Community-Based Participatory Research (CBPR)

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Overview
This toolkit will help provide a guideline for both research interns and for site teams (or partner organizations and communities) to create research proposals, develop research plans and project designs, and carry out the full scope of a research project in a way that supports FSD’s mission of helping to catalyze and support community-driven community-development.

The goal of CBPR is for the researchers to work side by side with community members.

What is Community-Based Participatory Research?
CBPR is a framework or approach for conducting research that is characterized by the principles…and the relationships between the communities and academic researchers. This type of research requires partnership development, cooperation and negotiation, and commitment to addressing local issues. CBPR is accomplishing objectives and development through empowerment and ownership.

The Office of Behavioral and Social Science Research at the National Institutes of Health defines CBPR as:

“an applied collaborative approach that enables community residents to more actively participate in the full spectrum of research (from conception – design – conduct – analysis – interpretation – conclusions – communication of results) with a goal of influencing change in community health, systems, programs or policies”

Another widely used definition of CBPR from the Community Health Scholars Program of WK Kellogg Foundation defines it as 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 and has the aim of combining knowledge with action and achieving social change to improve (health) outcomes and eliminate (health) disparities.”

In other words, community-based participatory research adds to or replaces academic and other professional research with research done collaboratively with or by community members, so that research results both come from and go directly back to the people who need them most and can make the best use of them.
Comparing traditional research methods with community-engaged research & Community-Based Participatory Research

Research through FSD should strive for CBPR with full partnership and equal control, but CBPR lies at the ideal end of the research type spectrum and is not always the easiest to achieve. Below is a comparison table\(^1\) of Traditional, Community-Engaged, and CBPR. The table is for comparison purposes only and most projects will involve a variety of techniques from each of the “types” of research.

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>Community-Engaged</th>
<th>CBPR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research Objective</strong></td>
<td>Based on data and funding priorities</td>
<td>Community input in identifying locally relevant issues</td>
<td>Full participation of community in identifying issues of greatest importance</td>
</tr>
<tr>
<td><strong>Study Design</strong></td>
<td>Design based entirely on scientific rigor and feasibility</td>
<td>Researchers work with community to ensure study design is culturally acceptable</td>
<td>Community intimately involved with study design</td>
</tr>
<tr>
<td><strong>Recruitment &amp; Retention</strong></td>
<td>Based on scientific issues &amp; &quot;best guesses&quot; regarding how to best reach community members</td>
<td>Researchers consult with community representatives on recruitment &amp; retention strategies</td>
<td>Community representatives provide guidance on recruitment &amp; retention strategies and aid in recruitment</td>
</tr>
<tr>
<td><strong>Instrument Design</strong></td>
<td>Instruments adopted or adapted from other studies, tested chiefly w/ existing analytic methods</td>
<td>Instruments adopted from other studies &amp; tested/adapted to fit local populations</td>
<td>Instruments developed with community input and tested in similar populations</td>
</tr>
<tr>
<td><strong>Data Collection</strong></td>
<td>Conducted by academic researchers or individuals with no connection to the community</td>
<td>Community members involved in some aspects of data collection</td>
<td>Conducted by members of the community, to the extent possible based on available skill sets. Focus on capacity building.</td>
</tr>
<tr>
<td><strong>Analysis &amp; Interpretation</strong></td>
<td>Academic researchers own the data, conduct analysis &amp; interpret the findings</td>
<td>Academic researchers share results of analysis with community members for comments &amp; interpretation</td>
<td>Data is shared; community members &amp; academic researchers work together to interpret results</td>
</tr>
<tr>
<td><strong>Dissemination</strong></td>
<td>Results published in Peer-reviewed academic journals</td>
<td>Results disseminated in community venues as well as peer-reviewed journals.</td>
<td>Community members assist academic researchers to identify appropriate venues to disseminate results (public meetings, radio, bulletin, etc.) in a timely manner &amp; community members involved in dissemination. Results also published in peer-reviewed journals.</td>
</tr>
</tbody>
</table>

\(^1\) (Source: USC Office for the Protection of Research Subjects OPRS “Frequently Asked Questions about Community-Engaged Research” )
A Cautionary Tale
Unfortunately, there has been a long history of researchers leaving community concerns and interests out of the research agenda, leading to caution on the part of communities. Some of these situations include:
• Topics selected without determining if they addressed real needs of the community
• Studies conducted “on” communities; community was only involved as research subjects
• No mechanisms for sharing research findings or continuing successful programs
• Communities seldom felt they received benefits from the research
These are the kind of research projects that take power and ownership away from the community, and are processes that CBPR will try to avoid at all costs.

