

# Save the date!

October 25, 2023

12:00-1:00pm

## ACCORDS & CCTSI Community Engagement forum



Colorado Clinical and Translational  
Sciences Institute (CCTSI)

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS

Receive advice and guidance on your research project from experienced community members and academics

# CCTSI Community Engagement Consultations

Email Kaylee, [Kaylee.Gordon@cuanschutz.edu](mailto:Kaylee.Gordon@cuanschutz.edu) for more information or to request a consult.

<https://www.cuanschutz.edu/cctsi/community/programs>



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# ICYMI: watch previous Community Engagement Forums

<https://cctsi.cuanschutz.edu/community/programs>



Stay updated by joining our mailing list:  
[https://ucdenverdata.formstack.com/forms/pact\\_mailing](https://ucdenverdata.formstack.com/forms/pact_mailing)

# COMING SOON: CCTSI Community Engagement Pilot Grants

CE-Pilots: <https://cctsi.cuanschutz.edu/funding/cepilot>



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# What is ACCORDS?

Adult and Child Center for Outcomes Research and Delivery Science

ACCORDS is a 'one-stop shop' for pragmatic research:

- A multi-disciplinary, collaborative research environment to catalyze innovative and impactful research
- Strong methodological cores and programs, led by national experts
- Consultations & team-building for grant proposals
- Mentorship, training & support for junior faculty
- Extensive educational offerings, both locally and nationally



# ACCORDS Upcoming Events

2023-2024 forum series 12:00pm-1:00pm MT	<b>Applying CBPR Principles to Advance Health Equity with Communities</b> <i>October 25, January 24, April 24</i>
September 6 & 8, 2023 8:00am – 4:00pm	<b>Introduction to Qualitative Research Workshop</b> <i>Don Elliman Conference Center (AHSB) and streaming on Zoom</i>
2023-2024 seminar series 12:00pm-1:00pm MT	<b>Statistical Methods for Design and Analysis of Pragmatic Research</b> <i>Begins September 2023</i>
2023-2024 mini series 12:00pm-1:00pm MT	<b>Ethics, Challenges, &amp; Messy Decisions in Shared Decision Making</b> <i>Begins November 2023</i>



# COMMUNITY BASED- PARTICIPATORY RESEARCH PRINCIPLES

Back to the Basics: The CBPR Principles in Practice

Lorenzo Ramirez

*Community Research Liaison for Urban Latino Communities of Colorado*

Marlayna Martinez

*Community Research Liaison for Rural San Luis Valley of Colorado*

# COMMUNITY-BASED PARTICIPATORY RESEARCH

Community-based participatory research (CBPR) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

*WK Kellogg Foundation Community Health Scholars Program*



# HISTORICAL BACKGROUND

“CBPR begins with a true dialogue to identify current problems and solutions.” Paulo Freire

“CBPR allows for individuals to inter-connect groups as actors as well as authors of their own reality.” Kurt Lewin

\*Tuskegee Study among others

# 1. RESPECTS AND RECOGNIZES THE COMMUNITY AS A UNIT OF IDENTITY.

The Community is a group of individuals who share some common interests, values, goals, politics, and characteristics.



## 2. BUILDS ON STRENGTHS AND RESOURCES IN THE COMMUNITY

Researchers use the resources that are internal to the Community when possible, including facilitating the use of resources that may require some additional support or development.





### **3. FACILITATES COLLABORATIVE, EQUITABLE INVOLVEMENT OF ALL PARTNERS IN ALL PHASES OF RESEARCH:**

This means that all members of the team will be informed about, and included and involved, in all aspects of the research process.



## 4. INTEGRATES KNOWLEDGE AND INTERVENTION FOR MUTUAL BENEFIT OF ALL MEMBERS

Knowledge is informational research findings: the data. Intervention is a plan of action for effecting change in the world based on that data. Information desired by the community will be considered integrated with the community's needs for intervention to create positive change for the community.





