A Cultural Variant Approach to Community-Based Participatory Research: New Ideas for Family Professionals

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A CULTURAL-VARIANT APPROACH TO CBPR

Running head: A Cultural- Variant Approach to CBPR

A Cultural- Variant Approach to Community- Based Participatory Research: New Ideas for Family Professionals

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Abstract

The cultural- variant community- based participatory research (CV-CBPR) model expands the traditional community- based participatory research (CBPR) model and supports the ongoing creation of innovative basic family and translational science. The CV-CBPR model supports family professionals using a cultural- variant perspective that discourages the use of a deficit or pathological lens. It also encourages inclusive and culture- sensitive practices in all stages of a project. After a brief review of diverse types of community or action- research projects and the nine principles of the traditional CBPR model, a cultural- variant perspective and related principles are described. We offer lessons learned from two project management experiences: a
A CULTURAL-VARIANT APPROACH TO CBPR

community-focused, disaster project with older survivors of Hurricane Katrina and a CBPR arctic-climate project with Alaska Native grandparents rearing grandchildren.

Key Words: Community-based participatory research, cultural-variant community-based participatory research model (CV-CBPR), cultural-variant perspective.

Expanding the traditional community-based participatory research (CBPR) model, the cultural-variant community-based participatory research (CV-CBPR) model provides a methodology that fosters socially conscious community engagement. The CV-CBPR model also promotes an understanding of how sociopolitical, historical, economic, and contextual factors influence individual, family, and community development and addresses the intersections of race, class, gender, age, and other “isms” of society. The journey toward translational family science may be furthered when a cultural-variant perspective is placed explicitly at the center of CBPR methods and applied at every level of a community-engaged project. The CV-CBPR model shifts focus away from a mere conceptualization of cultural competence and sensitivity toward a more explicit application of inclusive practices; it institutionalizes respect for culture, traditions, and adaptive behaviors of a group. Compared with the CBPR approach, this model offers a more specific conceptual and methodological guideline to apply a cultural-variant view to community engagement and a heightened level of socially conscious and ethical practice in CBPR projects.

CBPR researchers engaged in CBPR largely have focused on community engagement (for examples, see Israel, Eng, Schulz, & Parker, 2013; Minkler & Wallerstein, 2008); we focus on the deliberate ways to understand family and community development by placing culture, inclusiveness, and social justice at the core of the work.
A CULTURAL-VARIANT APPROACH TO CBPR

The CV-CBPR model provides family science professionals an opportunity to further exhibit cultural sensitiveness when conducting basic family science. The CV-CBPR model provides an opportunity to further translational science, which refers to research aimed at removing obstacles to wellness, health promotion, and overall health of citizens by using unique holistic perspectives born from the synthesis of multiple disciplinary perspectives (National Center for Advancing Translational Science, n.d.; Woolf, 2008).

The CV-CBPR model emerged over time from a community-engaged study with two sample groups of older adults. The first sample consisted of survivors displaced by Hurricane Katrina in New Orleans and the surrounding areas, as well as long-term residents in the receiving city of Baton Rouge, Louisiana. Alaska Native grandparents rearing grandchildren made up the second sample. The CBPR study with Alaska Native grandparents rearing grandchildren inspired the creation of the cultural variant CBPR approach, unmasking the interpretations of arctic, Alaska Native family members about whom little is known: Alaska Native grandparents. These chosen studies, which will be described in greater depth later, each involved diverse yet vulnerable populations and also faced many unexpected conditions of a disaster and arctic climate living.

DIVERSE MODELS OF COMMUNITY-FOCUSED AND TRANSLATIONAL RESEARCH

Professionals have used several models of community engagement and action-oriented research to enhance human, family, and community development. Community-based research is an umbrella term referring to any study or project that involves communities, and this involvement has a variety of applications. Stoecker (2009) suggested that community-based research typically has two components: participation and action. Community-wide research (e.g., Perry, Klepp, &
A CULTURAL-VARIANT APPROACH TO CBPR

Sillers, 1989; Perry et al., 1993) is certainly a type of community-based research, but this type of research emphasizes neither participation nor action in its methods.

Community-centered research focuses on participation. It values practice or intervention through community participation more than the outcome (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008). The starting point is the assessment of community strengths and needs, which facilitates community involvement throughout program design and implementation. Because of its emphasis on community participation, community-centered research can also be referred to as participatory research (Cornwall & Jewkes, 1995; Maguire, 1987).

Action research, another methodological approach, values the practicality of research. It is designed to produce outcomes that benefit communities, although it does not always include community participation (Lewin & Lewin, 1948; Lundy & McGovern, 2006). Action research has also been referred to as action-based research (Krockover, Shepardson, Adams, Eichinger, & Nakhleh, 2002) and action-oriented research (Coates, Dodds, & Jensen, 1998; Small, 1995; Small & Uttal, 2005; Yoshihama, 2002). Small (1995) defined action-oriented research and the ways in which family professionals seek to solve problems, build the knowledge base, and promote social change.

