COMMUNITY-BASED PARTICIPATORY RESEARCH: WHY AND HOW

UNIVERSITY OF WASHINGTON
April 17, 2003

Robert M. Goodman, Ph.D, MPH, MA
Usdin Family Professor
Tulane University School of Public Health and Tropical Medicine
Overview

• Background and Rationale for CBPR

• Important concepts related to CBPR
  ✓ Population health (SDOH) and community health (SPF)
  ✓ Community-based & community-placed research and practice
  ✓ Social ecology and capacity building

• Examples and Directions for Community-Based Participatory Research and Practice
Full Disclosure

I am an applied researcher

I have the utmost regard for transdisciplinary approaches

I have a predilection for applying participatory principles to community-based research, evaluation, and practice
Background and Rationale for CBPR
Community-Based Participatory Research (CBPR)

“a partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process”

“an approach that entails involving all potential users of the research and other stakeholders in the formulation as well as the application of the research” (p. 1927).

Maximum participation occurs when the stakeholders

✓ Remain active throughout the study
✓ Pose the research question
✓ Engage in the selection and application of methods
✓ Apply the findings

Minimum participation requires involvement in

✓ Formulation of the question
✓ Interpretation of the data
✓ Application of the findings

Green, L.W., Mercer, S.L. (2001)
ATTRIBUTES OF THE CBPR APPROACH

✓ the central place that communities are accorded as units of identity and as co-equals in research

✓ a process that is not perceived by community constituents as university-dominated or elitist

✓ the emphasis on long-term commitment by all partners

✓ the emphasis on co-learning so that the process flows back and forth
ATTRIBUTES OF THE CBPR APPROACH

✓ the use of exercises that stimulate collective visioning among all partners

✓ the incorporation of social ecology approaches as departures for research and practice

✓ the use of innovative problem-solving approaches

✓ the use of multiple methods of data collection to produce a rich and textured picture of partnership functioning and outcomes that result
"Whoa! ... Wrong room."
Education in Graduate Programs and Schools of Public Health

- Eight new content areas needed
  - Informatics
  - Genomics
  - Communication
  - Cultural competency
  - Community-based participatory research (CBPR)
  - Global health
  - Ethics
  - Policy and law
THE EVOLUTION OF OUR PROFESSIONAL THINKING ABOUT PUBLIC HEALTH INTERVENTION RESEARCH IN COMMUNITY SETTINGS
Prior to the early 1980’s, **individual behavioral change** was the dominant emphasis of health promotion research and **adherence strategies** were the primary vehicle used to foster effective research outcomes.
1970’s-1980’s: Large-scale community trials

- Stanford Five Community Project
- Minnesota Heart Health Project
- Pawtucket Heart Health Project
Stanford Five Community Project
Minnesota Heart Health Project
Pawtucket Heart Health Project

risk factor screening
worksite physical activity
school programs
community task forces
grocery labeling
community-wide contests
media messages
speakers bureaus
health practitioner programs
menu labeling at restaurants
The earliest lessons from these community trials revealed the need to alter research and implementation strategies.
... community or large-scale programs ... require a shift in perspective and the employment of the distinct set of analytic and programmatic tools from those used with patients, clients, or customers

Green and McAlister (1984)
Flay (1986) writes of the unique impediments in implementing complex community programs, including reaching the planned targets at the correct time, with adequate intensity and desired effects.
Disaggregate program components to understand the multiple causal mechanisms within complex community interventions

Altman (1986)
Interventions Research Focused on Health Promotion

That are:
- directed at the general population
- seek to reduce risk factors associated with diabetes by:
  - increasing physical activities
  - decreasing dietary fat intake
- Projects that are focused and targeted for instance
- Projects that examine
  - interventions focusing on promoting lifestyle for prevention of diabetes among persons and children with risk factors
- environmental and policy changes that will facilitate prevention of diabetes among persons with risk factors that are
  - Prioritized and target sub-populations for which the potential for impact is greatest
  - Address units of practice beyond the individual
  - Address units of practice beyond clinical care and services
  - Links the social, policy and ecological/environmental variables that must be changed to reduce the burden of diabetes in this population

