

# CHAPTER

# 5

## THE DANCE OF RACE AND PRIVILEGE IN CBPR

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DANCING PROVIDES a provocative analogy for exploring the interplay of race and ethnicity, racism, and privilege that often goes unacknowledged in community-based participatory research (CBPR). Like dancing, CBPR has the potential for making research partners feel exhilarated, awkward, controlled, and free. The dance involves being aware of differences and respecting that although some people appear to be “natural” dancers, others need more time and instruction as they experiment with movement. Dancers complement each other’s steps, sometimes leading, sometimes following; they are aware of each other, navigating the dance floor while trying not to step on each other’s toes. And when toes do get stepped on, dancers must be self-reflective enough to learn from the

## 92 Community-Based Participatory Research for Health

experience and not be defensive, to decide whether to continue dancing or to take a seat, and to know that these dynamic processes are normal and inevitable, however rewarding or hurtful they may be.

Dancing, like CBPR, comes in a myriad of forms and styles, depending on the dance partners' styles and interests and the music being played. Moreover, when dance takes place in the United States, which is, perhaps more than any other industrialized country in the world, distinguished by the size and diversity of its racial and ethnic populations (Smelser, Wilson, & Mitchell, 2000), it takes on a racialized character. Dancers from different cultures must learn each other's movements, rhythms, and meanings. To dance is to express our social and cultural context without imposing an absolute "correct way" to dance.

Admittedly, dancing may not be the best analogy for CBPR, as it does not begin to capture the issues of pain and structural oppression that are a part of racism and privilege and therefore often at play in research relationships. Nevertheless, dancing goes back as far in history as research and curiosity. In the words of Zora Neale Hurston, "Research is formalized curiosity. It is poking and prying with purpose. It is a seeking that s/he who wishes may know the cosmic secrets of the world and they that dwell therein" (Walker, 1979, p. 49).

The construct of race and ethnicity, though problematic, is used throughout this chapter because of its historical importance in the American psyche. Furthermore, the trilogy of race and ethnicity, racism, and white privilege is underscored throughout this chapter not because it is more important than other dimensions, such as social class or gender, but because it has often been neglected in CBPR and other areas of research. Race is not a biological construct that reflects innate differences but rather a social construct that captures the impact of racism. As such, the variable of *race* measures a combination of social class, culture, and biogenic factors (LaVeist, 2005; Lin & Kelsey, 2000). As a rough though imperfect proxy for socioeconomic status, race captures the social classification that governs the distribution of risks and opportunities in a race-conscious society such as the United States (Jones, 2000, 2001). The meaning of race in the United States cannot be seen simply as an objective fact or treated as an independent variable (Omi, 2000). Contemporary immigration to the United States is a factor in the changing meaning of race. Between 2000 and 2005, 7.9 million documented and undocumented immigrants came to the United States—more than during any previous five-year period in the nation's history—and the immigrant population topped thirty-five million (Camarota, 2005). As Michael Omi (2000) comments, "The massive influx of new immigrant groups has destabilized specific concepts of race, led to a proliferation of identity positions, and challenged prevailing modes of political and cultural organization" (p. 245).

This chapter will build on the principles of CBPR (see Chapter Three) to examine the hard issues of race and ethnicity, racism, and white privilege that every community-based participatory researcher, whether white or a person of color, should consider when doing CBPR with communities of color. We begin with an overview of a useful framework for understanding racism that addresses institutional and personally mediated racism and also internalized oppression. We then discuss the powerful role of language and the potential errors that arise in translating cultural constructs in research and practice. Third,



we explore the concept of white privilege (Cooper, 1989; Hurtado, 1996; Krieger, Williams, & Zierler, 1999; McIntosh, 1998) and how this power imbalance often obstructs trust and community building during participatory research. We conclude with suggestions for building alliances across difference and offer a set of recommendations CBPR researchers can draw on in attempting to better address the issues of race, racism, and privilege that often float at the periphery of participatory research (Blair, Cahill, Chopyak, & Cordes, 2000).

