

# Primary Care Research: Looking Back and Moving Forward With Reflections on NAPCRG's First 50 Years

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## ABSTRACT

NAPCRG celebrated 50 years of leadership and service at its 2022 meeting. A varied team of primary care investigators, clinicians, learners, patients, and community members reflected on the organization's past, present, and future. Started in 1972 by a small group of general practice researchers in the United States, Canada, and the United Kingdom, NAPCRG has evolved into an international, interprofessional, interdisciplinary, and intergenerational group devoted to improving health and health care through primary care research. NAPCRG provides a nurturing home to researchers and teams working in partnership with individuals, families, and communities. The organization builds upon enduring values to create partnerships, advance research methods, and nurture a community of contributors. NAPCRG has made foundational contributions, including identifying the need for primary care research to inform primary care practice, practice-based research networks, qualitative and mixed-methods research, community-based participatory research, patient safety, practice transformation, and partnerships with patients and communities. Landmark documents have helped define classification systems for primary care, responsible research with communities, the central role of primary care in health care systems, opportunities to revitalize generalist practice, and shared strategies to build the future of family medicine. The future of health and health care depends upon strengthening primary care and primary care research with stronger support, infrastructure, training, and workforce. New technologies offer opportunities to advance research, enhance care, and improve outcomes. Stronger partnerships can empower primary care research with patients and communities and increase commitments to diversity and quality care for all. NAPCRG offers a home for all partners in this work.

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## INTRODUCTION

NAPCRG celebrated its first 50 years at its 2022 annual meeting. A varied group of members reflected on the organization and its place in family medicine and primary care research to honor the past, celebrate the present, and launch the future.<sup>1</sup>

### Honoring the Past

Every organization emerges in an environment that propels it into existence to fill needs and meet challenges. NAPCRG's origin story is an international account involving the United Kingdom, Canada, and the United States in the early 1970s, at a time of great upheaval in society and rapid shifts toward sub-specialization in medicine.<sup>2</sup> The turmoil included people marching in the streets demanding an end to war, civil rights for people of all races, and equal rights for women. General practice was steeply declining in the United States and just finding its way in Canada and the United Kingdom.

Family medicine was not the result of a scientific breakthrough or technological advance. Instead, it was created to respond to the pleas of communities for good doctors to look after them regardless of their medical or health problems. Family medicine entered this chaotic environment as a new medical specialty aspiring to meet the needs of patients, communities, and national health care systems. The most urgent need was to train expert generalist physicians, and the demand for education took precedence over research and intellectual development of the emerging specialty.

A few exceptional general practitioners in the United Kingdom, Canada, the Netherlands, and the United States championed research in and about general

practice. They recognized that the disease-oriented research done in hospitals and speciality clinics is not representative of primary care patients and cannot provide the knowledge needed for community-based practice. These radical visionaries recast the gaze of research from organs and hospitals to whole persons and the communities where they live, work, and play.<sup>2</sup>

In 1972, they gathered in Virginia to share ideas about establishing a research enterprise in family medicine. Convening the group was Dr Maurice Wood, who had left his practice in the United Kingdom to help build academic family medicine in Virginia and dramatically influenced the development of family medicine in North America.<sup>3</sup>

That first meeting exceeded expectations. Participants declared it an essential building block in the foundation of family medicine, the invention of primary care research, and the transformation needed in medical practice and health care. They looked to Dr Wood to create the structure to bring them together to do this important and exciting work.

With support from the fledgling Department of Family Medicine at Virginia Commonwealth University, they teamed with many others, including early researchers in general internal medicine, pediatrics, nursing, epidemiology, and behavioral sciences, to create a new organization devoted to research in primary care.<sup>2</sup> They strategically crafted the name to avoid the limits of family medicine, United States, or Canada. They called it "The North American Primary Care Research Group." (Table 1)

The organization and members have been guided for over 50 years by enduring core values that characterize a culture in contrast to the academic establishment and traditional scientific and specialist societies.<sup>1,2,6</sup> (Table 2)

NAPCRG developed along 3 main paths: building partnerships, innovating research methods, and nurturing a diverse community of contributors.<sup>12</sup>

### Building Partnerships

NAPCRG was built to span the longest undefended border in the world, welcoming primary care researchers across Canada and the United States. While maintaining this distinctive bi-national structure, NAPCRG reached out to embrace colleagues worldwide.<sup>6,28</sup> NAPCRG earned its position as a member of the "family of family medicine" organizations,<sup>27,28</sup> including the alphabet soup of organizations in the United States and the College of Family Physicians of Canada.<sup>7,4,27</sup> It quickly grew to include key organizations in colleague countries. WONCA, the World Organization of Family Doctors, brought a global community.<sup>2,4,28</sup> Each partner organization added essential connections to practitioners, patients, and governments.

