The Continuum from Action Research to Community Based Participation Research

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ABSTRACT

There has been a greater convergence of principles and values among the terms action research, participation action research, and Community Based Participation Research (CBPR). However, these approaches stem from three separate traditions that are at opposite ends of a continuum. At one end of the continuum is Action Research (AR), which emphasizes involving people affected by a problem in practical problem solving through a cyclic process of look, think, and act. In the middle of this continuum are Participatory Action Research (PAR) traditions, which have their roots in popular education and related work with and by oppressed people. All those inquiries emphasize breaking the monopoly of knowledge by universities. At the other end of this continuum is CBPR, which has its principles in focusing on true partnerships between outside researchers and communities with the goal of ending health disparities. CBPR is considered to be at the emancipatory end of the continuum and ideally serves as a gold standard for practice. The purpose of this article is to elaborate on the development of emancipatory research approaches from AR to CBPR in order that public health workers and educators can apply such research in their duty with the ultimate aim of ending a country's health disparities.

Key words: Action research, participation action research, community based participation research

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Introduction

Recently, the study underpinning a critical paradigm philosophy has been increasingly concerned and applied in social science, particularly in public health education and services, and as such, the study has its roots in social justice or emancipation from oppression. The fundamental goal is to establish the conditions for open, unconstrained communication, and to seek a strengthening of the subject in order to encounter problems with themselves rather than attempt to come up with new knowledge.[1] The research methodologies under this critical paradigm vary from action research, participation action research, and community based participation research.

There has been a greater convergence of principles and values among those terms.[2] The author concluded that the majority of participatory and action-oriented approaches to research stem from three separate traditions that are at opposite ends of a continuum. At one end of the continuum is Action Research (AR). At the middle of the continuum is Participatory Action Research (PAR) traditions. At the other end of this continuum is Community Based Participatory Research (CBPR). CBPR is claimed as being at the emancipatory end of the continuum and is an altruistic "gold standard" model for practice.[2] The aim of this article is to elaborate on how such research methods are developed and how they differ from the other traditions.

Action Research (AR)

At one end of those three separate traditions along this continuum is *Action Research (AR)*. It is in the tradition of Kurt Lewin and followers such as Greenwood DJ and Levin M[3] for whom the emphasis is on involving people affected by a problem in practical problem solving through a cyclic process of fact finding, action, and evaluation. This tradition emerged during the Second World War in social psychology as a form of social research and its purpose was to find solutions for concrete problems and conflicts[4], and as a way of bridging the gap between theory and practice. On the other hand, it is a way of bringing theory and practice closer together.[5] It has more recently been used to reflect an overarching family of "participatory inquiry and practice approaches" including "participatory action research and feminist participatory research." In this tradition, there is some, but not necessarily an extensive involvement of affected individuals and typically little commitment to broader social change objectives.[2]

Huizer G[4] proposed that Action Research is a kind of learning by doing in which the researcher learns about certain group processes or change processes by active participation or manipulation. Therefore, there are different two forms of Action Research; manipulative action research and participatory action research.

Models of AR

Titchen A and Bennie A[6] mentioned that there are three models of AR as follows:

1. Insider model: The action researcher is the person in the setting with the authority to initiate and manage change.

2. *Outsider model:* The action researcher is someone from outside the setting with no authority over the situation. The researcher has a diagnostic function and feeds observations to the participants but does not initiate or carry out the change.

3. *Double-act model:* combines the insider and outsider models by allowing the insider to remain in the field in order to lead, manage, and collect data while the outsider withdraws from the field to read, plan, analyze data and write. The outsider's role in the change process is to give moral, psychological, emotional, and intellectual support and help carry out some of the action.

An insider researcher is sometimes denoted as the person capable of making use of their authority over the change process, whereas the outsider researcher has to pay more effort to drive changes.

Types of AR

Berg BL[7] proposed that there are three types of action research:

1. *Technical/ scientific/ collaborative mode:* tests a particular intervention based on a researcher's pre-specified theoretical framework.

2. *Practical/ mutually collaborative/ deliberate mode:* a research problem is defined only after the researcher and practitioner have assessed the situation and reached a mutual understanding.

3. *Emancipating/ enhancing/ critical science mode:* the research promotes a critical and collective consciousness for change and attempts to bring together theory and book knowledge with real world situations, issues, and experiences.

