



# New Directions in Community-Based Research

By: Brenda Roche

## About the Author

Brenda Roche, PhD, is Director of Community-Based Research at the Wellesley Institute, an independent non-profit research and policy institute working to advance health equity through community-based research, community engagement, social innovation and policy development. Brenda has extensive experience with academic and community based research, exploring social and health issues in urban settings, including homelessness, sexual health, violence and psychological trauma and distress. Her doctorate, through the London School of Hygiene and Tropical Medicine, examined discourses on trauma that operate within the context of refugee resettlement, and how these influence health and social care practices for women (and their families) seeking political asylum in the United Kingdom.

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# Introduction

Community based research<sup>1</sup> or Community based participatory research (CBR or CBPR) is guided by the core principles of collaboration and partnership where research brings together community and academic expertise to explore and create opportunities for social action and social change. At its best CBR has the ability to reveal more complex understandings of health and health disparities. CBR has been particularly valuable in highlighting the experiences of health disparities for disadvantaged or marginalized urban populations. Documenting health beliefs and practices in a community context can help to recognize both the obstacles and the opportunities for change. It is here where critical opportunities are created for the development and implementation of timely, real-world solutions.

While CBR is well established in local and international research, in the day to day practices of conducting this work there remain conceptual and operational challenges. Despite the strong conceptual grounding in participatory methods and strategies of action research, the operating principles that guide CBR in practice often remain broad in scope, and are seldom mapped out in explicit terms.

Historically the Wellesley Institute has worked to support and promote the research principle that urban health research should reflect the interests of the communities it serves. A large part of the challenge inherent in this has been to ensure that community perspectives, needs and insights are well represented and integrated in research. We believe that the active involvement of communities in research facilitates a greater understanding and investment in health care and preventive practices at the local level. Ultimately this work can help to strengthen communities and neighbourhoods.

As CBR gains currency as a 'research strategy of choice' for the community sector (and increasingly establishes itself as a credible research approach in the academic sector) we believe there is a need to revisit what have become the conventions of CBR and consider how these are enacted in practice<sup>2</sup>. We need to embark on a more critical examination and attentiveness to the practices that shape CBR; from the dynamics of participation to the introduction of action indicators. Many of these observations are not new. However, if local research that is community based, community driven or community-centred is to assume a position of credibility in the social and health sciences, and create meaningful social and political

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<sup>1</sup> CBR in our definition encompasses the principles of CBPR as outlined by Israel et al 2003. It is important to note that while CBR, CBPR and other participatory action research approaches share a common overriding framework, there are finer points to each approach. For the purposes of this paper we will use 'CBR' to denote the overriding framework, unless otherwise noted.

<sup>2</sup> In this brief text some of the pervasive issues that exist in the practice of community based research are examined. Due to the limitations of space, this discussion will remain somewhat broad in scope. Nonetheless, the aim is to raise some of the more contested issues in CBR and to begin to frame directions forward for this approach. The critique offered is not intended to disparage the positive contributions of CBR but to highlight points of contention in practice, and offer some points of direction that we have identified in our work at the Wellesley Institute.

change at local, regional and systemic levels, we need to consider the current state of CBR and identify steps forward for its use.

## Revisiting the Foundations of CBR

There is rich foundation to what we have termed 'Community Based Research' or CBR. An extensive body of literature exists both internationally and closer to home, with ancestral roots in action research (Fals-Borda, 2006; Reason & Bradbury, 2006), participatory methodologies (Green et al., 1995; Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 2003a, 2003b) and community development (Hall, 1984).

Most recently, work being done in community based participatory research (CBPR) in the US has played an influential role for CBR in Canada (Flicker & Savan, 2006). The conceptual work by Barbara Israel and others have provided a critical template for what has come to be regarded as the core dimensions of CBR<sup>3</sup>.

### Key Principles of Community-Based Participatory Research

1. Recognizes community as a unit of identity.
2. Begins with and builds on strengths and resources within the community.
3. Facilitates collaborative, equitable partnership in all phases of the research, involving an empowering and power sharing process.
4. Promotes co-learning and capacity building among all partners involved.
5. Integrates and creates a balance between knowledge generation and action for mutual benefit of all partners.
6. Emphasis on local relevance of public health and social problems and ecological approaches that address the multiple determinants of disease and well-being.
7. Involves systems development through a cyclical and iterative process.
8. Disseminates findings to all partners and involves all partners in the dissemination process.
9. Involves a long-term process and commitment. (Israel et al., 1998)

<sup>3</sup> For comprehensive accounts of the conceptual work that has given shape to the development of CBPR and CBR see (Hall, 2005; Israel et al., 1998; Minkler & Wallerstein, 2003a, 2003b; Wallerstein & Duran, 2003).

Together these dimensions have given shape to a ‘working definition’ of CBR, most astutely summarized in the guidance put forth by the Kellogg Foundation outlining its understanding of CBPR as part of its Community Health Scholars Program.

*CBPR is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities<sup>4</sup>.*

Endorsed by leading researchers and widely referenced across bodies of literature – from the academic and the ‘grey’ literature<sup>5</sup>, to presentations and workshops at community forums and professional meetings — this definition has functioned as a reference point for community groups and academics seeking to work together on local issues.

