CBPR is dependent on relationships, yet the skills and methods we need to develop and maintain research partnerships often are not taught or explored in academic settings (Wallerstein, Duran, Minkler, & Foley, 2005, p. 31).

THE EARLY YEARS—A VALUABLE LESSON

As I, Karen, reflect on my career, I can honestly say that when I first started, Community Based Participatory Research (CBPR) was not part of my overall plan, as either a practicing social worker in a rural school system or even after I accepted an academic position at Ohio University. Yet today, I cannot imagine a more rewarding way to blend the best of what academia has to offer with the wisdom of those in the field. I do feel confident, however, that my professional experiences as a social worker interacting with students, parents, administrators, and community agencies have definitely shaped my approach to academic research and the importance of integrating theory and practice. Moreover, when I returned to graduate school to pursue my doctoral degree, the value of those experiences and the importance of the relationships I had established and nurtured came together when I was asked to be part of a large research project on urban and suburban youth violence. Interestingly, it would take me years before I truly learned what it meant to conduct collaborative research that not only benefitted me in my academic pursuits but also returned something of value to the community partners I was working with. In this chapter, I share my story.

After a short tenure as a social worker in a rural school district, I returned to graduate school to pursue a dual Masters and PhD in Social Welfare. I was excited when asked to be part of a large project on urban and suburban youth violence particularly because I knew I had much to contribute—those years in the field providing services to help students succeed academically, socially, and emotionally; enmeshed in the problems and issues faced by
young people in the schools provided me with first-hand knowledge of how we might make a difference. Shortly after being assigned to the project team, I suggested we expand the study to include rural youth explaining that through first-hand knowledge, these young people were also exposed to violence in a number of different settings. Fortunately, I was successful in my pursuits and the project was expanded to include rural schools.

While my motives were pure in trying to advocate for rural youth, in hindsight, I realize that I was advancing research in the manner promulgated in graduate school. Research experiences in graduate school typically include a heavy emphasis on quantitative research, outcomes, publications, and “academic as expert” mentality. Faridi, Grunbaum, Gray, Franks, & Simoes (2007) sum this up by stating:

In traditional research, academicians define the research issues, determine how research is done, and decide how outcomes are used. University-based departments and professional schools are generally the arbiters of who has the appropriate knowledge to define research and who is qualified to perform it. (p. 2)

What’s interesting is that although I could see how the work I was doing would be of great benefit to my friends and colleagues in the field, I certainly did not go out of my way to include them in the research process or even verify that the research outcomes were the same outcomes they would have liked to see in their work. Ritas (2003) offers a continuum for understanding community relationships and states it can be a useful exercise for community and research partners to determine where their relationship lies on this continuum as well as whether or not mutual needs are being represented. As noted, my project was not based on relationship of equals but instead fell on the lower end of the continuum described by Ritas where the research was unilateral—I was the research expert and the community was merely assisting in data collection. This lack of equality in the relationship resulted in a lack of voice for the community: They were not asked to participate as a true partner in any stage of the research.

At the end of the project, I provided the school district with results in a report format and gave them a copy of my dissertation, all of which would have assisted them in directing efforts towards addressing the issue of youth violence in this rural community. In hindsight, there was so much more I could have done to provide this community with meaningful results, even within the constraints posed by the academic rubric and grant I was working under. While the desired outcome of my research was certainly to translate the findings into practical applications, in reality, traditional scientific research has been “inefficient and disappointing” in this translation (Ioannidis, 2004).

I have come to learn that a total reliance on traditional research methodologies without community involvement can impact the research trajectory and hinder the translation of research into application, which then negatively affects the usefulness of the research for the intended community. Although my research aims were met and I did complete my dis-
sertation and was well-positioned to produce a couple of journal articles from the research, I now realize that even though it started as a fundamental purpose of my research efforts I did not leave the community with what it needed to make change.

