieb, Brookside Community Health Center,
Jamaica Plain, MA



Board Members

- Larry Green**, Comprehensive Cancer Center, San Francisco, CA
- Ella Greene-Moton**, Flint Odyssey House, Inc. Health Awareness Center, MI
- Susan Gust**, Partners Three Consulting, Minneapolis, MN
- Dennis Magill**, Wellesley Central Health Corporation, Toronto, Canada
- Daniel E. Korin**, Lutheran Medical Center, NY
- Carmen Patrick**, Emory University medical student, Atlanta, GA
- Richard W. Redman**, University of Michigan School of Nursing
- Monte Roulier**, Community Initiatives, Columbia, MO
- Douglas Simmons**, University of Texas, Houston Health Science Center Dental Branch



Defining community

CCPH board of directors, 2005

What we mean by “community” is dynamic and inclusive; there is no “one” definition of community.

Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, disability, illness or health condition.

It can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need.

Institutions and individuals based out of institutions can be “the community” in certain situations. Grassroots organizations and community residents can be “the community” in certain situations.



Defining community

CCPH board of directors, 2005

Defining “community” in a community-campus partnership is more about the process of asking questions than about a strict definition of who “is” community or “represents” community:

“Are those most affected by the problem at the table? Are community members at the table? Are those who have a stake in the issue being addressed at the table? Do they play decision making roles?”

The purpose of the partnership drives the definition, therefore each effort must ask for the definition of community.



CCPH Principles of Partnership

- Partners have agreed upon mission, values, goals and measurable outcomes for the partnership
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment
- The partnership builds upon identified strengths and assets, and addresses needs
- Power is balanced among partners and resources are shared



CCPH Principles of Partnership

- There is clear, open and accessible communication between partners
- Roles, norms and processes for the partnership are established with the input and agreement of all partners
- There is feedback to, among and from all stakeholders in the partnerships
- Partners share the credit for accomplishments
- Partnerships take time to develop and evolve



Major Strategies

- Create and expand opportunities for collaboration and information sharing
- Promote awareness about the benefits of community-campus partnerships
- Advocate for policies that facilitate and support community-campus partnerships
- Support service-learning and community-based participatory research in higher education



Related Projects

National Study of the Community Involvement of Academic Health Centers

Funded by The Pew Charitable Trusts and Corporation for National Service

Calleson D, Seifer SD and Maurana CA. Forces affecting community involvement of AHCs: perspectives of institutional and faculty leaders. *Academic Medicine* 2002; (77): 72-81.

Seifer SD and Calleson DC. Faculty perspectives on community-based research in academic health centers: Implications for policy and practice. *Journal of Interprofessional Care*, 2004; 18(4): 63-74.

Community-University Partnerships for Health Research: Infrastructure Requirements

Funded by National Institutes of Health

Seifer SD, Shore N and Holmes SL. Community-University Partnerships for Health Research: Infrastructure Requirements. Report to the National Institutes of Health's Office of Behavioral and Social Sciences Research, 2003.



Related Projects

Examining Community-Institutional Partnerships for Prevention Research Project

Funded by the Centers of Disease Control and Prevention through a cooperative agreement with the Association of Schools of Public Health

The Examining Community-Institutional Partnerships for Prevention Research Group. Examining Community-Institutional Partnerships for Prevention Research: Final Report of Findings and Recommendations, 2004; and CBPR Training Curriculum, 2005.

Commission on Community-Engaged Scholarship in the Health Professions

Funded by the WK Kellogg Foundation

Linking Scholarship and Communities: Report of the Commission on Community-Engaged Scholarship in the Health Professions, 2005.

Community-Engaged Scholarship Toolkit

www.communityengagedscholarship.info

Multiple funding agencies – see website for details

What is CBPR?

“...a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process; with all partners contributing their expertise and sharing responsibility and ownership to enhance understanding of a given phenomenon, and to integrate the knowledge gained with interventions to improve the health and well being of community members.”

Israel, BA Annual Review of Public Health, 1998

What is CBPR?

“A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings”.