It is this ‘working definition’ that has guided the practice of CBR in Canada, particularly with respect to health and social research. This is well-evidenced by the ‘CBR community’ in Toronto, where a growing body of collaborative research exists, conducted by academics, non-profit organizations, community practionners and community members in partnership<sup>6</sup>.

Key stakeholders, including the Wellesley Institute, have worked to create an infrastructure for community based research through research mentoring and training initiatives in research and community capacity building<sup>7</sup>. The rapid growth of region-specific networks such as those in Toronto, Ottawa, and more recently the Pan-Canadian network speaks to both the sense of commitment of practionners and a continued desire for professional development and recognition<sup>8</sup>.

There has been great value in promoting this commitment to working alongside communities. Skill development and capacity building in basic research has been an important, proactive tool for community organizations in the non-profit sector. It marks a critical departure for this sector from a time when research was linked with program restructuring and funding cuts. Access to these resources has enabled practionners to take the initiative in assessing and documenting needs within their communities and giving shape to evaluations that chart the strengths and the challenges of service provision from a perspective ‘on the ground’.

<sup>4</sup> For a detailed description of the Kellogg Health Scholars program see [www.sph.umich.edu/chsp/](http://www.sph.umich.edu/chsp/).

<sup>5</sup> The term “grey literature” encompasses a range of non-academic sources of information including reports and papers by government sources, non-profits, and other community-based organizations.

<sup>6</sup> From this point on in the discussion, unless otherwise specified, the term ‘practionner’ as it relates to CBR will encompass both representative from CBOs/NGOs as well as community members.

<sup>7</sup> The Wellesley Institute has a history of providing CBR and capacity building workshops for community members, professionals working in the non-profit sector, students, and academics. Recently the Wellesley gifted their certificate programs in CBR and Capacity Building to The Chang School of Continuing Education at Ryerson University.

<sup>8</sup> For more information on the Pan-Canadian Coalition on Community Based Research contact the Office of Community-Based Research at the University of Victoria, British Columbia (<http://web.uvic.ca/ocbr/>); for the CBR Network of Ottawa go to ([http://www.spcottawa.on.ca/CBRNO\\_website/home\\_cbrno.htm](http://www.spcottawa.on.ca/CBRNO_website/home_cbrno.htm)). The Toronto CBR Network can be reached at (<http://www.torontocbr.ning.com/>).

The rise of localized training resources has continued to develop, becoming more specialized in nature and scope in order to meet community, agency or project specific needs. More broadly, networks have emerged to establish opportunities for the exchange of information and resources (namely ‘tools-kits’ and ‘best practice’ guides), to create forums for the examination of issues in CBR, and facilitate informal connections for individuals in the field. The success of the Toronto CBR Network, with a membership of nearly 200 practionners, attests to the strength of such efforts<sup>9</sup>.

Cumulatively the work of CBR practionners — whether locally based or further afield — has laid an important foundation for research on the social determinants of health. Decisive and well-established research collaboratives have been formed, uniting community members, community representatives and academics on steering committees, research advisories, and as working partners on research projects and community initiatives<sup>10</sup>.

In addition to these emerging community-academic partnerships, participatory methods play a formative role. Operating as both ideological ‘muse’ (giving shape to the conceptual underpinnings of CBR) as well as providing research ‘guidance’ (defining the ways in which research methods are translated and made concrete in practice) participatory methods have become the cornerstones of CBR.

There are considerable strengths that accompany such a foundation, including a growing sophistication in the way CBR is envisioned and implemented. The strengths of a CBR approach have been well documented (Leung, Yen, & Minkler, 2004; Minkler & Wallerstein, 2003a; Wallerstein, 2002). CBR can yield vital and practical knowledge critical to understanding health needs, as well as programmatic, service delivery options. In the work funded, supported and conducted by the Wellesley Institute, this has been clearly demonstrated, especially as it relates to the health needs for disadvantaged communities (Flicker, 2006; Khandor & Mason, 2007).

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<sup>9</sup> The Toronto Community-Based Research (CBR) Network brings together community practitioners, academics, funders and community members from across the GTA who are or have been involved in CBR projects. The mission of the Toronto CBR Network is to increase and sustain the capacity of local health and social service organizations and academic partners in the GTA to conduct effective Community-Based Research leading to evidence-based action and policy change. The Toronto CBR Network is a vehicle to facilitate networking, collaboration, learning and action. Currently there are 179 members to this network.

<sup>10</sup> In addition to informal networks of practionners, there are several centers of research in and around the Toronto area that support alliances between academics and community partners. The Centre for CBR ([www.communitybasedresearch.ca/](http://www.communitybasedresearch.ca/)), a non-profit organization located in Kitchener, Ontario has established itself as a key resource for organizations across southern Ontario, providing research support and expertise, as well as fostering collaborations and partnerships. Within Toronto, The Centre for Urban Health Initiatives (CUHI) at the University of Toronto ([www.cuhi.utoronto.ca](http://www.cuhi.utoronto.ca)) works to fosters research development, collaboration and knowledge exchange between researchers and practionners through thematic Research Interest Groups (RIGs) in Urban Health.

