

Memoria ~ Engage for Equity (E2) Workshop ~ September 18-19 ~ Albuquerque

The Engage for Equity project team hosted three two-day workshops on Partnership Reflection and Evaluation Tools in Albuquerque, New Mexico during September and October 2017, and 25 community-academic health partnerships (of two to six people) from around the country attended and participated. This is the summary (or “memoria”) for September 18th–19th.



Seated (L-R): Logan, Lorenda, Shannon, Lucy, Rhonda, Victoria, Bonnie, Al
Standing (L-R): Ellen, Thomas, Tabia, Jim, Louis, Lisa, LaShawn, Elizabeth, Marlana, Nina, Paige, Maureen, Miruna, Lena, Rachael, Justin, Lori, Rosey, Kelly, Darcy, Erika
Not pictured: American Sign Language (ASL) interpreters Valene and Sally, Melissa
(See full list of partnership projects and attendees on last page)

Overview

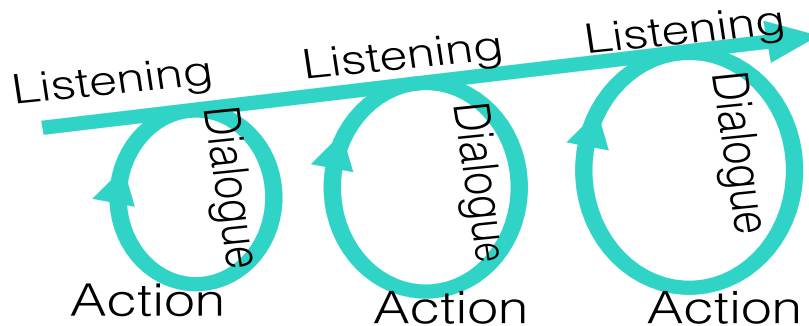
The workshop purpose was to give partnerships new tools and time to reflect on their engagement with Community Based Participatory Research (CBPR). The agenda covered four primary tools: River of Life; CBPR Model as Visioning Tool; Partnership Data Reports customized for each partnership; and Promising Practices Guide. Participants also had the opportunity to gather in separate Community and Academic partner sessions to share their experiences.

Dr. Nina Wallerstein of the University of New Mexico opened the workshop by gathering all participants and facilitators in a circle for introductions and setting of intentions. She stated that the majority of the time would be spent working in small groups to apply the tools for each individual partnership. People would also be sharing their thoughts in the larger group following each exercise. Engage for Equity project team members served as facilitators for each table.

The intention of the workshop overall was to honor each kind and type of collaborative or partnership, recognizing that teams came from different funding sources, levels of engagement, histories, and organizational structures. The hope was for each to team to be able to use the

tools to reflect on where they are in their engagement practices now and where they want to be in the future in terms of their practices and outcomes.

Reflection/Action Praxis from Paulo Freire



To be a good educator (researcher) “means above all to have faith in people; to believe in the possibility that they can create and change things.”

Paulo Freire, 1970

The overall philosophy of the workshop was that reflection matters. It was based on the reflection/action methodology of Brazilian educator Paulo Freire, encouraging partnerships to engage in ongoing cycles of listening, dialogue, and action. The tools were intended to support:

1) deep listening among partners and with community members; 2) respectful dialogue about partnering practices within their community and academic contexts; and 3) integration of community and culture-based knowledge into research and programs promoting health and health equity outcomes.

The four stated workshop goals were:

- To enhance Reflection on your Partnerships through Applying Tools
- To share Ideas and Practice with Others
- To identify Learnings and Tools to take back to your own Partnerships
- To build a National Community of Practice

Rather than start with a PowerPoint presentation, participants were asked to jump into their own journey of their partnership for the first exercise, the River of Life.

1) River of Life

Dr. Shannon Sanchez-Youngman of UNM introduced the River of Life exercise and gave instructions. Poster paper, colored markers and crayons had been placed on the tables, and partnerships were encouraged to ‘dive right in.’

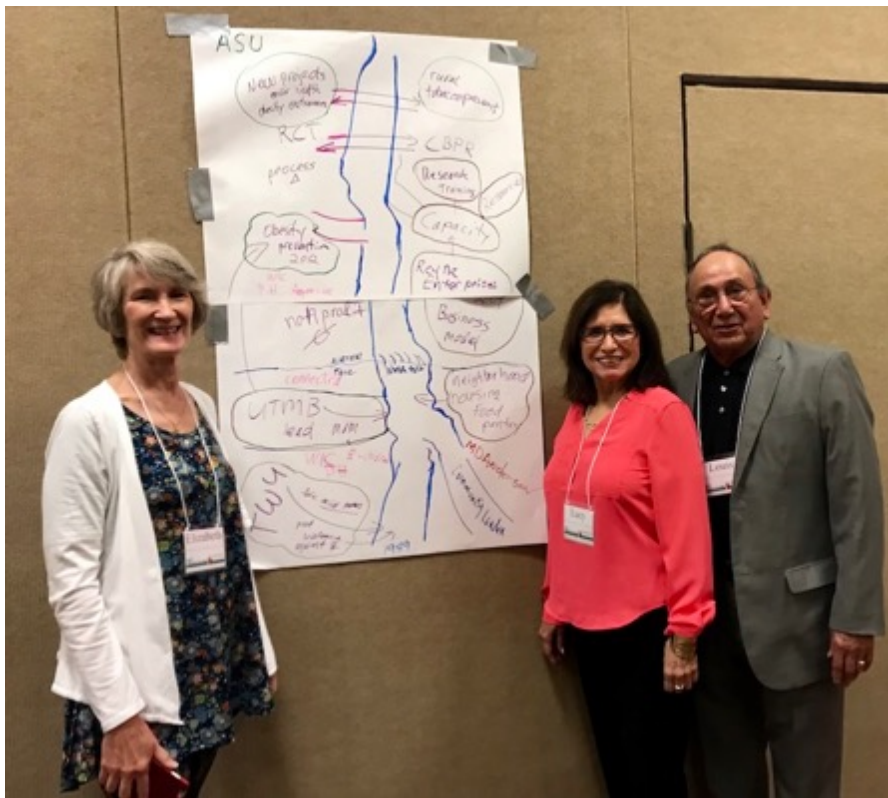
She described the River as a reflective tool to document the life journey or historical timeline for CBPR partnerships (or community-engaged research projects). Through guided questions and using the metaphor of a river, the exercise is designed to facilitate community and academic partners to actively reflect on where they have been, acknowledging major milestones and barriers along the way, and thinking about where they want to go in the future.



Rhonda, LaShawn, and Tabia used the River of Life to reflect on the environmental justice roots of their longtime partnership with community members and the Morehouse School of Medicine in Atlanta. The current focus of this Prevention Research Center (PRC) is a project to address STI and HIV/AIDS Prevention among Urban Minority Youth.



Erika, Kelly and Lori from the Rochester National Center for Deaf Health partnership pose with UNM MPH grad student/facilitator Justin after finishing their River of Life.



