Community-Based Participatory Research: Rationale, Principles, and Partnership Development*

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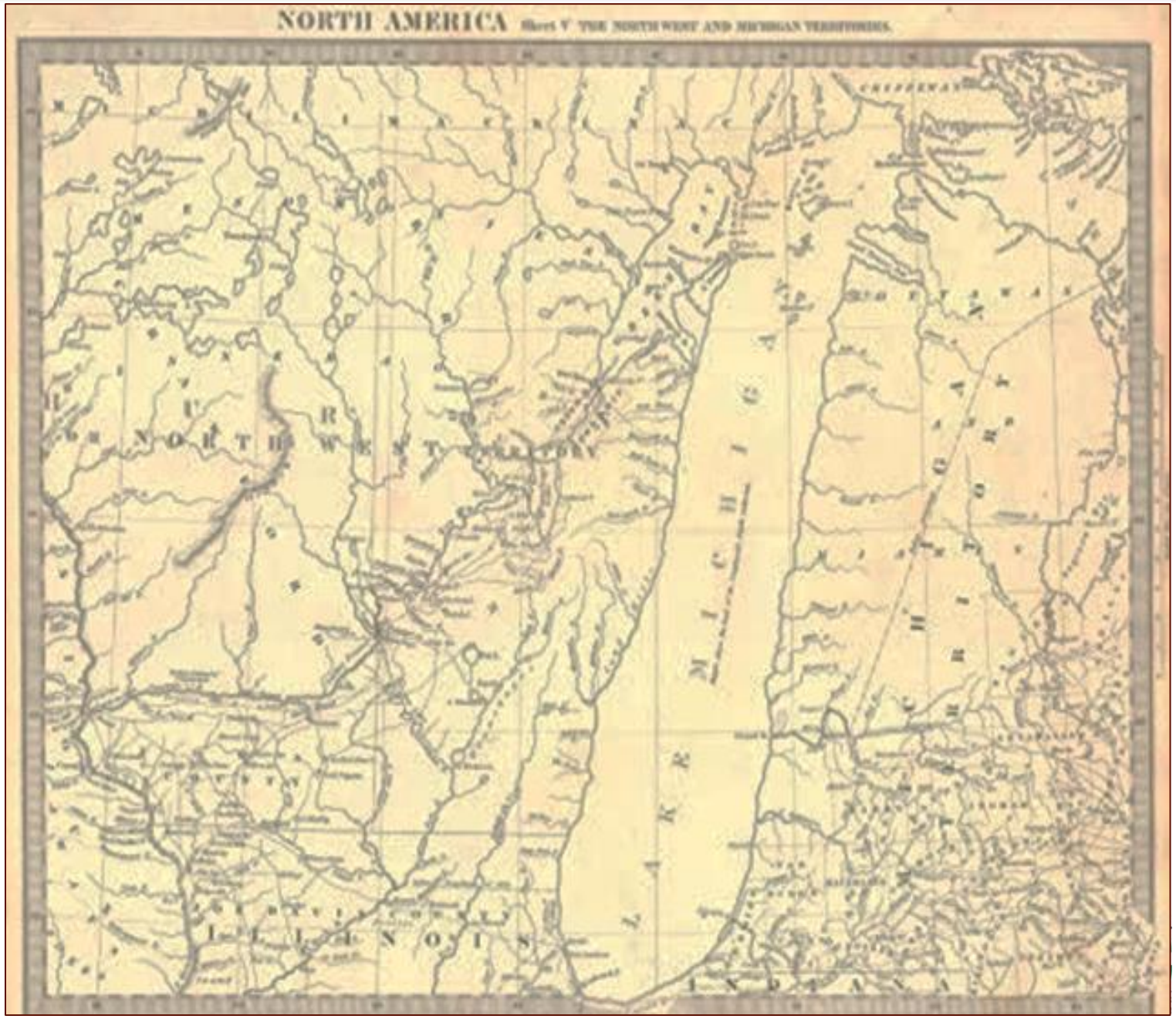
We are joining you from the land of the Anishinabeg—the Three Fires Confederacy of the Ojibwe, Odawa, and Potawatomi, along with their neighbors, the Seneca, Delaware, Shawnee, and Wyandot nations. Most lands in the contemporary U.S. were acquired by unconscionable means. Understanding the history of genocide and settler colonialism that underlies contemporary health inequities can create a foundation for applying our research, teaching and practice to create a more just and equitable future.



Overview of the Presentation

- Rationale for Community-Based Participatory Research (CBPR)
- CBPR: Definition & Principles
- Levels of Community Involvement and Phases
- Forming and Maintaining CBPR Partnerships, Group Process
- Detroit Urban Research Center
- Healthy Environments Partnership: CBPR Case Example
- Benefits of Using a CBPR Approach

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Rationale for Community-Based Participatory Research Approach

- Stressors in the social & physical environment associated with poor health outcomes

- Stressors include numerous factors

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Rationale (continued)

- As a result of these factors, burden of disease borne by low-income communities and communities of color
- Extensive set of skills, strengths and resources exist within communities and among community members

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Rationale (continued)

- Historically, research has not often directly benefited and sometimes actually harmed the communities involved
- Communities most impacted by health inequities least likely to be involved in the research process
- Resulted in understandable distrust of, and reluctance to participate in, research

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Rationale (continued)

- Public health interventions have often not been as effective as could be because:
  - Not tailored to the concerns & cultures of participants;
  - Rarely include participants; and
  - Focused on individual behavior change with less attention to broader social & structural determinants.

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Rationale (continued)

- Increasing calls for more comprehensive & participatory approaches
- Increasing support for such partnership approaches
- Community-based participatory research (CBPR) is one such partnership approach

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Definition of Community-Based Participatory Research

- Community-based participatory research is a partnership approach to research that:
  - equitably involves all partners in all aspects of the research process;
  - enables all partners to contribute their expertise, with shared responsibility and ownership;
  - enhances understanding of a given phenomenon; and
  - integrates the knowledge gained with interventions.

Source: Israel, Schulz, Parker and Becker, 1998.

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Key Principles of CBPR

1. Recognizes community as a unit of identity

2. Builds on community strengths and resources

3. Promotes collaborative and equitable partnerships

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Select Key Principles of CBPR (continued)

4. Facilitates co-learning and capacity building

5. Balances research and action for mutual benefit of all partners

Source: Israel, Schulz, Parker and Becker, 1998

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Select Key Principles of CBPR (continued)

6. Addresses issues of race, ethnicity, racism, and social class and embraces cultural humility.

7. Disseminates findings to all partners and involves them in the dissemination process

8. Promotes long-term process and commitment

Source: Israel, Schulz, Parker and Becker, 1998; Israel, Schulz, Parker, Becker, Allen, III, Guzman, & Lichtenstein, 2018.

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Tribally-Driven Participatory Research

- Tribally-Driven Participatory Research (TDPR): Roots in CBPR
- From Tribally-Based to Tribally-Driven: The Active Power of Tribal Governments
- Tribal Research Codes and Tribal Research Review Boards/Institutional Review Boards; Tribal Research Agreements and Partnerships
- Tribal Governments Ownership of Data and Participation in Interpretation and Analysis; Control of Data, Dissemination of Data and Results; Rights to Intellectual Property
- Building Partnerships Based on Trust: University Policies, Training and Self-Certification Policies and Procedures

Mariella, P., Brown, E., Carter, M. & Verri, V. Tribally-Driven Participatory Research: State of the practice and potential strategies for the future. Journal of Health Disparities Research and Practice. Volume 3 • Number 2 • Fall 2009.