## The Power of CBR

At its best, CBR embarks on new territory, illuminating the knowledge that comes with experience, and using these insights helps to construct practical and achievable outcomes that can inform policy issues at the local level (AHRQ, 2004; Cook, 2008). Critical to this has been the recognition and inclusion of community perspectives. Such an approach helps to situate the research within a particular socio-political context. As a result, this gives shape to a body of evidence on health issues that are both locally defined and locally relevant (Gardner, 2008)

Methodologically, CBR offers unique value. Entrepreneurial in spirit, it encourages innovation in research (Buckeridge et al., 2002). In the course of promoting greater inclusiveness in research, new strategies and alternative techniques are encouraged for highlighting community perspectives (Burke et al., 2005; Minkler & Wallerstein, 2003b; Salmon, 2007). The openness of CBR to new approaches in community engagement and in research has enabled the rapid growth of tools for best practice guides to the pragmatic steps of working with communities in data collection, knowledge translation and dissemination (Macaulay & Nutting, 2006; Roche, Flicker, & Guta, 2008).

From 'community researcher' strategies such as the establishment of 'peer research' training programs to more 'user' friendly methodologies, such as arts-informed techniques; these have proven effective tools in fostering 'community friendly' understandings of research, creating opportunities for the use of community-specific instruments and techniques, while ensuring that the 'ways of seeing' local experience are grounded first and foremost in the community as is evidenced by the recent work of the Dream Team<sup>11</sup> on supportive housing.

The Dream Team is a Toronto based group made up of individuals living with mental illness. They advocate/lobby around issues related to mental illness actively challenging NIMBYism – or 'Not in my Backyard' attitudes to supportive housing. The Wellesley Institute supported the Dream Team to look at the impact of supportive housing on communities over time; how it impacts on property values, crime rates and overall quality of life in those neighborhoods. Using two sites in downtown Toronto, Dream Team members conducted interviews with residents, neighbours and local business owners. Their findings confirmed that the buildings had no negative effect on property values or crime rates. Uniquely this study then went on to document the positive impact of supportive housing in neighbourhood-building. This work stands out in its ability to draw strong links between 'local' evidence and broader bodies of evidence, contributing to a growing number of CBR projects that are 'policy relevant'. More than this it demonstrates an ability to create a bridge between different types of expertise and not lose sight of the value of 'lived experience' that community members can bring to research. (De Wolff, 2008)

<sup>11</sup>The report '*We are Neighbours*' by the Dream Team is available on the Wellesley Institute website. For more information on the Dream Team, go to <http://www.thedreamteam.ca/>.



The power and potential of results like these has not been lost on mainstream research funders who increasingly look to add community based research to their repertoire of recognized approaches in health and social research<sup>12</sup>. The rise of new, larger scale funding options suggests that we are at an important juncture for CBR. Having acquired this visibility, the approach is at a new point in its evolution: on the cusp of mainstream acceptance.

Despite the powerful arguments endorsing CBR by researchers, funders, and community advocates, however, questions remain about the nature of this research approach in practice, the value of evidence gathered, the integrity or soundness of measurements and its 'scientific credibility' overall (AHRQ, 2004). The ability to address the issues inherent in CBR and to translate findings into 'research with impact' – however 'impact' is defined – is in the end a far greater struggle. It is here where the value and promise of CBR is at greatest risk.

## Challenges in CBR

Effective work with communities –in engagement, capacity building, and research – hinges upon the strategic use(s) of knowledge and evidence. In research or in practice there exists an ongoing struggle between practical application and conceptual integrity. In CBR this tension plays out in marked ways between 'capacity building', 'participatory methods', and the interpretation of evidence as it is used to affect social change(s).

It is in the transition from shared principles and working definitions to the implementation of research practices that CBR has been most in danger of losing its direction. While researchers and practionners alike refer to widely accepted principles of CBR, including: the core idea of equitable partnerships, the value of 'lived experience' and the critical need for community involvement '*from the bottom up*'; problematically, processes have at times garnered more attention than the goals of the work itself (O'Toole, 2003 ).

Questions remain about the assumptions that underscore CBR in practice: whose observations give shape to research questions and practices? How are the insights and expertise that come

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<sup>12</sup>The Canadian Institute for Health Research (CIHR) has recently supported several CBR initiatives. They define CBR as follows: "Community-based research involves community members in all stages of the research process from the definition of the research question to ensure relevance to the community, to capacity-building and integration of community members in conducting the research as well as promoting the active participation in the development and implementation of the dissemination strategy. In addition to these principles, CBR espouses the same values of methodological rigour and ethical review as other research approaches." (For more information, go to [www.cihr-irsc.gc.ca/](http://www.cihr-irsc.gc.ca/) ). The Social Science and Humanities Research Council (SSHRC) has also supported community based research. Most notably in the form of the Community University Research Alliance (CURA) grant, that supports large scale initiatives in CBR: "The CURA program promotes research and social innovation by funding vital, creative partnerships between universities and communities. It helps universities and their local partners to work together for the social, cultural and economic development of communities". For more information, go to [www.sshrc.ca/](http://www.sshrc.ca/).

with 'lived experience' incorporated into research? Do they actively inform the analysis and interpretation of research findings? And finally, perhaps most pointedly, in a climate where researchers are called upon to demonstrate more tangible indicators of success, and more concrete illustrations of political influence and social change, how can we ensure that CBR is both responsive and relevant? As we consider the relevance of CBR in a climate of 'evidence-based research', has the process of CBR become a goal in itself, rather than a tool for community action and social change?