Elizabeth, Lucy and Louis pose with their River of Life. Their partnership had the added dimension of the academic partner being in Arizona (ASU), while the community partners work in Houston, TX. They realized their relationship was organic, and that stopping and reflecting was very important for them.

Participants did a gallery walk to look at each other's River of Life creations, and Nina asked for 'aha' moments about the exercise.



People said they were struck by the common threads: “our origins” among all groups. One person noted, “I think going through the exercise helped us see the evolution...how our work has had tentacles and spread out and grown...” Other comments included:

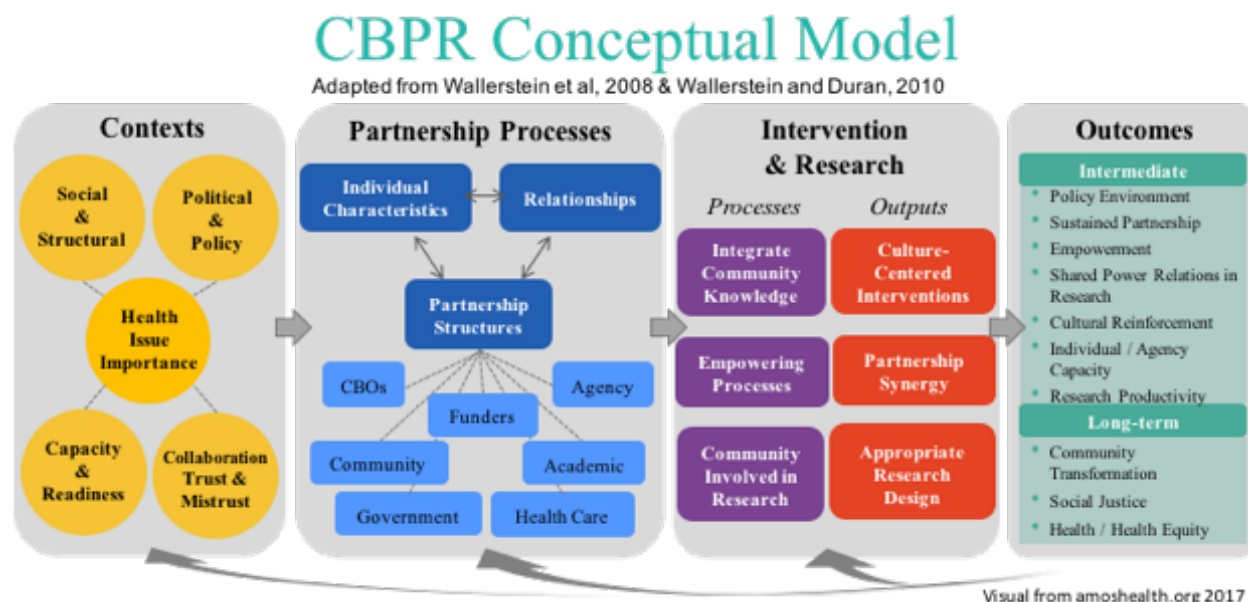
- River of Life exercise was helpful to visualize the partnership.
- History is essential to building the team.
- I personally love the River metaphor, the rocks, churning water...
- The value of the River was in seeing the history and development of our partnership.
- The exercise helped us to reflect on the progress our center has made.
- I want to reopen my mind and heart in dealing with challenges (“boulders”) in our River.

With that interactive exercise completed, Nina went through the ten-year history of the research with a PowerPoint slideshow. To segue into the second workshop tool, she showed a video with the Nicaragua story of using the CBPR model to reduce child deaths and illness in rural areas. For future reference, here is the link:

- <https://vimeo.com/219716496>

2) CBPR Model as Visioning Tool

The next visioning exercise involved partnerships using the CBPR Model to create a vision or plan of where they want to be and how they will get there. Nina explained the model the participants would be working from as they reviewed slides and the handout in their packets. The activity facilitates use of the Model, not as a static framework, but as a dynamic guide to adapt, brainstorm ideas, and co-create a new version of the Model that works best for each partnership.



The model consists of four domains: Contexts, Partnership Processes, Intervention & Research, and Outcomes.

1. **Contexts** are the social, cultural, economic, political, and other factors that ground partnerships in local, state, or national conditions.

2. **Partnership Processes** are practices for successful partnering. These include: individual characteristics (skills & attitudes academic-community partners bring to the partnership); relationships (how partners make decisions, and interact with each other to achieve goals); and structural features (who are the stakeholders and what are their shared agreements & values).
3. **Intervention/Research Designs** are then shaped by the nature of partnering and the extent of equal contribution of knowledge from different partners, including community members, clinicians, health professionals, government, and academic members.
4. **Outcomes** include a range of intermediate system and capacity changes, i.e., new policy environments, sustainability of project and partnership, shared power relations in research, and increased capacities; as well as long-term outcomes of community and social transformation, health and health equity.

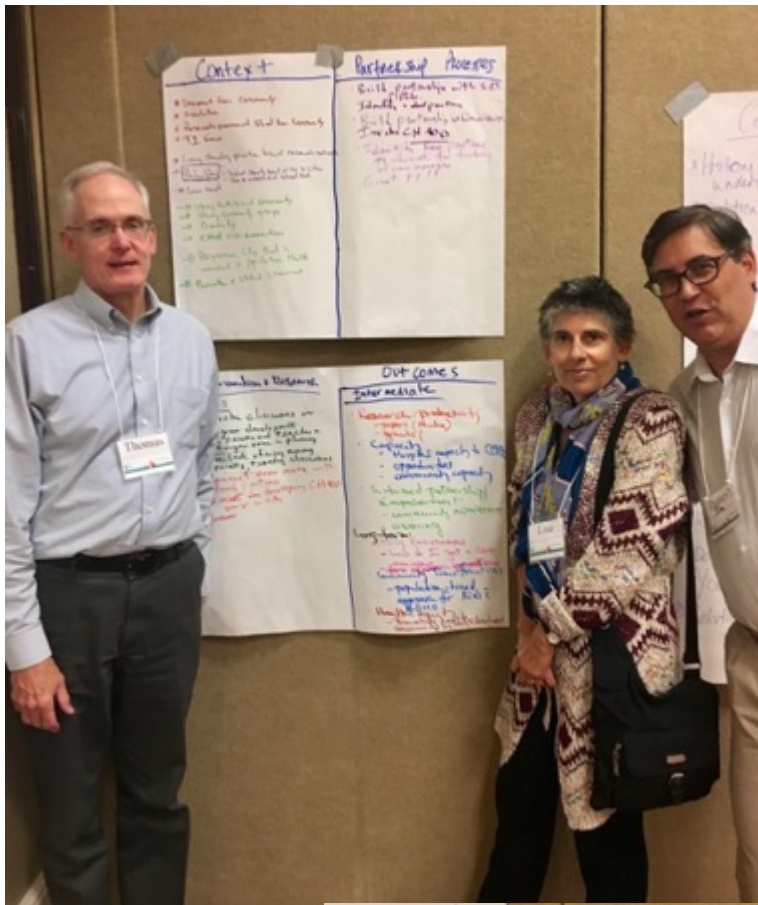
Participants used markers and butcher paper to create their own partnership’s vision in four quadrants for each domain, or in other shapes that made sense to them.