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Application of CBPR Approach

- CBPR is an approach to or process by which research is conducted
  - CBPR is not a specific method or research design
  - CBPR can involve qualitative, quantitative and mixed methods, and multiple research designs

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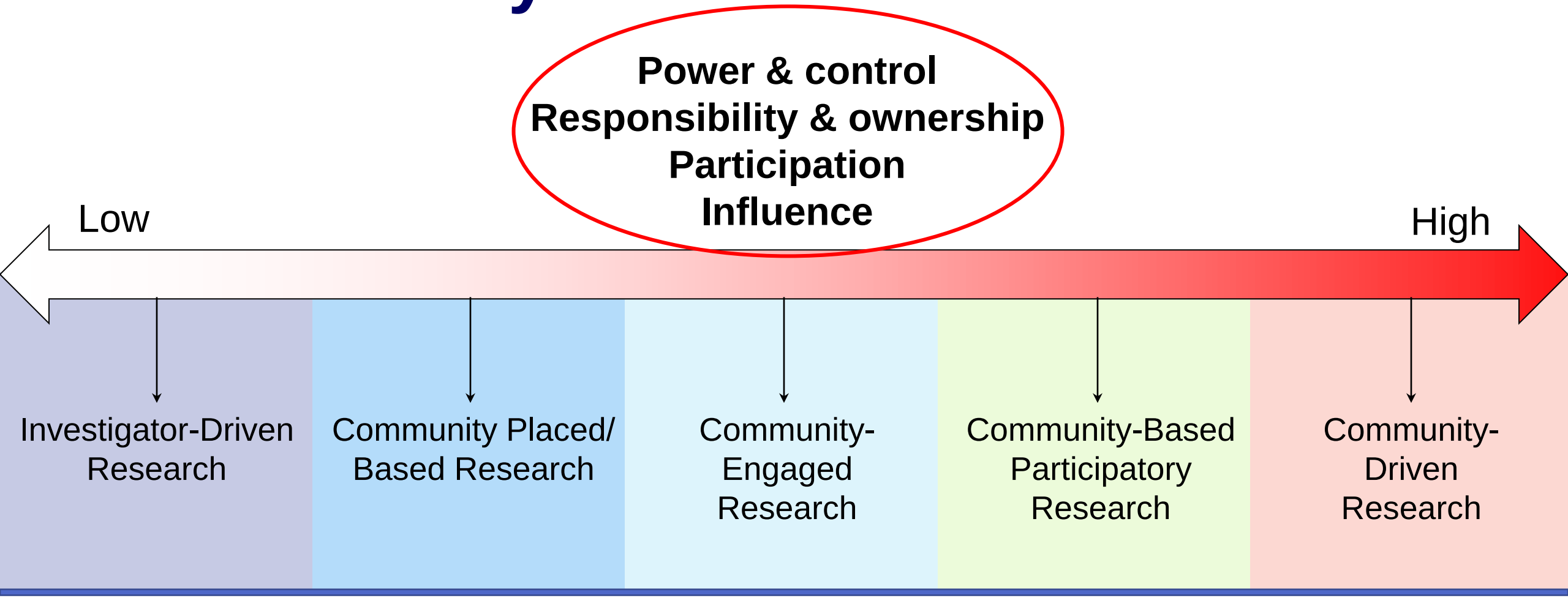
Community Involvement in Research



Source: Adapted from Hacker, K (2012) and from Cornelia Ramsay, Virginia Commonwealth University, 2008, in Hacker (2012).

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Core Components/Phases in Conducting CBPR

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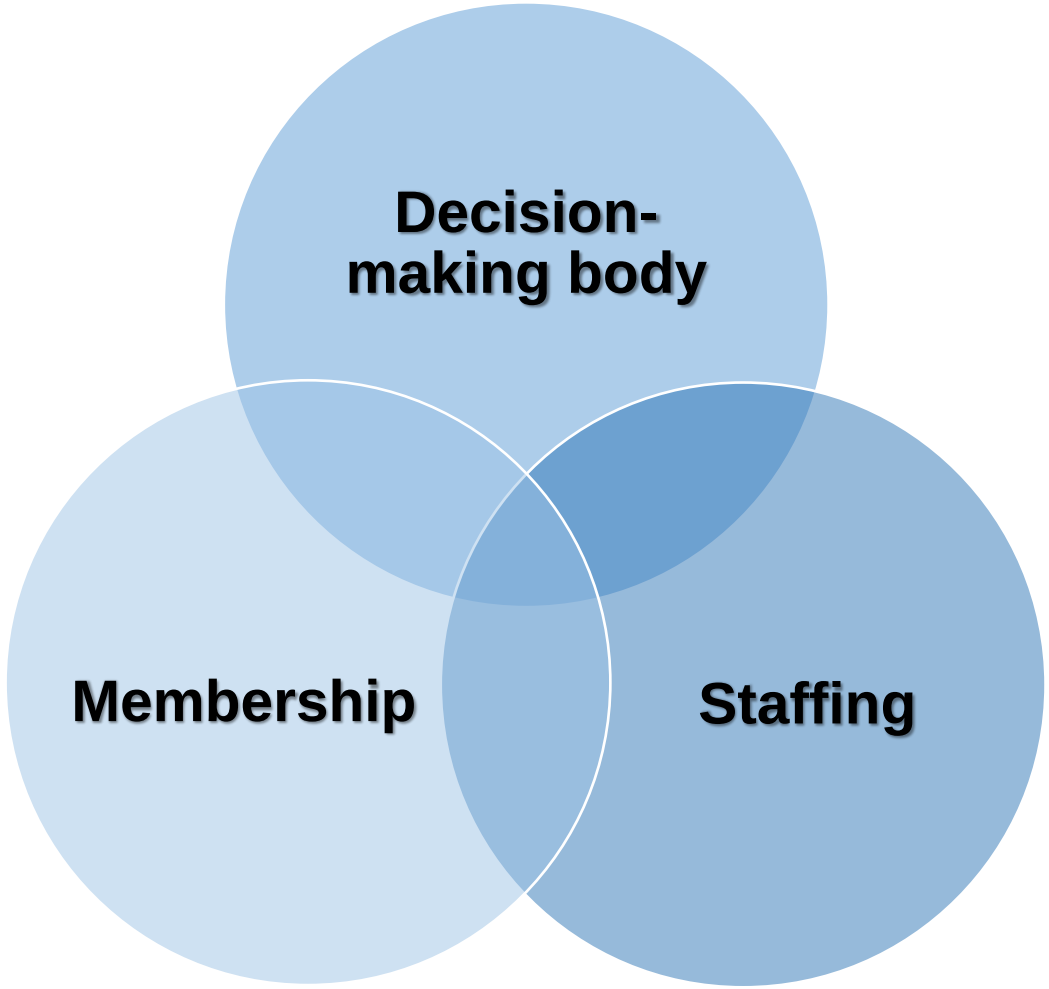
Forming and Maintaining the Partnership: Organizational Structure



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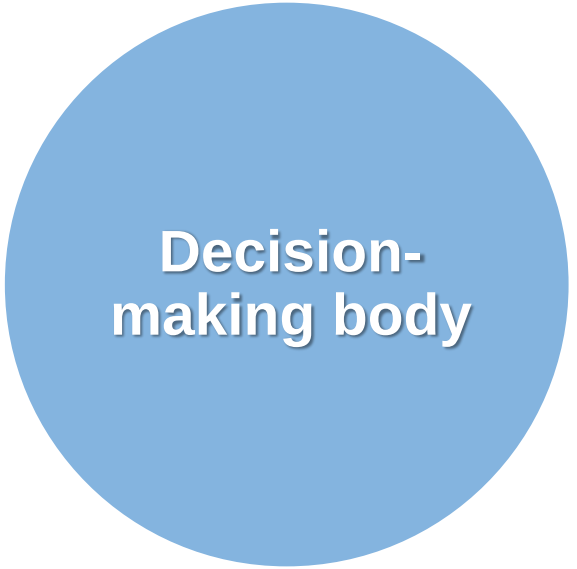
Forming and Maintaining the Partnership: Organizational Structure