Family professionals have engaged in projects that focused on either community participation or outcomes, but an increasing number of family scholars and professionals have incorporated both aspects in their projects, which have been described as participatory action research (Gosin, Dustman, Drapeau, & Harthun, 2003) or community-based participatory action research (CBPAR; Maiter, Simich, Jacobson, & Wise, 2008). On the basis of an online literature search for articles published in the Journal of Family Issues, Journal of Marriage and Family, Journal of Family Theory and Review, and Family Relations, it appears that family professionals
A CULTURAL-VARIANT APPROACH TO CBPR

have focused largely on translational science that involves community and participant
engagement (Berge, Mendenhall, & Doherty, 2009; Dodson & Schmalzbauer, 2005). For
example, Berge et al. (2009) developed the citizen health care model of empowerment to address
the social justice issue of health disparities at the community level. They first identified a
concern of interest to them, as well as to the participating community, then held biweekly
meetings to generate potential action goals and approaches, and finally stipulated and executed
the action plans. Similar to CBPAR, community-based participatory research (CBPR) is an
approach based on a social constructivist approach to science that centers on the nine basic
principles of the CBPR (Israel et al., 2013).

SETTING THE CONTEXT FOR CV-CBPR MODEL

The CV-CBPR model is built on the nine principles of traditional CBPR: (a) recognize
community as a unit of identity and members of a group; (b) build on strengths and resources
with the community to enhance development and honor resilience; (c) facilitate collaborative,
equitable involvement of partners in all phases of research, moving beyond identifying
participants or listening to findings at the close of a project; (d) integrate knowledge and action
for the mutual benefits of all partners, which positions family professionals to translate findings
into evidence-based documents, conferences, and presentations; (e) promote co-learning and
empowering process that attends to social inequities; (f) use a cyclical and iterative process of
questioning, critiquing, and discussing findings, and determining next steps; (g) address health
from both positive and ecological perspectives that address risk and protective factors; (h)
disseminate findings and knowledge gained to all partners; and (i) involve a long-term
commitment by all partners with scholars remaining engaged with the community (Israel et al.,
2013; Minkler & Wallerstein, 2008).
A CULTURAL-VARIANT APPROACH TO CBPR

Scholars have expanded on these principles and recommended additional features of CBPR. For instance, reciprocity between researchers and communities throughout the research process are key to a collaborative, mutually beneficial partnership between researchers and communities (Israel et al., 2013; Israel, Schulz, Parker, & Becker, 2001; Maiter et al., 2008; Minkler & Wallerstein, 2008). Professionals and communities share decision-making power. Mutually beneficial projects also emphasize action-oriented science, health promotions, and understanding communities and their experiences (Israel et al., 2001, 2013; Minkler & Wallerstein, 2008).

For the present article, *culture* refers to shared language, activities, food, arts, music, rituals, values, norms, and beliefs that hold meaning in the lives of an individual or group. Culture adds meaning, outlines actions, motivates human interactions, and organizes the world of individuals and groups. It provides connections to self and others and to the past and present. Culture has a historical and contemporary lens and embraces all components of life. Porpora (2016) operationalized culture into “social meanings and its products” (p. 439). For example, there were many negative social meanings attached to survivors of Hurricane Katrina; survivors were referred to as refugees, not citizens, and media images focused on an area rippling with looting, disorder, and lawlessness in an effort to survive in the midst of ravaged communities. These and other social constructions and medical practices contributed to negative images of storm survivors (Tierney, Bevc, & Kuligowski, 2006).

Although challenging to conceptualize at times, culture is systematic and heavily woven into the human existence (C. Smith, 2016). In the lives of Alaska Native grandparents rearing grandchildren, for example, culture reflected traditional ways of living, such as the respecting others, children, Elders, and the connection of humankind to land, water, ice, and fire (Nelson,
A CULTURAL-VARIANT APPROACH TO CBPR

1983; Roderick, 2011). Culture continues to reflect a reliance on traditional values that have been passed down for generations (Roderick, 2011). Culture is like research: For every piece of new information, a sea of new, diverse, and sometimes consistent meanings surface across time, people, and space.

Family professionals who embrace a cultural-variant perspective seek to understand the role of and meanings attached to culture in individual, family, and community development while discouraging a deficit (Allen, 1978; Henderson, 2005; Henderson & Bailey, 2015; Henderson & Cook, 2005; Stevenson, Henderson, & Baugh, 2007) or pathological lens (Fine, Schwebel, & James-Myers, 1987) to science and practice. Accordingly, outlining the basic elements of cultural competence or sensitivity—such as art, music, norms, or traditions—does not in itself ensure an awareness and commitment to understanding the journey of groups about which little is known or for which a deficit lens has overshadowed adapted resilience.