Teams were asked to start with thinking about their outcomes first (what they’ve achieved or are seeking to achieve in the future). Then they filled in the rest of the domains in terms of their context, practices that they were already doing or wanting to strengthen, and how partnering processes impacted their intervention or research design and implementation.

The teams had thoughtful discussions and put in much effort in creating CBPR visions for their partnerships.

Rachael, Lena and Darcy with the Cleveland-based Improving Nutritious Food Access in Low Income & Access Neighborhoods program. They said doing the model validated the work they are doing that they are on the right path.





Thomas, Lisa and Jim pose with their CBPR visioning model. Their PCORI project is Communication to Improve Shared Decision-Making in ADHD in Philadelphia. This group said they valued the conversation on outcomes because it got them beyond just their project and towards something bigger and broader in 5-10-15 years. They had not engaged in that conversation before. They also said it was useful having the facilitator to keep them moving and not get caught up in barriers and negative space.

Miruna, Maureen, Marlana, and Paige representing the Univ. of Washington PT-REFER project: Physical Therapists Recommending Enhanced Fitness to Expand Reach. Their long-term impact is to improve the health of older adults and those aging with disability. They reflected on how they could use this vision document going forward.



Participants did a gallery walk once more to look at each other’s CBPR Models, and Nina asked for ‘aha’ moments about the exercise. More sample comments are on the next page.



At left, Lori describes the National Center for Deaf Health Research / Rochester National Center for Deaf Health model, and sign language interpreter Valene helps non-signing participants understand.

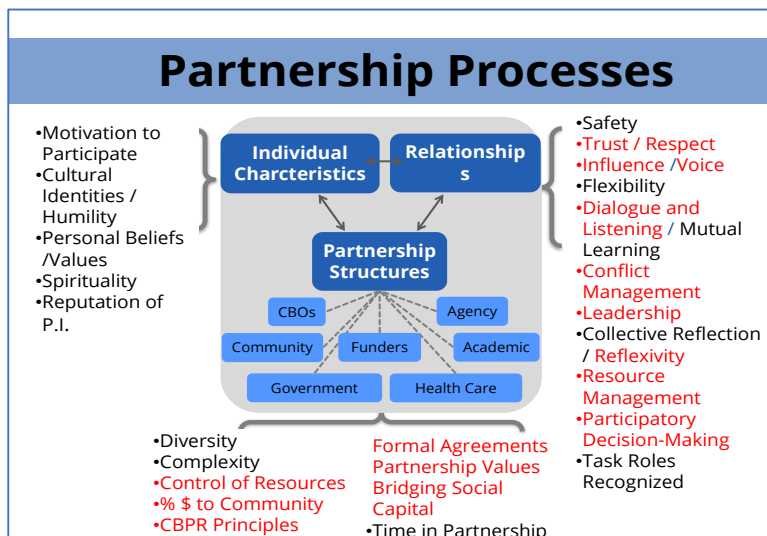
During the CBPR visioning group review, one person said it was helpful “having a moment to think beyond daily work life and identifying core issues that are

important and that you need to work on in the future.” Along the same theme, another person commented, “It validated the work that we are doing that we are on the right path. When you’re busy doing the work, you don’t have time to reflect and to move on, and today we were able to think about long term and intermediate outcomes.” Another person said their longtime group was trying to focus on future goals, and the facilitator was helpful guiding them with their opinions and getting it all written. “Doing this exercise, at least for myself I think we’re on the right track, and it let me validate and review what we’re doing,” wrapped up the group comments.

3) Partnership Data Reports (PDR)

The third reflection tool introduced was the Partnership Data Reports (PDR). Each partnership was given a customized document containing the summary data from the Engage for Equity surveys that partnership members completed in late 2016 and spring of 2017. In some cases, participants attending the workshops had not completed the survey, and the people (all unidentified) who had done the survey were not present.

Responses in the PDR were organized according to the CBPR Model and the major practices that have been shown to contribute to key research and health outcomes.



For example, the Community Engagement Survey measured many of the constructs within Partnership Processes (those in red were ones that were measured).

Teams were given time to reflect on their data, and participants engaged in discussions about their priority areas. A worksheet at the end of the PDR report helped participants focus their individual and group thought processes. A glossary of terms helped explain

the language used in the PDR.

Key reflection questions guiding the PDR group reflection included:

- What stands out to you about the practices that matter most?
- How might these compare to what you created in the CBPR visioning session?

Sample comments as teams reflected on their data: “What’s always present is power and privilege, who has it, who uses it...how do we keep folks engaged...” “We need to put Reflexivity in as part of our regular practice, we need to tell our story, our PRC is 20 years old next year.” “With PCORI we are better at health improvement than social transformation...do better at Bridging Social Capital, not just core team but engage everyone...” “At the university level how do we change environment to be more open to CBPR...”

4) Promising Practices Guide (PPG)

The fourth tool introduced in the workshop was the Promising Practices Guide (PPG). Nina explained that the information in the PPG is based upon two national studies of academic-community partnerships and engaged research. Whereas the PDR contained data specific to each partnership, the PPG utilized data analyzed from 379 federally-funded partnerships. Promising practices were identified which serve as an opening for more reflection and discussion.

Feedback from this exercise ranged from “the quotes included made it personal and were realistic,” to “it would be helpful to get the PPG first before the PDR.” Someone noted that if the PPG and PDR were combined, it would become a comparison of how individual partnerships were doing against the national data. Some felt that would be helpful, while others disagreed because each partnership was so different.

Community and Academic Partners Separate Gathering

Most of the work of the participants was reflecting with their teams on their own partnerships. They reported back and shared thoughts in the large group, but there was less opportunity for “cross-pollination” than was desired. Recognizing that people can learn from each other and share many similar situations, the workshop agenda included time for separate gatherings of community and academic partners.

Participants shared in a talking circle format for about an hour. The first two workshops had the separate meeting the beginning of the second day, and in the third workshop the meeting was the afternoon of the first day. It gave people the opportunity to get to know each other better, and many recognized that they are not alone in the challenges and concerns they have in their work.

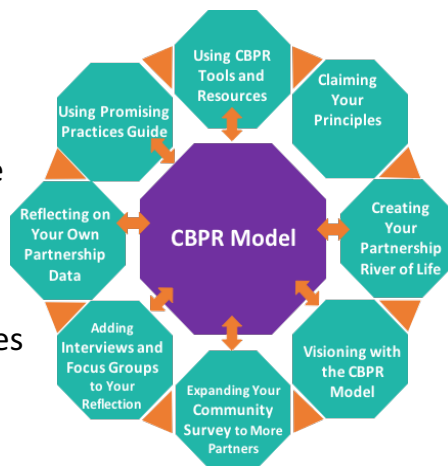
For the September workshop, Al and Shannon led the community group, and Bonnie and Lorenda facilitated the academic group. Afterward, Al said the take home message for the community group was taking time and being intentional to build partnerships.

