

Key Informants and Community Members in Community-Based Participatory Research: One Is Not Like the Other

Stacey A. McKenna, MA¹, Patricia G. Iwasaki^{2,3}, Tracey Stewart^{2,4}, Deborah S. Main, PhD²

(1) University of Colorado Denver, Department of Health & Behavioral Sciences; (2) Taking Neighborhood Health to Heart; (3) University of Denver, Graduate School of Social Work; (4) Colorado Center on Law and Policy, Economic Self Sufficiency Project

What Is the Purpose of This Study/Review?

- To examine critically the meaning of community-based participation and the roles of research participants by comparing key informant and community member perspectives on a number of issues relating to neighborhood health, especially access to healthy foods and physical activity.
- To enhance understanding of how the community-based participatory research (CBPR) process can contribute to discovering the perspectives and health priorities of community members in a participatory way.

What Is the Problem?

- Researchers (especially researchers new to CBPR) often find it easier and more straightforward to collaborate with community councils and community-based organizations than community members in general, especially early in the development stages that guide research focus.
- Overdependence on key informants risks the development of projects that miss the mark from the perspectives of community members themselves, defeating the most fundamental principle of CBPR—collaborative, active participation.
- Key informants sometimes participate formally on community advisory boards or councils, serve as gatekeepers, and have significant influence in guiding CBPR initiatives. However, because of their social position, economic status, or professional role, key informants' perspectives do not necessarily reflect the views of community members.

What Are the Findings?

Key informants and community members offered different types of knowledge and beliefs about their neighborhoods' health issues.

1. Key informant reports about neighborhoods and community members.
2. Key informant assessments of community member beliefs and motivations for their behaviors.
3. Community member reports about their neighborhoods.

Comparison across these three areas of knowledge and beliefs reveals that the perspectives of key informants and those of community members about health in their neighborhoods overlap in important ways. These similarities indicate that key informants and community members agree in their perceptions of health priorities and problems in the neighborhoods in which they work and live.

4. Community health priorities/concerns
 - Key informants and community members agreed that obesity, blood pressure, diabetes and poor nutrition constitute significant health issues in neighborhoods.

5. Barriers to accessing healthy foods and engaging in physical activity
 - Many key informants and community members reported that structural and built environment factors, such as inadequate transportation, limited local availability, high cost, and time and (in)convenience, are major barriers to accessing healthy foods and engaging in physical activity.
 - Community member and key informant concerns diverged in very important ways as well. These differences illustrate the need for caution when assuming that key informant priorities or concerns are representative of those held by the community as a whole.
6. Community health priorities/concerns
 - Mental health problems and related issues such as access to mental health care resources arose as a priority for key informants.
 - Many community residents worried about safety, lack of access to primary health care, unhealthy behaviors, and environmental hazards.
7. Barriers to accessing healthy foods and engaging in physical activity
 - Community members predominately saw economic and built environment factors as the major barriers to accessing healthy foods and opportunities for physical activity.
 - Key informants attributed unhealthy eating in particular to community members' individual shortcomings. Several informants claimed that lack of knowledge and skills and bad (often "cultural") habits prevented community members from eating healthy diets.
8. Comparison of key informant perceptions about community member beliefs to community member reports of their beliefs reveals that some key informants are making important misassumptions about community members.
 - Key informants repeatedly expressed the belief that community members are ignorant, sometimes purposefully so, about health issues in their community.
 - This finding is consistent with the key informant concerns about lack of education and skills about healthy eating and perpetuates an idea of community members as being to blame for their health issues.

Who Should Care Most?

- Although our findings have clear implications for all CBPR, they serve as both a reminder for experienced researchers and a helpful guide for researchers who are less experienced in CBPR.

Recommendations for Action

- It is essential for researchers to work closely with both key informants and community members to understand multiple perspectives on neighborhoods or communities.
- For any CBPR effort, the perspectives of community members targeted or affected by research should be included.
- To truly situate the knowledge gleaned within their appropriate contexts, researchers must carefully consider the multiple social and professional roles held by all research participants, including those on the academic side of the partnership.
- Researchers must carefully consider the social position, economic status, professional role, and agenda for all research participants to ensure that a range of perspectives are heard and acted upon.