In seeking to appraise the current state of CBR, we touch upon some of these challenges as they relate to three core ideas underscoring CBR: the strength and nature of collaborations and partnerships; the use of participatory methods; and the nature of evidence, outcomes and impacts related to CBR. How these are enacted in current practice provides critical insights into the conceptual and practical limitations of CBR, and lays out the groundwork for new directions.

## Collaborations and Partnerships

There is a growing body of work that considers the dynamics of collaboration and partnerships in the Non-Profit sector, and the shifting dynamics between governmental agencies and Non-Profit Organizations (NPOs) (Blickstead, Lester, & Shapcott, 2008; Carter & Sladowski, 2008; Eakin, 2007; Roberts & O'Connor, 2007). The challenges of collaboration and partnership in research may however take a distinctive path. Striving to ensure that community partners have an equal footing on CBR projects is often cited as a fundamental goal of community-academic alliances (Cook, 2008; Minkler, Vasquez, Warner, Steusset, & Facente, 2006). Yet it is unclear to what extent this is realized through research partnerships and capacity building efforts as they have been operating. Collaborations and partnerships — so intrinsic to CBR — may run the danger of being superficial; rendering them ineffectual at best, patronizing to the communities they strive to serve, at worst.

The inclusiveness that operates at the heart of CBR partnerships and collaborations strives to recognize distinctive forms of knowledge. While the guiding framework emphasizes community knowledge, how and whether this informs practice is often uneven; a balance can be difficult to achieve, and bodies of knowledge may be weighed differently. The recognition of local knowledge as 'evidence' has been limited. The undervaluing of evidence manifests in two distinctive ways for community and for academics. For the community there is a fundamental lack of recognition of the knowledge that gives shape to, and informs their role in the carrying out of CBR. Ultimately questions remain about whose observations shape CBR projects; from the honing of the research questions to the analysis and interpretation of findings, and perhaps most worryingly, how specific bodies of knowledge — whether lived experience or academic expertise — are positioned against one another.

Can we assert that CBR draws upon local knowledge and 'lived expertise' if this is restricted to the framing of terms and concepts in questionnaires or the implementation of recruitment strategies? The notion of accessing local knowledge is attractive in that it suggests research

that is conceptually grounded in the lives of community members and something that is more egalitarian in nature than more traditional academic models of research *in* communities.

For academics, recognition of their work in CBR may be limited as well. While often regarded as driving the work by funders and their counterparts in the community, their contributions go largely unacknowledged in the academic sector; where CBR is often dismissed as less valid than traditional health or social research methods (Calleson, Jordan, & Seifer, 2005; Felt, Rowe, & Curlew, 2004; Flicker & Savan, 2006).

Moreover a degree of *divisiveness* has been unintentionally fuelled as lines of demarcation have been drawn between 'community' and 'academic' perspectives. In part this reflects the challenges that community members and community representatives have had in ensuring that their perspectives are heard and validated. Subsequently the need to be assertive about the ways in which CBR has differed from traditional academic research has been a constant undercurrent. In the interest of promoting community perspectives, there has been an active distancing from theoretical or conceptual work that reflects academic traditions or conventions. Consequently academic work is often cast as overly theoretical and distant from the realities of life in communities, caricatured as '*knowledge for the sake of knowledge*' by CBR practionners keen to ensure that they are viewed as 'on the side of communities' in research. Problematically this negative stereotype does little to enhance the value of community led research and may in fact undermine its conceptual and methodological integrity.

Power imbalances remain a critical issue in relation to partnerships and collaborations in CBR. In part this reflects the differing perceptions about the value of the research work and knowledge as noted above. It is, however, more than this. Structurally, access to research resources and processes are limited for community practionners in important ways. While the intent may be for participatory strategies to function as catalysts of action *in* research, projects can often fall short of this goal and fail to effectively marshal '*capacity building*' efforts in a meaningful way.

Instead '*inclusiveness*' has been accented by the emphasis on community involvement via participatory roles. Despite efforts to introduce meaningful capacity building mechanisms for community members, there remains a considerable divide between these individuals, representatives from community based organizations (CBO), and academic researchers. With little or no attention to the structural barriers that exist for practionners (i.e. lack of independent access to funding sources and ethical review boards) this chasm remains intact.

New opportunities for CBR funding, while promising, still situate the responsibility (and control) of research projects with academically affiliated investigators. With access to institutional supports for research somewhat limited in the community sector, including the lack of options for ethical governance and accountability, power imbalances remain firmly intact. To date there are few options for community practionners to access ethical review outside of a partnership with an academic researcher (Downie, 2001; Boser, 2006; Johnston, 2008; Patterson, 2008)

While it can be argued that this reflects an important strength and resource that academics 'bring to' research collaborations with community practionners, there is a danger that this situates the responsibility for *ethical considerations* in research exclusively with the academic investigator. Problematically, community practionners may fail to adequately recognize and respond to the ethical dimensions of their work. For members of the community this would represent a step backwards in the evolution of standards for ethical research practice.