Ultimately, understanding the human condition in the context of an individual, community, or group’s narratives is core to this perspective. Proponents of the CV-CBPR model support the personal and group agency of research participants and communities in practice; dissemination practices also disallow relegating a person or group to a position of otherness or inhumanity (Hill Collins, 2000). In short, family professionals respond to cultural factors by adjusting their methods, processes, and interpretations to explain the nuances in the human condition. For example, Phenice, Griffore, Silvey, and Hakoyama (2015) recognized the influence of interdependence and community in their obesity project with Native American youth. Despite a well-organized, Western intervention paradigm combined with a community engagement feature, there were high attrition rates. For study participants, the impact of...
A CULTURAL-VARIANT APPROACH TO CBPR

traditional values of interdependence and community were stronger than their commitment to an individual-oriented study intervention program.

CULTURE-VARIANT COMMUNITY-BASED PARTICIPATORY (CV-CBPR) MODEL

This cultural-variant approach to CBPR was first developed following lessons learned from a community-focused, disaster project with older adults whose lives were changed directly by Hurricane Katrina and a CBPR project with Alaska Native grandparents raising grandchildren. The community-oriented Hurricane Katrina project was one of the first disaster studies with a sample consisting solely of older adults. This mixed-method project involved 122 older adults from New Orleans and the surrounding areas who were displaced in the aftermath of Hurricane Katrina and 93 older, long-term residents of the receiving city of Baton Rouge, Louisiana. Disasters place older adults at a heightened level of vulnerability (Lamb, O’Brien, & Fenza, 2008), disrupting daily life, routines, health strategies, and familial and community infrastructure. Therefore, researchers examined the daily hassles and coping of displaced older adults (Henderson, Roberto, & Kamo, 2009), the social and psychological challenges of older women (Roberto, Henderson, Yoshinori, & McCann, 2010; Roberto, Kamo, & Henderson, 2010), as well as the perceptions of older adults in the receiving city of Baton Rouge (Kamo, Henderson, Roberto, Peabody, & White, 2015).

In addition to methodological issues concerning sampling (Henderson, Banks, Chen, Airess, & Sirios, 2009), disaster research is riveted with unexpected conditions and additional ethical considerations. Disaster survivors are declared a vulnerable population; this declaration rests outside of the daily social constructions of race, class, gender, age, able-bodiedness, national origin, and more. Persons whose lives were disrupted by a disaster needed immediate services and continuity in daily life. Although many Hurricane Katrina survivors were burdened
with several groups of researchers seeking their participation, many also needed the gift cards or honorariums offered by researchers to obtain essential supplies, such as propane gas.

A cultural-variant lens was instrumental in adhering to the principles of the Belmont Report (respect for persons, beneficence, and justice) and guided the actions taken by many disaster researchers (Barron Ausbrooks, Barrett, & Martinez-Cosio, 2009), especially given the complexity of the Federal Emergency Management Agency (FEMA) definition of vulnerable populations. FEMA’s definition includes persons with physical and intellectual disabilities, limited or non-English speakers, persons who are geographically or culturally isolated, people with mental health concerns, people with transportation limitations, and more (Trust for America’s Health, 2012). Consistent with the FEMA definition, this model provides an opportunity to protect the humanity of a vulnerable population, which is further illuminated in the description of the two projects.

In addition to the multiple tiers of vulnerability of older Hurricane Katrina survivors, Alaska Native People reside in the margins of society, and arctic families are underrepresented in family research. Face-to-face interviews were held with self-identified Alaska Native grandparents who reared their grandchildren for at least 1 year; interviews were held in three regional communities. In Interior Alaska, it was disappointing to hear an Athabascan Elder feel the need to dispel the myth that Alaska Native People live in igloos. Alaska Native People are vulnerable due to misperceptions such as that noted in this example, the impact of Historical Trauma that had been detrimental to cultural meanings associated with possessions, land, culture, language, and religion; research maltreatment; the removal of children from their homes and families; and the disproportionate number of Native children in foster-care homes (Brave Heart, Chase, Elkins, & Altschul, 2011; Brave Heart & DeBruyn, 1998; Bussey & Lucero, 2013; Cross,
A CULTURAL-VARIANT APPROACH TO CBPR

2008). Additionally, previous research on this sovereign group has been largely focused on poor health outcomes and health disparities (Gonzales & Stoll, 2002; Neckerman & Torche, 2007); few published studies in this body of literature take a strengths-based approach.

This research project was the first CBPR project that focused solely on a sample of grandparents or grandparents rearing grandchildren in an arctic climate of the United States. The exploratory study used open- and closed-ended questions to (a) broaden understanding of the meaning of grandparenting; (b) learn about the experiences of grandparents living in rural and urban arctic areas; (c) examine strengths, wants, and needs; (c) discover what has shaped the lives of grandparents; (d) learn what events have and are changing grandparenting; and (e) discover what grandparents do to care for their grandchildren, families, and communities. The research team agreed to complement the oral history tradition of self-identified Alaska Native People by combining Western and Alaska Native traditions to document the experiences of grandparents rearing their grandchildren and use this information to guide programs and service needs.