## FRAMEWORK OF OPPRESSION AND RACISM

Although most often talked about in relation to the oppressed (such as women, the poor, and people of color), race, class, and gender are part of the whole fabric of experience for all groups. These variables exist within interlocking hierarchies that create systems of privilege as well as of disadvantage (Andersen & Collins, 1995; Mullings & Schulz, 2006). The complexity of social relations, social issues, and social justice is infused with race, class, and gender (Andersen & Collins, 1995; Mullings & Schulz, 2006). These processes are dynamic and change by time and place, with individual vulnerability to oppression increasing to the degree that the interlocking systems of oppression increase. That is, the less power a person has in society, the more *at risk* that person is for health and social problems (Garrett, 2000; Hogue, Hargraves, & Collins, 2000). A focus on the intersection of these multiple systems of inequality explains how people can simultaneously experience oppression along one dimension (such as class) and privilege along another (such as gender)—consider, for example, a wealthy white woman or a poor Latino male. The primary roots of oppression worldwide are economic, social, cultural, and gender inequalities reproduced by an institutionalized system of power imbalance between and among groups of people (Marmot & Wilkinson, 2006). Although oppression may look similar across cultures and generations, its mechanisms are historically and locally determined and change over time and place, depending on domination and resistance.

Some scholars and activists have defined racism as “prejudice plus power” (Omi, 2000); others posit racism as a life-threatening illness (James, 1994; Krieger, Rowley, Herman, Avery, & Phillips, 1993; Williams, 1997). Recognizing the multiple mechanisms of oppression and drawing on the work of Jones (2001), Omi (2000), Sherover-Marcuse (1986), Tilley (1990), Foucault (1980), and others, we offer three interrelated theories of how racism and privilege may manifest in community-based participatory research projects. These theories involve a three-tiered framework for racism, an analysis of power as repressive versus productive, and an understanding of discourse in communities, which may be public or may be hidden to the researcher.

### ***Three-Tiered Racism Framework***

Camara Jones (2000) has developed a framework for understanding racism as institutionalized, personally mediated, and internalized. Institutionalized racism manifests itself in both material conditions and access to power. Examples of material conditions include differential access to quality education, adequate housing, gainful employment, appropriate



medical facilities, and a clean environment. With regard to power, institutionalized racism includes differential access to information, including one's own history, resources, and voice, and differential representation in government and the media.

Personally mediated racism refers to prejudice, discrimination, stereotypes, and judgments based on assumptions about the abilities, motives, and intentions of others according to their race. As Jones (2001) notes, this "is what most people think of when they hear the word racism. . . . It manifests as lack of respect, suspicion, devaluation, scapegoating, and dehumanization" (p. 300).

Internalized racism does not need an outside judge of character. It is characterized by people's own belief in the negative messages they receive about their race or ethnicity. The core of this perspective is that "an oppressive society re-creates itself in its victims' hearts" (Sherover-Marcuse, 1986, p. 4). Internalized oppression addresses subjectivity, questions of power, and the part each person plays in the evolution of his or her own life story. It acknowledges that oppression does not come only from an external intersection of multiple systems of inequality; the enemy is also within.

The interaction of institutionalized racism, personally mediated racism, and internalized racism produces a racial climate that can manifest itself in community-based participatory research in the following manner. In many major U.S. cities, whites have fled to suburbia, abandoning the inner city to turf battles among different racial minorities for housing, public services, and economic development (Omi, 2000). Racial segregation of neighborhoods, created through institutionalized policies or norms, has limited educational or employment opportunities for communities of color. With more than 80 percent of whites living in virtually all-white neighborhoods and nearly nine in ten white suburbanites living in communities that are less than 1 percent African American (Omi, 2000), a degree of isolation exists that can lead to a skewed perception of what other people experience and a reinforcement of personally mediated stereotypes. This skewed perception is bolstered by images, descriptions, and depictions fostered by cultural institutions such as the mass media. After all, if one does not know many African Americans or does not personally experience discrimination and one's only knowledge comes from second- or third-hand sources, it is likely that one will find the notion of widespread mistreatment unbelievable. Finally, the isolation of people of color can lead to internalized racism; that is, people internalize their lack of opportunities as self-blame.

