Establishing a Framework for Sustainable Community Action Research

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Community-based participatory research/community-partnered participatory research (CBPR/CPRR) is viewed as a critical approach for improving health and addressing inequities found in under-resourced communities by pairing community partners and academic partners to address health and environmental concerns. This article aims to amplify the potential of the current CBPR/CPPR models through insights learned from the underserved community of Watts in south central Los Angeles. We discuss our framework that shifts the primary academic focus in the community-academia partnership from individual investigators and/or research groups to the academic institution to generate sustainable partnerships. We summarize the Community Action Research Engagement (CARE) Framework as a new set of recommended tenets to expand CBPR/CPPR. This framework can provide guidance for how universities can catalyze: 1) building trust; 2) facilitating knowledge; 3) advancing solutions; and 4) fostering mentorship in the context of leveraging a university's position to address the root causes of community inequities and thus create more sustained partnerships that achieve greater impact within their surrounding communities. *Ethn Dis*. 2022;32(4):333-340; doi:10.18865/ed.32.4.333

Keywords: Community-Partnered Participatory Research; Community-Based Participatory Research; Community-Academic Engagement Strategy; Health Equity; Environmental Justice

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Introduction

On July 16, 2021, our research team, partnered with the environmental justice division of the Watts Labor Community Action Committee (WLCAC), the Better Watts, Inc. (BWI), to host a 3-hour town hall discussion in the Watts community. The purpose of this town hall meeting was to identify the limitations of community-based participatory research (CBPR) that have limited our ability to address disparities in this community. CBPR is viewed as a critical approach for improving health and reducing disparities in racial/ethnic minority, under-resourced, low-income, and otherwise marginalized communities by pairing community and academic partners to address health concerns.[1,2] The community-partnered participatory research (CPPR) model developed by Loretta Jones, PhD and Keith Norris, MD, PhD in 1992, presents a variant of the CBPR model[3] that addresses a primary concern that clinical research projects through medical schools were being labeled as CBPR by merely being located in the community, but not being community-partnered. Thus, "partnering" was added to the title to reinforce the use of the CBPR principles of partnership. Although CBPR/CPPR may be a more effective approach to address community priorities than traditional investigator-led approaches, it rarely provides long-term solutions to community-identified problems or disparities as it is limited by the funding period of the project and/or the presence of key individuals who may transition from the project after only a few years. Thus, here we propose an example of a community-managed research framework developed by BWI and several university partners, where the authentic locus of CBPR/CPPR partnership can be embedded

in a more holistic manner with community institutions and the university/academic health center, rather than at the investigator level to ensure commitment and sustainability. To create such a relationship, we present the "Community Action Research Engagement (CARE) Framework" to more fully inculcate CBPR/CPPR principles into institutional commitments while prioritizing the needs of community partners. This framework provides potential solutions that can be generalized to other underserved communities like Watts (a neighborhood in Los Angeles) that are vulnerable to health disparities.

Background

WLCAC is a community center established in 1965 by civil rights leader Ted Watkins, and BWI is a community-based health and environmental justice group composed of trainees, researchers, activists, and creators working under the guidance of WLCAC to remedy ongoing environmental and health disparities within Watts. In the Watts neighborhood, residents have a life expectancy of about 14 years below the average of 84 years in Manhattan Beach or Alhambra only 14-20 miles away.[4-6] The 2.12 sq mi. neighborhood is home to ~42,000 people, making it one of the most densely populated in Los Angeles County.[7] According to the Office of Environmental Health Hazards Assessment, Watts is also in the 95th percentile of neighborhoods experiencing extreme pollution burdens in the state of California.[8] Residents and researchers have accumulated evidence that decades of pollution from industrial sites and major freeways within their community substantially contribute to disparities in health outcomes such as increased rates of asthma, preterm births, cancer, and cardiovascular disease.[8] A town hall meeting was held to discuss the social determinants of health impacting the residents' well-being, specifically the environmental issues affecting their health. At the town hall discussion, community stakeholders expressed a need to have environmental problems investigated and addressed when their concerns arise. The town hall discussion revealed the historical failure of government offices such as the Department of Toxic Substances Control (DTSC) to address environmental concerns; these concerns were broadly shared by community members. Residents were invited via email and approximately 100 people joined the town hall discussion both in-person and online.