All three types have their own limitations and advantages. However, it is the emancipating mode which is expected to empower collaborations more than the other modes. It is also supposed to be the most sustainable mode.

A Basic AR Routine

According to Stringer ET[8], the basic Action Research routine is comprised of look, think, and act. It is a continuous cyclic set of activities. The participants work through each of the major stages and explore the details of their activities through a constant process of observation, reflection, and action. When they complete each set of activities, they will review (look again), reflect (re-analyze), and re-act (modify their actions). This interacting cycle can be repeated over and over until the problem is resolved.

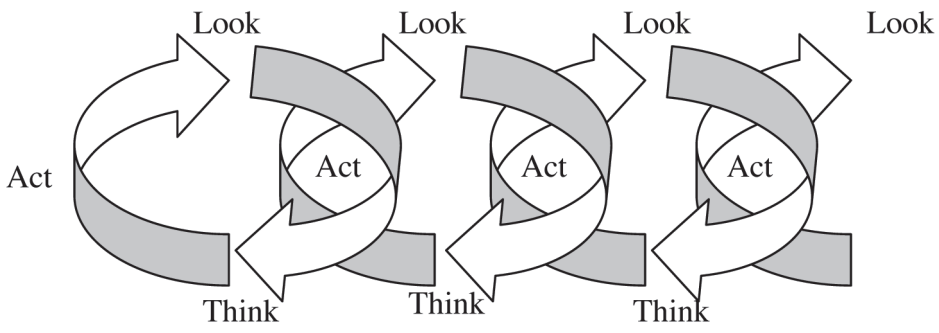


Figure 1 Action Research interacting cycle[8]

In short, the emphasis of AR is to involve people affected by a problem in practical problem solving through a cyclic process of looking, thinking, and acting, with the purpose of finding solutions to concrete problems and conflicts. Social change is not emphasized much in AR.

Participation Action Research (PAR)

At the other end of this continuum of alternative paradigm research are *Participatory Research (PR), collaborative action research,* and the *Participatory Action Research (PAR)* traditions, which have their roots in popular education and related work with and by oppressed people. Among the original premises of those inquiries is the importance of 'breaking' what is referred to as the 'monopoly over knowledge production' by universities.

PAR, as a critical and spiritual form of research, is a form of qualitative inquiry. It is an important research methodology used to address issues of research relevance, community involvement, democracy, emancipation and liberation.[9] PAR arose from the work of marginalized people in Tanzania, Brazil, India, and elsewhere in the early to mid 70's. It is an approach which creates knowledge of oppressed people and the eventual achievement of equitable communities and societies which are characterized by justice, freedom, and ecological balance.[10] Reflection, understanding, and action are the key concepts within this perspective. The fundamental aim is to expose the contradicting oppressions and power imbalances that inhibit individual freedom and autonomy. It entails analyzing power relationships and addressing the dialectical relationship between theory and practice.[11]

Characteristics of PAR

According to Stringer ET[8], PAR is seen as a process of inquiry that has the following characteristics:

1. Democratic: enabling the participation of all people

2. Equitable: acknowledging people's equality of work

3. Liberating: providing freedom from oppressive, debilitating conditions and

4. Life enhancing: enabling the expression of people's full human potential.

Elements in PAR

Smith SE, Willms DG, and Johnson NA[10] concluded that there are three significant elements in PAR which are as follows;

1) Participation: which is by nature actively participating in decision making, taking actions, using resources, and obtaining information.

2) Dialogue: people talk together fully aware of the underlying assumptions, emotions, and the various dimensions of a situation or idea.

3) Energy and strategies: the participant's ownership of their decision and the capacity for self-direction allows for the building of a strategic sequence of activities that is continuously responsive to the needs and the rationale of the group.

Modes of participation

According to Cornwall A and Jewkes R, there are different types of participation:[12]

Contractual: People are contracted to take part in the researcher's enquiries or experimental projects.

Consultative: The researcher asks people for their opinions and suggestions before interventions are made.

Collaborative: Researchers and local people collaborate on projects which are designed, initiated and managed by researchers.

Collegial: Researchers and local people work together as colleagues in a mutual learning process over which local people have control.