Because of the principles outlined above, CBPR is useful when studying diverse groups and groups about which little is known. Cultural sensitivity or a variant perspective needs to be a more prominent feature of the methods used with vulnerable populations and diverse or invisible groups. Out of this need, the CV-CBPR model was developed to honor and advance community autonomy and engagement. Cultural sensitivity is central to all aspects of the model, as shown in Figure 1.

Instead, this model encourages the development of projects that (a) recognize the effect of sociopolitical, historical, economic (Henderson, 2005; Sprey, 2000), and cultural forces on development at all levels of human ecology; (b) recognize the influence of culture on
A CULTURAL-VARIANT APPROACH TO CBPR

development (Henderson & Bailey, 2015; Henderson & Cook, 2005); (c) address the social constructions of otherness that stimulate social, health, and wealth equity; (d) become familiar with and value participants’ culture, traditions, and experiences based on their definitions and meanings; (e) value unique adaptive attitudes and behaviors; (f) respect all forms of knowing; and (g) endorse mutually beneficial basic and translational works (e.g., policies, programs, community-oriented and advocacy tools). The CV-CBPR model also positions family professionals to create translational tools that may broaden the impact of science, provide some immediate support to communities, and champion personal or community agency.

One of the first principles of the CV-CBPR model is to recognize the factors that promote or undermine overall well-being of children, youth, and families (Israel et al., 2001). For example, the development of Hurricane Katrina survivors was influenced by the intersection of race, class, and age in the aftermath of the disaster (Lavelle & Feagin, 2006). From a cultural-variant lens, the research team recognized the need of older adults to create some form of normalcy and locus of control. In support of these needs, the research team accepted survivor assistance in the form of snowball sampling as well as helping organize interviews with subsequent participants.

The second principle involves professionals recognizing and respecting the diverse and common features of individual, families, and groups; it requires explicitly looking for a group’s unique and common adaptive attitudes and behaviors. For instance, older survivors of Hurricane Katrina were placed in a sociopolitical context of poverty and otherness coupled with compassion fatigue (the deteriorating ability to show empathy, an amplified sense of exasperation, and a sense of indifference toward others; Figley, 1995; Kamo et al., 2015; Tierney et al., 2006). The continual reporting of the disaster and the public’s exhaustion from constant
exposure to the devastation resulted in people tuning out to previously covered stories (Feeney, 2007). This project provided an opportunity to resist compassion fatigue by understanding the meanings that older adults place on family, social support, and coping in the face of a disaster. For instance, the research team spent time in the trailer communities and observed the adjustments of Hurricane Katrina survivors. They created Katrina families, shared meals with other older adults with limited resources, and cared for children while others took care of their affairs to manage their disrupted lives.

Third, the CV-CBPR model expands traditional CBPR models by understanding the importance of interpersonal dynamics from a cultural-variant lens, which requires respect, trust, and a model of interdependence (Israel et al., 2013) beyond the initial and final exchanges with the community. Self-awareness, understanding, active listening, being teachable, planfulness, and flexibility are important cultural-variant practices. In other words, stabilizing CV-CBPR partnerships requires a set of soft skills coupled with socially conscious methodological practices. The interpersonal dynamics of the CV-CBPR model are to (a) create and preserve respectful researcher–community relationships; (b) integrate the diverse contexts that influence human and family development in CBPR projects; (c) seek to understand and value the definitions and meanings participants and community attach to their lives; and (d) cultivate relevant, emancipatory basic and translational documents to improve the human condition and support community and human capital resources.

The CV-CBPR model also calls for a fourth principle, which is respect for all forms of knowledge (Denzin & Giardina, 2008). Alaska Native ways of knowing have been exemplified by research in Arctic climates and with Alaska Native People (Arctic Research Consortium of the United States [ARCUS], 1999; Mohatt et al., 2004) and can be translated into more
A CULTURAL-VARIANT APPROACH TO CBPR

Purposeful translational tools (e.g., white papers, program activities). Useful translational tools tend to address complex social, familial, and health concerns identified in partnership with the community. Translational tools also provide a window to the meanings of culture, the connections of culture to resilience, and the self-determination that is woven in the lives of older Hurricane Katrina survivors and Alaska Native grandparents raising grandchildren, whose stories have not been told.

Furthermore, a cultural variance approach to community engagement also requires the ongoing practice of respecting the knowledge gained from personal experiences, wisdom handed down by Alaska Native Elders and ancestors, and the Alaska Native perspective, meaning a way of viewing the world through their traditional ways, values, and roles (Henderson et al., 2015). Therefore, CBPR projects must be culturally sensitive, embedded, or anchored (Henderson et al., 2015; Mohatt et al., 2004); cultural-variant theorists respect all experiences of participants and their communities. Culture variant principles (Henderson, 2005; Henderson & Bailey, 2015; Henderson & Cook, 2005; Stevenson et al., 2007) are required and interwoven in the eight components of the proposed CV-CBPR model.