These three levels of racism may also be played out in the relationship between researchers and communities. First, on the institutional level, structural factors inform the class and ethnic makeup of the CBPR collaborators. Given differential access by race to goods, services, and opportunities in society, CBPR often involves university researchers who are white working in communities of color where social and health problems are identified. People and communities of color are those being studied, not those doing the studying. Clarence Spigner (2000) extends this point further, noting contradictions within CBPR itself: "The research establishment is overwhelmed by well-meaning non-minorities who recognize racism and its consequences on health, but only greater representation of people-of-color in the health establishment can ameliorate the inherent contradictions of 'participatory democracy' fundamental to the process of community-based participatory research" (p. 259). As Marianne Sullivan and her colleagues (2001) suggest,

diversifying academic research faculty and bringing about other forms of institutional change must be seen as important goals of CBPR if we are to successfully overcome this problem. However, even though it is crucial to take steps in this direction, it is also important to note that institutionalized racism works to establish the dominant culture and its way of doing things, including traditional forms of research, as the yardstick that measures and establishes credibility.

On the second level, personally mediated racism may manifest in stereotypical projections between public health professionals as outsiders and community members as insiders. When the outsider does not share the lived experiences of community members, assumptions are often made by both parties and preconceived ideas may go unchallenged (Hatch, Moss, Saran, Presley-Cantrell, & Mallory, 1993; Perkins & Wandersman, 1990; Minkler, 2004). In the case of the outside researchers, these assumptions tend to focus on finding deficits rather than community resources because the framework in health and human service systems charges system workers to assess problems rather than recognize solutions (McKnight, 1995). This deficit model promotes the idea that solutions must come from outside the community, a view supported as well by those looking for someone to come in and “save” the community from itself.

Third, on the level of internalized oppression and racism, researchers of color face their own experiences with racism and privilege as *outsider-insiders*. People of color involved in CBPR may not be able to identify their community’s assets due to feelings of internalized oppression that make them undervalue community resources. Before community members can name the gifts, talents, and resources in their community, they themselves have to believe these assets exist. Finally, internalized oppression may also lead community residents to value white researchers and dismiss both educated members of their own community of color and the learning and teaching available in that community from the residents themselves.

### **Repressive and Productive Power**

To understand racism more clearly, it is important to understand the multiple ways that power is manifested in both the dominant society and subordinate communities. Foucault differentiates between power that represses others and power that produces *others*. Repressive power structures, like institutional forms of racism, operate through direct control over people’s opportunities in relation to education, employment, living conditions, and other factors that contribute to health or disease. Productive power, exercised by mainstream institutions including those of public health, creates and reproduces the symbols and hierarchies of structural power that normalize and mask repressive relationships—for example, believing that “research” must be carried out in the conventional manner taught by professional experts at major universities. Repressive and productive power is not monolithic, however; it is built into webs of relationships and practices found in institutions, communities, and families that are inherently unstable and therefore susceptible to challenge (Foucault, 1980).

Productive power as expressed by subordinate communities offers the possibility of challenging oppressive structures, through the capacity of communities to bring about outcomes and effects in the world (Tilley, 1990, p. 287). This community productive

power, emanating from lived experience, is the origin of race- and ethnicity-centered interventions and indigenous theories of health and illness, which represent a counterhegemonic challenge to outside definitions of community problems and solutions. In other words, if hegemony is the assumption that the dominant culture controls the ideological sectors of society—culture, religion, education, and the media—in a manner that disseminates values to reinforce its position (Scott, 1985), then counterhegemony is the interruption of this practice from the grassroots perspective.

One example of counterhegemonic theory is the concept of historical trauma, which has gained popularity among Native American community-based health practitioners and consumers (Brave Heart & De Bruyn, 1998; Duran, Duran, & Brave Heart, 1998). The theory of historical trauma posits that traumatic assaults on past generations, most notably the colonization of the Americas, created a psychological and physical health effect among the descendants of those affected. The historical events of the colonization are among the important root causes of both high rates of physical and psychological health disparities and of weak mainstream political will to ameliorate them.

Community-based participatory researchers working in communities of color, and particularly in native communities, would be well advised to be conversant with historical trauma and related theories. The advantage of engaging with such approaches is that they speak directly to the lived experience of individuals and groups and may therefore be more widely accepted as the basis for research and intervention emanating from the community.

