Table 1. Critical elements in community-based participatory research

CBPR Implementation and Potential Impact				
Research Element	**CBPR Application**	**Community Benefits**	**Research Benefits**	**Research Challenges**
Assembling a research team of collaborators with the potential for forming a research partnership	Identifying collaborators who are decisionmakers that can move the research project forward	Resources can be used more efficiently	Increases the probability of completing the research project as intended	Time to identify the right collaborators and convincing them that they play an important role in the research project
A structure for collaboration to guide decisionmaking	Consensus on ethics and operating principles for the research partnership to follow, including protection of study participants	The beginning of building trust and the likelihood that procedures governing protection of study participants will be understood and acceptable	An opportunity to understand each collaborator's agenda, which may enhance recruitment and retention of study participants	An ongoing process throughout the life of research partnerships that requires skills in group facilitation, building consensus, and conflict accommodation
Defining the research question	Full participation of community in identifying issues of greatest importance; focus on community strengths as well as problems	Problems addressed are highly relevant to the study participants and other community members	Increased investment and commitment to the research process by participants	Time consuming; community may identify issues that differ from those identified by standard assessment procedures or for which funding is available
Grant proposal and funding	Community leaders/members involved as a part of the proposal writing process	Proposal is more likely to address issues of concern in a manner acceptable to community residents	Funding likelihood increases if community participation results in tangible indicators of support for recruitment and retention efforts, such as writing letters of support, serving on steering committee or as fiscal agents or co-investigators	Seeking input from the community may slow the process and complicate the proposal development effort when time constraints are often present
Research design	Researchers communicate the need for specific study design approaches and work with community to design more acceptable approaches, such as a delayed intervention for the control group	Participants feel as if they are contributing to the advancement of knowledge vs. as if they are passive research "subjects," and that a genuine benefit will be gained by their community	Community is less resentful of research process and more likely to participate	Design may be more expensive and/or take longer to implement Possible threats to scientific rigor

Table 1. Critical elements in community-based participatory research (continued)

CBPR Implementation and Potential Impact				
Research Element	**CBPR Application**	**Community Benefits**	**Research Benefits**	**Research Challenges**
Participant recruitment and retention	Community representatives guide researchers to the most effective way to reach the intended study participants and keep them involved in the study	Those who may benefit most from the research are identified and recruited in dignified manner rather than made to feel like research subjects	Facilitated participant recruitment and retention, which are among the major challenges in health research	Recruitment and retention approaches may be more complex, expensive, or time consuming
Formative data collection	Community members provide input to intervention design, barriers to recruitment and retention, etc. via focus groups, structured interviews, narratives, or other qualitative method	Interventions and research approach are likely to be more acceptable to participants and thus of greater benefit to them and the broader population	Service-based and community-based interventions are likely to be more effective than if they are designed without prior formative data collection	Findings may indicate needed changes to proposed study design, intervention, and timeline, which may delay progress
Measures, instrument design and data collection	Community representatives involved in extensive cognitive response and pilot testing of measurement instruments before beginning formal research	Measurement instruments less likely to be offensive or confusing to participants	Quality of data is likely to be superior in terms of reliability and validity	Time consuming; possible threats to scientific rigor
Intervention design and implementation	Community representatives involved with selecting the most appropriate intervention approach, given cultural and social factors and strengths of the community	Participants feel the intervention is designed for their needs and offers benefits while avoiding insult; provides resources for communities involved	Intervention design is more likely to be appropriate for the study population, thus increasing the likelihood of a positive study	Time consuming; hiring local staff; may be less efficient than using study staff hired for the project
Data analysis and interpretation	Community members involved regarding their interpretation of the findings within the local social and cultural context	Community members who hear the results of the study are more likely to feel that the conclusions are accurate and sensitive	Researchers are less likely to be criticized for limited insight or cultural insensitivity	Interpretations of data by non-scientists may differ from those of scientists, calling for thoughtful negotiation
Manuscript preparation and research translation	Community members are included as coauthors of the manuscripts, presentations, newspaper articles, etc., following previously agreed-upon guidelines	Pride in accomplishment, experience with scientific writing, and potential for career advancement; findings are more likely to reach the larger community and increase potential for implementing or sustaining recommendations	The manuscript is more likely to reflect an accurate picture of the community environment of the study	Time consuming; requires extra mutual learning and negotiation

Table 2. Key questions for the evidence report on community-based participatory research

1. What defines CBPR?
    - What are the essential elements of CBPR?
    - What are the "best practices" of CBPR, including the characteristics of successful investigator-community partnerships?
    - What are the major expected outcomes from both the research and community perspectives?

2. How has CBPR been implemented to date with regard to the quality of research methodology and community involvement?
    - What is the quality of research methodology?
        - Study design
        - Measurement
        - Data collection
        - Analysis
    - What is the level of community involvement in the research process?
        - Priority setting and hypothesis generation
        - Methods selection
        - Proposal development and funding
        - Study design and implementation, data collection tools, recruitment and retention, analysis and interpretation
        - Intervention design and implementation
        - Translation and dissemination of research findings
        - Integration and sustainability

3. What is the evidence that CBPR efforts have resulted in the intended outcomes?
    - Improved research quality outcomes
    - Community capacity outcomes
    - Health (broadly defined) outcomes

4. What criteria and processes should be used for review of CBPR in grant proposals?
    - What criteria should high-quality grant applications meet?
    - What guidance can be offered to funding organizations and applicants?
    - Who should be involved in the review process? What should be the role of the community?
    - What are current approaches by funders to soliciting and reviewing CBPR grant proposals?

Table 3. Key databases and search terms

Databases	Search Terms	Limits
MEDLINE	Community-based participatory research or CBPR or participatory research or action research or participatory action research or participatory evaluation or community driven research or action science or collaborative inquiry or empowerment evaluation; expert names (TEAG members and expert meeting attendees)	English language
Cochrane	Community-based participatory research; community + action + research; empowerment evaluation; collaborative inquiry	None
Sociofile	Community-based participatory research or CBPR or ((action research) and (community or empowerment or participation) and (health or medical or medicine))	None
PsycInfo	Community-based participatory research or CBPR or ((community based participatory) or (community driven or collaborative inquiry)) and (research)	None

