

FROM THE GUEST EDITOR

This issue of *Pimatisiwin* (Pimatisiwin is a Plains Cree word meaning life) is dedicated to community-based participatory research (CBPR). It is very appropriate that this issue follows the recently released national *Guidelines for Health Research Involving Aboriginal People* from the Canadian Institutes of Health Research. These guidelines specifically state that “communities should be given the option of a participatory-research approach” and that “research should be of benefit to the community as well as the researcher.”

We are extremely honoured that Dr Meredith Minkler has written the Foreword together with Dr. Valarie Jernigan, a Native American scholar who is gaining a reputation for her excellent CBPR in the area of diabetes self management programs with Native Americans. She is currently on a postdoctoral fellowship at the Stanford University School of Medicine and works with Dr Minkler.

Dr Minkler is one of the leading experts in CBPR in North America, with years of professional research mentoring and experience. Her published articles describe both the CBPR process and her personal reactions to this experience. As co-editor of numerous books that guide practitioners of the CBPR approach, her work is a valuable resource for all researchers, including community partners. Hopefully the days of research “on” or “in” communities will soon be long gone.

The articles in this special issue came from a general call for papers and CBPR presentations at two conferences promoting community-university partnerships, including those with Aboriginal communities. The first conference was the 10th anniversary conference of the Community-Campus Partnerships for Health held in Toronto in April 2007. The second was the Women and Children’s Health Research Institute conference in Edmonton in September 2007, sponsored by the Centre for the Study of Children, Youth, and Families, University of Alberta, where Dr. Minkler gave an inspiring key note address.

The articles in this issue include examples of CBPR with Aboriginal and indigenous communities in Canada, Australia, and the UK focusing on: Aboriginal-controlled schools and mental and physical health (Baydala), a Native American with an Master of Public Health working with her own community (Dupuis and Ritenbaugh), an evaluation of capacity building (Fletcher, McKennitt, and Baydala), youth living with AIDS (Flicker, Larkin, Smilie-Adjarkwas, Restoulr, Barlow, Dagnino, Ricci, Koleszar-Green, and Mitchell), development of community health policies based on traditional beliefs (Gibson, Martin, Zoe, Edwards, and Gibson), adults with AIDS (Mill, Lambert, Larkin, Ward, and Harrowing), evaluating partnerships (Marais), the personal journey of an Aboriginal researcher (Martin-Hill, Darnay, and Lamouche), knowledge translation between communities for diabetes prevention (Salsberg, Loutitt, McComber, Fiddler, Naqshbandi, Receveur, Harris, and Macaulay) and recommendations for improving knowledge exchange (Rikhy, Jack, Campbell, and Tough).

Pimatisiwin was founded to meet the goals of CBPR — that articles be relevant to Aboriginal and Indigenous communities and to academia. In the spirit of CBPR, all submitted articles are peer reviewed by at least two reviewers — an Aboriginal person working with communities or in a community organization and someone from academia who may or may not be an Aboriginal person. All the reviewers are asked to complete the same reviewer's outline that includes questions on both community relevance and the scientific rigour of the research.

I would like to take this opportunity to thank editors Patti LaBoucane-Benson and Nancy Gibson and copy editor Laura Botsford who all first launched and now nurture this journal, all the authors who submit articles, and the many reviewers whose thoughtful comments strengthen the final publications.

We hope you enjoy the articles; share them with your community, academic and student colleagues; and find them inspiring as you and your partners continue along the path of your own CBPR journey.

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FOREWORD

Long before terms like “community-based participatory research” (CBPR) had achieved currency in the health field, Aboriginal and indigenous communities and their outside research partners were pioneering in the development of a new approach that blurred the lines between the “researcher” and the “researched” (Gaventa, 1993). In stark contrast to the “helicopter research” first described in Indian Country — in which the outside expert flies into a town or reservation, conducts a study, and disappears with community data, without leaving anything in exchange (Deloria, 1992) — CBPR stresses genuine partnership between communities and outside researchers. It begins with a topic of real concern to the community, identifies and builds on each partner’s “unique strengths,” and “equitably involves” all partners in the research process (Green et al., 1995; Israel et al., 1998). Finally, and of at least equal importance, CBPR is committed to both building community capacity and balancing research and action (Israel et al., 1998). Translating and using study findings to directly benefit communities and promote improvements in health outcomes becomes part of the research process itself — not something done by others after the fact (Minkler and Wallerstein, 2003).