Engage for Equity Website: www.EngageforEquity.org

The workshop concluded with a brief overview of the new website set to launch before the end of the year. Each of these four tools – River of Life, CBPR Model as Visioning Tool, Partnership Data Report, and Promising Practices Guide – will be available on the website for partnerships to utilize, along with facilitation guides, videos, and additional information.

Four Tools from Engage for Equity

- River of Life/Historical Timeline
- Visioning with the CBPR Model
- Partnership Data Report
- Promising Practices Guide



Dr. Wallerstein said she wanted to include work created in the workshops on the website, but emphasized that the E² project team will only share it with each partnership’s permission.

The website builds on what was presented in the workshop. Partners who attended may choose to share and teach others in their partnership utilizing the web tools and resources. Partners also may learn on their own how to use the tools through the videos and models online. In the

future, the website will be hosted by CCPH, Community-Campus Partnerships for Health.

Future of Community and Academic Partnerships: Community of Practice

Dr. Wallerstein discussed the idea of creating a community of practice, and she asked the group for input on how to do it. People agreed on the need to work together as well as the process of working together. Ideas included having follow-up webinars or phone calls with their same

workshop participants, or with all workshops combined. Another idea was consultation for teams by E² project staff.

Closing Thoughts

Each team participated in a recorded interview in which they were asked a series of questions about the tools and how they may utilize them. They were asked to reflect on their impressions of the workshop as well as their overall projects and partnerships. The E² project team will transcribe the interviews, send them back to each team, and interpret aggregated interviews for further learning.

In six months, all participating partnerships will receive a follow-up Community Engagement Survey (CES), continuing the E² project analysis of the effectiveness of the four CBPR workshop tools and resources.

Workshop participants gave feedback on the workshop each day with Plus/Deltas – what went well and what could be changed. Here is sample of what was captured.

Plus (+)	Delta (Δ)
Breakouts: Breakouts were great to spend time with community partners, academics, and allowed participants to really focus	A roadmap for the conceptual model would be helpful
Good Facilitators	CEU's
Turn taking – easy for interpreters	Switch the order of the PPG's and the PDR's
Interactive with River of Life PDR's were helpful	Spend time on the 4 Domains and explain them and then move on
Survey Questions on PDR (Shannon) Knew where to go – PDR Time to talk through Facilitator – Used example from own experience in order to reframe question	Revisit the priorities with planning forward after the three workshops Community input to share their views on the model Spend time reviewing cpr.unm.edu with workshop participants Flexibility in applying the model Start out with examples (in initial slides) Share first day evals Packet organization – lots of loose paper Could not see the slides easily Print out slide document

A final group exercise was the yarn web, where each person stated one word on how they were feeling and then tossed the yarn to another person. Scissors were passed around so that participants could cut a piece of the web to take home as a remembrance.



Participating Partners and Facilitators – September 18-19

Preventing Childhood Obesity through Early Feeding and Parenting Guidance

- ❖ Elizabeth Reifsnider, Louis Reyna, Lucy Reyna

Improving Nutritious Food Access in Low Income and Access Neighborhoods

- ❖ Darcy Freeman, Lena L. Grafton, Rachael Sommer

Multi-Method Approach to STI and HIV/AIDS Prevention among Urban Minority Youth

- ❖ LaShawn M. Hoffman, Rhonda Holliday, Tabia Henry Akintobi

Communication to Improve Shared Decision-Making in ADHD

- ❖ James Guevara, Lisa Snitzer, Thomas Power

Physical Therapists Recommending Enhance Fitness to Expand Reach

- ❖ Marlana Kohn, Maureen Pike, Miruna Petrescu Prahova, Paige Denison

National Center for Deaf Health Research/Rochester National Center for Deaf Health

- ❖ Erika Sutter, Kelly Matthews, Lori A. DeWindt

ASL Interpreters

- ❖ Valene Przybylo-Souky, Univ. of Rochester; Sally Schwartz Univ. of New Mexico

Engage for Equity (E²) Workshop Facilitators and Staff

- ❖ Nina Wallerstein, Shannon Sanchez-Youngman, Alan Richmond, Bonnie Duran, Lorenda Belone, Victoria Sanchez, Ellen Burgess, Justin Garoutte, Melissa Gallegos, Logan Shea

Memoria ~ Engage for Equity (E2) Workshop ~ October 16-17 ~ Albuquerque

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Seated (L-R): Kasim, Steve, Carolyn, Sheila, Jennifer S., Alex, Maxine, Melissa
Standing (L-R): Emily, Isabel, Javier, Sherry, Julia, Mary, Ella, Cathy, Franklin, Tam, Sheryl, Justin, Kim, Sarah, Nina, Joey, Anna, Hillary, Alex A., Victoria, Katherine, Michael, Kellie, Vaughn, Shannon, Maya, Paige, Elizabeth, Diego, Brian
Not pictured: Jennifer G., Magda, Kathryn, Guy, Logan, Lorenda, Ellen
(See full list of partnership projects and attendees on last page)

Overview

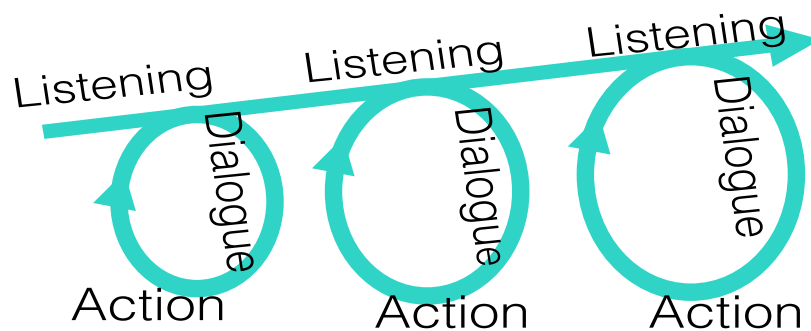
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histories, and organizational structures. The hope was for each to team to be able to use the tools to reflect on where they are in their engagement practices now and where they want to be in the future in terms of their practices and outcomes.

Reflection/Action Praxis from Paulo Freire



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The overall philosophy of the workshop was that collective reflection matters. Using the reflection/action methodology of Brazilian educator Paulo Freire, we sought to encourage partnerships to engage in ongoing cycles of listening, dialogue, and action. The tools were intended to support:

1) deep listening among partners and with community members; 2) respectful dialogue about partnering practices within their community and academic contexts; and 3) integration of community and culture-based knowledge into research and programs promoting health and health equity outcomes.

The four stated workshop goals were:

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Rather than start with a PowerPoint presentation, participants were asked to jump into their own journey of their partnership for the first exercise, the River of Life.