Table 4. Full and abbreviated titles and citations

Acronym	Full Study Name	Study References
Studies that Implemented and Evaluated Interventions		
CMCA	Communities Mobilizing For Change on Alcohol	Wagenaar AC, Murray DM, Wolfson M, et al. Communities Mobilizing for Change on Alcohol: Design of a Randomized Community Trial. J Comm Psychol 1994; Special Issue:79-101.[114] Wagenaar AC, Perry CL. Community Strategies for the Reduction of Youth Drinking: Theory and Application. J Res Adolesc 1994; 4(2):319-45.[117] Wagenaar AC, Toomey TL, Murray DM, et al. Sources of alcohol for underage drinkers. J Stud Alcohol 1996; 57(3):325-33.[118] Wagenaar AC, Gehan JP, Jones Webb R et al. Communities Mobilizing for Change on Alcohol: Lessons and results from a 15-community randomized trial. J Comm Psychol 1999; 27(3):315-26.[116] Wagenaar AC, Murray DM, Gehan JP, et al. Communities mobilizing for change on alcohol: outcomes from a randomized community trial. J Stud Alcohol 2000; 61(1):85-94.[115] Wagenaar AC, Murray DM, Toomey TL. Communities mobilizing for change on alcohol (CMCA): effects of a randomized trial on arrests and traffic crashes. Addiction. 2000; 95(2):209-17.[113]
East Baltimore	East Baltimore Health Promotion Program	Green LW, Levine DM, Deeds S. Clinical Trials of Health Education for Hypertensive Outpatients: Design and Baseline Data. Prev Med 1975; 4:417-25.[119] Levine DM, Lawrence WG, Deeds SG, et al. Health Education for Hypertensive Patients. J Am Med Assoc 1979; 241(16):1700-3.[120] Morisky DA, Levine DM, Green LW, et al. Five-Year Blood Pressure Control and Mortality Following Health Education for Hypertensive Patients. Am J Pub Health 1983; 73(2):153-62.[121] Levine DM, Becker DM, Bone LR, et al. A Partnership with Minority Populations: A Community Model of Effectiveness Research. Ethnic Dis 1992; 2:296-305.[122]
Health is Gold	Health Is Gold! Vietnamese Community Health Promotion Project	Lam TK, McPhee SJ, Mock J, et al. Encouraging Vietnamese-American women to obtain Pap tests through lay health worker outreach and media education. J Gen Intern Med 2003; 18(7):516-24.[123]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Sierra Stanford	Sierra Stanford Partnership	Koopman C, Angell K, Turner-Cobb JM, et al. Distress, coping, and social support among rural women recently diagnosed with primary breast cancer. Breast J 2001; 7(1):25-33.[124] Angell KL, Kreshka MA, McCoy R, et al. Psychosocial intervention for rural women with breast cancer. J Gen Intern Med 2003; 18(7):499-507.[125]
HIV Latina	HIV Testing and Counseling for Latina Women	Flaskerud JH, Calvillo ER. Beliefs about AIDS, health, and illness among low-income Latina women. Res Nurs Health 1991; 14(6):431-8.[130] Flaskerud JH, Nyamathi AM. Home medication injection among Latina women in Los Angeles: implications for health education and prevention. AIDS Care 1996; 8(1):95-102.[128] Flaskerud JH, Uman G, Lara R, et al. Sexual Practices, Attitudes and Knowledge Related to HIV Transmission in Low Income Los Angeles Hispanic Women. J Sex Res 1996; 33(4):343-53.[129] Flaskerud JH, Nyamathi AM, Uman GC. Longitudinal effects of an HIV testing and counseling programme for low-income Latina women. Ethn Health 1997; 2(1-2):89-103.[126] Flaskerud JH, Nyamathi AM. Collaborative inquiry with low-income Latina women. J Health Care Poor Underserv 2000; 11(3):326-42.[127]
Internet Access	Internet Access and Empowerment: A Community-Based Health Initiative	Masi CM, Suarez-Balcazar Y, Cassey MZ, et al. Internet access and empowerment: a community-based health initiative. J Gen Intern Med 2003; 18(7):525-30.[131]
Korean Study	The Korean Study Breast and Cervical Cancer Screening Intervention	Chen AM, Wismer BA, Lew R *et al*. 'Health is strength': a research collaboration involving Korean Study Americans in Alameda County. Am J Prevent Med 1997; 13(6 Suppl):93-100.[133] Wismer BA, Moskowitz JM, Chen AM, et al. Rates and independent correlates of Pap smear testing among Korean Study-American women. Am J Public Health 1998; 88(4):656-60.[134] Wismer BA, Moskowitz JM, Chen AM, et al. Mammography and clinical breast examination among Korean American women in two California counties. Prev Med 1998; 27(1):144-51. [222]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Korean Study (continued)		Wismer BA, Moskowitz JM, Min K, et al. Interim assessment of a community intervention to improve breast and cervical cancer screening among Korean Study American women. J Public Health Manag Pract 2001; 7(2):61-70.[132]
Okanagan	The Okanagan Diabetes Project	Daniel M, Green LW, Marion SA, et al. Effectiveness of community-directed diabetes prevention and control in a rural Aboriginal population in British Columbia, Canada. Soc Sci Med 1999; 48(6):815-32.[135]
Wai'anae	The Wai'anae Cancer Research Project	Banner RO, DeCambra H, Enos R et al. A breast and cervical cancer project in a native Hawaiian community: Wai'anae cancer research project. Prevent Med 1995; 24(5):447-53.[138] Matsunaga DS, Enos R, Gotay CC, et al. Participatory research in a Native Hawaiian community. The Wai'anae Cancer Research Project. Cancer 1996; 78(7 Suppl):1582-6.[137] Gotay CC, Banner RO, Matsunaga DS, et al. Impact of a culturally appropriate intervention on breast and cervical screening among native Hawaiian women. Prev Med 2000; 31(5):529-37.[136]
NY Immunization	The New York Immunization Project	Rosenberg Z, Findley S, McPhillips S, et al. Community-based strategies for immunizing the "hard-to-reach" child: the New York State immunization and primary health care initiative. Am J Prev Med 1995; 11(3 Suppl):14-20.[139]
Stress and Wellness	Stress and Wellness Project	Israel BA, Schurman SJ, House JS. Action research on occupational stress: involving workers as researchers. Int J Health Serv 1989; 19(1):135-55.[32] Hugentobler MK, Israel BA, Schurman SJ. An action research approach to workplace health: Integrating methods. Health Educ Q 1992; 19(1):55-76.[140] Heaney CA, Israel BA, Schurman SJ, et al. Industrial Relations, Worksite Stress Reduction, and Employee Well-Being: A Participatory Action Research Investigation. J Org Behav 1993; 14(5):495-510.[141] Baker EA, Israel BA, Schurman SJ. A participatory approach to worksite health promotion. J Ambul Care Manage 1994; 17(2):68-81.[142] Schurman SJ. Making the 'new American workplace' safe and healthy: a joint labor-management-researcher approach. Am J Indust Med 1996; 29(4):373-7.[143]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Women and HIV Denial	Women Dedicated to demolishing denial: HIV risk reduction for lesbians and bisexual women	Stevens PE. HIV Prevention Education for Lesbians and Bisexual Women: A Cultural Analysis of a Community Intervention. Soc Sci Med 1994; 39(11):1565-78.[144] Stevens PE, Hall JM. Participatory action research for sustaining individual and community change: a model of HIV prevention education. AIDS Educ Prev 1998; 10(5):387-402.[145]
Interventions Either Not Completed or Not Fully Evaluated		
CAAA	Community Action Against Asthma	Clark NM, Brown RW, Parker E, et al. Childhood asthma. Environ Health Perspect 1999; 107 Suppl 3:421-9.[148] Keeler GJ, Dvonch T, Yip FY et al. Assessment of personal and community-level exposures to particulate matter among children with asthma in Detroit, Michigan, as part of Community Action Against Asthma (CAAA). Environment Health Perspect 2002; 110 Suppl 2:173-81.[146] Parker EA, Israel BA, Williams M, et al. Community action against asthma: examining the partnership process of a community-based participatory research project. J Gen Intern Med 2003; 18(7):558-67.[147]
PRAISE	PRAISE!	Corbie-Smith G, Ammerman AS, Katz ML, et al. Trust, benefit, satisfaction, and burden: a randomized controlled trial to reduce cancer risk through African-American churches. J Gen Intern Med 2003; 18(7):531-41.[149] Ammerman A, Washington C, Jackson B, et al. The PRAISE! Project: A church-based nutrition intervention designed for cultural appropriateness, sustainability and diffusion. J Health Promotion Pract In press.[150]