W.K. Kellogg Foundation, 2001

“Scientific inquiry conducted in communities in which community members, persons affected by condition or issue under study and other key stakeholders in the community’s health have the opportunity to be full participants in each phase of the work – conception, design, conduct, analysis, interpretation, conclusions and communication of results.”

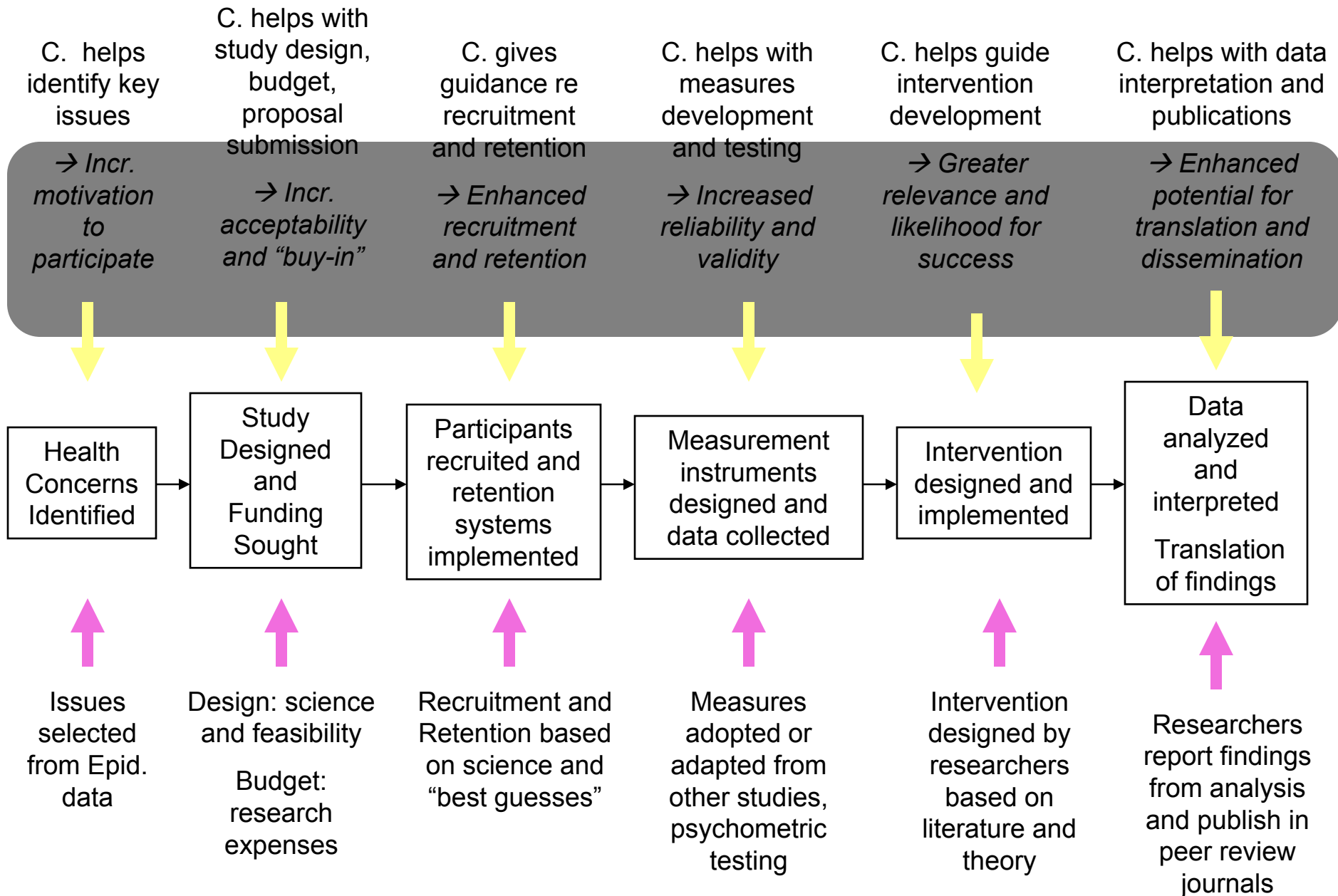
Federal Interagency Working Group on CBPR, 2003



Principles of CBPR

- Respect each other's contributions;
- Encourage change & promote knowledge to benefit community;
- Share credit and responsibility for results;
- Promote an emphasis on locally relevant health issues;
- Examine social, economic and cultural influences on health;
- Collaborate on all major phases of the research process;
- Treat research participants ethically;
- Furnish results to the community in a useful manner;
- Utilize community strengths and expertise; and
- Link research to action to enhance community capacity.