3c Organization Structure / Function

Establishment of a National Diabetes Prevention Center (NDPC) to serve as a focal point for:
- developing, implementing, evaluating, and disseminating culturally relevant prevention and control strategies - existing and/or new - to reduce the burden of diabetes in Native American Communities throughout the US through activities that will involve the Indian Nations through collaboration with other partners, tribes, communities, governmental and other organizations
- securing additional resources that consist of both not limited to:
  - systematic community needs assessment
  - community programs that are coherent and theory based in design and holistic approach
  - implemented community interventions
  - focused prevention research
  - surveillance
  - systematic program evaluation
    - quantitative
    - qualitative
  - training
  - health professional community
  - tribal capacity building activities for diabetes prevention and control
  - management and supervision
  - meaningful and ongoing consultation and interaction with tribal leadership and community members
  - cooperative partnerships that will ultimately be applicable to:
    - other high risk populations

1 Background Purpose

4c Implementation

Enhanced provider practices that results in
- facilitation of appropriate diabetes practice behavior
d- development of patient empowerment programs
- identification of barriers to care among underserved populations
- coordination of existing services to better serve persons with diabetes

5c Outcomes

- Improved, early access to diabetes care that results in
- reduction of preventable complications
RESEARCH DEVELOPMENT & ASSESSMENT OF COMMUNITY INTERVENTIONS ARE DIFFICULT BECAUSE THEY:

• are necessarily different in different communities
• need to be flexible and responsive to changing local needs and conditions
• have broad and multiple goals
• take many years to produce MAJOR outcomes
• require multiple data collection and analysis methods extended over long periods of time
Important concepts related to CBPR

- Community-based & community-placed research
- Population health (SDOH) and community health (SPF) approaches
- Social ecology and capacity building as foundations
PUBLIC HEALTH RESEARCH AS

COMMUNITY-BASED AND COMMUNITY-PLACED

**Types of community-focused research**

• **Type 1)** current proactive practice of *academically driven research initiatives*

• **Type 2)** a more reactive practice for designing *research in response to the needs and input of community agencies*

• **Type 3)** the development of *interactive practices that involve both academic researchers and the community as equal partners in all phases of a research project*
Population Health
(informed largely by risk factors - SDOH)

Community Health
(informed largely by social protective factors – community capacity and competence)

SYNERGY
WHAT OFTEN HAPPENS WHEN TYPE I OR TYPE II APPROACHES ARE USED?
<table>
<thead>
<tr>
<th>Characterization</th>
<th>Positive</th>
<th>Neg.</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>21</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>CDC</td>
<td>8</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>State administration or state project personnel</td>
<td>2</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>Executive committee members</td>
<td>9</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Local county representatives</td>
<td>5</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Work group leaders</td>
<td>18</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>
A Partnership or a Chain of Command?

We have CDC funding for the project. The grant is to the state health agency, and then we have the state health agency contracting the grant to the County Department of Health. So you have all of these controlling factors.

-Local community representative
Green and Mercer (2001)

➢ Communities often find that they participate in research that has limited applicability and is insensitive to the community in the process.

➢ Lack of access to and cooperation from community groups are common ramifications of poor relationships with communities.

➢ The breach in research/community relationships is frequently reflected in IOM reports:
  • *The Future of Public Health* (1988)
  • *Linkages Between Research and Practice* (1997)
  • *We The People* (2002)
In a free and diverse society, effective public health action for many problems requires organizing the interest groups, not just assessing a problem and determining a line of action based on top-down authority. (p. 122)
HOW COMMUNITIES MAY JOIN IN THE RESEARCH?
Community capacity

- the characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems

- cultivation and use of transferable knowledge, skills, systems and resources that affect the community’s ability to work effectively in achieving its vision
Developing Measures of Community Capacity and Other Social Protective Community Factors

A Three-Year Study Funded by the Centers for Disease Control and Prevention (FY 2000-02)