To reflect its worldwide membership and mission, the organization now names itself simply NAPCRG.

NAPCRG helped birth and foster practice-based research networks (PBRNs) across North America and worldwide.<sup>21,22</sup> In 1979, it endorsed the Ambulatory Sentinel Practice

Network (ASPN), supported by the Rockefeller and Kellogg Foundations and the University of Colorado Department of Family Medicine.<sup>21,22</sup> Since 2012, NAPCRG has hosted the Practice-Based Research Networks Conference and developed PBRN Research Good Practices,<sup>31,32</sup> with support from the Agency for Healthcare Research and Quality (AHRQ).<sup>2</sup> Many practicing clinicians connect with research through these networks.

NAPCRG has always held the patient and community close to its heart and embraces them as essential partners to inspire research and connect it to what matters most.<sup>1,2,4,12,13,17,24,25</sup> NAPCRG pioneered participatory research<sup>2,4,24</sup> with landmark policy statements that respect the knowledge and honor the wisdom of patients and communities.<sup>24,25,33,34</sup>

Through the Patient and Clinician Engagement (PaCE) program, NAPCRG brings together hundreds of patient-clinician dyads for advocacy, engagement, and research.<sup>17,18</sup>

Following these commitments, NAPCRG has established positions for Canadian and US patients on its governing board and welcomed patients on committees.<sup>1,17</sup>

Another powerful partnership created *Annals of Family Medicine* to publish primary care and family medicine research, sponsored by NAPCRG and joined 6 other organizations American Academy of Family Physicians (AAFP); Society of Teachers of Family Medicine (STFM); American Board of Family Medicine (ABFM); Association of Family Medicine Residency Directors (AFMRD); and the The College of Family Physicians of Canada (CFPC).<sup>35</sup> *Annals* quickly became a premier journal and celebrated its own 20th anniversary in 2023.

NAPCRG continues to build authentic partnerships. Colleagues in organizations across the family of family medicine look to NAPCRG for policy and advocacy on primary care research.<sup>26,28</sup> International membership continues to grow.<sup>1,4-6</sup>

Table 1. NAPCRG



Mission

NAPCRG is an interdisciplinary volunteer association committed to nurturing primary care researchers working in partnership with individuals, families, and communities.

Vision

NAPCRG is the recognized leader of primary care research that improves health and health care for patients, families, and communities.

Members

- Total 9,284
- USA 52.2%
- Canada 31.4%
- Other nations 16.4%
- Attendees from 32 nations, 2019-2022

USA = United States of America.

### Advancing Research Methods

These partnerships empowered development of primary care research methods with depth and diversity that reflect the members, their interests, the problems they address, and the communities they serve.<sup>36</sup>

The early need was for classification and coding systems to describe the problems seen and the services provided in primary care.<sup>2,3</sup> With WONCA and the World Health

Organization (WHO), NAPCRG led the development of the International Classification of Health Problems in Primary Care (ICHPPC).<sup>19,20</sup>

NAPCRG was an early champion of qualitative<sup>37</sup> and mixed methods research.<sup>23</sup> NAPCRG—largely led by Canadian colleagues devoted to responsible research with indigenous communities—pioneered community-based participatory research.<sup>24,25,33,34</sup>