- Guide, oversee and carry out the work of the partnership
- Issues to consider:
  - Size - number of organizations and/or individuals
  - Who is the lead organization
  - How often to meet
  - Roles and responsibilities of members
  - How work is carried out
  - What decisions are made by whom



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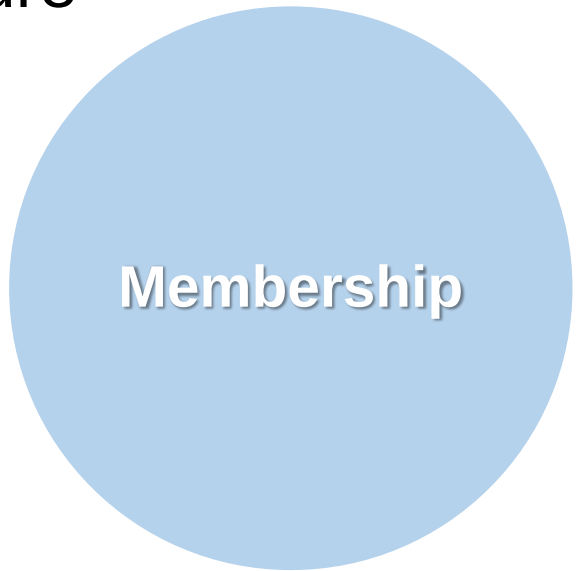
Forming and Maintaining the Partnership: Organizational Structure

- What does it mean to be a member?
- What roles and responsibilities are involved?
  - Memorandum of Agreement, or
  - Less formal structure
- What level and types of compensation are provided to members?



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Forming and Maintaining the Partnership: Organizational Structure

- Facilitate and support participation of partners
- Ensure that partners' time is used to maximize input and influence
  - Coordinate multiple schedules
  - Ensure that meetings are productive and well-organized
- Carry out tasks related to the CBPR project (e.g., data collection and analysis, intervention implementation, and dissemination)

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Forming and Maintaining the Partnership: Effective Group Process

1. Developing mutual trust
2. Ensuring equitable participation and power sharing
3. Sharing leadership
4. Making decisions
5. Addressing conflict

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Effective Group Process
1. Developing Mutual Trust

- Developing trusting relationships critical to successful partnerships
- Overcoming past distrust and building trust among CBPR partners is a time consuming and ongoing process

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Effective Group Process
Strategies for Developing Mutual Trust

- Show respect, listen, consider opinions of other partners
- Strive to achieve cultural humility
- Follow through on commitments
- Respect confidentiality
- Act as allies and participate in each other's activities

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Effective Group Process
2. Equitable Participation and Power Sharing

- Ensure that all members' knowledge and skills are used fully to accomplish partnership goals
- Use effective meeting processes that foster equitable participation and power sharing
- Establish decentralized decision-making structures

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Effective Group Process
3. Shared Leadership

- Recognizes a variety of leadership functions
- Utilizes the range of skills and experiences of partners
- Builds capacity of group and individuals
- Group facilitation requires skills and attention to CBPR principles

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Effective Group Process
4. Decision Making

- Develop decision making guidelines; that is, “decide how to decide”
- Different types of decisions need different decision-making methods
- Use consensus decision making for major and complex decisions
- Consensus decision making using the 70% rule
- Passive consent

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Effective Group Process
5. Addressing Conflict

- Conflict is challenging, inherent in diverse groups, and necessary
- Establish norms for addressing conflict, including acceptance, management, resolution
- Nature and source of conflict determine appropriate means for addressing it.
- Apply CBPR principles to guide partnership's ability to address conflict

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Getting Started: Initiating a Community-Academic Research Relationship

- Academic initiated
- Community initiated
- Funder initiated
- Joint interest

Ensuring Community Power, Participation, and Influence

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Case Study: Identifying and Selecting Partners

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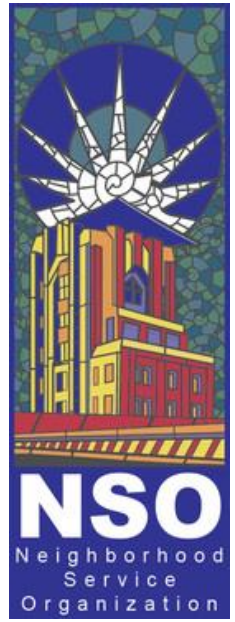
Detroit URC: 27 Years of CBPR Partnership



History & Goals of Detroit Community-Academic Urban Research Center

- Funded in 1995 by CDC as one of three Urban Research Centers in the U.S.

GOALS:

1. Foster, enhance capacity of, sustain CBPR partnerships in Detroit focused on promoting health equity
2. Enhance capacity of academic, community and health practice entities to conduct and promote CBPR approach
3. Enhance capacity to engage in policy advocacy processes to promote health equity
4. Translate research findings to promote policy change

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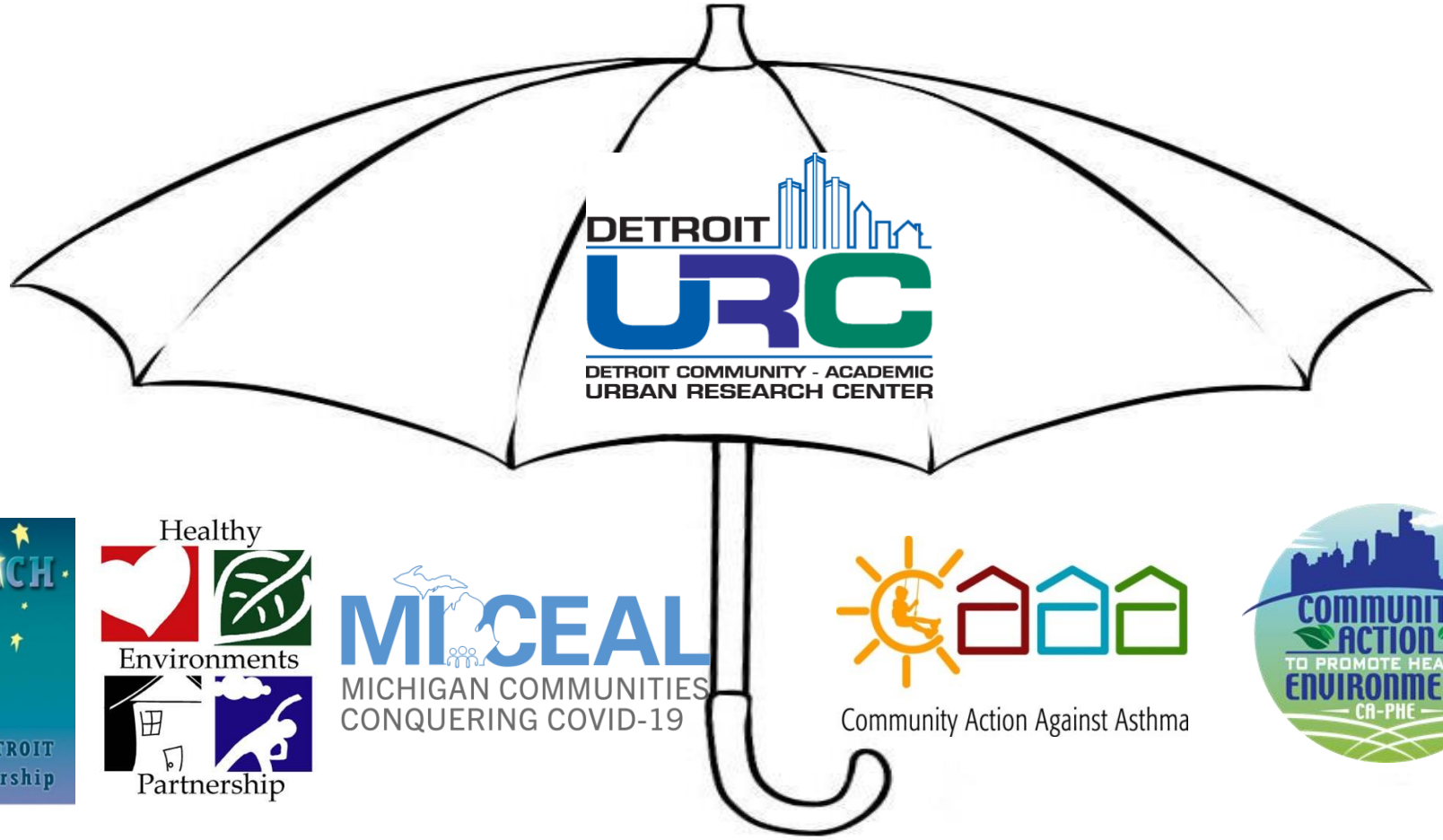
Detroit URC and Selected Affiliated Community-Based Participatory Research Partnerships