1) River of Life

Dr. Shannon Sanchez-Youngman of UNM introduced the River of Life exercise and gave instructions. Poster paper, colored markers and crayons had been placed on the tables, and partnerships were encouraged to ‘dive right in.’

She described the River as a reflective tool to document the life journey or historical timeline for CBPR partnerships (or community-engaged research projects). Through guided questions and using the metaphor of a river, the exercise is designed to facilitate community and academic partners to actively reflect on where they have been, acknowledging major milestones and barriers along the way, and thinking about where they want to go in the future.



Isabel, Javier, and Sherry, from Workplace Health Research Network used the River of Life to reflect on where they've been to set their future direction. They reflected on much progress made to date, including new opportunities that will work to empower Latino communities and improve health. Javier also mentioned how eye-opening this exercise was for him.



Maxine, Tam, and Cathy are from the TOTS to Tweens partnership in Oregon. Their River depicted the oral health challenges in tribal communities after the introduction of sugared beverages, replacing traditional food and traditions. Maxine shared that she enjoyed the river metaphor because it touches on the cultural lens, reminding her of their context.



Joey, Hillary, and Franklin are from the PATients-centered Involvement in Evaluating Effectiveness of Treatment in Baltimore. They reflected on their work to address health needs and disparities in Baltimore. Hillary mentioned how meaningful relationships are in the context of the broader community.



Jennifer, Alex, Vaughn, and Brian in front of their River depicting the Menominee Tribe-Univ. of Wisconsin partnership for Healthy Children, Strong Families. Brian, new to the group, shared how useful this activity was in providing him with the background and history of their partnership.



Michael, Kellie, Jennifer, and Katherine created a vertical River of Life to show the journey of the Contingency Management of Alcohol Abuse in American Indian People in Washington and Alaska. They spoke of how the tribal communities hold structural power in the partnership.



Sheila, Julia, Sheryl, Mary from the partnership working on Environmental Exposures across Urban and Rural Communities in the Deep South. They reflected on, among other things, community events and moving from education to action in their communities.



Kathryn, Diego, Alex with their River depicting the story of Transform Health Arkansas. They reflected on years of partnerships throughout Arkansas, as well as their deep personal connection to the work. Diego shared how he enjoyed the artistic nature of this tool, using it to map out the future of their partnership.



Steven, Paige, and Carolyn from the Oregon Community Cancer Research Collaborative. They reflected on changes in their partnership, as well as collaboration moving forward to run evidence-based interventions in local communities.



Anna, Sarah, and Kimberly from the Seattle-based Comparing Outcomes of Drugs and Appendectomy partnership. Sarah reflected on how this exercise helped her see how they can take lessons learned in one study and apply them to others.

Participants did a gallery walk to look at each other’s River of Life creations, and Nina asked for ‘aha’ moments about the exercise.

People talked about how they could potentially use this tool in their own communities as a way to “claim their histories” and “bring all of these tributaries together.” Other comments included:

- The activity was a collaborative process in understanding journeys and key events.
- The exercise helped reveal hidden aspects of our work.
- It is important to review partnership history with new partners.
- This helped me see the importance of knowing where we come from and the challenges that have been overcome along the way.
- This tool was a great way to reflect on our partnership.

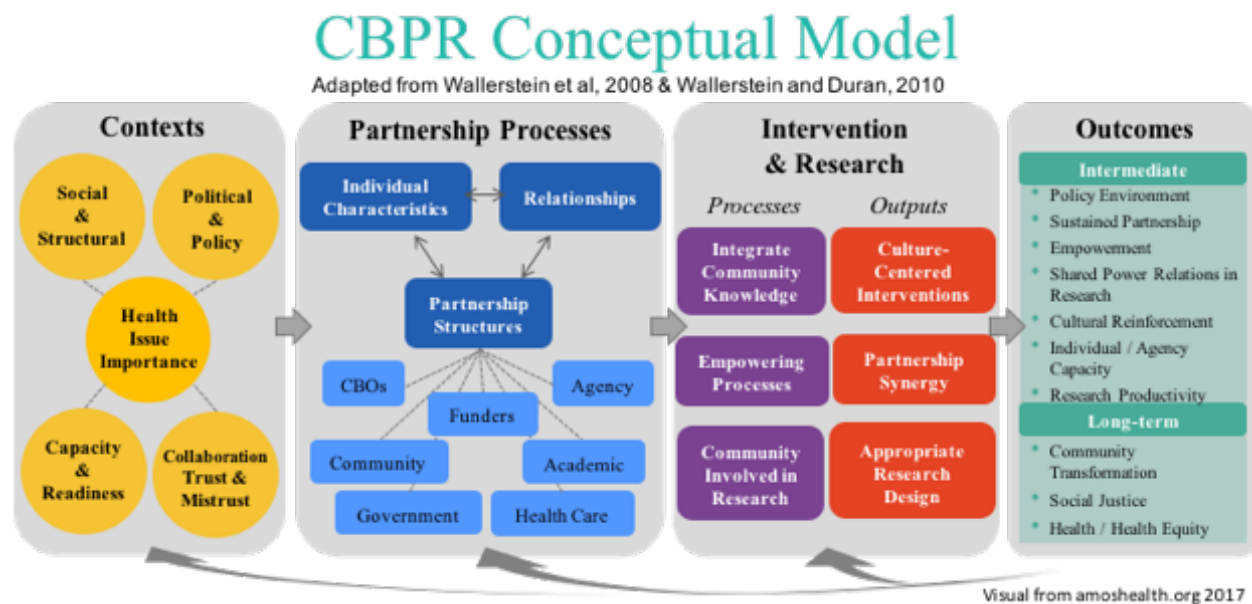
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The teams had thoughtful discussions and put in much effort in creating CBPR visions for their partnerships.



At left, Joey focuses on the model for PATIENTS. Joey's colleague Franklin mentioned how helpful it was to have Victoria as a group facilitator to guide the process along.



Paige, Steve, and Carolyn (below) preparing their CBPR model.





Here, Ella facilitates discussion with Sheila, Julia, Sheryl, and Mary for their vision of the Environmental Exposures across Urban and Rural Communities in the Deep South.

