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Translating Community-Based Participatory Research (CBPR) Principles into Practice: Building a Research Agenda to Reduce Intimate Partner Violence

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Abstract

Background—While academics are trained in research methods, few receive formal training in community engaged research approaches. They and their community partners can benefit from direction and assistance as they establish and maintain community-based participatory research (CBPR) partnerships.

Objectives—This article provides an overview of CBPR workshops jointly held for academic and community members and explores suggestions from the workshop participants about how to put the CBPR principles into practice to promote community engaged research to reduce intimate partner violence (IPV).

Methods—Twenty-four academic and community partners participated in two workshops designed to increase capacity to conduct IPV-related CBPR. Facilitators led discussions based on the CPBR principles. Participants were asked to interpret those principles; identify actions that could help put the principles into practice; and discuss challenges related to CBPR approaches for IPV research. Notes and video transcripts of the discussions and workshop evaluations are summarized.

Results—The CBPR principles were interpreted and revised into common language that reflected the group discussion of the principles. Participants suggested a range of actions for putting the principles into practice and identified the need for sensitivity in IPV research. A majority of participants felt that the workshop generated novel ideas about how they could use CPBR in their own work.

Conclusions—Translating CBPR principles into common, action-oriented language specific to the health issue such as IPV is a useful first step when building a new academic-community research partnership. This approach fostered open communication, clear expectations and commitment to moving forward collaboratively.

INTRODUCTION

Community-based participatory research (CBPR) is based on a partnered approach to research that equitably involves community members, academic researchers, and others such as health care providers in all phases of the research process: all partners contribute expertise and share decision making and ownership of the project (Israel et a,2003; Wallerstein and Duran, 2003; Viswanathan, et al, 2004). According to Wallerstein and Duran (2010) CBPR is an opportunity to join health professionals, academics, and communities together to give "underserved communities a genuine voice in research, and therefore to increase the likelihood of an intervention's success." CBPR has been used to address a host of health issues among diverse communities.

Guided by nine key principles, CBPR is focused on participation and action (Table 1). Israel et al (1998) reviewed successful research partnerships and identified the now widely cited and accepted CPBR principles. These principles are meant to serve as guides for CBPR projects, and partnerships can draw upon them in order to develop their own structure (Israel et al. 2003). Integration of these principles into the development of a CPBR project can benefit public health research by facilitating the translation of research in to practice, action and ultimately to impacting change in the health status of individuals and communities. Partnered research projects can facilitate ethical access to stigmatized and often hidden communities (i.e., the homeless and youth) by academic researchers. Through a collaborative process with communities, they can collect and interpret the data in ways that reflect the lived experiences and realities of community members (Wang et al, 2000; Wang et al 2006; Yonas et al 2009). Unlike some research, the data gathered in CBPR belongs not only to academics but also to the community partner. This allows the information to be disseminated and implemented into practice in ways that are relevant and culturally sensitive to both participating partner groups.

It has become increasingly clear that community partnered research is essential to the development of the translational sciences. As eloquently noted by Leung et al (2004), "… *with its attention to action as an integral part of the research process, CBPR further encourages epidemiology to expand beyond a science that measures associations of exposure and disease, to become a data-driven approach to improve community health and well-being*." Federal funding agencies such as the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) are increasingly interested in funding CBPR. The NIH portfolio of CBPR funding continues to increase annually and over the past ten years approximately twenty Funding Opportunity Announcements (FOAs) on CBPR have been released. As funding for CBPR increases, interested academic and community partners are going to need guidance about how to develop and establish effective community-based research partnerships. CBPR is not a method, but rather an approach for guiding and informing future research partnerships. While academics are trained in research methods, few receive formal training in community engaged research. All partners involved in a CBPR project could benefit from direction and assistance as they establish and maintain their relationship.

The application of the principles in CBPR and discussions of how these principles translate into research practice has received little attention. There is a need for training to ensure that both the academics and the community members understand and agree on the approach that will be taken. The partnership also needs to understand and collectively decide what it means to collaborate. To date, little empirical evidence is available on the effectiveness of training workshops to convey the principles of CBPR and how to put them into practice.