### ***Hidden and Public Transcripts***

The relationship between community members and outside researchers in CBPR is based on dialogue, mutual respect, and sharing of lived realities (Ansley & Gaventa, 1997; Cornwall & Jewkes, 1995; Israel, Eng, Schulz, & Parker, 2005). However, though researchers may believe they have access to community norms and ideas, they may have access only to what is considered public. James Scott (1985) theorizes that there are four levels of community dialogue: public discourse, hidden transcripts, coded defiance, and open defiance. Public discourse is the official, institutionalized language; public discourse about health takes as its basis the authority of public health systems. Hidden transcripts, in contrast, are produced by subordinates gathering outside the gaze of power and constructing a sharply critical political and cultural discourse. As Makani Themba suggests (1999), much rap music is a form of hidden transcript, providing members of an oppressed group with a critical venue for “expressing rage at the status quo as well as holding a candid discussion of social issues” (p. 22). There may be many hidden transcripts in any given community, and outsiders rarely have access to all of them. Coded counterhegemonic discourse involves disguise and anonymity; it is the veiled expression, typically by subordinate groups, of hidden transcripts during public discourse. In the case of CBPR, where researchers and community members have entered into collaborative understanding, open expression of conflict may be rare. Yet among themselves, as noted in Chapter Two, community researchers of color may express defiance, make jokes, and express tensions not safe to bring up in the presence of their white counterparts from university or professional environments.

With internalized oppression, community partners in research may often self-censor and conform to what is presented. They may nod their heads and say yes in resignation—when the heart feels no—as a result of having been led to believe that they are “deficient” and dare not challenge. When community research participants feel that they are not truly equal partners, the range of allowable forms of self-expression is limited. Community-based ethnographic research on substance abuse and substance abusers (Bourgois, Lettiere, & Quezada, 1997) describes how community members who are paid to participate in studies anticipate what the researcher wants and may speak those words in order to maintain the relationship and not disturb the peace: “Street addicts usually do not want to appear stupid or offensive to a friendly interviewer. In fact they usually have at least a partially internalized society’s normalizing judgments and are depressed, ashamed, or ambivalent about their marginality. . . . [One respondent said he] liked the researcher administering the interview protocol, so he tried to respond in what he thought was a socially appropriate manner” (p. 166).

This interaction involves a dialectic of resistance between outside research partners and community participants with very real ethical dilemmas involved in speaking truth to power. There may be fear of speaking out about personal and community oppression because of the risk of creating stereotypes and misinformation in outside researchers’ minds, which then might be generalized to all communities of color. Furthermore, people from communities of color learn very early not to reveal true information to white people because they do not believe that whites want to hear the truth or because they fear that the truth will not be heard. As Scott (1985) has aptly pointed out, “power-laden situations are nearly always inauthentic. . . . The greater the disparity in power between the two parties, the greater the proportion of the full transcript that is likely to be concealed” (p. 286).

Community-based participatory research must go beyond the surface issues of making research questions culturally and linguistically appropriate and relevant. Research participants have obvious and compelling reasons to seek refuge behind public transcripts when in the presence of power. Similarly, outside researchers in the presence of “subordinates” often adopt a public transcript that consists of expected gestures and words. As subordination requires a credible performance of humility and deference, so domination requires a credible performance of mastery and power.

CBPR must be about asking questions about and examining the power dynamics that exist when some people speak and others are silent. Drawing on Freire’s (1970) work, CBPR can transform the culture of silence among oppressed groups. Community members take risks in sharing their personal stories and speaking with outside researchers. Even in CBPR, time constraints sometimes lead outside or university researchers who do not know the importance of a community story to stop the telling of that story and to opt for more closed-ended matters. This way of conducting research silences community members and impedes their full participation in the research process. In addition, it limits the information gathered to whatever the outside researcher thinks is relevant. This in turn leads to research results and interventions that lack an authentic community “voice.” Solutions are consequently developed with incomplete and inadequate information from a limited, outside researcher’s perspective. Cynthia Chataway (1997), a white female university researcher, also notes that doing all the talking and presenting of opinions and

facts may get in the way of participatory research. She suggests that withholding information can allow space for the “other” to speak and act, bringing a balance of power to the relationship that forces the other to speak outside of the public transcript. Chataway’s description of silencing herself to avoid dominating the research relationship is an important one for CBPR researchers who are outside or university members of the team to consider. However, a word of caution: withholding information can in some cases be manipulative. The important issue is that outside researchers must learn to value what community participants have to say, listen to everyone in a meaningful way, and not speak as the “expert.” Once again, a dance is involved; balancing silence and speaking creates the space for community members to express themselves.