The Race for Tenure

With a freshly minted PhD, I was excited to begin a new career as an academician. I remained committed to the issue of rural youth violence exposure, yet in the “publish or perish” atmosphere that proliferates in the academic setting, I defaulted to quantitative research methodologies learned in graduate school as I believed these strategies were what was needed to respond to the fast-paced manuscript that predicates the pre-tenure academic environment. Wallerstein, Duran, Minkler, and Foley (2005) similarly note that in the academic setting junior faculty in particular do not have the luxury of time to devote to intensive relationship building or interest in alternative research methodology due to the structural challenge of academic settings’ promotion and tenure policies. In addition, faculty do not often learn these research-relationship building skills as students, professors, or researchers in the academic setting. Experiences in graduate school, such as my own, can include a heavy emphasis on quantitative research, outcomes, publications, and “academic as expert” mentality.

In these first few years, I continued to pursue a research agenda focused on rural youth violence. Of course, I wanted the work I was doing to have relevance to people in the field so I often met informally with school social workers and other administrators to discuss the research protocol, review survey questions, and give feedback on draft reports. Because I was committed to producing research that made a difference, I was open to requests that might have added a few questions to the survey and always honored requests to include specific information in the final reports. Even so, quite honestly, I “owned” the process and the data; our relationship was still quite imbalanced, community members were contributing to the process but they were in no way equal partners. I guess I should not have been surprised when the research was not incorporated into any policies or procedures, or when I did not see any changes implemented as a result of my generated reports. While it is true that I was able to produce scholarly work that filled a gap in the literature, I was left with a sense that the research was not practical to the community. The knowledge I had generated was clearly not translating into action.

ENTERING A NEW PARADIGM—THE CBPR JOURNEY

As I have explained, my earliest research efforts embraced a methodological paradigm that tangentially included community partners and subsequently did not fully incorporate the
valuable strengths, knowledge, and processes these folks could have brought to the process. Two key events altered the way I thought about research and I have completely shifted the way in which I collect, analyze, and disseminate data. Serendipitous but true, the first happened in my pediatrician’s office when being questioned about the presence of firearms in my home. Rest assured that my toddler had not been shot, but had rather been sick with a virus; these questions were part of a standard intake process. In any case, the doctor’s questions prompted me to share my research interests and we talked at length about youth violence and firearm safety. I learned his concerns about the risk of self-harm among youth who were exposed to firearms in the home and I began thinking about the link between access to firearms and suicide among rural youth. Even though I knew that access to firearms clearly increases the risk of causing harm to others from my clinical work in rural schools, through my service on the local suicide coalition, and from my research, it had never occurred to me that exposure may also be linked to increased rates of suicide.

Like any good academician, I quickly went to the literature to see if there were any published reports or research studies examining the relationship between access to firearms and self-harm. Indeed, I learned that most suicides are completed by firearms and that suicide is the second leading cause of death for youth. Moreover, suicides are more prevalent in rural areas for all populations compared to urban areas due to the mere fact that rural areas have more guns; where there are more guns, there are more completed suicides.

Another quantitative study ensued to examine the role of social workers in firearm assessment and safety counseling with clients in attempts to prevent suicide. But, this time I knew I had to propel the baseline findings of this research to another level in understanding why social workers were not addressing this with clients across the board and the interactions in which it did occur. Fascinating anecdotal information and stories were written on the returned surveys and I found myself wanting to ask more questions about this issue in terms of barriers, knowledge, and training of the social workers. I knew enough as a researcher and clinician that another survey would not tap into the rich data I needed to fully understand this phenomenon.

As luck would have it, at that point the second major event shaping the way I thought about research happened when a colleague introduced me to the CBPR methodology. A paradigm represented at the other end of Rita’s continuum characterized by long-term equal partnerships in which community members are vested in the relationship as co-designers and co-producers of research efforts (Minkler, 2000). Through this lens, I have been able to challenge my assumptions about what constituted “good” research which has resulted in a broadening of my research values and explicit attention to honoring the community partners I rely upon in my research. Quite fortuitously, shortly after my colleague had talked to me about CBPR, I learned that a CBPR institute on suicide was being conducted. I thought this would be a great opportunity to advance existing relationships I had established in the community and quickly contacted two potential partners to invite them to the institute. Although both were interested, neither was able to attend. Both of the peo-
ple I spoke to encouraged me to attend and bring information back so that we could discuss terms of a partnership when I returned.

