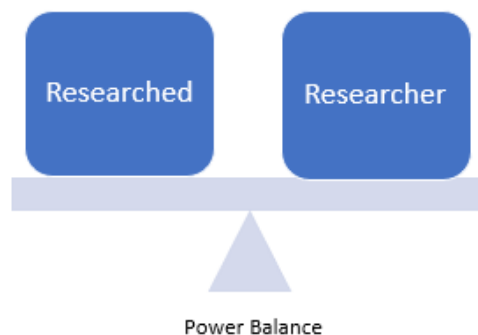


## WHAT IS CBPR?

**The ultimate goal of the CBPR approach is to benefit research participants and their communities** (Blumenthal, 2011). CBPR is a flexible partnership approach to research involving community members, organizational representatives, and researchers as equal partners in all aspects of the process (Israel et al., 2012). CBPR works to increase knowledge of communities to (re)build trust and encourage community ownership through shared resources, capacity building, collaborative decision making, and empowerment of community partners (Blumenthal, 2011).

CBPR addresses the power relationships that are inherently embedded in Western knowledge in the following ways:

- 1) **Advocates for power to be shared between the researcher and the researched** - community members should be included in all phases of the activities, including design, collection, analysis, and writing
- 2) **Acknowledges the legitimacy of experiential knowledge** - Defer to the lived experiences of community members as factual information rather than anecdotal insight and avoid tokenizing community members at all stages
- 3) **Focuses on research aimed at improving situations and practices** (Tremblay et al., 2018)



Understanding communities of interest allow for the integration of acquired information with interventions, policy, and social change or action to reduce health disparities (Israel et al., 2012; Marchand et al., 2021).

## IS CBPR EFFECTIVE?

CBPR has been demonstrated to promote community-level action to improve health and well-being and minimize health disparities in communities (Salimi et al., 2012). Promoting community-level action is particularly important because it provides community members with a sense of empowerment to strive for the goal of health and social change. True community participation “effectively validates and navigates identity, perspectives and experiences of both... researchers and community representatives” (McFarlane et al., 2021).

Based on a review of the CBPR process, it was found that among studies utilizing CBPR within the last decade, 85% saw statistically positive outcomes (McFarlane et al., 2021). These outcomes include various processes within the CBPR approach that revolve around community partner participation.

## CBPR AND OPIOID USE

**Previous Studies Implementing CBPR:** There are several studies on substance use that utilize the CBPR framework. Given the marginalized nature in communities of people who use substances or are in recovery, the use of CBPR “may help to improve outcomes and should be looked to as a viable option for more research... especially by those engaging in recovery and harm reduction research” (Ashford et al., 2019). Notably, a few recent studies that have utilized CBPR to demonstrate the success of this approach with regard to opioid use (Ashford et al., 2019; Marchand et al., 2021; Zimmerman et al., 2020 ).

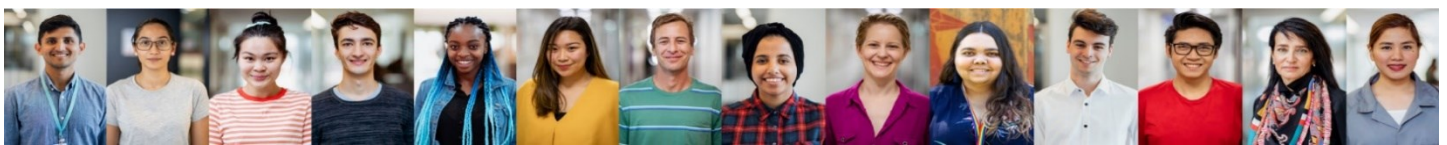
For example, a 2021 study by Marchand et al. utilized CBPR to better understand opioid treatment service experiences and needs of youth, and finally, solutions for future developments in supporting these communities. By partnering with youth with lived experience, Marchland et al. (2021) concluded that CBPR was “particularly suited to the challenge of developing and implementing youth-centered opioid treatments.”

CBPR places the needs and preferences of target communities at the forefront when guiding research. Because it promotes an attitude of co-learning and sharing, CBPR has the potential to guide the collection of meaningful data about communities impacted by opioid use. Thus, CBPR principles outlined in this handout are a suitable and effective research approach in this context.

**Current Project – Voices of the Opioid Epidemic in Nevada:** The purpose of the current project is to better understand the experiences of those who currently use opioids, those in recovery, and friends and family of those who use(d) opioids. The CBPR framework was used as a guiding principle in this work to honor all those affected by opioid usage, and reduce stigma and feelings of marginalization. Our goal is to understand what is needed to reduce overdoses and other health risks due to opioid use, increase access to the desired treatments to support recovery, and to understand the supports that are needed for friends and family of those who use/used.