Like the emancipating mode in AR, the collegial mode is supposed to be the highest mode of participation since it is at the empowerment and emancipatory end of the continuum that allows people control over the movement. The contractual mode could be compared as a technical mode in AR, while consultative and collaborative modes are equated here to the practical mode in AR.

Principles of PAR

Smith SE, Willms DG, and Johnson NA[10] proposed that there are six principles of PAR:

1. Intend liberation: Liberation is the ultimate accomplishment of equitable communities and societies which are characterized by the balance of justice, freedom, and ecology.

2. Develop a compassionate culture: Individuals care about each other and strengthen their commitment to a shared struggle. The thing that promotes the awakening nature of doing PAR is the influence of mutual support and questioning, along with the organizing of common work.

3. Participate in a cohesively dynamic processes of action-reflection (praxis): Such processes are organic, ever changing, non-linear, open, and continuous with no predetermined time limits or major questions already specified. They are interactive and unique to each group. The following topic is the detail.

4. Value what people know and believe by using their present reality as a starting point and building on it: They recognize the significance of historical and current contexts and so retrieve past history and connect this information to present circumstances and structures. PAR groups praise

popular knowledge, believing that the feelings, beliefs, and people's personal experiences are significant ways of knowing.

5. *Collectively investigate and act:* Groups work together based on the strong feeling of their needs.

6. *Consciously produce new knowledge:* The group begins a transformative path by making decisions and taking on activities that are rooted in their member's experiences. They seek new, in-depth understanding using multiple, often unique means to create knowledge and documentation. Problem posing as well as problem solving techniques are utilized.

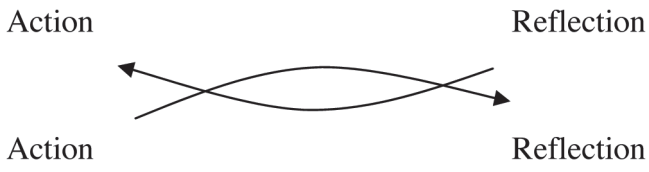


Figure 2 Dialectic of praxis

PAR is Praxis

Praxis is one type of dialectic which is developed primarily in the PAR approach. Praxis fundamentally refers to intellectual, emotional, and practical movement.

People undertaking PAR creates movement from what *is* now or reality, to what *could be* in the future or the hereafter. These movements are made at individual and collective levels. Individuals make connections with others and recognize a common need and then praxis begins; reflecting, taking action, and reflecting on that action. PAR develops a repeat, transforming rhythm of reflection-action, action-reflection, in which spiraling moments of think, discover/recover, and do, think, discover/recover and do, extend into the future. PAR is a combination of both processes: thoughtful reflection on reality corresponding with informed action. People will combine their histories and cultures, and provide their moral understandings to find practical and intellectual knowledge.[10]

In conclusion, PAR is an approach which creates knowledge of oppressed people. The premise is breaking the monopoly over knowledge production by universities. It is the research methodology, which addresses issues of research relevance, community involvement, democracy, emancipation and liberation. Reflection, understanding, and action, are the key concepts of this perspective.

Community Based Participatory Research (CBPR)

Minkle M and Wallerstein N[2] mentioned that Community Based Participatory Research (CBPR) can and does occur at many places along the continuum from Lewinian action

research through to participatory research. Yet the principles of CBPR for health emphasize true partnerships between outside researchers and communities. It also includes achieving a balance between research and action toward the goal of ending health disparities. It is at the emancipatory end of the continuum that should altruistically serve as a "gold standard" for our practice.[2]

Israel BA et al[13] mentioned that the term 'Community Based Participatory Research' is used in many ways, and other terms such as 'community-wide research', 'community-involved research' and 'community-centered research' are sometimes used interchangeably. Their fundamental characteristic is the emphasis on the participation and influence of nonacademic researchers in the process of creating knowledge. Community Based Research in public health is a collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute 'unique strengths and shared responsibilities' to enhance understanding of a given phenomenon and the social and cultural dynamics of the community, and also integrates this gained knowledge with action to improve the health and well-being of community members.

Central to CBPR is the shared commitments approach, which blurs the lines between the researcher and the research while also consciously strengthening people's awareness of their own capabilities as researchers and agents of change.[2] CBPR values the collaborative partnership of equal and joint control of all partners in all cyclic interactive processes of community assessment, priority setting, program implementation, sustainability, and evaluation including feedback to improve the project.[14] (Figure 1).

