Disclosure

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Speaker Disclosures

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Community Based Participatory Research in Implementation Science: Is it for you?

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Background

- Medical anthropology
  - Lived experience
  - “Whole person” perspective
- Public health
- Applied work
  - Research
  - Program evaluation
  - RE-AIM evaluation
Purpose of this talk: Present a profile of Community Based Participatory Research

- Definition
- Conceptual perspective of the approach
- Unique contributions to the science of implementation
- Design types
- Methodology and rigor
What is CBPR?

CBPR is “a collaborative research approach that is 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.”

[AHRQ 2009]
Historical origins

- Participatory action research
  (Lewin, Fals Borda)

- Popular education and goals of praxis
  (Freire)

- Public health
  (Minkler & Wallerstein;
   Israel, Eng, Shultz & Parker)
Community Partnerships: Three Levels

- Community-targeted research
  - No involvement selecting research topic
  - Assistance with recruitment
  - Dissemination

- Community-based research
  - “Community input”
  - “Vote” in selecting research topic
  - Increased involvement in many aspects of research

- Community-driven research
  - “Community involvement”
  - Shared power and decision-making
  - Focus area generated by community
  - Fully participatory (CBPR)

[Wells et al. 2004]
Spectrum of participation

- Community-driven
- Community-based
- Community-targeted
C - community
B - based
P - participatory
R - research
“C” Who is “the community?”

- “A group of people with existing relationships who share a common interest. . . . Relationships make community a reality.”
  
  [Kone et al. 2000]

- Considerations:
  
  - Who gets to define the community?
  
  - Who represents the community?
  
  - Most people “wear many hats” from multiple communities
Identifying communities

- Target population
- Ethnic, racial groups
- Religious groups
- Cultural groups
- Professional groups
- Community organizations
“B” Where will your project be based?

- Housed in your research organization?
- Jointly housed and “owned” by you and the community?
- Where will you hold meetings?
- Where will decisions be made?
“P” How participatory will the project be?

- Input vs. involvement
- At specific levels only
  - Identification of study topic
  - Design
  - Data collection (recruitment, interviewing)
  - Analysis
  - Writing/dissemination
- Collaborative at all levels—shared ownership
“R” Which research?

- Assessment
- Evaluation
- Intervention testing
- RCT research
- Implementation science
Principles of CBPR

1. Community as a unit of identity
2. Builds on community’s strengths and resources
3. Collaborative partnerships in all research phases using an empowering and power sharing process
4. Promotes capacity building and co-learning
5. Integrates knowledge & action for mutual benefit
6. Attends to local relevance and ecologic perspectives
7. Cyclical and iterative process
8. Disseminates findings and knowledge
9. Commitment to sustainability

[Israel et al. 2003]
Where’s the rigor?

- CBPR is the approach
- Your methods are the methodology
- Rigor comes from your methods and commitment to CBPR
- Relative conceptions of quality (Bradbury H, Reason P. 2003)
CASE STUDY

We Can Help Each Other: Partnering Across Cultures To Address Domestic Violence
Description of the project

- Pilot project to test intervention in refugee and immigrant communities
- Idea developed from a previous NIJ-funded project
- Social support and skill-building groups for Cambodian, Ethiopian, Russian-speaking and Somali
- Funded by CDC Urban Research Center grant
Cultures Represented

- Academia (U.W.)
- Local public health department (Seattle-King County)
- Community-based organization (Refugee Women’s Alliance-ReWA)
- Immigrant/refugee
- Spiritual traditions
- American Indian
- South Asian
- European American
- Ethiopian
- Cambodian
- Russian
- Chinese
- Somali
Key collaborative elements

- The idea came from the women interviewed in the assessment
- Participants developed the curriculum
- Program staff/participants shared language and culture
- Program staff were trained and supported
- Training/learning was reciprocal
Steps to Develop Relationship: **Background, Planning & Design Phases**

- Groundwork laid through initial assessment project
- Follow-up meetings to prioritize action steps and write grant together
- Regular meetings **at ReWA** between researchers and ReWA advocates
- Mutual decision-making identified target population
Steps to Maintain Relationship: Intervention & Dissemination Phases

- Ongoing logistical support and professional development for program staff
- Ongoing regular meetings and social events
- Dissemination of preliminary findings to ReWA staff for formative use
- Confirmation of findings validity with ReWA staff prior to outside dissemination
- Discussions about appropriate products from the research project
Challenges in Partnership Research

- Overcoming communication barriers
- Building trust
- Sharing power
CASE STUDY
Conclusions

- Concessions to priorities and flexibility regarding research design may be necessary
- Shared vision across agencies and between individuals is critical to long term success
- Finding common ground
What does CBPR provide? Where’s the benefit?

- More complete understanding of the research issue/problem in situ
- **Real** benefit to the community
- We, as researchers, do better work
What are the limitations?

- Power sharing
- Trajectory will not be straight; research path may take unexpected directions
- Resources
  - Time
  - Money
  - Support of funder
Is CBPR right for every researcher?
Is CBPR right for every project?
How to get started

1. Start where the people are

2. Recognize and begin with community strengths and assets, rather than problems

3. Utilize authentic dialogue

[Minkler M, Hancock T. 2003]
Principles in action

- Identify best approach/model based on issue and intended outcome
- Recognize difference between community input and involvement
- Apply mutual trust and respect
- Recognize and honor different agendas
- Incorporate multi-disciplinary approaches
- Adapt to ebbs and flows and maturation of partnership

[Baker EA et al. 1999]


Bibliography (page 2)

- Public Health Reports. 2000. 115 (Nos. 2 & 3) entire issue.