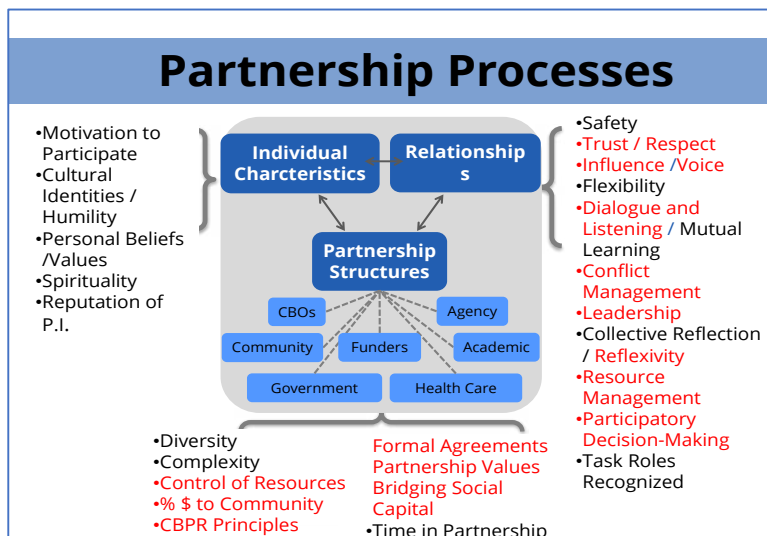
Participants did a gallery walk once more to look at each other's CBPR Models, and Nina asked for 'aha' moments about the exercise.

Overall, participants spoke about how valuable this visioning activity, using the CBPR model to reflect on their partnership. One group shared how this process helped them see the importance of communicating with one another in order to make sure everyone is on the same page. Another group spoke to how useful it was to spend time thinking about their own partnership processes as part of the model. Diego from Transform Health Arkansas appreciated looking at their context in order to focus on realistic goals. Finally, another group spoke about how this visioning process may have helped design their current study, had they been able to do it at the beginning. It may have been easier to consider factors like sustainability.

3) Partnership Data Reports (PDR)

The third reflection tool introduced was the Partnership Data Reports (PDR). Each partnership was given a customized document containing the summary data from the Engage for Equity surveys that partnership members completed in late 2016 and spring of 2017. In some cases, participants attending the workshops had not completed the survey, and some of the people (all unidentified) who had done the survey were not present.

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Teams were given time to reflect on their data, and participants engaged in discussions about their priority areas. A worksheet at the end of the PDR report helped participants focus their individual and group thought processes. A

glossary of terms helped explain the language used in the PDR.

Key reflection questions guiding the PDR group reflection included:

- What stands out to you about the practices that matter most?
- How might these compare to what you created in the CBPR visioning session?



Anna from the CODA partnership discusses her PDR with facilitator Shannon from UNM.

Sample comments as teams reflected on their data:

- The PDR highlighted a lot of areas for growth, as well as priorities.
- It was valuable learning how to use the data from the PDR, which will allow for new approaches to increase the diversity within the partnership.
- “Bridging Social Capital” was a great concept covered in the PDR.
- “The PDR was my favorite part of the discussion today.”
- The PDR is one of the new tools we now have for our new collaboration.

4) Promising Practices Guide (PPG)

The fourth tool introduced in the workshop was the Promising Practices Guide (PPG). Dr. Wallerstein explained that the information in the PPG is based upon two national studies of academic-community partnerships and engaged research. Whereas the PDR contained data specific to each partnership, the PPG utilized data analyzed from 379 federally-funded partnerships. Promising practices were identified which serve as an opening for more reflection and discussion.

Feedback from this exercise included:

- This tool was useful in examining priorities that need to be addressed in order to strengthen our partnership.
- The pathways diagram in the PPG was exciting to see and created great discussion.

Community and Academic Partners Separate Gathering

Most of the work of the participants was reflecting with their teams on their own partnerships. They reported back and shared thoughts in the large group, but there was less opportunity for “cross-pollination” than was desired. Recognizing that people can learn from each other and share many similar situations, the workshop agenda included time for separate gathering of community and academic partners.

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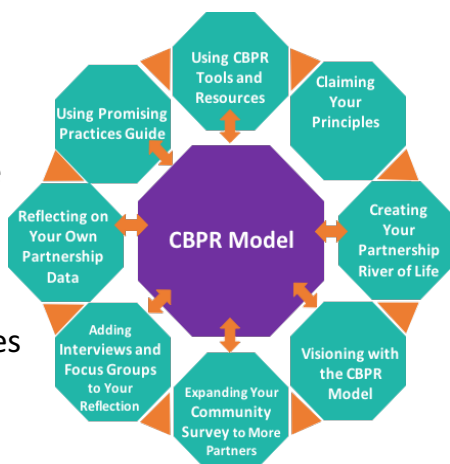
For the October 16-17 workshop, Ella and Magda led the community group, and Magdalena facilitated the academic group. One community member shared how great it was to have a space for challenging conversations and simply being able to listen to community partners from across the country. Other partnership members echoed how much they appreciate the separate gatherings of the community and academic stakeholders.

Engage for Equity Website: www.EngageforEquity.org

The workshop concluded with a brief overview of the new website, launched in December, 2017. Each of these four tools – River of Life, CBPR Model as Visioning Tool, Partnership Data Report, and Promising Practices Guide – will be available on the website for partnerships to utilize, along with facilitation guides, videos, and additional information.

Four Tools from Engage for Equity

- River of Life/Historical Timeline
- Visioning with the CBPR Model
- Partnership Data Report
- Promising Practices Guide



Dr. Wallerstein said she wanted to include work created in the workshops on the website, but emphasized that the E2 project team will only share it with each partnership’s permission.

The website builds on what was presented in the workshop. Partners who attended may choose to share and teach others in their partnership utilizing the web tools and resources. Partners also may learn on their own how to use the tools through the videos and models online. In the

future, the website will be hosted by CCPH, Community-Campus Partnerships for Health.

Future of Community and Academic Partnerships: Community of Practice

Dr. Wallerstein discussed the idea of creating a community of practice, and she asked the group for input on how to do it. People agreed on the need to work together as well as the process of working together. Ideas included having follow-up webinars or phone calls with their same workshop participants, or with all workshops combined. Another idea was consultation for teams by E² project staff.

Closing Thoughts

Each team participated in a recorded interview in which they were asked a series of questions about the tools and how they may utilize them. They were asked to reflect on their impressions of the workshop, their potential use of the tools, as well as their overall projects and partnerships. The E² project team will transcribe the interviews, send them back to each team, and interpret aggregated interviews for further learning.

In six months, all participating partnerships will receive a follow-up Community Engagement Survey (CES), continuing the E² project analysis of the effectiveness of the four CBPR workshop tools and resources.

Workshop participants gave feedback on the workshop each day with Plus/Deltas – what went well and what could be changed. Here is a sample of what was captured.

