

# Community-Based Participatory Research: Don't Do Research Without It

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# Session Reminders

## **We're Recording!**

- All participant lines are muted and videos are disabled upon entry.
- Please keep your audio and video off unless otherwise requested by presenters.

## **Engage with Us!**

- We invite you to submit content-related questions in the Q&A section on your screen or offer ideas, comments, and suggestions in the Chat section.

## **Give Us Feedback!**

- Love what you're hearing? Like our session!
- Click the 'Rate Session' button and complete mini evaluation

## WHO WE ARE

Health Leads is an innovation hub that unearths and addresses the deep societal roots of racial inequity that impact health.

## OUR MISSION

We partner with communities and health systems to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

## OUR VISION

Health, well-being and dignity for every person, in every community.

If you are neutral in situations of injustice, you have chosen the side of the oppressor.

-Desmond Tutu

## Savior-Designed System

Originally designed to rescue, save, and deliver services to “vulnerable” communities by members of the oppressing community



Do not consider the root causes and institutions that make the population vulnerable in the first place

Have policies and practices that harm specific racial groups while benefiting others

Are impacted by segregation and division, which often results in habits, policies, and institutions that are not explicitly designed to discriminate.

## Ally-Designed System

Focused on building self-awareness among the oppressing group while partnering with oppressed groups to spark change.



Intend to identify and challenge institutional and systematic oppression; and, unite with disparity groups to create a system dedicated to respect, and equality

Recognize that individuals' unique circumstances and social conditions need to be factored into health care decisions

Reflect on points of privilege, and oppression to inform additional perspectives needed “at the table”

## Equity Empowered System

Truly equitable health care requires purposefully reconstructing systems that are rooted in and advance equity of the historically marginalized group



Accept racism and other forms of oppression that adversely impact systems of care

Place specific emphasis on addressing unique needs and root causes of inequitable outcomes

Share power by not only ensuring diverse representation, but also redistributing resources to establish equitable decision-making

# CIE today: Moving from Harm to Advancing Equity

The CIE should be a tool that is designed, structured, and executed to proactively dismantle systemic racism and oppression that perpetuate health inequity.

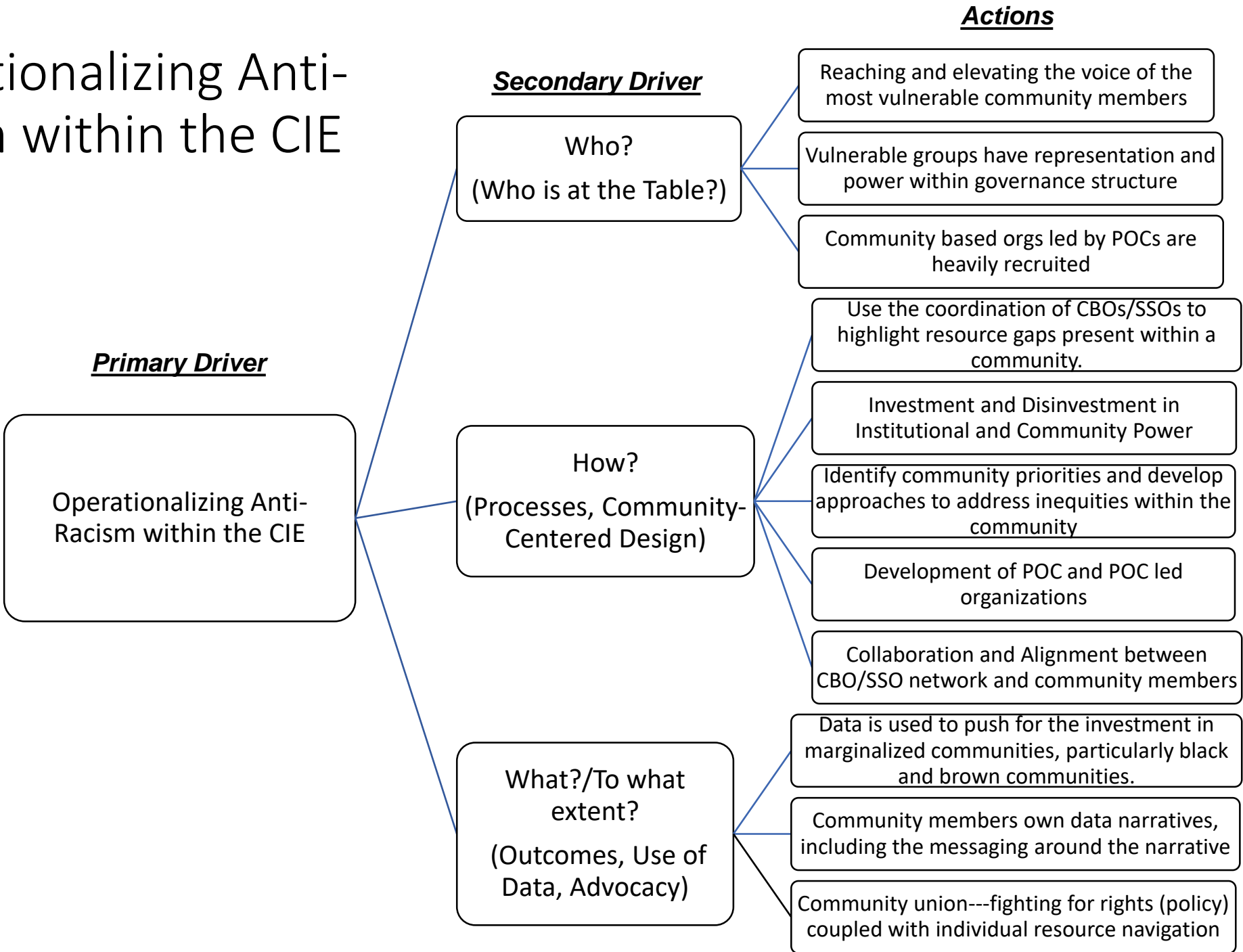
## CIEs can create harm by.....