Community-Based Participatory Research (from AHRQ evidence report on CBPR)



Traditional Research Approach

Why Do CBPR?

- Overcomes separation of individual from culture and context that often occurs with categorical approaches
- Joins partners with diverse skills, knowledge, expertise and sensitivities to address complex problems
- Establishes trust between communities & researchers
- Improves research quality & validity by engaging local knowledge and theory
- Studies and addresses community-identified needs
- Enhances relevance of research questions & data
- Translates research into practice & policy change
- Increases community capacity for research
- Provides voice (e.g. power, capacity, control) to communities and their members
- Improves health and well-being of communities involved To effect political and social change

Ingredients of Successful Partnerships

Trusting relationships

Equitable processes and procedures

Diverse membership

Tangible benefits to all partners

Balance between partnership process, activities and outcomes

Significant community involvement in scientifically sound research

Supportive partner organization policies and reward structures

Leadership

Culturally competent and appropriately skilled staff and researchers

Collaborative dissemination

Ongoing partnership assessment, improvement and celebration

Sustainable impact

Ingredients of Successful Partnerships

"You can't just walk in with the expectations of creating a partnership. It takes time to develop mutual understanding and make sure you don't exploit."

"There is suspicion of dominant institutions. If I go into communities, all the relationship building is personal. People need to get to know me and trust me personally and know that I will deliver and not just disappear after the study. This happens over time."

"It is key that all partners benefit, are clear what the benefits are and resources are shared."

"In our work together...we look at how the intervention might be sustainable and appropriate given our missions."

AHRQ Report: CBPR: Assessing the Evidence

July 2004

www.ahrq.gov/clinic/evrptpdfs.htm



How has CBPR been implemented to date with regard to the quality of research methodology and community involvement?

What is the evidence that CBPR efforts have yielded the intended outcomes?