## TRANSLATING CULTURE

How do you say *empowerment* in Spanish? What does empowerment mean for African Americans? The answers to these questions are crucial in CBPR because the concept of empowerment is an important goal. Practitioners have been grappling with questions about translating *empowerment* and communicating cultural constructs since the first time this word appeared in the literature (Erzinger, 1994). The question of how to say *empowerment* in Spanish matters to CBPR researchers concerned about the development of culturally and linguistically relevant data collection. Data collection instruments rely not only on literal translations but also on a deeper translation of meaning, concepts, and cultural constructs. Empowerment operationalized from a multicultural perspective is played out in a range of ways that challenge researchers to make evident the need to remember the sixth principle of CBPR for health (see Chapter Three), that it focuses on problems of local relevance and attends to the social, economic, and cultural conditions that influence health status. The issue of empowerment raises the question of whether many public health concepts are relevant, meaningful, and translatable across cultures. For example, since collectivism, or family or group centeredness, is a sociobehavioral orientation in many communities of color (Aguirre-Molina, Molina, & Zambrana, 2001; Halgunseth, 2004; Spigner, 2000), are the constructs of health education theories that focus on the individual applicable to people who identify with collective, cooperative models? The answer to this question matters, as it may affect every step of the research process, from problem definition to instrument development, data collection, analysis, and dissemination of research findings.

It is a key principle of CBPR that research must be produced, interpreted, and disseminated to community members in clear, useful, and respectful language. Nonetheless, academia has its own language and assumptions that often clash with those of a majority of the people in the communities where research is conducted. As professionally trained outside researchers, we often take for granted knowledge of words, acronyms, and concepts that are familiar to us, assuming that others who do not understand will ask for an explanation. The commitment to disseminate research and communicate back with the community where the data were gathered requires that CBPR researchers go outside the usual boundaries of academic convention. Often the frame of reference for disseminating research findings is guided by “acceptable” standards of academia, such as publication in

peer-reviewed journals or presentation at professional meetings (see Chapter Six). However, even with community members involved, specialized professional language often prescribes how health issues and community needs should be introduced and studied, findings posed and disseminated, and strategies recommended. To be true to the principles of CBPR, projects must be designed in which research is only a piece of the work to be undertaken. Successful CBPR projects acknowledge the role of history; specifically, that the relationship between researchers and community members begins not with the project itself but centuries ago, with the advent of slavery and other forms of exploitation.

Another important point at the nexus of language and culture is that researchers of color are often expected to serve as translators, ventriloquists, and spokespersons (Trinh, 1989). Often researchers of color are not in the role of primary investigator but act in a secondary capacity to bridge the gap between communities of color and institutions of research, bringing knowledge across in both directions. Researchers who speak the language of the community become privy to the hidden transcripts in communities of color and might come across information that on both ethical and practical grounds may best be kept confidential. It is important to respect that relationships are primary and integral to the goals of CBPR. A researcher who learns and publishes information that should have remained confidential can cause considerable conflict and pain within the community if and when this breach of confidence comes to light. It will also make it far more difficult to establish the previous level of trust again in that community and thus will limit access to crucial information and data. The abuse of trust in communities has been a recurring reality that must be taken seriously if outside researchers are committed to a long-term relationship (Flicker, Travers, Guta, McDonald, & Meagher, 2007; Hatch et al., 1993; Perkins & Wandersman, 1990). The violation of trust historically affects questions of accountability. And this brings to bear a significant question: To whom is the outside researcher accountable?

## WHITE PRIVILEGE

Although there are multiple sources of overlapping privilege, it is especially important in the United States to confront the experience of privilege that goes with being of the dominant race (Cooper, 1989; Hurtado, 1996; Krieger et al., 1999; McIntosh, 1998; Omi, 2000). The experience of the dominant group often serves as the point of reference, the *norm*, and is compared with that of people who are disadvantaged along a continuum of oppression and powerlessness (McIntosh, 1998).

Experiences of bias and discrimination mask the ways in which systems of privilege work. The racialization process for whites is evident on college campuses, as white students encounter a heightened awareness of race that calls their own identity into question (Omi, 2000). Research on white Americans suggests that they do not experience their ethnicity as a definitive aspect of their social identity unless they work or live in diverse communities. Omi (2000) remarks: "Whites tend to locate racism in color consciousness and find its absence in color-blindness. In so doing, they see the affirmation of difference and racial identity among racially defined minority students as racist. Black students, by

contrast, see racism as a system of power, and correspondingly argue that they cannot be racist because they lack power” (p. 257).

