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What we should know about
Community-Based Participatory Research (CBPR)

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What is CBPR?

Community-Based Participatory Research

Main characteristic is that the community is involved in ALL phases of the project including definition of research questions and methods

- CBPR is a collaborative research approach designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in *all* aspects of the research process to improve health and well-being through taking action, including social change
- Ideally, community members work together with the research team in *every phase of the project*: identifying the problem to be investigated, defining the research question, developing the protocol, conducting the study, analyzing the data and disseminating results

Adapted from Blumenthal et al "Community-Based Participatory Health Research", p. 2-3

Characteristics of CBPR

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CBPR

- Is an approach, not a research method or research design
- Implies fully partnering with the community instead of engaging it
- Conducts research *with* the community instead of *on* a community or *in* a community
- Takes place in the community instead of the laboratory, hospital or clinical setting
- Focuses on a population rather than on individuals
- Impacts outcomes at the community level instead of at the individual level

Adapted from Blumenthal et al “Community-Based Participatory Health Research”, p. 2-3

Role of community in the research process

Ideally, community members as well as researchers are part of the TEAM and work together in every phase of the project

The Community Advisory Board (CAB) leads the community's involvement in the project

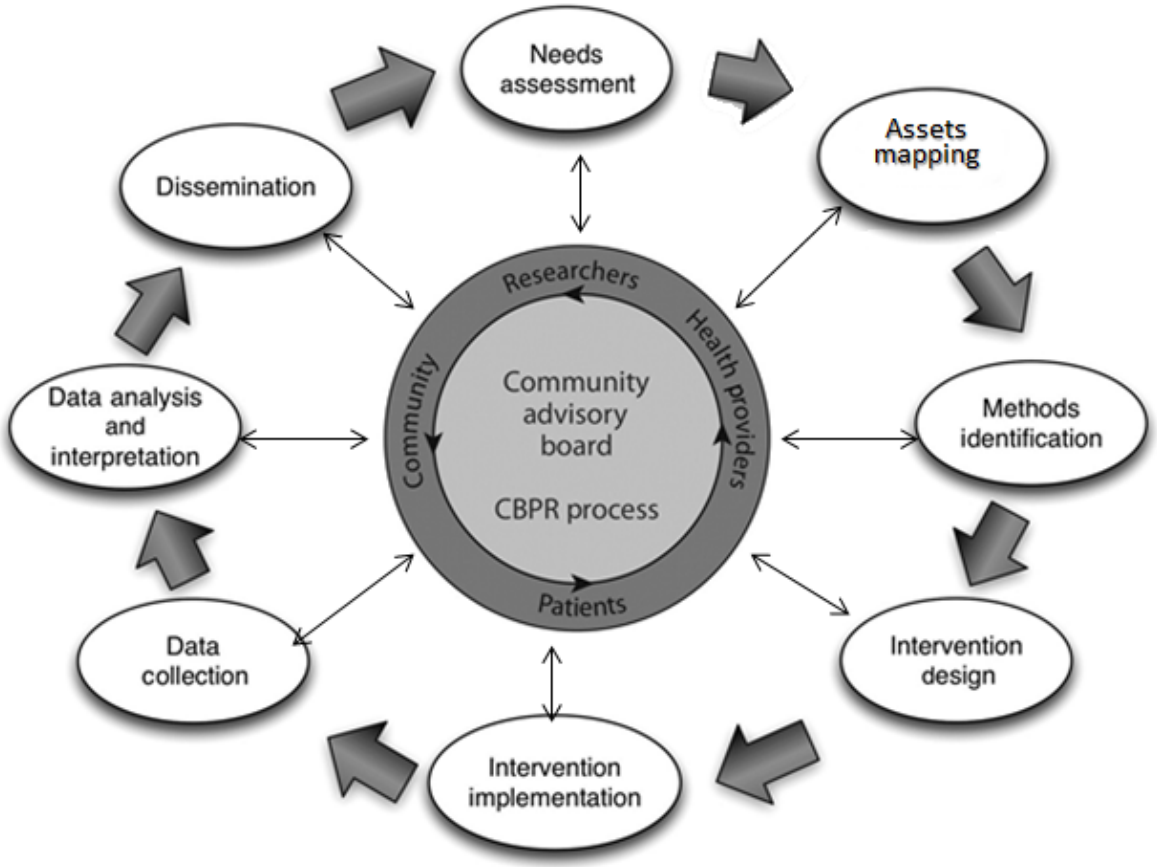
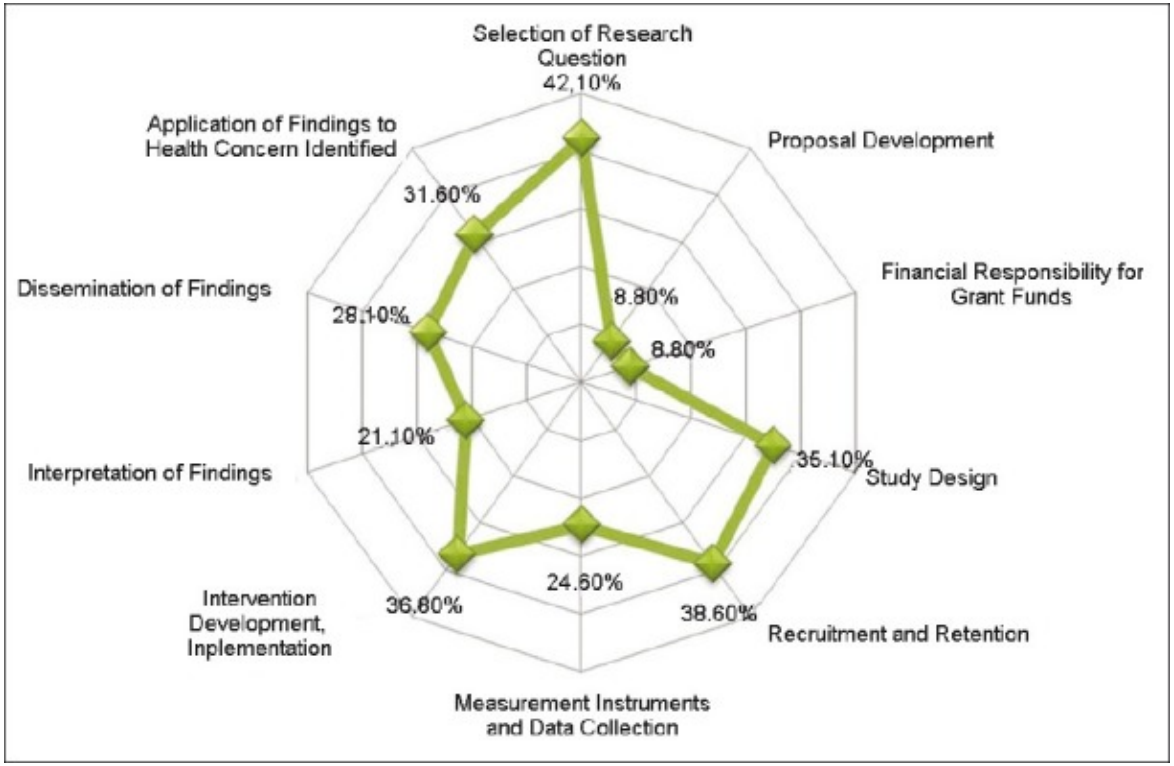