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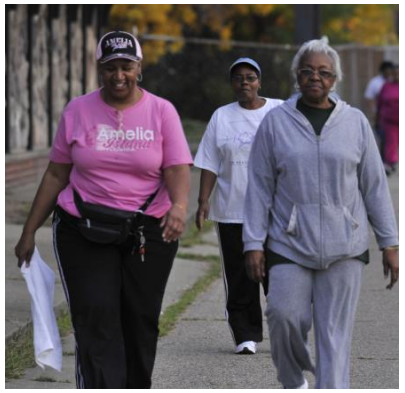
The Healthy Environments Partnership





A community-based participatory research partnership
working together since 2000
to understand and promote heart health in Detroit.

We examine aspects of the social & physical environment that contribute to racial & socioeconomic inequities in cardiovascular disease (CVD), and develop, implement & evaluate interventions to address them.

Detroit Hispanic Development Corporation | Eastside Community Network | Friends of Parkside | Henry Ford Health System | Institute for Population Health | University of Michigan School of Public Health | Community Members At-Large

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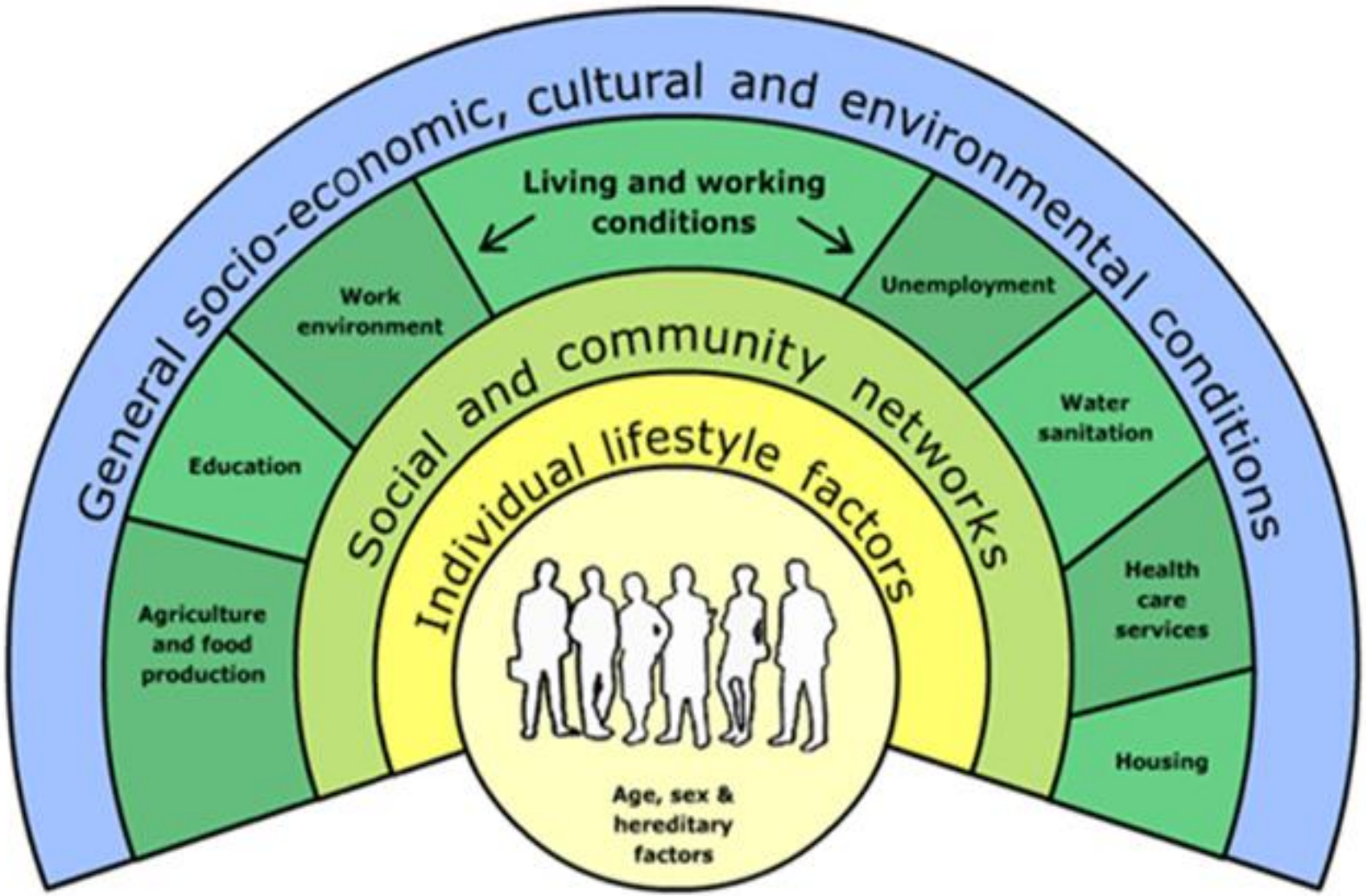
The Main Determinants of Health



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HEP Projects & Data Collected

- Social & Physical Environments & CV Health Inequities (2000-2005)
- Community Approaches to Cardiovascular Health (2005-2014)
- Lean & Green in Motown Project (2005-2010)

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Collaborative Data Collection Processes

- Focus groups co-facilitated with community and academic partners
- Survey subcommittee to develop and pretest survey questionnaire
- Steering committee finalized all major decisions about survey, including questionnaire, data collection mechanisms, sample
- Photovoice project with youth to understand youth perspective on neighborhood conditions and health
- Steering committee provided oversight for all aspects of data collection and analysis

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Selected Findings: Food Access

- High percent poverty + high percent African American associated with:
  - Reduced access to supermarkets[1]
  - Reduced quality and range of produce[1]
- Proximity to large grocery stores → increased fruit & vegetable intake[2] + increased DGLO fruit & veg. intake[3]
- Proximity to convenience stores → reduced fruit & vegetable intake[2]
- Discrimination experienced when shopping for food, contingent on store type & location[4]

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(1) Zenk et al 2006, "Fruit & vegetable access differs by community racial composition &socioeconomic status." *Ethnicity & Disease.*
(2) Zenk, S., Schulz, A., Kannan, S et al (2009). Neighborhood retail food environment and fruit and vegetable intake in a multiethnic urban population. *Am J Health Promot.*
(3) Izumi et al 2011, "Associations between neighborhood availability & individual consumption of DGO…" *JADA.*
(4) Zenk et al. 2012. "Food shopping behaviors and exposure to discrimination." *Public Health Nutrition.*