When researchers conduct their research through “traditional” approaches, they often find that they do not understand many of the social and economic complexities motivating individuals’ and families’ behaviors.

The Key Principles of CBPR
These principles are solely guidelines that can and should evolve to reflect changes in the research context, purpose and participants.

1. Recognizes community as a unit of identity
2. Builds on strengths and resources (assets) within the community
3. Facilitates collaborative partnerships in all phases of the research
4. Integrates knowledge and action for mutual benefit of all partners
5. Promotes a co-learning and empowering process that attends to social inequalities
6. Involves a cyclical and iterative process
7. Addresses issues from culturally appropriate, contextually based perspectives
8. Disseminates findings and knowledge gained to all partners

Why CBPR?
Community-engaged research takes place under real world conditions, which increases the applicability of its findings to practical applications that improve human health. Meaningful community involvement can also improve the research process itself and therefore the findings that come out of the study as well.
Higher community involvement will help in:
• Developing research questions that are relevant to the issues of concern to the community
• Recruiting participants since people are more likely to support the research and researchers when they understand the purpose of the research and how the results may affect them
• Identifying risk associated with participation and helping develop appropriate ways to protect participants
• Improving study and instrument design through community input to produce user friendly, culturally sensitive, accurate and valid practices and measures
• Providing important explanation of results when community is involved in analysis and interpretation (local interpretation may provide ideas the researchers had not considered)
• Creating the opportunity to build greater trust and respect between academic researchers and communities. This may lead to future research collaborations
• Leading to real improvements in the community through research findings

Below is a table\(^2\) displaying some of the potential benefits and challenges of CBPR to participating communities and researchers throughout the course of its implementation.

<table>
<thead>
<tr>
<th>Research Element</th>
<th>CBPR Application/Process</th>
<th>Community Benefits</th>
<th>Research Benefits</th>
<th>Research Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembling a research team of collaborators with the potential for forming a research partnership</td>
<td>Identifying collaborators who are decision makers that can move the research project forward</td>
<td>Resources can be used more efficiently</td>
<td>Increases the probability of completing the research project as intended</td>
<td>Time to identify the right collaborators and convincing them that they play an important role in the research project</td>
</tr>
<tr>
<td>A structure for collaboration to guide decision making</td>
<td>Consensus on ethics and operating principles for the research partnership to follow, including protection of study participants</td>
<td>The beginning of building trust and the likelihood that procedures governing protection of study participants will be understood and acceptable</td>
<td>An opportunity to understand each collaborator’s agenda, which may enhance recruitment and retention of study participants</td>
<td>An ongoing process throughout the life of research partnerships that requires skills in group facilitation, building consensus, and conflict accommodation</td>
</tr>
<tr>
<td>Defining the research question</td>
<td>Full participation of community in identifying issues of greatest importance; focus on community strengths as well as problems</td>
<td>Problems addressed are highly relevant to the study participants and other community members</td>
<td>Increased investment and commitment to the research process by participants</td>
<td>Time consuming; community may identify issues that differ from those identified by standard assessment procedures or for which funding is available</td>
</tr>
</tbody>
</table>

