Critical Reflections from a Community-based Participatory Research Course

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http://dx.doi.org/10.4103/1357-6283.125996

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Method: In this paper, I use a reflective, inquiry-based methodology to find meaning from my experience in a doctoral level CBPR course offered by a southeastern university.

Results: Five recommendations, complementary to guiding CBPR principles emerge. These include: Know the inherent challenges, find meaning and purpose, seek to understand complexities, recognize the implications, and use CBPR as a means to redress power.

Discussion: The reflection process and recommendations may be useful for institutions, funding agencies, policy makers, and community-engaged researchers.

Keywords: Community-based participatory research | community-engaged scholarship | graduate course

Article:

***Note: Full text of article below

Critical Reflections from a Community-based Participatory Research Course

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ABSTRACT

Introduction: Training for new and existing researchers in community-based participatory research (CBPR) approaches requires flexibility and a departure from traditional research methods courses. The literature has not fully reported how universities teach CBPR or the impact of CBPR courses on students and researchers. **Method:** In this paper, I use a reflective, inquiry-based methodology to find meaning from my experience in a doctoral level CBPR course offered by a southeastern university. **Results:** Five recommendations, complementary to guiding CBPR principles emerge. These include: Know the inherent challenges, find meaning and purpose, seek to understand complexities, recognize the implications, and use CBPR as a means to redress power. **Discussion:** The reflection process and recommendations may be useful for institutions, funding agencies, policy makers, and community-engaged researchers.

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Introduction

The 1970s marked a shift in the ways that academics viewed and sometimes conducted research. Many felt survey research was an over simplification of the social context individuals and communities experienced, and therefore had limited accuracy and utility.[1,2] Nearly three decades later, evidence of the 'shift' is noticeable in community-based participatory research (CBPR) approaches. CBPR is a collaborative form of inquiry based on equity and partnerships in the research process, and values the strengths of individuals and communities to promote community action and social change.[3] While beyond the scope of this paper, there is extensive literature to demonstrate the effectiveness of CBPR to promote social change in community contexts.[3]

Little is known about how universities prepare researchers to use CBPR approaches or how effective CBPR courses are. The variation and the extent to which CBPR principles are applied to research contexts may be related to the differences in how universities prepare researchers. Some might argue that one cannot learn CBPR in a classroom, and the values required to engage in meaningful community-engaged scholarship go beyond the confines of a classroom, into the community setting from which successful CBPR projects emerge.

Challenges Faced by Researchers and Institutions

The promise of CBPR is not without challenges. The integration of CBPR principles and values into academia[4] requires a consideration of the broader social-ecological contexts of health outcomes and institutional values related to social change.[5] However, some institutions and researchers are not concerned with social change, but with more obscure matters such as papers and analyzing policies.[2] Institutions must consider how to develop CBPR skills in seasoned researchers and graduate students, but the inherent values needed in CBPR are not taught within the context of a university, but rather, emerge from the human experience. More importantly, if research institutions fail to support and engage in CBPR, they risk missing the current paradigmatic shift in science, research,

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and teaching that is multidisciplinary, multidimensional, and translational. Indeed, CBPR is part of a broader movement to promote social change within and between communities and universities. Also, funding is at stake. Funding agencies require that universities demonstrate their ability to work in partnership with communities. For example, the National Institutes of Health recognizes CBPR as a fundamental approach toward eliminating health disparities and promoting social change[6,7] and, subsequently, a large part of their research budget and strategic plan supports CBPR approaches.

However, university recognition of CBPR is not without challenges. CBPR pushes the comfort level of academic institutions and traditional research,[8] because it is often viewed as less rigorous and not generalizable. It transfers power of the research agenda to communities as opposed to the researchers. CBPR also requires flexibility to translate results into meaningful scholarship,[9] which for up-and-coming researchers and growing researchers is often problematic. Additionally, the time required to develop relationships with communities is not amenable to dissertation timelines and or tenure demands.