**Table 2. NAPCRG Foundational Values**

Value	NAPCRG Commitments	NAPCRG Examples
Nurturing	Welcome new colleagues. Grow together. Share supportive feedback. Appreciate that we are all learners. Foster an international, intergenerational community.	Actively foster a culture of support. <sup>7</sup> Greet presentations with thanks. Give honest criticism without academic grandstanding or put-downs. Provide generous mentoring. <sup>8-10</sup>
Inclusion	Welcome all: academics, community physicians, learners, patients, and communities—novices to experts—and appreciate what each brings.	Build purposeful partnerships across disciplines and professions, including nurses, behavioral scientists, family physicians, general internists, pediatricians, epidemiologists, and others. <sup>2,11</sup>
Universality	Share a vision of PC as a human right, with a commitment to care and an approach to practice that needs its own knowledge base and research enterprise. Encourage international contributions.	Growth from binational group into an international organization <sup>2,4,11,12</sup> Major roles in developing patient-centered care, shared decision making, patient safety, and participatory research. <sup>1-3,12,13</sup>
Empowerment	Invest in people to build research skills and capacity. Teach basic and advanced methods. Empower successful grant writing. Authentic partnership with patients and communities.	Introductory skills workshops. <sup>6,8,10</sup> Advanced skills pre-conferences. <sup>8</sup> Grant Generating Project. <sup>10,14,15</sup> Leadership opportunities. <sup>6,8,11</sup> Commitment to participatory research. <sup>2,4,16</sup>
Engagement	Encourage active participation. Open leadership opportunities. Build teams and recognize the contributions of all members. Create structured involvement for learners, patients, and community partners.	NAPCRG's early structure was flat, with decisions voted on by all who attended the annual meeting. <sup>7</sup> Patient and Clinician Engagement Program (PaCE). <sup>17,18</sup> Any group can start Special Interest Group and programs around any shared interest.
Innovation	Develop new knowledge to improve patient care, practice systems, and the health of individuals, families, and communities. Learn, adopt, and adapt from colleagues, disciplines, and traditions. Develop new methods and measures.	Dr Wood and founders were visionaries, recognizing the need for methods and structures to build PC science to inform PC practice, separate from reductionist science focused on hospitals, diseases, and organs. <sup>2,3,7</sup> Pioneered PC classification systems, <sup>2,3,19,20</sup> PBRNs, <sup>21,22</sup> PaCE, <sup>17,18</sup> multi-method research, <sup>23</sup> complexity science.
Respect	Respect the intent, opinions, experience, and ideas of others. Value the lived experience and wisdom of practitioners, patients, communities, and cultures.	Respectful treatment of all participants regardless of seniority or role. <sup>1,7,8</sup> Responsible research with communities: participatory research in primary care. <sup>24,25</sup> "Nothing about us without us."
Advocacy	Lead advocacy to ensure that PC research grows as a force in medical sciences. Fight for structures and funding to build the knowledge needed to address unanswered questions and empower PC clinicians to provide evidence-based care.	Active partnerships with national PC organizations and research funders. Staff lobbyist focused on building infra-structure, workforce, and support for PC research. <sup>11,26,27</sup> Active voice in the family of family medicine worldwide. <sup>6,26,28,29</sup> Advocated for: PC center within AHRQ, community engagement as part of NIH CTSA awards, Implementation PC of NASEM PC report, <sup>30</sup> CBPHC initiative at the CIHR. <sup>11,26</sup>

AHRQ = Agency for Healthcare Research and Quality; CBPHC = community-based primary care; CIHR = Canadian Institutes of Health Research; CTSA = Clinical and Translational Science Award; NASEM = National Academies of Sciences, Engineering, and Medicine; NIH = National Institutes of Health; PaCE = Patient and Clinician Engagement Program; PBRN = practice-based research network; PC = primary care.

Other methods have grown along with the membership and the mission, including the sciences of complex adaptive systems, ethnography, geographic information systems, implementation, decision making, communication, education, and public health.<sup>38</sup>

Working with these core values, key partners, and innovative methods over 50 years, NAPCRG has generated landmark documents that mark milestones along its path to the present (Table 3.)

NAPCRG's current work emphasizes integration. Inter-professional clinical teams integrate fragmented services into coordinated systems of care. Interdisciplinary research teams integrate research traditions and techniques into programs of investigation that combine diverse research methods and study designs.