\(^2\) Source: CCPH Community-Campus Partnerships for Health, “CBPR Curriculum”
<table>
<thead>
<tr>
<th>Grant proposal and funding</th>
<th>Community leaders/members involved as a part of the proposal writing process</th>
<th>Proposal is more likely to address issues of concern in a manner acceptable to community residents</th>
<th>Funding likelihood increases if community participation results in tangible indicators of support for recruitment and retention efforts, such as writing, letters of support, serving on steering committee or as fiscal agents of co-investigators</th>
<th>Seeking input from the community may slow the process and complicate the proposal development effort when time constraints are often present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Design</td>
<td>Researchers communicate the need for specific study design approaches and work with community to design more acceptable approaches, such as a delayed intervention for the control group</td>
<td>Participants feel as if they are contributing to the advancement of knowledge vs. as if they are passive research &quot;subjects,&quot; and that a genuine benefit will be gained by their community</td>
<td>Community is less resentful of research process and more likely to participate</td>
<td>Design may be more expensive and/or take longer to implement; possible threats to scientific rigor</td>
</tr>
<tr>
<td>Participant recruitment and retention</td>
<td>Community representatives guide researchers to the most effective way to reach the intended study participants and keep them involved in the study</td>
<td>Those who may benefit most from the research are identified and recruited in dignified manner rather than made to feel like research subjects</td>
<td>Facilitated participant recruitment and retention, which are among the major challenges in health research</td>
<td>Recruitment and retention approaches may be more complex, expensive, or time consuming</td>
</tr>
<tr>
<td>Formative data collection</td>
<td>Community members provide input to intervention design, barriers to recruitment and retention, etc. via focus groups, structured interviews, narratives, or other qualitative method</td>
<td>Interventions and research approach are likely to be more acceptable to participants and thus of greater benefit to them and the broader population</td>
<td>Service-based and community-based interventions are likely to be more effective than if they are designed without prior formative data collection</td>
<td>Findings may indicate needed changes to proposed study design, intervention and timeline, which may delay progress</td>
</tr>
<tr>
<td>Measures, instrument design and data collection</td>
<td>Community representatives involved in extensive cognitive response and pilot testing of Measurement instruments before beginning formal research</td>
<td>Measurement instruments less likely to be offensive or confusing to participants</td>
<td>Quantity of data is likely to be superior in terms of reliability and validity</td>
<td>Time consuming; possible threats to scientific rigor</td>
</tr>
<tr>
<td>Intervention design and implementation</td>
<td>Community representatives involved with selecting the most appropriate intervention approach, given cultural and social factors and strengths of the community</td>
<td>Participants feel the intervention is designed for their needs and offers benefits while avoiding insult; provide resources for communities involved</td>
<td>Intervention design is more likely to be appropriate for the study population, thus increasing the likelihood of a positive study</td>
<td>Time consuming; hiring local staff; may be less efficient than using study staff hired for the project</td>
</tr>
<tr>
<td>Data analysis and interpretation</td>
<td>Community members involved regarding their interpretation of the findings within the local social and cultural context</td>
<td>Community members who hear the results of the study are more likely to feel that the conclusions are accurate and sensitive</td>
<td>Researchers are less likely to be criticized for limited insight or cultural insensitivity</td>
<td>Interpretations of data by non-scientists may differ from those of scientists, calling for thoughtful negotiation</td>
</tr>
<tr>
<td>Manuscript preparation and research translation</td>
<td>Community members are included as co-authors of the manuscripts, presentations, newspaper articles, etc., following previously agreed-upon guidelines</td>
<td>Pride in accomplishment, experience with scientific writing, potential for career Advancement, findings are more likely to reach the larger community and increase potential for implementing or sustaining recommendations</td>
<td>The manuscript is more likely to reflect an accurate picture of the community environment of the study</td>
<td>Time consuming; requires extra mutual learning and negotiation</td>
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What can CBPR be used for?

Action research is often used to consider social problems – welfare reform or homelessness, for example – but can be turned to any number of areas with positive results.

Some prime examples:
- The environment. It was a community member who first asked the questions and started the probe that uncovered the fact that the Love Canal neighborhood in Niagara Falls, NY, had been contaminated by the dumping of toxic waste.
- Medical/health issues. Action research can be helpful in both undeveloped and developed societies in collecting information about health practices, tracking an epidemic, or mapping the occurrence of a particular condition, to name three of numerous possibilities.
- Political and economic issues. Citizen activists often do their own research to catch corrupt politicians or corporations, trace campaign contributions, etc.

