Published in final edited form as:

Inj Prev. 2013 April ; 19(2): 149. doi:10.1136/injuryprev-2013-040788.

Integrating principles of community-based participatory research (CBPR) with the injury prevention and control agenda

Michael A Yonas¹, Mariana Garrettson², Andrea Gielen³, and Edith A Parker⁴

¹Family Medicine, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA

²Injury Prevention Research Center, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

³Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

⁴Department of Community and Behavioral Health, University of Iowa, Iowa City, Iowa, USA

Despite remarkable advances in injury and violence prevention, our research community remains limited in its ability to explain why and how certain disparities in unintentional and intentional injuries persist. There is increasing attention to generating evidence and translational research models that can rapidly disseminate injury prevention and control programmes and policies into practice to improve health, safety and well-being for all segments of society.^{1,2} Community engagement in research is recognised as a successful approach integrating education and social action to improve health and reduce disparities.³ Community-based participatory research (CBPR) is a unique type of community-engaged research that equitably involves community partners in the research process and recognises the unique strengths each party brings to understanding and addressing the issue.

CBPR is about intentional, collaborative, long-term partnerships between academics and communities that undertake culturally sensitive and contextually relevant research.⁴ Community engagement and CBPR begin with a topic of importance to the community with the aim of combining knowledge and action for social change.⁵ Topics are explored from both academic and community perspectives so that together they can gain new understanding of the context in which unintentional and intentional injury outcomes occur. CBPR takes a participatory approach to examining the factors that underlie our injury and violence disparity data to engage both *special populations* (eg, American Indians, urban youth, rural workers, older adults) and *special circumstances* (eg, increased physical activity in dangerous environments). In addition, this approach ensures that translation and action are part of the research paradigm from the very beginning by sharing power in defining the problem, identifying and implementing appropriate research methods, interpreting data and applying findings in a timely and contextually relevant manner. CBPR is an *approach* and not a research methodology. While not universally appropriate, it is a versatile research

Correspondence to Dr Michael A Yonas, Family Medicine, Community PARTners Core, Clinical and Translational Science Institute, University of Pittsburgh School of Medicine, 3518 Fifth Ave, Pittsburgh, PA 15238, USA; ; Email: yonasma@upmc.edu

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

approach which may include quantitative, qualitative and creative participatory methods aimed at cultivating partnerships while generating valuable data.

Successful use of a CBPR approach has already guided various injury and violence prevention research efforts. For example, a novel prescription drug overdose prevention programme in rural North Carolina was initiated and developed by a pastor in partnership with many stakeholders, including university and state-based epidemiologists. Evaluation data of the community-wide effort to improved treatment of chronic pain and reduce overdose showed dramatic reductions in overdose deaths without reducing the availability of pain medications.⁶ These findings prompted the state's Medicaid authority to implement this intervention model state-wide. The pastor and other community coalition stakeholders have partnered with the University of North Carolina Injury Prevention Research Center in obtaining funding and designing a state-wide evaluation such that research questions, data collection tools and findings can benefit both the researchers and community coalitions. In another example, the University of Pittsburgh and the Johns Hopkins Center for Injury Research and Policy partnered with the House of Ruth Maryland to identify practice relevant research priorities to improve services to abused women throughout the Baltimore region.⁷ Results from this partnership included training for researchers and service providers in application of principles of CBPR, several joint presentations to domestic violence advocates and public health professionals, a partnered research proposal to create and evaluate new services for Hispanic immigrant women survivors of sexual violence, and creation of a House of Ruth research liaison position responsible for finding ways to sustain the partnership. These examples would not have been possible without the integrated experience, knowledge and expertise of the community, organisations and academic partners working together.

Now is the time for injury prevention researchers to expand our networks to include new partnerships that infuse unique knowledge from those affected by injury and violence (eg, young people, local agencies, school administrators, policy-makers). Expertise in CBPR developed from within and beyond our field can help guide these efforts. In order to address the most pressing contemporary injury prevention issues (eg, gun control, falls in older adults, workplace safety, intimate partner violence, prescription drug overdose, community violence), researchers and practitioners alike must learn to incorporate valuable and sometimes competing priorities by recognising the value of diverse expertise to develop culturally appropriate, relevant, viable and ultimately successful responses.

Acknowledgments

Funding The content presented was supported by the National Institutes of Health through Grant Number KL2 TR000146.

REFERENCES

1. Yonas, M.; Frattaroli, S.; Liller, KD., et al. Moving child and adolescent injury prevention and control research into practice: a framework for translation.. In: Karen, Liller, editor. Injury prevention for children and adolescents: research, practice, and advocacy. American Public Health Association Press; Washington DC: 2012.

2. Leung MW, Yen IH, Minkler M. Community based participatory research: a promising approach for increasing epidemiology's relevance in the 21st century. *Int J Epidemiol.* 2004; 33:499–506. [PubMed: 15155709]
3. Wallerstein N, Duran B. Using community-based participatory research to address health disparities. *Health Promot Pract.* 2006; 7:312–23. [PubMed: 16760238]
4. Israel BA, Schulz AJ, Parker EA, et al. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health.* 1998; 19:173–202. [PubMed: 9611617]
5. Green, LW.; George, MA.; Daniel, M., et al. Community-based participatory research for health. Jossey-Bass Inc; San Francisco, CA: 2003. Appendix C: guidelines for participatory research in health promotion. In: Minkler Meredith, Nina Wallerstein..
6. Albert S, Brason F, Sanford K, et al. Project Lazarus: community based overdose prevention in rural North Carolina. *Pain Med.* 2011; 12:S77–85. [PubMed: 21668761]
7. Burke JG, Hess S, Hoffmann K, et al. Translating Community-Based Participatory Research (CBPR) Principles into Practice: Building a Research Agenda to Reduce Intimate Partner Violence. *Progress in Community Health Partnerships: Research, Education and Practice.* In Press.