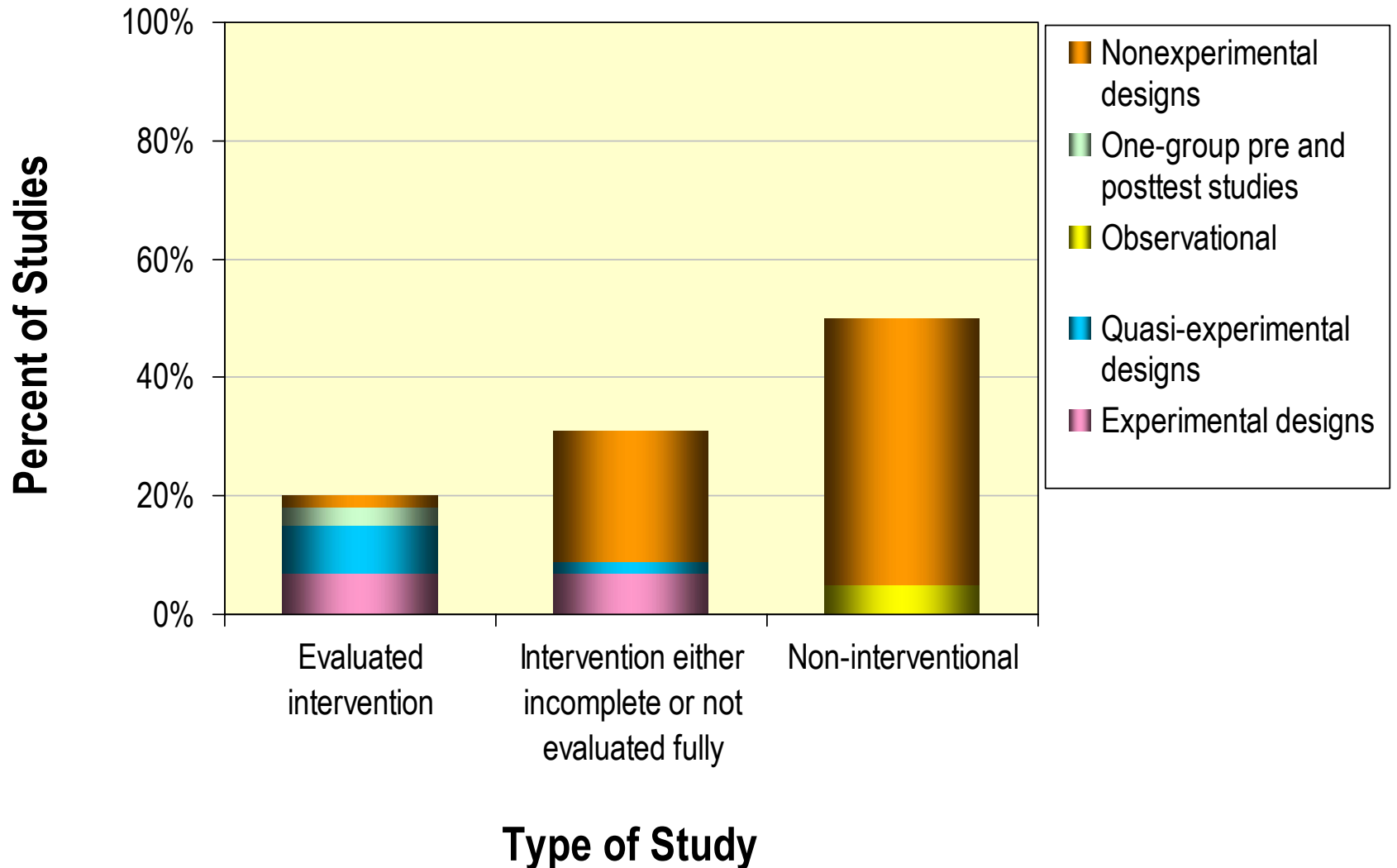
Characteristics of CBPR Studies

Characteristics	Number
General characteristics	
Total number of studies identified	60
Average number of publications per study	2
Publication dates of the first article from the study	
	Percent
Before 1980	2%
1980-1985	0%
1986-1990	3%
1991-1995	13%
1996-2000	42%
2001 to 2003	40%