Plus (+)	Delta (Δ)
Facilitators were helpful	Would have been nice to have more conversations with other groups during the day
Appreciated everyone stating pronouns	Would have been nice to have a better explanation of the research study and why CBPR is important
Enjoyed the hands-on approach	Need a poster describing acronyms
Liked that the workshops was connected to our own work and context	More time for the Promising Practices Guide would have been helpful

Finally, a few more comments from the daily evaluations:

Learnings:

- How important sustainability and dissemination is
- How important it is to evaluate processes in a continuous, ongoing manner
- Now we have great tools and resources to use in engaging the community
- We need more shared leadership within our partnership, as we still fall into a traditional research design that is very patriarchal
- How the model was developed and can be used to build a partnership
- How to improve communication between academic institutions and community-based organizations
- There are structural barriers that we need to address in our work in order to achieve our outcomes.
- Our struggles as a partnership are similar to those experiences in other partnerships – it's nice that we're not alone.
- Our project has accomplished more than I thought and built upon interesting activities we didn't necessarily know were happening

Unanswered Questions:

- How do we logistically maintain dissemination activities between partner sites?
- How can we sustain these changes and strategies?
- How can we practically use this information when so much of it seems theoretical?
- How can we share what we learned and implement this into larger teams and senior leadership?
- How can we scale our work?
- How do we stay true to the funder's intent when the research focus mandates change?
- How do we hold ourselves accountable in implementing what we learned?
- How do we further breach the community and academic divide?
- How do we bring on new people and still maintain our culture?
- How do we move from a clinical focus to one that is socially transformative?

What Can We Do Differently:

- Examine our identified priorities from the PDR and continue to address them
- Improve our community partnership with these tools
- Think about engagement on all levels
- Implement a new shared leadership plan for our next stakeholder meeting
- Ask our partners what projects they want to pursue
- Structure time for evaluations and reflections
- Actively bring new people to the table
- Engage in group discussions about outcomes
- Find more effective ways to disseminate study progress, possibly including youth as part of the delivery
- Pay more attention to research opportunities and how it could affect the health of my community
- Complete the river of life exercise with others, paying more attention to bridges

A final group exercise was the yarn web, where each person said one word of how they were feeling and then tossed the yarn to another person. Scissors were passed around so that participants could cut a piece of the web to take home as a remembrance.



Participating Partners and Facilitators – October 16-17

Workplace Health Research Network (WHRN)

- ❖ Isabel P. Cuervo, Javier Gallardo, Sherry L. Baron

Comparison of Outcomes of Drugs and Appendectomy (CODA)

- ❖ Anna Shaffer, Kimberly Deeney, Sarah Lawrence

PATient-centered Involvement in Evaluating the effectiveNess of Treatments (PATIENTS)

- ❖ Franklin Lance, Hillary Edwards, Joey Mattingly

Healthy Children, Strong Families: American Indian Communities Preventing Obesity

- ❖ Alexandra Adams, Brian Beal, Guy Reiter, Jennifer Gauthier, Vaughn Bowles

Transform Health Arkansas Initiative

- ❖ Diego Barrero, Kathryn Stewart, Alex Marshall

Contingency Management Treatment of Alcohol Abuse American Indian People

- ❖ Katherine Hirschak, Kellie Webb, Michael McDonell, Jennifer Shaw

Oregon Community Cancer Research Collaborative (OR-CCRC)

- ❖ Carolyn Harvey, Paige Farris, Steve Blakesley

Environmental Exposures across Urban and Rural Communities in the Deep South

- ❖ Julia Gohlke, Mary B. Evans, Sheila Tyson, Sheryl Threadgill

TOTS to Tweens: Long-term Effect of Early Childhood Caries Prevention in Tribes

- ❖ Cathy Ballew, Maxine Janis, Tam Lutz

Engage for Equity (E²) Workshop Facilitators and Staff

- ❖ Nina Wallerstein, Shannon Sanchez-Youngman, Ella Greene-Moton, Ellen Burgess, Emily Castillo, Justin Garoutte, Kasim Ortiz, Lorenda Belone, Magdalena Avila, Maya Magarati, Victoria Sanchez, Logan Shea, Melissa Gallegos, Elizabeth Dickson

Memoria ~ Engage for Equity (E2) Workshop ~ October 23-24 ~ Albuquerque

The Engage for Equity project team hosted three two-day workshops on Partnership Reflection and Evaluation Tools in Albuquerque, New Mexico during September and October 2017, and 25 community-academic health partnerships (of two to six people) from around the country attended and participated. This is the summary, or “memoria”, for October 23rd-24th.



Seated (L-R): Myra, Chuck, Bonnie, Nina, Korey, Upama, Sonny, Kelly, Cindy, Ardena, Justin
Standing (L-R): Lorenda, Anna, Maret, Anita, Ellen, Maya, Jerry, Natalie, Stacy, Rebecca, Cyndi, Renee, Simeon, Shannon, Sarah, Rebecca, Guy, Alessandra, Donald, Mary, Kayetrina, Amy, Melissa, Ka’imi, Heather, Benelda, Billy, Angela
Not pictured: Beth, Harriet, Janice, Juan, Kasim
(See full list of partnership projects and attendees on last page)

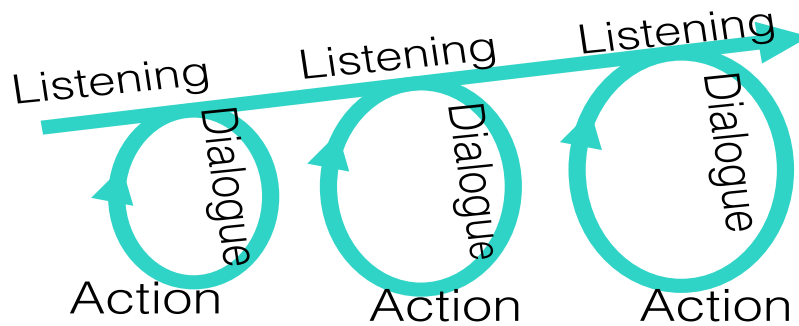
Overview

The workshop was intended to give partnerships new tools and time to reflect on their engagement with Community Based Participatory Research (CBPR). The agenda covered four primary tools: River of Life; CBPR Model as Visioning Tool; Partnership Data Reports customized for each partnership; and Promising Practices Guide. Participants also had the opportunity to gather in separate Community and Academic partner sessions to share their experiences.

Dr. Nina Wallerstein of the University of New Mexico opened the workshop by gathering all participants and facilitators in a circle for introductions and setting of intentions. She stated that the majority of the time would be spent working in small groups to apply the tools for each individual partnership. People would also be sharing their thoughts in the larger group following each exercise. Engage for Equity project team members served as facilitators for each table.

The intention of the workshop overall was to honor each kind and type of collaborative or partnership, recognizing that teams came from different funding sources, levels of engagement, histories, and organizational structures. The hope was for each team to be able to use the tools to reflect on where they are in their engagement practices now and where they want to be in the future in terms of their practices and outcomes.

Reflection/Action Praxis from Paulo Freire



To be a good educator (researcher) “means above all to have faith in people; to believe in the possibility that they can create and change things.”

Paulo Freire, 1970

The overall philosophy of the workshop was that reflection matters. It was based on the reflection/action methodology of Brazilian educator Paulo Freire, encouraging partnerships to engage in ongoing cycles of listening, dialogue, and action. The tools were intended to support:

1) deep listening among partners and with community members; 2) respectful dialogue about partnering practices within their community and academic contexts; and 3) integration of community and culture-based knowledge into research and programs promoting health and health equity outcomes.