The challenges that accompany the processes of partnership and collaboration vary depending upon the players or stakeholders in CBR. In the literature the discussions which exist around this tend to focus upon academics versus representatives from community based organizations (CBOs) (Norris et al., 2007). Little or no attention is directed towards how CBOs can work with academics in more critical ways. How can they give shape to research priorities? What assurance do academics have that CBOs and their representatives have the best interests at heart? Ultimately what attention is directed towards these relationships focuses upon tactics for balancing divergent expectations (Norris et al., 2007).

Missing from such discussions are the community members themselves, who are typically cast into supporting roles for research. The roles and reactions of community members in working partnerships and research collaborations have been largely restricted to discussions on the uses (and challenges) of implementing participatory methods in CBR.

## The Use of Participatory Methods

There is a rich body of work both locally and internationally which attests to the value of participatory methods. From a research perspective, the use of participatory methods is believed to improve the quality of the research data collected (AHRQ, 2002, 2004; Israel et al., 1998; Minkler & Wallerstein, 2003b). The involvement of community members in the design and implementation of research techniques is believed to engender a greater response from participants (regardless of the method used), and capture a more authentic representation of events or issues. Finally, the incorporation of insider expertise can help to illuminate patterns in the data, enhancing the richness of the analysis and interpretation (Cashman, 2008).

With these concepts in mind, community members are encouraged to take part in capacity building (CB) activities (typically workshops and seminars) (Craig, 2007). Through these, they are trained in the core principles of CBR; the ideology of participatory methods and the technical 'tools' of social research; from the 'working definition' of CBR/CBPR, to research design and methods, including strategies for data collection and analysis. More recently this has expanded to include policy analysis and knowledge translation and mobilization. The intent behind this has been to help to 'level' the playing field between academics and community researchers, making way for the introduction of inclusionary methods, and enhancing the individual agency of community members and their representatives. Ultimately the assumption underscoring this is that such skills training will *empower* community practionners to be active colleagues in the practice of CBR (Wallerstein, 2002; Wallerstein & Bernstein, 1994).

In some respects the ideal here may fail to live up to its billing. The goal (however well-intentioned) may fail to provide community members and practionners a coherent enough research background to be considered bona fide research colleagues. For community practionners the skill set acquired through training and participating in capacity building for CBR may leave them ill-equipped to conduct research to a professional standard.

More to the point the intent of equipping people with skills and resources to draw upon their expertise and knowledge gets lost. The intent of bringing to life the skills that come through 'lived knowledge' — whether as a community representative or as a member of a community — may get overshadowed by the appeal of an 'introductory skill set' in CB and CBR. As a result exercises in capacity building may serve to give practionners a new skill set in 'research methods' but may also silence the voice of lived experience in the process.

There is a need to critically appraise what counts as participatory methodologies and in conjunction with this, reconsider the limitations of CBR models currently in practice. The drive towards inclusiveness has in some situations become stuck on the idea of equality in degree of involvement to the extent that participation has been reduced to something that is quantitatively simplistic in definition, not conceptually or qualitatively refined. Participation then becomes reduced to categories of involvement rather than making substantive contributions in the conceptualization and interpretation of research.

The notion that there is one framework or approach to social research in health undermines the innovative strength of new research methodologies. However without greater explicitness from researchers and practionners, research practices under CBR are at risk of lacking research credibility, regarded instead as exercises in community engagement.

As an organization which has supported (through funding, training, and active participation) well over 100 CBR projects throughout Toronto and other urban communities, and reviews hundreds more each year, we have identified these points of contention in the promotion of CBR skills — whether in informal or formalized courses or in the practical training of community members as researchers. Community members are encouraged to contribute particular expertise by drawing upon their lived experiences, and/or using their 'insider' knowledge on CBR initiatives. Usually this is expressed in instrumental ways, such as, informing recruitment strategies or data collection methods.

The fact that partners on research studies participate in different ways at different points on projects should not be viewed as a failure of CBR, but rather that research can (and perhaps should) exist along a continuum. However, there has been little critical discussion about the nature and use of such participatory methods in CBR, or frank examinations of the nature of participation for community representatives and for community members. This fails to appreciate the differences that can exist in types of participation and offers a monolithic view of inclusionary methods. For community partners this can allow for a disjuncture to exist between the conceptual model sold and the operational model bought.



‘Peer research’ – where members of the community are recruited and trained to work and participate as co-researchers on projects – has emerged as a widespread participatory method in urban health research. As a technique, peer research is believed to facilitate the empowerment of community members, while enhancing the authenticity of the research. However, what peer research looks like in practice in terms of roles, power differentials, and the social or economic impacts for community members who participate have remained largely unexamined.

As this technique becomes increasingly endorsed as ‘best practice’ in CBR there may be a need to question the conceptual assumptions that underlie this work, and consider how these play out for community members. What is the nature of participation for community members recruited as ‘peer researchers’? Are there operational strengths and lessons learned that can be highlighted? Is there room for a typology to emerge that differentiates forms of participation in research?

Preliminary findings from a pilot study by the Wellesley Institute and York University (Roche et al., 2008) examining the implementation of “peer research” models in CBR provides some insight. There are emerging operational guides that have considered the pragmatic challenges that accompany this work, emphasizing the practical needs around inclusion, such as the creation of training and supervisory structures, and other ‘human resources’ concerns such as financial compensation.