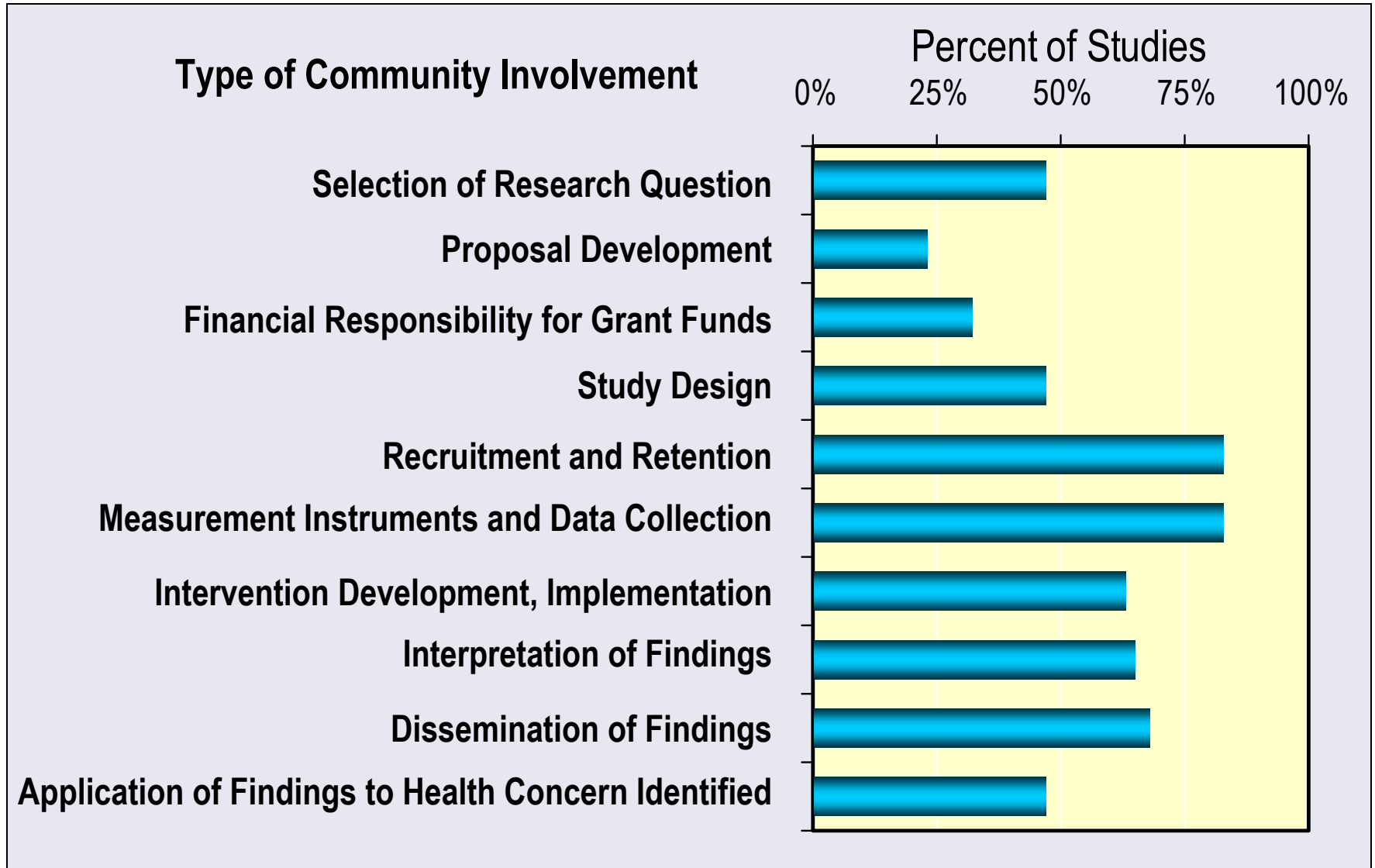
Characteristics of CBPR Studies

Substantive Topics	Percent
General health concerns	18%
Environmental hazards	15%
Hypertension/heart disease/diabetes	13%
Services for HIV/AIDS	10%
Substance abuse including smoking	8%
Cancer screening and prevention	7%
Women's health	7%
Asthma prevention	3%
Occupational health	3%
Seniors' health	3%
Other miscellaneous concerns (disabilities, hospice access, childhood immunization, nutrition, mental health)	12%