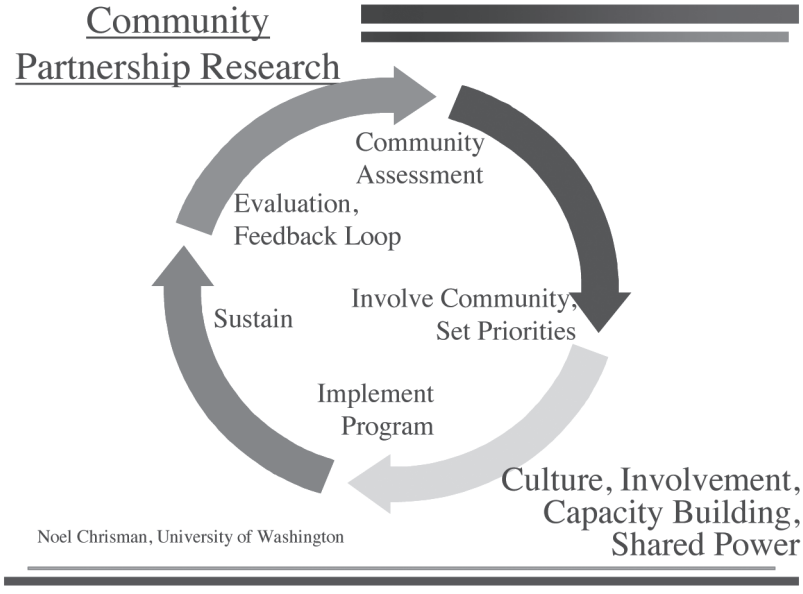


Figure 3 Community Partnership Research[14]

CBPR begins with a community's felt needs rather than with a personal or organization dictated agenda. "The start from where the people are more likely to experience success in a change process and foster community ownership of a project and actions rather than the imposition of an outside agenda."[2] On the other hand, it can be explained as locality development with a basic change strategy, i.e. "Let's all get together and talk this over."[15] It involves the effort to bring a wide range of community people together to determine their felt needs and solve their own problems. Once they set up the project, they will begin to feel they are competent and self-efficacy will then be enhanced.[14] Hence, the CBPR program's strength depends on how well it fits with the community's needs.

The Components of CBPR

There are four components of Community Based Participatory Research (CBPR). They include culture, power sharing, community involvement, and capacity focused development.

1. Culture

1.1 Cultural competence

Chrisman NJ[14] stated that the researcher and an organization should be culturally competent in order to carry out any kind of community work. It is also easier to collaborate with community organizations and members when the researcher and organization are culturally competent. Cultural competence is defined as the state of being capable of functioning effectively in the context of cultural differences. This includes a set of congruent behaviors and attitudes, practices, skills, policies, and institutional structures that come together in a system or agency, or among professionals working together.[16]

The researchers in this approach need to have a positive flexible attitude toward reducing their ethnocentrism. They need to be open minded enough to listen to the opinions and thinking of others. To gather accurate information from community assessments, the researchers should reduce their beliefs that only their culture has the correct views while other cultures are wrong or worse. It is very important not to blame the community culture or custom as a wrong way of thinking. In doing so, the researchers might not get important information that influences community behavior. This means the researchers must understand cultural relativism or the ability to observe and listen to indications of culturally patterned beliefs and behaviors from the perspective of that culture, and not their own.[14]

Chrisman NJ[14] proposed a principle of cultural competence in community partnerships as follows:

1. Listen for and integrate community concerns

2. Understand and integrate community values

3. Learn and integrate cultural perspectives (beliefs) on health problems

4. Recognize and integrate institutional and geographic expressions of concerns, values, and beliefs

5. Identify and work closely with community leaders

1.2 Cultural appropriateness

Chrisman NJ[14] proposed that any community project is improved with culturally appropriate activities. A CBPR intervention has a higher likelihood of carrying out a project in culturally appropriate ways because of all the joint planning. According to Chrisman NJ,[14] a culturally appropriate project means there is a fit between the project including it's assessment, intervention, and evaluation, and the community culture.