- Not centering and elevating root causes, which makes system and structural change harder to achieve
- Commodify data from historically underrepresented and underinvested groups without a reinvestment into those communities and populations
- Promote innovations that are not adoptable by the affected population while benefiting innovators often not from the affected population

## We need CIEs that.....

- Emphasize addressing unique needs and root causes of inequitable outcomes, including systemic racism and oppression
- Cede and seed power to the community, including promoting community ownership of data narratives
- Promote systems of inclusion by establishing equitable decision-making processes and supporting place-based solutions

# Operationalizing Anti-Racism within the CIE



# Key Challenges of Community Engagement and the Promise of CBPR



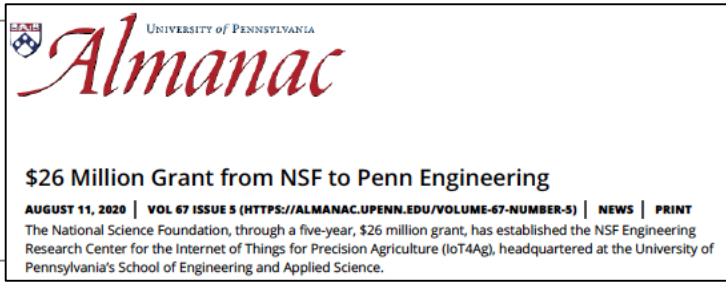
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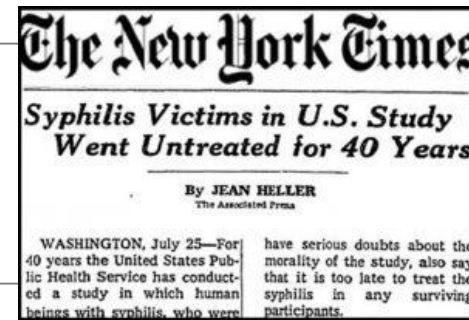


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# Trust



- A long history of abuse and mistrust between academicians/researchers, government agencies, and large medical institutions with communities
- Residents see researchers as looking for guinea pigs
- Announcement of large grants and profits reinforces to the community that institutions have resources it doesn't share
- The institutional partner disappears before sharing results or before true implementation and sustainability are established
- Community residents and organizations feel the imbalance caused by race, power, privilege, and technical/scientific expertise



