



Resident-Led Research Policy and Power (RRPP): A Framework for Centering Community Voice in Participatory Research

Zoelene Hill · Shaneah Taylor · Diane Kolack · Gloria Maldonado · Brittney Davis · Berenice Medina ·
Maribel Arias · Christina Arroyo · Sharon Cotton · Marleny de la Cruz · Angela Donadelle ·
Meyra Martinez · Cheryl Starks-Payne · Mercedes Perez · Concepcion Sanchez · Rosario Jimenez ·
Zakiyyah Abdul-Mateen · Kimber Bogard

Accepted: 7 April 2022 / Published online: 29 June 2022
© The New York Academy of Medicine 2022

For decades, health equity scholars and advocates have described that to build more equitable health policies, programs, and systems, researchers must first build authentic partnerships with communities that are marginalized and apply community members' perspectives and expertise to collectively examine and develop solutions to health challenges [2, 6, 9, 13]. In response, participatory research methods that emphasize empowering communities to define research questions, implement studies, conduct analysis, and act on their findings are growing in popularity in the health research community [7, 16]. Despite its conceptual appeal, many researchers face challenges in

its implementation, including funding infrastructures that do not adequately support participatory research and a lack of training and tools for researchers and community members seeking to develop productive, equitable partnerships [4, 5].

For 3 years, mothers and grandmothers in East Harlem who belong to a community group called the East Harlem Action Collaborative for Child Health and Well-Being (EHAC) and staff at the New York Academy of Medicine (NYAM) have engaged in a community-based participatory research (CBPR) partnership. Together, our team has developed the Resident-led Research Policy and Power (RRPP) framework to help guide conversations between researchers and community members to elicit communities' expertise to inform various stages of health research. RRPP is a five-part framework that reflects the groups' conversational themes that were the most challenging, engaging, and foundational for our collective research and policy advocacy. The purpose of this commentary is to describe RRPP and to recommend its use as a tool to support the implementation of participatory research in a variety of contexts.

Z. Hill (✉) · S. Taylor · D. Kolack · G. Maldonado ·
B. Davis · B. Medina
New York Academy of Medicine, New York, NY, USA
e-mail: zhill@nyam.org

M. Arias · C. Arroyo · S. Cotton · M. de la Cruz ·
M. Martinez · C. Starks-Payne · M. Perez · C. Sanchez
East Harlem Action Collaborative, New York, NY, USA

A. Donadelle
Union Settlement, New York, NY, USA

R. Jimenez
LSA Family Health Service, New York, NY, USA

Z. Abdul-Mateen
lunearth + bloom, New York, NY, USA

K. Bogard
National Academy of Medicine, Washington, DC, USA

Challenges and Opportunities in Community-Based Participatory Research

CBPR is a collaborative research approach based in an equitable partnership between communities affected by the issue being studied and researchers

in all phases of the research process [15, 17, 18]. This approach to research has particular appeal in the field of public health because community members with expertise on the dynamic social, environmental, and behavioral contexts that interact to impact health experiences and health outcomes are uniquely able to inform epidemiology and the development of effective preventative and remediating policies. In addition, community leadership and participation in health research and policy solutions through CBPR has the potential to transform the narrative on who is a part of, and whose interests are being served by the health research community [8, 10] and could potentially increase trust in and uptake of public health initiatives [1, 11]. Current public attention to developing more equitable systems means that this approach to research will likely grow in popularity and attempts at implementation.

Funding requirements can be a key challenge to implementing CBPR. Often, funding agencies expect fully designed research studies at the time of grant submission. This expectation, however, can thwart the earnest implementation of CBPR, which is premised on community members having an equitable role throughout the research process, including defining the research question(s). Funding sources that provide the time and resources essential to develop relationships and foster trust with communities and to engage in co-learning, co-identification of issues in a particular area of interest, and the co-development of research studies are critically necessary to support full implementation of CBPR [14]. Without these relationships and the process of mutual learning to develop research plans, the power dynamics inherent in the study design will continue to advantage researchers and disadvantage communities.

