



INTERNATIONAL HONORS PROGRAM

comparative study around the world

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Health and Community Program 1 Community Health Research Methods IBPH- 3510 (4 credits) Spring 2009

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COURSE DESCRIPTION

Health and illness are complex, multi-dimensional phenomena. Good health—and bad—is the product of the interaction of **biological** factors (genes, microbes, organ systems), **psychological** factors (cognitive schema, behaviors, emotions), **social and cultural** factors (social structures and networks, beliefs, practices, values), **economic** factors (opportunity structures and life chances, labor practices, access to resources), **political** factors (state policies and legislation, decision-making, and political conflicts), and **environmental** factors (pollutions of all sorts, built environments, the availability of water, arable land, space, and other resources). To add to this complexity, factors affecting health operate on the individual, family, community, national and global levels as well. For all of these reasons, field research into community health is a highly multi-disciplinary undertaking. Investigating something as complex and multi-factorial as health and illness in a community context requires the methods and concepts of a variety of research traditions, from anthropology and sociology, to policy studies and political science, to epidemiology, microbiology, pharmacology, and genetics.

Community-based research (CBR) involves community members as active participants in the design, implementation and dissemination of research. CBR is action-oriented and aims to effect change in policies and practices to improve health. These principles shape the nature of the collaborative relationship, and guide the approach to research design, methods and dissemination.

This course focuses on two of the most important community health research methods—ethnography and epidemiology, both of which can be used within a CBR framework. **Ethnography** is the study of human social life in context. It studies how people perceive the world (attitudes, beliefs, symbols), what kinds of social relationships they create (kinship systems, social structures, political networks), how they interact with the physical environment (shelter, resource use, tools, food), and what they do (practices and behaviours). Both *emic* (inside) and *etic* (outside) points of view are used in ethnography to describe and interpret social life and cultural practices. Ethnography requires long-term, engaged involvement in the place of study and provides a holistic understanding of the human experience as the product of many intersecting dimensions (much like the description of health above). **Ethnographic methods** taught in this course include participant-observation, ethnographic interviewing, life histories, social mapping, and visual and archival data collection.

Epidemiology is the study of the distribution, and determinants of health and illness in a population. It is often called the “basic science” of public health. Epidemiology asks the “Who”, “What”, “When”, “Where”, and “Why” of the many determinants of population health and illness. The use of epidemiology to “battle” dramatic “outbreaks” of infectious disease is probably the most well-known public face of epidemiology. However, the discipline ranges much more widely, investigating, for example, the determinants, distribution and prevention of chronic diseases, domestic violence, road traffic accidents, traumatic injuries, mental illness, and occupational disease.

Though the various field research traditions in community health frame research questions, collect and analyze data and present results differently, there are also a number of important issues and challenges common to all these research traditions, including the following:

- What is the relationship between theories, questions, and methods for collecting and analyzing data?
- How can we design research questions that are in fact “researchable”? How should we prioritise different research questions?
- How can we integrate the various, sometimes competing research traditions to understand and improve the health of a community?
- How can researchers become more self-reflexive and engaged (and how might this improve research)?
- How can communities meaningfully participate in the various stages of community health research?
- What are the ethical principles (and related practical techniques) that should guide community health research?
- How can research be translated into policy and practice?

COURSE AIM AND OBJECTIVES

In this course students will gain an understanding of community-based research. By the end of the course, students will be able to:

- Describe and critique a range of approaches to community-based research.
- Describe principles of community-based research, community-based research ethics and key ethical challenges faced in the practice of community-based research.
- Describe collaborative research design, and methodological tools.
- Apply these approaches, principles, designs and tools to exercises and case study research opportunities in the field in each country.
- Reflect on key challenges faced when applying community-based research

COURSE REQUIREMENTS

Forms of Assessment

Case study projects

Case study projects are the central activity of this course. They are a chance for a group of between 4 and 8 students to apply the methodological principles, concepts and tools we cover in readings, lectures and class exercises to the investigation of a real health issue in the community. Case study weeks in India, China and South Africa are each organised slightly differently but all of them focus on giving students as much time as possible to get a taste of self-directed community-based research. Given the time constraints, however, faculty and country coordinators will pre-determine a number of possible research topics and arrange a preliminary list of contacts to facilitate the research process. Faculty will also consult with students before the case study projects begin about how to integrate the specific concepts and tools in this course into their research projects. On the final day of the case study week, each group will make a presentation of their work and answer questions from both faculty and fellow students.

These case studies are primarily an opportunity to learn about community-based research *methods* rather than go into detail about a particular health *issue*. Through these projects, you will learn fascinating and hopefully useful information about your case study topic. You should also be able to apply many of the tools and concepts you are learning in your other courses to your analysis of your case study problem. The broader goal, however, is not to simply find out as much as you can about topic “x”. Your goal is to learn about applying community-based research principles and methods.

