Research for Improved Health:
A National Study of Community-Academic Partnerships

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Background to CBPR

Community Based Participatory Research (CBPR) is a collaborative approach to public health research between academic and community members, building upon strengths and resources while emphasizing equitable relationships and mutual benefit. CBPR partnerships recognize the importance of community (indigenous) knowledge and oversight, to integrate local expertise into the research design, reflect cultural appropriateness and respect community ownership. CBPR partnerships empower individuals and groups within communities to develop research skills and knowledge to reduce health disparities.

Study Purpose

This study seeks to understand CBPR partnerships in American Indian/Alaska Native and other communities facing health disparities. Specifically, this study will investigate partnership strengths and challenges to inform universities and communities about which CBPR practices can best enhance health equity.

Three Research Partners:

--National Congress of American Indians Policy Research Center (Sarah Hicks, overall PI)

--University of Washington Indigenous Wellness Research Institute (Bonnie Duran, Univ. Washington PI)

--University of New Mexico Center for Participatory Research (Nina Wallerstein, UNM PI)

Specific Aims

1. To identify the variability of CBPR projects within diverse underserved communities across the nation.

2. To assess relationships between larger contexts, partnering relationships, and three intermediate CBPR outcomes: community capacities, policy and practice changes; and interventions which are sustainable and culturally-centered.

3. To nurture a national Community of Practice of CBPR sites.

4. To identify best practices, tools, and measurement instruments for use by partnerships nationwide.

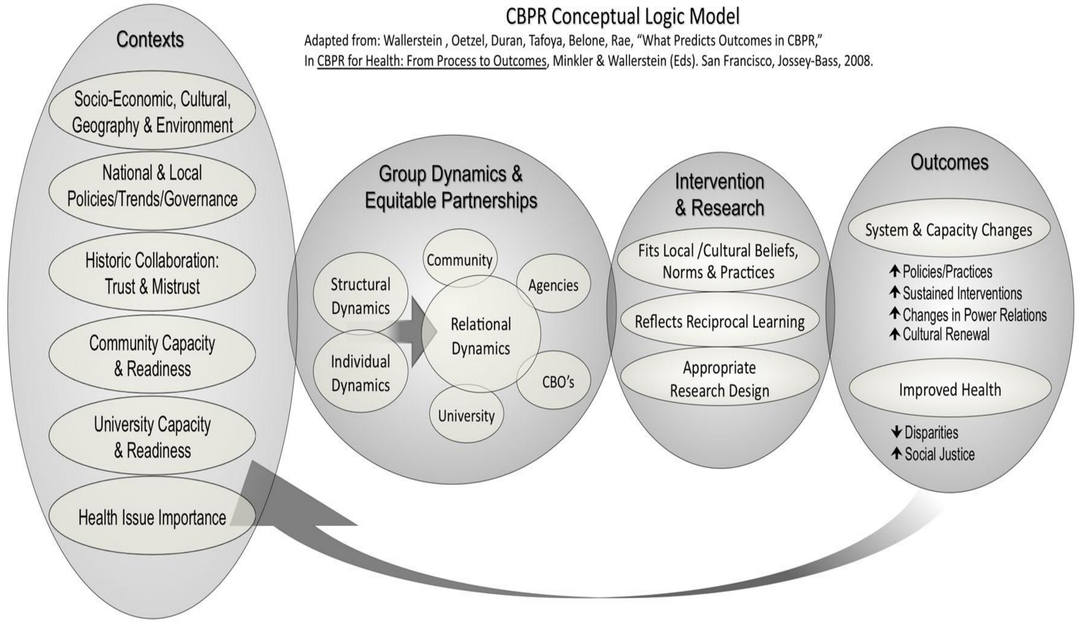
Study Methods

A four-year mixed-methods study (2009-2013) with quantitative and qualitative components. Funded through the NARCH V mechanism, a partnership between National Institutes of Health (NIH) and Indian Health Services.

Specific research methods include:

1. An internet survey of up to 270 CBPR projects, identified in NIH and other federal data bases, of projects with > 2 years. Key informant interviews at surveyed sites to enhance recruitment rates, assess factual characteristics, and validate data. (Coordinated by University of Washington)

2. Case studies of up to 8 CBPR sites to probe similarities and differences across key contexts, partnering processes and outcomes; and to deepen interpretations of survey correlations among processes and outcomes within the CBPR research logic model. (Coordinated by University of New Mexico)



UNM Component: Case Studies

Selection Criteria: Eight case study sites from a nationwide pool.

–Diverse ethnic/minority, other social identity, or vulnerable population
–Existence of research partnership for at least 2 years
–Evidence of research commitment for 2 more years
–Intervention, capacity-building or policy change research project to improve health

Methods:

–2-4 day site visit
–Focus groups with partnership members
–In-depth interviews representing stakeholders within partnership and communities
–Short Partnership questionnaire for broader community participation

Analysis:

–Transcribed audio-tapes
–Entered into AtlasTI
–Feedback and joint interpretation session with CBPR project co-investigators
–Community Reports with aggregated data presented back to CBPR project

Publication Guidelines:

–Publication of data from specific communities will be co-authored
–Data returned to specific communities for their own dissemination and use

Benefits of the Research

Each case study will receive direct feedback from the research and will be able to use their site-specific data to enhance their partnerships' capacity to improve health outcomes within their specific project and to engage in further research on new identified health concerns.

The overall CBPR research community, including surveyed sites and case studies, will benefit by gaining insight into promoters and barriers to conducting effective CBPR. Triangulation of qualitative and quantitative analyses will enable stronger claims about the relationships among process and outcome variables and about best practices in the field. This study has implications for researchers and practitioners across populations and disease conditions, and will strengthen our knowledge of indicators of CBPR research capacity within Universities and within communities to reduce health disparities and improve health status nationwide.