

Measuring and Understanding Poverty: Contributions of Community-Based Participatory Research

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Abstract

This paper seeks to explore the contributions of Community Based Participatory Research (CBPR) as a means of measuring and understanding poverty. The paper was presented on July 12, 2010, by the author at the Oxford Round Table on Social Justice at Oxford University, Oxford, England.

After exploring the historical and epistemological roots of CBPR and the principles that guide this paradigm of research methodology, the use of CBPR in the United States and around the world in developing nations is examined. This then is followed by a description of the methodology involved in one particular CBPR project with which the author is associated as an ongoing example of this form of research. The conclusions consider some criticisms of CBPR as well as the overall contribution this paradigm may make to understanding poverty more effectively from the inside out.

Introduction

Community Based Participatory Research (CBPR) is an approach to the conduct of scientific investigation that seeks to create coalitions between traditional (often university based) researchers and community members to produce knowledge about local issues that are of a concern to the community. Various names have been used in different settings to describe this kind of approach, most of which incorporate the concept of participation as the descriptive element, e.g., Participatory Action Research; Participatory Research; Action Research; etc. The concept of Action comes into play in this field due to the typical understanding of the purpose of the research. Participatory research is intended to provide a basis for social change in the community and is seen as purpose driven or goal directed. The knowledge being sought through the investigation is thought to be necessary for the community to decide how to proceed in the process of taking action to bring about changes in social conditions, public policy, individual behavior or community development. CBPR is the term that has come to be used very widely in the United States, primarily in research efforts being conducted in the area of public health.¹

This paper is intended to explore the use of CBPR as a means of measuring and understanding poverty. To a certain extent, the association of the two terms (CBPR and poverty)

¹ For overviews of the recent popularity of CBPR in public health see Meredith Minkler & Nina Wallerstein, "Introduction to CBPR: New Issues and Emphasis," In *Community-Based Participatory Research for Health: From Process to Outcomes*, eds. Meredith Minkler and Nina Wallerstein (San Francisco: Jossey-Bass, 2008), 5-8.

is almost redundant in that CBPR has been used almost exclusively with poor or oppressed communities in the United States and around the world. It would be difficult to identify any participatory research that did not involve communities that would be considered either economically poor or oppressed in some way which ultimately affects their participation in larger social structures (e.g., research with gay men on HIV issues). The origin of this paper had to do with the author's involvement in a NIH funded CBPR research project called Community Alliance for Research Empowering Social Change (CARES), to be described later. This paper was presented at the Oxford Round Table on Social Justice at Oxford University in July, 2010. The Round Table was devoted to Social Justice and the paper was written to address one of the conference topics: measuring and understanding poverty. At first this item seemed to be a call for discussion of new econometric models of poverty, ways in which new models of income distribution could be brought to bear on the ongoing problem of poverty. This, of course, represents the traditional "outsiders" approach to measuring poverty or any other social problem. In fact, as will be shown later in this paper, one of the major criticisms of traditional research that has emerged in the literature on CBPR is the fact that poor and oppressed communities around the world have in many instances become very wary of traditional researchers precisely because they have tended to come in from the outside, gather data and leave without providing any benefit to the community and, in some cases, characterizing the community in negative ways.

CBPR, on the other hand, is carried out as a conscious attempt to involve the identified community in the whole research process from the point at which decisions are made about what aspects of the community life are in need of study, through study design, data collection, analysis and dissemination of the findings. Community involvement is recognized in CBPR as necessary not only in the negative sense of trying to avoid previous mistakes that had the effect of extending the experience of oppression on the behalf of community members, but also in a more positive sense that sees participatory research leading to better data collection and better results because of what involved community members would bring to the project. In the context of the concern over how to measure and understand poverty, CBPR offers the possibility of understanding poverty "from the inside out" in a way that is not possible for traditional research. Community members bring their lived experience of community life, interpersonal relationships, understanding of the cultural milieu, symbols and language. All of these elements (and others as well) make the community members the experts at the table in terms of knowing what is going on in the community and how to access the community. The concept of partnership in the research process, therefore, becomes a critical element of CBPR because the academics at the table are, by definition, not the only experts in the room. The expertise of the community members is just as necessary and valued. Partnership then becomes a very sincere and genuine experience in which all the members of the research team are recognized for their ability to contribute in a diverse but equal way to the project.²

² Partnership in CBPR is one of the themes to be discussed later in a discussion of the Principles of CBPR.

The plan of this paper is to first provide an overview of how CBPR tends to function as a research paradigm (i.e., more than a methodology since various methodologies are often used and combined by CBPR partnerships). This will be followed by an exploration of how participatory research has been used specifically with poor communities and, subsequently, as a way of measuring and understanding poverty. An overview of the CARES project will then be provided as an illustration of a CBPR project in process. The focus of this section will be the project methodology since data collection is still ongoing and the initial report to the sponsor is still pending. Finally, by way of conclusion, criticisms and concerns about CBPR will be reviewed as they relate to the question of measuring and understanding poverty.

