

# Creating Pathways to Participatory Research

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## ABSTRACT

*Many disciplines, including Public Health, have recognized the importance of participatory research methods in creating change in communities. The ability of participatory research to create change- particularly in behaviors- is what makes it such a promising area of research in health promotion. Whereas the value of participatory research is recognized, a “disconnect” exists in that the support mechanisms for this research are not in place. In fact, many researchers are encouraged to forgo the use of participatory research methods via the policies or biases of tenure and promotion committees, funding agencies and institutional review boards. These entities may claim to support participatory methods, but the time commitment and level of autonomy given to the community in participatory projects do not align with the current cultures of these entities. Using the frameworks of Komives, Lucas and McMahon’s Relational Leadership Model as well as Kotter’s Process of Creating Major Change, institutional support of participatory research is an achievable goal.*

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## Introduction

It is becoming widely accepted that increasing the participation of the community is one way to strengthen research designs and, especially for health educators because it helps to ensure the relevance and sustainability of interventions (Coreil, Bryant, & Henderson 2001). Public Health’s focus on community-based research was solidified by the Institute of Medicine’s call for community collaboration in its guiding text for public health education – *Who Will Keep the Public Healthy* (2003). Whereas the names of participatory methods differ – from Participatory Action Research (PAR) to Community Based Participatory Research (CBPR) to Participatory Rural Appraisal (PRA) - the overarching theme of these methods from various disciplines is the inclusion of “community” from the design phase of the research through evaluation to create positive changes in these communities (Dick, 2002; Reason & Bradbury, 2001; Chambers, 1994).

Whereas the merits of participatory research are accepted across disciplines, many scholars believe that there are too many obstacles to create and complete participatory projects successfully (Hammond et al., 2005). These perceived obstacles include time, money, and the political nature of participatory work among other things. With the proper leadership and support, it would be possible to expand participatory research and create sustainable change from within the communities we research.

## Significance of the Problem

The goal of applied fields such as public health is to conduct research that affects positive change such as reducing the incidence or prevalence of a disease. Unfortunately for health educators, behavior

does not take place in a vacuum and the discipline has had to redirect research to account for various confounding factors that affect behavior (McLeroy et al., 1988). The ability to create health education or health promotion interventions that are successful is difficult. To see this phenomenon one only has to examine the failure to meet the plethora of objectives in *Healthy People 2010* and the paucity of evidence-based programs in *The Guide to Community Preventive Services*. When one examines progress towards the *Healthy People 2010* leading health indicators such as physical activity, overweight and obesity, tobacco use and responsible sexual behavior, one sees only modest positive gains, and on many indicators (e.g., physical activity and obesity) one sees apparent declines in progress (U.S. DHHS 2005).

This difficulty creating positive changes can be seen in *The Community Guide’s* (a task force of the CDC) review of the literature surrounding many of *Healthy People 2010’s* leading health indicators. Looking at the example of obesity prevention research, of all the obesity interventions that have been published only one intervention method- worksite multi-component interventions- has been shown to meet the standards of the task force to be listed as an evidence-based intervention (Katz et al., 2005). These same issues can be seen across many health indicators studied by the task force.

Although one can argue the reason for lack of “evidence-based” interventions in the community guide are due to its strong reliance on the academy’s gold standard of randomized experimental design and the difficulty (both procedurally and ethically) of using these designs in real world settings, it may be more important to note what the community guide is

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actually telling us. Many of the interventions recommended by the task force are “multi-component” programs that recognize the wide breadth of the factors that affect individual behavior.

This multiple-dimension approach is key to the importance (and success) of participatory methods: community-based interventions are guided by an ecological framework (Coreil et al., 2001). Participatory research then attempts to address the many factors affecting health behavior either in one large multi-level project or in a series of projects guided by the community (Brownson et al., 2000). The benefits of participatory research and the apparent support for it by the “academy” (as seen in the Institute of Medicine’s guide to public health education) begs the question as to why more projects in the applied fields are not using participatory research designs. The answer to this question is rooted in political, historical and socio-cultural factors that have guided research by academicians for decades.