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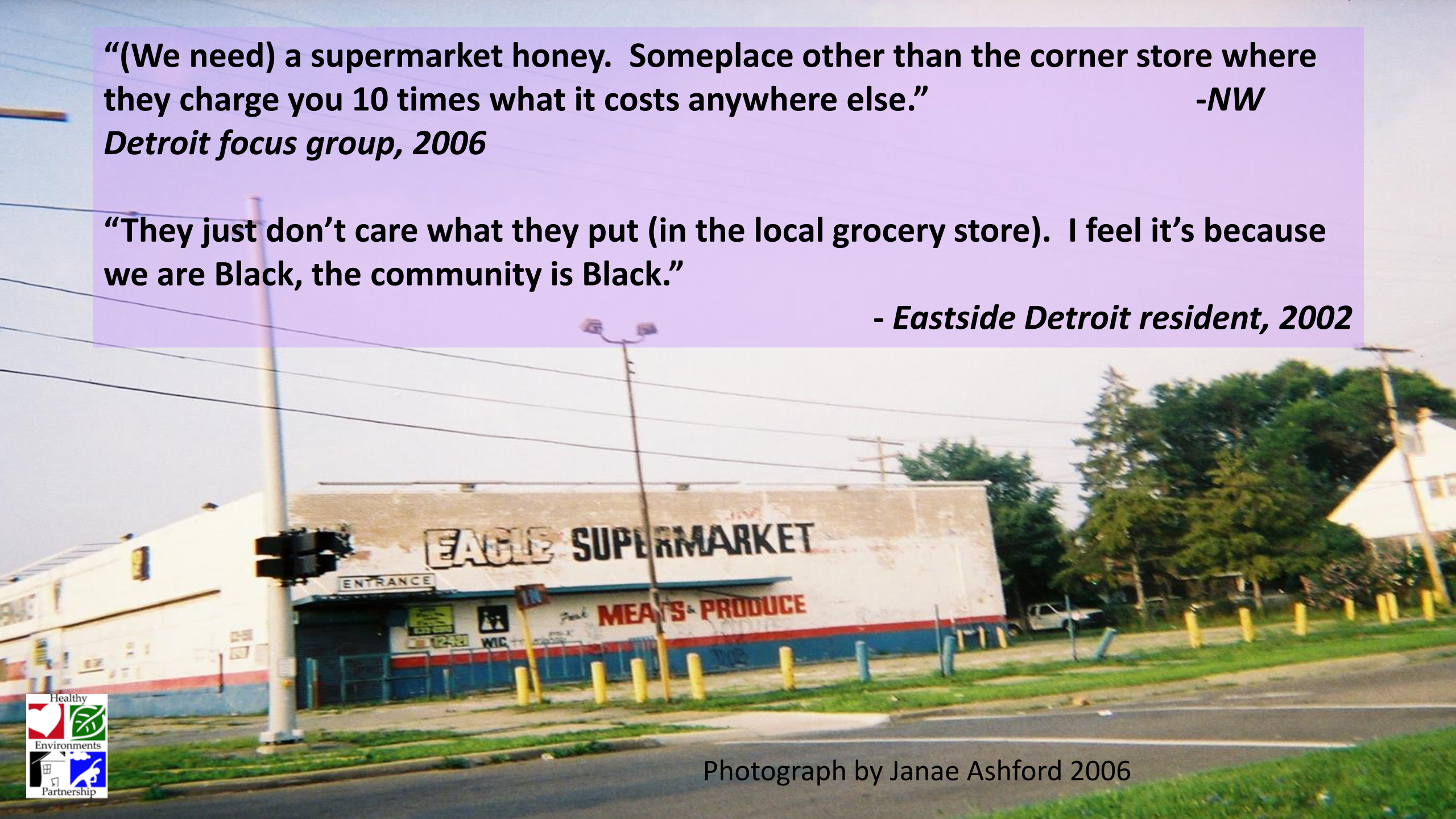
"(We need) a supermarket honey. Someplace other than the corner store where they charge you 10 times what it costs anywhere else." -*NW Detroit focus group, 2006*

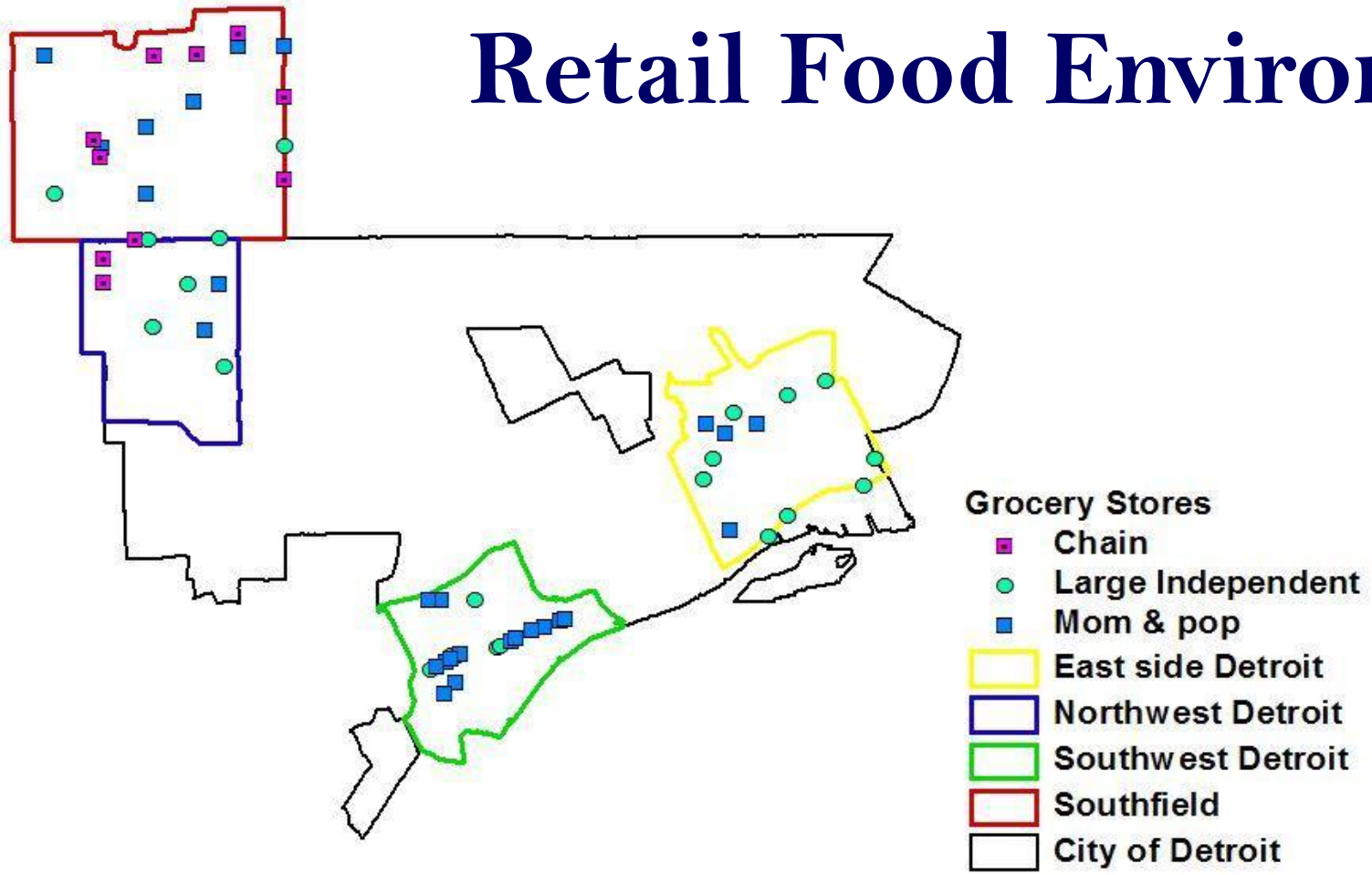
"They just don't care what they put (in the local grocery store). I feel it's because we are Black, the community is Black."