CBPR: Principles and Practice

As indicated in the introduction, CBPR tends to function more as a paradigm of how research ought to be conducted in particular community situations rather than a specific methodology for data collection, sampling, measurement, etc. Because of the importance placed on partnership with the community in the research endeavor, CBPR and participatory research in general tend to focus on a broader field of concerns in approaching the research setting than would be typical of most traditional research methods. These concerns stem primarily from the historical and philosophical foundations of CBPR that move the rationale for conducting research away from the traditional, sole emphasis on knowledge building. Equally important in this paradigm is the clear understanding that research is to serve the goals of community empowerment and liberation from oppressive social structures. Social change and social justice, then, are the intended and primary goals of community based research, even to the possible detriment of more while other traditionally academic goals such as contributing to generalized knowledge or academic promotion become secondary at best.³ In this section of the paper I will review some of the historical foundations of CBPR, principles for the conduct of this form of participatory research, and the ways in which the conduct of CBPR tends to differ from others paradigms in research.

The roots of CBPR and Participatory Action Research are summarized by various authors as being traceable to two distinct epistemological frameworks that later gave rise to differences in how the nature of the scientific investigation was conceptualized.⁴ What has come to be known as the *northern* tradition stems back to sociologist Kurt Lewin who championed a

³ This obviously represents a challenge to the members of the CBPR team who are also members of the academic community and who are usually held to the more standard criteria for career success. See Sarena D. Seifer, "Making the Best Case for Community-Engaged Scholarship in Promotion and Tenure Review," In *Community-Based Participatory Research for Health: From Process to Outcomes*, eds. Meredith Minkler and Nina Wallerstein (San Francisco: Jossey-Bass, 2008), 425-430.

⁴ For the distinction between the "northern" and "southern" traditions and the philosophical foundations of CBPR see Minkler and Wallerstein, "Introduction to CBPR..." 9-10; Nina Wallerstein and Bonnie Duran, "The Theoretical, Historical, and Practice Roots of CBPR, In *Community-Based Participatory Research for Health: From Process to Outcomes*, eds. Meredith Minkler and Nina Wallerstein (San Francisco: Jossey-Bass, 2008), 27-39.

practical approach to problem solving that involved the individuals who were one way or another involved in the problem. Lewin “rejected the positivist belief that researchers study and objective world separate from the meanings understood by participants as they act in the world.”⁵ The concept of Action Research was developed in this vein with much of the work being applied to businesses and organizations in the field of industrial psychology and has to do with solving problems through a process of self study, change of behavior based on the study and follow up evaluation of how the changes are working. Minkler and Wallerstein characterize this form of research as being typical of how participatory research is carried out in the United States, Britain and Australia, however they caution that this tends in the US to represent a more conservative industrial strain that has “typically little commitment to broader social change objectives.”⁶

The other strain of participatory research has come to be known as the *southern* tradition and reflects more the experience of oppressed people in the southern hemisphere, primarily in Central and South America as well as Africa. The impetus for this approach has much to do with Paulo Freire whose analysis of the dynamics of oppression and liberation in *Pedagogy of the Oppressed* and other works called for a new understanding of the subjectivity of the poor and oppressed and the need for them to be participants in their own reality. Towards the end of *Pedagogy of the Oppressed* Freire sets up a contrast between a model of “cultural invasion” from the outside and “cultural synthesis” which captures the kind of criticism that this school of participatory research often levels at more traditional scientific research:

In cultural invasion, the actors draw the thematic content of their action from their own values and ideology; their starting point is their own world, from which they enter the world of those they invade. In cultural synthesis, the actors who come from “another world” to the world of the people do so not as invaders. They do not come to *teach* or to *transmit* or to *give* anything, but rather to learn, with the people, about the people’s world.

In cultural invasion the actors (who need not even go personally to the invaded culture; increasingly, their action is carried out by technological instruments) superimpose themselves on the people, who are assigned the role of spectators, of objects. In cultural synthesis, the actors become integrated with the people, who are co-authors of the action that both perform upon the world.

In cultural invasion, both the spectators and the reality to be preserved are objects of the actors’ actions. In cultural synthesis, there are no spectators; the object of the actors’ action is the reality to be transformed for the liberation of men.⁷

⁵ Wallerstein and Duran, 27.

⁶ Minkler and Wallerstein, 7-8.

⁷ Paulo Freire, *Pedagogy of the Oppressed*, (New York: Continuum Publishing, 1990), 181-182.

Freire goes on to indicate that the process of investigation can not be separated from action for social or cultural change as that would lead to back to the original oppressive situation in which the people are again made into objects to be manipulated: “Such a dichotomy would imply an initial phase in which the people, as passive objects, would be studied, analyzed, and investigated by the investigators—a procedure congruent with antidialogical action.”⁸ Rather than imposing the world view of the investigators from the outside on the people, the process of cultural synthesis means that “there are no invaders; hence there are no imposed models. In their stead, there are actors who critically analyze reality (never separating this analysis from action) and intervene as Subjects in the historical process.”⁹

These extended citations from Freire capture very well the way in which the southern approach to participatory research has as its central feature the concern for liberation and transformation of social structures through the direct involvement of the people who are affected by the oppressive situation. For Freire, of course, this liberation is intended to free not only those bearing the burden of oppression, but also those who are responsible for imposing or maintaining the oppressive structures. In terms of research methodology, this means that the researchers are drawn into a dialogical process of mutual learning in which they, the researchers, do not carry entire weight of the notion of “expertise” and are intended to be set free of narrowly defined concepts of their roles as objectives investigators that tend to place them apart from the real lives and concerns of the people with whom they are collaborating in the research process. Other influences on this tradition have come from further analysis of the nature of oppression and the use of power to maintain oppressive cultural structures in terms of race, gender, colonialism and other issues.¹⁰