Kreuter MW et al[17] proposed five common strategies for enhancing cultural appropriateness in health promotion programs. The strategies are comprised of peripheral strategies, evidential strategies, linguistic strategies, constituent involving strategies, and socio-cultural strategies. The strategies are very important and necessary to the development of culturally appropriate health programs because they make the programs appealing, present evidence of their impact, provide program materials in the native language of a given group, draw directly on the experience of indigenous people, and reflect cultural sensitivity towards the target group. Respectful use of the language is also important in CBPR. This is congruent with Cha'vez V et al[18] who mentioned that "the key principle of CBPR is the notion that research must be produced, interpreted, and disseminated to community members in clear, useful, and respectful language."

2. Power sharing

In CBPR, all parties participate and share control over all phases of the research process, including problem definition, data collection, interpretation of results, and application of the results to address community concerns. These partnerships focus on issues and concerns identified by community members and create processes that enable all parties to participate and share in influencing the research.[8,13]

3. Involve community

According to Acrury TA at al[19] "participation of community members in intervention development increases the likelihood that the intervention will be culturally appropriate; its format and content will better fit the culture systems of the community." It also produces a more sustainable intervention for the community members even though the outside researcher will turn their attention to another issue. They proposed the Multimode, Multidomain model to show the variety of possible activities and the different levels of participation used in CBPR. There are two dimensions of community participation: mode of interaction and domain of participation. In mode of interaction, there are four levels of interaction: interaction with existing community groups, community groups comprised for research, community leaders, and representative individuals. These different levels of community representatives can make a different contribution to the research. There are three different domains in which the interaction can take place ranging from the least to the most participatory: consultative, strategic planning, and implementation. The more activities are spread across the two-dimensional grid, the greater will be the community participation. This will result in

greater community commitment, satisfaction with, and ownership of a project.[19]

4. Capacity-focused development

Considerable evidence suggests that numerous resources, strengths and skills exist within communities that can help to address problems and promote health and well being.[20] According to Kretzmann JP and Mcknight JL[21], there are two divergent paths for community development success. The first one begins by addressing a community's needs, deficiencies and problems. It is a more traditional path to view a community as having a near endless list of problems and to rely on the needs map as the exclusive guide to target, make, and provide resources. This is the needs based strategy which can guarantee only survival and can never lead to serious change or community development. The second path is an alternative approach which is the main focus in this study. It begins with the development of policies and activities based on the community's capacities, skills, and assets. There are two reasons for shifting from a needs-based emphasis to a capacity-oriented emphasis. Firstly, significant community development only takes place when local community people are committed to investing themselves and their resources in the effort. This also explains why communities are never built from the top down, or from the outside in. The second reason for shifting from a needs-based emphasis to a capacity-oriented emphasis is that the prospect for outside help is bleak since the community has increasingly futile chances of receiving significant help from outside the community. Therefore, development starts from within a community. Development is based upon an understanding or map of assets, capacities, and abilities of individuals, associations and institutions within that community. The key to this strategy is to locate all of the available local assets, and begin connecting them with one another in ways that multiply their power and effectiveness, and to begin harvesting the local institutions that are not yet available for local developmental purposes.

Key Principles of CBPR

Israel BA et al[13,22] mentioned that CBPR begins with an important research topic to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. They identified key principles of Community Based Participatory Research as follows:

1. CBPR recognizes community as a unit of identity: The unit of identity means all socially constructed dimensions of identity, created and re-created through social interactions: for example, membership in a family, friendship network, or geographic neighborhood. This approach attempts to identify and to work with existing communities and to strengthen a sense of community through collective engagement.

2. CBPR builds on the strengths and resources within the community: The resources may include skills and assets of individuals, networks of relationships, and mediating structures within the community such as churches and other organizations where community members come together. It can contribute to the ability of

community members to work together to improve health.

3. Facilitates the collaborative partnerships in all phases of research: This partnership focuses on issues and concerns identified by community members and creates processes that enable all partners to participate as equal members who share influence over all phases of the research process.

4. CBPR integrates knowledge and achieves a balance between research and action for the mutual benefit of all partners: It seeks to build a broad body of knowledge related to health and well-being while also integrating and balancing the knowledge generation with community and social change efforts. The information in this effort is gathered to inform action, and new understandings emerge as participants reflect on actions taken.

5. CBPR promotes co-learning and capacity building among all partners: This approach is a co-learning process that facilitates the reciprocal transfer of knowledge, skills, and capacities. It focuses on enhancing the capacity of all partners involved.