A major focus is the innovations that integrate and coordinate care to transform practice and health care systems.<sup>2,30</sup> Primary care addresses the whole, not splitting it into tiny parts. As clinicians, they care for the whole person; as researchers, they study the whole process of care. Primary care researchers examine care that integrates attention to multiple morbidities and medicines, simultaneously addresses mental and physical health, and considers the importance of family and community.<sup>43</sup> Such systems go by various names: in the United States, the patient-centered medical home and behavioral health integration into primary care; in Canada, the patient's medical home, and the patient-centered clinical method; in the United Kingdom and Europe, patient-centered primary care.

Multimethod studies of these complex interventions show success—sometimes. Current research reveals at least 2 critical challenges: (1) lack of equity—these innovations do not always reach or work well for all patients or communities; and 2) lack of uptake—sometimes called implementation failure.<sup>44</sup> Disadvantages related to race, ethnicity, income, geography, and bias can contribute to both problems. These challenges may yield to further work in the NAPCRG tradition of co-creating new models of care.

NAPCRG helps advance diverse research methods, team science, and international collaboration.<sup>2,5,6,11</sup> Members develop connections, networks, colleagues, and friends.<sup>6-8</sup>

Research is a team sport, and relationships are crucial to success. Teams take on scientific challenges that require the assembly of complementary strengths, expertise, and enthusiasm. NAPCRG helps researchers extend their networks and strengthen their skills, regardless of career stage or research experience. This synthesis of expertise, experience, and inspiration can help advance inquiry and improve care.

### Nurturing a Community of Contributors

To members of the community, the N of NAPCRG has always stood for nurturing.<sup>2,7,9</sup>

Member surveys consistently show that the top value members take home from meetings and membership is networking, meeting old friends, and connecting with new

colleagues. They sense they belong, often sharing, "I feel at home at NAPCRG" and "I have found my people."<sup>14,6-8,10</sup> See a sample of NAPCRG voices in Table 4.

In recognition of NAPCRG's 50th anniversary, the leadership invited select authors to reflect on its history, contributions, and enduring spirit. Other authors added voices to the celebration.<sup>1</sup> (Table 5)

From its founding, the organization embraced community-based practitioners, learners at all levels, and patients and community representatives. NAPCRG invests in these relationships with positions on its Board of Directors.<sup>1,8</sup>

**Table 3. NAPCRG Landmark Documents**

ICPC: International Classification of Primary Care, 1987 <sup>19,20</sup>
Responsible Research with Communities: Participatory Research in Primary Care, 1998 <sup>33</sup>
Engaging with Communities, Engaging with Patients: Amendment to the NAPCRG 1998 Policy Statement on Ethical Research with Communities, 2015 <sup>34</sup>
Future of Family Medicine: Collaborative Project of the Family Medicine Community, 2004 <sup>38</sup>
Banff Declaration: Information Needs of PC and Family Medicine in the USA, 2003 <sup>39</sup>
Cancun Manifesto: Supporting Health Reform in Mexico, 2015 <sup>40,41</sup>
Revitalizing Generalist Practice: The Montreal Statement, 2017 <sup>42</sup>

**Table 4. NAPCRG Voices**

"Research can be slow and lonely, but NAPCRG always inspires me to continue my work. It helps me build new international connections and collaborations. Research is a team game, and relationships are key to success. Whenever I face a challenge, I can always reach out for support and reflect on that real NAPCRG feeling."

— *Tim olde Hartman. Academic general practitioner. The Netherlands*

"Patients want good care and good research to improve their care. Communities want primary care embedded within them. It is this greater partnership that should begin to define the work of primary care research. Patients and communities should be advocating for primary care. This is where I see NAPCRG's power. Please keep engaging the non-usual suspects in this work."

— *Maret Felzien. Farmer, educator, community partner. Colorado*

"I am here as one of a generation of millions of Americans born to immigrants that moved to the United States from developing countries. Like many, I have spent my life translating, advocating, and navigating the health care system for my parents, aunts, uncles, and grandparents. It took me 4 years to find my mother's diagnosis of a life-changing disease. Those life experiences led me to my work in primary care clinics, helping adolescents learn to manage their diabetes, young women find the freedom to access reproductive care, and hundreds to access behavioral health, social services, and health care. Thank you, NAPCRG. I get to stand up as a patient and community member, representing a voice of people underrepresented in health care. I am a young person of color, mostly healthy. I am not a health care provider, and I have no PhD. I don't usually call myself a researcher, but now at my 6th NAPCRG meeting, I can happily say I am a researcher, thanks to this organization."