Eight Key Components of the CV-CBPR Model

To promote equity, respect, trust, and social change, we propose eight components of a model that takes a cultural-variant perspective to build on the CBPR model (Israel, Coombe, & McGranaghan, 2010; Israel, Eng, Schulz, & Parker, 2013). In this model, professionals seek to understand culture and context as it relates to strengths and adaptive behaviors in a reiterative, cyclical pattern that occurs across and within eight primary stages (see Figure 1). The cultural-variant perspective rests at the center of the model but interacts with and is engaged in all aspects of it.
A CULTURAL-VARIANT APPROACH TO CBPR

Stakeholders’ assessment. As depicted in Figure 1, one component of the CV-CBPR model is to begin with an ecological assessment of resources, policies, and infrastructure held by all project stakeholders. For the Alaska Native project, introductions, visits, and communication with tribal authorities, community leaders, and researchers in close relationship with Alaska Native People (primary stakeholders) began 2 years earlier and established respectful and transparent engagement. Asking permission to visit and awaiting approval is key to demonstrating respect for Alaska Native traditions, values, ways, Elders, and tribal sovereignty. A culturally appropriate and proactive approach to stakeholder assessment is to adhere to group norms, which often advances the Belmont principles.

Stakeholders have different and distinct roles, and some may hold discrepant expectations of family professionals. Primary stakeholders are researchers; practitioners; communities; tribal authorities; ethics committees for tribal corporations; and coordinating committees for each of the Alaska Native communities, universities, and funders. These entities, their resources, and needs are central to the success of the project, which means family professionals must understand and address the culture of work (i.e., policies, procedures, and ways of conducting business) for each entity. Secondary stakeholders may include public and private agencies, faith-based organizations, and other communities not in the study. In Alaska, these other communities desired findings and best practices related to grandparent rights and responsibilities. To maintain respect for Alaska Native traditions, the research responded to these requests.

The primary stakeholder assessment involves (a) assessing the policies that govern all partners; (b) creating an organizational system that guides the authorization of tasks, responsibility for funds management, and feasible timelines; and (c) developing ways to create and maintain trusted, transparent, and respectful relationships with communities. Users of the
A CULTURAL-VARIANT APPROACH TO CBPR

CV-CBPR model must develop research and project management systems that align with the requirements, cultural beliefs, and practices of stakeholders.

From a cultural-variant stance, it is also important to understand and evaluate expectations, common and uncommon policies, the infrastructure and capacity, and funding options and requirements held by all primary stakeholders. Ideally and before submitting a grant or contract proposal, CV-CBPR professionals must conduct a global assessment of stakeholders at the community-level in anticipation of modification in project policies and governance.

Specific to cultural-sensitive practices, overburdening Alaska Native communities or older Hurricane Katrina survivors was a constant consideration and informed efforts to provide services (e.g., caseworkers provided on-site services to survivors, a fact sheet was developed for an Alaska Native elder program, and the team had informational booths with study findings at community events). Engaging in community events and demonstrating respect for the lives of study participants, tribal authorities, and participating communities were other ways of contributing versus solely extracting from the community.

To manage the burden on and value of the project to participating communities, CV-CBPR professionals also must discuss and create handbooks and training materials and determine who has judiciary authority. Proactively creating project policies can prevent burdensome, time-consuming procedures for diverse types of payments needs and transfer of funds, building on traditional models of CBPR (Israel, Schulz, Parker, & Becker, 1998). For example, community partners, especially groups with a history of research maltreatment, such as Blacks and Alaska Native People (Foulks, 1989; Pacheco et al., 2013; Reverby, 2001), benefit from knowing federal, state, university, and community agency policies regarding purchasing, payments, and travel. For example, it was critical to explain policies regarding payment for
travel and honoraria to the coordinating committees and communities in Alaska. All these policies have implications for the institutional review board (IRB) application, the ease of project management, and the process of nurturing respectful relationships across primary and secondary stakeholders.

**Stakeholder formation and stability.** The formation and stabilization of primary (e.g., funders, tribal authorities, coordinating committees, universities, IRBs) and secondary stakeholder relationships is an ongoing process. For the Alaska Native grandparents rearing grandchildren project, the traditional councils and governing authorities were involved in the construction of the oversight team (e.g., the coordinating committees) and developed procedures for managing their review and approvals of project promises, documents, and activities. This oversight was iterative and sometimes shifted as issues arose and centered on Alaska Native values of respect, traditional knowledge, and the oral transmission of history and culture. Managing primary stakeholders was heightened when working with native people and older Hurricane Katrina survivors because of cultural, environmental, sociopolitical, and historical factors.

Through a cultural-variant lens, researchers and community leaders and members act as co-creators by also assessing relevant global community expectations, networks, and traditions. Stakeholders’ views on effective project management, deliverables, feasible timelines, project goals and missions, and the budget must be discussed early, and those conversations must be ongoing; these processes are critical to the success of a CV-CBPR project in which two major cultures are merging, providing a sense of patience with the research process used by universities, and managing differential expectations in translational versus research documents. Assessing stakeholder views on all aforementioned items may need to be repeated after the initial
stakeholder formation process, such as when developing project management tactics and during research dissemination. For example, a large amount of time was invested in holding meetings with and listening to staff members at the Governor’s Office on Elderly Affairs, service providers, church leaders, and executive directors of Councils on Aging in the affected areas of Hurricane Katrina. Likewise, Elders and tribal authorities desired documents that assisted them with obtaining funding for local program and services.