### **Factors Related to the Diminished Role of Participatory Methods**

Whereas participatory research seems beneficial to the advancement of the academy and the good of community, it is not widely used. This lack of deployment can be associated with tenure and promotion practices at universities, the funders of research and also with the institutional review boards (IRBs) that approve research designs. These three issues are created by the aforementioned “costs” or perceived problems with participatory research- time, money and politics.

Before examining the role of tenure and promotion practices, funders and IRBs, it is important to note that participatory research falls on a continuum- it is too simplistic to say that research designs are participatory or non-participatory. On one end of the continuum there is “traditional” research where the researchers know all and they extract knowledge from the community and on the other end of the spectrum is truly participatory research where the researcher is in effect just one equal in a community that is creating knowledge on a subject that is deemed important by the community. When looking at the barriers to participatory methods in research, they fall much closer to the end of the spectrum that is truly participatory.

Time is of great concern to everyone, but especially to young academic professionals and tenure and promotion committees. Time is also needed for good participatory research. If researchers decide to undertake a participatory research project they need to be active in and become trusted by the community. This assimilation is not always an easy

or quick process. In the time it takes a researcher to create the support and structure to begin a participatory project, another researcher could have already completed and published a small study. Even once the community has embraced the researcher, participatory projects are driven by the community; the community may select a research topic that is a strongly felt need but not a need that is imperative according to the literature such as previous epidemiological assessments (Coreil et al., 2001).

For example, a community may feel that drug abuse prevention is a key need in the community but epidemiological data show that obesity is a much greater geographic concern. In a participatory project, the researcher will often need to help the community address its felt or “perceived” needs before or while addressing the “real” needs. This conflicting set of tasks ultimately slows down the research timeline. This delay can be problematic for academics that rely on publication for things such job evaluation for tenure and promotion.

It is this slowed timeline that creates problems with tenure and promotion committees. Research into tenure and promotion practices has shown that four categories are fundamental in guiding the tenure and promotion process: overall job performance, service, scholarship and teaching (Park & Riggs, 1993). Whereas service was noted as the second most important aspect of the tenure and promotion process, service was defined by university committees/service to the university, regional and national committees, elected office, consultation services, and other services. Of the institutions that participated in the study only 17.1% (and only 11.4% of research institutions) recognized “other” (ostensibly including community service) as a criterion for tenure and promotion (Park & Riggs, 1993). This lack of recognition of community-based service is a substantive barrier to participatory research.

Scholarship, as well as service, is a key factor in the tenure and promotion process (Park & Riggs, 1993). Generally, the key indicator of accomplishment of “scholarship” is publications. As noted previously, the slow progress toward the ultimate research goal on participatory projects limits or delays the researcher’s ability to publish. This deceleration can also slow or even limit the career opportunities of researchers, especially those that are not tenured. The limits emanating from timeline flexibility associated with participatory research detracts from researchers’ own participatory interests.

In addition to tenure and promotion, funding agencies also have played a role in limiting the use of participatory methods. Although prominent funding agencies (e.g., Robert Wood Johnson Foundation, the Kellogg Foundation, the National Science

Foundation and National Institutes of Health) support participatory approaches (Minkler et al., 2003), this support may not translate into truly participatory research in the real world. Most funders expect that you have some prior knowledge and relationship with a community before you undertake a large participatory project, in essence funding stage two of a participatory project, but not stage one.

This decision makes sense considering the strong likelihood for the failure of a participatory project without community support. If funders expect you to have the connections with the community and tenure and promotion does not strongly value community service, how will the required background research, trust building and community organizing be “funded” financially and time-wise? This lack of support for the time consuming groundwork needed to create a participatory project is yet another barrier to truly participatory research. The reaction to this wealth of money for participatory research that doesn’t fund the groundwork seems to be, in this young researcher’s opinion, the application of participatory methods to a more “traditional” project. For instance, a project may seek to involve the community in creating an intervention, but the researchers and not the community, selected the area of intervention. It is unclear from the current literature if this will be as successful as a more completely participatory project.

