In 2006, the University of New Mexico's Center for Participatory Research in partnership with the University of Washington's Indigenous Research Wellness Institute launched a Community Based Participatory Research national research project, with oversight by a nation-wide advisory board, to study how CBPR inputs of partnership and participation can improve health status. The advisory board is evolving into a CBPR Research Community of Practice.

Community Based Participatory Research Project: Process to Outcomes

Funded by the National Center for Minority Health and Health Disparities through the Native American Research Centers for Health (NARCH), Wallerstein, PI; Duran, co-PI

In 2008-2009, the National Congress of American Indians (NCAI) Policy Center wrote a NARCH V cross-site grant to study promoters and barriers of CBPR in communities. The specific aims are to: 1.) Create a rich learning “Community of Practice” of academic and community partners; to describe the variability of CBPR partnerships through a survey of 80 CBPR Native and other communities of color on select pathways and variables; and to conduct eight in-depth case studies.

Current Action Steps: 2008-2009

To Strengthen Community of Practice (CoP) and recruit more community members to advisory board/CoP.

1.) To request community consultation on the CBPR logic model and its applicability for evaluation for development of best and promising practices.
2.) To begin instrument development, under COP guidance, on contextual variables using outcomes from the community consultation process and testing vignette methodology.
3.) To disseminate products of this process on mycbpr.org and other venues, including the instrument matrix, model, and a new tool kit for using the model for partnership reflection and evaluation.

New NARCH V Grant Proposal:

As an extension of this national effort, the National Congress of American Indians (NCAI) Policy Center wrote a NARCH V cross-site grant to study promoters and barriers of CBPR in communities. The specific aims are to create a rich learning “Community of Practice” of academic and community partners; to describe the variability of CBPR partnerships through a survey of 80 CBPR Native and other communities of color on select pathways and variables; and to conduct eight in-depth case studies.

Accomplishments

1.) Creation of logic model and research agenda that portrays CBPR pathways to outcomes, and addresses issues of context, such as community mistrust of research; partner relationships, such as critical reflection; and intermediate systems and community change outcomes that can lead to reduced health disparities.
2.) Completion of literature review of articles and instruments to measure CBPR variables within partnerships.
3.) Creation of menu and matrix of existing instruments of dimensions in CBPR model; and chapter about model.
4.) Evolution of CBPR Research Community of Practice.

NARCH V Partners

1.) National Congress of American Indians is the oldest tribal leader-directed organization in the country. Its Policy Research Center, led by Dr. Sarah Hicks, is a think tank to support research for Indian Country in shaping its own future.
2.) University of New Mexico’s (UNM) Center for Participatory Research (CPR) led by Dr. Nina Wallerstein, seeks to align with core values of communities through participatory engagement and to co-create new and translate existing knowledge for improving health and quality of life among NM’s diverse populations.
3.) The University of Washington (UW) Indigenous Wellness Research Institute (IWRI) aim is to nurture and link UW’s research, education and training resources to indigenous communities locally, regionally, nationally and internationally. The IWRI Center for Indigenous Health Research in the School of Public Health, led by Dr. Bonnie Duran and other Indigenous IWRI faculty are working on this research.

Community Benefit

Our hope is this research project will benefit all communities subjected to health disparities, and influence local, state, and federal policy.

1.) Benefit minority communities (i.e., CBPR system change—new policies, culturally appropriate and potentially sustainable interventions, capacity outcomes, etc.);
2.) Strengthen communities’ use of the science for their own policy “Communities of Practice” development.

Contact

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