Although community members may serve as co-investigators, staff members, interviewers, translators, and field leaders, training in research ethics, project responsibilities, and policies are needed for community partners, especially those serving as co-investigators, interviewers, translators, and key informants. The sociopolitical and economic context of Alaska is influenced by village traditional councils, more than 200 tribal corporations, and 12 or 13 regional corporations (Alaska Department of Natural Resources, n.d.); the corporation system was established to protect the interests of Alaska Native People. The unique use of corporations versus tribes alone beckons the need for oversight by communities. Stated differently, review by participants, traditional councils, and sometimes corporation ethics boards are needed to ensure accuracy and a cultural-sensitive lens to the analysis and reporting of data.

Likewise, research team members benefit and need training in the written and unwritten cultural and traditional norms that shape the lives of the community partners. By attending and participating in community activities, researchers also show respect and foster a deeper sense of understanding of the data and participants’ lives. Visiting communities 2 or 3 days before the start of the project also permits team members to observe and engage with community members, participate in or assist with community activities, and strengthen relationships with key community leaders. For example, in the Hurricane Katrina project, one principal investigator
who resided in Baton Rouge facilitated project management and trainings. Another arrived two days in advance of meetings and data collection to visit Hurricane Katrina sites and transition into project management.

Extra time must also be invested in maintaining respectful, trusted, and stable primary stakeholder relationships and to manage culturally aware practices at all or most levels of community-based projects. For example, time is needed for transparent communication so that researchers can actively engage community partners and secure ongoing advice and guidance. Before the grant proposal is submitted, before the project begins, and throughout the project, all stakeholders must agree on appropriate methods, project goals, deliverables, research ethics, and relationship processes that promote respect and power-sharing. Relationship processes include how to demonstrate respect, enter communities, and manage tasks (Buchanan, Miller, & Wallerstein, 2007). A common question posed at every collaboration-focused Hurricane Katrina meeting was: Where are you from? The cultural norm of connectedness and identity affected the level of community cooperation and support rendered to the disaster survivor study.

*Identification of priorities and corresponding items.* Identifying priorities and related items among the primary group of co-creators begins with the stakeholder’s identification of priorities (e.g., data collection, community engagement, translational tools or intervention activities, manuscripts), and conducting the community assessment. These priorities are not necessarily “problems” to be solved, but they must be important to both the community and family professionals. Studying grandparents rearing grandchildren is an academic task. The loss of traditional values, roles, and ways of living and the future of their tribes, communities, and culture inspired the participation of governing authorities and Alaska Native grandparents raising grandchildren. Documenting the lives of Elders who were grandparents was way of keeping
A CULTURAL-VARIANT APPROACH TO CBPR

traditions that were dear to them. The research team’s goals were to enhance and support existing community programs, activities, and preventive or intervention initiatives that the community identified as concerns while contributing to the knowledge base on grandparents and advancing research on arctic family life. Doing both—engaging respectful community-partnering and cultural-variant practices—takes time, planning, and a commitment beyond funding.

Once priorities are identified, researchers and prospective participants meet to formulate research or program evaluation questions and to determine research methods (e.g., quantitative, qualitative, mixed). For instance, in the Hurricane Katrina project, the principal investigators met with key community groups, such as the Governor’s Office on Elderly Affairs, the directors of the Councils on Aging, and disaster relief managers at local churches. Because the aforementioned groups worked with older adults across the state, they saved time for the Hurricane Katrina research team by helping to identify participants, selecting interview sites, and providing interviewers who were “insiders” to the respective communities. From a cultural-variant lens, a greater understanding of the needs of survivors was strengthened by having trained interviewers who understood the southern culture of Louisiana and dismantled geographic areas. The collaborations with Councils on Aging, churches, Catholic diocese, and other community groups also helped to outline useful educational tools and activities on disaster preparedness for older adults.

Community assessment. The focus here is on the actual partnering community as opposed to all of the primary stakeholders. The community assessment is similar to the stakeholder assessment in terms of assessing strengths, needs, capacity, and goals (Berge et al., 2009); however, it focuses on a well-defined community and wellness goals within that community. The policies and requirements of primary stakeholders influence the community partnership. The
A CULTURAL-VARIANT APPROACH TO CBPR

community assessment addresses the readiness of the community to engage in a long-term project (Andrews, Cox, Newman, & Meadows, 2011) and must prevent any undue burden on the community (ARCUS, 1999). The Hurricane Katrina research team recorded and sought resources to meet participants’ needs, had caseworkers from Councils on Aging make site visits during data collection, and brought other services to trailer communities, such as bringing those who conduct Medicare Plan C registrations to the community of Hurricane Katrina survivors.

