

# COMMUNITY BASED PARTICIPATORY RESEARCH: WHAT IS IT AND WHY ARE FUNDERS PAYING ATTENTION?

Center for Community Health Partnerships  
Susan Newman, PhD, RN & Melissa Cox, MPH

# Objectives

1. Setting the stage
2. Guiding principles of CBPR
3. Traditional research v. CBPR
4. Stages of implementation for CBPR
5. Funding opportunities



# Setting the stage

# Background

- Evidence that stressors in the social and physical environment are associated with poor physical and mental health outcomes:
  - Inadequate housing conditions
  - Poverty
  - Lack of access to healthy foods and areas to exercise
  - Exposure to violence
- Burden of disease associated with these stressors
- Low income and communities of color disproportionately affected by these stressors

# Background

- Community has the **'inside experts'**: strengths and resources exist among community members to address stressors and promote health and well-being
- Increasing calls for more **comprehensive & participatory approaches to research and practice** to better understand and address health disparities
- Increasing **support for such partnership approaches** (e.g. National Institutes of Health, Kellogg Foundation, Robert Wood Johnson Foundation, Centers for Disease Control)

# Foundations of CBPR

- Collaborative process that acknowledges community members as experts and serves to empower communities, strengthen problem-solving capacity and ensure cultural specificity.
  
- Key words:
  - ▣ Equality, trust, shared ownership, mutual benefit, co-learning process, sustainability
  
- Core elements include local capacity building, systems development, empowerment and sustainability



# Guiding principles of CBPR

# Guiding principles of CBPR:

1. Acknowledges community as a unit of identity.
2. Builds on strengths and resources within the community.
3. Facilitates collaborative and equal partnerships.
4. Balances research and action for mutual benefit of all partners.
5. Fosters co-learning and capacity building among all partners.

# Guiding principles of CBPR:

6. Involves a cyclical and iterative process.
7. Focuses on determinants of health from a local standpoint.
8. Disseminates results to all partners and involves them in the dissemination process.
9. Involves a long term process and commitment to sustainability.

(Israel et al, 2005)



# Traditional Research v. CBPR

# Traditional research v. CBPR

Research Phase	Traditional Research	CBPR Approach
Formative	Researchers plan project and form team, including researchers, staff, clinicians	C & A partners plan project, form team, and develop shared mission and decision making structures
Study Selection/Design	Researchers choose topic and design based on scientific theory, academic interest, evidence, data, and methodological feasibility	C & A partners incorporate community priorities, insight, and assets, emphasizing rigor and community feasibility, acceptability, content, cultural factors, and local knowledge
Funding	Grant written by researchers; funds go to researchers	C & A partners co-develop grant and equitable division of funds based on contributions to project

# Traditional research v. CBPR

Research Phase	Traditional Research	CBPR Approach
Implement study, analyze and interpret data	Researchers solely responsible for study contact and analyses	C & A partners collaborate on all efforts; traditional analyses supplemented with community-driven questions and local relevance of findings
Disseminate findings	Disseminate to academic audiences	C & A partners are coauthors and co-presenters, disseminating to academics, research participants, involved communities, and policy makers

# Traditional research v. CBPR

Research Phase	Traditional Research	CBPR Approach
Translate research into practice and policy	Research often ends with publication of results	C & A partners mobilize the community to use findings to advocate for policy change, enhance local resources, and improve local practices
Sustain team, benefits, and resources	When grant ends, researchers often move to new projects	Sustainability built into work from inception; partners honor initial commitment to continue partnership and work beyond funding cycle

# Application of CBPR

- Four types of research in which CBPR approach is particularly applicable:
  - ▣ Descriptive research to identify multiple determinants of health
  - ▣ Research to understand disparities in health status or health related risk
  - ▣ Research to define needs, problems, and assets in specific communities
  - ▣ Efforts to design, implement, and evaluate interventions and policies

# Ideal CBPR

- Ideal is Achieved when Community and Academic Perspectives are Balanced at Each Stage of the Research Process



***Community Reality***

***Academic Rigor***

Gives faith that findings will  
translate into real world outcomes

Gives faith that findings are real

A decorative horizontal bar at the top of the slide, consisting of an orange rectangular block on the left and a blue rectangular block on the right.