In contrast, most funding agencies and some academic disciplines require aspects of CBPR in their strategic plans, funding requests, and mission. CBPR is attractive to funding agencies because it appeals to nonacademics and reaches the community. Ideally, CBPR links research to action, it promotes equity, reciprocity, and equal knowledge and power sharing – all of which are often missing from mainstream traditional research methods.[3]

In this paper, I reflect on my experience as a Doctor of Public Health (DrPH) student in a CBPR course offered by a southeastern university of the United States. As a nontraditional student with over a decade of CBPR experience in tribal communities, this was my first formal training in CBPR. I use significant statements made over the course of one semester by my professor to reflect on how CBPR classes might reach researchers stuck in a paradigm that does not embrace CBPR principles. The recommendations included in this paper may be helpful for new researchers looking to CBPR as an orientation to their future research. These recommendations may be helpful for institutions struggling to understand the limitations of CBPR, and funding agencies and policy makers to understand the insight and values required of researchers engaged in CBPR.

Methods

Setting

The CBPR course referenced in this article was offered in the fall semester of 2012 at a university that serves over 3800 graduate students, with 65 masters and 30 doctoral programs. The university is considered among doctoral granting institutions with high research production,[10] and the graduate school is recognized nationally for its community engaged scholarship. The Department of Public Health Education offers one three-credit CBPR course every two years for students enrolled in the DrPH community health education degree program. The CBPR course discussed in this paper is the only CBPR course offered at the university. A total of seven students were enrolled in the course at the time of data collection for my analysis.

Course Overview

The title of the course was: Community-Based Health Education Research. The course description was:

Foundational work in research methods applied to the challenges inherent in the development of skills associated with community-based participatory research of health promotion programs.

Student learning outcomes were designed to cover a wide range of topics relevant to CBPR, including conceptual and philosophical underpinnings of the CBPR approach, ethical challenges in CBPR, the process of building partnerships, translating findings from CBPR, and developing career goals to include community-based research [Table 1].

The CBPR course was developed and facilitated by a skilled CBPR faculty member with doctoral training and international recognition for community-engaged scholarship. The course met every Tuesday for three hours over the 12-week semester. The course textbook was, *Community-Based Participatory Research for Health: From Process to Outcomes* by Minkler and Wallerstein.[11] Students read articles related to the theoretical and philosophical foundations of CBPR and seminal articles in CBPR that changed the direction of the field, such as Bud Hall's 1978 article, 'Breaking the Monopoly of Knowledge'.[2] Students were assigned weekly readings and each week different students led the in-class discussion to reinforce CBPR student learning outcomes. The professor added observations and personal experiences to the discussion; these statements served as the data for this analysis.

Data Sources

I used a journal to record salient statements and recommendations made by my professor throughout the course. I recorded the questions the professor asked the class and wrote about how these related to my extensive experience with communities, my assumptions about CBPR, and how I might use these as a guide for future participatory research with tribal communities.

Content Analysis

After each course, I reviewed my reflections and the statements

Table 1: Community-based participatory research course student learning outcomes

Discuss the conceptual, philosophical and historical roots of community-based health education research, and the values enhanced by these approaches to research and program development

Define and distinguish between various approaches to community-based research, including participatory approaches and community-located approaches

Appraise the ethical challenges in conducting research with communities

Describe the process and challenge of forming, maintaining and sustaining partnerships with communities for CBPR

Discuss the process of designing and implementing a research project in the context of CBPR

Translate the findings of community-based health education research projects to a variety of audiences to facilitate the development of effective health promotion strategies

Articulate a plan for achieving professional goals, which includes significant community-based health education research

CBPR = Community-based participatory research

made by my professor. This process was inquiry-based and included: Discussion, reflective writing, and analysis of writing. Discussion included in-person meetings with the professor about CBPR, online posting of reflections from the directed reading list with fellow students, and analysis of journal entries written while in class. At the end of the semester, I reviewed journal entries from the course and then devised a thematic network analysis framework using the eight key principles of CBPR:[3]

- 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
- 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 partners

I coded journal entries by hand using pen and paper. Next, I identified significant statements and organized them based on global themes and principles in CBPR.[12] I typed the themes into Atlas. ti[13] to ensure the themes illustrated were supported by the text and to see how they were related.[12]

In the last step of the analytic process, I used my own community experiences and assumptions about CBPR within academia to organize themes as recommendations for future research. Because my knowledge of CBPR was based on extensive time spent in and with tribal communities, my views reflect an advocacy, participatory paradigm influenced heavily by indigenous ways of knowing and tribal research ethics and

sovereignty. I also examined what the course taught me that I did not learn from my previous work in tribal communities. These recommendations might be useful for future CBPR courses and may prompt traditional researchers to embrace CBPR principles.