— *Arturo Martinez-Guijosa. Community health advocate. Seattle, Washington*



**Table 5. NAPCRG 50th Anniversary Publications****Publication**

- <sup>a</sup>Brown JB, Westfall J, Harper D, Green LA. NAPCRG 50th anniversary – a year-long celebration.<sup>1</sup> *Ann Fam Med*. 2022;20(2):191-192. [10.1370/afm.2804](https://doi.org/10.1370/afm.2804)
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- Chisholm A, Wang J, Bonnell LN, Duwe E, Gilfoyle M, Kueper JK, et al. From NAPCRG: primary care research through the lens of NAPCRG's trainee committee: a year of reflection in a pandemic and a call to action. *Ann Fam Med*. 2022;20(1):98-99.<sup>45</sup> [10.1370/afm.2778](https://doi.org/10.1370/afm.2778)
- Green L, Bartlett G. The North American Primary Care Research Group strong at 50 years: the past, present, and future of primary care research. *Fam Pract*. 2022;39(5):980-981.<sup>2</sup> [10.1093/fampra/cmab085](https://doi.org/10.1093/fampra/cmab085)
- <sup>a</sup>Harper DM, Ramsden VR. The Canadian/United States primary care research partnership. *Ann Fam Med*. 2022;20(3):283-284.<sup>11</sup> [10.1370/afm.2838](https://doi.org/10.1370/afm.2838)
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- <sup>a</sup>Mason K, Martinez-Guijosa A. NAPCRG patient and clinician engagement: from idea to program to board membership. *Ann Fam Med*. 2022;20(4):386.<sup>17</sup> [10.1370/afm.2853](https://doi.org/10.1370/afm.2853)
- <sup>a</sup>Ofei-Dodoo S. My Experiences with the North American Primary Care Research Group: A reflection from an emerging primary care researcher. *J Am Board Fam Med*. 2022;35:872-873.<sup>10</sup> [10.3122/jabfm.2022.04.220154](https://doi.org/10.3122/jabfm.2022.04.220154)
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- <sup>a</sup>van Weel C. Touching Wood with NAPCRG's 50th anniversary. *Fam Pract*. 2022;39(5):978-979.<sup>28</sup> [10.1093/fampra/cmab031](https://doi.org/10.1093/fampra/cmab031)

<sup>a</sup> Articles invited by the NAPCRG 50th Anniversary Committee.

NAPCRG supports new attendees, trainees, and international visitors with welcoming social events, custom learning programs, and opportunities for participation and leadership.<sup>6,8,29</sup> Experienced researchers value opportunities for teaching and mentoring.<sup>7,8,10</sup> Questions at posters or after presentations are kind, inquisitive, and often offer collaboration: "You can do it; I can help."<sup>7</sup>

The Grant Generating Project and other programs have helped generations of early career researchers become successful investigators.<sup>10,14,15</sup> The Rising Stars preconference brings emerging researchers together with mentors and colleague networks.<sup>8</sup>

NAPCRG has grown from a binational group into a global organization that supports researchers worldwide to improve the care of all.<sup>1,6,11,12,28</sup> The annual meeting is a melting pot where ideas from different countries, health care systems, and settings of care mix with the secret sauce of multiple disciplines, methods, and generations.<sup>6,11</sup> The nurturing and inspiring atmosphere creates opportunities for all to share questions, ideas, and methods; to learn different ways of seeing primary care; and to explore how we can best develop and sustain primary care worldwide.<sup>2,7,9</sup>

## Moving Forward

Over these first 50 years, NAPCRG has evolved from a curious collection of pioneering general practitioners to a transnational, transdisciplinary, and transgenerational fellowship advancing primary care research.<sup>11,12,28</sup> NAPCRG culture and values have empowered the global primary care research enterprise and can help guide the future development and application of the new knowledge needed for brighter futures.<sup>6,28</sup>

Primary care must continue to co-create a global family of researchers that is inclusive, equitable, and transformative.<sup>2,8,30</sup> Patients can be further embraced in primary care, quality improvement, and research. Clinicians and researchers need the experience, knowledge, and perspective they bring as whole persons. The primary care research community can nurture talent, build capacity, and respect all. As we grow together, such authentic partnerships can help patients, communities, and primary care all thrive.