There is an obvious association between the northern and southern traditions of participatory research. In terms of epistemology, both share the common conviction that human beings create their own social reality through the process of interpretation and the creation of meaning on both the individual and social levels. What is important to the scientific investigation of the human world, therefore, is to gain an understanding of the meaning systems present in a community’s culture, symbols and relationship patterns. Both could be said then to approach knowledge from an interpretivist or social constructivist point of view rather than a positivist or neo-positivist framework. While this starting point is true of the Lewian school (see footnote 6 above), however, the form of action research that has followed in this tradition has tended to take on a much more utilitarian approach to the use of participatory methods: in effect, it works better because knowing the way people create meaning will give a better indication of how they will respond to certain situations and that, in turn, will lead to better interventions or problem solving solutions. Ultimately the Lewian approach has the potential to end up far away from the concerns of the southern, Freirian, school which seeks emancipation of the people from

⁸ Freire, 182.

⁹ Freire, 183.

¹⁰ See Wallerstein and Doran, 32-37.

oppressive social structures as the primary goal of investigation. The utilitarian nature of the northern tradition could easily lend itself to being co-opted by interests other than those of the community if participatory research is simply perceived as a better mousetrap while still serving the interests that may be contrary to the liberation of the community. Wallerstein and Doran characterize the two approaches as occupying opposite poles in a spectrum of possible ways in which CBPR may be used by particular communities depending upon their needs and circumstances. The best outcome from any of the approaches on the spectrum would be to produce a psychosocial growth process for members of the community that leads to social change: “As people engage in dialogue with each other about their communities and the larger social context, their own internal thought patterns and beliefs about their social world change; their relationships to each other become strengthened; and ultimately, they enhance their capacities to reflect on their own values and to make new choices.”¹¹

Despite the fact that participatory researchers would tend to fall in line with a social constructivist approach to human knowledge, the methodologies employed by these researchers have been very wide ranging and have not been limited to the kind of qualitative methods that are usually associated with interpretivist or phenomenological approaches to research. In addition to qualitative approaches involving in-depth interviewing, focus groups and ethnography,¹² CBPR studies often use more quantitative methods such as various forms of surveys and even experimental methods involving some version of comparison grouping.¹³ The fact that these different methods have been employed underscores the point made earlier that CBPR and the related participatory approaches to research form not so much a distinct methodology for conducting research as they do a paradigm for understanding the purpose of inquiry and how investigation plays a role in the development of human community. This paradigm is guided by principles that establish the framework for relationships between researchers and community members as they each seek to form and maintain the research partnership.

Barbara Israel and her colleagues have attempted to elaborate these principles into nine distinct elements. The nine principles will be listed here without additional explanation due to

¹¹ Wallerstein and Doran, 33.

¹² See for instance: Edith C. Kieffer, Yamir Saabarría-Pena, Angela M. Odoms-Young, Sharla K. Willis, Kelly E. Barber, and J. Ricardo Guzman, “The Application of Focus Group Methodologies to Community-Based Participatory Research,” in *Methods in Community-Based Participatory Research for Health*, eds. Barbara A. Israel, Eugenia Eng, Amy J. Schulz, and Edith A. Parker (San Francisco: Jossey-Bass, 2005), 146-166; Chris McQuiston, Emilio A. Parrando, Julio Cesar Olmos-Muniz, and Alejandro M. Bustillo Martinez, “Community-Based Participatory Research and Ethnography: The Perfect Union,” in *Methods in Community-Based Participatory Research for Health*, eds. Barbara A. Israel, Eugenia Eng, Amy J. Schulz, & Edith A. Parker (San Francisco: Jossey-Bass, 2005), 210-229.

¹³ See for example: Loretta Jones, Paul Koegel, and Kenneth B. Wells, “Bringing Experimental Design to Community- Partnered Participatory Research,” in *Community-Based Participatory Research for Health: From Process to Outcomes*, eds. Meredith Minkler and Nina Wallerstein (San Francisco: Jossey-Bass, 2008), 67-85.

the scope of this paper. It is important to recognize, however, that these principles are seen as flexible and the extent to which they are actualized by any particular CBPR partnership will depend to a great extent on the nature of the partnership and the context in which the research is being conducted.¹⁴ The nine principles are as follows:

1. CBPR acknowledges community as a unit of identity.
2. CBPR builds on strengths and resources within the community.
3. CBPR facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities.
4. CBPR fosters co-learning and a capacity building among all partners.
5. CBPR integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners.
6. CBPR focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health.
7. CBPR involves systems development using a cyclical and iterative process.
8. CBPR disseminates results to all partners and involves them in the wider dissemination of results.
9. CBPR involves a long-term process and commitment to sustainability.