Upon returning from the institute, I set up a meeting with both partners and shared ideas related to the merits of community-based research. I also discussed my concerns regarding the relationship between the high prevalence of guns in rural communities and its relationship to suicide. They shared with me their concerns about suicide in the local community and their desire to make real change in the suicide rate. I offered a couple of ideas related to firearms restriction that were informed by previous research in the field. They talked enthusiastically about how this research could inform work in their community and the practical impact that could be made.

We discussed dozens of ideas for a collaborative project and in the end we decided to start with a focus on mental health. We also decided that the local suicide coalition (if they were willing) could offer additional expertise on our initial ideas. After meeting with the suicide coalition, two community partners, one from an alcohol and drug agency (Muskingum Behavioral Health) and one from a behavioral and mental health agency (Six Counties, Inc.) volunteered to participate in the project. I met with these two new partners multiple times to talk through ideas and brainstorm ways to implement lethal means restriction within the mental health community. What would work? Who should be involved? What do we want to be the ultimate outcome? We came up with what we thought was a great idea and jointly developed a grant proposal to help support our efforts.

Although the grant was not funded, we were committed to reworking the proposal and remained steadfast in our desire to straddle both the needs of the community and the requirements of a funding agency. Multiple meetings, emails and phone calls were exchanged. We called upon consultants to analyze the strengths and opportunities in our grant and project idea. One of the consultants introduced us to PAX, a nonpolitical non-profit organization working with all Americans to help bring an end to gun violence against children and families. This organization had received a small grant to study means of firearms restriction messaging strategies for clinicians to use with parents of their high risk adolescent clients. Quite fortuitously they were searching for a sample and we had a sample of rural mental health clinicians ready to tackle the issue of firearms restriction in their practices. My community partners and I agreed that discussing a potential partnership with PAX could be mutually beneficial.

In our negotiations with PAX we were sure to pay attention to how the collaboration would be beneficial to the community and also how it might limit the local and rural nature of our project. It also focused our research on the adolescent population, which took us away from a general mental health protocol, but we agreed the focus could be just what our partnership project needed to move us along. We wanted to make sure we were all equal partners in the research and asked for a Memorandum of Agreement (MOA) to be sure the roles, responsibilities, access to data, and expectations around publication were transparent. We also agreed that the MOA would not be a static document and instead
would be periodically revisited to ensure its compatibility with the current state of the research relationship. Clearly, any modifications or changes would have to be approved by all partners.

This project is currently underway and finally I feel very comfortable in a research relationship. This project has a different spirit than in past projects in that the level of power and control are really balanced. This could be in part because the relationship started off with me asking questions instead of offering solutions. I have learned that when ideas are put on the table, all at the table (including me) are open to multiple interpretations and processes generated by the ideas circulating. The relationship is also far more participatory than anything I have done in the past particularly in that although I provided expertise regarding prior research in the field, the community partners definitely defined what was practical and useful in their work. I helped them to understand the challenges of academic research, including IRB approval, and they have helped me gain a better perspective on the process of assessments and treatment. This is truly a participatory process where an iterative process of co-learning is taking place and I am very pleased to be part of this collaborative team making a real difference in my community.

AN AGENCY PERSPECTIVE ON RESEARCH RELATIONSHIPS

I have been the Executive Director of Muskingum Behavioral Health (MBH) for 29 years. I have known Karen Slovak, a Social Work Professor at Ohio University Zanesville (OUZ), since 2005 through her Board membership on MBH and also my work as a Social Work Adjunct Instructor for OUZ. It was not until 2008 that we started engaging in discussions about a possible research project. While numerous projects were discussed, the impact of clinical training for counselors and social workers around gun safety assessment and client education to reduce suicides was finally decided upon.

At MBH, our typical research projects and data collection have been with funders, where data flow was usually one way. MBH has not been a part of a real collaborative research or project with a University Partner. When first approached about this project, I was not sure what to expect. Talk of doing a project and using the data in a meaningful way was unusual. MBH collects lots of data for multiple funders, but seldom is MBH in the data loop and asked to be at the table helping to develop the project.