The final barrier to participatory research may be what makes it so desirable to researchers in the first place- its ability to create change. Change takes place via participation; participation is empowerment and empowerment is inherently political (Chambers, 1994). Research that can be construed as political or political organizing is often seen to have a higher risk than non-political research by IRBs (White, 1999; Kimmelman, 2004). In addition to the issue of politics, IRBs often have a difficult time with the flexibility need to undertake a participatory project- particularly the need to repeatedly revise protocols after community input (Israel et al., 2005). These IRB issues can be yet another barrier to participatory research projects.

### Implications for Leadership

If we were to view these barriers to participatory research using the Socio-Ecological Model we would see that all three barriers discussed are policy level issues, and therefore, it makes sense that leadership is a key variable in removing these barriers. By applying different leadership frameworks to tenure and promotion, funding agencies and IRBs, the paradigm shift in public health put into motion by the IOM’s call for participatory research can be achieved.

The relational leadership model of Komives, Lucas and McMahon (1998) is an especially useful model to apply to the issue of tenure and promotion. This model has five traits: inclusivity, empowerment, purposeful, ethical and process-oriented (Komives et al., 1998). Following this process-oriented leadership model the inclusion of criteria sensitive to participatory research can easily be included in the *process* of tenure and promotion.

The first trait of the relational leadership model is inclusivity (Komives et al., 1998). If leaders in charge of creating tenure and promotion guidelines were inclusive of more than just the traditional research model they would easily be able to see the strengths and idiosyncrasies of participatory research and alter the tenure review process accordingly. This challenge is increased by academia’s focus on individual research; being first author and/or principal investigator brings the highest reward in tenure and promotion, while being a secondary team member is undervalued. Additionally, community-based work almost always relies on research teams working with the community. For a shift to include community-based work in tenure and promotion there must also be a paradigm shift that values research teamwork.

This change would help to *empower* researchers to utilize participatory methods when conducting research. It is apropos that a method focused on empowering communities be made viable by empowering researchers. The next trait in the process of the relational leadership model is that leadership is purposeful in that it leads to commitment towards a common goal (Komives et al., 1998). Empowering researchers to utilize participatory methods is purposeful as it promotes a method that has been deemed especially useful by the academy to create change, especially behavioral change.

The process of promoting participatory research with the relational leadership model would meet the ethical requirement as all three of the aforementioned elements are being met (Komives et al., 1998). In addition, it would be ethical as it would help researchers to meet the goals of public health in a culturally sensitive fashion as the research and interventions are driven by the community in which they will be implemented.

John P. Kotter’s Process for Creating Major Change (1996) is an excellent framework to understand current trends in research funding and promote participatory research. The eight stages of Kotter’s model to create major change are: (1) establish a sense of urgency; (2) create the guiding coalition; (3) develop a vision and strategy; (4) communicate the change vision; (5) empower broad-based action; (6) generate short-term wins; (7)

consolidate gains and produce more change; and, (8) anchor new approaches in the culture.

It can be argued that stages one through four have already been met, which can be seen in funders' call for participatory research projects. To encourage truly participatory research, though, stage 3 would need to be re-evaluated and then stage 6 would have to be emphasized. Clearly there is a vision and strategy that incorporates participatory work or funders would not have calls for proposals specifically for participatory research. This vision, though, does not include an emphasis on the groundwork that must be undertaken to create a successful participatory research project as can be seen in funders' requirement of pre-existing relationships with and knowledge of communities to receive funds.

If a new vision and strategy for funding participatory projects included an emphasis on funding small start-up grants with enough money to support community coalescence, this would empower broad-based action by researchers to become enmeshed in communities. As researchers spend more time in communities funded by these large granting agencies, the relationships needed to complete successful participatory projects could be forged. These relationships alone, in addition to small projects would be short-term wins that could then be consolidated to create more sweeping change.

The beauty of this model of change is that in many ways it mirrors the participatory research model- creating small "wins" or changes that then allow for bigger change and so on. The key to both models is that these new changes ultimately must be embedded into the culture. The culture of funding must shift in order to recognize the importance of community organizing and community support in the creation of successful participatory projects.