# Stages of Implementation

# Conducting CBPR

- Formative Stage
  - ▣ Identifying and Building Partnerships
  - ▣ Need for steering committee and/or advisory board?
  - ▣ Developing a structure and rules of operation and decision making
    - Memorandum of understanding for partnership
    - Developing a joint work plan
    - Procedures for conflict resolution

# Conducting CBPR

- Study Design and Selection
  - ▣ Partners together determine research questions/issue of interest
  - ▣ Obtain background information (community context of problem, literature review)
  - ▣ Determine research design to answer the question
    - Qualitative
    - Quantitative
      - Descriptive
      - Experimental
    - Mixed/Integrated Methods

# Experimental Design & CBPR

- Is it possible???
- YES! ... but not simple.
- Challenges
  - Time demands of community engaged research challenges feasibility of using rigorous experimental design
  - Community distrust of research and “experiments”
  - Perception of withholding treatment i.e. control group
- Benefits
  - Obtain strong evaluation data supporting causal inference
  - Community engagement helps to increase community understanding of & comfort with experimental research

# Experimental Design & CBPR

- Keys to overcoming challenges:
  - ▣ Community ownership and accountability
  - ▣ Established relationship and collaboration over time
  - ▣ Extensive planning phase that involves ALL major stakeholders i.e. residents, CBOs, providers, etc.
  - ▣ Observed success of intervention during non-randomized, pilot stage
  - ▣ Demonstrated benefits to community with minimal risk

# Conducting CBPR

- Funding and Ethics Review
- Research Conduct and Analysis
- Disseminate Findings
- Translate Research into Policy and Practice
- Sustain Research Partnerships, Benefits and Resources
- Partnership Process Evaluation



# Funding Opportunities

# Who is funding CBPR?



- CDC:

- Advancing the Nation's Public Health: A Guide to Public Health Research Needs, 2006-2015

- Robert Wood Johnson Foundation:

- Ladder to Leadership: Developing the Next Generation of Community Health Leaders

- NIH

# The NIH & CBPR



- More than two dozen Funding Opportunity Announcements (FOAs) on CBPR have been released over the past decade
- A CBPR Scientific Interest Group (SIG) has been established at the NIH with the purpose of strengthening communication among federal agencies with an interest in supporting CBPR methodologies

# Supportive NIH ICs

- NCI
- NCMHD
- NIAID
- NHLBI
- NIAAA
- NICHD
- NIDA
- NIDCD
- NIDCR
- NIDDK
- NIEHS
- NIMH
- NINR
- OD/OBSSR
- OD/ORWH

# From the NIH perspective

- Advantages of CBPR include:
  - ▣ Joining partners with diverse expertise to address complex public health problems
  - ▣ Improving intervention design and implementation by facilitating participant recruitment and retention
  - ▣ Increasing the quality and validity of research
  - ▣ Enhancing the relevance and use of data

# From the NIH perspective (cont'd)

- Advantages of CBPR include:
  - ▣ Increasing trust and bridging cultural gaps between partners
  - ▣ Providing resources for the communities involved
  - ▣ Benefiting the community and researchers alike through the knowledge gained and actions taken
  - ▣ The potential to translate research findings to guide the development of further interventions and policy change

# Active CBPR FOAs



- Community Participation in Research (R01), PA-08-074
- Community Participation in Research Targeting the Medically Underserved (R01), PAR-08-075
- Community Participation in Research Targeting the Medically Underserved (R21), PAR-08-076

# Community Participation in Research PA-08-074 (Interventions)

- Solicits **R01** applications that propose intervention research on health promotion, disease prevention, and health disparities that communities and researchers jointly conduct.
- Standard Receipt Dates – Feb, June, Oct
- <http://grants.nih.gov/grants/guide/pa-files/PA-08-074.html>