There was a learning curve on my part as a community partner on a research project. First, as mentioned, being in the data loop was a welcomed surprise. Second, learning what academicians need or want was an important part of this project, as MBH has had limited experience with such projects. I was invited to become a member of a CBPR Learning Community to develop more knowledge and skills around community based research. At times, some of the project discussions in the CBPR Learning Community meetings seemed too focused on the academic needs, and not the needs of the community or agency.
This is often a typical experience when I have worked with researchers. But, what was different in the Learning Community setting was that I was asked to input on how my needs could be met through this group. Through this Learning Community and my work with Karen I did gain a sense of the struggles of academic research and all the requirements, such as IRBs, publications, tenure, and such.

One of the biggest barriers/struggles in working on research projects is the justification of agency time for such projects. In these difficult fiscal times, research projects such as these take away from billable time, even though the outcome of the project will provide value to the organization and clients we serve in the community. I believe that the same can be said for the academic partners. There has to be an identified, common need, expectation, and/or outcome that all parties can agree upon and work toward, serving the common good. As it has developed, this project feels more research “partner-focused” versus research “subject-focused.” For CBPR projects to work, all parties need to believe in, support, and work the partnership. Partnerships need continuous work, with open, honest communication by all parties. I feel we have a unique partnership that plays well to each of our strengths and operates in a modality of mutual respect. In addition, the synergy created by the partnership is unique.

CONCLUDING THOUGHTS

The investment in building and nurturing community partnerships has undoubtedly produced better outcomes than if I had undertaken this research as I had in the past. While CBPR is definitely more time consuming, I actually find myself enjoying this type of research more, perhaps because the responsibility for the project does not rest on my shoulders alone as I have the support of expert community partners. These folks help ground theory with practicality, which in the end means the research “makes more sense” and is responsive to community need and expectations.

Admittedly, I was not used to the slower pace at which CBPR projects come to fruition, however slowing down has afforded me the time to build stronger relationships with community partners; to be more thoughtful about different aspects of the research, and truly influence the intended effect of our collaborative efforts. Since CBPR hinges on relationship development, which takes considerable time and energy to develop and maintain, many researchers shy away from this endeavor. But, as O’Toole, Aaron, Chin, Horowitz, and Tyson (2003) state we have a responsibility to our colleagues, students, and communities to articulate CBPR as “research plus” methodology that is both rigorous and generates unique contributions not possible via other approaches.

What has been most interesting to me as I have learned more about CBPR is the range of CBPR applications that not only span academic disciplines but also are used with multiple data collection methodologies including randomized controlled trials, intervention
studies with pre-study and post-study comparisons, survey research, and qualitative approaches (O’Toole et al., 2003). CBPR is applicable to all research paradigms across the continuum of quantitative and qualitative methodologies as the inherent assumption is the intrinsic value produced by the outcomes intended for application. CBPR exhibits significant potential to make the meaningful contributions intended by all researchers (O’Toole et al., 2003).

All elements of CBPR projects, regardless of research methods employed, stem back to the fundamental necessity of a strong, equal, collaborative relationship with the community of study (Israel, Eng, Schulz, & Parker, 2005). Israel, Shulz, Parker, and Becker (1998) outline common principles to keep in mind when negotiating CBPR relationships including the importance of recognizing community as a unit of identity, building on strengths and resources within the community, facilitating collaborative partnerships in all phases of the research, integrating knowledge and action for mutual benefit of all partners, promoting a co-learning and empowering process that attends to social inequalities, engaging in a cyclical and iterative process, addressing health from both positive and ecological perspectives, and disseminating findings and knowledge gained to all partners. I offer these principles as a way to help others think about what’s needed to build and benefit from a successful partnership.

In closing, I hope those reading this chapter are able to get a glimpse of how exciting this research project is for me. I believe that attention to a CBPR process has produced relationships that could not have developed via any other means. In a sense, I care more about this research since I now want the respect of the community and these partners as much as I want the academic respect I would gain from publication of a scholarly journal article. Not only am I confident that we will emerge from this project with what’s needed for my academic career; I now also feel certain that the outcomes we collectively produce will provide the community with what’s needed to produce effective change.

REFERENCES