Image adapted from http://ebm.sagepub.com/content/235/3/290/F3.large.jpg

Role of community in the research process

However, community's involvement is different in each phase of the project



Comparison in community participation percentage in different parts of research processes for 8 completed intervention studies

Source: Salimi Y, Shahandeh K, et al, Int J Prev Med. 2012 June; 3(6): 386–393. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3389435/

Communities and CBPR

Communities should be seen as PARTNERS!
Not as…

- *Laboratories* where people who live in the community are reduced to the status of being guinea pigs (Research)
- *Classrooms* where people who live in the community are reduced to the status of being props for a teaching exercise (Teaching)
- *Charity cases* where people who live in the community are reduced to the status of being unable to care for themselves (Services)

Adapted from Blumenthal et al "Community-Based Participatory Health Research", p. xvi

9 Principles of CBPR

1. Recognizes community as an entity: there is a common characteristic (communality) among members
2. Builds on community assessments: project considers community's needs and problems but also strengths and resources
3. Facilitates collaborative partnerships: communities share control over all phases of the project
4. Integrates results into action for community change: project produces a positive measurable impact in the community
5. Recognizes inequalities and differences: members of the team learn from each-other and build on their strengths and weaknesses

Adapted from Blumenthal et al "Community-Based Participatory Health Research", p3-4

9 Principles of CBPR (cont)

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6. Involves a cyclical and iterative process: the project begins with partnership development, includes all the stages of the research and mechanisms for sustainability, and reinforces the partnership