Likewise, working in partnership with Alaska Native People meant planning research and dissemination trips with an understanding of the weather; respecting hunting, fishing, and gathering seasons; and selecting dates that did not interfere with the annual convention of the Alaska Federal of Natives, as well as tribal or regional conferences. The grandparents rearing grandchildren research team respected the traditions and religious practices of the community. For example, respect for the month-long and other related bereavement practices limited the research team’s ability to conduct interviews, travel into the community, and disseminate findings. The team engaged with communities 4 to 5 months in a calendar year due to the nearly 4-month hunting, fishing, and gathering season; the duration of engagement is thus different from that for most research projects.

Additionally, community members have work and family responsibilities that influence their capacity to manage the tasks of shared power and decision-making (Fisher & Ball, 2003). The assessment and overall project methods are done in a cultural-variant manner, meaning that professionals purposefully examine embedded characteristics of resilience, cultural traditions, values, norms, adaptive behaviors, survival, and more (Henderson et al., 2015). The community assessment also includes approaches to promote social change based on the consensus of the
community and researcher. Varying methods may be used to conduct the partnering community assessment, including focus groups, community, or town hall meetings, and project meetings.

Implementation of the project. The goals of many projects are to collect data, analyze and store it, and perhaps to implement a program. Meeting research or project goals requires the creation of relevant research questions, appropriate sampling strategies (Israel et al., 2013; Minkler & Wallerstein, 2008), and culturally sensitive practices that include honoring cultural traditions and norms. Family professionals can demonstrate cultural sensitivity by recognizing stereotypes, choosing the best entry approaches, or finding optimal locations to hold a program. The best approach may require additional meetings, or interviews or focus groups with participants, community leaders, and stakeholders. After Hurricane Katrina, millions of people found themselves homeless and experiencing the ambiguous loss of culture and place. Almost three quarters of the estimated 1,833 deaths were older adults (Gibson, 2006). Listening to and respecting survivors motivated the production of translational science (i.e., videos, disaster planning checklists, and workshops on disaster planning), which slowed the scholarly productivity of the Hurricane Katrina research team. From a cultural-variant lens, some activities need to be done before and while completing the study and publications.

It is critical to determine who owns the data when the findings are grounded in a cultural, historical, and sociopolitical context of social equity. The review of findings is critical to establishing and maintaining trust, respect, and community autonomy. Buchanan and colleagues (2007) addressed the sometimes-delicate challenge of informed consent that may clash or impose on community autonomy. In the Alaska project, a history of distrust of researchers, the self-governance and autonomy among sovereign indigenous groups (H. S. Smith, 2013), and the complicated aspects of a well-defined CBPR project required a level of cultural sensitivity far
A CULTURAL-VARIANT APPROACH TO CBPR

beyond the Hurricane Katrina project in which Western ways dominated the work of the research
team. The Alaska Area Institutional Review Board, tribal council and ethics committee reviews,
and coordinating committees had oversight of the grandparents raising grandchildren project in
Alaska. Agreed-on solutions to balancing community autonomy and research ethics, such as
mandatory reporting of threat or harm, acquiring a certificate of confidentiality, and memoranda
of understanding were used to weave cultural sensitivity—honoring traditional values of
optimism, unity, honesty, respect, humor, spirituality, and more—with explicit respect for tribal
autonomy, self-governance, and self-determination throughout the Alaska Native project.

In other words, researchers engaged in the Alaska Native CBPR project formalized the
use of a strengths-based lens, which moved the study from a researcher-directed project to a
researcher–community partnership. The IRB application, memorandum of understanding, and
guidelines for the coordinating committees or Participant Advisory Group supported consistency
in practice and relationship stability. These formal documents outlined deliverables (e.g., project
reports, translational documents, and scholarly articles), roles and expectations, and the
construction of trust and transparency for the research team and the community.

Special occasions, disasters, deaths, and other responsibilities emerge for the community
or participants and the researcher; project interruptions are a major factor in project management.
For example, researchers followed grant and IRB requirements, were sensitive to the needs of
Hurricane Katrina survivors (e.g., family caregiving, support services, lodging, health care, basic
resources), and respected their survival priorities. However, 6 to 10 months after Hurricane
Katrina, researchers also reported project challenges and interruptions. Scholars had to modify
data collection processes, protect research quality, and address sample size and profile concerns
(Henderson et al., 2009). Similarly, severe weather; the death of an Elder; hunting, fishing, and
gathering seasons; and other important community and individual commitments delayed projects in Alaska.

*Analysis and review of the findings.* Researchers and communities collaborate to develop, analyze, review, and disseminate findings; addressing the usefulness of the findings to the participants and their communities is an important part of enhancing community capacity, promoting healthy human development, and expanding the knowledge base. In Alaska, the coordinating committee assisted with the creation of the questions, outlined the research publications, and identified translational documents based on study findings on traditional knowledge, values, and roles (e.g., see Henderson, Dinh, Morgan, & Lewis, 2015). In other words, basic and translational research was not driven by the research team, but by cultural values and the desire to document, honor, and advance Alaska Native ways.