- *Eastside Detroit resident, 2002*



Photograph by Janae Ashford 2006

Retail Food Environment



Zenk, S.N., Schulz, A.J., Israel, B.A., James, S.A., Wilson, M.L. "Spatial distribution of food stores shapes availability, quality, and cost of fresh produce in four Detroit area communities." Presented at the Annual Meeting of the American Public Health Association, San Francisco, CA, November 18, 2003.

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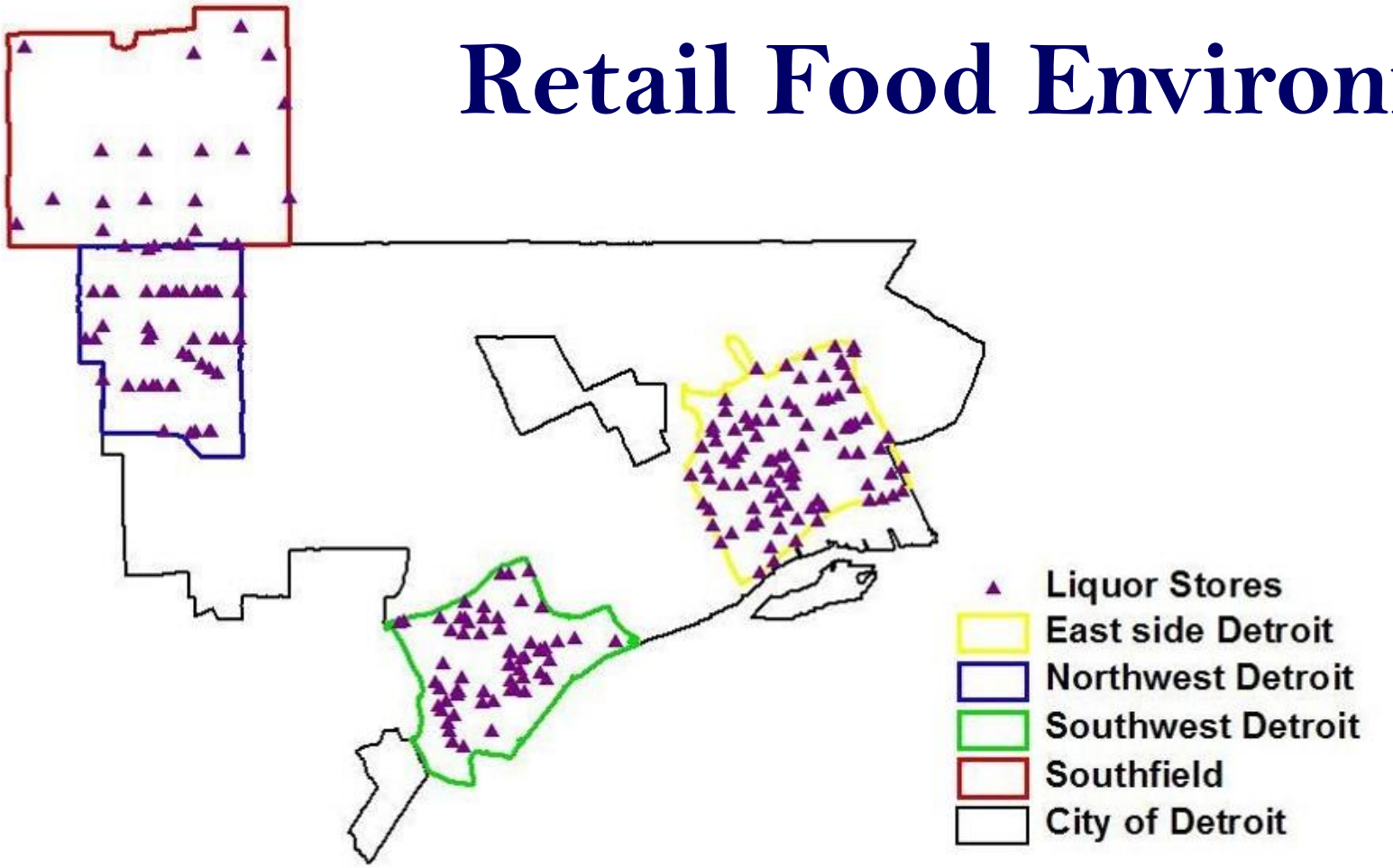
Retail Food Environment



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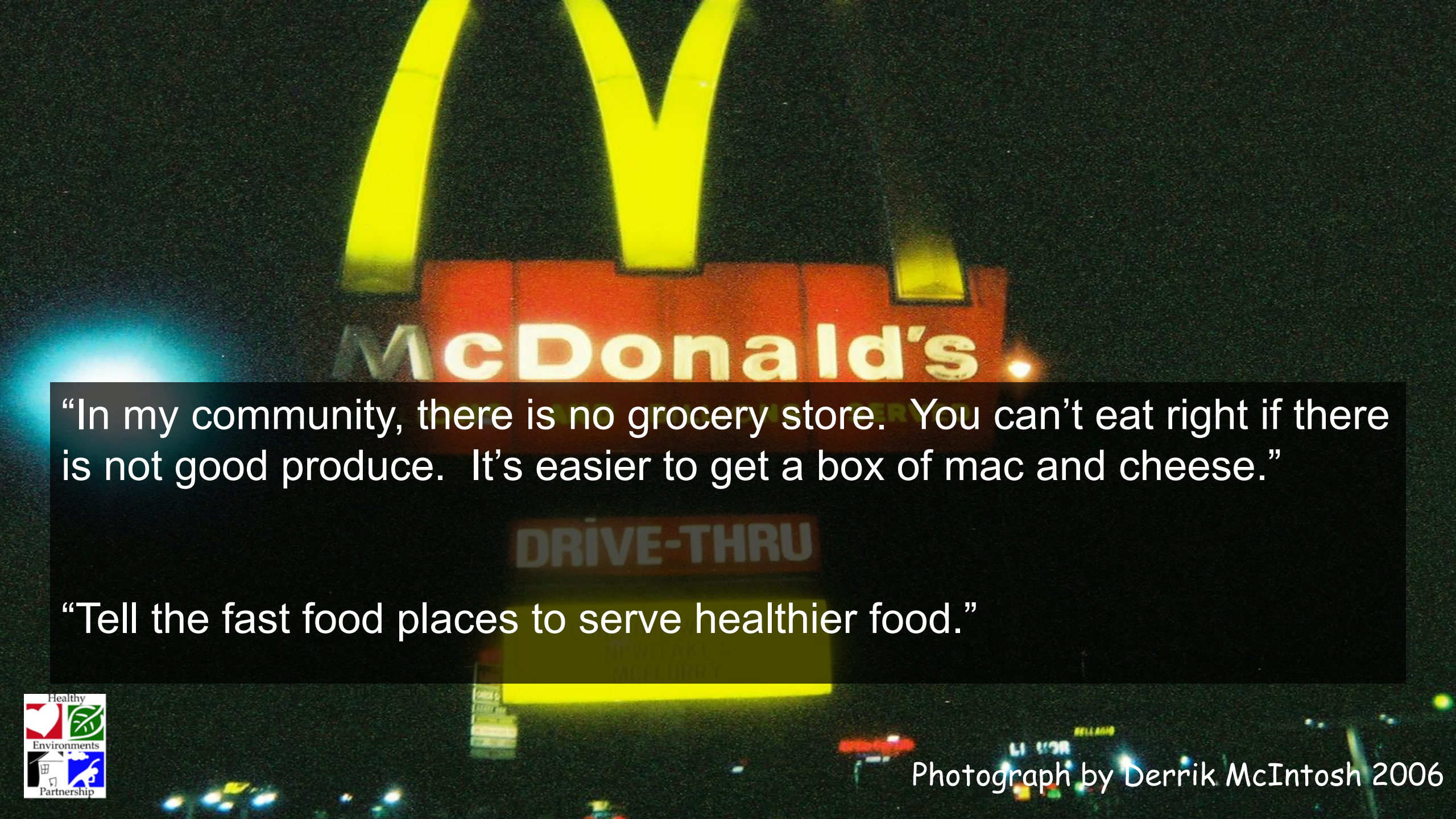

"In my community, there is no grocery store. You can't eat right if there is not good produce. It's easier to get a box of mac and cheese."