6. CBPR involves systems development through a cyclic and interactive process: The cyclic and repetitive processes include partnership development and maintenance, community assessment, problem definition, development of research methodology, data collection and analysis, data interpretation, determination of action and policy implications, dissemination of results, action taking, specification of learning, and the establishment of mechanisms for sustainability.

7. CBPR addresses the local relevance of public health problems from both positive and ecological perspectives, which recognize and attend to the multiple determinants of health and disease: This approach focuses on the concept of health from a positive model that emphasizes physical, mental, and social well-being. It also emphasizes an ecological model of health which encompasses biomedical, social, economic, cultural, historical, and political factors as determinants of health and disease.

8. CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process: It seeks to disseminate findings and knowledge gained to all partners involved in a language that is understandable and respectful and involves all partners as co-authors and reviewers of publications and co-presenters at meetings and conferences.

9. CBPR involves a long-term process and commitment from all partners: It depends on the development of relationships and commitments that extend beyond any funding period.

Concisely, the principles of CBPR for health emphasize true partnerships between outside researchers and communities, and the balance between research and action with the aim of ending health disparities. It is placed at the emancipatory end of the continuum, and altruistically serves as a gold standard for public health practice.

Conclusion

In short, the development of AR to CBPR could be explained as a continuum from three traditions. All traditions have as their purpose to narrow the gap between theory and practice. At one end of the continuum is action research where the emphasis is on involving people affected by a problem in practical problem solving. This is not necessarily extensive and involves affected individuals, but typically has little commitment to achieving broader social change objectives. PAR, which is in the middle of the continuum, has its roots in popular education and related work with oppressed people. Important to PAR is breaking what we referred to as the monopoly over knowledge by universities. At the other end of the continuum is CBPR, which can occur at many places along the continuum. It focuses on true partnerships between outside researchers and communities aims to achieve a balance between research and action towards the goal of ending health disparities. The development from the AR to the CBPR tradition could be portrayed pictorially, as follows:

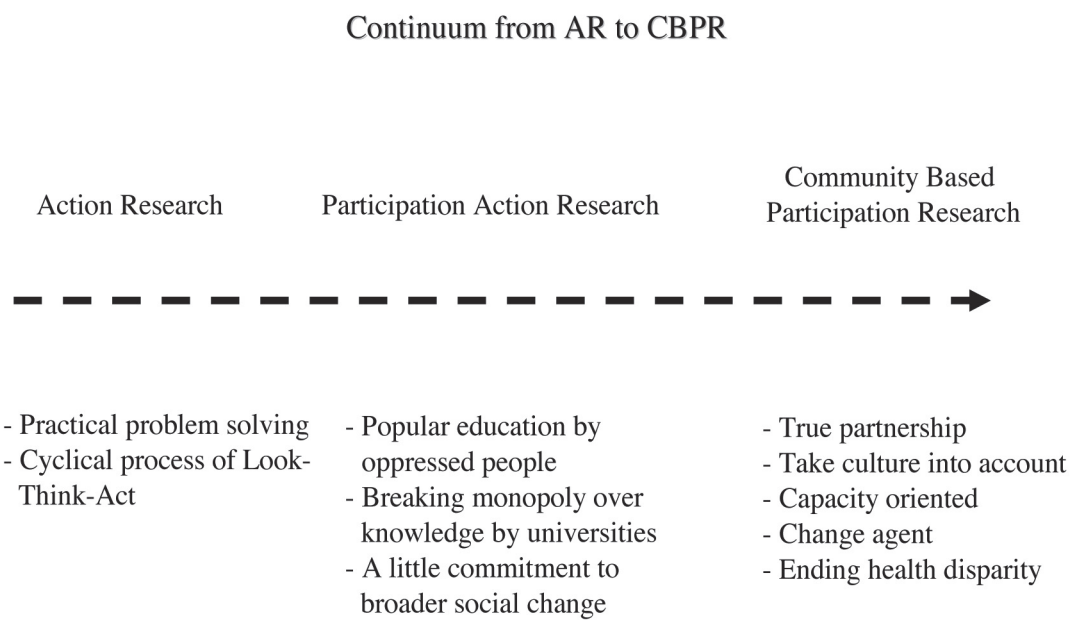


Figure 4 The continuum from AR to CBPR

In conclusion, rather than viewing a community as having a near endless list of problems and attempting development from the top down or from the outside in, researchers should consider alternative approaches. All three approaches discussed in this paper share principles of capacity orientation including the negotiation of information in both directions, researcher's transferring tools for community members to analyze conditions and make informed decisions on actions to improve their lives, and community members transferring their expertise on content and meaning to researchers in the pursuit of mutual knowledge and the application of that knowledge in the community. Therefore, the research methodologies in these traditions could be the most appropriate and effective approaches to creating sustainable changes in health problems and disparities with respect to a community's culture, values and beliefs.