Seattle Homes	Seattle King County Healthy Homes Project	Krieger JW, Song L, Takaro TK, et al. Asthma and the home environment of low-income urban children: preliminary findings from the Seattle-King County healthy homes project. J Urban Health 2000; 77(1):50-67.[151]
Seattle Vaccine	Seattle Vaccine	Krieger JW, Castorina JS, Walls ML, et al. Increasing influenza and pneumococcal immunization rates: a randomized controlled study of a senior center-based intervention. Am J Prev Med 2000; 18(2):123-31.[152]
TEAL	Tribal Efforts Against Lead	Kegler MC, Malcoe LH, Lynch RA, et al. A community-based intervention to reduce lead exposure among Native American children. Environ Epidemiol Toxicol 2000; 2:121-32.[153]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
ESVHWP	East Side Village Health Worker Partnership	Schulz AJ, Israel BA, Becker AB, et al. "It's a 24-hour thing ... a living-for-each-other concept": identity, networks, and community in an urban village health worker project. Health Educ Behav 1997; 24(4):465-80.[163] Parker EA, Schulz AJ, Israel BA, Hollis R. Detroit's East Side Village Health Worker Partnership: community-based lay health advisor intervention in an urban area. Health Educ Behav 1998; 25(1):24-45.[162] Schulz AJ, Parker EA, Israel BA, Becker AB, Maciak BJ, Hollis R. Conducting a participatory community-based survey for a community health intervention on Detroit's east side. J Public Health Manag Pract 1998; 4(2):10-24.[106] Schulz A, Israel B, Williams D, et al. Social inequalities, stressors and self reported health status among African American and white women in the Detroit metropolitan area. Soc Sci Med 2000; 51(11):1639-53.[161] Parker EA, Lichtenstein RL, Schulz AJ et al. Disentangling measures of individual perceptions of community social dynamics: results of a community survey. Health Educ Behav 2001; 28(4):462-86.[159] Schulz AJ, Israel BA, Parker EA, Lockett M, Hill Y, Wills R. The East Side Village Health Worker Partnership: integrating research with action to reduce health disparities. Public Health Reports. 2001; 116(6):548-57.[158] Schulz A, Parker E, Israel DB, et al. Social context, stressors, and disparities in women's health. J Am Med Womens Assoc 2001; 56(4):143-9.[160] Becker AB, Israel BA, Schulz AJ, et al. Predictors of perceived control among African American women in Detroit: exploring empowerment as a multilevel construct. Health Educ Behav 2002; 29(6):699-715.[156] Israel BA, Farquhar SA, Schulz AJ, et al. The relationship between social support, stress, and health among women on Detroit's East Side. Health Educ Behav 2002; 29(3):342-60.[157] Schulz AJ, Parker EA, Israel BA, Allen A, Decarlo M, Lockett M. Addressing social determinants of health through community-based participatory research: the East Side Village Health Worker Partnership. Health Educat Behav 2002; 29(3):326-41.[112]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
ESVHWP (continued)		van Olphen J, Schulz A, Israel B, et al. Religious involvement, social support, and health among African-American women on the east side of Detroit. J Gen Intern Med 2003; 18(7):549-57.[155]
Elderly in Need	Elderly in Need	Moyer A, Coristine M, Jamault M, Roberge G, O'Hagan M. Identifying older people in need using action research. J Clin Nurs 1999; 8(1):103-11.[154] Moyer A, Coristine M, MacLean L, Meyer M. A model for building collective capacity in community-based programs: the Elderly in Need Project. Pub Health Nurs 1999; 16(3):205-14.[92]
Haida Gwaii	Haida Gwaii Diabetes Project	Herbert CP. Community-based research as a tool for empowerment: the Haida Gwaii Diabetes Project example. Can J Pub Health. Revue Canadienne De Sante Publique. 1996; 87(2):109-12.[77] Evans DT, Fullilove MT, Green L, et al. Awareness of environmental risks and protective actions among minority women in Northern Manhattan. Environ Health Perspect 2002; 110 Suppl 2:271-5.[165] Green L, Fullilove M, Evans D, et al. "Hey, mom, thanks!": use of focus groups in the development of place-specific materials for a community environmental action campaign. Environ Health Perspect 2002; 110 Suppl 2:265-9.[100] Perera FP, Illman SM, Kinney PL et al. The challenge of preventing environmentally related disease in young children: community-based research in New York City. Environment Health Perspect 2002; 110(2):197-204.[164]
Healthy Home	Healthy Home, Healthy Child	Green L, Fullilove M, Evans D, et al. "Hey, mom, thanks!": use of focus groups in the development of place-specific materials for a community environmental action campaign. Environ Health Perspect 2002; 110 Suppl 2:265-9.[100] Perera FP, Illman SM, Kinney PL *et al*. The challenge of preventing environmentally related disease in young children: community-based research in New York City. Environ Health Perspect 2002; 110(2):197-204.[164] Evans DT, Fullilove MT, Green L, et al. Awareness of environmental risks and protective actions among minority women in Northern Manhattan. Environ Health Perspect 2002; 110 Suppl 2:271-5.[165]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Kahnawake	Kahnawake	Macaulay AC, Delormier T, McComber AM *et al*. Participatory research with native community of Kahnawake creates innovative Code of Research Ethics. Can J Pub Health 1998; 89(2):105-8.[78] Macaulay AC, Paradis G, Potvin L *et al*. The Kahnawake Schools Diabetes Prevention Project: intervention, evaluation, and baseline results of a diabetes primary prevention program with a native community in Canada. Prev Med 1997; 26(6):779-90.[166] Potvin L, Cargo M, McComber AM, et al. Implementing participatory intervention and research in communities: lessons from the Kahnawake Schools Diabetes Prevention Project in Canada. Soc Sci Med 2003; 56(6):1295-305.[167] Macaulay AC, Cross EJ, Delormier T, Potvin L, Paradis G, McComber A. Developing a Code of Research Ethics for research with a Native community in Canada: a report from the Kahnawake Schools Diabetes Prevention Project. Int J Circumpolar Health 1998; 57 Suppl 1:38-40.[168] McComber AM, Macaulay AC, Kirby R, et al. The Kahnawake Schools Diabetes Prevention Project: community participation in a diabetes primary prevention research project. Int J Circumpolar Health 1998; 57 Suppl 1:370-4.[169]
La Vida	La Vida	Maciak BJ, Guzman R, Santiago A, Villalobos G, Israel BA. Establishing LA VIDA: a community-based partnership to prevent intimate violence against Latina women. Health Educ Behav 1999; 26(6):821-40.[170]
ME2	Mom Empowerment Too!	Baldwin JH, Rawlings A, Marshall ES, et al. Mom empowerment, too! (ME2): a program for young mothers involved in substance abuse. Public Health Nurs 1999; 16(6):376-83.[171]
NRMNC	The Nuclear Risk Management for Native Communities Project	Quigley D, Handy D, Goble R, Sanchez V, George P. Participatory research strategies in nuclear risk management for native communities. J Health Comm. 2000; 5(4):305-31.[70]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
PACE	Preventing Agricultural, Chemical Exposure in North Carolina Farmworkers	Arcury TA, Austin CK, Quandt SA, et al. Enhancing community participation in intervention research: farmworkers and agricultural chemicals in North Carolina. Health Educ Behav 1999; 26(4):563-78.[172] Quandt SA, Arcury TA, Pell AI. Something for everyone? A community and academic partnership to address farmworker pesticide exposure in North Carolina. Environ Health Perspect 2001; 109 Suppl 3:435-41.[173]
PINAH	The Partners for Improved Nutrition and Health Project	Eng E, Parker E. Measuring community competence in the Mississippi Delta: the interface between program evaluation and empowerment. Health Educ Q 1994; 21(2):199-220.[174]