# PAR-08-075 & PAR-08-076 (Medically Underserved)

- Solicits **R01** & **R21** applications that propose research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers and targets medically underserved areas (MUAs) and medically underserved populations (MUPs) as defined by the HHS Health Resources and Services Administration (HRSA).
- <http://grants.nih.gov/grants/guide/pa-files/PAR-08-075.html>
- <http://grants.nih.gov/grants/guide/pa-files/PAR-08-076.html>

# Conceptualizing a Study

- The study should make sense in the context of:
  - ▣ the Institute or Program
  - ▣ the Science
  - ▣ the Researcher's Capability and Career
  - ▣ the Needs, Desires, and Capability of the Community

# Common Pitfalls

- Poor integration of CBPR principles throughout the proposed study
- Too much attention to community =  
Insufficient attention to the research



# What works...

- Describe:
  - ▣ History of partnership
  - ▣ Preliminary work done together
  - ▣ Dissemination plan: community, policy, & scientific tracks
  - ▣ Post study sustainability
    - Track the efficacy of outreach efforts that result from CBPR in the community
    - Plans for sustaining community action

# What works...

- Key Personnel
  - ▣ Supported with training and supervision
  - ▣ Power distribution spelled out in application and LOS
  - ▣ Plan for addressing disagreements
- Plan for Human Subjects Protection/HIPAA authorization clearly explained

# FAQ

## Question:

- I have concerns regarding reviewer familiarity with CBPR. Will applications be reviewed in a standing Study Review Group (SRG)?

## Answer:

- Applications received under PAR-08-075 and PAR-08-076 will be reviewed by a Special Emphasis Panel (SEP) at the Center for Scientific Review (CSR) consisting of qualified reviewers familiar with community-based participatory research and its principles.

# FAQ

## Question:

- Where can I obtain information on recommendations for addressing concerns raised by Institutional Review Boards (IRBs)?

## Answer:

- The Community-Campus Partnerships for Health (CCPH) convened a series of educational conference calls covering the issue of IRBs and CBPR. Visit CCPH's website for audio files and transcripts of these conference calls addressing IRBs and ethical issues at:

<http://depts.washington.edu/ccph/irbcalls2.html>.

# Upcoming CBPR Initiatives at NIH

1. Manuscript: "*Why Community-Based Participatory Research Matters: A Bird's Eye View from the National Institutes of Health*" (in press) by Dana M. Sampson and Jennifer Brown
1. CBPR at NIH Showcase: "Celebrating 10 Years of Community-Based Participatory Research at the National Institutes of Health, 2000-2010", NIH Main Campus, Bethesda, MD June 10-11, 2010
1. International Training Institute: "Utilizing Community-Based Participatory Research to Improve Global Health: Reducing Disease Burden through Partnership Approaches", South Africa, Summer 2010

[http://obssr.od.nih.gov/scientific\\_areas/methodology/community\\_based\\_participatory\\_research/index.aspx](http://obssr.od.nih.gov/scientific_areas/methodology/community_based_participatory_research/index.aspx)

# If you are going to APHA...

- OBSSR is arranging a session on CBPR at the 2009 Annual Meeting of the American Public Health Association (APHA) in Philadelphia.
- *Understanding and Promoting Community-Based Participatory Research at the National Institutes of Health*
  - November 9, 2009
  - Philadelphia, PA

# Resources

- **Subscribe to the Community-Based Participatory Research listserv**
  - The CBPR listserv is a resource for sharing knowledge and experience with the goal of contributing to strengthening the field of CBPR.
  - To join the listserv, visit <http://mailman2.u.washington.edu/mailman/listinfo/cbpr>
  
- **2009 NIH Summer Institute on CBPR targeting the medically underserved:**
  - <http://conferences.thehillgroup.com/si2009/agenda.html>

# QUESTIONS??

Thank you!

## Contact information:

Susan Newman PHD, RN: [newmansu@musc.edu](mailto:newmansu@musc.edu)

Melissa Cox, MPH: [coxme@musc.edu](mailto:coxme@musc.edu)