Community-Based Participatory Research: Valuable and Versatile
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Abstract:
Community-Based Participatory Research—CBPR—is a unique research approach that involves community members alongside qualified professional and academic researchers to pinpoint issues and actively find solutions to mutual problems (Ward 2018).

CBPR has two critical aspects: integrating local, scientific knowledge and employing community capacity building strategies. These aspects are specific to the community problem at hand and are tested by CBPR participating researchers. Communities are encouraged to create and to implement problem-solving tools without the help of experts. Both aspects pave the way for hands-on involvement from community members; from formulating research questions to developing and testing interventions (Windsor et al, 2014).

CBPR research is vital because academic and community partners learn from each other, which fosters the key research principle of community capacity building research (Israel et al. 2003). On one end, community members teach researchers about local health disparities, issues, and community priorities. These can range from HIV-prevention in New Jersey, to improving air quality in Southwest Baltimore, to creating pathways to trauma stabilization in Pakistan. CBPR research has proven to be successful in multiple regions and fields.

Conversely, researchers take this information and use research methods to not only create tools to solve local problems, but to also teach community members how to use these tools (Wallerstein & Duran 2006). The goal is to find pertinent solutions to current problems, and the best way to test solutions is to gain feedback from those who are directly affected.
Community-Based Participatory Research—CBPR—is a unique research approach that involves community members alongside qualified professional and academic researchers to pinpoint issues and to actively find solutions to mutual problems (Ward 2018). A collaborative and symmetrical relationship between community members and professionals ensures the research conducted is accurately representative of the priorities and needs of the community members themselves (Minkler & Wallerstein, 2003). CBPR’s two critical aspects of integrating local and scientific knowledge and employing community capacity building strategies are what pave the way for community members to be involved hands-on from formulating research questions to developing and testing interventions (Windsor et al., 2014).

CBPR research is vital because academic and community partners learn from each other which fosters a key research principle: community capacity building research (Israel et al. 2003). On one end, community members teach researchers about local health disparities, issues, and priorities; and, on the other end, researchers take this information and use research methods to create solutions which they teach to community members (Wallerstein & Duran 2006). This exchange of expertise benefits research professionals and the community, and aids collaborative efforts by giving community members responsibilities such as recruiting participants, collecting data, conducting interviews, supervising staff, analyzing data, and writing and presenting research results (Pinto 2009). The goal is to find pertinent solutions to current problems, and the best way to test solutions is to gain feedback from those who are directly affected.
References


Focus: To develop an intervention for psychosocial trauma in Pakistan in response to Army Public School attack.

Four Common Themes:
1) Sense of insecurity and fear;
2) Need to mourn and grieve according to cultural norms;
3) Need for a separate place away from psychosocial care;
4) Reconnection with everyday life.

Intervention Goals:
1) Restoring sense of safety through the school reopens;
2) Facilitating grieving and mourning in culturally appropriate place;
3) Provision of psychosocial support by trained professionals;
4) Facilitating grief work and resumption of normal activities around the re-opening date or the building’s reconstruction.

3-Phase Participatory Process Trauma Intervention
1) Reaching Out and Engagement;
2) Mourning and Grief Work;
3) Reconnection, the School Reopens.