Preventing Arson	Preventing Halloween Arson	Maciak BJ, Moore MT, Leviton LC, et al. Preventing Halloween arson in an urban setting: a model for multisectoral planning and community participation. Health Educ Behav 1998; 25(2):194-211.[175]
Survival Guide	Survival Guide	Factor SH, Galea S, de Duenas Geli LG, et al. Development of a "survival" guide for substance users in Harlem, New York City. Health Educ Behav 2002; 29(3):312-25.[176] Galea S, Factor SH, Palermo AG, Aaron D, Canales E, Vlahov D. Access to resources for substance users in Harlem, New York City: Service provider and client perspectives. Health Educ Behav 2002; 29(3):296-311.[177]
Women and Heart Disease	Women and Heart Disease	Arthur HM, Wright DM, Smith KM. Women and heart disease: the treatment may end but the suffering continues. Can J Nurs Res 2001; 33(3):17-29.[178]
Noninterventional Studies		
AALBH	African Americans Building a Legacy of Health	Sloane DC, Diamant AL, Lewis LB, et al. Improving the nutritional resource environment for healthy living through community-based participatory research. J Gen Intern Med 2003; 18(7):568-75.[179]
Hospice Access	Hospice Access and Use by African-Americans	Reese DJ, Ahern RE, Nair S, et al. Hospice access and use by African Americans: addressing cultural and institutional barriers through participatory action research. Soc Work 1999; 44(6):549-59.[180]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Oregon Migrants	Oregon Migrant Farm Workers	McCauley LA, Beltran M, Phillips J, et al. The Oregon migrant farmworker community: an evolving model for participatory research. Environ Health Perspect 2001; 109 Suppl 3:449-55.[182] McCauley LA, Lasarev MR, Higgins G, et al. Work characteristics and pesticide exposures among migrant agricultural families: a community-based research approach. Environ Health Perspect 2001; 109(5):533-8.[181]
Aboriginal	Aboriginal Grandmothers	Dickson G. Aboriginal grandmothers' experience with health promotion and participatory action research. Qualit Health Res 2000; 10(2):188-213.[193] Dickson G, Green KL. Participatory action research: lessons learned with Aboriginal grandmothers. Health Care Women Int 2001; 22(5):471-82.[192]
Bingham	Bingham	Eng E, Blanchard L. Action-Oriented Community Diagnosis: A Health Education Tool. Intnl Quarter Comm Health Educ 1991; 11(2):93-110.[195]
Chinese Elderly	Chinese American Elderly with Osteoporosis	Lauderdale DS, Kuohung V, Chang SL, et al. Identifying older Chinese immigrants at high risk for osteoporosis. J Gen Intern Med 2003; 18(7):508-15.[199]
CHEP	Community Health Environment Program	Ledogar RJ, Acosta LG, Penchaszadeh A. Building international public health vision through local community research: the El Puente-CIET partnership. Am J Public Health 1999; 89(12):1795-7.[200] Ledogar RJ, Penchaszadeh A, Garden CC, et al. Asthma and Latino cultures: different prevalence reported among groups sharing the same environment. Am J Public Health 2000; 90(6):929-35.[201] Corburn J. Combining community-based research and local knowledge to confront asthma and subsistence-fishing hazards in Greenpoint/Williamsburg, Brooklyn, New York. Environ Health Perspect 2002; 110 Suppl 2:241-8.[202]
Controlling Pesticides	Controlling Pesticide Exposure to Children of Farmworkers	Minkler M, Thompson M, Bell J, Rose K. Contributions of community involvement to organizational-level empowerment: the Federal Healthy Start experience. Health Educ Behav 2001; 28(6):783-807.[189]
Diabetes in East Harlem	Diabetes in East Harlem	Horowitz CR, Williams L, Bickell NA. A community-centered approach to diabetes in East Harlem. J Gen Intern Med 2003; 18(7):542-8.[190]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Disability Community	Disability Community	Minkler M, Fadem P, Perry M, Blum K, Moore L, Rogers J. Ethical dilemmas in participatory action research: a case study from the disability community. Health Educ Behav. 2002; 29(1):14-29.[191]
EJS	Environmental Justice Study	Wing S, Wolf S. Intensive livestock operations, health, and quality of life among eastern North Carolina residents. Environ Health Perspect 2000; 108(3):233-8.[215] Wing S, Cole D, Grant G. Environmental injustice in North Carolina's hog industry. Environ Health Perspect 2000; 108(3):225-31.[216]
ECFA	Ethnocultural Communities Facing AIDS	Adrien A, Godin G, Cappon P, et al. Overview of the Canadian study on the determinants of ethnoculturally specific behaviours related to HIV/AIDS. Can J Public Health 1996; 87 Suppl 1:S4-10.[203] Willms D, Bhatia R, Lowe J, Niemi F, Stewart D, Westmoreland-Traore J. Five conversations: reflections of stakeholders on the impact of the ethnocultural communities facing AIDS study. Can J Public Health 1996; 87 Suppl 1:S44-8, S49-53.[204] Willms D, Singer SM, Adrien A, et al. Participatory aspects in the qualitative research design of phase II of the ethnocultural communities facing AIDS study. Can J Public Health 1996; 87 Suppl 1:S15-25, S16-27.[205] Singer SM, Willms DG, Adrien A, et al. Many voices--sociocultural results of the ethnocultural communities facing AIDS study in Canada. Can J Public Health 1996; 87 Suppl 1:S26-32, S28-35.[206] Maticka-Tyndale E, Godin G, LeMay G, et al. Canadian ethnocultural communities facing AIDS: overview and summary of survey results from phase III. Can J Public Health 1996; 87 Suppl 1:S38-43, S42-8.[207] Cappon P, Adrien A, Godin G, et al. HIV/AIDS in the context of culture: selection of ethnocultural communities for study in Canada. Can J Public Health 1996; 87 Suppl 1:S11-4, S11-5.[208]
EBFP	Evaluation of the Blended Funding Project	Vander Stoep A, Williams M, Jones R, Green L, Trupin E. Families as full research partners: what's in it for us?. J Behav Health Serv Res. 1999; 26(3):329-44.[217]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Glades	The Glades Health Survey	Stratford D, Chamblee S, Ellerbrock TV, et al. Integration of a participatory research strategy into a rural health survey. J Gen Intern Med 2003; 18(7):586-8.[212]
Harlem Birth Right	The Harlem Birth Right Project	Mullings L, Wali A, McLean D, et al. Qualitative methodologies and community participation in examining reproductive experiences: the Harlem Birth Right Project. Matern Child Health J 2001; 5(2):85-93.[209]
HNP	Healthy Neighborhoods Project	el-Askari G, Freestone J, Irizarry C, et al. The Healthy Neighborhoods Project: a local health department's role in catalyzing community development. Health Educ Behav 1998; 25(2):146-59.[218] Minkler M. Using Participatory Action Research to build Healthy Communities. Public Health Rep 2000; 115(2-3):191-7.[69]
HERE	HERE	Lee PT, Krause N. The impact of a worker health study on working conditions. J Public Health Policy 2002; 23(3):268-85.[185]
Housing Options	Housing Options	Stajduhar KI, Lindsey E. Home away from home: essential elements in developing housing options for people living with HIV/AIDS. AIDS Patient Care Stds. 1999; 13(8):481-91.[196]
James Bay	James Bay Cree Diabetes	Boston P, Jordan S, MacNamara E et al. Using participatory action research to understand the meanings aboriginal Canadians attribute to the rising incidence of diabetes. Chronic Dis Can. 1997; 18(1):5-12.[76]
Madison County	Madison County	Plaut T, Landis S, Trevor J. Enhancing Participatory Research with the Community Oriented Primary Care Model: A Case Study in Community Mobilization. Am Sociol 1992; 56-70.[197]
Native Hawaiian	The Native Hawaiian Smokers Survey	Tsark JA. A participatory research approach to address data needs in tobacco use among Native Hawaiians. Asian Am Pacific Islander J Health. 2001-2002; 9(1):40-8.[188]
PAR CHP	Participatory Action Research for Community Health	Rains JW, Ray DW. Participatory action research for community health promotion. Public Health Nurs 1995; 12(4):256-61.[198]
PAR Hmong	Participatory Action Research with Hmong Women	Yoshihama M, Carr ES. Community Participation Reconsidered: Feminist Participatory Action Research With Hmong Women. J Comm Pract 2002; 10(4):85-103.[219]