What are some examples of CBPR proposals and projects?
Below is a sampling of proposals that were funded through grants from the Office of Behavioral and Social Sciences Research (OBSSR)’s community-based participatory research (CBPR) funding opportunities. These will give you an idea on what your proposals may look like.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wake Forest University</td>
<td>Using CBPR to Reduce HIV Risk Among Immigrant Latino MSM</td>
</tr>
<tr>
<td>California State University - Fullerton</td>
<td>A Pap Test Intervention to Enhance Decision Making among Pacific Islander Women</td>
</tr>
<tr>
<td>University of South Carolina</td>
<td>Assessment of Health Service Needs pre- and Post-Disaster in Rural South Carolina</td>
</tr>
<tr>
<td>Virginia Tech Carilion</td>
<td>Church-based Community Diabetes Education Targeting underserved African Americans</td>
</tr>
<tr>
<td>University of California, Los Angeles</td>
<td>Impact of a CBPR School Program on Obesity-Related Outcomes in Underserved Youth</td>
</tr>
<tr>
<td>University of Massachusetts</td>
<td>Barriers and Facilitators of Mental Health Services Utilization Among Latinos: PACE4</td>
</tr>
<tr>
<td>Wake Forest University</td>
<td>CBPR on Pesticide Exposure and Neurological Outcomes for Latinos: PACE4</td>
</tr>
</tbody>
</table>
Developing a Research Plan: The Steps

1. Who should be involved in community-based participatory research?

People from all sectors from the community should be involved, but there are specific groups, that under most circumstances, are important to include.

1. **People most affected by the issue or intervention under study.** These are the people whose inclusion is most important to a participatory effort – both because it’s their inclusion that makes it participatory, and because of what they bring to it. These are the people who are closest to the situation, have better access to the population most concerned, and may have insights others wouldn’t have. In addition, their support is crucial to the planning and implementation of an intervention or initiative. That support is much more likely to be forthcoming if they’ve been involved in research or evaluation.

2. **Other members of the affected population.** *People who may not themselves be directly affected by the issue or intervention, but who are trusted by the affected population,* can be useful members of a CBPR team.

3. **Decision makers.** Involving local officials, legislators, and other decision makers from the very beginning can be crucial, both in securing their support, and in making sure that what they support is in fact what’s needed. If they’re part of the team, and have all the information that it gathers, they become advocates not just for addressing the issue, but for recognizing and implementing the solution or intervention that best meets the actual needs of the population affected.

4. **Academics with an interest in the issue or intervention in question.** (This could be a FSD research intern if one is present, but doesn’t necessarily have to be). Academics who have studied the issue often have important information that can help a CBPR team better understand the data it collects. They usually have research skills as well, and can help to train other team members. At the same time, they can learn a great deal from community based researchers – about the community and communities in general, about approaching people, about putting assumptions and preconceptions aside – and perhaps, as a result, increase the effectiveness of their own research.

FSD Tip:

It’s important that everyone is treated as equals by each other. Everyone on a team has to view other members as colleagues, not as superiors or inferiors, or as more or less competent or authoritative. This can be difficult on both sides – i.e. making sure that officials, academics, or other professionals don’t look down on community members, and that community members don’t automatically defer to (or distrust) them. It may take some work to create an environment in which everyone feels equally respected and valued, but it’s worth the effort. Both the quality of the research and the long-term learning by team members will benefit greatly from the effort.
5. **Health, human service, and public agency staff and volunteers.** Like the previous two groups, these people have both a lot to offer and – often – a lot to learn that will make them more sensitive and more effective at their jobs in the long run. They may have a perspective on issues in the community that residents lack because of their closeness to the situation. At the same time, they may learn more about the lives of those they work with, and better understand their circumstances and the pressures that shape their lives.

6. **Community members at large.** This category emphasizes the importance that members of all sectors of the community should have the opportunity to be involved. That statement covers the knowledge, skills, and talent that different people bring to the endeavor; the importance of buy-in by all sectors of the community if any long-term change is to be accomplished; and what team members learn and bring back to their families, friends, and neighbors as a result of their involvement.

