

Interventions in CBPR Applications to NIH

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First: Formative Research

- Pilot data
- Might be Qualitative (focus groups; ethnography; “key informant” interviews, etc)
- CBPR approach has advantages

Intervention Focus

- Information/education
- Prevention
- Treatment
- Health Services

Types of Prevention Intervention Approaches

- Primary
- Secondary

- Universal
- Targeted
- Indicated

Level of Intervention

- Individuals
- Dyads (e.g., couples)
- Groups/networks
- Communities

Intervention Content

- Educational/informational
- Psychosocial (e.g., cognitive behavioral; skills training; brief intervention; couples' therapy; family therapy; contingency management; motivational enhancement; case management; social support; meditation)
- Structural/environmental (e.g., policies, procedures, laws and regulations)

“Natural” Experiments

Characteristics of RCTs

- Scientifically justified hypotheses
- A representative sample of sufficient size to detect important differences between groups
- One or more well-specified comparison groups

Characteristics of RCTs

- Random assignment to treatment and control group(s)
- A few well-justified outcome measures, defined *a-priori* and obtained either blind to treatment group or with safeguards to avoid confusing the opinions/expectations of patients or researchers with treatment effects.

Characteristics of RCTs

- “Intent-to-treat” analysis
- Valid test for statistical significance and estimates of effect sizes

Intervention “Checklist”

- Intervention manualized?
- Intervention pilot tested?
- Computer-assisted data collection?
- Different teams for intervention and data collection

Intervention “Checklist”

- Interventionist appropriately trained and supervised?
- How long will you follow-up?
- Do you really understand why participants' behavior changed?

Potential Advantages of CBPR

- Selection of topic
- Formative research
- Participant recruitment
- Choice of Interventionist(s)

Potential Advantages of CBPR

- Choice of intervention format
- Development of appropriate measures
- Data collection methods
- Participant retention/follow-up
- Dissemination of results

Acknowledgement

- NIH OBSSR-led symposia on Randomized Clinical Trials