In essence there seem to be “two languages of race” (Blauener, 1994), one in which members of communities of color see the centrality of race in history and everyday experience and another in which whites see race as a peripheral reality and do not perceive themselves as racist.

Unconscious racism—being able to ignore issues surrounding race—is a key aspect of white privilege (McIntosh, 1998). Being white, male, and of the middle or upper class provides unearned advantages. White privilege, however, is independent of feelings of racism. Whereas in the past, white privilege was asserted through blatantly racist acts and political policies, today the mechanisms of white privilege are more complex and firmly entrenched. Even when they may perceive a lack of “racist feelings,” whites may reproduce the system of white privilege in several ways: (1) by feeling that they are getting only what is due to them, what they deserve (meritocracy) (Mills, 1998); (2) by mistakenly seeing the prevalent white culture as culturally neutral; (3) by not recognizing that their privilege is not automatically shared by or conferred on others; and (4) by not having to contend with internalized oppression (Cooper, 1989; Hurtado, 1996; Krieger et al., 1999; McIntosh, 1998; see also Appendix I).

The advantage of not having to deal with race is denied to people of color who are constantly reminded of their “disadvantaged status.” Jerry Tello tours the country giving seminars on cultural competency and systems change for health and human services personnel. He notes that it is vital that people of color not forget where they came from. “The minute you forget and get comfortable, someone will remind you,” whether it is with the innocent question, “Where are you from?” or more poignantly, “Who are you here with?” or, “Why are you here?” (personal communication with J. Tello, 1995). Similarly, Paulo Freire (1973) expressed early on his concern that leadership training and by extension professional or academic training in research makes people of color “strangers in their own community.”

For professionally trained researchers who are white or otherwise advantaged, privilege is one of the most important and difficult arenas in CBPR to address, as it in part defines who they understand themselves to be. The outcomes and mechanisms of institutionalized racism are easier to uncover because these are not personal. To look internally at privilege conferred due to education, race, sexual orientation, gender, or institutional affiliation means a long-term commitment to engage in deep inner work researchers may not be prepared to do. To this end Melanie Tervalon and Jane Murray-Garcia (1998) suggest the application of *cultural humility*, which they define as involving a lifelong commitment to self-evaluation and self-critique in order to redress power imbalances and to develop and maintain mutually respectful dynamic partnerships based on mutual trust. Cultural humility proves to be an essential tool for building community partnerships and organizing for change (Cohen, Chávez, & Chehimi, 2007). The concept and practice of cultural humility connotes tremendous self-reflection, the ability to recognize our own cultural beliefs and assumptions to break through commonly held assumptions and stereotypes getting in the way of truly being able to be “competent” or “sensitive” in another’s culture. In this way, the suggestion to apply cultural humility is akin to the admonition, “physician heal thyself.”

## BUILDING ALLIANCES ACROSS DIFFERENCES

Hugh Vasquez, Nell Myhand, and Allan Creighton, authors of *Celebrating Diversity, Building Alliances* (2002), emphasize the hope in the momentum that has created an increased demand for justice. People are willing to find ways of working together with partners who may be different from themselves in order to see justice happen. These authors underscore that it is our human nature to want to be close to other people and to break down all the divisions that exist among us. The first step is the desire to examine what the systemic and personal barriers are. Makani Themba (1999) adds to the hopefulness with a reality test. “Racism,” she says, “is like the gorilla in the living room. It’s running through the place making noises and everyone is trying to sit politely and ignore it” (p. 157). Themba also notes that the privileges and pain associated with racism make it vital to remember that racism is a system that is much larger than the sum of the individuals whom it affects. In order to address racism, she notes, we have to understand its systemic nature and learn how to build new, less comfortable alliances. Similarly, as Lorraine Gutierrez and Edith Lewis (2005) suggest, we must “recognize and embrace the conflict that characterizes cross-cultural work” (p. 244).