While each of these principles can not be discussed in detail, two concepts arise from within these that are critical to the operation of CBPR and deserve further comment. Community is obviously at the heart of CBPR and is mentioned throughout the participatory research literature. The first principle enunciated by Israel, et al., is intended to give some definition to the concept of community by use of the term Unit of Identity: these are “socially constructed dimensions of identity, created and re-created through social interactions.”¹⁵ As in other units of identity such as the family, neighborhood, etc., community serves as a unit of identity when it is “characterized by identification with and emotional connection to other members, common symbol systems, shared values and norms, mutual (although not necessarily equal) influence, common interests, and joint commitment to meeting shared needs.”¹⁶

This rather broad definition allows for some critical distinctions in the understanding of what constitutes a community and what does not.¹⁷ On the one hand, community is not synonymous

¹⁴ For the following principles and cautions about the application of the principles see Barbara A. Israel, Amy J. Schulz, Edith A. Parker, Adam B. Becker, Alex J. Allen III, & Ricardo Guzman, “Critical Issues in Developing and Following CBPR Principles,” in *Community-Based Participatory Research for Health: From Process to Outcomes*, eds. Meredith Minkler and Nina Wallerstein (San Francisco: Jossey-Bass, 2008), 49-52; Barbara A. Israel, Eugenia Eng, Amy J. Schulz, and Edith A. Parker, “Introduction to Methods in Community-Based Participatory Research for Health,” in *Methods in Community-Based Participatory Research for Health*, eds. Barbara A. Israel, Eugenia Eng, Amy J. Schulz, & Edith A. Parker (San Francisco: Jossey-Bass, 2005), 7-9.

¹⁵ Israel et al., 2008, 49.

¹⁶ Ibid.

¹⁷ For an empirically based definition of community see Kathleen M. MacQueen, Eleanor McLellan, David S. Metzger, Susan Kegeles, Ronald P. Strauss, Roseanne Scotti, Lynn Blanchard and Robert T. Trotter II, “What is

with geographical location and, indeed, may be composed of members who live at a relatively large distance apart but are able to maintain the kind of ties indicated by this definition of community due to their common commitment to each other or to a particular cause that is important to the members (e.g., equal rights for women; the transgender community; members of community service organizations). On the other hand, however, geographical proximity does not necessarily equate to community: “a city or other geographical area may not be a community in this sense of the term but rather an aggregate of individuals who do not share a common identity or it may contain several different overlapping communities of identity within its boundaries.”¹⁸ This latter notion represents a challenge to CBPR researchers who must determine whether a geographical location simply does not constitute a genuine community or is rather an underdeveloped or nascent community, hampered by negative structures of communication and relationships that prevent the kind of dialogic and subjective ownership of the historic process of community development advocated by Freire. CBPR may represent a very real intervention into the actual social life of the community to strengthen the social bonds between its members and to help them identify and work towards common goals which, in turn, strengthen the community.

With this concept of community in mind, the other key term involved in much of the literature on CBPR is that of partnership. In fact, the nature, formation, and maintenance of the coalition or partnership receive a great deal of attention in the literature about how CBPR is to be conducted as well as in actual reports of specific participatory research projects. Green and Mercer argue that the concept of community being employed by the researcher should not be so narrowly defined that the research partnership team would exclude some potentially valuable members who are, from another point of view, also members of the community. They recommend that CBPR be “seen as systematic inquiry, with the collaboration of those affected by the issue being studied, for the purposes of education and taking action or effecting social change. With this more generic definition, ‘participants’ can be public health practitioners and agencies as well as their constituents and clients or community residents.”¹⁹ Since the vitality of the working partnership will directly impact on the outcome of the research process, several authors have suggested ways in which the partnership should be approached so as to remain consistent with the principles of CBPR and yet allow all sides in the coalition to have their voices heard as they participate from their own perspective with whatever constraints they may have upon them (e.g., university researchers and the institutional requirements within which they operate).²⁰

Community? An Evidence-Based Definition for Participatory Public Health” *American Journal of Public Health* 91 (2001): 1929-1938.

¹⁸ Israel et al., 2008, 49.

¹⁹ Lawrence W. Green and Shawna L. Mercer, “Can Public Health Researchers and Agencies Reconcile the Push from Funding Bodies and the Pull from Communities?” *American Journal of Public Health* 91 (2001): 1926.

²⁰ See for instance Nina Wallerstein, Bonnie Duran, Meredith Minkler, and Kevin Foley, “Developing and Maintaining Partnerships with Communities,” In *Methods in Community-Based Participatory Research for Health*, eds. Barbara A. Israel, Eugenia Eng, Amy J. Schulz, & Edith A. Parker (San Francisco: Jossey-Bass, 2005), 35-47;

CBPR and Research on Poverty

As indicated earlier, CBPR and other forms of participatory research are almost synonymous with research on poverty. This does not mean that all poverty research is or has been participatory, but that almost all participatory research has been directed at problems related to poor or oppressed people. Exceptions exist, of course, particularly in those more utilitarian forms of participatory research in which empowerment and social change are not a primary concern. This section of the paper will look at two areas of the literature in which CBPR has mainly been used to either better understand some particular aspect or dynamic within poor communities or to understand poverty directly. These two areas tend to follow the dichotomy of the northern and southern approaches to CBPR in that much of the first form of poverty research has tended to occur in the United States relative to concerns over public health interventions. The second area has tended to stem from participatory research processes sponsored by the World Bank or other global organizations that have as their primary concern the economic development of nations (often in the southern hemisphere) and, within nations, poor communities. These approaches are not mutually exclusive, however, as much of the public health research in the US has focused on poor communities and their lack of resources to achieve adequate health levels and the participatory research programs trying to understand poverty in the developing nations are often taken up with issues of health resources and wellbeing.