In 2009, Yonas and Burke received American Recovery and Reinvestment Act (ARRA) supplement funding for a project called "Utilization of Principles of Community–Based Participatory Research (CBPR) and Concept Mapping to Foster and Inform Community Engaged Research." The aim of our project was to cultivate academic-community partnership infrastructures between Clinical and Translational Science Award sites and community organizations at the University of Pittsburgh, PA and Johns Hopkins University in Baltimore, MD. In Pittsburgh, we partnered with the Community Human Services Corporation (CHS). CHS is a comprehensive service organization seeking to maximize the health and well-being of residents in the Oakland neighborhood. In Baltimore, we partnered with the Johns Hopkins Center for Injury Research and Policy (CIRP) and the House of Ruth Maryland, one of the nation's leading domestic violence centers serving Baltimore City and the surrounding areas. In brief, we conducted CPBR workshops and issue identification workshops at both sites. The Pittsburgh site focused on issues of safety in the Oakland neighborhood and the Baltimore site focused on violence against women in the Baltimore metro region. In Pittsburgh the community was geographically designated and in Baltimore the community centered on those with a shared identity tied to reducing intimate partner violence (IPV). At each site local academic researchers and community members were invited to participate in the project activities. Additional details about the project's methods and associated findings can be found elsewhere (Burke et al, 2010). All project team members are authors on this paper and contributed to the design, implementation, and analysis.

This article focuses on our activities in Baltimore, provides an overview of the two CBPR workshops that we held for academic and community members and explores suggestions from the participants about how to put the principles of CBPR into practice. The purpose of the workshops was to bring together academics and community organizations to facilitate future partnered research that would address identified needs of the organizations' constituents and be consistent with the organizations' missions to understand and address intimate partner violence (IPV). For the workshops to achieve their objectives, all participants needed to share a common understanding of CBPR and the project's goals. Thus, we initially addressed the meaning and use of CBPR principles, which is the focus of this paper.

METHODS

Two CBPR workshops were conducted in Baltimore. The CBPR workshop development was a collaborative process and all partners involved in the funded research effort provided input into the design and implementation. The project team worked together to identify potential workshop participants. Potential participants were selected by identifying

individuals involved in either research or service work to address battered women and children in the Baltimore City metro region (the focus of the partnership). Email invitations were sent and follow-up phone calls were made to encourage participation and to identify others who should be invited. Attendance at both workshops was preferable, but not required. Approximately one-half of the participants were community members.

At the first workshop (n=18), participants (n=service; n=academic, n=hospital/healthcare) were introduced to CBPR and the accepted principles of CBPR were discussed. Based on the discussion, participants were critical of the language used to illustrate the principles and felt strongly that the principles should be translated into more common words so that they would be understandable to a wide range of individuals, and there would be less ambiguity about how our work should proceed. The participants were broken up into small groups of 3–4 and tasked with restating the principles in their own words and then presenting their interpretations back to the larger group. The information from each small group presentation was recorded on large white sheets of paper that could be viewed by the entire larger group. The entire process was video recorded. Between the first workshop and the second workshop that was held approximately one month later, we reviewed the results of the first workshop and re-wrote each principle into statements. This process was conducted using the content of the first workshop discussions and in response to an expressed desire by the workshop participants to have the key principles presented in clear and concise language.

At the second workshop (n=24), participants were divided into small groups, and each group was assigned one of the principles to discuss. They were asked to identify what could be done to “put the principle into practice.” We structured the small groups so that each contained both academic and community members. In addition, because of the House of Ruth’s mission and the overall focus of the larger partnership on addressing the well-being of battered women, participants were also asked to identify what would make this principle particularly important or challenging when doing collaborative research on IPV. Each small group then presented their ideas to the entire workshop. Detailed notes of the related discussion were taken by the workshop facilitators and the entire workshop was videotaped with participants’ consent. The notes and videotape were reviewed and summarized in preparation for this manuscript. In addition, all workshop participants completed evaluation forms to uncover their reasons for attending the workshops and to assess the degree to which they felt the workshops increased their ability to engage in CBPR. Results from the workshop evaluations were summarized and are presented here. The Johns Hopkins Bloomberg School of Public Health Institutional Review Board designated that the proposed research did not qualify as human subjects research as defined by DHHS regulations 45 CFR 46.102, and therefore did not require IRB review and approval.

