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SPECIAL SECTION

Community-Based Participatory Research

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Community-Based Participatory Research Guest Editorial

Guest editors: Talat Danish, MD, MPH, Richard Douglass, MPH, PhD

According to the WK Kellogg Foundation Community Health Scholars Program (2001) the definition of Community based participatory research (CBPR) is, a *"collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with, a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities."*

Traditional research methods have failed to help resolve health disparities while leaving community members feeling disconnected given lack of outcomes driven research that impacts communities. CBPR not only promotes trust between researchers and communities but is important if research tools are to be of value to the community while also being culturally sensitive. It is with this mind that the MJPH Editorial Board decided to devote a special section to CBPR, including inviting perspectives from public health leaders as well as presenting research articles and notes from a community partnership.

Interviews were solicited from prominent public health figures and academia to get their thoughts on CPBR. Three interviews were designed to initiate the *Journal's* discussion of CBPR in public health, and provide national, state and local perspectives on challenges and rewards experienced as colleagues in the field. The editors interviewed Jean Chabut, retiring this year as the Deputy Director for Public Health at the Michigan Department of community Health. With a B.S. in nursing from the State University of Iowa and MPH from the University of Michigan, Ms. Chabut began her career in 1964 as a public health nurse for the Detroit Health Department.

Mr. Steve Gold currently serves as the Director of the Macomb County Department of Health and Community Services. His career spans thirty years of public health roles in Macomb and Wayne Counties, and he also received his MPH from the University of Michigan. Dr. John Finnegan is Dean of the University of Minnesota School of Public Health from which he received a doctorate in mass communication. He has more than 25 years of experience in public health research, including the community-based research Minnesota Heart Health Program, and currently has specific research interests in digital information technology and its impact on public health. Some of their thoughts are expressed in the discussion that follows.

Mr. Gold sees CBPR as a “valuable model which can break down the historic silos between practice and community, the academic community, and the residential population of different areas”. This is echoed by Ms. Chabut, who decried the intensity of turf issues and market protection by many medical and health care organizations, especially with proprietary data, that does not serve the need for comprehensive understanding of local and community needs. She feels “improving the interface between public health and medicine requires more and more visible CBPR throughout Michigan”. These sentiments have been expressed succinctly by Dr. Finnegan, who sees CBPR as being a really important “set of concepts, values and tools because of its psychosocial and value framework which is aimed at community self-actualizing”. He perceives the whole concept of engaging with communities changing from expert-driven to expert-informed/assisted/partnered.

While Ms. Chabut sees a dearth of operational and implementation guidance for new or innovative efforts based on practical research, conducted at the local level preventing “research driven practice” in public health programs, Dr. Finnegan feels that we have to move away from the store front culture of “they will come” and form critical partnerships with the community.

As identified by Mr. Gold CBPR may be particularly valuable in the area of aging where “adaptations will be needed at the population as well as the individual level as the proportion of the elderly doubles in the course of a generation or two”. Demographic changes as a result of ethnic migration is another area that he feels will benefit from such research.

Moving towards a more collaborative approach to improving health outcomes does not come without its challenges which can range from “staff having little time, inappropriate or insufficient training to lack of advanced education or simply lack of money” as expressed by Ms. Chabut.

She recognizes the opportunity created for academics to reach out to local public health departments to share resources that would “benefit the mission of both sectors” as “local public health units need more applied research academics need more research productivity, meaningful projects for faculty and students, and opportunities to combine scholarly work with service”.

Mr. Gold is in agreement when he sees that “public health academia does not uniformly have linkages with the public health practice community”. He feels the challenges to CBPR can be better defined by universities which must also figure out ways of delivering effective training in CBPR methodologies.

This issue has two articles that illustrate the principals of community based participatory research. The first is a project from Eastern Michigan School of Nursing focused on increasing awareness of colorectal cancer screening in an underserved population in Michigan. It required participation from the community to develop educational events. The help of the middle and high school students was enlisted in educating elders in their homes after nursing students provided age appropriate education to the students focusing on colorectal cancer risk factors. A survey developed by researchers then assessed for increased awareness in the target population and their willingness to participate in colorectal cancer screening in the future. CBPR as

research that focuses on relationships between academic and community partners with an opportunity to co-learn and benefit from each other mutually is demonstrated by this project.

The second article has used community based participatory research to investigate the effectiveness HIV/AIDS risk reduction counseling in an urban African-American community. Community and academic investigators jointly developed the study design in response to a community suggestion that single risk reduction counseling session would be less effective than a two session counseling approach.

As academic institutions move to make community collaborations that are critical to meaningful research, we will see the movement from expert-driven to expert-informed/assisted/partnered research which is not only mutually beneficial but also ensures that outcomes are usable to the community.

Community based participatory research by enlisting the help of the community members in various aspects of research not only helps identify what is most important to the community, but also helps them understand the direct benefits to their community. In summary, as expressed by Mr. Gold, we see community based participatory research working to address a whole host of issues, from environmental justice and how it relates to health to the impact of social determinants on long- term well-being, to the effects of changing population demographics.

Note: Public health leader interviews were collaboratively conducted and summarized by Dr. Talat Danish, Dr. Richard Douglass and Dr. Julie Gleason-Comstock.