

The CBPR Process

Lecturers: Lisa Vaughn

In this video, I'm going to talk about the CBPR process.

The steps of CBPR look similar to what many of you are familiar with for other research approaches. The difference is that with CBPR, community partnerships and shared decision-making are central to every step. This means that a partnership between the community of focus and the academic researchers must be established, sustained, and evaluated.

Characteristics of CBPR

Let's look at the characteristics of CBPR, as defined by Barbara Israel.

First, the **community is the unit of identity**, which is defined broadly. It's **NOT** just a geographic community. A community could also be a health clinic or a school, for example. This means that when we think about partnership and decision-making, we think about the community as a whole.

CBPR builds on strengths and resources of the community. This means we need to recognize the strengths that already exist within the community and build on those as we develop and execute the research.

We are striving for **collaborative, equitable partnerships in all phases of research**. CBPR focuses on problems of local relevance and fosters co-learning and capacity-building throughout the research process.

There's a **balance in CBPR between knowledge generation and action to benefit the focal community**. We still publish in peer-review journals or may present at a national or international conference, and these still remain an important part of the process. But we also are thinking about what's important to the community - which could be dissemination within the community in a meaningful format and taking action based on research findings.

Another very important feature of CBPR is that it involves a long-term partnership between the community and researchers and commitment to sustainability. It takes a long time to build the partnership, and it's an agreement to sustain the relationship where it leads. CBPR is really a long-term enterprise - not a collaboration for one study.

Here's the essence of CBPR. This fulcrum shows shared decision making in the center. There's a balance between the university or medical center research partners and the community partners, between community and academic ownership, capacity building, and co-learning of all the partners. CBPR focuses on equity—equitable participation, genuine participation, on each side.

What CBPR Isn't

Let's take a moment to talk about what CBPR is not. Sometimes it's helpful in understanding what something is if we identify what it's not.

CBPR is not community-placed or community-based research. There are plenty of well-intentioned people, maybe like our artist, Nina Katchadourian, who go into a community to conduct research. They might conduct focus groups in churches or in schools. That is a qualitative study conducted in a community setting, not CBPR. CBPR is not sporadic or symbolic inclusion of community. It is not lip service about community involvement. It's genuine direct participation and involvement.

A common misconception is also that CBPR is a method or research design. It is not. CBPR is an approach and a way of working. Within CBPR, you can use any methodology: qualitative, quantitative, even randomized controlled trials.

How To Bring CBPR Into Your Work

Hearing these definitions you may be feeling that the deep, long-term commitment of CBPR may be impossible in your context. Maybe you're wondering about the feasibility of the time or resources this takes; how to fund this work; and how to meet the expectations of an academic career while doing this work. These are all challenges that we'll discuss later in the course.

But it's also important to recognize that even if it's not feasible to conduct research in a way that fully meets the definition of CBPR, you can conduct CBPR-informed research - where you infuse the characteristics, the values of CBPR into a project, and build from there.

Asthma Case Study Reflection

So given what you've just learned about CBPR, think back to the asthma case study. If you were going to use a CBPR approach, what might you change about the study? How would this study look more like CBPR by involving the community from the beginning? Pause the video to consider your answer. When you are ready to continue with the video, press play.

First, in defining the focus of the research in the first place, the researchers should have solicited feedback from the community at the beginning to see if asthma is a community priority, instead of making that assumption.

As researchers, we're expected to have specific expertise and content focus in our research. So researchers often fear that having an open-ended conversation with community about their priorities may reveal that the researcher's focus area isn't aligned with community interests. First, to push back on that fear: as researchers we should recognize that we have a lot of skills that are transferrable to multiple content areas - so don't be afraid to be creative in how you use your skills to support community priorities. Additionally, if a community's priorities truly do not align with your expertise, inform everyone of this before starting a project.

Also, if that's the case, a CBPR team can address multiple community concerns. For example, asthma may be on the list of concerns, but it may not be the top concern. If you are an asthma researcher who has a partnership with a particular community, you might bring in another researcher with expertise in whatever is at the top of the community's list of concerns—and conduct asthma research with the community. Over time in a CBPR partnership, you tackle different issues, balancing projects in service of the partnership and the real pressure from your institution and funding constraints. This is not to say that it's easy, but that is often how some back and forth has to happen.

The second way the asthma study could use a CBPR approach is to **think more about sustainability**. When they received the funding, the researchers could have pursued other funding sources for support for the program after the grant ended.

Third, the way the researchers approached the budget. In CBPR we prioritize equity and transparency even in budgeting. Budgeting decisions should have been shared across the partnership: research institutions should not make decisions about spending alone (nor should the community). Both groups work together to address difficult challenges related to money. The budget in the asthma case study should have been redistributed so more money went to the community. The researchers should also have been transparent with the community about how the budget was allocated. Money is very important and can be a source of conflict especially if there is not transparency and trust among partners.

Finally, the asthma researchers told the tenants that they would share the study results via peer reviewed journals. If they had used a CBPR approach, they likely would also disseminate their findings in community newspapers, neighborhood newsletters, places of worship, neighborhood meetings - wherever community members think would be effective.. They might also explore co-authorship with interested community partners.

Summary

To summarize, a CBPR approach builds and sustains real partnerships with communities. At the heart of CBPR is shared decision-making—a balance between academic researchers and communities. CBPR is grounded in equity, ensuring that participation is not only collaborative but also genuinely inclusive and respectful of all partners.

References

1. Wallerstein N, Duran B. [Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity](#). Am J Public Health. 2010 Apr 1;100 Suppl 1(Suppl 1):S40-6.
2. Vaughn, Lisa & Jacquez, Farrah. (2020). [Participatory Research Methods – Choice Points in the Research Process](#). Journal of Participatory Research Methods.