CBPR and Public Health

In the United States, much of the CBPR literature has to do with improving health conditions in one way or another. Two of the primary source texts for this paper are specifically dedicated to understanding the role and conduct of CBPR in health.²¹ There has been a long history of community research associated with public health and epidemiology. In fact, Blumenthal and Yancey have described this form of research as foundational for public health medicine: “Community-based research advances the science of public health; just as clinical research advances the science of clinical medicine.”²² There has been a resurgence of interest over the last several decades as governmental and non-governmental funding sources have sought to promote better ties between researchers and community members in recognition of the important role that community reception of health initiatives plays in the success of those initiatives.²³

Adam B. Becker, Barbara A. Israel, and Alex J. Allen III, “Strategies and Techniques for Effective Group Process in CBPR Partnerships,” In *Methods in Community-Based Participatory Research for Health*, eds. Barbara A. Israel, Eugenia Eng, Amy J. Schulz, & Edith A. Parker (San Francisco: Jossey-Bass, 2005), 52-72.

²¹ Meredith Minkler and Nina Wallerstein, eds., *Community-Based Participatory Research for Health*, (San Francisco: Jossey-Bass, 2008); Barbara A. Israel, Eugenia Eng, Amy J. Schulz & Edith A. Parker, eds., *Methods in Community-Based Participatory Research for Health*, (San Francisco: Jossey-Bass, 2005).

²² Daniel S. Blumenthal and Elleen Yancey, “Community-Based Research: an Introduction,” In *Community-Based Health Research: Issues and Methods*, eds. Daniel S. Blumenthal and Ralph J. DiClemente (New York: Springer Publishing, 2004), 5.

²³ Minkler and Wallerstein, 7.

Green and Mercer note that the resurgence of CBPR in the field of public health had to do particularly with the growing awareness that minority communities, “after decades of serving as subjects for anthropologic and epidemiologic studies, behavioral surveys, and health education program evaluations, have put the breaks on external researchers’ exploiting their circumstances while providing very little benefit to their communities.”²⁴ They go on to discuss how this growing awareness on the part of minority communities has led to a change in the power balance between researchers and community members:

The recognition by these and other communities that they needed new information about their circumstances that only original research could render converged with a growing recognition by academic and other public health researchers that they could no longer get the data they needed without more active cooperation of the communities. This convergence led to a restructuring of the power balance between the observers and the observed. Research subjects became more than research objects. They gave more than informed consent; they gave their knowledge and experience to the formulation of research questions and methods to be applied in their communities. They became more than the victims described in studies of their health problems and living conditions; they became active partners in identifying key problems and in using the research findings to advocate policies and programs and in program development, monitoring and evaluation.²⁵

As a practical example of how CBPR may be required by the community context, Green and Mercer suggest that clinical trial evidence for best practices in medicine is often imposed on the local level as information received from the outside. Local leaders may have concerns about the local application of this kind of information when the unique circumstances of their own community have not been taken into account nor have any community members participated in the original research that supports best practices. “Participatory research offers them an opportunity to examine their own circumstances, to pilot-test the best practices within their own context, and to adapt these practices to their own needs.”²⁶

The final element in the growing appreciation of the need for participatory forms of research has had to do with the increasing awareness of persistent health disparity issues in the United States. This term usually refers to the fact that “longstanding racial and ethnic disparities in health status in the U.S. Mortality rates for nearly every major cause of death are greater for African Americans than for Whites, and other racial minorities suffer disproportionately high mortality from certain other diseases and conditions.”²⁷ The example of breast cancer is used to

²⁴ Green and Mercer, 1926.

²⁵ Green and Mercer, 1926-1927.

²⁶ Ibid., 1928.

²⁷ Blumenthal and Yancey, 11.

illustrate this kind of disparity: “Breast cancer incidence is higher among white women than among black women, but breast cancer mortality and stage at diagnosis are higher in blacks than whites, and five-year survival rates are lower in blacks.”²⁸

It is within the context of these issues that CBPR has been used to try to better understand how local community characteristics, cultural factors, and even ecological concerns all play a part in the dynamic interaction between public health efforts and community outcomes. The involvement of the community is seen as necessary through all aspects of the investigation into health related issues. These would include the identification of issues to be studied, conceptual and operational definition of variables, data collection, analysis, and the dissemination of findings throughout the community and to the wider public context that impacts upon the policy making process. At each of these stages the participation of community members is critical to achieving a genuinely local or ‘from the inside’ understanding of what the issues are (including the inside experience of oppressive social structures that inhibit the achievement of individual and community goals) and how to best generate the kind of knowledge that will end up serving the community effectively.

