Community-based Participatory Research: Practical Tips

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Roadmap

• My brief story
• Definition of CBPR and resources
• Recommendations
Community-Based Participatory Research

- Community focus – often vulnerable or hard to reach populations
- Collaboration – community and academic partners
- Equal relationships
- Benefit of community
  - Ultimately interventions
  - Reduce disparities
Resources 1


• Community-Campus Partnerships for Health
  http://depts.washington.edu/ccph/
Resources 2


- New journal:
  Progress in Community Health Partnerships: Research, Education, and Action
Principles of CBPR 1 (Israel et al.)

- Recognizes community as a unit of identity
- Builds on strengths and resources within the community
- Facilitates collaborative partnerships in all phases of the research
- Integrates knowledge and action for mutual benefit of all partners
Principles of CBPR 2

• Promotes a co-learning and empowering process that attends to social inequalities
• Involves a cyclical and iterative process
• Addresses health from both positive and ecological perspectives
• Disseminates findings and knowledge gained to all parties
Recommendations 1

- Relationship building - longterm
- Trust – can’t predict everything
- Honesty, transparency
- Get to know one another
  - Visit other’s turf
  - Food/meals – breaking bread
  - Openness, trust beyond technical business relationship
  - Got to like one another
Recommendations 2

• Flexibility - working in the real world
  – Understand legitimate needs of all and be flexible to make it happen
  – Time constraints & mission of community partners
  – Academic needs of the researchers
  – Simple and practical are good
Recommendations 3

• Find out who’s willing to play ball
  – Individuals, tough hx
  – Don’t take rejection personally
• Forgive and forget
• Senior leadership support from the beginning
• Regular updates to senior management
• Enlarge the pie
  – Share the $ - research and service grants
Recommendations 4

• Equal partnership – What does this mean?
  – Goals, needs, skills of partners
• Find out what people are good at and interested in
  – Don’t force square peg in round hole
• CBPR as a continuum
• Humility – everyone make an effort to learn
  – Specific expertise but understand general issues of all
Recommendations 5

• Institutionalization
  – Ability to absorb hit of leaders leaving
  – Written rules vs. flexibility
  – Structure – when to lead, when to follow, when to facilitate
Recommendations 6

• Everyone at table but subcommittees particularly interested do work
  – Feasibility – get things going

• Make sure team has necessary expertise
Recommendations 7

- Pilot projects – crawl then run
  - Small successes nurture spirit
  - Debug process on manageable scale
  - Pilot data for larger grant
    - Study results
    - Proof of relationship
    - Proof of debugged process
Recommendations 8

- Latch on to existing infrastructure/projects
- Diversify portfolio
Recommendations 9

- **Grantsmanship** – Know your competitive advantage and pound on it
  - Population need
  - Minority populations, Rural/Urbana, SES/Literacy
  - Existing model programs
  - Strengths of academic partners

- **Open CBPR yet structured**

- **Time** – meld with grant cycles - flexibility
Recommendations 10

- Everyone shares the credit – broadcast small and large successes
- Multiple forms of dissemination – community, listserves, websites, newspapers, newsletters, journals, community and academic presentations
- Side effects - Employ the community when possible
Recommendations 11

• Funders / Agencies / Communities / Researchers - Promote a common vision vs. separate agendas
  – Improve health care of communities and patients
  – Service versus research - role of rigorous evaluation
  – Funders promote collaborations: e.g. joint funding
  – Respect, transparency, feedback and input – But independence, no censorship
  – Successful partnerships = major impact
Bottom Line

• Fun
• Chance to do a lot of good
• Inherently rewarding work
• Tough balancing - tradeoffs
• Limited number of pre-existing model programs
• Seamless partnerships – Research – Translation – Service - Policy
RWJF Finding Answers: Disparities Research for Change

• $6.5 million in grants over 3 years
• Interventions to reduce racial and ethnic disparities in health care
• Health care setting
• Cardiovascular, depression, diabetes
• www.solvingdisparities.org