"Tell the fast food places to serve healthier food."

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Photograph by Derrik McIntosh 2006

Selected Findings: Physical Activity Environments

- **Sidewalk condition associated with physical activity, independent of structural characteristics (e.g. density of households per acre).[1,3]**
- **Police presence, presence of other pedestrians, absence of stray dogs, moderate traffic (as opposed to no traffic) associated with greater pedestrian use of greenways.[2]**

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(1) Kwarteng, Schulz, Zenk, Mentz, Wilson. 2013. Are observed neighborhood conditions associated with physical activity?: Findings from a multilevel analysis… Journal of Public Health
(2) Miranda, P.Y. et al Built environment as a predictor of physical activity. Presented at APHA 2008
(3) Schulz, Mentz, Johnson-Lawrence, et al (2013) Independent and joint associations between multiple measures of the built and social environments…. Journal of Urban Health

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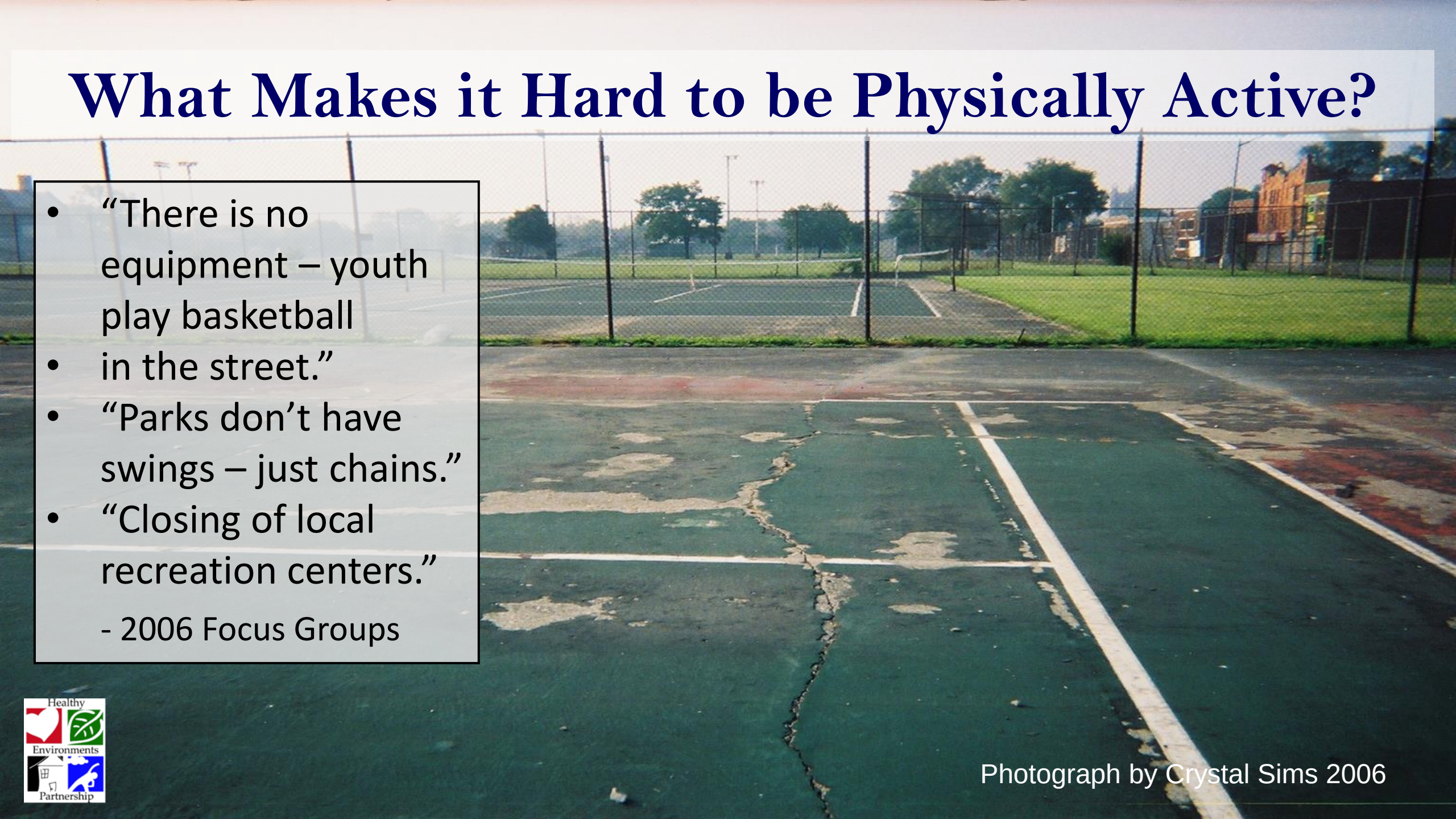
What Makes it Hard to be Physically Active?

- "There is no equipment – youth play basketball
- in the street."
- "Parks don't have swings – just chains."
- "Closing of local recreation centers."

- 2006 Focus Groups



Photograph by Crystal Sims 2006

What Makes it Hard to be Physically Active?

Photo by Derrick McIntosh 2006

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What Encourages Physical Activity?

- “Outdoor community events – music, dancing, activities for youth AIDS walks.”
- “Trails and parks that are easy to get to.”
- “More trails all over the neighborhood; having the pathway connect to other areas of the city.”
- “If I saw more people walking, I would be more involved.”

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CATCH-PATH Multilevel Intervention: Overview Pathways to Heart Health

- Promote Walking
- Promote Community Leadership & Sustainability
- Promote Activity Friendly Neighborhoods

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Walk Your Heart to Health Walkers

- Walking Group Aims:
  - Promote heart healthy behaviors → walking
  - Provide opportunities for other heart healthy activities (e.g., food demos)
  - Offer social support for heart healthy activities
- Evaluation: Pre & post surveys (e.g., health indicators, attitudes, social support)
  - Pedometers – monitor steps
  - Participant observation
  - Attendance records
  - Session summary sheets

