Chapter 1. Introduction

Background

Community-based participatory research (CBPR), as an approach to enhance both research and population outcomes, has received increased attention as the academic and public health communities struggle to address the persistent problem of disparities in the use of health care and health outcomes for several populations, including those identified by diagnosis, socioeconomic status, lack of health insurance, and membership in various racial and ethnic groups.[1-6] Few guidelines exist to indicate how research proposals should be evaluated and what resources are required to promote successful efforts. Even less is known about the degree to which a CBPR approach has been effective in sustaining long-term academic-community partnerships and generating high-quality data to guide the research agenda. Experts are growing impatient with the gap between knowledge produced through conventional research and translation of this research into interventions and policies to improve the health of immigrants and racial or ethnic minorities.[2,7-12]

For public health practitioners, the challenge of sustainable behavior change is compounded by long-standing social and historical conditions of inequality embedded in the very fabric of society.[10] For researchers, this broad range of external forces jeopardizes the stability of observations. Consequently, concepts such as external comparisons and generalization to some idealized population, as used in inferential statistics, may make only limited sense.[13] For immigrants and racial or ethnic minorities, historic mistrust of the health care system and research compromises the ability of researchers and health practitioners to identify and address their health needs.[14-16]

Given these challenges, the significance of an approach that builds the capacity of *communities to function as co-investigators* with health agencies and academic institutions before, during, and after the research process has re-emerged. The assumption is that such an approach will engender greater commitment among all research partners to uncovering social and behavioral determinants of health and to developing innovative, long-term interventions. As yet, no clear consensus exists in public health and health services research to answer the question, "What constitutes a community?" "Whose participation is to be solicited and incorporated?" and "What evidence is needed for whom on 'best practices' of community-based participatory research?" Also needed are mechanisms for research evaluation and funding that promote optimal collaboration among communities, health agencies, and academic institutions for identifying and modifying research priorities within populations disenfranchised from the political and health policymaking process.

Community-based Participatory Research: Defining the Approach

CBPR has been proposed as an approach that combines research methods and community capacity-building strategies to bridge the gap between knowledge produced through research and translation of this research into interventions and policies.[2,7,9-12,17-20]

CBPR's distinction from other community-based research approaches, which view "community" as a setting or location, is the recognition of community as a social entity with a sense of identity and shared fate. Working *with* rather than *in* communities, CBPR attempts to strengthen a community's problem-solving capacity through collective engagement in the research process. The seminal review of community-based research literature by Israel and colleagues[11] defines CBPR as "[a] collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and the social and cultural dynamics of the community, and integrate the knowledge gained with action to improve the health and well-being of community members" (p. 177).

In their review of participatory research studies,[21-23] Green and colleagues offer the following definition:[23] "Participatory research is systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting social change" (p. 194). Using their own findings, this Canadian group developed a set of criteria for evaluating research proposals[23] that we have adapted and propose to refine further to apply to articles in our evidence tables. Green and colleagues defined community[23] as "any group of individuals sharing a given interest; this definition includes cultural, social, political, health, and economic issues that may link together individuals who may or may not share a particular geographic association. This definition also includes the traditional concept of community as a geographic entity" (p. 186). Although many researchers and practitioners offer definitions and descriptions of community and CBPR, no clear consensus has emerged to move the field forward during a time when interest is growing rapidly.[24-30]

Nevertheless, common themes are that the CBPR approach (a) recognizes the importance of social, political, cultural, and economic systems to health behaviors and outcomes; (b) engages community members in choosing research topics, developing projects, collecting data, and interpreting results; (c) emphasizes both qualitative and quantitative research methods; and (d) puts high priority on translation of the findings of basic, intervention, and applied research into changes in practice and policy. More difficult to prescribe, however, is the degree to which each of these criteria must be fulfilled to satisfy the elements of CBPR.

Community-based Participatory Research: Clarifying the Benefits

Done properly, CBPR should benefit community participants, practitioners, and researchers alike. CBPR creates bridges between scientists and communities, allowing both to gain in knowledge and experience.[31-35] This collaboration assists in developing culturally appropriate measurement instruments, thus making projects more effective and efficient.[36,37] Finally, CBPR establishes a level of trust that enhances both the quantity and the quality of data collected.[31,38-40]

The ultimate benefit is the prospect of examining the community's own unique circumstances to test and adapt best practices to its own needs.[2,31,33,36,41-47]

Production of This Evidence Report

Assessing the Need

In November 2001, the Agency for Healthcare Research and Quality (AHRQ), in collaboration with several Federal agencies and the W.K. Kellogg Foundation, convened a 2-day conference "to promote and support the use of CBPR, to develop strategies to advance CBPR, and to explore the use of CBPR as a resource for policymakers to help guide their program development."[48] AHRQ organized the meeting specifically to address three key barriers to CBPR: (1) poor community incentives and capacity to be partners in CBPR projects; (2) poor academic incentives and capacity for researchers to act as partners in CBPR projects; and (3) inadequate funding and insensitive funding mechanisms.

Conference participants, through working groups and extensive discussion, produced three sets of recommendations aimed at funders, community members, and academics. The information generated is to be used to "describe the current context or environment for CBPR, to develop strategies to promote CBPR, and to provide funding organizations with input from communities as they work together to improve the health and well-being of those in communities."[48] Among the recommendations was a request that an AHRQ Evidence-based Practice Center (EPC) synthesize evidence on the conduct and evaluation of CBPR. A national group could then use such a review as the basis for CBPR guidelines with the following anticipated benefits: enhanced stature for CBPR; guidance to potential partners entering into CBPR projects; and improved assessment criteria and mechanism for funders to review CBPR proposals.

AHRQ awarded this evidence report to the RTI International–University of North Carolina Evidence-based Practice Center (RTI–UNC EPC). Our systematic review consolidates and analyzes the body of literature that has been produced to date on CBPR in several areas relating to the following key questions:

- What defines community-based participatory research?
- How has CBPR been implemented to date with regard to the quality of research methodology and community involvement?
- What is the evidence that CBPR efforts have resulted in intended outcomes?
- What criteria and processes should be used for review of CBPR in grant proposals?

Expected Audiences

The RTI–UNC EPC team anticipates that its report and subsequent publications will assist several audiences. Community leaders interested in initiating research projects will find guidance on expectations of what a true collaboration might look like, including their obligations as research partners. Public health and health services researchers and practitioners new to

CBPR will gain insights into their obligations as partners with communities in research. Funders in both Federal and foundation arenas will find criteria that they can use to evaluate CBPR proposals.

Organization of the Report

Chapter 2 describes our methods, including key questions and analytic framework, our search strategies and inclusion/exclusion criteria, and our approach to grading the quality of articles and rating the strength of evidence. In Chapter 3, we present the results of our literature search and synthesis of retained articles. Chapter 4 further discusses the findings and offers our recommendations for future research. Our references and included studies and a listing of excluded studies follow Chapter 4. Appendixes include a detailed description of our search strings (Appendix A), an example of our quality assessment form (Appendix B), detailed evidence tables (Appendix C), peer reviewers (Appendix D), and suggested guidelines for funders and applicants (Appendix E). **Note:** Appendixes and Evidence Tables cited in this report are provided electronically at http://www.ahrq.gov/clinic/epcindex.htm.