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Discussion

The limitations that were identified by community stakeholders in the town hall discussion are listed in Table 1. One omnipresent limitation is that CBPR/CPPR is driven by community organizations/leaders working with individual research partners and not the research institutions (Table 1). When addressing health and environmental disparities, CBPR/CPPR provides a framework for researchers and community members with expertise and/or insight on specific problems faced by a community. However, stakeholders identified the need to see institutions robustly integrate a CBPR/CPPR project's outcomes into ongoing work once the project has ended to continue holistically advancing community health and priorities. The core tenets identified as necessary to create a strong community-institutional partnership with a spirit of CBPR/CPPR included: 1) building trust at an institutional level; 2) facilitating bi-directional knowledge; 3) advancing long-term solutions; and 4) fostering mentorship. These

tenets require institutional partners to leverage their position to address the root causes of community inequities as part of a more sustained partnership to achieve greater impact. Thus, the CARE Framework includes these four tenets as foundations of community-university research partnerships that build upon CBPR/CPPR principles and can be adapted more broadly. Universities are an ideal long-term partner to execute such a framework because they are often involved in social change and development and thus fulfill these type of core functions: 1) to teach existing (old) knowledge; 2) to create new knowledge that responds to societal needs; and 3) to develop the full potential of scholars to address these societal needs.[9]

CARE Framework Tenet 1: Build Trust

In the townhall discussion, common themes around mistrust related to CBPR/CPPR were expressed from community members. Developing trust is a fundamental tenet of community-engaged research, and the literature addresses methodological approaches to building trust between researchers and community members.[10,11] With the CARE Framework, we propose that this sphere of engagement expands to include academic institutions committed to uplifting local marginalized communities, extending the efforts beyond a given investigator or research team.

The construction of trust occurs

Table 1. Limitations of CPPR for addressing long-standing health disparities identified during the town hall discussion

CBPR/CPPR guiding principles 3	Limitations to the CBPR/CPPR model
Academic leaders should seek to understand community priorities and histories in context of their background and partnership.	The CBPR/CPPR model is typically driven by individual research partners and upon occasion academic leaders but is not required to explicate how to engage in reparative work when necessary to address historical relationships of harm between the community and the research institution (or representatives) and/or the research institutions' action to uplift the community or not.
Project activities, methods, and concepts need to be transparent to everyone involved. There should be a mutual transfer of expertise and equitable power sharing in decision making and data ownership across community and academic partners.	The CBPR/CPPR model supports knowledge exchange between academic partners (scientific evidence) and community partners (lived experience) but can neglect to recognize other forms of community knowledge outside the project such as citizen science and oral history that may be critical to community health more broadly. There is also no responsibility explicitly placed on the academic partners to validate community knowledge through academic channels.
Academic leaders should seek guidance from community leaders when conflicts arise, or when an academic leader offends a community member. Academic research leaders should respect and abide by community values and time frames.	The CBPR/CPPR model discusses trust-building through conflict mediation and open discussions about personal and institutional racism or bias in relation to incidents between project leaders. However, the model doesn't address the need for the proactive demonstration of thin trust (eg, institution based) by the academic institution to establish thick trust (eg, personal relationships) down the line, and to minimize potential for conflicts.
Each activity should be jointly planned and led by community and academic leaders, with power being shared equally. Academic leaders should assist community leaders in finding funding and/or in-kind resources for them to participate in the project as they have done for themselves.	Although CBPR/CPPR is place-based in that the work focuses on communities and their geography, there is no explicit mention of where the collaborative work takes place. This can vary between projects. Academic leaders should help find resources to conduct/support partnered activities in the community, especially if the goals of the project include setting up a physical office or communal space in the community. This should be the responsibility of the university (included in the funding) and too often the university sees this role as an in-kind community responsibility despite having limited resources.
Project leaders should strive to develop the social capital of the community through supporting sustainable leadership and encouraging individual growth.	The CBPR/CPPR model allows for a rotating structure for community members to cycle on and off the projects and/or permanent disengagement once the projects end. This model may leave a hole once the projects end, and relationships between the community and academic teams can become stagnant or fizzle out entirely. There is no requirement of continuing to foster relationships and mentoring, as projects end, and participants move on.