Another challenge to the successful implementation of CBPR is that many researchers and community members lack experience in developing equitable relationships with each other. For academically trained researchers, CBPR may be taught in a methods course, but opportunities to apprentice within a CBPR research project are circumscribed in part due to the limited number of such projects being implemented [4]. As the field of research becomes more inclusive of researchers who come from communities that are historically marginalized, and inclusive of individuals who have deep experience working with

communities experiencing historic disinvestment, the prospects of developing more equitable partnerships between researchers and community members are improved. In addition, as community members continue to organize around issues important to them, they increase their ability to engage in CBPR partnerships to address these topics. Finally, and to the purpose of this commentary, as CBPR teams share their lessons and strategies for implementing their work, they provide guidance for future participatory research efforts.

Origins of the East Harlem Action Collaborative for Child Health and Well-Being

In 2019, with seed funding from the New York Academy of Medicine and the New York Community Trust, Dr. Kimber Bogard and Shaneah Taylor began an initiative to partner with members of the East Harlem community to learn how the NYAM can support the health and well-being of children of the community [3]. NYAM staff member, Gloria Maldonado, recruited community members to this initiative by posting flyers throughout the community and doing active recruitment of parents with young children outside of early childcare centers. Over the course of the now 3-year partnership, 11 of the original 13 members of EHAC remain engaged in this work. Lessons learned over the course of three years of relationship building and organic conversations to learn from each other in the domain of child health and well-being led to the development of the Resident-led Research Policy and Power framework (RRPP). RRPP is a five-part framework that grew out of conversational themes that were the most engaging and foundational for our partnership.

Explanation of RRPP

RRPP centralizes individuals who reside in the community, their vision, their strengths, and their agency to inform the development of research, ultimately, policies. RRPP engages community residents as the experts in a series of conversations that begins with residents defining their hopes and dreams in specific contexts and concludes with them developing a plan for bringing their hopes and dreams into fruition. The

Table 1 RRPP framework and guiding questions (adapted for maternal health)

RRPP theme	RRPP guiding questions
Dream It	What are your hopes and dreams for maternal health in your community?
Support It	What strengths do you, your family, and your community have to support your hopes and dreams for maternal health?
Change It	What changes are needed for you, your family, and your community to be able to support the maternal health that you desire for your community?
Measure It	How would you know/measure that maternal health goals are being achieved?
Speak It/Do It	How can you lift your voices and act in support of your maternal health hopes and dreams?

RRPP framework is flexible and can be adapted to a variety of program and policy contexts. The five parts of RRPP are described below, and Table 1 presents the RRPP framework and guiding questions adapted to the policy area of maternal health.

Dream It. This conversation topic encourages community members to think broadly about their desired experiences and outcomes in a given policy domain or context. Participants are encouraged to think outside of the confines of existing programs and systems to describe their vision for what could be. This initial topic is foundational and guides later stages of RRPP conversation.

Support It. This area of conversation asks community members to identify their personal strengths as well as the strengths in their families and communities for achieving their desired outcomes and experiences. This strength-based conversation is inspired by asset-based community development [12] and stands in contrast to common conversations that seek to discuss problems, challenges, or needs. Findings from this stage of conversation will be used to inform and guide later stages.

Change It. This topic encourages participants to identify the changes needed to support their ability to achieve their desired outcomes and experiences. These conversations stand in contrast to typical deficit-oriented to conversations by asking participants to apply an action-orientation to their discussion.

Measure It. This area of conversation asks participants to describe how they would know or measure, through qualitative or quantitative metrics whether or not their desired outcomes and experiences are being achieved.

Speak It/Do It. This topic area encourages participants to develop personal, group, and community-based plans for action and advocacy. Conversations in this

final stage of the RRPP framework incorporate and reflect discussions that occurred in the previous stages.

Information and knowledge gained through these conversations can be instrumental for informing and co-developing research to bring desired outcomes into fruition.