### 2. Setting Priorities

Now that you’ve identified your partners and the people who may be participating in interviews, forums, committees, etc., you have to figure out what the issue to tackle will be. Because there are always a multitude of important issues that all seem to be pressing at one time on any given community, it is important to set priorities for what issues the partners will work on at the very beginning of a partnership. A road map will allow you and your partners to make progress on a particular issue more easily.

On top of dialoguing with your partners, as well as the community at large, you may use the below criteria as a guideline in prioritizing the issues at hand.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Description</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Efforts</td>
<td>Will addressing this issue build upon existing efforts in the community? For example, when request for proposals around health disparities was released, it would make sense to tackle issues of disparities in infant mortality because of existing infant mortality work in the community.</td>
<td></td>
</tr>
<tr>
<td>Relationship to Other Problems</td>
<td>Will addressing this particular issue also have a positive effect on another issue of concern? For example, when you decide to address disparities in infant mortality rates, it may be because you knew that the response to issues affecting infant mortality (i.e. focusing on diet) would address other issues like diabetes.</td>
<td></td>
</tr>
<tr>
<td>Local Expertise</td>
<td>Do we have expertise within our partnership to assist in the efforts? For example, one of the factors in the decision to address lead contamination may be the support you received from an expert in the area of lead poisoning and air pollution at a local academic institution.</td>
<td></td>
</tr>
</tbody>
</table>
### Capacity

Does capacity exist within organizations to address this problem? For example, you may ask if the Health Department had personnel and services to address the issue and if community-based organizations had connections with the community being impacted by the problem.

### Feasibility

Are there funds available to address this problem (with particular attention given to funding resources within the community)?

### Policy Impact

Will addressing this problem have the potential of making a significant impact on policy? In this way, your efforts could be more far-reaching.

### Synergy

Is this an issue that everyone can rally around so that your combined efforts will have more of an impact than if individual partners focused separately on the problems?

#### 3. Forming Partnerships, Building Trust

This step includes the creation of a Community Advisory or Community Action Board. Some CBPR researchers prefer to use the term “steering committee” in place of CAB, to reflect both the advisory as well as the decision-making capacities of the group. The committee should generally be composed of representatives of community based-organizations (CBOs) who serve as community partners, along with community residents and other consultants that you have identified in Step 1. This step includes as well the creation of more informal partnerships and relationships and building up the trust between each team member, including the researcher.

Potential CAB members should be well known in the community; if possible, they should have an interest in and even a history of involvement in community development affairs. Think about contacting persons who have the background, interest, time and energy to commit to the process. The ideal number is 5-10 members. However this number may change depending on availability of persons, as well as the project scale.

#### 4. Developing a Common Mission Statement

Given that each partner organization has its own missions, goals and objectives, community-institutional partnerships for prevention research need to engage in a process of creating a common vision and selecting and prioritizing mutually defined issues, goals and objectives that reflect the multiple agendas that partners bring to the table.

Shared vision is vital in order for partnerships to succeed because it provides focus and energy. Without a vision, separate self-interests can override partnership interests. With a common vision, partnerships apply collective power and subordinate separate self-interests to the larger purpose. A mission statement should reflect the overarching values and goals.
5. Developing CBPR Principles for the Project
In developing CBPR principles with partners and/or the community, try answering these questions together.

1. Is the partnership clear about how “community” is defined and the characteristics that gives this identity?

2. How will the proposed project build on the strengths of the community and enhance its capacity?

3. How will the partners, their local histories, and where the partnerships are centered influence the direction of the work being proposed?

4. What benefits will the community receive and are their other partners or communities involved who may not receive any direct benefits?

5. How will the proposed project simultaneously implement interventions and conduct research while still addressing long-term systems change (i.e. poverty, sexism, racism, imbalance of power between communities and institutions, etc.)?
Consider each principle of CBPR listed below and discuss your answers to the corresponding question(s) in the context of your partnership and its projects.

**Principle:** Community involved in plans and development from the beginning  
**Question:** At what point will you involve the community in the project and how?

**Principle:** Community partners have real influence on the project’s direction and activities.  
**Question:** What kind of influence will community members have on direction and activities of the project? Who will make decisions? What will the structure for decision-making look like?