After each case study presentation, students will also prepare individual reflection papers (1-2 pages) that:

- outline their role and contributions in the group,
- discuss how they reacted to the challenges and opportunities of group work, and
- discuss in more detail a particular ethical or methodological issue they confronted during the project.

Each person's final grade for the case study will reflect the preparation the group did before the case study week, the carrying out and presentation/analysis of the case study research, and the individual response paper. Also, note that the weight of the case study project grade in each country (relative to the overall course grade) gradually increases. This is because although the format of the case studies is largely the same in each country, your learning about research methods (and thus our expectations about your progress/performance) will only develop over the course of the semester.

Exercises

There will also be one exercise in each country. These exercises are your chance to practice community-based research principles and methods prior to engaging in your case study projects.

Grading

Exercises (40% total)

- *Geneva* (10%)
- *India* (10%)
- *China* (10%)
- *South Africa* (10%)

Case Study Projects (60% total)

- *India* (15%)
- *China* (20%)
- *South Africa* (25%)

Geneva

Week 1 – Introduction to Course, What is 'community' & What is CBR? (Range of definitions, methods)

Required Readings:

MacQueen, Kathleen M, E McLellan, D Metzger, S Kegeles, Robert P Strauss, MA Scotti, L Blanchard, and R Trotter. 2001. "What is community? An Evidence-Based Definition for Participatory Public Health." *American Journal of Public Health* 91:1929-1937.

Israel, B. A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*, 173-202.

Flicker, S., Savan, B., Mildenberger, M., & Kolenda, B. (2008). A snapshot of community based research in Canada: Who? What? Why? How? *Health Education Research, 23 (1): 106-114.*

India

Week 2 - Forming Partnerships (*Initiating CBR*)

Required Readings:

Minkler, M. 2005. Community-Based Research Partnerships: Challenges and Opportunities. *Journal of Urban Health*. 82(2): ii3-ii12.

Jewkes, Rachel, and A Murcott. 1998. "Community representatives: Representing the "community"?" *Social Science and Medicine* 46:843-858. *analogous rdg. in HCC

Morgan A, Ziglio E. 2007. Revitalising the evidence base for public health: an assets model. *Promotion & Education*. Supplement 2: pp 17-22.

Week 3. –Ethical Considerations & Generating Research Questions (collaboratively)

Required Readings:

Flicker, S., Travers, R., Guta, A., Macdonald, S., & Meagher, A. (2007). Ethical Dilemmas in Community-Based Participatory Research: Recommendations for Institutional Review Boards. *Journal of Urban Health*, 84(4): 478-493.

Khanlou N, Peters E. 2005. Participatory action research: considerations for ethical review. *Social Science & Medicine* 60: 2333–2340.

Week 4 – Designing CBR – quantitative

Required Readings:

Ledogar RJ, Andersson N (2002). Social Audits: Fostering Accountability to Local Constituencies. Capacity.org.

Banerjee N, Public Expenditure Review: Citizens' Report Cards in India. Capacity.org.

Week 5 – Designing CBR - qualitative

Week 6 – Case study Presentations

China

Week 8 – Data Collection – Neighbourhood mapping, social mapping

Required Readings:

Aronson, Robert E.; Wallis, Anne B.; O'Campo, Patricia J.; Schafer, Peter. 2007. Neighborhood Mapping and Evaluation: A Methodology for Participatory Community Health Initiatives. *Maternal and Child Health Journal*. pp. 373 – 383

Uncovering neighbourhood influences on intimate partner violence using concept mapping. O'Campo et al. *J Epidemiol Community Health*. 2005; 59: 603-608

Week 9 – Data Collection – qualitative – participant observation, visual ethnography, embodied (phenomenological) research

Required Readings:

Margaret Keith et al., *Barefoot Research: A Worker's Manual for Organising on Work Security*, International Labour Organisation, 2002.

Kiefer, Christie, 2007. Action Anthropology, in *Doing Health Anthropology*. C. Kiefer, ed. New York: Springer Publishing Company.

Case Study Presentations

Week 10 - Data Collection – surveys

Required Readings:

Kelsey JL, Whittemore AS, Evans AS, Thompson WD. Measurement 1: Questionnaires. In: *Methods In Observational Epidemiology*

South Africa

Week 11 - Data Collection – qualitative – in-depth interviews

Required Readings:

Anderson K and Jack DC. 1991. Learning to Listen: Interview techniques and analyses. In: *Women's Words: The feminist practice of oral history*. Gluck SB & Patai D (eds).

Week 12 - Data Collection - focus groups

Week 13 - Knowledge Translation

Required Readings:

Ritas, Cassandra. (2003). Speaking Truth, Creating Power: A Guide to Policy Work for Community-Based Participatory Research Practitioners. For Community-Campus Partnerships for Health depts.washington.edu/ccph/pdf_files/ritas.pdf

Week 14 - Knowledge Translation (Promoting Utilization)

Required Readings:

Tierney, W. (2000). On Translation: From Research Findings to Public Utility. *Theory Into Practice*, 39(3), 185-190.