



Community-Based Participatory Research

Scientific Rigor + Community Participation = Better Research + Better Health

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Community-Campus Partnerships for Health



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





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

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.”

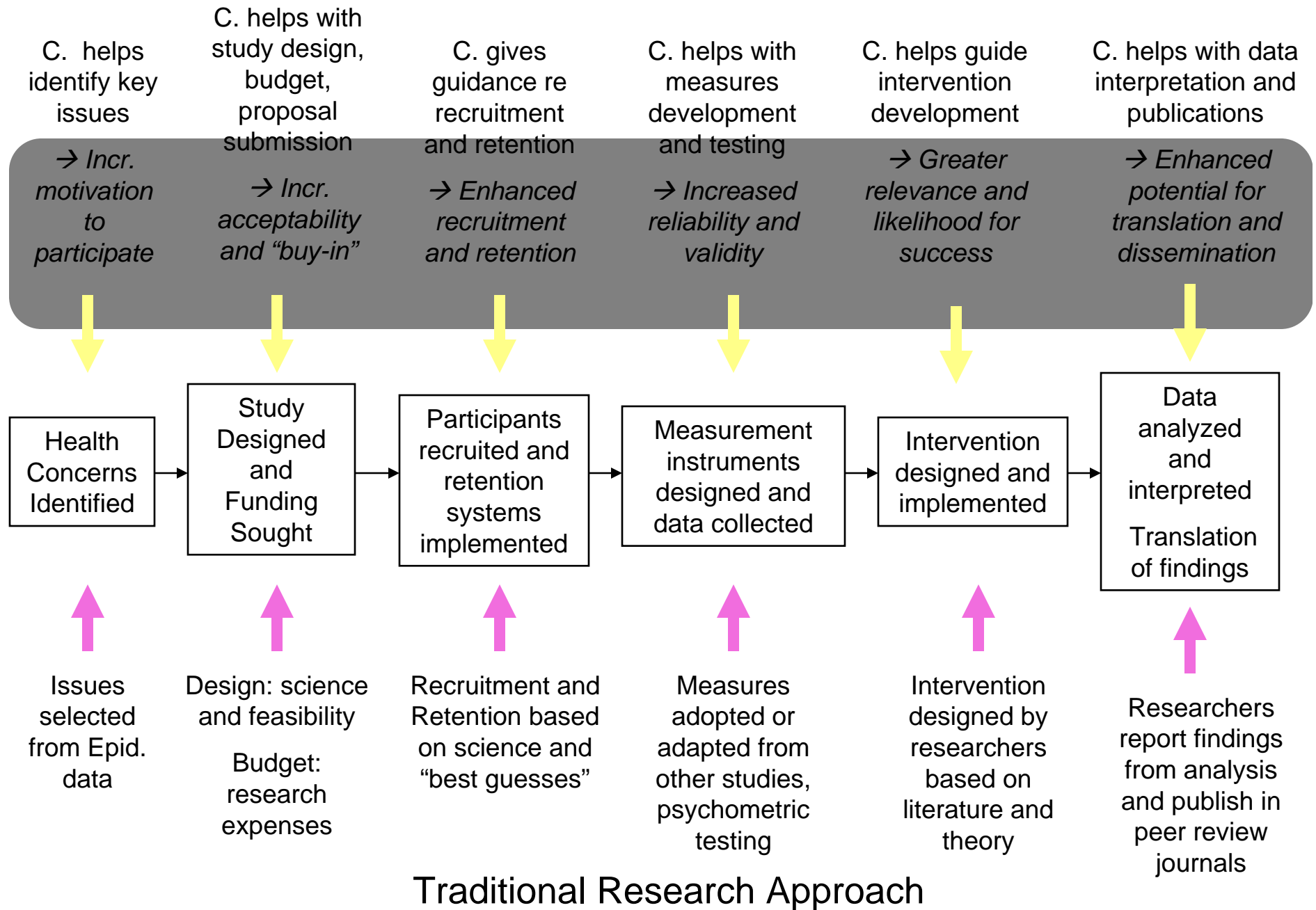
Federal Interagency Working Group on CBPR, 2003



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)



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?