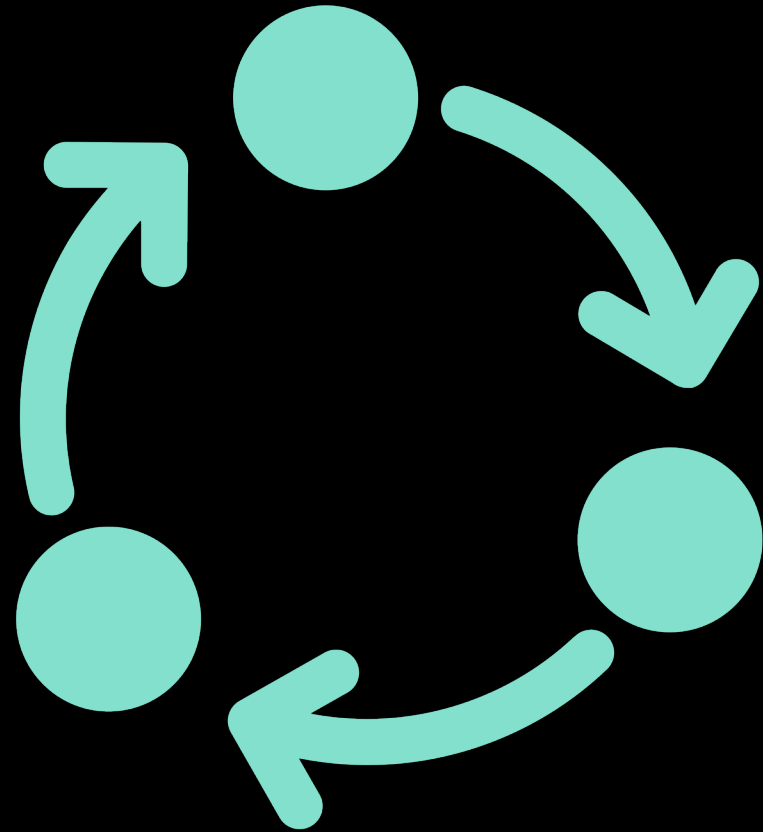
## 5. INFORMATION AND LEARNING IS SHARED EQUALLY BY ALL MEMBERS

Everyone shares their ideas, perspective, and expertise with each other. All parties learn equally from each other.



## 6. INVOLVES A CYCLICAL AND ITERATIVE PROCESS

The process of doing science itself is iterative, as is the process of doing CBPR. As project members learn from each other, the work itself is refined. All phases of the research process may be gone over more than once before being implemented, as the community adds its insights.





## 7. ADDRESSES RESEARCH TOPICS FROM BOTH POSITIVE AND ECOLOGICAL PERSPECTIVES

Positive means an emphasis on outcomes that are beneficial to the health, happiness, and success of the community. Ecological means that whole systems and whole people are looked at, rather than isolated events or single causes.





## 8. DISSEMINATE FINDINGS AND KNOWLEDGE GAINED TO ALL PARTNERS

Research findings will be communicated back into the academic and research context, and into the other Communities, in ways that are most useful for each. For example, findings may be disseminated both as published research papers in scientific journals and as interventions for the direct benefit of the Community.



## 9. INVOLVES A LONG-TERM COMMITMENT BY ALL PARTNERS

This means that "the big picture," or future impact, of work done should be considered by all parties. This does not mean that the same people must be involved in the project over the long term, just that the goals of the project should take the future welfare of all parties into consideration.





# CBPR PRINCIPLES FROM THE AFRICAN AMERICAN COMMUNITY:

- Developed by community members from the National Black Leadership Initiative on Cancer during a project that was directed to conduct CBPR.



1. **We are family.**
2. **It takes a village.**
3. **Come as you are.**
4. **Just stand.**
5. **Health, wholeness, & healing.**
6. **Go tell it on the mountain.**
7. **We shall overcome, someday.**

# RESOURCES AND SOURCES

## [Community-based Participatory Research: A Practical Guide for Radiologists - PubMed \(nih.gov\)](#)

Milton AJ, Flores EJ, Charles EF, Elezaby MA, Ward EC, Lee CI, Woods RW, Martin Rother MD, Strigel RM, Narayan AK. Community-based Participatory Research: A Practical Guide for Radiologists. Radiographics. 2023 May;43(5):e220145. doi: 10.1148/rg.220145. PMID: 37104126; PMCID: PMC10190132.