Through discussions with community stakeholders and peer support specialists, it was determined that the best method to collect data would be through interviews conducted individually, in group, in person, and online. This offered flexibility and a greater chance of involvement from both urban and rural communities in the state. Community stakeholders and peer support specialists also provided feedback on the interview questions and protocols to reduce potential barriers to participation and ensure that the questions would benefit the community. The majority of interviews were either conducted by or co-facilitated with a peer support person in the community. Interviews are currently ongoing as well as data analysis. Once data analysis is complete, the analysis will be shared back with community participants for review and comment prior to finalization.

**Next Steps:** The efforts under this initiative are driven by work under SB390 passed during the 2021 Nevada Legislative Session. In order to uphold the values of a CBPR approach, every attempt is being made to include meaningful community engagement in each stage of the process. This includes not only in the development of a needs assessment, but will continue with the development of the state plan and recommendations made to the director of DHHS, as well as decisions on how resources will be distributed and allocated within communities.



## References

- Ashford, R. D., Brown, A. M., Dorney, G., McConnell, N., Kunzelman, J., McDaniel, J., & Curtis, B. (2019). Reducing harm and promoting recovery through community-based mutual aid: Characterizing those who engage in a hybrid peer recovery community organization. *Addictive Behaviors, 98*, 106037. <https://doi.org/10.1016/J.ADDBEH.2019.106037>
- Blumenthal, D. S. (2011). Is Community-Based Participatory Research Possible? *American Journal of Preventive Medicine, 40*(3), 386–389. <https://doi.org/10.1016/J.AMEPRE.2010.11.011>
- Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (2012). *Methods in Community-Based Participatory Research for Health*.
- McFarlane, S. J., Occa, A., Peng, W., Awonuga, O., & Morgan, S. E. (2021). Community-Based Participatory Research (CBPR) to Enhance Participation of Racial/Ethnic Minorities in Clinical Trials: A 10-Year Systematic Review. *Health Communication*. <https://doi.org/10.1080/10410236.2021.1943978>
- Marchand, K., Tallon, C., Katan, C., Fairbank, J., Fogarty, O., Pellatt, K. M., Turuba, R., Mathias, S., & Barbic, S. (2021). Improving Treatment Together: a protocol for a multi-phase, community-based participatory, and co-design project to improve youth opioid treatment service experiences in British Columbia. *Addiction Science and Clinical Practice, 16*(1), 1–11. <https://doi.org/10.1186/S13722-021-00261-7>
- Salimi, Y., Shahandeh, K., Malekafzali, H., Loori, N., Kheiltash, A., Jamshidi, E., Frouzan, A. S., & Majdzadeh, R. (2012). Is Community-based Participatory Research (CBPR) Useful? A Systematic Review on Papers in a Decade. In *Original Article International Journal of Preventive Medicine* (Vol. 3, Issue 6). [www.ijpm.in](http://www.ijpm.in)
- Tremblay, M. C., Martin, D. H., McComber, A. M., McGregor, A., & Macaulay, A. C. (2018). Understanding community-based participatory research through a social movement framework: A case study of the Kahnawake Schools Diabetes Prevention Project. *BMC Public Health, 18*(1), 1–17. <https://doi.org/10.1186/S12889-018-5412-Y/TABLES/3>
- Zimmerman, E. B., Rafie, C. L., Moser, D. E., Hargrove, A., Noe, T., & Adams Mills, C. (2020). Participatory Action Planning to Address the Opioid Crisis in a Rural Virginia Community Using the SEED Method. *Journal of Participatory Research Methods, 1*(1). <https://doi.org/10.35844/001c.13182>

## Additional Sample Literature on CBPR:

- Aguirre-Molina, M. and D.M. Gorman. (1996). "Community-Based Approaches for the Prevention of Alcohol, Tobacco, and Other Drug Use." *Annual Review of Public Health 17*:337-58.
- Cristancho, S., D.M. Garces, K.E. Peters, and B.C. Mueller. (2008). "Listening to Rural Hispanic Immigrants in the Midwest: A Community-Based Participatory Assessment of Major Barriers to Health Care Access and Use." *Qualitative Health Research 18*:633-646.
- Higgins, D.L. and M. Metzler. (2001). "Implementing Community-Based Participatory Research Centers in Diverse Urban Settings." *Journal of Urban Health 78*(3):488-94.
- Israel B.A., A.J. Schulz, E. Parker, A.B. Becker. (2001). "Community-Based Participatory Research: Policy Recommendations for Promoting a Partnership Approach in Health Research." *Education for Health 14*(2):182-197.
- Lasker, R.D. and E.S. Weiss. (2003). "Broadening Participation in Community Problem Solving: A Multidisciplinary Model to Support Collaborative Practice and Research." *Journal of Urban Health 80*(1):14-60.
- Wallerstein, N.B. and B. Duran. (2006). "Using Community-Based Participatory Research to Address Health Disparities." *Health Promotion Practice 7*:312-323.