As is clear from the above, CBPR is not a research method but rather a broad approach to research that can include any number of qualitative or quantitative methods as long as a core set of principles is met. Among those principles are emphases on empowerment, systems development, and co-learning (Israel et al., 1998) with concrete outcomes to benefit the community that was good enough to share its data in the first place. Finally, though not often articulated this way, CBPR embodies a commitment to what Tervalon and Garcia (1998) call “cultural humility.” As they note, while we can’t ever become competent in another’s culture, we be open to self-reflection, willing to learn about others’ cultures, and committed to forming respectful and genuine partnerships.

Earlier articles in *Pimatisiwin* have examined and illustrated a number of research approaches and issues with broad relevance to CBPR (Fletcher, 2003). In 2005, Ella Haley described, and illuminated through case studies, a decades-old CBPR approach known as popular epidemiology and its particular utility in the field of environmental health. Similarly, Lia Ruttan’s (2004) overview of ethical issues in the context of research partnerships, and Lucenia

Ortiz's (2003) review of "authentic participatory research" in health hold considerable relevance for anyone using CBPR to study and address community health issues. In devoting this special issue to CBPR, the editorial board is underscoring its belief that this research paradigm holds special promise for research with and by Aboriginal and indigenous communities.

Tribal and other indigenous peoples, and their outside partners, have already made substantial contributions to CBPR, with landmark studies that put into place, at the outset, written agreements clearly laying out the terms of engagement, expectations, and commitments of all partners. CBPR has been applied as a research method with and by Native communities on a wide array of issues, among them alcohol and substance abuse (Mohatt et al., 2004), environmental health (Severtson, Baumann, and Will, 2002), breast cancer screening (Lantz et al., 2003), diabetes and obesity prevention (Daniel et al., 1999, Macaulay et al., 2007), challenges of the built environment in rural areas (Wallerstein et al., 2003) and suicide prevention (Fisher and Ball, 2003).

The Tribal Code of Ethics developed by the Navajo Nation and its partners at the University of New Mexico, as well as the Model Tribal Research Code developed by the American Indian Law Center (1999), incorporate CBPR principles of partnership and collaboration between researchers and communities. In Canada, many Aboriginal communities and organizations also have been in the forefront of co-developing detailed guidelines promoting research partnerships honouring Aboriginal values, and ensuring that the work conducted is both beneficial and culturally competent. The Canadian Institutes of Health Research (CIHR) *Guidelines for Health Research involving Aboriginal People* — initiated by CIHR's Institute of Aboriginal Peoples' Health, and developed in partnership with the CIHR Ethics Office — involved an intensive process of consultation and collaborative engagement with Aboriginal peoples throughout the nation. Following previous national guidelines of Australia (<http://www.nhmrc.gov.au/publications/synopses/e52syn.htm>) and New Zealand (<http://www.rc.govt.nz/assets/pdfs/guideresmaori.pdf>), it provides one of the most comprehensive examples of such guidelines to date (<http://www.cihr-irsc.gc.ca/e/29134.html>).

Community-based participatory research mirrors, in many ways, the guidelines developed and implemented by Native American Nations for conducting research within their communities. As suggested above, the essence of the CBPR approach lies in authentic partnership between the researchers and the community, within which researchers collaborate with the com-

munity rather than imposing their research protocol on its members. CBPR facilitates a process by which communities can develop, guide, and utilize research in a meaningful way to better understand their realities and affect true change.

It is an honour and a privilege to introduce this theme issue of *Pimatisiwin* on community-based participatory research (CBPR), and fitting that a journal devoted to Aboriginal and indigenous community health should devote a full issue to this topic.

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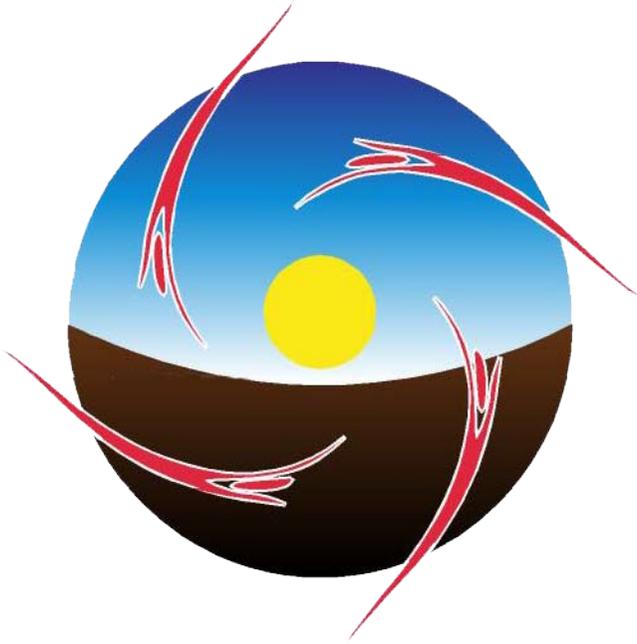
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