## [Review of community-based research: assessing partnership approaches to improve public health - PubMed \(nih.gov\)](#)

Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. Annu Rev Public Health. 1998;19:173-202. doi: 10.1146/annurev.publhealth.19.1.173. PMID: 9611617.

## [Community-based participatory research principles for the African American community - PMC \(nih.gov\)](#)

Smith SA, Whitehead MS, Sheats JQ, Ansa BE, Coughlin SS, Blumenthal DS. Community-based participatory research principles for the African American community. J Ga Public Health Assoc. 2015 Summer;5(1):52-56. PMID: 26336653; PMCID: PMC4554535.

## [The study of untreated syphilis in the negro male - PubMed \(nih.gov\)](#)

Brawley OW. The study of untreated syphilis in the negro male. Int J Radiat Oncol Biol Phys. 1998 Jan 1;40(1):5-8. doi: 10.1016/s0360-3016(97)00835-3. PMID: 9422551.

THANK YOU!





# CBPR Successes - What worked?

By understanding the Community and History, they aim to increase community engagement.

Sees community as a unit of identity

Working across county lines; communities share identity and do not share the same imaginary limits created by governments

Builds on strengths and resources in the community

Hiring from community

Get feedback on design of study materials.

Partnerships with establish community coalitions that have similar goals/objectives

partnering with local interpreting and translating services

Creating an advisory board or council consisting of community members/leaders who researchers identify as experts as well

Facilitates collaborative equitable partnerships in all phases of research

Forming a Community Advisory Board for a research study.

Being involved... not only research but also other community activities

conduct all the research activities in the community or CBOs

Promotes co-learning and capacity-building among all partners

Use facilitation strategies that are culturally grounded

Integrates and achieves a balance between research and action for benefit of all partnerships

Outcomes really have an effect on the real-world.

Emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and

Focus the institution's studies in topics that will primarily affect local communities.

Work hyperlocal

educational materials are created with community guidance from the get-go, and go through many versions with final community signoff

Loved the quote, "if it's not taking a long time, you're not doing it right"!! ;)

Disseminates findings and knowledge to all partners

How can we convince academic institutions to value this?

Understand each other's "why" to see partnership as transformational rather than transactional

Involves a cyclical process

Rather than waiting for the traditional efficacy->effectiveness path, findings can get to and learn from the real world faster.

share out findings at various milestones- not just at the "end" of a project

Creating a summary of research results in format and language that is relevant to participants

Build community capacity - build and transfer leadership.

So important to write this into funding proposals!

# CBPR Challenges - What have you found to be difficult?

Sees community as a unit of identity

new project working with low-income older adults who take part in a program. they don't see themselves as part of a particular community - how will I help create that identity?

HOW do we fund this???

Funding is directive from broader issues

Builds on strengths and resources in the community

egos! the egos of the "experts" dictates SO much of the work we do.

funding sources and bureaucracy/institutional policy limit ability to truly utilize a lot of these.

Finding genuine community voices- who actually speaks for the community?

cooperative relationships in all research

structural stigma and discrimination prevents the hiring of some groups of individuals.

Time and energy available to commit to partnerships are shaped by systemic inequities. Under-resourced settings might not have the same time to collaborate.

Promotes co-learning and community-building among all partners

Academics or professionals coming to fix instead of collaborating.

limitations with staffing and project/funding timeframes creates rushed products/program creation

Integrates and achieves a balance between research and action for benefit of partnerships

Not everyone is happy about (or agrees with) community-set priorities, findings or interventions.

Funding is focused on broader issues while locally the health priorities are different

Emphasizes local relevance of public health problems and biological perspectives that recognize and attend to the multiple determinants of health and disease

Involves a cyclical process

Disseminates findings and knowledge gained to all partners and involves partners in dissemination process

bureaucratic/institutional policies and legal processes limit the amount of research disseminated or the mediums used to inform the public which may exclude external partners

Involves a long-term process and commitment

hard to think about long-term if funding is tentative from project to project

Challenge in building and maintaining the relationships, how do do this when it isn't "easy"? (comment from UNC Chapel Hill)

Maintaining partnerships who want change now is hard when systems are slow (e.g., NIH funding takes 9-18 months until projects can start)