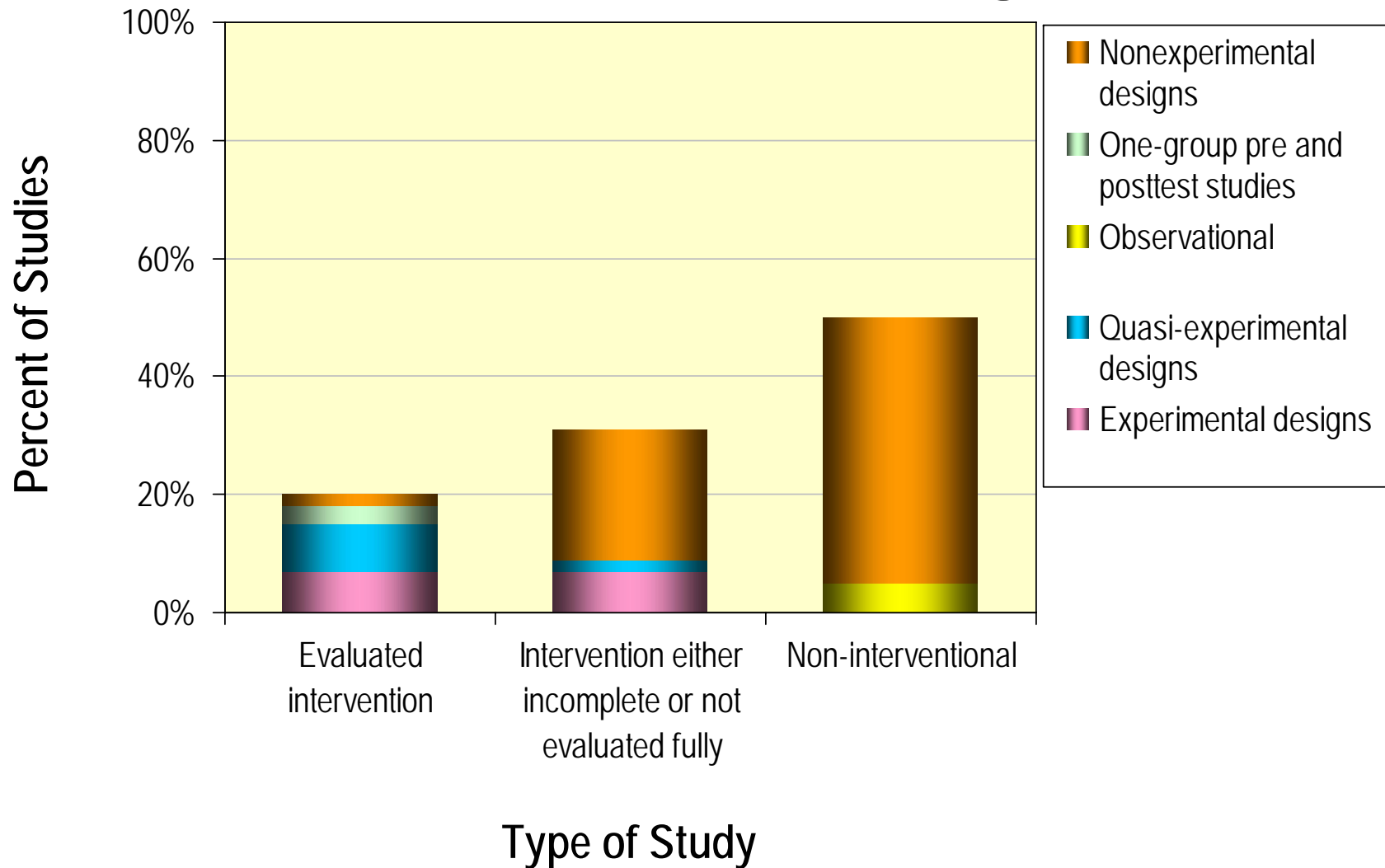
Characteristics of CBPR Studies

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%

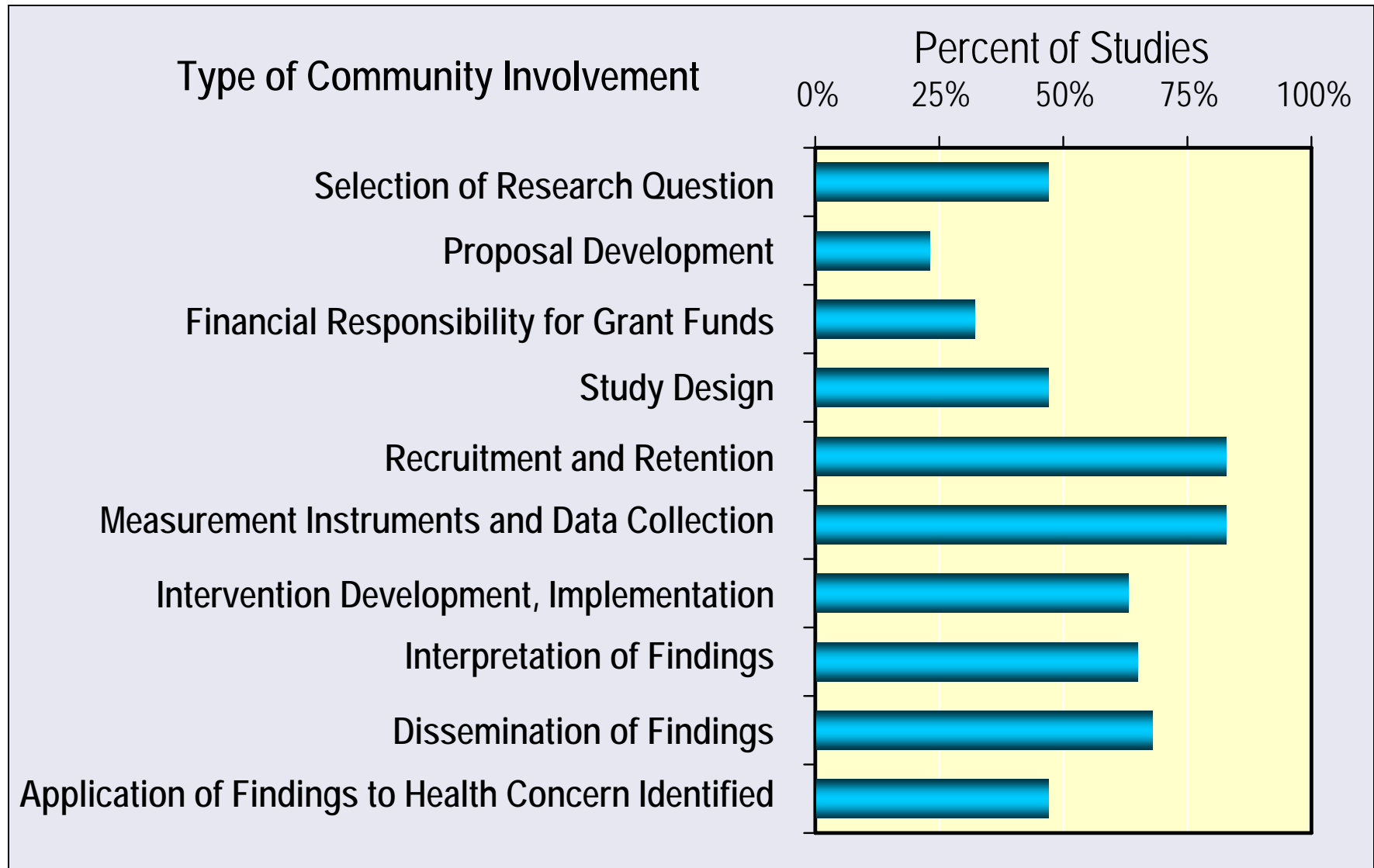
Characteristics of CBPR Studies

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%

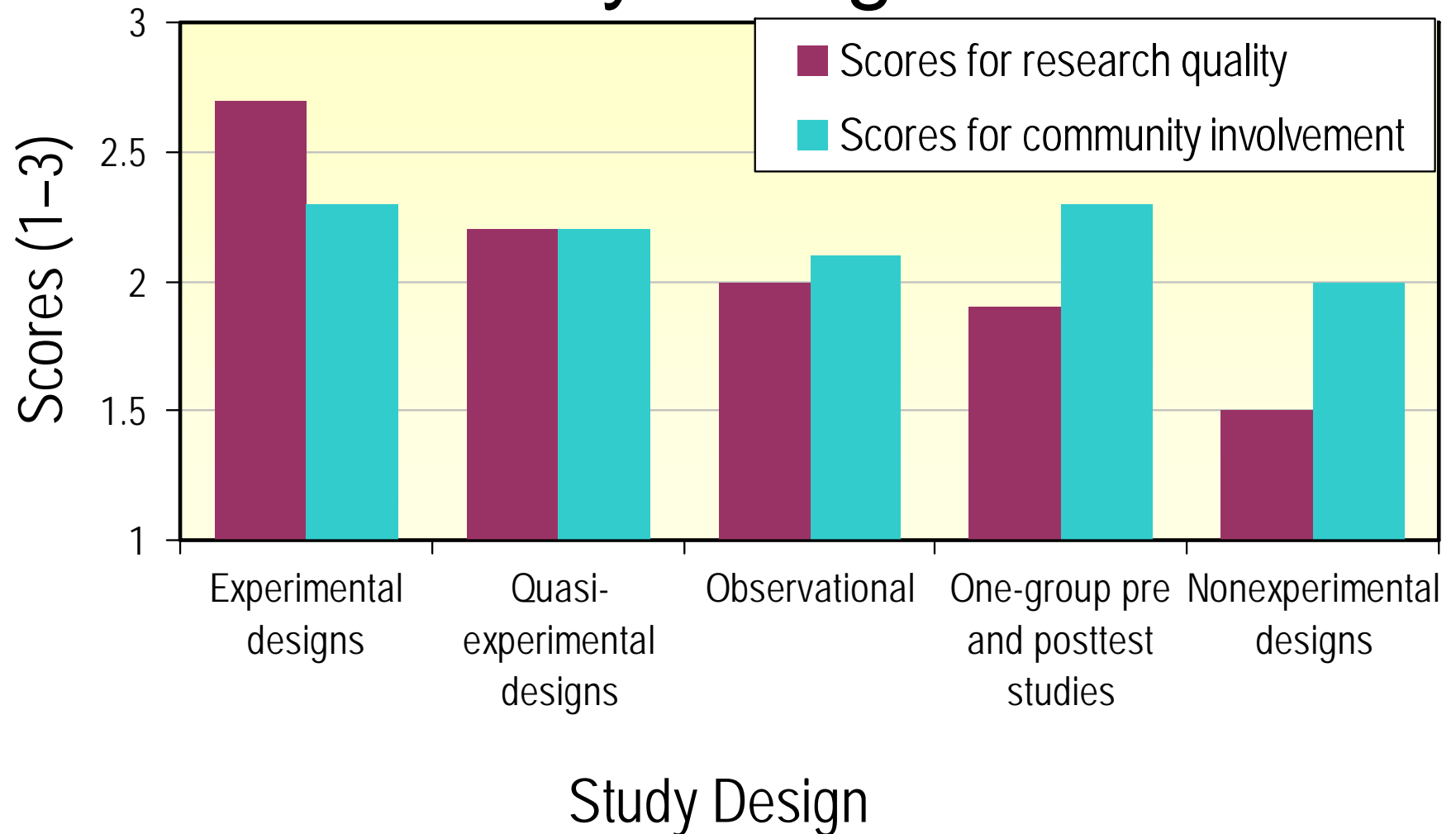