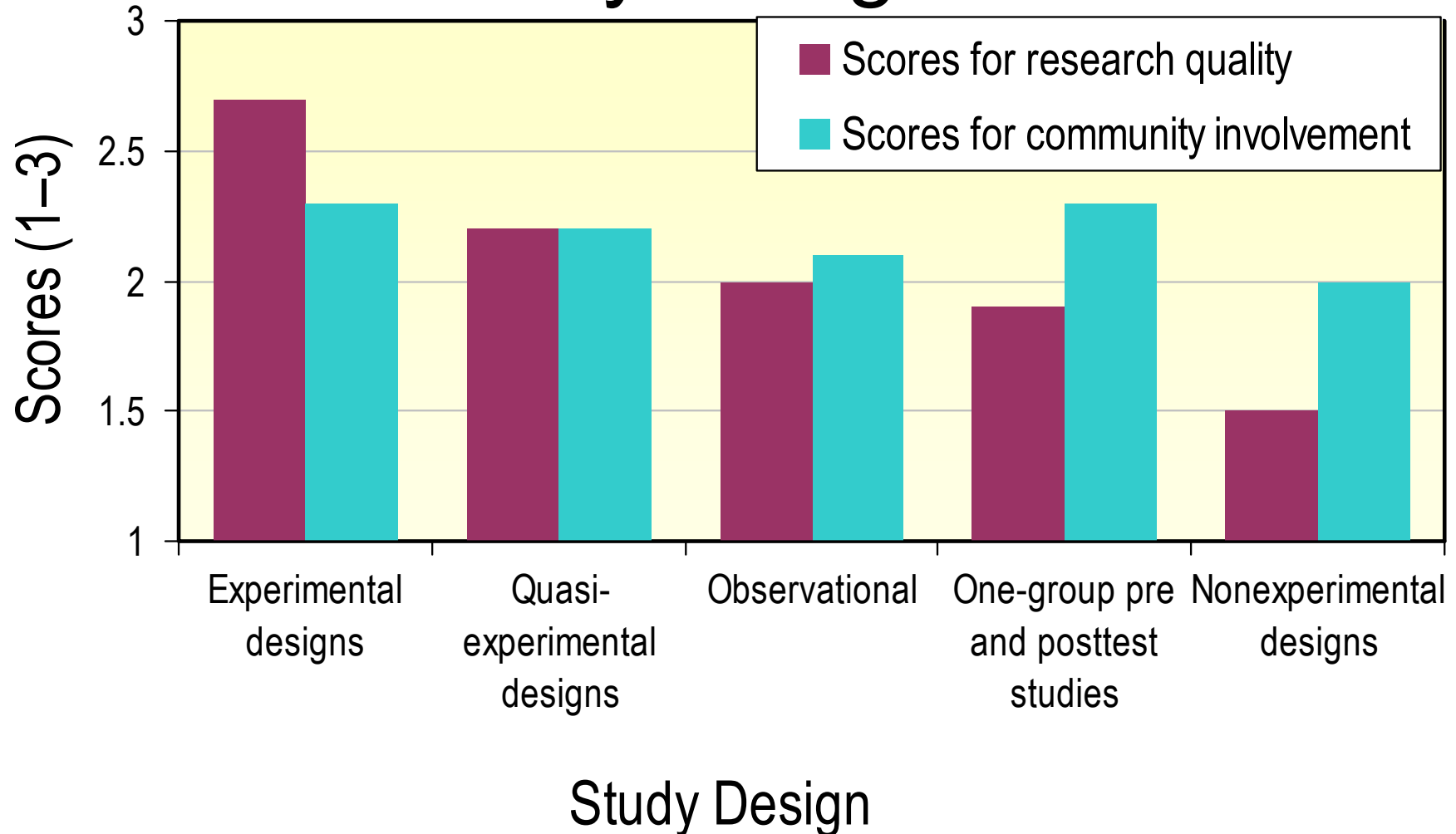
Type of Study and Research Design



Community Involvement



Comparing Research Quality and Community Involvement across Study Designs

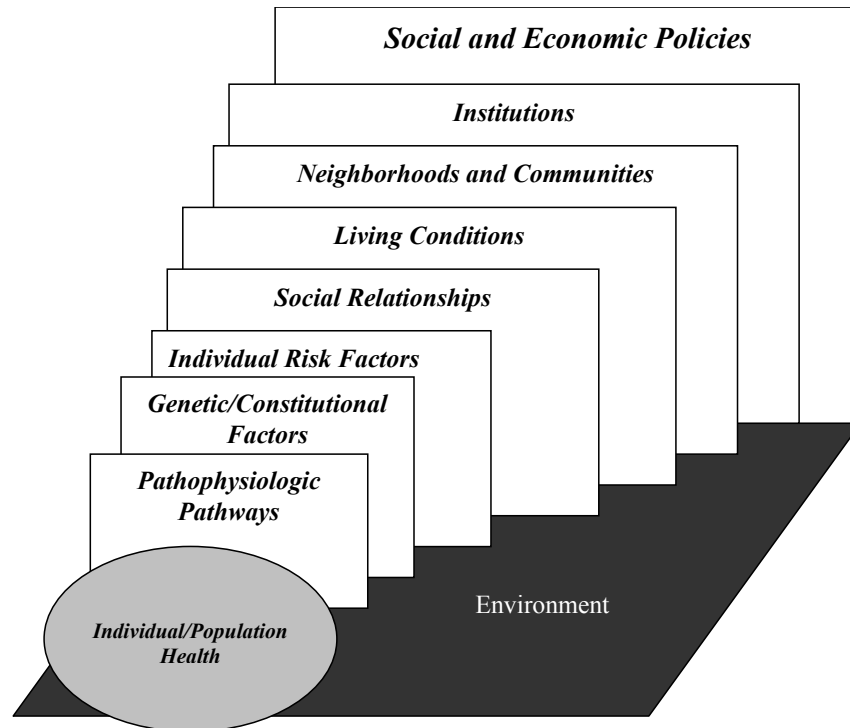


Bottom Line:

“High quality research and intense community involvement are not contrary to each other.”