While community members and representatives from community agencies quickly absorb the ‘how-to’s’ of conducting research in terms of interview guides and consent forms, they may face unanticipated challenges in adapting to new roles and the expectations that accompany this (Cornwall, 2008; Coy, 2006). The ‘invisible work’ that happens behind the scenes that is ultimately so critical to the success of peer research, such as emotional, psychological and social support, often remains under examined.

The complexities of how partnership and collaboration play out in participatory areas of CBR are seldom acknowledged (Christopher, 2008). The balance between recognizing challenges and benefits emerged strongest in our qualitative interviews with community members recruited as peer researchers (Roche et al., 2008). People articulated the ongoing struggles they experienced around identity and expertise; their uncertain position as a member of the team, while simultaneously uncertain of their position in relation to their community, as articulated by one participant:

*“I was a little bit, little bit afraid that, you know, I was not going to be taken seriously, and the people I was working with weren’t going to really be taken seriously, as our skills too. ... There was a little bit of [this] kind of stuff, because I was always wondering like when are we going to meet the other rest of the team?. We never really met the rest of the team. You know we never met the head researcher” (Roche et al., 2008).*

Participation in the research process can get described in quite idyllic terms in texts or in presentations, where community members are cast as equal partners. Yet some projects that include “peer research” components are striving to integrate community involvement in research once the idea and the general research design have been established. Community members in such situations may have limited opportunities to offer their voice, and instead find themselves doing entry level roles on projects. Reminiscent of ‘unskilled labour’, participation by community members may be reduced to technical acts of involvement (i.e. recruitment, interviewing or data entry tasks), rather than reflecting substantive contributions in the conceptualization, implementation and interpretation of the research. It remains unclear to what degree these individuals are encouraged to participate in the interpretation and analysis processes critical to CBR.

Notions of what constitutes equitable and meaningful participation for community members and community representatives are quite varied; reflecting to some degree the range of contexts and stakeholders involved in CBR. Peer researchers are one example of a participatory strategy believed to enhance the quality of the data and the comfort level for respondents who have agreed to take part in a CBR project, suggesting that its not just about the idea of creating a shared meaning, but that somehow the data gathered will be more authentic, reflecting a more honest representation of experiences of people in the community.

There is a strong belief underscoring this work about the inclusion of peers on projects where explicit links are drawn between the inclusion of community members and the creation of new locally based knowledge, suggesting that this is in part inspired by innovation in research as well as social action. What has been overshadowed in the implementation of such strategies, however, is the opportunity to recognize these particular forms of knowledge and utilize the ‘insider’ expertise to create new forms of knowledge and evidence.

## Evidence, Outcomes, and Impact

From funders to providers in social science and in health care, a call has been issued to ensure that information and decision-making processes in practice, research and policy are ‘evidence-based’ (AHRQ, 2004; Marmot, 1999; Michaels, 2005; Rycroft-Malone et al., 2004).

Problematically, this notion remains poorly conceptualized in many areas in social research. In CBR, ‘evidence’ remains a particularly contested notion (Aaron & Stryer, 2003).

The idea that CBR can shed light upon certain types of information, providing insights into the lived experiences of disadvantaged or marginalized groups — is a primary way in which ‘knowledge’ and evidence in CBR are discussed. This reading of knowledge suggests an unchanging frame of reference, where the insights and experiences of community members remain locked in time and context, not influenced by the nature of collaboration and partnership. What is often under-acknowledged is the notion of CBR as constructing or contributing to new forms of knowledge. Yet the evidence or knowledge that is produced through CBR can offer new insights and interpretations on scientific evidence or knowledge in health.

One of the limitations of current work in CBR is a reluctance to incorporate multiple perspectives and strategies in research. The dominance of a singular vision in CBR may result in a failure to recognize and value research approaches and ideas that emerge in more traditionally academic ways. Such an approach may undermine the efforts to create a bridge between academic and community research.

In many CBR projects the 'local' context of knowledge has been highlighted as the critical dimension of the work. However, in order to give shape to networks of shared knowledge and practice – locally, regionally and internationally – evidence should not operate in isolation. A challenge with CBR has been the failure to create vital linkages between small scale projects and a broader body of evidence (both academic and practitioner-led). It is in the accumulation of evidence that 'tipping points'<sup>13</sup> are created for social change, particularly with respect to health equity issues.

*Innovation in CBR:* The use of arts-informed methods has pushed the boundaries of conventional data collection methods and in the process carved out new opportunities for inclusion in research for marginalized populations. *Homelessness – Solutions from Lived Experiences through Arts-Informed Research*, a collaborative exhibition of projects examining the experiences of homelessness for men and women in Toronto, marks an important step in establishing links between participatory methods and policy-related research. This is a particular strength of CBR as evidence; the ability to challenge conventional health research through the introduction and pursuit of alternative and innovative methods (Sakamoto, 2008).

In practice there is often an uncertainty of how to cast the findings of CBR projects or initiatives. In part this may reflect a limited attentiveness to the analytic and interpretative strengths that should accompany social research. As a result, CBR projects too often stay within the realm of anecdotal evidence, limited in breadth and scope. The failure of many projects to make use of or link their work to existing bodies of evidence amplifies this effect, leaving the work too locally defined and operating in isolation from other initiatives in health or social care.