Robert M. Goodman, Ph.D. - Principal Investigator
Tulane Prevention Research Center is the Lead center (LC) among four participating Prevention Research Centers (PPRCs)

- St. Louis University
- University of Illinois – Chicago
- University of New Mexico
COMMUNITY SCENARIO A - CHALLENGES

INTERNAL CONDITIONS

- INTERNAL BICKERING
- LACK OF ORGANIZATIONAL DEVELOPMENT
- LACK OF POLITICAL CONNECTEDNESS
- INDIVIDUAL SELF-INTEREST NEGATIVE FEW:

PROCESSSES

- CONFLICT
- PASSIVITY
- LEADERSHIP
- LACK OF INFO. SHARING
- LACK OF UNITY (CONFUSION)
- LACK OF INFLUENCE

RESOURCES

- LACK OF CONNECTEDNESS TO INFLUENTIALS (NETWORKING)

STRUCTURE

EFFICACY

- LOSS OF HOPE

OUTCOMES
COMMUNITY SCENARIO B - CAPACITY

Gain insider information
Problem recognition (economic exploitation)
Knowledge of law
Established power base

LINKAGES
- access to information
- access to resources
- networking and local, state, national
- political influential

ACTIVISM
- clear focus on strategic objective
- strategically selected activities
- persistent effort
- intense effort
- core group
- rapid response
- political focus
- organized / coordinated

Desired outcomes (e.g., defeated plan, elected officials, citizens enfranchised)

COLLECTIVE COMMUNITY SUPPORT
- increased influence with external powers/political responsiveness

CRITICAL ANALYSIS

DISPOSITION

LEADERSHIP

SENSE OF COMMUNITY

Increased community support
Increased active/collective participation
Increased activities

According to Social Ecology Principles, complex health issues like substance abuse, teen pregnancy, violence, or chronic disease should be viewed as interwoven into the social fabric
A shift to comprehensive ecological formulations is a needed transformation because pockets of prevalence for ill health remain fixed in communities when interventions are limited in scope. Such limited programs are the cause of high relapse and attrition rates.
Ecological View of Health

- multiple determinants of health

- linkages and relationships among determinants are emphasized

- An approach in which multiple strategies are developed to impact determinants of health relevant to the desired health outcomes
Stanford Five Community Project
Minnesota Heart Health Project
Pawtucket Heart Health Project

risk factor screening
media messages
worksite physical activity
school programs
community task forces
grocery labeling
community-wide contests
speakers bureaus
health practitioner programs
menu labeling at restaurants
ECOLOGICAL MODEL FOR DESIGNING PROGRAM INTERVENTIONS IN THE 1990’S (& BEYOND???)

- **YOUTH DRUG USE**
- **COUNSELLING & PEER SOCIAL SUPPORT**
- **SUBSTANCE ABATEMENT**
- **EFFECTIVE PARENTAL INVOLVEMENT**
- **COMMUNITY SUPPORT**
- **ORGANIZED COMMUNITY SUPPORT**
- **COMMUNITY AWARENESS & MOBILIZATION**
- **ADEQUATE TREATMENT & SUPPORT SERVICES**
- **DEVELOPMENT OR EXPANSION OF SERVICES**
- **INSUFFICIENT NUMBER OF AVAILABLE ACCESSIBLE AGENCIES**
- **LACK OF COMMUNITY SUPPORT AND POLITICAL ADVOCACY FOR EXPANDED SERVICES**
- **FAMILY UNPREPARED TO ADDRESS SA BY CHILD**
- **FAMILY SUPPORT TRAINING**

The diagram illustrates the relationships and interventions for addressing youth drug use and family support.
SYNERGISTIC EFFECT IN PUBLIC HEALTH RISK

SMOKING ➔ 1 CANCER DEATH

ASBESTOS INHALATION ➔ 1 CANCER DEATH
SYNERGISTIC EFFECT IN SOCIAL ECOLOGY INTERVENTIONS ADDRESSING PUBLIC HEALTH RISK
The approximate relationships among objects of interest to health and other sectors cooperating in health promotion are shown as causes and effects.

