

Integrating principles of community-based participatory research (CBPR) with the injury prevention and control agenda

Despite remarkable advances in injury and violence prevention, our research community remains limited in its ability to explain why and how certain disparities in unintentional and intentional injuries persist. There is increasing attention to generating evidence and translational research models that can rapidly disseminate injury prevention and control programmes and policies into practice to improve health, safety and well-being for all segments of society.^{1 2} Community engagement in research is recognised as a successful approach integrating education and social action to improve health and reduce disparities.³ Community-based participatory research (CBPR) is a unique type of community-engaged research that equitably involves community partners in the research process and recognises the unique strengths each party brings to understanding and addressing the issue.

CBPR is about intentional, collaborative, long-term partnerships between academics and communities that undertake culturally sensitive and contextually relevant research.⁴ Community engagement and CBPR begin with a topic of importance to the community with the aim of combining knowledge and action for social change.⁵ Topics are explored from both academic and community perspectives so that together they can gain new understanding of the context in which unintentional and intentional injury outcomes occur. CBPR takes a participatory approach to examining the factors that underlie our injury and violence disparity data to engage both *special populations* (eg, American Indians, urban youth, rural workers, older adults) and *special circumstances* (eg, increased physical activity in dangerous environments). In addition, this approach ensures that translation and action are part of the research paradigm from the very beginning by sharing power in defining the problem, identifying and implementing appropriate research methods, interpreting data and applying findings in a timely and contextually relevant manner. CBPR is an *approach* and not a research methodology. While not universally appropriate, it is a versatile research approach which may include quantitative, qualitative and creative participatory methods aimed at cultivating partnerships while generating valuable data.

Successful use of a CBPR approach has already guided various injury and violence prevention research efforts. For example, a novel prescription drug overdose prevention programme in rural North Carolina was initiated and developed by a pastor in partnership with many stakeholders, including university and state-based epidemiologists. Evaluation data of the community-wide effort to improved treatment of chronic pain and reduce overdose showed dramatic reductions in overdose deaths without reducing the availability of pain medications.⁶ These findings prompted the state's Medicaid authority to implement this intervention model state-wide. The pastor and other community coalition stakeholders have partnered with the University of North Carolina Injury Prevention Research Center in obtaining funding and designing a state-wide evaluation such that research questions, data collection tools and findings can benefit both the researchers and community coalitions. In another example, the University of Pittsburgh and the Johns Hopkins Center for Injury Research and Policy partnered

with the House of Ruth Maryland to identify practice relevant research priorities to improve services to abused women throughout the Baltimore region.⁷ Results from this partnership included training for researchers and service providers in application of principles of CBPR, several joint presentations to domestic violence advocates and public health professionals, a partnered research proposal to create and evaluate new services for Hispanic immigrant women survivors of sexual violence, and creation of a House of Ruth research liaison position responsible for finding ways to sustain the partnership. These examples would not have been possible without the integrated experience, knowledge and expertise of the community, organisations and academic partners working together.

Now is the time for injury prevention researchers to expand our networks to include new partnerships that infuse unique knowledge from those affected by injury and violence (eg, young people, local agencies, school administrators, policy-makers). Expertise in CBPR developed from within and beyond our field can help guide these efforts. In order to address the most pressing contemporary injury prevention issues (eg, gun control, falls in older adults, workplace safety, intimate partner violence, prescription drug overdose, community violence), researchers and practitioners alike must learn to incorporate valuable and sometimes competing priorities by recognising the value of diverse expertise to develop culturally appropriate, relevant, viable and ultimately successful responses.

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Competing interests None.

Funding The content presented was supported by the National Institutes of Health through Grant Number KL2 TR000146.

Provenance and peer review Not commissioned; externally peer reviewed.

Injury Prevention 2013;**19**:149. doi:10.1136/injuryprev-2013-040788

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Inj Prev 2013 19: 149

doi: 10.1136/injuryprev-2013-040788

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