The issue of IRBs and participatory research are more complicated. Ultimately, both leadership models discussed here would need to be adopted by IRBs to better facilitate participatory research. From the relational leadership model, IRBs would need to focus on inclusivity while still maintaining their strict ethical guidelines to approve research. In the end, though, the last three stages of Kotter's model would be key to gaining a more IRB acceptance of participatory methodologies. IRBs would need to see short-term wins that showed the efficacy and ethicality of flexible participatory research design.

In addition, the success of applying the relational leadership model in tenure and promotion as well as Kotter's change model to funding would help encourage IRBs to consider greater flexibility with participatory projects. As universities, academic departments and funders promote participatory

research, IRBs will likely be more willing to accept the non-traditional orientation of participatory research.

## Conclusion

The efficacy of participatory research appears to be a well-accepted fact in academia and Public Health specifically, although the structures that support research have not yet caught up to the theoretical acceptance of these methods. For change to occur, we need leadership in universities in the areas of tenure and promotion and human subjects' protection as well as at funding agencies. If leaders in these areas use the model of Komives, Lucas and McMahon, or Kotter's model, we can see real change and the expansion of participatory research across many disciplines.

## References

- Brownson, R., Baker, E., & Novick, L. (2000). Community-based prevention: Programs that work. *American Journal of Preventive Medicine*, 19(1), 66-67.
- Chambers, R. (1994). Participatory rural appraisal (PRA): Analysis of experience. *WORLD DEVELOPMENT-OXFORD-*, 22, 1253-1253.
- Coreil, J., Bryant, C., & Henderson, J. (2001). *Social and Behavioral Foundations of Public Health*. Thousand Oaks, CA: Sage Publications Inc.
- Gebbie, K., Hernandez, L., & Rosenstock, L. (2003). *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*. Washington DC: National Academies Press.
- Hammond, J., Hicks, M., Kalman, R., & Miller, J. (2005). PAR for the course: A congruent pedagogical approach for a PAR methods class. *Michigan Journal of Community Service Learning*, 12(1), 52.
- Israel, B., Parker, E., Rowe, Z., Salvatore, A., Minkler, M., Lopez, J., et al. (2005). Community-based participatory research: Lessons learned from the centers for Children's environmental health and disease prevention research. *Environmental Health Perspectives*, 113(10), 1463.
- Katz, D.L. et al. (2005). A report on recommendations of the task force on community preventive services. *Morbidity and Mortality Weekly Report*, 54(RR-10), 1.
- Kimmelman, J. (2004). Valuing risk. *Kennedy Institute of Ethics Journal*, 14, 369-393.
- Komives, S., Lucas, N., & McMahon, T. (1998). Exploring leadership: For college students who want to make a difference.
- Kotter, J. (1996). *Leading change*. Cambridge, MA: Harvard Business School Press.
- McLeroy, K., Bibeau, D., Steckler, A., & Glanz,

K. (1988). An ecological perspective on health promotion programs. *Health Education & Behavior*, 15(4), 351.

Minkler, M., Blackwell, A., Thompson, M., & Tamir, H. (2003). *Community-based Participatory Research: Implications for Public Health Funding*. Washington DC: American Public Health Association.

Park, B., & Riggs, R. (1993). Tenure and promotion: A study of practices by institutional type. *Journal of Academic Librarianship*, 19(2), 72-77.

U.S. Department of Health and Human Services. (2005). *Healthy People 2010 Midcourse Review*. Accessed April 18, 2009 from <http://www.healthypeople.gov/Data/midcourse/>.

White, M. (1999). Guidelines for IRB review of international collaborative medical research: A proposal. *The Journal of Law, Medicine & Ethics*, 27(1), 87-94.

Zarha, S. (2005). Task force on community preventive services. In Briss P.A., & Harris, K.W., eds. *The Guide to Community Preventive Services: What Works to Promote Health?* New York: Oxford University Press.

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