CBPR - community-based participatory research; CPPR - community-partnered participatory research

at two levels in community-engaged research as described by Nooteboom: 1) "institution-based trust that relies on the norms, reputation and standards of the university, also called 'thin trust'; and 2) the 'thick trust' that characterizes personal relationships and is based on factors such as empathy, routine, benevolence, and friendship.[12] Thin trust, which can be supported by the institutional environment (eg, the university), is the stepping stone that allows for the establishment of thick trust which is the most adequate form of trust suitable for getting the needs of a community met.[13] (Figure 1)

During the town hall discussion, a common concern cited by community residents was related to how research investigations are initially presented to a community by academia and how the outcomes/data are ultimately used to support the community at the completion of the research. Residents expressed a sentiment that academic partners often benefit more from these investigations than the community through the advancement of their personal careers. The use of a memorandum of understanding (MOU) has been identified as an important tool to address this concern by formalizing relationships that prioritize community needs over academic pursuit.[14,15] The MOU documents roles and responsibilities for university/community partners while clearly establishing expectations for each partner; it also specifies project elements (eg, ownership of the data) and outlines plans for sustainability.[14,16] Establishing the MOU ensures that community needs, wants, and goals can be satisfied. Elevating this to an institutional level creates an even greater sense of commitment to sustainability and positive outcomes.

CARE Framework Tenet 2: Facilitate Knowledge

Community members discussed a need to facilitate bilateral knowledge transfer between the community and academic partners with the ultimate goal of inspiring community solutions. The community is on the ground and has the most in-depth understanding of their community's issues and can assess the relevance of a given framework in the local setting. It could be the community's responsibility to share their concerns with academic partners and to guide or lead the knowledge generation process so that the work with universities is community-driven, ethical, and relevant. Since universities have access to libraries, academic journals, prior and ongoing studies, and experts including professors and researchers, it is their responsibility to share that knowledge and provide theoretical frameworks, policy approaches and other knowledge that could potentially help tackle community-identified problems. Once there has been bi-directional knowledge sharing between institutional partners and community members, the partners are better positioned to move forward with generating new knowledge in a collaborative, community-centered way (Figure 1).

In addition to sharing and generating knowledge, the CARE Framework recommends that university partners take on the responsibility to establish a CARE science shop, or an "entity that coordinate[s] and execute[s] community-engaged research by bringing together university-based researchers, faculty, students, and community-based organizations to facilitate research that responds to the needs and interests of diverse stakeholders."[17,18] The purpose of the CARE science shop would be to assess community and university knowledge, address community questions, and support citizen science through academic means and to share the results with academic health centers and other centers that serve the community (Figure 1).

CARE Framework Tenet 3: Advance Solutions

Our proposed community-university partnerships can advance two types of solutions to operationalize the CARE Framework: health care solutions and policy solutions. Our town hall discussion brought to the fore the barriers that prevent community members from engaging in effective conversations with decision-makers in policy and medical care issues once the community members have identified problems and/or potential solutions. We propose that the validated research results that come from the CARE science shops (Tenet 2) should be shared with the on-campus academic health centers (Figure 1). The science shop results would inform the academic health centers of community health issues such as environmental exposures, which can then better inform prevention and care (ie, chelation therapy to community members with elevated blood lead levels, nutrition services, abatement strategies). We