Table 4. Full and abbreviated titles and citations (continued)

Acronym	Full Study Name	Study References
Perspectives in Latina Women	Perspectives of Pregnant and Postpartum Latino Women on Diabetes, Physical Activity and Health	Kieffer EC, Willis SK, Arellano N, et al. Perspectives of pregnant and postpartum Latino women on diabetes, physical activity, and health. Health Educ Behav 2002; 29(5):542-56.[187]
Positively Fit	Positively Fit	Hiebert W, Swan D. Positively Fit: A Case Study in Community Development and the Role of Participatory Action Research. Comm Devel J 1999; 34(4): Oct, 356-64.[194]
Poultry Slaughterhouse	Poultry Slaughterhouse Study	Mergler D, Brabant C, Vezina N, et al. The weaker sex? Men in women's working conditions report similar health symptoms. J Occup Med 1987; 29(5):417-21.[183] Mergler D. Worker participation in occupational health research: theory and practice. Int J Health Serv 1987; 17(1):151-67.[184]
South Asian	South Asian Women	Choudhry UK, Jandu S, Mahal J, Singh R, Sohi Pabla H, Mutta B. Health promotion and participatory action research with South Asian women. J Nurs Scholarship 2002; 34(1):75-81.[220]
TAS	Together for Agricultural Safety Project	Flocks J, Clarke L, Albrecht S, et al. Implementing a community-based social marketing project to improve agricultural worker health. Environ Health Perspect 2001; 109 Suppl 3:461-8.[186]
Welcome Home	Welcome Home Ministries	Parsons ML, Warner-Robbins C. Formerly incarcerated women create healthy lives through participatory action research. Holistic Nurs Pract 2002; 16(2):40-9.[210] Parsons ML, Warner-Robbins C. Factors that support women's successful transition to the community following jail/prison. Health Care Women Int 2002; 23(1):6-18.[211]
WE ACT	West Harlem Environmental Action	Northridge ME, Yankura J, Kinney PL, et al. Diesel exhaust exposure among adolescents in Harlem: a community-driven study. Am J Public Health 1999; 89(7):998-1002.[214] Kinney PL, Aggarwal M, Northridge ME, et al. Airborne concentrations of PM(2.5) and diesel exhaust particles on Harlem sidewalks: a community-based pilot study. Environ Health Perspect 2000; 108(3):213-8.[213]

Table 5. Summary characteristics of Community-based Participatory Research studies