**Principle:** Community involved with specific projects in  
- selection and objectives of project  
- implementation  
- evaluation  
- shared ownership of data  
- interpretation and dissemination of research findings  
**Question:** How will the community be involved in project: selection and objectives, implementation, evaluation, shared ownership of data, interpretation and dissemination of research findings?

**Principle:** The values, perspectives, contributions and confidentiality of everyone in the community are respected.  
**Question:** How will you ensure that community members’ values, perspectives, contributions and confidentiality are respected?
An example of CBPR principles developed by a CBPR partnership

CBPR Principles from the Wellesley Institute’s Resource Center for Community-Based Research

- This project will engage a set of principles that will foster community ownership and empowerment among team members, including power sharing, capacity building through mentoring and learning exchanges, group participation in all appropriate phases of the research project, and community ownership of the project.
- This project will engage in an open and transparent process where a collective vision of research goals and objectives is shared, and where the roles and expectations of team members are clearly understood;
- This project will be a collaborative and equitable research partnership where members draw upon individual skill sets to meaningfully and mutually work toward the team’s vision;
- This project will provide opportunities for capacity building through “learning exchanges” where team members can learn about research skills, community development, and community work;
- This project will engage in data analysis interpretation processes that honor the lived experiences/knowledge of community members;
- This project will employ dissemination strategies leading toward education advocacy, community benefit, and social change;
- This project will foster a supportive team environment through critical reflection of our work and group process.
Research Design Process

The research design steps for CBPR projects are not entirely different from projects using traditional research methods. The difference is that it is driven by the community and the researcher should be engaging with the community at each step and throughout the entire process. Answering the questions below will help you formulate your research project and process, incorporating CBPR principles.

1. Describe the overall research design (rationale, objectives, methods, time frame, population, partners).

2. Identify the key areas in the research design that distinguish this as CBPR.

3. Who are the partners?

4. Who is the community?

5. What is the issue being addressed? What are the anticipated outcomes to be achieved?
6. How will progress towards objectives be measured?

7. How will the results be evaluated?

8. How will the results be disseminated?

9. Identify parts of the design where you have concerns about rigor, objectivity or bias. Explain. How will you address these concerns?

10. Identify parts of the design where you have concerns about the partnership and/or involvement of the community. Explain. How will you address these concerns?

11. Identify areas of the design where you have ethical concerns. Explain. How will you address these concerns? (For guidance, refer to the IRB and Ethic Toolkit!)
Take, or try to bring about, appropriate action on the issue or intervention
Action can range from adjusting a single element of an intervention as a result of an evaluation, to writing letters to the editor, advocating with legislators, taking direct action (a demonstration, a lawsuit), and starting a community initiative that grows into a national movement. In most cases, a CBPR effort is meant to lead to some kind of action, even if that action is simply further research.

Follow Up
An action research project doesn’t end with the presentation, or even with action. The purpose of the research often has as much to do with the learning of the team members as it does with research results. Even where that’s not the case, the skills and methods that action researchers learn need to be cemented, so they can carry over to other projects.

1. Evaluate the research process. This should be a collaborative effort by all team members, and might also include others (those who actually implement an evaluated intervention, for instance). Did things go according to plan? What were the strengths of the process? What were its weaknesses? Was the training understandable and adequate? What other support would have been helpful? What parts of the process should be changed?

2. Identify benefits to the community or group that came about (or may come about) as a result of the research process. These may have to do with action, with making the community more aware of particular issues, or with creating more community activists.

3. Identify team members’ learning and perceptions of changes in themselves. Some areas to consider are basic and other academic skills; public speaking; meeting skills; self-confidence and self-esteem; ability to influence the world and their own lives; and self-image (seeing themselves as proactive, rather than acted upon, for example).