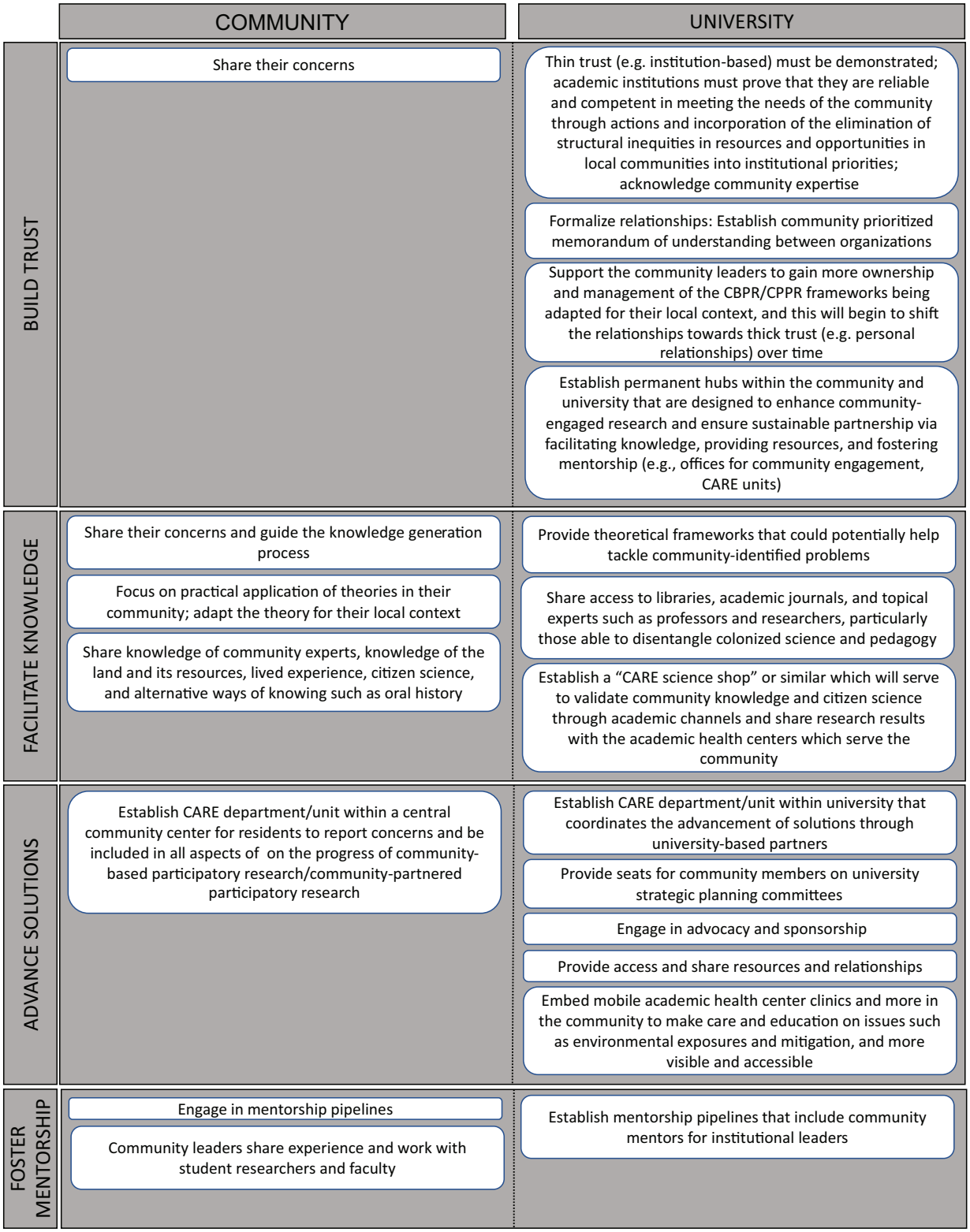

Figure 1. Allocation of responsibilities for generalized Community Action Research Engagement(CARE) Framework implementation

also propose that the academic health center administration should work with the academic researchers and community leaders to set up mobile or satellite clinics in the community when medical intervention is appropriate as identified by science shops in order to minimize barriers to accessing health care, health education, and community health resources (Figure 1). This level of engagement between the CARE science shops and the academic health centers will help to integrate community leaders as important collaborators across all levels of community-engaged work at the academic institutions.

With our CARE Framework, we show how universities can be a proponent of dismantling the structural inequities that inhibit effective community-academic partnerships and perpetuate health disparities in many communities.