Characteristics	Number of Studies
Total number of studies identified	60
Average number of publications per study	2
Publication dates of the first article from the study	
Before 1980	1
1980-1985	0
1986-1990	2
1991-1995	8
1996-2000	25
2001 to 2003	24
Substantive topics	
General health concerns	11
Environmental hazards	9
Hypertension/heart disease/diabetes	8
Services for Human Immunodeficiency Virus (HIV)	6
Substance abuse including smoking	5
Cancer screening and prevention	4
Women's health	4
Asthma prevention	2
Occupational health	2
Seniors' health	2
Other miscellaneous concerns (disabilities, hospice access, childhood immunization, nutrition, mental health)	7
Study population or community defined by	
Ethnicity or race	24
Native American	*8*
African-American	*5*
Latino	*5*
Asian	*5*
Multiple ethnic groups	*1*
Health concern	18
Location	12
Occupation	6
Number of funding sources	
None listed	5
1	35
2	18
3 or more	2

Table 5. Summary characteristics of Community-based Participatory Research studies (continued)

Characteristics	Number of Studies
Type of funding sources (of all identifiable funding sources)	
Federal agencies	43
National Institute of Environmental Health Sciences	*11*
Centers for Disease Control and Prevention	*10*
National Cancer Institute	*3*
US Environment Protection Agency	*3*
National Institute on Alcohol Abuse and Alcoholism	*2*
Other agencies	*14*
Foundations or private sources	15
W.J. Kellogg Foundation	*3*
Robert Wood Johnson Foundation	*2*
Other foundations or private sources	*10*
State funding	11
Universities	6

Table 6. Completed interventions

Study Name and Citations	Study Design	Intervention	Key Results	Quality Rating for Research Elements/ Participatory Elements*
CMCA[113-118]	RCT	Community organizers worked with local public officials, agencies, media, and merchants to change community policies toward alcohol	Measures for access to alcohol and drinking behaviors generally declined after the intervention, although only 1 measure showed a statistically significant difference to the control group	2.65/2.45
East Baltimore[119-122]	RCT	Exit interview to increase understanding of disease and compliance with prescribed regimen; home visit to encourage a family member to provide support; invitations to small group sessions	Overall mortality and hypertension-specific mortality declined significantly in experimental groups; intervention shows a positive effect on appointment keeping, weight control, and blood pressure	2.74/2.45
Health is Gold![123]	RCT	Lay health worker activities: two 90-minute sessions with presentations and discussions at baseline, one session after 2 months	Preliminary findings: Percentage of women who had a Pap test increased significantly in the intervention group; knowledge about cervical cancer and Pap tests increased in both groups	2.61/2.60
Sierra Stanford[124,125]	RCT	Community-initiated workbook journal used as a support group alternative	No significant differences between groups in primary outcome measures; however, 74% of women felt emotionally supported	2.83/1.80
HIV Latina[126-130]	Quasi-experimental	Psycho-educational interventions prior to and 2 weeks after HIV antibody testing, including counseling, free condoms, skill development in condom use and cleaning needles, pregnancy counseling, referral, and advocacy	Participants in the intervention group made significant improvements in HIV knowledge and reported condom use, comparison group did not make significant pretest-posttest improvements in these measures	1.78/2.15

Table 6. Completed interventions (continued)

Study Name and Citations	Study Design	Intervention	Key Results	Quality Rating for Research Elements/ Participatory Elements*
Internet Access[131]	Quasi-experimental	Internet access via WebTV, training, technical support; access to a community specific health oriented Web page; placement of public Internet access in 10 community locations	Internet can positively influence health-related empowerment (six of eight items significantly different between intervention and control groups, compared to one item at baseline)	1.83/1.60
Korean Study[132-134,222]	Quasi-experimental	Educational materials and workshops in Korean about breast and cervical cancer screening; written material was also mailed to baseline survey participants	No significant differences in changes in screening between the intervention and the control group	2.43/2.55
Okanagan[135]	Quasi-experimental	A wide variety of activities and education measures based on community assessment of need, aimed at primary prevention, screening, and secondary prevention	Mixed results in changes of biological markers due to intervention effects	2.52/1.65
Wai'anae[136-138]	Quasi-experimental	Kokua Group, lay health educator-led group discussions to provide support and education for breast and cervical cancer screening; vouchers for free mammograms and Pap tests provided to patient and friend	Increased compliance with screening guidelines	2.39/3.00
NY Immunization[139]	One group pretest and posttest	Various outreach strategies to identify and enroll under-immunized children	Coverage rates for the basic antigens increased from 24% to 73% within recruited cohort	1.52/1.78
Stress and Wellness[141-143,223,224]	One group pretest and posttest	Daily newsletter, health awareness and screening programs, information display cases, feedback and recommendations to people on sources of stress, pilot project on quality improvement	Overall, social environment at work and employee well-being did not improve during the course of the study, however involvement in the project was associated with some improvements in decisionmaking, participation, coworker support and decreased symptoms for depression.	2.26/2.90

Table 6. Completed interventions (continued)

Study Name and Citations	Study Design	Intervention	Key Results	Quality Rating for Research Elements/ Participatory Elements*
Women and HIV Denial[144,145]	Nonexperi-mental, (data collected throughout period of intervention)	Individually tailored education based on interview contents, safer sex kits, and presentations at clubs and bars	20% of the women interviewed said that they had changed their behavior	1.52/1.95

* Range = 1 to 3; higher values represent better quality.

Table 7. Community-based Participatory Research studies with incomplete or not fully evaluated interventions

Study Name and Citations	Study Design	Intervention
CAAA[146-148]	Experimental: One group staggered randomized design	Community Environmental Specialists provide education and materials that relate to the reduction of asthma-triggers during home visits (minimum 12 visits)
PRAISE[149,150]	Experimental: RCT	Dietary cancer prevention intervention: 3 workshops on dietary cancer prevention; communication center; quarterly packets; tailored health bulletin; food festival; food events; inspirational booklet; skills assessment of the congregation
Seattle Homes Project[151]	Experimental: RCT	Outreach workers conduct home assessments and develop action plans; educational and social support
Seattle Vaccines[152]	Experimental: RCT	An educational brochure was mailed along with a postage-paid reply card to track immunization status; if response card not received, Senior Center volunteers made telephone contact using a script to encourage receipt of immunizations and to address specific barriers to immunization
TEAL[153]	Quasi-experimental	Only for Native Americans; 40 lay health advisors disseminate information through their social networks
ESVHWP[106,112,155-163]	Nonexperimental	30 lay health advisers (Village Health Workers) focused on increasing the problem-solving capacity of their community to reduce stressors or increase protective factors
Elderly in Need[92,154]	Nonexperimental	Individual interventions through public health nurses focusing on empowering the client and interventions on community levels to increase outreach to elderly residents
Haida Gwaii[77]	Nonexperimental	NR, except for two examples: a walking group and a group to gather traditional foods
Healthy Home[100,164,165]	Nonexperimental	Community education campaign to increase local residents' awareness of environmental health threats and protective techniques
Kahnawake[78,166-169]	Nonexperimental	Elementary school-based program to promote healthy lifestyle
La Vida[170]	Nonexperimental	Interventions were intended to build on local knowledge, details NR