4. Maintain gains by keeping researchers involved. There are a number of ways to keep the momentum of a CBPR team going, including starting another project, if there’s a reason to do so; encouraging team members to be active on other issues they care about (and to suggest some potential areas, and perhaps make introductions that make it easier for them to do so); keeping the group together as a (paid) research consortium; or consulting, as a group, with other organizations interested in conducting action research.
Sample Terms of Reference for a CBPR Project

Terms of Reference Contract from the Wellesley Institute

1. Purpose of the CBR Project
   • One sentence project description: This research project is a community-based study committed to identifying/understanding/measuring...
   • One sentence project goal: The results of this study will be used to enhance quality of life through mobilizing community, building capacities, identifying programmatic gaps, and impacting social policy
   • Project objectives: The project will achieve this goal by identifying specific factors that impact on quality of life and will put forth strategies for program enhancement, community-building and policy change

2. Guiding Principles for the CBPR Project
   • This project will engage a set of principles that will foster community ownership and empowerment among team members, including power sharing, capacity building through mentoring and learning exchanges, group participation in all appropriate phases of the research project, and community ownership of the project.
   • This project will engage in an open and transparent process where a collective vision of research goals and objectives is shared, and where the roles and expectations of team members are clearly understood;
   • This project will be a collaborative and equitable research partnership where members draw upon individual skill sets to meaningfully and mutually work toward the team’s vision;
   • This project will provide opportunities for capacity building through “learning exchanges” where team members can learn about research skills, community development, and community work;
   • This project will engage in data analysis interpretation processes that honor the lived experiences/knowledge of community members;
   • This project will employ dissemination strategies leading toward education, advocacy, community benefit, and social change;
   • This project will foster a supportive team environment through critical reflection of our work and group process.

3. Decision-Making Process for the Project
   Our decision-making process in this project aims to:
   • Encourage the participation and empowerment of all team members;
   • Be transparent, open and clear;
   • Provide opportunities for exchanges of learning that draw on the various skills and areas of knowledge of different team members;
   • Recognize the responsibilities of the Co-Principal Investigators as Project leaders;
   • Recognize the responsibilities of the Project Coordinator as the Project’s staff person.
Differing Responsibilities:
Team decisions will include those related to the project’s overall goals and strategies; Project leaders and staff are responsible for decisions related to the management of the research and administration to the Project.

Process for Team Decisions:
Decision-making at Team meetings will strive first for consensus and then will use simple majority votes.

4. Access to/Dissemination of Data
Based upon the project’s guiding principles, the Co-PIs and the Co-Investigators share ownership and have access to the research data. Usage of the data will be in accordance with the project goals and will adhere to all requirements of the Research Ethics Board at [name of organization(s)].

Data will be used for:
- advancement of knowledge;
- identification of future research questions;
- making recommendations for policy and service provision.

The data should not be for individual interests that are not related to the goals of the research.

In accordance with CBR principles, we are proposing a model of dissemination that encourages the active involvement of all research team members while taking into account their varying responsibilities and capacities. Research findings will be disseminated in various ways including community forums, conference presentations, agency workshops, newsletters, and journal articles. The Co-PIs, the Co-Investigators, and the Project Coordinator are all encouraged to engage in dissemination of the research findings, and are encouraged to share information about potential dissemination activities.

The Co-PIs will take the initiative in identifying potential journal articles and discussing them with the team. Articles may be written by individuals or by writing groups formed to develop particular manuscripts. All members of a writing group will share authorship on a manuscript. If the paper discusses concerns or issues relating to a particular ethno-cultural community or communities, team members from these communities will be encouraged to participate in the writing group. Order of authorship and mechanisms for feedback on manuscript drafts will be decided up front by writing group members. Groups may also be formed for the development of conference presentations, community forums, and other dissemination activities.

5. Process Evaluation
We will regularly chart our progress against our timeline submitted. We will also provide time at the end of each meeting (15 minutes) to review our process. Twice a year, we will hold meetings.
specifically to debrief about our work. At these meetings we will both critically reflect on our process/outcome balance and make recommendations for adjusting our work accordingly.

References

CCPH Community-Campus Partnerships for Health, “CBPR Curriculum”

National Institutes of Health, Office of Behavioral and Social Sciences Research

USC Office for the Protection of Research Subjects OPRS “Frequently Asked Questions about Community-Engaged Research

Wellesley Institute