# BARBARA A. ISRAEL • EUGENIA ENG AMY J. SCHULZ • EDITH A. PARKER

**EDITORS** 

# FOR HEALTH

# METHODS FOR COMMUNITY-BASED PARTICIPATORY RESEARCH

SECOND EDITION

# FOREWORD BY DAVID SATCHER

# **METHODS FOR COMMUNITY-**

# **BASED PARTICIPATORY**

# **RESEARCH FOR HEALTH**

# METHODS FOR COMMUNITY-BASED

# PARTICIPATORY

# **RESEARCH FOR HEALTH**

Second Edition

BARBARA A. ISRAEL EUGENIA ENG AMY J. SCHULZ EDITH A. PARKER

EDITORS

Foreword by David Satcher

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Communities for a Better Environment, Liberty Hill Foundation, and the Research Team

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### FOREWORD

As director of the Centers for Disease Control and Prevention (CDC) in the mid-1990s, I had the opportunity to initiate the Urban Research Centers Program. At that time, we were able to fund three inaugural programs representing partnerships between communities and academic institutions. The original programs were in Detroit, Michigan, Seattle, Washington, and New York, New York. Although we were not able to expand the programs as we had hoped, we learned valuable lessons from them. Many of these lessons were included in the first comprehensive federal programs geared toward the reduction and ultimate elimination of disparities in health: the CDC's Racial and Ethnic Approaches to Community Health (REACH). More than forty communities have been funded through REACH. These communities have been funded and empowered to contract with academic health centers to conduct community-based participatory research.

Community-based participatory research brings the best and latest technology for design and measurement together with the insights of community members regarding the major issues affecting community health. In communicating the goals, objectives, and strategies of Healthy People 2010, we settled on a design that showed the interaction among determinants of health. The major components included the individual and his or her behavior (downstream), the physical and social environment including health care (midstream), and the various policies that impact this interaction (upstream). We tried to show that the components do not exist in isolation; there is intense interaction among them.

From 2005 to 2008, I served as a member of the World Health Organization (WHO) Commission on Social Determinants of Health (CSDH). We examined the conditions in which people are born, grow, learn, work, and age and their

impact on health outcomes. In the process, we visited several countries throughout the world and had one meeting in the United States. We recommended a major focus on these social determinants as a component of our commitment to achieve global health equity in a generation. The report was accepted by the WHO and the Director-General of the WHO launched the report in 2008 with strong support for this focus and goal. This focus has been affirmed and extended in Healthy People 2020, which incorporates a substantial emphasis on social determinants of health. It is increasingly clear that in order to reach the goals of improving quality as well as increasing years of healthy life and eliminating disparities in health among different racial, ethnic, and socioeconomic groups, we must target all of the determinants of health where disparities have their roots. We must close the gaps that exist in access to quality health care, practice of healthy lifestyles, quality of physical and social environments, and policies that impact these areas. For research aimed at understanding and closing these gaps, community-based participatory research is a viable approach.

As more and more programs in community-based participatory research are funded and initiated, it is important that the lessons learned and problems solved in this area over the last thirty or more years are captured and shared. This book, Methods for Community-Based Participatory Research for Health, provides a major contribution to this field. The editors are some of our most outstanding leaders in community-based participatory research. This second edition of the book incorporates experiences engaging the social determinants of health, including the very important "food environments" relative to overweight, obesity, diabetes, and cardiovascular disease. These chapters add tremendously to the value of this book, as well as its currency. The writing of this book represents an unusual partnership among diverse participants whose involvements with communities make them experts in their own right. They bring a broad range of perspectives to this research approach, grounded in extensive community involvement and experience. What brings them together in this book is their respect for the dignity of community and the tremendous challenges and opportunities found in communities for enhancing health. Because they have found each other, and have come together around this common theme from their diverse backgrounds of race, ethnicity, and perspective, we are the beneficiaries of this outstanding text.

Critical to each case example of community-based participatory research discussed in this book is the development of meaningful partnerships. These partnerships must exist in order that when the question "Who is the commu-

nity?" is asked, the answer can reliably be, "We are the community," we who have engaged in meaningful partnerships, made the investments, developed the relationships, suffered the pains, and reaped the benefits of the community. These partnerships are entrenched in the community, they are as diverse as the community, and they are devoted to meaningful change and progress in the community. They share knowledge, resources, and control at every level of the community. They are trusted, not because of what they say, but because of who and where they are, and with whom they share information, methodology, and control of the research agenda. They are interested in bringing the best technology and methodology to bear on problems and opportunities within the community. Community-based participatory research deals with all the determinants of health and the dynamic nature of the interactions within the community. This research approach holds the promise of getting to the root cause of health disparities and of strategies for enhancing health as well as the involvement of persons at every level of community. In her book Night Falls Fast, which deals with teenage suicide, Kay Redfield Jamison says, "The gap between what we know and what we do is lethal." Community-based participatory research holds the promise of removing these tremendous gaps and adding significantly to what we know.