Type of Study and Research Design



Community Involvement



Comparing Research Quality and Community Involvement across Study Designs

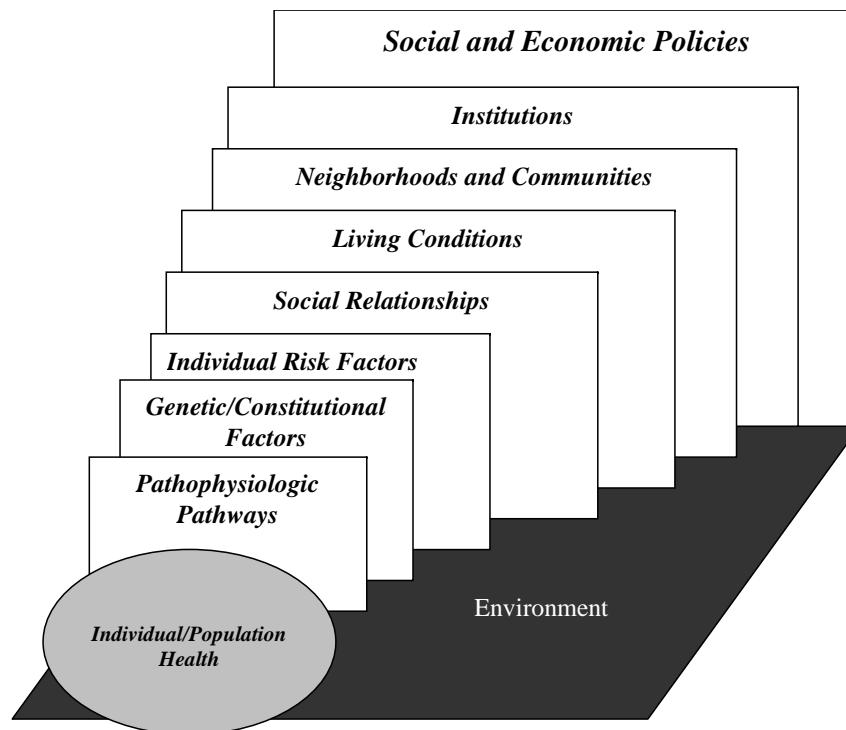


Bottom Line:

“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...”



Kaplan 2000



The Growth & Growing Legitimacy of CBPR

- Grant funding – *including funders who “don’t fund research”*
- Community-based and academic peer reviewers
- Post-doctoral fellowships – Kellogg Health Scholars
- 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



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