Social turmoil still surrounds us. Politics is polarized, science is distrusted, and facts are dismissed.<sup>45</sup> The goal to provide quality health care to all still seems beyond reach. Disparities, inequities, and racism still dwell in the house of

medicine. The limited views of specialists still dominate medicine.<sup>45</sup> Moreover, care is increasingly threatened by corporate interests of profit, depersonalization, and expense accounting.

The primary care workforce is still sorely inadequate to meet the obligation of taking care of the folks. The family medicine vision of comprehensive, relationship-oriented care is threatened by clinician burnout, commercial pressures, the shrinking scope of practice, bureaucratic burdens, and interruptions in continuity forced by payor contracts and interchangeable “providers.” The primary care research enterprise remains underfunded, undervalued, and vulnerable. It often requires creative investigators to wedge their whole-person questions into disease and organ funding priorities.<sup>2</sup>

Family medicine and primary care have led the fight and done the hard work, but much remains to be accomplished.<sup>1</sup> NAPCRG can help primary care move forward with foundational values, interdisciplinary teams, diverse voices, community partnerships, critical thinking, rigorous methods, clinical experience, and audacious imagination.<sup>1,2,4,11,36,45</sup>

The future of medicine, primary care, and research offers exciting possibilities, new technologies, and innovations, including artificial intelligence (AI) and machine learning, robotics, genomics, continuous patient monitoring, and self-management.<sup>8</sup>

Empowered by these innovations, we can find complex patterns to help answer new and different types of research questions. We can speed the cycles from evidence to insight to care.<sup>45</sup> We can develop tools to predict risk and provide personalized care. These technologies can free clinicians and researchers from the burdens of data collection, record keeping, paperwork, and compliance. These tools can help mitigate primary care clinician shortages, address problems with equity, and refocus medical care on the health of persons, families, and communities.

This pursuit of promising innovations must supplement, not supplant, continued research to deepen our understanding of the natural history of illness, the dynamics of caring, how to attain and sustain health, and the most effective and equitable ways to implement what we already know works for our patients in our communities.<sup>2</sup>

The voices of primary care—including clinicians, researchers, patients, and caregivers—need to lead in envisioning and shaping this future. We must manage the risks. Data and tools can be biased. Poor deployment or scale-up of technology can increase inequities and worsen the digital divide. Results can be misinterpreted, devices can disrupt workflow, and humanistic care and critical thinking can be lost. Careful and critical development of technological innovations is essential; their ultimate impact depends on the people who choose if and how to use them.

Together, we must examine the best evidence before moving innovations into practice. We must ask what success looks like—and to whom.<sup>45</sup> We must continue to learn from the past—and each other, share failures, and celebrate accomplishments.

Scientists stand on the shoulders of giants. Primary care researchers understand they also stand shoulder-to-shoulder with giants, many unrecognized. Diversity is strength,<sup>46</sup> and research must make room for voices not speaking, amplify voices not heard, and echo voices too long ignored.<sup>2,8</sup>

As we invite those historically underrepresented to our table, we humbly request seats at their tables, celebrating communities’ autonomy and wisdom.<sup>45</sup>

Adventures lie ahead in care, research, and innovation. New questions, visions, and relationships will arise. Old problems will require new methods and partnerships. Like one-half a century ago, the times are still tumultuous in health care and the surrounding society. NAPCRG can help balance evolution with revolution. It can look for the need to make “good trouble” by disrupting dysfunctional systems and questioning assumptions held too long by the wrong people for the wrong reasons. Primary care still has solutions to offer, and primary care research will be needed to inform choices, enhance care, and improve health.<sup>30,47</sup>

Fifty years of NAPCRG experience can help us navigate this high-risk, high-return future if we trust our fundamental values, invest in our human assets, and honor our commitments to patients and communities. As primary care researchers embarking on the journey of the next 50 years, we know that NAPCRG is our home, full of fellow adventurers.

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**Key words:** primary care; family practice; general practice; research; organizations; NAPCRG; interdisciplinary research; community-based participatory research

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