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นฤมล เอื้อมณีกูล*

บทคัดย่อ

งานวิจัยแบบมีส่วนร่วมนั้น ไม่ว่าจะเป็นการวิจัยเชิงปฏิบัติการ การวิจัยแบบมีส่วนร่วม หรือการวิจัยแบบใช้ชุมชนเป็นฐาน ต่างก็มีหลักการที่สอดคล้องกัน อย่างไรก็ตามเมื่อพิจารณางานวิจัยทั้งสามรูปแบบตามวิวัฒนาการของการวิจัยแล้ว พบว่างานวิจัยเชิงปฏิบัติการสามารถจัดอยู่ในยุคแรกๆ ของวิวัฒนาการงานวิจัยกลุ่มนี้ซึ่งงานวิจัยเชิงปฏิบัติการจะเน้นการมีส่วนร่วมในการแก้ปัญหาของชุมชนที่ประสบปัญหาในระดับปฏิบัติการเป็นกระบวนการที่เป็นวงจรต่อเนื่อง ตั้งแต่กระบวนการตรวจสอบปัญหา กระบวนการคิดแก้ปัญหา และกระบวนการปฏิบัติเพื่อแก้ปัญหา ส่วนการวิจัยแบบมีส่วนร่วมนั้นจัดว่าอยู่ในยุคกลางของการพัฒนาซึ่งมีรากฐานความคิดมาจากการพัฒนาศึกษาและการทำงานโดยประชาชนกลุ่มด้อยโอกาสหรือกลุ่มผู้ถูกกดขี่จากสังคมซึ่งการวิจัยแบบมีส่วนร่วมนั้นจะเน้นการยุติระบบการผูกขาดความรู้จากสถาบันการศึกษา สำหรับการวิจัยแบบมีส่วนร่วมโดยใช้ชุมชนเป็นฐานนั้นถือว่าเป็นวิวัฒนาการขั้นสูงสุดของงานวิจัยกลุ่มนี้ ซึ่งเน้นการมีส่วนร่วมอย่างแท้จริงระหว่างนักวิจัยนอกพื้นที่กับชุมชนโดยมีเป้าหมายสูงสุดเพื่อการยุติความเหลื่อมล้ำทางด้านสุขภาพ การวิจัยแบบมีส่วนร่วมโดยใช้ชุมชนเป็นฐานนั้นได้รับการยอมรับว่าเป็นกลุ่มวิธีวิจัยที่สามารถปลดปล่อยอิสรภาพทางด้านความคิดของชุมชนได้มากที่สุด ถือว่าเป็นวิวัฒนาการขั้นสูงสุดของกลุ่มงานวิจัยแบบมีส่วนร่วมและได้รับการยอมรับว่าเป็นมาตรฐานการปฏิบัติที่ดีที่สุด วัตถุประสงค์ของบทความนี้เพื่อแสดงให้เห็นถึงวิวัฒนาการและการพัฒนาการของกลุ่มงานวิจัยแบบมีส่วนร่วมซึ่งมีวัตถุประสงค์ในการปลดปล่อยความเป็นอิสระทางด้านความคิดของชุมชนโดยไม่มีการผูกขาดจากสถาบันการศึกษา โดยในบทความนี้จะแสดงให้เห็นถึงวิวัฒนาการตั้งแต่งานวิจัยเชิงปฏิบัติการจนถึงงานวิจัยแบบมีส่วนร่วมโดยใช้ชุมชนเป็นฐาน เพื่อให้ผู้ที่ปฏิบัติงานและนักการศึกษาด้านสาธารณสุขได้นำไปประยุกต์ใช้ในงานของตนเอง โดยมีเป้าหมายสูงสุดเพื่อยุติความเหลื่อมล้ำด้านสุขภาพของคนในประเทศ

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