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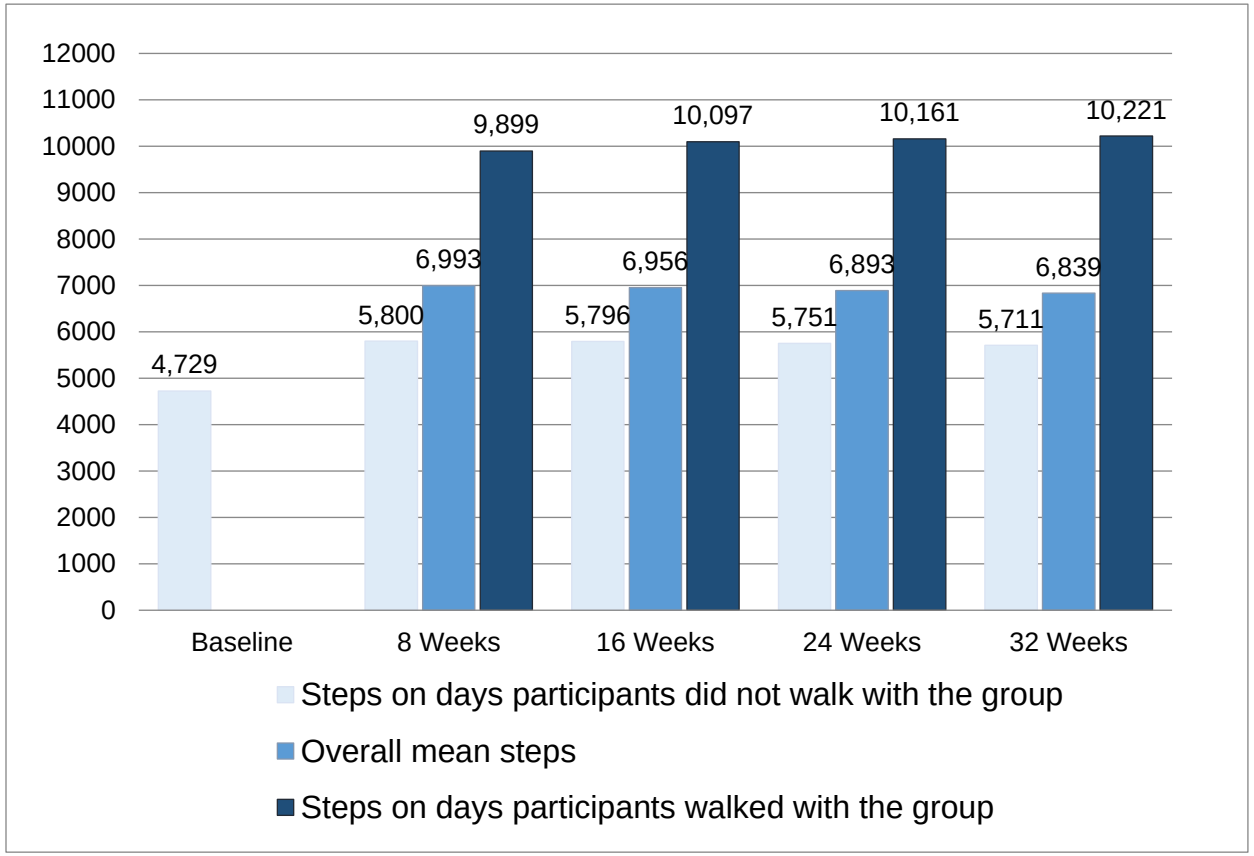
What We Learned

1. WALKING GROUPS INCREASE PHYSICAL ACTIVITY

Mean Number of Daily Steps Walked by WYHH Participants



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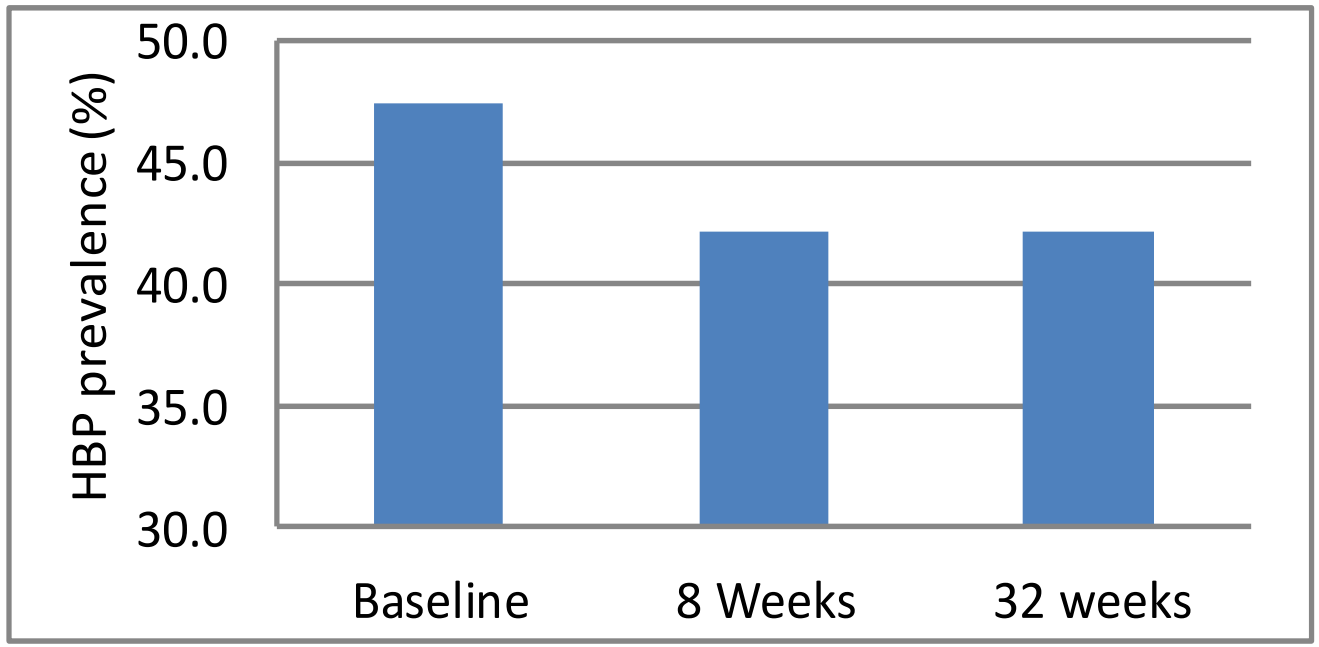
What We Learned

2. WYHH WALKING GROUPS REDUCED CVD RISK FACTORS

Adjusted High Blood Pressure Prevalence Estimates for WYHH Participants with an Average Increase of 4000 Steps per Day



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What We Learned

3. WALKING IS LOW RISK, DOESN'T REQUIRE TRAINING, APPROPRIATE FOR ALL AGES; WALKING GROUPS PROMOTE PEER SUPPORT, LEADERSHIP, GROUP COHESION

"I loved it! The people in the group and the Community Health Promoters, we became family... Everybody in my household walks, I changed my diet & lost weight. The program should never end…"

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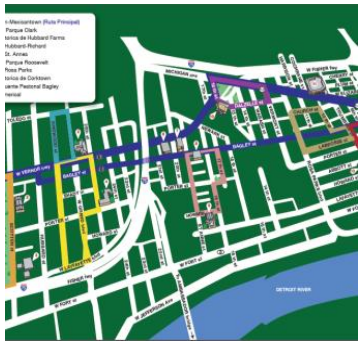
Changing Social & Physical Environments

- WYHH Network of Community Organizations to Support Walking Groups
- Supporting Walking Groups (SWAG)Training
- Walking Group Capacity Building Mini-grants
- Policy Advocacy Capacity Building Workshops



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Benefits of Using a CBPR Approach

- Enhances relevance and use of data

- Enhances quality and validity of research

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Benefits of Using a CBPR Approach (continued)

- Strengthens intervention design and implementation
  - Recruitment
  - Retention
- Knowledge gained and interventions benefit the community

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Benefits of Using a CBPR Approach (cont.)

- Provides resources for communities involved
- Joins partners with diverse expertise to address complex public health problems
- Increases trust and bridges cultural gaps between partners
- Has potential to translate research findings to guide development of further interventions and policy change

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Lessons Learned and Recommendations: Within Partnerships

- Establish CBPR principles and operating norms; reassess, evaluate and revise periodically
- Strive for equity among partners/partner organizations, developing trusting relationships, transparency and high levels of respect between partners
- Create shared leadership roles for both academic and community partners
- Involve community partners in all aspects of the research (including developing communications strategies)
- Embrace cultural humility and give up control (as researchers)
- Focus on upstream factors, moving more to conducting and translating research to inform policy change
- Evaluate the partnership process and apply results/feedback and make changes, as needed

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Questions and Discussion

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