To move our field forward in accomplishing these aims, this volume provides an excellent compendium of chapters on the methods and processes of community-based participatory research.

> David Satcher, MD, PhD Director, Satcher Health Leadership Institute at the Morehouse School of Medicine 16th U.S. Surgeon General

To Guy W. Steuart Whose life's work on the wisdom of communities and the power of partnerships is our touchstone. Thank you, Guy.

To Archie Israel and Adelaide Love Israel Your passion for creating a sense of community lives on through the spirit and work of all the persons and organizations you touched. You are missed.

To Wah Poy Eng

Who served as the bridge between cultures that spanned an ocean and five generations. He modeled understanding and compassion, which will not be forgotten.

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This book would not have been possible without the insightful contributions from the numerous authors, who so graciously shared their time and experiences in writing these chapters. It was important to us that each chapter reflected the principles of community-based participatory research, involving community partners as well as academics and professionals as coauthors. We extend to each writing team, therefore, our deepest appreciation for the privilege of witnessing, and temporarily joining, their collaboration throughout the writing process.

And to those with whom we have collaborated through our CBPR partnerships over the years, we are tremendously indebted. We consider ourselves most fortunate to have worked with, learned from, and been inspired by many partners. To our community and health practitioner partners and staff, we are especially grateful for your wisdom and tireless efforts to effect meaningful change with your communities, and in us. We have also been most fortunate to count among our academic partners fellow faculty members, students, and postdoctoral fellows whose hard work and enthusiastic engagement continue to renew our energy and perspectives on the value of CBPR. Specifically, although too numerous to mention by name, we would like to acknowledge and thank the following community and academic partners, who have been involved with us through the following CBPR partnerships: Bi-Cultural Bi-Lingual Medicaid Managed Care Project, Broome Team in Flint, Carolina-Shaw Partnership to Eliminate Health Disparities, Chatham Communities in Action, Chatham Social Health Council, Community Action Against Asthma, Detroit Community-Academic Urban Research Center, Detroit-Genesee County Community-Based Public Health Consortium, East Side Village Health Worker Partnership, Greensboro Health Disparities Collaborative, Health Literacy Partnership, Healthy

Environments Partnership, Men As Navigators for Health, Neighborhoods Working in Partnership, North Carolina Community-Based Public Health Initiative, Partners for Improved Nutrition and Health, Project GRACE, Promoting Healthy Eating in Detroit, REACH Detroit Partnership, Save Our Sisters, Strengthening The Black Family, Inc., Stress and Wellness Project, The Partnership Project of Greensboro, and United Voices of Efland-Cheeks, Inc.

We are also indebted to friends and colleagues who were not involved with these partnerships but who have had important impacts on our thinking and commitment to CBPR. Current and former colleagues and mentors at the University of Michigan include Cleo Caldwell, Barry Checkoway, Mark Chesler, Noreen Clark, Jim Crowfoot, Libby Douvan, Lorraine Gutierrez, Cathy Heaney, Hy and Joyce Kornbluh. Similarly, at the University of North Carolina at Chapel Hill, we are indebted to Alice Ammerman, Marci Campbell, Tim Carey, Leonard Dawson, Paul Godley, John Hatch, Michel Ibrahim, Ethel Jean Jackson, Laura Linnan, Betsy Randall-David, Allan Steckler, Guy Steuart, Jim Thomas, Rosalind Thomas, and Steve Wing.

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**Eugenia Eng,** DrPH, MPH, is a professor of health behavior at the Gillings School of Global Public Health, University of North Carolina at Chapel Hill, where she joined the faculty in 1984. She received her Masters of Public Health and Doctorate of Public Health degrees from the University of North Carolina at Chapel Hill. She directed the MPH degree program from 1987 to 2006 and has directed the Kellogg Health Scholars Postdoctoral Program since 1998. Dr. Eng has authored or coauthored over one hundred fifteen journal articles, book chapters, and monographs on the lay health advisor intervention model, the concepts of community competence and natural helping, and the community assessment procedure, "Action-Oriented Community Diagnosis." She has over thirty years of CBPR experience including field studies conducted with rural communities of the U.S. South, Sub-Saharan Africa and Southeast Asia to address socially stigmatizing health problems such as pesticide poisoning, cancer, and STI/HIV. Dr. Eng's CBPR projects include the CDC-funded Men As Navigators for Health, the NCI-funded Cancer Care and Racial Equity Study, the NHLBI-funded CVD and the Black Church: Are We Our Brother's Keeper?, and the NCI-funded CBPR Training Core for the Carolina Community Network Center to Reduce Cancer Health Disparities.