Various models of policy advocacy associated with CBPR/CPPR emphasize the need for active engagement of community members at the local level to enhance the capacity to engage in the policy change process.[19] We propose that universities leverage their ability to sustainably support the advocacy process for community members to efficiently advance solutions to concerns that can be addressed by policy. Academic institutions often have access to local political figures and regulatory offices through university civic engagement efforts. These strategic relationships give universities the access to guide and influence public health policy. While CBPR/CPPR projects spearheaded by individual research groups identify potential sources of solutions and work to address solutions for community health concerns, the incorporation of the CARE Framework for universities would ensure sustained avenues for these proposed solutions to reach powerful decision makers to enact real change. For the successful maintenance of this tenet of the CARE Framework within the universities near communities, we propose a CARE department/unit at the institution level, that, with community branches, aggregates CBPR/CPPR outcomes and facilitates solutions to policy influencers connected to the institution (Figure 1).

CARE Framework Tenet 4: Foster Mentorship

At the town hall discussion, numerous community members had substantial health concerns. However, they lacked credentials and scientific experience that could have legitimized their experiences as often articulated by Baldwin.[20] By contrast, university researchers have credentials and often legitimacy in scientific research and the scientific enterprise, which is not often the case for community members in underprivileged neighborhoods. Because of this and other power dynamics, communities maintain a dependency on universities or government agencies to validate their knowledge and advance action. Community members, on the other hand, have a breadth of knowledge from their lived experiences and are more invested in their own community than outside researchers. Thus, academic leaders should seek the mentoring of community leaders to learn the history and culture of the community and develop an awareness of their own background and history of their institution's involvement in the community.[21] Still, even when communities develop relationships with culturally sensitive academics, they should not have to rely solely on these researchers. Many of these researchers may have different interests, priorities and may not have long-term obligations to stay in the community. From a community perspective, this model of research is unsustainable and does not promote self-determination for communities. Because these communities are under-resourced, there is often a shortage of community members with the experience and credentials to produce legitimate research and effectively advocate for the community's needs. By engaging community members at every step of the research process and sharing resources, academic researchers can mentor community members to produce their own legitimate research while learning the most effective commu-

nity approaches to create more effective partnered approaches (Figure 1). Fortunately, many researchers have laid the groundwork for mentorship pipelines that have supported academic institutions in developing community-based researchers.[22]

Conclusions

Our purpose in writing this commentary was to describe a framework that was the outcome of a town hall discussion organized in the Watts neighborhood of Los Angeles. We hypothesize this framework will address concerns raised by many community members about CBPR/CPPR and should have broad applicability to similar communities, many suffering by the disinvestment and oppression of structural racism. Just one community problem can require the need for multiple research projects, civic engagement, and robust partnerships that extend over time due to the complexity of the causes that contribute to the root of the issue. It is important to look at these issues within a broader, systemic context so people can understand the resources that may be needed to address all factors that attribute to these inequities and ultimately health disparities. With our CARE Framework, we show how universities can be a proponent of dismantling the structural inequities that inhibit effective community-academic partnerships and perpetuate health disparities in many communities. We have outlined strategies that enhance trust between all parties and have proposed a process to create an equitable infrastructure that will allow research projects to be embedded within university/academic health center priorities that will facilitate community-owned and managed research. We urge all academic institutions working in the region of under-resourced communities, and in other similar regions, to consider adopting the CARE Framework to illustrate through action and deed the university/academic institution is accepting responsibilities to create a more just and equitable society.

Conflict of Interest

No conflicts of interest to report.

Author Contributions:

Research concept and design: Jones, Hoague, Spriggs, Catalan, Adams, Watkins, Tripati, Norris; Data analysis and interpretation: Hoague, Spriggs, Catalan, Watkins, Norris; Manuscript draft: Jones, Hoague, Spriggs, Catalan, Adams, Tripati, Norris; Administrative: Jones, Hoague, Spriggs, Catalan, Adams, Watkins, Tripati, Norris; Supervision: Jones, Watkins, Tripati, Norris

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