

**Coughlin, S. S., Smith, S. A., & Fernández, M. E. (Eds.). (2017).
Handbook of community-based participatory research.
Oxford University Press. 304 pp.**

Review by Rosemary Adaji



Community-based participatory research (CBPR) has gained ground in health promotion efforts, particularly those focused on addressing inequities in disadvantaged populations. However, many researchers in the field have yet to fully explore the strengths and insights that CBPR offers for framing and optimizing health solutions. I found the *Handbook of Community-Based Participatory Research* to be a useful resource for guiding such explorations. It provides thoughtful discussion of an extensive range of contexts with evidence-based examples of how health researchers can shift their lenses from an outsider's view to more collaborative approaches to inquiry that promise to increase the value of research products for all partners. The book is edited by Stephen Coughlin, Selina Smith, and Maria Fernández, who have done a laudable job of organizing contributions from several leading researchers into 17 chapters, each expressing the multidimensional nature of collaborations that implement CBPR.

The book focuses on the application of the CBPR framework in public health settings, addressing issues of health disparities and inequities. The first three chapters provide a general overview of the concept and the processes and challenges involved in utilizing CBPR. In Chapter 1, the authors describe CBPR as research driven by equitable partnerships of all parties involved (i.e., academic researchers, organizational representatives, and relevant community members; p. 1). CBPR incorporates strengths and insights from all partners to frame the health problem being investigated and develop sustainable solutions or interventions. This chapter emphasizes the principle of shared decision making between researchers and community members as a major strength of CBPR in addressing health disparities. The authors also note that a shared decision-making process is an important first step that researchers must take in order to establish and sustain trust throughout the re-

search process. Overall this chapter provides a concise, easy-to-understand introduction to the CBPR process.

Chapter 2 discusses various methodological considerations for CBPR and evaluation studies specifically addressing issues related to measurement, bias, and validity. Study designs highlighted in this chapter include focus groups, interventions, quasi-experimental designs, and frameworks for dissemination and implementation research (e.g., RE-AIM framework). The authors also make a clear distinction between community-placed research—in which members are not equitable partners—and CBPR, which occurs across a continuum of community-engaged research performed by true collaborative partnerships, further reinforcing the importance of the principle of shared decision making highlighted in Chapter 1.

Chapter 3 provides a nice follow-up to the methodology discussions highlighted in the second chapter. In this chapter the authors note that CBPR is a process of using specific research methods and methodology in community research. These methods involve activities like approaching communities, participating in community activities, and building community trust. As the authors note, such procedures are often not considered adequately rigorous when assessed against standards of traditional forms of scientific research. As a result, individuals engaged in such work often face challenges that the authors discuss in three domains: challenges in the ethical review process, challenges for promotion and tenure, and challenges in implementing specific phases of a CBPR project. The authors conclude with recommendations that encourage more publications detailing the context and processes of CBPR implementation to advance collective understanding of how best to evaluate CBPR methods.

For the remainder of the book, contributions focus on the application of CBPR in diverse settings to address public health concerns,

beginning with Chapter 4, which focuses on the significance of place, location, and distance and their roles in contextualizing health problems. I did not find this chapter an easy read because it contained unfamiliar technical terms, which may pose a challenge for others, including individuals who are new to the field. Ethical issues are the focus of Chapter 5. In terms of the flow of the volume, it might have been more appropriate to include this chapter before Chapter 4. Addressing ethical considerations of CBPR immediately after Chapter 3's discussion of methodological challenges would have better rounded out the volume's introduction and general overview of CBPR. With the exception of Chapter 5, other chapters were explicit in providing information and examples of how CBPR has been used to reduce health disparities and promote health. In Chapter 6, the authors discuss the importance of working with faith-based organizations (FBOs) in order to build community members' readiness and capacity for CBPR collaborations. This is important because values and belief systems play an important role in shaping individuals' lifestyles, which in turn affects their health. The authors note that FBOs are useful in enhancing sustainable evidence-based health interventions.

It was particularly interesting to see discussions about ethnic, minority, and immigrant groups in Chapters 7 and 8. Traditional approaches to research tend to ignore the insights that diverse groups bring from their distinctive cultures. As a result, there is a gap in the understanding of social determinant factors affecting health in these groups. The two chapters provide case studies of the application of CBPR methodologies with Asian American and Native American groups, and with Latino immigrant populations. Considering issues of representativeness and generalizability in research, especially in the United States, these examples provide evidence-based practices that have real-world impact, as well as guidelines for considerations from which traditional researchers can gain insights when conducting research that incorporates diverse groups of participants.