RESULTS

Interpretation of the principles

Each original CBPR principle was discussed, interpreted and rewritten through consensus into language that reflected the group discussion of the principles (Table 1). For example, principle #3: “Facilitate collaborative, equitable partnership in all phases of the research” was revised to “Enable fairness and equality at each step of the research process.” Principle

#7: “Involve systems development through a cyclical and iterative process” generated a confusion during the first workshop, specifically not comprehending the meaning of “systems development.” The principle was clarified and translated into “Build flexibility, feedback and compromise into the process.” The process of rewriting the principles focused on translating the more academic terms such as “capacity building” into more readily interpretable wording such as “learn, grow and share”. In addition, consistent with prior work by Yonas et al (2006), a tenth principle regarding conflict was added to the final set of CBPR principles.

Suggestions for putting principles into practice

Participants suggested a wide range of actions for putting the CBPR principles into practice (Table 1). Many of the recommendations highlighted the importance of communication. For example, the suggestions for principle #3 (i.e., “Facilitate collaborative, equitable partnership in all phases of the research”) included defining how partners should address each other and developing a structured way to check-in with group members. Recommendations for principle #5 included that expectations should be communicated from the start of the partnered projects and one suggestion for principle #9 was to encourage on-going communication.

The development of structured protocols was also felt to be an effective way to put several of the principles into practice. For example, suggestions for principle #3 included developing structured ways to check-in with all group members such as asking everyone to speak at meetings. One of the recommendations for principle #7 was to develop structured feedback loops in order to build flexibility, feedback, and compromise into the process. The identification of a single person to serve as liaison from the community and one from the academic side was suggested in response to principle #9 that addresses establishing long-term commitment.

Participants felt it was important for research partnerships to collect, review and understand data and information about the communities and health topics they are focused on. For example, one suggestion for principle #6 was to seek out information on historical and current conditions from formal and informal leaders.

Challenges to using the principles when partnering to address intimate partner violence

The participants shared several thoughts on what would make each principle particularly important or challenging when doing collaborative research on IPV. Much of that discussion focused on how IPV is an extremely sensitive issue and how it is often not talked about and not viewed as a significant issue by general society. The stigma attached to the experiences of victims and discussions about prevention was also raised as a challenge to those seeking to address IPV. However, the participants felt that these challenges could be overcome if the principles were used and partners engaged in honest and open discussions and committed to addressing women’s experiences of abuse through a partnered approach.

Evaluation of the workshops

A majority of the participants reported that two very important reasons for attending the workshops were because they wanted to learn more about CBPR (89%) and were interested in trying to establish a CBPR project (86%). Of those (n=20) who attended the second workshop focused on putting the CPBR principles into action, 90% said that they were very interested in participating in CBPR projects in the future and 85% felt very strongly that the workshop generated ideas about how they could use CPBR in their own work. Participants also commented that they "enjoyed the small groups" and the "interactive" nature of the exercise.

DISCUSSION

In this project, we initiated training workshops as the first step in building an academic-community partnered research infrastructure. The purpose of the workshops was to ensure that all partners were in agreement about the purpose and use of CBPR principles and methods before launching into the planning of a partnered research agenda. During that process, we found it helpful to translate the standard principles into common language and discuss illustrations and applications to the specific health issue under discussion, namely IPV. This process resulted in a restatement of the principles and discussion of examples of how they can be applied within the context of the often challenging arena of IPV services and research. We believe this type of training approach and learning experience will facilitate stronger partnerships over the long term because the group developed and now shares a common understanding of how partnered research should proceed.

One unique strength of this work is that the results were developed by academic and community members working together in small groups and as part of a larger workshop addressing CBPR. In fact, the entire process, from the design and implementation of the workshops to the development of this manuscript was a collaborative process where the project team of academics and community members worked together. A limitation of this work is the sole focus of the workshops on participants interested in addressing violence against women. It is possible that other groups focused on diverse topics might provide additional insights into the types of actions necessary to translate the principles of CBPR into practice. The workshop materials and small group exercises implemented could be revised and adopted by other groups interested in CBPR and the results used to strengthen these findings and recommendations.