7. Addresses social determinants of health: project focuses on physical, mental and social well-being and also on economic, cultural, historical and political factors

8. Disseminates findings: Results are shared with community in understandable language and are published with community involvement

9. Involves a long-term commitment: partnership continues after grants have come to an end and look for new funding, if necessary

Adapted from Blumenthal et al “Community-Based Participatory Health Research”, p3-4

Community engagement approaches

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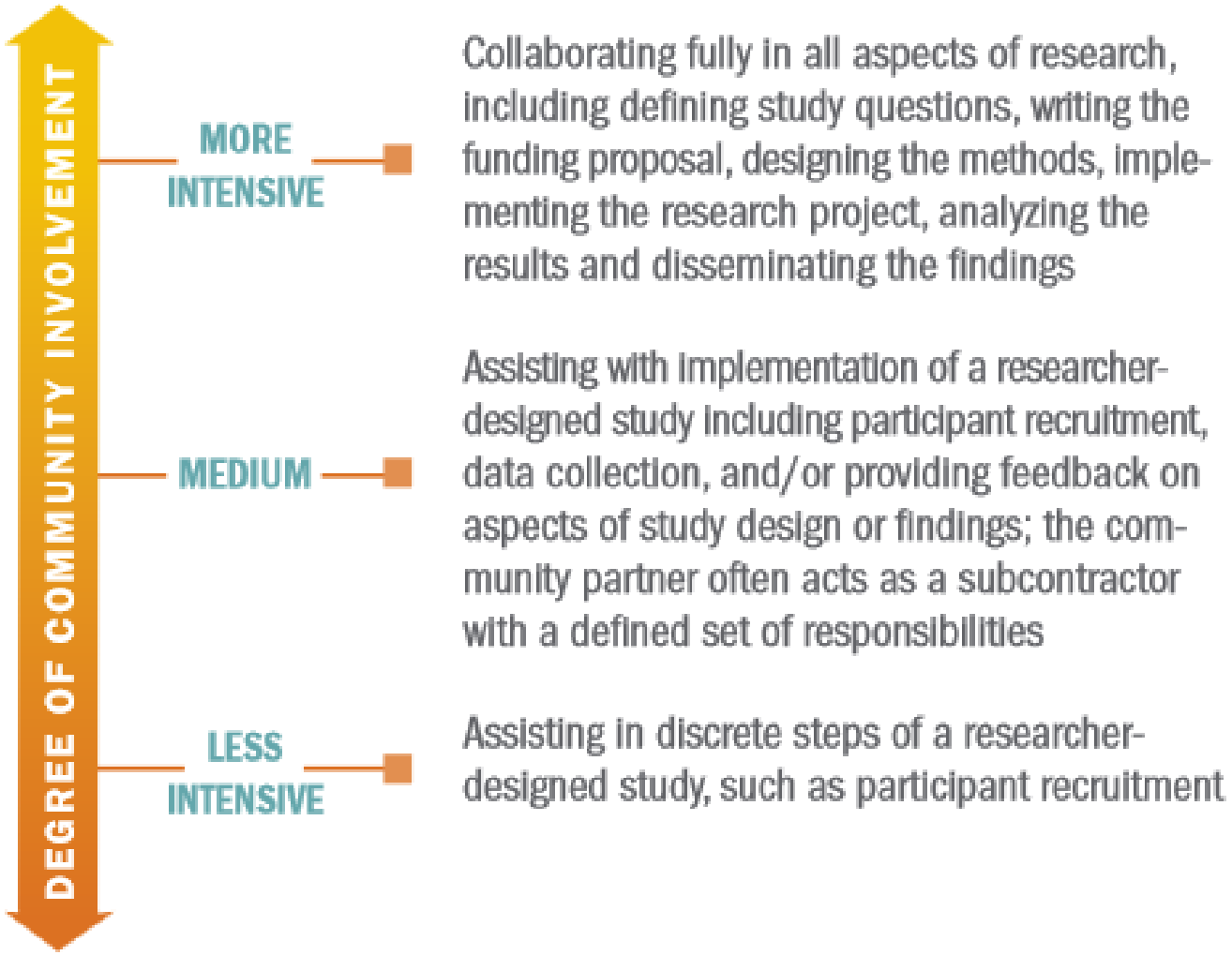
- Community Engaged Research (CEnR) is a broad term that includes collaborative efforts between community partners and researchers to engage in research that benefits the community

- CEnR includes research that incorporates different levels of community engagement ranging from minimal collaboration to research in which community organizations and researchers are *equal* partners throughout the process