# Data Mismatch

- Research studies and data sources are not representative of the most vulnerable or hard-to-reach populations
- Data are often not available at the level where variation and solutions occur – census boundaries instead of neighborhoods
- Little cross-systems, place-based data
- Data are focused on deficits rather than assets
- Communities need data in near real-time to be able to benefit from it
- Researchers publish data for “generalizable knowledge”, opposite of the tailored and hyper local information that communities need



# How Is Data Used for Action in Community Settings?

- Describe community demographics & social inequities
- Document pressing community health issues, health inequities
- Raise awareness/mobilize constituents and policymakers around health issues
- Identify program, service needs
- Identify needed policy changes
- Develop programs, services, policies
- Evaluate programs, services, policies
- Raise awareness/mobilize constituents and policymakers around needed policy changes
- Seek funding
- Identify existing assets or resources



# Skills/Workforce/Capacity Mismatch

- Community-based organizations (CBOs) often don't lack the research capacity needed to conduct research, or to partner equitably with researchers
- Researchers typically don't have the community history, context, or credibility needed for community health research or to recruit community-based populations
- Funders typically don't fund community research infrastructure or capacity
- Youth in economically excluded communities are not prepared for careers in "eds and meds"
- Researchers rely on community volunteers to partner with – the community advisory board or focus group model of community engagement



# CBPR Solutions

- Build community leader capacity around accessing, collecting, and using data to inform community health improvements
- Include community leaders in research conceptualization, execution, and dissemination to ensure community benefit
  - Hire community residents as study personnel or data system staff
- Tailored to community geography, population characteristics, prioritized health topics
- Share data and research results in *user-friendly* ways that can be used for multiple purposes by community leaders



# West Philly Promise Neighborhood

- Community residents hired as surveyors, outreach coordinator, community resource coordinator
- Community Advisory Council co-created data collection design, instruments, dissemination products
- Interactive data dashboard created as an advocacy tool during COVID crisis:  
<https://drexel.edu/uhc/resources/coronavirus/vulnerability-indicators/>
- Supporting residents to create a Community Research Review Board



**WEST PHILLY  
PROMISE  
NEIGHBORHOOD**



Get in touch!

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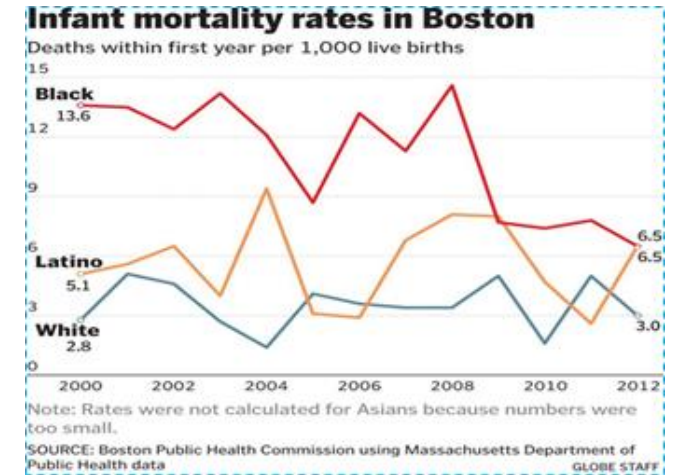
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# Boston Community Action Network (CAN)

Nneka Hall, Volunteer

**Vision:** The city of Boston is a place where everybody regardless of race or ethnicity has an equal opportunity to have healthy, happy babies and families, and strong stable communities.

**Mission:** The Community Action Network works to eliminate racial inequities in infant mortality and poor birth outcomes by mobilizing the community to do outreach, education, and policy change.





# Opportunities for CIEs to Center Anti-Racism and Community Voice

CIE addresses a co-developed community agenda

CIE facilitates a true investment into the most marginalized aspects of the community

CIE facilitates investment into CBOs that directly serve or advocate for the most marginalized in the community.

Community awareness and participation within CIE  
(community members understand purpose/ right people are at the table)

CIE explicitly calls out and illustrates the role of structural racism and inequity within a local context

The measures of the CIE align with community's interests

# Thank You!

## Questions?

Send to:

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# THANK YOU!

**What's Next:**

**9:45am - 10:15am**

**Coffee Break Sponsored by Aetna and Blue  
Shield of California Promise Health Plan**