SOURCE: Health Promotion Planning – An Educational and Ecological Approach
AUTHORS: Lawrence W. Green, Marshall W. Kreuter
An Ecological Model For Designing Program Interventions

Level 4

Level 3

Modifying Condition for Level 1

Level 2

Individual Level

Initial Condition

Program Intervention

Desired Outcome
Examples and Directions for Research and Practice
SIX STEP STRATEGY

• Entrée into the community
• Issue identification
• Issue prioritization
• Strategy development
• Implementation
• Transition
ENTRÉE INTO THE COMMUNITY

• Initial Contact
• Facilitator training
• Introduction to the community
• Mission
ISSUE IDENTIFICATION

- Brainstorming
- Free listing
- Identification of community leaders
ISSUE PRIORITIZATION

- Voting
- Selecting top priority
IDENTIFIED COMMUNITY ISSUES

• Group #1: Quality Education
• Group #2: Drugs & Housing
• Group #3: Damaged Homes
• Group #4: Blighted Properties
STRATEGY DEVELOPMENT

• Elaboration of the top priority issue
• Introduction of a social ecological model
• Community planning meetings
STRATEGIC PLAN

Policy Level
- Time limitations on filing claims

Organizational Level
- S&WB Policies not clear to community
  - Education on S&WB policy
  - Inspections to ascertain damage

Community Level
- Community not working together to support those with damaged homes
  - Community Mobilization
    - Group meetings
    - Group letter – homes identified
    - Calls to city council representatives
    - Collaboration with other groups

Individual/Family Level
- Individual family homes damaged by S&WB
  - Letters to S&WB
  - Funds for repairs
  - Legal representation

Extended Time limitations on filing claims
S&WB Policies clarified for the community
Community works together to support those with damaged homes
Individual family homes repaired by S&WB
IMPLEMENTATION

• Establish action plans
• Task assignment among the community members
• Timeline for the action plan
• Resource utilization
• Step by step execution of the action plan
• Monitoring of the status
• Debriefing
TRANSITION

- Discussion of the first action
- Decision making for the next action steps
- Transitioning of facilitation responsibility
Near-term Results

Policy Change

Responsiveness
IMPLICATIONS

• A better relationship between the academic institution and the community results
• Community members learn about the research process through participation
• Community develops ownership of the process
• CBPR can be informed by the six-step strategy
• Community outcomes can result where high levels of capacity are present
FOR CBPR TO BE EMBRACED

☑ OUTCOMES MUST BE DEFINITIVE

☑ ADDITIONAL FOCUS ON OUTCOMES ARE NECESSARY AT THIS JUNCTURE
CHALLENGES OF THE CBPR APPROACH

- CBPR is difficult to do
- the time and effort required to build trust and true partnering
- the difficulties in developing a common purpose
- the challenges of working with partners from diverse backgrounds and experiences
CHALLENGES OF THE CBPR APPROACH

- the practical constraints that compromise CBPR principles in practice
- the difficulties in reaching balance and equity in the distribution of resources and other benefits
- the career challenges faced by academics
Required skills for PBCR:

• the ability to communicate with diverse audiences and to understand their perspectives and needs

• the ability to sense and deal with important changes in the community that are the context for public health programs

• the ability to find common pathways for action.

• Appropriate training in these leadership skills needs to be a part of the educational preparation of public health leaders. (p. 122)
In doing community-based participatory research, the practitioner requires training in:

- providing continuous feedback during each stage of a community program’s development
- becoming a program stakeholder, collaborator, and builder of capacity for the community initiative
- ability to gain entrée, cooperation and trust among various community groups
- competencies in team building, group process, negotiation, teaching, and interpersonal communication; and the acquisition of political acumen
THE ROLE OF SCHOOLS OF PUBLIC HEALTH IN TRAINING FOR COMMUNITY-BASED RESEARCH AND PRACTICE
THANK YOU