CBPR and Development

The use of participatory methods in field of community development on a global level has at least as long a history as its use to investigate public health issues has in the United States. While it is beyond the scope of this paper to explore this literature very deeply, an indication of some of the issues and the history surrounding development and CBPR is summarized very well by Laderchi in a working paper prepared for a workshop held at Queen Elizabeth House at Oxford University in 2000 and published as part of the QEH Working Paper Series.²⁹ In this paper, Laderchi explores the changing meaning of participatory research as it relates to development from the 1970s through the 1990s. In addition she reviews the use and development of certain widespread tools for conducting participatory research, the major findings that have emerged from these research projects and addresses criticisms aimed at participatory research from various venues. In this section I shall briefly review some of her points about the development of meaning and methodology along with the major findings about poverty that has emerged from the use of this form of research.

In terms of the changing meaning associated with the term participation as it relates to research, Laderchi indicates three streams of meaning that centered on particular ways of

²⁸ Ibid., 12.

²⁹ See Caterina Ruggeri Laderchi, “Working Paper Number 62, Participatory Methods in the Analysis of Poverty: A Critical Review,” QEH Working Paper Series – QEHWPS62, 2001, <http://www3.qeh.ox.ac.uk/pdf/qehwp/qehwps62.pdf>.

understanding the nature of participation.³⁰ The three chief concepts around which views of participation have revolved are: *self-determination, efficiency, and mutual learning*. Laderchi summarizes these by stating that “These three ways of thinking respectively reflect views on participation as a process *by* the people to whom development project and programs are aimed, or *for* the people (with a development agency taking the initiative and often limiting participation to consultation) or *with* the people.”³¹ Some of these distinctions obviously parallel the earlier presentation in this paper of the northern utilitarian versus the southern empowerment/emancipatory approaches to CBPR with efficiency providing the closest parallel to the Lewian approach and mutual learning following upon the Freirian model (although self-determination would be closely related to this as well). Laderchi notes a rather checkered history of the ways in which these different models actually played out and interacted noting a trend towards the co-opting of the concept of participation: “The political emphasis on power relations at the heart of the concept of ‘empowerment’ was lost in the transposition from the periphery to the centre, and participation became compatible with the overarching market oriented economic paradigm.”

In a similar way, the tracing of the tools used in participatory research in this field follows a similar trajectory from a grassroots process of quick assessment for the sake of action to a larger, more thoroughgoing process eventually sponsored by the World Bank and again incurring the criticism of the process being taken over for other political agendas which did not always end up serving the needs of the community. Laderchi follows the development of these tools from the use of Rapid Rural Assessments (RRAs) to an intermediate stage of the use of Participatory Rural Appraisals (PRAs) to the final stage of the development of Participatory Poverty Assessments (PPAs) which were used in many countries with poverty research sponsored by the World Bank. Of these, the RRAs represented an early phase of poverty research in which tools were simply borrowed from the development agencies in which they were used for community assessment. In time, however, new processes evolved that sought to incorporate participation more consciously. The development of the PRAs in this next phase, however, led to many concerns about how the concept of participation was actually being operationalized. Laderchi suggests that, since PRAs could be used with a variety of methodologies, “it was their cost effectiveness and the timeliness with which they produced results, rather than their empowering effects, which underpinned the support they were given.”³² Finally, the PPAs were developed as tools for World Bank assessment of poverty intended to augment previous Poverty Assessments which had come under attack for “their exclusive money metric focus.”³³ The new element in this phase of the development of the tools was that this

³⁰ It should be noted here that Laderchi credits her own reliance for this analysis to Andrea Cornwall, *Beneficiary, Consumer, Citizen: perspectives on participation for poverty reduction*, mimeo, IDS, 2000 (citation reproduced from Laderchi’s working paper).

³¹ Laderchi, 4.

³² Laderchi, 5.

³³ Ibid.

research effort was aimed at providing data for the development of policy at the World Bank and, as such, the new processes associated with this approach tended to vitiate the local community development/empowerment focus. Laderchi concludes: “By delinking participatory techniques from the direct involvement with community projects and planning, the road was open for more extractive uses of PPAs.”³⁴

Despite these criticisms, Laderchi goes on to discuss the findings that have resulted from the use of PPAs in 23 countries. In general, certain patterns emerge which seem to be shared across the various local contexts including “the findings that assessments of well-being are multidimensional, that individuals have complex coping strategies and their priorities reflect values, preferences and time horizons which are highly context specific and strongly influenced by social institutions.”³⁵ Five distinct dimensions of people’s perception of what well being means to them were culled from the PPAs from these countries. The five dimensions are: “*material wellbeing...physical wellbeing...security...freedom of choice and action...(and) social wellbeing.*”³⁶ It is interesting to note also that the participatory assessments seem to be able to focus in on distinctions in meaning that people attribute to situations of poverty that are not able to be made using other monetary assessments. Laderchi cites the example of assessments done in Armenia in which “single pensioners were consistently ranked as the poorest in their communities, though their levels of income were not such as to justify it. What the participatory assessment highlighted was rather their sense of isolation within the community.”³⁷ Findings such as this regarding social isolation represent the kind of unlooked for result that is possible to ascertain through a process that focuses on the local community’s meaning constructs as is possible with the various methodological choices available to participatory research but would be very difficult to capture by means of more quantitative and monetary based survey devices. These findings suggest that this form of research has potential for enriching the agenda of future research on poverty by identifying themes that may later form testable hypotheses or at least provide a more nuanced understanding of the lived reality of poverty.