Translating CBPR principles into common, action-oriented language specific to the health issue under consideration is a useful first step when building a new academic-community research partnership. In our experience, it seemed to foster open communication and commitment to moving forward collaboratively. While CBPR projects can lead to grounded research and effective translation of findings into practice, the approach is labor and time intensive and requires all partners to be open to new experiences and to learn from each other. The revised principles and practices presented here can be used to facilitate conversations with academic and community members. The suggestions for putting the principles into practice were not dictated as a step by step process for establishing a CBPR

project. Rather they were nominated as key areas to consider in a CBPR process. Such suggestions are tangible actions that partnerships can address and seek to implement.

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ACCOMPANING COMMUNITY POLICY BRIEF

What is the purpose of this study?

This project was designed to increase capacity to conduct CBPR. This article provides an overview of CBPR workshops that we held for academic and community members and explores suggestions from the academic and community workshop participants about how to put the principles of CBPR into practice.

What is the problem?

CBPR is not a method, but rather an approach for guiding and informing future research partnerships. While academics are trained in research methods, few receive formal training in community engaged research approaches and they and their community partners will benefit from direction and assistance as they establish and maintain their research partnerships.

What are the findings?

Each original CBPR principle was rewritten into language that reflected the group discussion of the principles.

Participants suggested a wide range of actions for putting the CBPR principles into practice. Specific attention was given to the importance of communication, development of structured procedures, and of understanding relevant data.

A majority felt that the workshops generated ideas about how they could use CPBR in their own work.

Who should care?

Academics and community members interested in engaging in partnered research.

Recommendation for Action

Results from this study can be used to facilitate future academic-community research partnerships.

Table 1

Principles of Community-Based Participatory Research and their Application to Intimate Partner Violence Community Engaged Research

	ORIGINAL	REVISED	What could you do to put this principle into practice?
1	Recognize the community as a unit of identity	Recognize, distinguish, and respect the community as a unique and vital partner in the research process	Set in place a formal process for identifying and defining "community" at the beginning of a project. Define community given the scope of the project and include community members in process.
2	Build on strengths and resources within the community	Listen to, learn from, and identify what each partner brings to the process – build on strengths and find solutions to challenges	Recognize and be transparent about your issues of control. Build in opportunities for people to have voice throughout the project – not just in the areas you assume are their expertise. Structurally balance power by using rules such as no decisions are made without 3 community members for every 1 academic.
3	Facilitate collaborative, equitable partnership in all phases of the research	Enable fairness and equality at each step of the research process	Define how to address each other (first names vs. titles). Develop structured way to check-in with all group members such as asking everyone to speak.
4	Promote co-learning and capacity building among all partners	Ensure all partners learn, grow, and share throughout the process	Routinely check in with the community as to what their needs are and what gains can be made. Disseminate information back to ALL; inform and communicate what is learned.
5	Integrate and achieve a balance between research and action for the mutual benefit of all partners	Work towards a balance between research and action so that all partners benefit → "translation step – what we learn from research that is applied to service provision"	Communicate from the start about expectations. Discuss why each member is involved. Constantly make time for feedback and to address challenges.
6	Emphasize local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease	Know local and relevant health problems— learn about and respect the community's history and wide-ranging factors that impact their health and well-being.	Seek out to learn history and current conditions from formal and informal leaders. Enter into process with an appreciation of interconnections in people's lives and how it affects well-being.
7	Involve systems development through a cyclical and iterative process	Build flexibility, feedback, and compromise into the process	Recognize and identify where each partner can be flexible. Establish structured feedback loops. Understanding parts of process will make flexibility and feedback easier and some parts harder.
8	Disseminate findings and knowledge gained to all partners and involving all partners in the dissemination process	Share findings and lessons learned with all partners in meaningful ways to meet all partners' goals	Provide ready access to the findings in clear language. Allow for and encourage partners to feel invested in the data and findings. Establish who has ownership of materials/data. Maintain relationships after data analysis.
9	Establish a long-term commitment to the process.	Commit to the problem, process, and evolving relationships	Encourage on-going communication. Identify a point person responsible for communication. Meet regularly with agreed upon frequency. Identify one person to serve as liaison from community and one from academic institution. Committing to being involved.
10		Disagreements should be anticipated and are healthy	Jointly establish ground rules for the process (decision making). Conflict resolution, team building, tool building, compromise. Develop "safe" and comfortable space for discussion. Respect diverse opinions.