The authors of Chapters 9 through 15 contribute useful discussions about utilizing CBPR approaches to address the prevention of specific diseases or health concerns: cardiovascular diseases and diabetes mellitus, infant mortality, colorectal cancer, breast

and cervical cancer screening, environmental exposures, HIV, and social exposures like interpersonal violence. These chapters typically open by giving context to the burden of the disease and risk factors, highlighting existing preventive or intervention measures, then providing explanations of how CBPR methodology can be incorporated to address the problems, supported by evidence-based case studies. In addition, each case study gives a detailed description of the process of engaging the diverse partners/stakeholders who are involved, as well as challenges encountered and how they were overcome. The strengths and results of equitable partnerships and shared decision-making echo throughout. Overall, the flow of content made these chapters an easy read.

One major improvement in the advancement of health care research is the introduction of the translational approach—the concept of improving the understanding and application of research findings from clinical science to practice-based research in order to improve public health. In Chapter 16, the authors note that the lack of positive relationships between academic community centers and potential community partners poses a barrier to the effective translation of research to practice. However, they highlight a program, the Clinical and Translational Science Awards program, a U.S. National Institutes of Health initiative that supports activities that engage communities in health studies and clinical research. They suggest that researchers may find it worthwhile to investigate the benefits of this program and how it can support their work, noting that it promises “paradigm-shifting community-engaged, translational research aimed at improving health and alleviating suffering in diverse communities” (p. 251).

Finally, in the concluding 17th chapter, Steven Coughlin highlights important trends evident throughout the book. He summarizes key points from each chapter, reiterating the overall strengths and insights described in Chapter 1 that CBPR offers in promoting sustainable evidence-based approaches to health promotion. In addition, he identifies gray areas and possible future directions for CBPR. This was a good way to end the book, inciting the reader's curiosity to want to further explore its potential.

With prevailing conversations about health

promotion and disease prevention research requiring transdisciplinary collaborations, CBPR approaches introduce a new paradigm that adds value to the conversation. This theme was evident throughout the book. It is particularly useful to see how much emphasis is placed on equitable collaborations and the benefits of academic researchers' shifting their views from individuals as research subjects to partners who can improve the efficacy of the research products and processes through democratization of knowledge production. Chapter 11 outlines an example of how the efficacy of an intervention for reducing racial disparities in colorectal cancer screening was enhanced using the CBPR framework. The example nicely showcases the advantage of using the bottom-up approach where the participation of community members is embedded in each research component, from identifying the health concern through the dissemination of research findings. This is just one of many examples of successful evidence-based CBPR referenced in the book, and the concise visualization of the distinction between top-down and bottom-up approaches offered in this chapter (p. 175) makes it a worthy mention.

As a nascent scholar in the field of epidemiology, with a keen interest in CBPR approaches, I have a sincere appreciation for this book. I recommend this book as an introductory read for any practitioner who is interested in population health research. Even though the book comprises contributions from several authors, they seem to be in unison in the way they present their topics and several issues that they highlight as important to note in the work of CBPR. The editors deserve credit for having crafted such an even volume. More importantly, the authors come from varying backgrounds. Therefore, the call for a paradigm shift in thinking about health disparities research is not a reflection of a bias expressed from a specific standpoint, but rather represents views grounded in evidence from work done in transdisciplinary settings. It was

also helpful to see examples of challenges and opportunities that may be faced by researchers engaged in CBPR, and those who may be considering a career that incorporates this framework specifically, with regard to promotion and career advancement.

There are a couple ways in which the *Handbook of Community-Based Participatory Research* might have been improved. From the title of the book, for example, it is not evident that the content caters exclusively to the public health audience. Considering that it is a handbook and that CBPR applies in other fields, it might have been useful for the editors to explicitly state this focus in the title so that it would more effectively attract scholars and practitioners of public health. Second, the case studies may have emphasized racial health disparities at a cost of better attending to other dimensions of disparities like socioeconomic status and location (although Chapter 4 offers some insights on disparities in geographical contexts). Health disparities and inequities transcend racial and ethnic diversities. For example, if one assesses disaggregated data, one will find that disparities can occur at various structural levels in any population. Therefore, defining disparities and disadvantaged populations primarily in terms of race/ethnicity somewhat limits the story of the strength of CBPR. Even so, this critique does not detract from the book's solid conceptualization of how the CBPR framework can be translated depending on the areas of interest and the lessons learned from the case studies.

Overall, this book is a worthwhile read, and in addition to being a particularly useful resource for public health researchers and community members challenged by health disparities, it should also be incorporated in academia as either a required or supplemental reading for programs that teach health promotion, disease prevention, and systems thinking.



About the Reviewer

Rosemary Adaji is a doctoral candidate of epidemiology and biostatistics at Michigan State University and currently works as a graduate research assistant with the BEACON Center for the Study of Evolution in Action. Her research interest focuses on identifying social determinants of breast cancer risk and survival in West African women. She received her M.S. in Epidemiology from Michigan State University.