The larger context in which the dance of racism and privilege takes place makes it necessary that we continue to work against structural or institutionalized racism, because as long as it is present any CBPR is severely limited in what it can hope to achieve. As Camara Jones (2000) points out, “Institutionalized racism is the most fundamental of the three levels [of racism] and must be addressed for important change to occur” (p. 1214). The dance analogy suggests that CBPR is not only about dancing; it is also about continuously learning to dance while accepting the invariability of continued mistakes along the way. Failing to dance—that is, failing to address racism and privilege—will inevitably lead to power imbalances and lack of coordination between white researchers and community researchers. “Power imbalances often stand in the way of developing effective working relationships grounded in trust” (Sullivan et al., 2001, p. 136).

## RECOMMENDATIONS FOR RESEARCH AND PRACTICE

In addition to the suggestions implicit in the basic principles of CBPR, such as having community partners involved in all phases of the research process, the following set of recommendations, drawn from a variety of sources (Chávez et al., 2004; Duran & Duran, 1999; Jones, 2001; Omi, 2000; Mullings & Schulz, 2006; Spigner, 2000; Themba, 1999; Wallerstein, 1999), puts special emphasis on reducing racism and privilege in CBPR.

- Practice cultural humility. Learn more about your own cultural lens. What are your operating values and belief systems? Where do they come from? And how do they interact when you are working with culturally diverse communities?
- Acknowledge the diversity within racial and ethnic groups. Expand data collection to include questions on ancestry, migration history, and language. Researchers need to be attentive to the increasing heterogeneity of racial and ethnic groups and may need to rethink the types of research questions asked.

## 102 Community-Based Participatory Research for Health

- Acknowledge that race is a social construct, not a biological determinant, and model race as a contextual variable in multilevel analyses.
- Address the present-day existence and impacts of racism (institutionalized, personally mediated, and internalized), not only as variables to measure but also as lived experiences within the research process. The complex nature of race relations in the United States following the civil rights era requires that we move beyond discussing race and racism as a black-white phenomenon to encompassing multiple racial and ethnic groupings in our discourse.
- Examine the role of racism in diminishing the health of the entire population, not just the health of members of low-income communities of color. Emphasize the intersectionality of race, gender, age, and class to examine how different categories engage with racism and with each other.
- Encourage people from communities of color to pursue higher education. They will bring new perspectives to CBPR and will raise new questions. Bringing about institutional change, such as diversifying academic research faculty, is an important goal of CBPR.
- Use the research process and outcomes to mobilize and advocate for change to reduce disparities and enhance race relations.
- Listen, listen, and listen. Pay close attention to both hidden and public transcripts, and speak about white privilege and racism.
- Accept that outsiders cannot fully understand community and interpersonal dynamics. Do not, however, let this stop you from taking part in the dance.
- Recognize that privilege, especially white privilege, is continually operating to some degree and creating situations of power imbalance. Such an understanding is crucial in honest, ongoing communication that builds trust and respect.
- Build true multicultural working relationships, and in a partnership mode, develop guidelines for research data collection, analysis, publication, and dissemination of research findings.

### SUMMARY

CBPR attempts to change the paradigm in which research is conceived and operationalized. Racism and privilege are major challenges to this paradigm shift. Understanding the roots of oppression and its relationship to trust and community building are part of the dance that is indispensable to doing this work. So is addressing the challenge of creating true equal partnerships in CBPR in a world of injustice. Having as collaborators working-class people of color who consider themselves equal partners and are considered equal partners in the research process requires ongoing effort.

The effort to understand racism and all its consequences is work done in the context of relationships. To empower a community, we must become a community, supporting and challenging each other as we implement culturally competent, power- and race-sensitive inquiry. Dancing forward, following the flow of the dance of race and privilege in community-based participatory research, outside researchers must become comfortable with not always taking the lead but often dancing side by side with the community and sometimes following the community's lead.

## QUESTIONS FOR DISCUSSION

1. Race, racism, and white privilege are some of the hardest issues in our society to acknowledge and address. How does Camara Jones's three-tiered definition of racism help you understand these issues? What has been your experience as a person of color or as a white person at these different levels?
2. How do racism and other intersecting oppressions, that is, class, gender, or sexual orientation, connect with issues of power in community research settings? Explore how repressive and productive power and how hidden and public transcripts affect the CBPR research process.
3. Take any of the recommendations listed earlier, such as practicing cultural humility. How can you practice this recommendation within a CBPR framework to build authentic partnerships, acknowledging and working with the differences that are present?

## KEY TERMS

Racism  
Power

White privilege  
Culture

Internalized oppression  
Cultural humility

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## 104 Community-Based Participatory Research for Health

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