- Examples of CEnR are community-based participatory research (CBPR), community-based research (CBR), and practice-based research (PBR)

Different levels of community involvement



Source: Community-Engaged Research: A Quick-Start Guide for Researchers, Community Engagement Program, UCSF, http://accelerate.ucsf.edu/files/CE/guide_for_researchers.pdf

Differences between research approaches

	Traditional	Community-Engaged	CBPR
Research Objective	Based on epidemiologic data & funding priorities	Community input in identifying locally relevant issues	Full participation of community in identifying issues of greatest importance
Study Design	Design based entirely on scientific rigor and feasibility	Researchers work with community to ensure study design is culturally acceptable	Community intimately involved with study design
Recruitment & Retention	Based on scientific issues & "best guesses" regarding how to best reach community members	Researchers consult with community representatives on recruitment & retention strategies	Community representatives provide guidance on recruitment & retention strategies and aid in recruitment
Instrument Design	Instruments adopted/adapted from other studies. Tested chiefly w/psychometric analytic methods.	Instruments adopted from other studies & tested/adapted to fit local populations	Instruments developed with community input and tested in similar populations
Data Collection	Conducted by academic researchers or individuals w/no connection to the community	Community members involved in some aspects of data collection	Conducted by members of the community, to the extent possible based on available skill sets. Focus on capacity building.
Analysis & Interpretation	Academic researchers own the data, conduct analysis & interpret the findings	Academic researchers share results of analysis with community members for comments & interpretation	Data is shared; community members & academic researchers work together to interpret results
Dissemination	Results published in peer-reviewed academic journals	Results disseminated in community venues as well as peer-reviewed journals	Community members assist academic researchers to identify appropriate venues to disseminate results (public mtgs, radio, etc.) in a timely manner & community members involved in dissemination. Results also published in peer-reviewed journals.

Source: Research Institute (OCTRI)
http://www.ohsu.edu/xd/research/centers-institutes/octri/collaboration/upload/Frequently_Asked_Questions_about_Community-Engaged_Research.pdf

Community Participation is not always CBPR

Examples:

- IF the Advisory Board members, named by their position and/or experience and who may not live in the community, offer input to researchers on a research agenda/topic BUT community residents are unaware of the project, THEN this is not CBPR

- IF the Project Advisors, who are leaders from the community, endorse the project BUT researchers maintain control and community involvement is passive, THEN this is not CBPR

- IF Community Leaders guide the process of hiring community residents to work in the project and/or recruiting participants for the study BUT community involvement is partial and manipulated, THEN this is not CBPR

HOWEVER, IF Community Representatives contribute and negotiate the different activities of the project, THEN this is CBPR!

Adapted from Blumenthal et al "Community-Based Participatory Health Research", 6-7

Building full partnerships

8 Guidelines for implementing CBPR

1. Partners agree on mission, goals and outcomes
2. Partners have mutual trust, respect and commitment
3. Partners focus on identified strengths and needs
4. Partners have clear communications and transparency in decision-making
5. Partners use feedback to, among, and from all of their members
6. Partners have a governance structure to define roles, norms and process of how to proceed
7. Partners have relationships with local leaders and funding agencies
8. Partners use existing structures (churches, schools, worksites) to incorporate solutions into their mission