Table 7. Community-based Participatory Research studies with incomplete or not fully evaluated interventions (continued)

Study Name and Citations	Study Design	Intervention
ME2[171]	Nonexperimental	Participatory educational and support program involving a workshop with 16 group sessions, home visits, and case management (support, resource referrals, information); expected outcome of the intervention not clearly stated
NRMNC[70]	Nonexperimental	Educational activities (workshops, presentations)
PACE[172,173]	Nonexperimental	Training package for pesticide safety; health promoter workshops
PINAH[174]	Nonexperimental	Health fairs; clean-up campaigns; teen pregnancy and drug awareness workshops
Preventing Arson[175]	Nonexperimental	Elimination of arson targets; deployment of public safety personnel; youth curfew; volunteer mobilization; activities for children and teenagers; media campaign
Survival Guide[176,177]	Nonexperimental	“Survival guide” for substance users to provide connections to treatment services
Women and Heart Disease[178]	Nonexperimental	Telephone communication network and monthly 2-hour group sessions

Table 8. Noninterventional Community-based Participatory Research studies

Study Name	Study Design	Research Objective
AABLH[179]	Observational	To build health promotion capacity among community residents through a community-based participatory model and to apply this model to study the nutritional environment of an urban area
Hospice Access[180]	Observational	To identify cultural and institutional barriers of African Americans toward hospices
Oregon Migrants[181,182]	Observational	To examine the degree of exposure to pesticides and potential health effects in migrant farmer workers and their children
Aboriginal[192,193]	Nonexperimental	To conduct a health assessment of older, urban, aboriginal women and support the grandmothers through health promotion programs
Bingham[195]	Nonexperimental	To identify community needs and work with residents in undertaking the solution
Chinese Elderly[199]	Nonexperimental	To assess whether older foreign-born Chinese Americans living in an urban ethnic enclave are at high risk of osteoporosis and to refer participants at high risk for followup care
CHEP[200-202]	Nonexperimental	To understand potential asthma triggers and home remedies and devise culturally relevant interventions
Controlling Pesticides[189]	Nonexperimental	To investigate how farm workers and those influential in farm worker safety shared common perspectives and how these perspectives could be used so groups could work together
Diabetes in East Harlem[190]	Nonexperimental	To survey East Harlem residents with diabetes to assess their knowledge, behaviors, barriers to care, and actions taken in response to barriers
Disability Community[191]	Nonexperimental	To uncover the attitudes of people with disabilities toward death with dignity/physician-assisted suicide legislation
EJS[215,216]	Nonexperimental	To quantify systematically the extent to which livestock operations and their potential impacts on health and quality of life disproportionately affected communities of low income and people of color
ECFA[203-208,225]	Nonexperimental	To identify the information necessary to design programs that reduce the risk of HIV transmission
EBFP[217]	Nonexperimental	To test the effect of the Blended Funding “system of care” on the functional status of children with mental illness, and to test the effects of the project on the ability of families and communities to care for these children
Glades[212]	Nonexperimental	To assess population-based rates of TB and HIV infection in the Glades community

Table 8. Noninterventional Community-based Participatory Research studies (continued)

Study Name	Study Design	Research Objective
Harlem Birth Right[209]	Nonexperimental	To identify the social, economic, and political variables that may lead to high rates of infant mortality and adverse pregnancy outcomes among African American women
Healthy Neighborhoods[69,218]	Nonexperimental	To increase the general health of the community through neighborhood health advocates and action teams
HERE[185]	Nonexperimental	To determine the workload, physical strain, relationship with management, and worker disability of hotel room cleaning personnel
Housing Options[196]	Nonexperimental	To determine the need for supported living homes for people with HIV/AIDS
James Bay[76]	Nonexperimental	To explore how diabetes is understood by Cree with diabetes, their families, and friends
Madison County[197]	Nonexperimental	To assess residents' concerns about health, health needs, and access to health care in Madison County, NC
Native Hawaiian[188]	Nonexperimental	To understand smoking-related habits, attitudes, concerns, and health problems of Native Hawaiians
PAR CH[198]	Nonexperimental	To conduct a health survey to obtain baseline data on health behaviors
PAR Hmong[219]	Nonexperimental	To plan, develop, and implement a project that allowed Hmong women to share their concerns and work on strategies to address them
Perspectives of Latinas[187]	Nonexperimental	To assess perceptions and attitudes on diabetes risk and impact, physical activity, and factors influencing the participation in physical activity during and after pregnancy
Positively Fit[194]	Nonexperimental	To define appropriate rehabilitation goals for PWAs (people living with AIDS)
Poultry Slaughterhouse[183,184]	Nonexperimental	To characterize the work situation, to identify health problems and their prevalence separately for men and women; to explore associations between health problems and working conditions
South Asian[220]	Nonexperimental	To examine South Asian immigrant women's health promotion issues; to facilitate the creation of emancipatory knowledge and self-understanding; to promote health education and mobilization for culturally relevant action
TAS[186]	Nonexperimental	To assist agricultural worker communities in creating effective solutions to the problem of pesticide exposure
Welcome Home[210,211]	Nonexperimental	To describe factors that support women's successful transition to the community following jail; to continue to develop Welcome Home Ministries as a health-promoting organization

Table 8. Noninterventional Community-based Participatory Research studies (continued)

Study Name	Study Design	Research Objective
WE ACT[213,214]	Nonexperimental	To generate pilot data on temporal and spatial variations in sidewalk concentrations of contaminants at street level and to relate these data to measures of diesel emissions on adjacent streets; to collect data on the levels of diesel exhaust exposure and lung function among Harlem youth

Table 9. Evidence of community involvement in research* [*Read across for full entry*]

Study Name and Citations	Select Research Question	Develop Proposal	Have Financial Responsibility	Design Study	Recruit and Retain Subjects
Completed Intervention					
CMCA[113-118]					Yes
East Baltimore[119-122]	Yes				Yes
Health is Gold![123]	Yes	Yes	Yes	Yes	Yes
Sierra Stanford[124,125]	Yes				Yes
HIV Latina[126-130]	Yes			Yes	Yes
Internet Access: A Community-Based Health Initiative[131]				Yes	Yes
Korean Study[132-134,222]	Yes			Yes	Yes
Okanagan[135]				Yes	Yes
Wai'anae[136-138]	Yes	Yes	Yes	Yes	Yes
NY Immunization[139]			Yes		Yes
Stress and Wellness[141-143,223,224]	Yes		Yes	Yes	Yes
Women and HIV Denial[144,145]	Yes		Yes		Yes
Incomplete Interventions or Interventions Not Yet Fully Evaluated					
CAAA[146-148]	Yes	Yes		Yes	Yes
PRAISE[149,150]				Yes	Yes
Seattle Homes Project[151]					Yes
Seattle Vaccines[152]				Yes	Yes
TEAL[153]					Yes
ESVHWP[106,112,155-163]				Yes	Yes
Elderly in Need[92,154]					Yes
Haida Gwaii[77]	Yes		Yes		
Healthy Home[100,164,165]	Yes				Yes
Kahnawake[78,166-169]	Yes	Yes	Yes	Yes	Yes
La Vida[170]	Yes				Yes
ME2[171]					Yes
NRMNC[70]	Yes	Yes	Yes		Yes
PACE[172,173]	Yes	Yes	Yes	Yes	Yes
PINAH[174]				Yes	Yes