Results

Five recommendations for CBPR researchers emerged and are supported by significant statements made by the professor throughout the course. These recommendations complement the guiding principles of CBPR[3] mentioned previously and provide context for new researchers and others to consider when working with communities.

Recommendation 1:
- Know the inherent challenges unique to CBPR.
- *We can never be completely objective.*
- *A sense of dependency might be created when researchers always provide entre into a community.*

Recommendation 2:
- Find meaning and purpose in CBPR.
- *Research is not only about expanding knowledge.*
- *We are not asking the right questions.*
- *Our words matter, language conveys meaning and creates meaning in research.*

Recommendation 3:
- Seek to understand the complexities of communities and systems as they relate to CBPR.
- *Understand the dynamic of kinship systems and how they work.*
- *We must understand how we are all connected.*
- *They learned [community] along with us what CBPR is about.*

Recommendation 4:
- Recognize the implications of CBPR on communities and researchers.
- *Small successes – we fail to recognize change in capacity over time – if we did this it could result in dynamic social change.*
- *Be aware of the consequences of research because community consequences of research are different for communities than researchers.*
- *We will have tensions, but push the envelope so that we can bring about change.*
- *We gain insight into the context of what is going on, we don't get this in other kinds of research.*

Recommendation 5:
- Use CBPR as a means to redress power.
- *Our privilege oppresses those who do not have power.*
- *Some people, their opinions matter more than others.*
- *Recognize people have agency but may not have conditions to exercise it.*

- *Status quo will not bring about change.*
- *Things exist, even when we do not experience them.*

Discussion

There are some things that cannot be conveyed within the traditional Western-dominated publication structure of rigid American Psychological Association and Modern Language Association styles. An indigenous scholar and researcher once wrote a book about indigenous research methods and research as ceremony. This was one of my favorite books because the author began each chapter with a letter to his three sons. He wanted to convey the meaning of his work in a way that they would understand.[14] Thus, my response and discussions to the recommendations above will take the same form, as a letter to you, the reader. I write these letters in plain English, without academic jargon or regard for political structures and publication ideals, which may in fact limit my ability for you, the reader, to ever see this work.

Dear Professor,

Re: CBPR Recommendations 1-5

Thank you for the CBPR course and your generous spirit. You have showed me a new way of thinking about research. Importantly, your recommendations give meaning to my work and it is in this meaning that I find inspiration for the future.

I am unsure about the challenges you describe in CBPR. Maybe it is because CBPR is all that I know, but I have not experienced challenges in the way you describe. Along these lines, the term objectivity does not have meaning in my research. Objectivity assumes that every individual and community context is the same – it is and will be different.

What makes me most uncomfortable is your caution with regard to the sense of dependency that is created when researchers enter into a community and provide entre to resources. My uncomfort may be in fact due to the guilt that I sometimes feel when looking back over the years at the grants that come and go, the jobs that were filled and then gone, and the families that benefited from programs and interventions – and then didn't. I think this speaks to the human spirit, because we want to feel needed in our work, but how might we change the dependency stream and is dependency all bad if it leads to good things? What about the small successes?

Of course research is not just about expanding knowledge: It is about transformation of both the community and the researcher toward a new paradigm. You say that we are not asking the right questions – then what are we doing? Who is the 'we' and who is defining the questions? You tell me that our words matter and of course they do, but they only matter

to researchers. Words mean nothing to the community, what has meaning is action. Also, I want to know more about the complexity of CBPR you describe. Is this based on our inability as researchers to describe, quantify, and relate what is going on to the Western research paradigm? What happens when researchers are not connected or do not feel the connection that you speak of?

