



## Community Based Participatory Research (CBPR): Learned Experience & Generated Research

Allison Scott, DNP, CPNP-BC, IBCLC  
Kelly Vowell Johnson, EdD, MSN  
Eleanor Mann School of Nursing

Contact:  
[allison.scott@uark.edu](mailto:allison.scott@uark.edu)  
(479) 575-3761  
606 Razorback Rd.  
Fayetteville, AR. 72701

### INTRODUCTION

- Community Based Participatory Research (CBPR):
- ❖ Collaborative approach involving community partners in all phases of research
  - ❖ Method to improve translational research; health disparate populations
  - ❖ Requires development of community relationships
- CBPR vs Traditional Research**
- ❖ Traditional Research: focus on individual behavior change
  - ❖ CBPR emphasizes social determinants of health with a partnership approach

### BACKGROUND

- Two- Year CBPR Fellowship
- UAMS Community Engaged Research Training (CERT)
- Year 1: Interactive Training Modules; Year 2: Implementation CBPR Project
- Training included monthly sessions: health disparities, cultural considerations and traditions
- CBPR conducted in local community with the largest number of Marshallese (Marshall Islander) families in the continental United States
- Marshallese have high health disparities, including obesity.



### CBPR PRIMARY GOALS & PURPOSE

- Goals:
- ❖ Understand the problem
  - ❖ Develop sustainable relationships (time!)
  - ❖ Engage in research and action to solve
  - ❖ Problems identified by the community
- Purpose:
- Collaborative process that acknowledges community members as experts**
- ❖ Empower communities
  - ❖ Problem-solving approach
  - ❖ Ensure cultural specificity
  - ❖ Close the loop

### WHY USE CBPR?



- Community Inclusion
- Needs Identified by the Community Partners
- Includes Participants in all Phases
- Cultural Awareness and Inclusion
- Trust Community Partners
- Community Members Weary of Research Participation
- Outcomes Better Communication/Implemented

Marshallese:

- Historical “trauma” from research exists among the Marshallese. 1940’s & 1950’s nuclear weapon testing by the U.S. resulted in later health issues due to *nuclear radiation*

### CBPR RESEARCH GENERATED

- ❖ Exploratory study of infant and child feeding practices & customs in the Marshallese community
- ❖ Pilot study to serve as basis for future promotion of improved childhood nutrition

AIM 1: Understand infant and child feeding practices in the Marshallese Community with children under age 3

AIM 2: Understand factors **influencing** infant and child feeding practices

***\*Beliefs, perceptions, and practices related to child feeding among Marshallese in the United States: Implications for childhood obesity***

***\*\*Social and economic influences on infant and child-feeding practices in a Marshallese community***

### METHODOLOGY

- ❖ Focus group Semi-structured guide (open-ended questions) developed with CBPR team
- ❖ Focus groups held x 3
- ❖ Focus groups recorded & translated verbatim by community co-investigators

#### ❖ EXAMPLE FOCUS QUESTIONS:

- When, and if, you introduce solids to your baby, what made you decide it was time? (a) Who influenced you the most in this decision? (b) What did you give them first other than milk? (c) How did you decide what to give them first? (d) What are your thoughts about this?
- What type of rice do you eat and how do you prepare it? How often do you eat rice?
- Who selects and purchases the food that is eaten in your home? (a) Who prepares the meals? (b) Who in your family eats first?

### RESULTS

Organized in 3 Themes

- ❖ Marshallese Breastfeeding Customs
- ❖ Introduction of Solid Foods
- ❖ Marshallese Feeding Customs

\*All mothers reported breastfeeding their infants, and 80% reported using some type of milk supplementation. There was a difference in mother and caregiver responses regarding which first foods to introduce and average age of introduction

\*\*Marshallese immigrant women’s infant and child feeding practices are influenced at intrapersonal, interpersonal, organizational and policy levels. Understanding these multidimensional influences is necessary to inform the creation of culturally tailored interventions to reduce health disparities within the Marshallese community.

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