Putting the “Community” into Community-Based Participatory Research
A Commentary
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Introduction

Since July 2005, we have been working with the medical schools at the University of California at Los Angeles (UCLA), University of Michigan, University of Pennsylvania, and Yale University as they have sought to train Robert Wood Johnson Foundation (RWJF) Clinical Scholars in community-based research, specifically community-based participatory research (CBPR).

As the relationships in these mutual learning environments have been evolving, the respective communities are witnessing tangible benefits. However, in the design and implementation of these partnered projects, there have also been some challenges. The purpose of this commentary is to share perspectives on community–academic research partnerships and offer ideas for strengthening relationships between university researchers and community health partners to increase the value to all stakeholders in the research: community partners, researchers, and the larger community.

The projects listed below are only a part of that being done between the RWJF Clinical Scholars and their local communities.

With each class of Clinical Scholars, the number of community partners and projects grows; here is a sampling of the projects with which the collective authors have been involved:

1. engaging the community in understanding and using state health data to track local health issues in Los Angeles;
2. working with a coalition of community partners on a photojournal project to examine risk and resiliency factors related to men’s health in Los Angeles;
3. studying how hospital closures in Los Angeles are affecting senior citizens;
4. understanding factors that lead ethnically diverse doctors to work in ethnically diverse communities;
5. assessing health needs and potential interventions for the Asian population in Philadelphia;
6. conducting an economic analysis of a teenage pregnancy prevention program in New Britain CT;
7. evaluating interventions for diabetes prevention and treatment through the Detroit REACH (Racial and Ethnic Approaches to Community Health) Partnership;
8. using photo-voice to better understand the influences on youth violence in New Haven CT; and
9. evaluating a Street Outreach Worker intervention to reduce youth violence in New Haven CT.

Benefits of Academic–Community-Based Research Partnerships

Benefits to Community Partners

Exposure to unique clinical and research expertise. The Clinical Scholars have provided the opportunity to work with talented physician researchers, who bring clinical and research expertise to community organizations that otherwise may not be able to take on the kind of research projects needed to improve care, influence local and state policymakers, and secure funding for new programs or the expansion of existing services.

Enhancing the credibility of our work. The collaboration with Clinical Scholars and their respective universities provides additional integrity and credibility to our efforts to improve health and health care in these communities.

Building capacities for evidence-based practice. Related benefits include expanding the capacities of the organizations to think in a results-oriented fashion while building skills in research and scientific writing. The nature of CBPR requires that researchers be involved in all phases of the research, from identifying the research question to influencing the design, implementing the research, and analyzing and disseminating the findings. These additional skills add to our own abilities as...
leaders in the delivery of effective services. The growing Clinical Scholars network also provides access to additional ideas and resources.

Setting the stage for stronger, mutually beneficial university–community partnerships. CBPR helps heal the mistrust that has historically existed between universities and the communities their researchers have studied. In the past, universities have engaged in what is known in communities as “helicopter” research, in which researchers swoop into a community and temporarily engage a community organization to provide access to data or research subjects. The researchers do their research, the organization rarely hears about the results, and as a consequence, the community never directly benefits. CBPR is breaking down the mistrust and paving the way for stronger university–community relations that can benefit both the university and the community.

Benefits for University Researchers Doing CBPR

Providing new understanding of complex health issues. Health researchers are exposed to a richer understanding of community health issues through hands-on interactions with community-based organizations and the individuals they serve. This provides unique insight into potentially effective interventions to improve health and health care.

Experience in translating research into practice. With the increased interest in accelerating the translation of research into practice, CBPR provides researchers with the opportunity to participate in the processes of seeing their research translated into action. Although most of this translation occurs at a local level, the value of these experiences extends beyond the local level.

Challenges of CBPR

We strongly value the potential of CBPR with universities to address the most entrenched public health issues in these communities. However, doing CBPR presents some serious challenges for both partners in the enterprise.

Investment of Time

Central to CBPR is building productive relationships and trust, which takes time on the part of all partners. Clinical Scholars generally are at a site for only 2 years, and they need to develop a project quickly. Even though previous Clinical Scholars may have started projects and become positively known to the key players in a partner organization, new Clinical Scholars still must go through a process of familiarizing themselves with the mission, constituencies, services, structure, and policies of the organization, as well as establishing their own set of relationships before going forward. Each new project has its own learning curve.