*** Entries are based on information reported in at least one citation for the study in question.**

Table 9. Evidence of community involvement in research (continued)

Participate in Measurement Instruments and Data Collection	Develop, Implement Intervention	Interpret Findings	Disseminate Findings	Apply Findings	Number of Elements of Community Involvement Reported
Yes	Yes	Yes	Yes	Yes	6
Yes	Yes	Yes		Yes	6
	Yes	Yes	Yes	Yes	9
Yes	Yes		Yes		5
Yes	Yes	Yes	Yes		7
	Yes				3
Yes	Yes	Yes	Yes	Yes	8
Yes	Yes		Yes		5
Yes	Yes	Yes	Yes	Yes	10
Yes	Yes				4
Yes	Yes	Yes	Yes	Yes	9
Yes	Yes	Yes			6
Yes	Yes	Yes	Yes		8
Yes	Yes				4
Yes					2
	Yes				3
Yes	Yes	Yes	Yes	Yes	6
Yes	Yes	Yes	Yes	Yes	7
	Yes				2
Yes	Yes		Yes		5
Yes	Yes			Yes	5
Yes	Yes	Yes	Yes	Yes	10
Yes			Yes		4
Yes	Yes	Yes	Yes		5
Yes	Yes	Yes	Yes	Yes	9
Yes	Yes	Yes	Yes		9
Yes	Yes	Yes	Yes		6

Table 9. Evidence of community involvement in research (continued) [*Read across for full entry*]

Study Name and Citations	Select Research Question	Develop Proposal	Have Financial Responsibility	Design Study	Recruit and Retain Subjects
Preventing Arson[175]					
Survival Guide[176,177]	Yes				Yes
Women and Heart Disease[178]					
Studies Without Planned/Evaluated Interventions					
AABLH[179]	Yes	Yes		Yes	Yes
Hospice Access[180]					
Oregon Migrants[181,182]			Yes		Yes
Aboriginal[192,193]					
Bingham[195]					Yes
Chinese Elderly[199]					Yes
CHEP[200-202]	Yes	Yes	Yes	Yes	Yes
Controlling Pesticides[189]					Yes
Diabetes in East Harlem[190]	Yes	Yes		Yes	Yes
Disability Community[191]	Yes	Yes	Yes	Yes	Yes
EJS[215,216]	Yes			Yes	Yes
ECFA[203-208,225]				Yes	Yes
EBFP[217]	Yes		Yes	Yes	Yes
Glades[212]			Yes		
The Harlem Birth Right Project[209]				Yes	Yes
Healthy Neighborhoods[69,218]					Yes
HERE[185]	Yes	Yes	Yes	Yes	Yes
Housing options[196]				Yes	Yes
James Bay[76]	Yes		Yes		Yes
Madison County[197]				Yes	Yes
Native Hawaiian[188]				Yes	Yes
PAR CH[198]	Yes	Yes		Yes	Yes
PAR Hmong[219]	Yes				Yes
Perspectives of Latinas[187]					
Positively Fit[194]			Yes		Yes
Poultry Slaughterhouse[183,184]				Yes	Yes

Table 9. Evidence of community involvement in research (continued)

Participate in Measurement Instruments and Data Collection	Develop, Implement Intervention	Interpret Findings	Disseminate Findings	Apply Findings	Number of Elements of Community Involvement Reported
	Yes				1
Yes	Yes			Yes	5
Yes	Yes	Yes	Yes		4
		Yes	Yes		6
Yes			Yes		2
Yes			Yes	Yes	5
Yes		Yes	Yes		3
Yes			Yes	Yes	4
Yes					2
Yes	Yes	Yes	Yes	Yes	10
Yes		Yes			3
Yes		Yes	Yes	Yes	8
Yes	Yes	Yes	Yes		9
Yes		Yes	Yes	Yes	7
Yes		Yes	Yes	Yes	6
Yes					5
				Yes	2
Yes	Yes	Yes	Yes		6
Yes	Yes	Yes	Yes	Yes	6
Yes	Yes	Yes	Yes	Yes	10
Yes		Yes	Yes		5
Yes		Yes	Yes	Yes	7
Yes			Yes	Yes	5
Yes	Yes	Yes	Yes	Yes	7
Yes		Yes		Yes	7
	Yes				3
		Yes		Yes	2
Yes	Yes	Yes			5
Yes		Yes	Yes	Yes	6

Table 9. Evidence of community involvement in research (continued) [*Read across for full entry*]

Study Name and Citations	Select Research Question	Develop Proposal	Have Financial Responsibility	Design Study	Recruit and Retain Subjects
South Asian[220]			Yes		
TAS[186]	Yes	Yes			Yes
Welcome Home[210,211]					
WE ACT[213,214]	Yes	Yes	Yes		
Total	28	14	19	28	50

Table 9. Evidence of community involvement in research (continued)

Participate in Measurement Instruments and Data Collection	Develop, Implement Intervention	Interpret Findings	Disseminate Findings	Apply Findings	Number of Elements of Community Involvement Reported
Yes	Yes	Yes	Yes	Yes	6
Yes		Yes	Yes		6
	Yes	Yes	Yes		3
Yes		Yes	Yes		6
50	38	39	41	28	

Table 10. Indexing CBPR studies: core terms

I. CBPR concept	**II. Research process terms**	**III. Research population terms**
"community based participatory research"	*Health Services Research Research	*Medically Underserved Area
"community based research"	*Process Assessment, Health Care	*Minority Groups
"community driven research"	*Outcome and Process Assessment, Health Care	Ethnic Groups
"CBPR"	*Program Evaluation	*Disabled persons
*Community Health Services	*Data Collection	*Socioeconomic factors;, includes:
*Community-Institutional Relations OR Interinstitutional Relations	*Program Development	Career Mobility
	Health Surveys	Educational Status
	Health Promotion	Employment
*Community Health Planning	Health Behavior	Family Characteristics
*Community Networks	Health Education	Income
*Community Health Centers		Medical Indigency
*Consumer Participation		Occupations
*Public Health		Poverty
Community Health Aides		Social Change
Community Medicine		Social Class
Voluntary Workers		Social Conditions
"lay health advisors" OR LHA		Population; includes:
"coalition building"		Rural, suburban and urban