The CARES Project

As indicated earlier, my introduction to community based participatory research was through my involvement in a CBPR research project at Stony Brook University known as the Community Action Research Empowering Social Change (CARES) . This project was funded by a National Institute of Child Health and Human Development/ National Institute for Health (NIH) Partnership in Research grant intended to increase research literacy and promote participatory research in the area of health disparities in minority communities. The principle investigator for

³⁴ Laderchi, 6.

³⁵ Laderchi, 9-10.

³⁶ Ibid.

³⁷ Laderchi, 11.

the project is Dr. Melody Goodman Director of The Center for Public Health and Public Policy Research at Stony Brook University who received the grant in partnership with the community collaborating agency: Literacy Suffolk, a not for profit organization in Suffolk County, New York, dedicated to improving literacy rates in the county. The grant was divided between the university and the agency as a means of establishing and equitable partnership between the researchers and the community represented by the community based organization, Literacy Suffolk. I joined the CARES project as a CARES faculty member and was involved in the planning of the program as well as the delivery of the research training workshops that comprised the first phase of the program. To date, the training part of the program for this first cohort has ended and phase II, in which the community members (or CARES Fellows as they were known in the program) begin planning and conducting their own research projects in collaboration with university researchers, is underway. Data collection and analysis for Phase I have been completed and are discussed elsewhere in the literature.³⁸ However, the following summary will focus on the experience of training the CARES Fellows as that occurred in phase I as an illustration of one way of enacting a CBPR process.

The initial round of training was conducted in the summer and fall of 2009 with a cohort of CARES fellows who had been chosen because of their active involvement with community health issues and organizations. Originally, approximately 19 people were enrolled in the training course, however, the drop out rate was rather high and only 13 members completed the whole course. This was due to the rather demanding schedule of the training program. The group met every Wednesday evening, from 6-9 pm, at a library meeting room located in a central location in Suffolk County. The program lasted 15 weeks and so the commitment necessary to complete the program was quite extensive. Most of the Fellows were members of minority communities in Suffolk County, either African American or Latino, although some of the participants were white members of the community who were involved with minority health issues. Most of the members of the first cohort of Fellows were fairly well educated and held professional positions as nurses, social workers, county social service workers and teachers. None of these members identified themselves as research competent, however, at the start of the program. The intention of the CARES project is to eventually work with subsequent cohorts who are more mainstream members of particular local communities who may or may not be as well educated as this first cohort.

The design of the CARES project could be seen as a kind of “academy” approach in which the fellows are immersed in a relatively quick study of research methodology. It should

³⁸ For demographics and course outline see Melody S. Goodman, Janice Johnson Dias, and Jewel D. Stafford, “Increasing Research Literacy in Minority Communities: CARES Fellows Training Program,” (unpublished manuscript: Center for Public Health & Health Policy Research, Graduate Program in Public Health, Department of Preventive Medicine, Stony Brook University, School of Medicine, 2010).

be noted here that the idea to conduct this kind of training program as a part of the grant proposal originated from community members of the Suffolk County Minority Health Action Coalition, a community organization in Suffolk County, NY, with which Dr. Goodman had been involved and which had first expressed interest in pursuing the grant. The advantage of the academy approach is that the collaborative team of researchers and community members are able to begin speaking the same research language as the training proceeds. This helps ensure that the community partners are actually able to participate in the planning of the research design instead of just sitting back and letting the researchers put the design together after the problems have been identified. The training also represents a genuine “take-away” element for the community participants who benefit from a university sponsored training program. Those who finished the program received certificates of completion which, potentially, could be included as part of a CV for future employment or other opportunities.

The question remains open, however, as to what the best way of engaging the community might be in a CBPR project. Multiple approaches may be valid, of course, but the question of how to involve community members who have had little or no previous research training in the process of planning a competent research design is one of those issues that any CBPR project would have to face. The disadvantage of this kind of academy approach is that it is very labor intensive on the part of the academic members of the partnership and the process requires a great amount of lead time before any genuine process of investigation could begin. An alternative approach might be one in which the academy aspect would be bypassed in favor of the partnership beginning to work more immediately on developing the research agenda based on the community representatives’ priorities. This activity could then be followed up with a phase in which the trained researchers would provide technical assistance to community members as the partnership worked together to design and implement the study. This would have the effect of allowing the investigation to begin much sooner and produce results for the community much faster. On the other hand, this approach might face the danger of maintaining the kind of estrangement between members of the university/community coalition that comes with an imbalance of perceived power and status. Such an approach would have to work very hard to ensure that the expertise of the community members as insiders on the culture of the community would be honored to the same extent as the technical expertise of the researchers.

The program designed by the research team ended up being an umbrella survey course of research methodology. Beginning with an overview of the research process from both a quantitative and qualitative point of view, the course dealt with everything from choosing researchable topics and research questions, to the operationalizing of variables, quantitative designs, qualitative designs, data collection strategies and an overview of data analysis and how results of research can be disseminated.

