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Community-based Participatory Research: Assessing the Evidence

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Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-Based Practice Centers (EPCs), sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care in the United States. This report on *Community-Based Participatory Research: Assessing the Evidence* was requested and funded by the Agency for Healthcare Research and Quality. Partial funding for this report was provided by the National Cancer Institute, Division of Cancer Control and Population Sciences, and by the National Institutes of Health's Office of Behavioral and Social Sciences Research. The reports and assessments provide organizations with comprehensive, science-based information on common, costly medical conditions and new health care technologies. The EPCs systematically review the relevant scientific literature on topics assigned to them by AHRQ and conduct additional analyses when appropriate prior to developing their reports and assessments.

To bring the broadest range of experts into the development of evidence reports and health technology assessments, AHRQ encourages the EPCs to form partnerships and enter into collaborations with other medical and research organizations. The EPCs work with these partner organizations to ensure that the evidence reports and technology assessments they produce will become building blocks for health care quality improvement projects throughout the Nation. The reports undergo peer review prior to their release.

AHRQ expects that the EPC evidence reports and technology assessments will inform individual health plans, providers, and purchasers as well as the health care system as a whole by providing important information to help improve health care quality.

We welcome written comments on this evidence report. They may be sent to: Director, Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850.

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The authors of this report are responsible for its content. Statements in the report should not be construed as endorsement by the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services of a particular drug, device, test, treatment, or other clinical service.

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We deeply appreciate the insights of our peer reviewers. The TEAG members who served as peer reviewers include Alex Allen, Gwen Bampfield-Wright, Barbara Israel, Deborah Jones-Saumty, Mereidith Minkler, and Jesus Ramirez-Valles**.** In addition, Ann Beal, MD, Tom Bruce, MD, Paul Estabrooks, PhD, Victor Rubin, PhD, Sarena Seifer, MD, Shobha Srinivasan, Ph.D., JoAnn Umilani Tsark, MPH, and Tony Whitehead, PhD.

Structured Abstract

Context: Community-based participatory research (CBPR) is a collaborative approach to research that combines methods of inquiry with community capacity-building strategies to bridge the gap between knowledge produced through research and what is practiced in communities to improve health. Interest is growing rapidly for academic institutions, health agencies, and communities to form research partnerships; few agreed-upon guidelines describe how to develop or evaluate CBPR proposals or what resources are required to promote successful collaborative research efforts.

Objectives: This systematic review consolidates literature on health-related CBPR. We addressed the following key questions:

Key Question 1: What defines CBPR?
Key Question 2: How has CBPR been implemented to date with regard to the quality of research methodology and community involvement?
Key Question 3: What is the evidence that CBPR efforts have resulted in the intended outcomes?
Key Question 4: What criteria and processes should be used for review of CBPR in grant proposals?

Data Sources: For KQs 1-4, we searched standard electronic databases (MEDLINE®, Cochrane Collaboration resources, Psycinfo, and Sociofile) for all years using specified Medical Subject Headings terms. We identified a forthcoming special journal issue and hand-searched reference lists of relevant articles. For KQ 4, we also reviewed websites for funding agencies and talked with federal agency staff.

Study Selection: For KQ 1, we used peer-reviewed articles that synthesized the evolution of, values for, or lessons learned from collaborative research. For KQ 2 and 3, we included peer-reviewed CBPR studies published in the English language, conducted in the United States and Canada, and with at least one community collaborator.

Data Extraction: To review articles for KQ 1 through 3, we created separate abstraction forms. We entered abstracted data for KQ 1 into a domain matrix and for KQ 2 and 3 into evidence tables. We created quality rating forms to assess each study's research methods and adherence to CBPR principles of community collaboration.

Data Synthesis: We reviewed a total of 185 articles: 55 for KQ1; 123 for KQs 2 and 3; and 7 for KQ 4. The 123 articles for KQs 2 and 3 pertain to 60 CBPR studies. Of the 30 intervention studies, 12 had been completed and evaluated. Quality ratings for these suggested stronger research scores for the experimental studies than for the others, although nonexperimental studies also showed modest effects on health outcomes. Quality ratings for community participation were strongest for recruitment/retention and intervention design followed by development and pilot testing of measures. Steering committees or advisory boards were the

main mechanisms for sharing research decisionmaking, but these formal structures generally did not develop research questions or proposals.

The number of high-quality CBPR publications has increased recently, which may reflect more targeted funding and special journal issues on this theme. Guidelines are still needed to assist funding agencies and grant applicants and reviewers in achieving the best balance of rigorous research and optimal collaboration among communities and institutions.

Conclusions: Many CBPR studies had strong community-institution collaborations; relatively few combined this type of collaboration with solid research methods. Our synthesis of this literature enabled us to produce guidelines to improve the quality of and funding for CBPR.

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Appendixes and Evidence Tables cited in this report are provided electronically at http://www.ahrq.gov/clinic/tp/cbprtp.htm.

Evidence Report