I agree with you about small successes: In fact, this statement gives me hope that overtime that our (researchers/communities) collective efforts will lead to social change. But, I am concerned about the tensions you describe. When researchers have 'pushed the envelope' in some communities, they have been banned. And of course CBPR gives us insight into what is going on when other forms of research cannot or do not. The fundamental problem with the insight we get is that it is viewed as less rigorous and meaningful to the academy or tenure process because it is hard to measure and may not immediately lead to results.

About power. This is what I have learned from you and this course that I did not know, I did not know. I was born White and because of this I am given privilege that oppresses others. I hate this privilege. Because I am enrolled in a doctoral program to learn the language of Western researchers, my opinions will eventually matter, 'more than others'. About agency – people have it, but the conditions to exercise it may not exist. How could I have missed this over the years? Your final statement is that things exist even when we do not experience them. This makes me more aware and open to the possibilities for research as a newly 'trained' CBPR researcher.

With a spirit of humble appreciation,

Your student

Concluding Thoughts: Through this reflective process, I captured my own CBPR experiences and listened for things that I did not know, or did not understand about CBPR over a 12-week period. The letter to my professor articulates some of my frustrations with CBPR and my struggle to deconstruct my own power and privilege as a Western academic. I thought this process would give me insight about how to prepare researchers in CBPR, possibly even recommendations for future CBPR courses. I realize now there is a reason for the variation in how CBPR courses are conceptualizstrong socio-hierarchical gap between doctors and

d and offered within academia. I learned that flexibility with regard to how universities train researchers is not limited to community contexts, and in fact universities and students benefit when there is flexibility in teaching CBPR. This experience reaffirmed my commitment to CBPR as a mechanism to promote social change. This course introduced the theoretical underpinnings and history of CBPR as viewed

by the academy. With this knowledge, I can navigate the Western paradigm more thoughtfully, and still remain true to community-driven research agendas.

References

1. Hall BL. Participatory research: An approach for change. Convergence 1975;8:24-31.
2. Hall BL. Creating knowledge: Breaking the monopoly: Research methods, participation and development. Intl Council Adult Ed No. 1; 1978.
3. Israel BA, Coombe CM, Cheezum RR, Schulz AJ, McGranaghan RJ, Lichtenstein R, *et al*. Community-based participatory research: A capacity-building approach for policy advocacy aimed at eliminating health disparities. Am J Public Health 2010;100:2094-102.
4. Ahmed SM, Beck B, Maurana CA, Newton G. Overcoming barriers to effective community-based participatory research in US medical schools. Educ Health 2004;17:141-51.
5. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, *et al*. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. Lancet 2010;376:1923-58.
6. NIH Health Disparities Strategic Plan and Budget 2009-2013. In National Institute on Minority Health and Minority Health Disparities. USDHHS, 2009. p. 164-5.
7. Salimi Y, Shahandeh K, Malekafzali H, Loori N, Kheiltash A, Jamshidi E, *et al*. Is Community-based Participatory Research (CBPR) Useful? A systematic review on papers in a decade. Int J Prev Med 2012;3:386-93.
8. Nyden P. Academic incentives for faculty participation in community based participatory research. J Gen Intern Med 2003;18:576-85.
9. Cargo M, Mercer SL. The value and challenges of participatory research: Strengthening its practice. Annu Rev Pub Health 2008;29:325-50.
10. The Graduate School Bulletin. Greensboro, NC: University of North Carolina Greensboro; 2012-2013.
11. Minkler M, Wallerstein N. Community-based participatory research for health: From process to outcomes. USA: Jossey-Bass; 2011.
12. Attride-Stirling J. Thematic networks: An analytic tool for qualitative research. Qual Res 2001;1:385-405.
13. Muhr T, Friese S. User's Manual for ATLAS. ti 5.0. Berlin: ATLAS Ti Scientific Software Development; 2004.
14. Wilson S. Research is ceremony: Indigenous research methods. Canada: Fernwood Pub; 2008. p. 6-138