The training also included a section on the ethical conduct of research with human subjects and each CARES fellow was required to complete the on-line IRB training course required by Stony Brook University for all researchers under the auspices of the university. As

with the general issue discussed above about the way in which CBPR approaches the training of community members, the issue of working with the required IRBs and the certification of partnership members also represents a challenge to CBPR investigators: if the community members are not trained and certified, then they can not be considered co-investigators by the IRB (project staff). This would seem to militate against the collaborative approach at the heart of CBPR.

At the end of the training phase of the program the CARES fellows worked together on a group research design around a topic area they had chosen. The topic area they chose had to do with two areas the group identified as critical to the health of their community: health literacy and obesity. Ultimately, following a review of the literature and a search for relevant measuring instruments (both done by the fellows) the group designed a survey instrument to assess community member's health with a specific focus around the topics of obesity and nutrition. The web based survey received IRB approval in May 2010 and data collection has begun. To date 270 complete surveys have been collected, however, the data has not yet been analyzed.

Following the group design process, the beginning of the second phase of CARES was begun by allowing the CARES Fellows to work in groups of their own choosing or as individuals to submit proposals for a CARES grant to be funded from the original project grant. Each Fellow or group of Fellows whose grant proposal is approved could receive up to \$500.00 to assist in the cost of conducting the research described in the proposal. Each team would work with one of the participating university researchers who would offer technical assistance to the group as they worked on their design, IRB application and, eventually if approved, the actual conduct of data collection and analysis. At this point two groups have submitted initial proposals which have been accepted by the CARES researchers for further development. Both groups have secured IRB approval and are preparing to implement their studies.

The process detailed here in this overview of the CARES project obviously has some areas of concern that might make replication in other settings difficult. As mentioned before, the process has been very labor intensive and has involved many different members of the university community presenting areas of the research process in which they specialize. The time commitment required of the fellows might be difficult for some community members who might have difficulty fitting this in around work and family schedules. The program also assumes a certain level of literacy and education to be able to engage in the training program as it is designed. This could also be an impediment to some members of some minority and medically underserved communities.

On the other hand, the model presented here for the CARES project did meet with a great deal of enthusiasm from the Fellows as they went through the training program. Many of them seemed to be excited about the challenging nature of the topics being presented and many were anxious to get started on their own areas of interest. As mentioned earlier as well, the certification of their training in this program represented a real benefit to some of the Fellows.

While the kind of program might not work with all members of minority or medically underserved communities, it may serve well with those members of the community who are identified as key assets of the community who are capable and interested in serving the community in this way. This could possibly include members of social service agency staffs or health practitioners who work in and are committed to the community if the concept of who is included in the community is broadened as suggested by Green and Mercer.³⁹ Ultimately, if the goal is to benefit the community through the CBPR process, this kind of academy model not only offers the chance of producing beneficial research findings, but also leaves the community with members who are better trained in understanding and conducting empirical research. That could represent a more long lasting outcome for the community and one that may help to produce a more empowered community in the end.

Conclusions

This review of community based participatory research was originally intended to examine the possible contributions that this form of research might have to offer in the attempt to measure and understand poverty. The basic approach of in this paper has been to present the possibility of measuring and understanding poverty “from the inside out,” through the use of a CBPR approach in contrast to more traditional, quantitatively or monetarily oriented, outsider approaches to poverty research. Some of the epistemological foundations of CBPR have been examined here ranging across the spectrum of the more utilitarian northern tradition to the southern tradition focused on empowerment and liberation. These have been distilled in the CBPR paradigm in various ways, however, the issues of community and partnership have been identified here as key elements in any form of participatory research. Certain cautions have been raised at various points throughout this paper about the potential for CBPR to be co-opted by dominating forces either in the local community or in the larger society with the final outcome of betraying the principles of participatory research and the aim of community empowerment through a dialogic process of learning. This would ultimately have the effect of not only failing to produce the kind of knowledge to which only the “insider” perspective can gain entry, it would even more tragically lead to the continuation of those oppressive structures by which the community is abused all over again by cultural invasion (in Freire’s language). Other criticisms of CBPR could be addressed here and are addressed by advocates in the literature. These have mainly to do with questions about the true level of participation that is possible in CBPR approaches and with methodological issues involving design and measurement concerns.

While these are real concerns that need to be addressed (in the case of methodological concerns) and guarded against (in terms of the potential for CBPR to betray its own principles), never-the-less, CBPR and other participatory action forms of research offer a real opportunity for

³⁹ Green and Mercer, 1927.

investigation and learning to become a more democratic process that leads to the possibility of stronger, more aware, more empowered communities who are able to become subjects of their own future while, at the same time, providing the chance for members of the research community to participate in a dialogic process of learning in which they participate as both learner and teacher. The potential for this kind of growth process to occur is not a kind of idealism because it can only be realized very gradually through the hard work involved in forming collaborative partnerships with community members and trying to engage in a mutual learning process as described, for instance, in the CARES project. CBPR, however, offers a very concrete approach to this kind of community development because it recognizes the importance first of the community itself, its life, its flourishing, over and above the goal of the creation of new knowledge. By drawing researchers in to the collaborative process of the community the boundary of the community itself can expand to take in the researchers so that all are working together for the same common good and each feels they have a stake in the community they have helped to empower.

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