Work that is conducted in isolation will have little impact. However, this is not to suggest that there is no value in conducting work that is singular in nature; instead there needs to be an honest appraisal of what can be achieved at particular time points. For a singular study (without related body of work elsewhere) there is a critical value as 'generating' new research. This new work may be conceptually, methodologically or analytically ground breaking. However its ability to reframe policy on its own may be limited. This is an important recognition in a context where

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<sup>13</sup> The Tipping point, as defined by Malcolm Gladwell is ``that magic moment when an idea, trend or social behavior crosses a threshold, tips, and spreads like wildfire``. (Gladwell, 2000).



fundors, CBO staff and stakeholders all call for 'evidence-based' policies and 'policy-relevant' research.

Any research project –no matter what the strength of its findings – can only contribute part of the picture and must be grounded in previous work and practical knowledge to have impact. Current work being conducted by the Wellesley Institute seeks to 'mine' CBR initiatives related to supportive housing, linking this work to the extensive historical and economic research on housing and homelessness by Michael Shapcott (Shapcott, 2006). By identifying the points of intersection and convergence, this work hopes to give a greater political weight to the findings of local researchers, locating their work in a larger socio-political context, and highlighting the shared themes and observations that run through it (Tremblay, 2008; Kirsh, 2005; Hwang, 2005; De Wolff, 2008).

Common complaints about the nature of social research in general (and academic research more specifically) is that this work fails to produce evidence that has clarity and accessibility, is decisive and points to real changes that can (should) occur, and is at the end of the day: 'actionable' – something that can enact real social change. Much of what is written conceptually about CBR emphasizes the notion of research as praxis; where research is a means to create social change. Yet, one of the biggest criticisms of CBR is in its ability to produce satisfactory research evidence. At its worst such work can lack attentiveness to established conventions or standards in research practice, overemphasizing the anecdotal over accepted techniques for data collection and interpretation.

Calls for greater innovation and more meaningful engagement with communities around social research can 'ultimately backfire if there is not a demonstrable impact to such efforts' (Bradwell & Marr, 2008). Creating links between research, policy and action is an ongoing challenge in social research overall. There may be idealised notions operating that assume research has the ability to produce 'easy to use' conclusions that can (if effectively marshalled) have a direct impact on policies and practices.

Yet we know that research can generate highly detailed and sometimes contradictory information that is not easily translated. For the practitioner and for policymakers this information needs to be distilled into a form that is on point, useable with ease and carries weight. Problematically the outcomes that CBR hopes to achieve may defy conventional measurement. While organizational changes such as transformations in practices can be documented, successfully influencing social and political systems are means of impact that are difficult if not impossible to quantify.

'Policy-relevant' research has become the way such social research is described and understood. In essence this work strives to harness the findings of local data, linking it to and informing mechanisms for social change on a broader level. Problematically such work may be driven more by policy needs than local needs. As a result this work can be circumscribed in nature: time-limited, methodologically restricted and conceptually formulaic. More troubling, such work may be driven by interests distant from the communities it intends to serve.

For research to offer increasing value – whether it is towards shaping practice or towards the shaping of policies (structural or operational) – the work needs to reflect a greater body of evidence than the findings of one survey or study. To have merit in such a context, work in CBR must move itself beyond the one time point.

The issues raised briefly in this paper constitute some of the more visible conflicts that exist within community based research. While the emphasis has been towards a quick sketch of contested issues, the value and merit of CBR should not be dismissed easily.

## New Directions in CBR

In charting out ‘new directions in CBR’ there is not a need to rework the guiding framework or principles of participatory methods but instead a tightening of core research concepts – providing detail where principles may remain uncertain on the ground, clarifying and correcting the ‘*working misunderstandings*’ (Hopper, 1996) of CBR practice.

The intention of CBR and other participatory methods has been to ensure the meaningful involvement of community in raising questions of research, giving shape to the application of methods of significance – those techniques that can yield the best information to address the core questions and facilitate action-oriented interpretations (making the evidence speak on a particular issue), and ultimately identifying points for social change and marshalling communities towards these.

These critical features aspire to inform research that is locally grounded, shaped by the particular experiences of communities in context. The work of the Wellesley Institute over the past decade has been committed to fostering and supporting CBR in urban health as it has established itself in a Canadian context. As we embark on the next phase in our work we have identified five key recommendations for new directions in CBR.

### 1. Reconfigure the relationship between engaging community and conducting participatory research

Including communities in shaping and defining the terms of research has been at the heart of CBR. In practice many CBR initiatives have deviated from their intent, consumed by the processes of engaging communities and striving to demonstrate this commitment through inclusionary practices. In reality the nature of community involvement varies on projects and does not follow a monolithic model. Yet often the way in which community participation is depicted suggests that there is one approach. This fails to appreciate the richness that exists within the use of participatory methods and comes dangerously close to parodying the work that goes on in CBR.

We believe that it is important to continue to support community involvement in research at all levels, and to aspire for research where community members contribute to each stage in the process from the conceptualization of the research aims and objectives through to the dissemination of findings. However it is also critical that we recognize the limitations that may exist in realizing this ambition and openly acknowledge when research does not conform to this ideal. Recognizing a continuum of participatory strategies in CBR should strengthen the work, not undermine it.