Bottom Line:

“In many areas of health promotion & disease prevention, researchers and community advocates alike are beginning to focus their efforts further “upstream” in the socio-ecologic model, encouraging a greater emphasis on policy and environmental changes that facilitate proactive health choices at the individual level. CBPR is well positioned to address such approaches...”





The Growth & Growing Legitimacy of CBPR

- Grant funding – *including funders who "don't fund research"*
- Community-based and academic peer reviewers
- Post-doctoral fellowships
- Job announcements
- Journal articles, theme issues, reports, new journal
- CBPR listserv
- Community-based CBPR centers

CBPR

Continuing Challenges & Issues

Community distrust of academic institutions

Time involved

Unequal power dynamics

Unequal distribution of grant money

Scientific rigor vs. community acceptability

Skepticism about rigor, validity and value of CBPR

Faculty review, promotion and tenure policies

Staff job descriptions and performance expectations

Lack of support from leadership

Institutional review board policies

Community advisory boards as a funder requirement and
not a genuine participatory process



Resources in your own backyard

Horowitz CR, Arniella A, James S, Bickell NA. Using community-based participatory research to reduce health disparities in East and Central Harlem. *Mt Sinai J Med*. 2004 Nov;71(6):368-74.

Horowitz CR, Tuzzio L, Rojas M, Monteith SA, Sisk JE. How do urban African Americans and Latinos view the influence of diet on hypertension? *J Health Care Poor Underserved*. 2004 Nov;15(4):631-44.

Horowitz CR, Colson KA, Hebert PL, Lancaster K. Barriers to buying healthy foods for people with diabetes: evidence of environmental disparities. *Am J Public Health*. 2004 Sep;94(9):1549-54.

Horowitz CR, Williams L, Bickell NA. A community-centered approach to diabetes in East Harlem. *J Gen Intern Med*. 2003 Jul;18(7):542-8.



Resources in your own backyard

Galea S, Factor SH, Bonner S, Foley M, Freudenberg N, Latka M, Palermo AG, Vlahov D. Collaboration among community members, local health service providers, and researchers in an urban research center in Harlem, New York. *Public Health Rep.* 2001 Nov-Dec;116(6):530-9.

Metzler MM, Higgins DL, Beeker CG, Freudenberg N, Lantz PM, Senturia KD, Eisinger AA, Viruell-Fuentes EA, Gheisar B, Palermo AG, Softley D. Addressing urban health in Detroit, New York City, and Seattle through community-based participatory research partnerships. *Am J Public Health.* 2003 May;93(5):803-11.

Galea S, Factor SH, Palermo AG, Aaron D, Canales E, Vlahov D. Access to resources for substance users in Harlem, New York City: service provider and client perspectives. *Health Educ Behav.* 2002 Jun;29(3):296-311.

Resources

Through Community-Campus Partnerships for Health

Training Institutes

Customized Consultation

National Conference

Online Newsletter

Electronic Discussion Groups

Resource Guides & Toolkits

Promising Practices



www.ccph.info



Mark Your Calendars!

APHA Conference – CBPR institute – December 2005, Philadelphia, PA - Registration Now Open

9th Conference - May 31-June 3, 2006, Minneapolis, MN – Registration Now Open

9th Service-Learning Institute – July 21-24, 2006 in WA State – Applications available in November 2005

5th Annual Award – Call for nominations out in November 2005



Stay Connected

CBPR Listserv

Co-sponsored by CCPH and Wellesley Central Health Corporation

<https://mailman1.u.washington.edu/mailman/listinfo/cbpr>
or www.ccpb.info

Community-Campus Partnerships for Health

We invite you to join a growing network of communities & campuses that are collaborating to promote health

Contact us by phone 206-543-8178 or
email at ccphuw@u.washington.edu or
visit us online at www.ccph.info