Stakeholder Involvement Is Multi-Layered

Securing support for the design and implementation of a research project may begin with the leader of the organization, but it also includes staff with whom scholars may be working; consumers of service, if they are to be involved; and myriad community stakeholders, depending on the scope and nature of the research project. Some organizations also have developed specific internal approval processes for outside researchers to follow before research is launched. All of these steps take time and planning on the part of the researcher.

Balancing Available Time with Goals of the Project

The project steps from design through dissemination have to be contemplated in the context of the time and duration of the researchers’ availability. Availability and time commitment can influence the extent of the research and whether the partners are fully engaged in all phases of the research. One of the sites concentrates the scholars’ CBPR training and research in the first summer scholars are available, reducing their participation in all aspects of CBPR, particularly the implementation of recommendations. Even when scholars may be available for the full 2 years, the design, implementation, and dissemination phases often take more than 2 years.

Balancing Commitments to Service Provision with Research Project Needs

For most community partners, the primary role is service provision. Participating in research projects often takes time away from service provision, creating barriers to fully participating in all phases of CBPR.

Sustainability of Efforts

Some projects would benefit from an additional investment of time from Clinical Scholars whose fellowships have ended, or whose time for community research has been completed. Projects can seem unfinished or beyond the capacity of partner agencies to complete without additional support. Negotiating how a project will be sustained needs to be incorporated into the planning phases.

Negotiating Access to Data Generated by Research

The primary goal in this research is action—using findings to secure funding, create changes in policies, and create new interventions. Researchers typically plan to use the project for a manuscript, but gaining immediate access to the data generated by the project can present a serious challenge if the data are con-
connected to an article awaiting publication. There is often pressure to secure funding within certain time frames, but community partners may not have access to data while manuscripts are being reviewed and published. The time lag between submission and publication may delay efforts to move forward in securing outside support. Negotiating the ownership and use of data early in the process in a direct and transparent manner is critical to a mutually productive partnership.

A related issue for negotiation is engaging the community partner in manuscript preparation. It is important that the community partner be invited to be an author, and even if they decline, no manuscript should be submitted for publication using information from a community project without prior review of the community partner.

**Universities’ Skepticism About CBPR**

Researchers are affected by universities’ skepticism toward CBPR as legitimate research. Because of the lack of financial and professional support for CBPR, few university researchers choose this path for their research, and local communities are not able to benefit from the talent and expertise available to address the most serious community health issues. At the same time, the health field misses the opportunities to inform their understanding of possible complex solutions.

**The Role of Universities in Strengthening Partnerships**

1. It is important that universities, beginning with RWJF Clinical Scholar sites, recognize and understand the investment of time needed for researchers to build relationships with communities and partner organizations and to engage in CBPR that is inclusive and authentic. The investment of time required by CBPR reduces the time it takes to translate research into actions that improve the health status of communities.

2. Given the time that is expected from community partners to teach and work with researchers, universities need to demonstrate their support by providing financial resources to help fund the community partner’s participation in the research, buying out the time of community organization personnel in much the same way a research project would budget for other research collaborators. This could be done by reimbursing the agency for the time its staff are providing, or by providing financial support toward some of the interventions that result from the research. At one site, the medical school dean has provided an annual research budget to support scholar–community partner research with some of these funds going toward the community partners’ involvement.

3. Use and ownership of data need to be negotiated early in the relationship. All partners need to understand what the sharing of data means to the agency, the scholar, and the university and to establish ground rules that do not inhibit the ability of partners to achieve their respective goals.

4. Community-based participatory research should be viewed as a legitimate and valuable approach to public health research within universities. Hopefully the leadership of the RWJF Clinical Scholars Program nationally and locally can play a role in raising this awareness and advocating for increased recognition of CBPR through the assignment of research resources, acquisition of more CBPR-trained faculty, and promotion of faculty currently doing CBPR.

Although there are challenges to CBPR, current scholars are playing a role in building a cadre of uniquely trained health research leaders. We are grateful that RWJF had the wisdom to recognize what CBPR could contribute to improving health in the communities, and that we have been able to partner with them as we all learn how to do CBPR.

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