Edith A. Parker, DrPH, MPH, is professor and chair of the Department of Community and Behavioral Health at the University of Iowa College of Public Health. Before joining the University of Iowa in 2010, she was on the faculty at the University of Michigan, School of Public Health for fifteen years. She received her Masters of Public Health and Doctorate of Public Health degrees from the University of North Carolina at Chapel Hill. Dr. Parker has authored or coauthored more than sixty journal articles and book chapters on community-based participatory research, community capacity, childhood asthma and related areas. Dr. Parker has over twenty years of research experience focusing on the development, implementation, and evaluation of community-based participatory interventions to improve health status. Currently, she serves as the principal investigator (PI) of the Centers for Disease Control and Prevention-funded University of Iowa Prevention Research Center for Rural Health, and as director of the Community Engagement Key Function for the University of Iowa Clinical and Translational Science Award. Previously, she served as PI of the Community Action Against Asthma (CAAA) CBPR household intervention research component of the NIEHS/EPA-funded Michigan Center for the Environment and Children's Health, the NIEHS-funded CAAA "Community Organizing Network for Environmental Health" and "Community Based Participatory Research (CBPR) Intervention for Childhood Using Air Filters and Air Conditioners" research projects.

Amy J. Schulz, PhD, MPH, is professor, Department of Health Behavior and Health Education, University of Michigan School of Public Health, where she

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# THE CONTRIBUTORS

Alex J. Allen III, MSA, is a non-profit consultant who specializes in organizational development, project management, grant writing, fundraising, and evaluation. Prior to consulting, Allen was a program officer with the Skillman Foundation, a private grant making organization with three chief aims: to help develop good schools, good neighborhoods, and support good opportunities that accomplish significant results for children. Allen was vice president of the Community Planning and Research division at Isles, Inc., a nonprofit organization in Trenton, NJ, that is committed to fostering self-reliant families in healthy, sustainable communities. He has been involved in various aspects of community development work for the past 25 years. He has collaborated and addressed a broad range of community issues, including his work with the Detroit Community-Academic Urban Research Center and other organizations. He has expertise in CBPR and participatory neighborhood planning.

**Carol Allen** is a community health education consultant at Public Health Seattle-King County and is skilled in working with diverse populations of low to moderate income. Previously she worked as project coordinator for the Seattle King County Healthy Homes (SKCHH) Project, providing supervision and overall guidance to outreach workers, conducting asthma trainings, monitoring progress, and overseeing quality control of intervention activities, ensuring the proper application of established protocols. She served as a community board member of the Seattle Partners for Healthy Community (SPHC). She is a master home environmentalist (MHE) through the American Lung Association and a certified asthma trainer by the Asthma and Allergies Foundation of America. **Robert Aronson,** DrPH, MPH, is an associate professor of the Department of Public Health Education at the University of North Carolina Greensboro. He is a founding member of the Greensboro Health Disparities Collaborative, and is currently serving as cochair. His research has focused on health disparities affecting African American and Latino communities and the development and evaluation of community-based programs. For the past ten years much of his work has been with African American male college students, using CBPR to understand the influence of masculinity ideology on sexuality, and developing culturally and contextually congruent approaches to HIV prevention in this population. He received his MPH in health behavior and health education at UNC-Chapel Hill and his DrPH in international health from Johns Hopkins Bloomberg School of Public Health.

**Magdalena Avila**, DrPH, is an assistant professor of Health Education, Health Exercise and Sports Science, College of Education at the University of New Mexico. She has been working and partnering with communities of color for over twenty-five years to address environmental health disparities and inequalities. She has been using activism scholarship to develop grassroots and culturally appropriate public health education interventions. For the past ten years she has been involved in two NIEHS-funded research grants in Albuquerque's South Valley, both of which have incorporated CBPR into the research process with New Mexican Communities. Recently her involvement has included participatory research with New Mexican/Chicano/Immigrant communities to examine the role of CBPR in informing community residents to engage in the land use zoning and planning policy process, health impact assessments, and environmental health literacy.

**Elizabeth A. Baker,** PhD, MPH, is a professor and chair of the Department of Behavioral Science and Health Education at Saint Louis University School of Public Health. Her research areas include social networks and social support, control, and other social determinants of health (such as race and income) and the ways in which they influence community and individual capacity to create desired changes. She has extensive experience in CBPR in both urban and rural communities. She received her MPH and PhD degrees from the University of Michigan School of Public Health.