To go further, community members and participants were instrumental in ensuring that the data were interpreted accurately, and not from a pure methodological stance. The coordinating committees, governing authorities, and traditional councils reviewed and guided our interpretations of findings throughout the coding and manuscript development processes. Cultural truths and terminology were important, especially given the lack of literature in mainstream journals about Alaska Native People.

*Dissemination of scholarly and translational documents.* One of the most important differences between CBPR and traditional research methods is that the CBPR research process is endued with respect for the traditions, culture, and meanings participants or communities give to their experiences. Family professionals using a CV-CBPR focus design mutually beneficial translational documents, develop activities and programs that address the mutually agreed-on immediate and identified need, along with the required or expected scholarly and professional
articles. Because scholarly and translational works are expected by universities and federally and state-funded governmental agencies, it is important for researchers to work with the community to design activities, programs, and basic and translational documents that serve the community’s best interests. Translational works truly broaden the impact of the project findings and inspire social change; however, these documents are primary, not secondary, to research.

Responding to immediate community needs is an added feature of the CV-CBPR approach. Cultural-variant professionals develop articles and translational documents that meet the needs of the community and the profession; they engage in activities that honor the culture and norms of the participating community. Translational documents may include evidence-based policy briefs, fact sheets, white papers, videos, and podcasts. From a culturally variant lens, translational documents at the community-level may include posters, bookmarks, and presentations, which was the case in the Alaska project. In the case of the Hurricane Katrina project and to address disaster preparedness, the team developed a checklist for disasters (see the Disaster Preparedness Checklist; Henderson, Miller, Hendrix, & Dinh, 2010), coordinated three videos on how to prepare older adults for disasters (Oklahoma Geriatric Education Center, n.d.), and conducted presentations in coordination with the Louisiana Councils on Aging focused on disaster preparedness for older adults. The Department of Social Services, American Red Cross, insurance companies, realtors, and international medical researcher have used the checklist. The checklist also was made into a fillable form, which extends the usefulness of this translational tool to others. Taken together, the CV-CBPR model opens doors to engaging in cultural-variant projects, creating basic and translational documents, strengthening trusted partnerships, and positioning partners to obtain meaningful and accurate findings.

**SUMMARY**
The lessons learned from the management of the Hurricane Katrina and the Alaska Native grandparents rearing grandchildren projects generated considerations and suggestions offered to family professionals. We have described how cultural-variant practices enhance community engagement and expand basic and translational family science using two project management experiences: a community-focused disaster project with older survivors of Hurricane Katrina, and a CBPR arctic-climate project with Alaska Native grandparents rearing grandchildren. Both projects dealt with issue of race, age, social constructions of poverty and class, and otherness, which were central features to the life course context of older Hurricane Katrina survivors of Louisiana and Alaska Native grandparents raising grandchildren residing in an arctic environment.

The CV-CBPR model situates culture, cultural sensitivities, and inclusion at the core to create a systemic, purposeful model that focuses on strengths, adaptations, and challenges in multiple contexts of individual and community development. Cultural-variant family professionals seek to understand the meanings that participants give to their lives and experiences. Professionals using this model explicitly apply CBPR, Belmont, and inclusive practices of social conscience in their community-based projects. Professionals who view culture as a central feature of understanding development may use the CV-CBPR model as a tool to generate new ideas for community collaborations, produce translational science, positively shape family and community development, and support social change.

With the guiding primary principles, the cultural-variant CBPR model explicitly incorporates culturally sensitive practices into research grounded in community engagement, making it a centralized and explicit component of basic family and translational science. It is taking community engagement to a heightened level of social conscious and ethical practice.
Consequently, the cultural-variant model commits family professionals to inclusive practices, transforming basic and translational research or tools as co-creators. Family professionals have the opportunity to be more directive in using a culturally sensitivity lens in projects by rejecting deficit models; examining development in multiple contexts; becoming familiar with and seeking to understand the culture, norms, and traditions of the community; and respecting all forms of knowledge. There are additional opportunities to document inclusive research and program practices by taking advantage of opportunities to transform the literature and programs that shape individual, family, and community development and expand the impact of evidence-based practices. New ideas may be generated by collaborating with communities in a culturally variant way, such that the meanings of culture, traditions, history, development, resilience, context, adaptive behaviors, and challenges become better understood.

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A CULTURAL-VARIANT APPROACH TO CBPR

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A CULTURAL-VARIANT APPROACH TO CBPR


A CULTURAL-VARIANT APPROACH TO CBPR


A CULTURAL-VARIANT APPROACH TO CBPR


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A CULTURAL-VARIANT APPROACH TO CBPR


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A CULTURAL-VARIANT APPROACH TO CBPR


Figure 1. Cultural-variant community-based participatory research model. Note. Adapted from Israel, Coombe, & McGranaghan (2010).