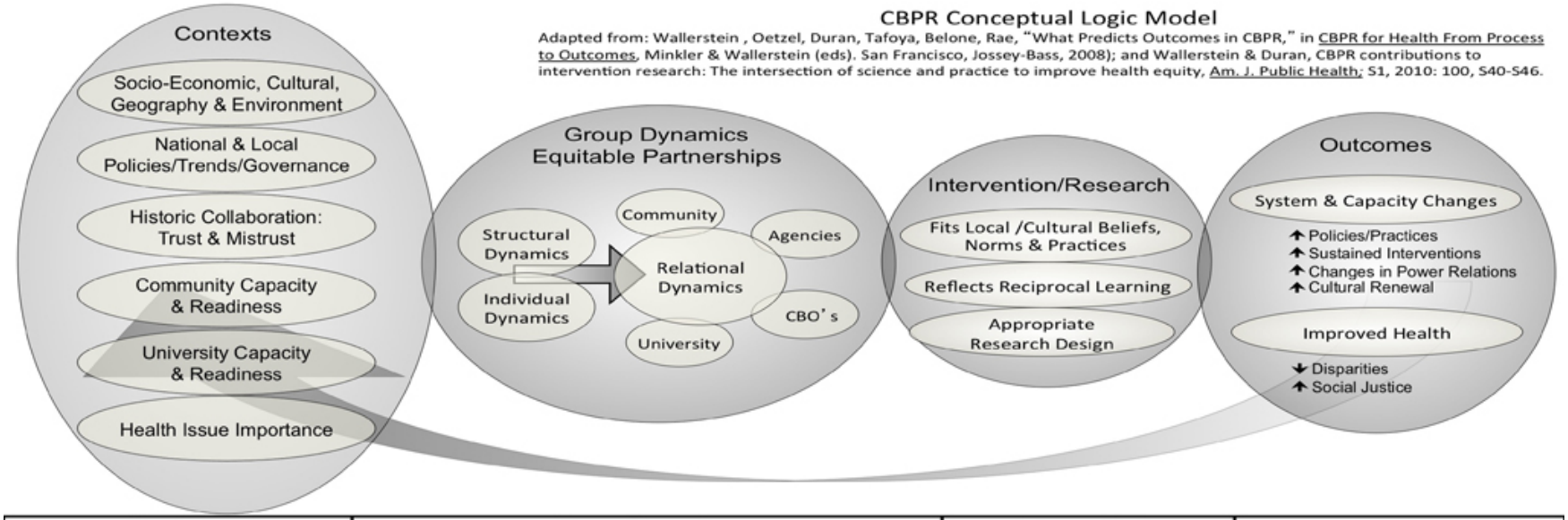
Adapted from Blumenthal et al “Community-Based Participatory Health Research”, 8

Challenges in implementing CBPR

- Educating project team (researchers and community members) about CBPR principles and ethics
- Creating and maintaining strong and trustful partnerships between *all* the members in the project team (researchers and community members)
- Understanding and measuring community effective engagement, public trust, collaboration, capacity and empowerment in health research
- Selecting the strongest possible study design, measurement approach, data collection plan, and analysis strategy that provides some benefit to *all* participants in the project
- Ensuring that capacity-building in collaborative research occurs for *all* the groups represented in the project
- Educating funding organizations to develop Requests for Applications that adhere to CBPR principles
- Improving the quality of reports on CBPR studies published in the peer-reviewed literature

Adapted from AHRQ North Carolina EPC's systematic review, 2004 http://www.ahrq.gov/research/findings/factsheets/primary/cbprbrief/index.html#note

Conceptual model of CBPR



Contexts	Group Dynamics	Intervention/ Research Design	Outcomes
•Social-economic, cultural, geographic, political-historical, environmental factors •Policies/Trends: National/local governance & political climate •Historic degree of collaboration and trust between university & community •Community: capacity, readiness & experience •University: capacity, readiness & reputation •Perceived severity of health issues	*Structural Dynamics:* • Diversity • Complexity • Formal Agreements • Real power/resource sharing • Alignment with CBPR principles • Length of time in partnership *Individual Dynamics:* • Core values • Motivations for participating • Personal relationships • Cultural identities/humility • Bridge people on research team • Individual beliefs, spirituality & meaning • Community reputation of PI *Relational Dynamics:* • Safety • Dialogue, listening & mutual learning • Leadership & stewardship • Influence & power dynamics • Flexibility • Self & collective reflection • Participatory decision-making & negotiation • Integration of local beliefs to group process • Task roles and communication	•Intervention adapted or created within local culture •Intervention informed by local settings and organizations •Shared learning between academic and community knowledge •Research and evaluation design reflects partnership input •Bidirectional translation, implementation & dissemination	*CBPR System & Capacity Changes:* • Changes in policies /practices -In universities and communities • Culturally-based & sustainable interventions • Changes in power relations • Empowerment: -Community voices heard -Capacities of advisory councils -Critical thinking • Cultural revitalization & renewal *Health Outcomes:* • Transformed social /econ conditions • Reduced health disparities

Interactive version of this model is available at
http://hsc.unm.edu/SOM/fcm/cpr/cbprmodel/instruments/CBPR-InteractiveModel/interactivemodel.shtml

Key References

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- Minkler M, Wallerstein N. (Eds.) Community-Based Participatory Research for Health: From Process to Outcomes, 2ndEdition, San Francisco, CA:Jossey-Bass; 2008:508

- Blumenthal D, DiClemente R, Braithwaite R, Smith S (eds). *Community-Based Participatory Health Research: Issues, Methods, and Translation to Practice*, 2nd edition, New York, NY:Springer Publishing Company; 2013:275