At the Wellesley Institute, we have also sought to reframe our vision of community engagement, moving beyond the capacity building of basic research skills towards a more strategic support of community efforts to effect social change. Strategic alliances and partnerships with community organizations and around community interests in urban health should begin to drive CBR. This approach places a greater emphasis upon the mobilization of community towards social change, rather than the mobilization of community to conduct research.

## 2. Re-assert the role of research in CBR

Reconfiguring the role of research in CBR has potential to enhance the development of evidence informed by CBR. This calls for a greater refinement of the guiding principles of CBR, as they relate to research. The guiding principles of CBR and other participatory approaches offer little direction around conducting research. In part this has been the consequence of a desire to reflect the need to ensure a commitment to engaging community in ways that are respectful and empowering. The emphasis on inclusive practices has created a strong foundation to the research work of CBR. Problematically the failure to emphasize research as a shared goal in CBR may undermine the strength of the findings, ultimately undermining the ability to use research for social action.

Re-asserting the role of research in CBR and ultimately its ability to shape public policy changes, calls for a strong commitment to defensible methodologies; this includes a clear and explicit articulation of the use of methods (especially when they reflect the use of new and innovative strategies). Reflexivity about the use of methods – the intent behind their use and the limitations in practice – needs to be integrated into the framework of conducting CBR. There is rich and well-established body of work in social science research methods that should be drawn upon and utilized to support and shore up work that we do in CBR. Utilizing established methods in research does not run counter to the principles of CBR; instead these can operate in a complementary fashion to the principles of community involvement and inclusion.

### 3. Commit to the development of a research infrastructure for CBR.

There are positive shifts in how community based research approaches are regarded by funders and formal institutions, including regional health authorities and universities. The continued advancement and refinement of CBR relies upon such initiatives. In addition, there is a need to encourage the development and expansion of research infrastructures to support CBR – on local and national levels, including professional support systems such as the Pan-Canadian Network for CBR (Hall, 2008).

The Wellesley Institute in partnership with the Centre for Community-Based Research in Kitchener, Waterloo, is exploring the needs of community practionners around ethics in research, including the possibilities around the establishment of a community-based ethics review board. This work will add to an emerging body of work that specifically seeks to address ethical issues and needs in CBR (Boser, 2006; Guillemin & Gillam, 2004; Khanlou & Peter, 2005; Patterson, 2008; Shore, 2006). The continued development of such initiatives can enhance the research work being done by community practionners and academics whether community-led, community-driven or community-based.

### 4. Construct a body of evidence in CBR

An unspoken principle underscoring CBR is that by including community as active architects in research we construct more coherent, comprehensive work. When CBR projects operate in isolation, however, it undercuts the authority of the findings. Moreover, this creates missed opportunities for social and political change. Creating a new body of evidence in CBR requires a balance between community knowledge and research skill, but also this requires carving out a new relationship to other forms of health research (epidemiological, historical and geographical). Locating the work that we do in a broader context – both geographically and multi-disciplinarily - can strengthen the value of community perspectives.

We encourage the further development of new collaborative approaches in research that use CBR to elevate the visibilities of health disparities from homelessness to cancer; creating networks that have the ability to draw upon epidemiological data as easily as ethnographic. It is in this linking of bodies of evidence that can facilitate the creation of concrete solutions for political and social change at the local level (community specific or regional) and across broader social and health care systems and thus improve health equity (Gardner 2008).

## 5. Encourage the development of standards of practice in CBR

Historically, there exists a very strong separation of theory and practice in research when addressing CBR and participatory methods. This has included a conscious distancing from theory in research, perceiving theoretical work as removed from the contexts of life in community. Problematically, divorcing research from theory may undermine its conceptual integrity. Practice that is developed in a conceptual void suffers from a lack of strategic coherence. For CBR, the absence of a theoretical framework undermines its credibility in a scientific context. Ultimately this reduces the sense of legitimacy it yields in a climate of evidence-based practice and policy.

To encourage the development of standards of practice in CBR, the Wellesley Institute in collaboration with our partners at Social Science Research Center Berlin (WZB) is working to establish an “International Collaboration on Community-Based Participatory Research for Health” (Wright, Unger, & Block, 2008). The goal of the International Collaboration includes developing guidelines for conducting and evaluating CBR/CBPR, describing which forms of theory and evidence are produced by this approach, and finding a means for conducting systematic reviews of the CBR/CBPR literature in order to contribute to the body of international knowledge on community health. The International Collaboration will also serve as a forum for discussing emerging and long-standing issues in practice, particularly those which arise from the creative tension between action and research agendas.

## Conclusion

During the past many years, a solid research foundation has been built by the pioneers of CBR/CBPR. Over the past decade, acceptance of the power of CBR as a research approach has emerged within the broader social sciences research community. This move towards greater acceptance marks an important point of transition for CBR practices. We believe that the time is ripe for a further significant evolution in CBR. This ability to chart new directions in CBR marks a challenge to better integrate community perspectives, insights and experiences with research that is grounded both conceptually and methodologically.

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45 Charles St. E. Suite 101  
Toronto, ON, M4Y 1S2  
416-972-1010  
[contact@wellesleyinstitute.com](mailto:contact@wellesleyinstitute.com)  
[www.wellesleyinstitute.com](http://www.wellesleyinstitute.com)