Experience Using RRPP in Various Policy Contexts

Researchers at NYAM are currently using the RRPP framework in four community-based and participatory research initiatives: (1) with our continued work with EHAC, (2) with young adults describing their hopes and dreams for their East Harlem community in the context of COVID-19, (3) with Head Start parents developing parent and school engagement strategies, and (4) with communities across New York City working to promote maternal health. In each of these initiatives, researchers are partnering with individuals from diverse racial and ethnic demographic populations, working with community groups that vary in size from 6 to up to 25 participants, and addressing a variety of health policy areas. NYAM researchers are also experimenting with implementing the RRPP framework in different formats (e.g., in person and virtual conversations and on social media platforms). Researchers are documenting their process of implementing RRPP across these various community initiatives with plans to synthesize and share methodological findings.

EHAC and researchers at NYAM share RRPP as a flexible framework that we are successfully implementing in multiple community-based and participatory research projects. We invite other institutions, researchers, and community groups to use this framework to integrate community voice, leadership, and

decision-making power into the design, development, and implementation of research and ultimately, policy development.

Acknowledgements The New York Academy of Medicine's work with the East Harlem Action Collaborative is funded through generous support by the Doris Duke Charitable Foundation (Grant# 2019069) and the New York Community Trust (Grant # P19-000279).

References

1. Alsan M, Garrick O, Graziani G. Does diversity matter for health? Experimental evidence from Oakland. *Am Econ Rev*. 2019;109(12):4071–111.
2. Barragan MF. Discussion of the "how" of community participation in delivering health care. *Bull N Y Acad Med*. 1970;46(12):1080.
3. Bogard K, Ortiz-Cortes V, Taylor S, Jackson R, Belmonte R. An exploratory approach to defining and measuring child health and well-being with parents and grandparents. *Pediatr Med*. 2021;4:22.
4. Brush BL, Mentz G, Jensen M, Jacobs B, Saylor KM, Rowe Z, et al. Success in long-standing community-based participatory research (CBPR) partnerships: a scoping literature review. *Health Educ Behav*. 2020;47(4):556–68.
5. Blumenthal DS. Is community-based participatory research possible? *Am J Prev Med*. 2011;40(3):386–9. <https://doi.org/10.1016/j.amepre.2010.11.011>.
6. CDC Reach Program. *REACH* | CDC. 2020.
7. Cornwall A, Jewkes R. What is participatory research? *Soc Sci Med*. 1995;41(12):1667–76.
8. Haapanen KA, Christens BD. Community-engaged research approaches: multiple pathways to health equity. *Am J Community Psychol*. 2021;67(3–4):331–7.
9. Hatch J, Moss N, Saran A, Presley-Cantrell L, Mallory C. Community research: partnership in black communities. *Am J Prev Med*. 1993;9(6):27–31.
10. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health*. 1998;19(1):173–202.
11. Jaiswal J, Halkitis PN. Towards a more inclusive and dynamic understanding of medical mistrust informed by science. *Behav Med*. 2019;45(2):79–85.
12. Kretzman JP, McKnight J. *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Asset Based Community Development Institute. DePaul University Steans Center; 2003. <https://resources.depaul.edu/abcd-institute/publications/Pages/basic-manual.aspx>. Accessed 15 Nov 2021.
13. Levine DM, Becker DM, Bone LR, Stillman FA, Tuggle 2nd MB, Prentice M, et al. A partnership with minority populations: a community model of effectiveness research. *Ethn Dis*. 1992;2(3):296–305.
14. Minkler M, Blackwell AG, Thompson M, Tamir H. Community-based participatory research: implications for public health funding. *Am J Public Health*. 2003;93(8):1210–3. <https://doi.org/10.2105/ajph.93.8.1210>.
15. Viswanathan M, Ammerman A, Eng E, Garlehner G, Lohr KN, Griffith D, et al. Community-based participatory research: assessing the evidence: summary. *AHRQ evidence report summaries*. 2004.
16. Wallerstein N, Duran B. The theoretical, historical and practice roots of CBPR. *Community-based participatory research for health: Advancing social and health equity*. 2017; 17–29.
17. Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promot Pract*. 2006;7(3):312–23.
18. Wallerstein N, Duran B, Minkler M, Foley K. Developing and maintaining partnerships with communities in Satcher D. In: *Methods in community-based participatory research for health*. John Wiley & Sons; 2005.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.