The four stated workshop goals were:

- To enhance Reflection on your Partnerships through Applying Tools
- To share Ideas and Practice with Others
- To identify Learnings and Tools to take back to your own Partnerships
- To build a National Community of Practice

Rather than start with a PowerPoint presentation, participants were asked to jump into their own journey of their partnership for the first exercise, the River of Life.

1) River of Life

Dr. Shannon Sanchez-Youngman of UNM introduced the River of Life exercise and gave instructions. Poster paper, colored markers and crayons had been placed on the tables, and partnerships were encouraged to ‘dive right in.’

She described the River as a reflective tool to document the life journey or historical timeline for CBPR partnerships (or community-engaged research projects). Through guided questions and using the metaphor of a river, the exercise is designed to facilitate community and academic partners to actively reflect on where they have been, acknowledging major milestones and barriers along the way, and thinking about where they want to go in the future.



Simeon, Cyndi, Stacy and Billy of the Qungsavik (Toolbox) partnership which works on prevention of alcohol/suicide risk in Alaska Native Youth. They depicted historical trauma as well as protective factors in the Native communities.

Rebekah, Upama, and Alessandra from New Orleans. Their River showed the history of the Natural Experiments of the Impact of Population-Targeted Health Policies to Prevent Diabetes and Its Complications as work slowly bubbling up as it is early in the study.



One River of Life was combined from two projects in Washington State, both aimed at Native Men. Sonny, Ka'imi, Kelly and Korey stand next to their river. Sonny and Korey are recruiting men from across the Colville reservation to participate in diabetes prevention activities.



Family Listening Project (FLP) is a long-term partnership with UNM and three different NM tribes: Jemez Pueblo, Mescalero Apache, and Ramah Navajo. L-R: Rebecca, Lorenda, Kayetrina, Benelda, Ardena, Harriet, Anita, Nina

Bii-Zin-Da-De-Dah – Family-Centered Ojibwe Substance Abuse Prevention river of life noted historical loss due to assimilation & boarding schools. In their creation story it is important to “honor the water”. L-R: Natalie, Cindy, Mary, Rebecca.



The Community Action to Promote Healthy Environments (CAPHE) river depicted the long history of previous partnerships that led to their current work. Earlier partnerships examined air pollution and asthma and cardiovascular disease in Detroit, providing a foundation for CAPHE’s work to reduce air pollution. L-R: Guy, Angie, Amy

Participants did a gallery walk to look at each other’s River of Life creations, and Nina asked for ‘aha’

moments or learnings from the exercise. Some sample comments:

- ❖ It was a good exercise to step back and remember
- ❖ Process to illustrate a timeline allows you to think about partnerships & projects in a different way.

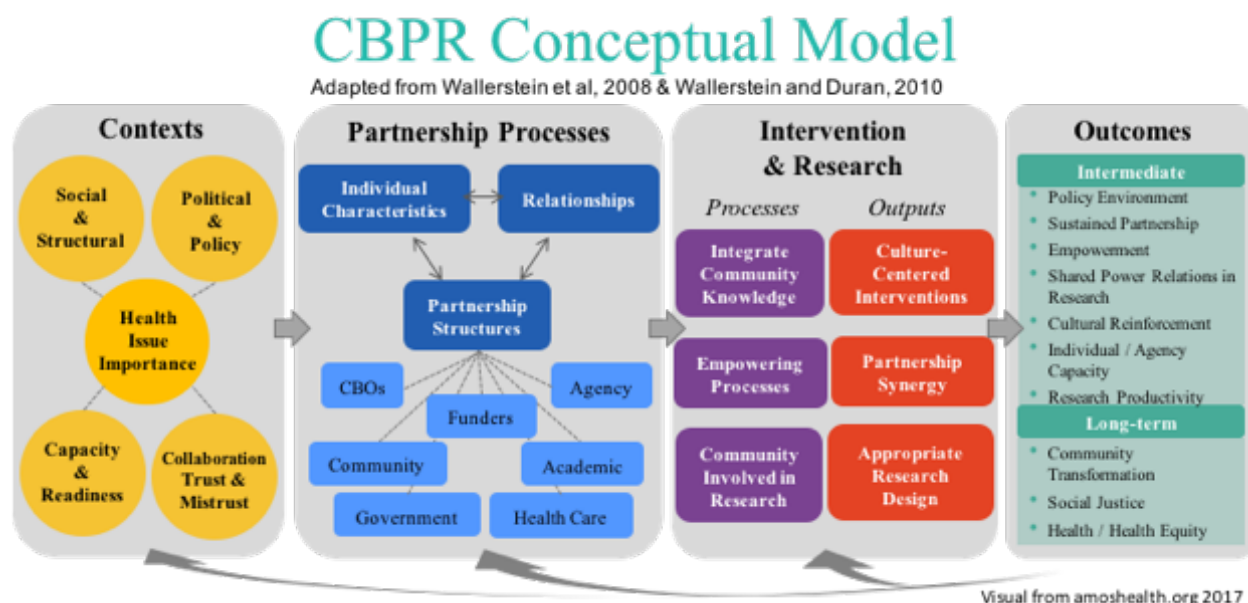
- ❖ This partnership has been evolving for many years...I may construct a class with this tool so people know about the history. It is important to go back and share this.
- ❖ A language of love and strength needs to be incorporated into this process and academia needs to be comfortable with that so we can recognize our connection with each other.
- ❖ River is useful because we are at the end of our five years, and we are positioning ourselves on what's next or will there be a next step
- ❖ Our river showed there is a disconnect between 'patient engagement' and 'community engagement'.
- ❖ Researchers often don't know how to navigate our tribal communities.
- ❖ Knowledge of history is important, and participants and research partners need to know how this has evolved.
- ❖ It was nice to step back and see how everything fits together.
- ❖ Learned to use a river as a tool to help my program remember where we've been and where we want to go.
- ❖ I will use River of Life as a visual aid to do presentation in the community.

With that interactive exercise completed, Nina went through the ten-year history of the research with a PowerPoint slideshow. To segue into the second workshop tool, she showed a video with the Nicaragua story of using the CBPR model to reduce child deaths and illness in rural areas. For future reference, here is the link:

- <https://vimeo.com/219716496>

2) CBPR Model as Visioning Tool

The next visioning exercise involved partnerships using the CBPR Model to create a vision or plan of where they want to be and how they will get there. Nina explained the model the participants would be working from as they reviewed slides and the handout in their packets. The activity facilitates use of the Model, not as a static framework, but as a dynamic guide to adapt, brainstorm ideas, and co-create a new version of the Model that works best for each partnership.



The model consists of four domains: Contexts, Partnership Processes, Intervention & Research, and Outcomes.

1. **Contexts** are the social, cultural, economic, political, and other factors that ground partnerships in local, state, or national conditions.
2. **Partnership Processes** are practices for successful partnering. These include: individual characteristics (skills & attitudes academic-community partners bring to the partnership); relationships (how partners make decisions, and interact with each other to achieve goals); and structural features (who are the stakeholders and what are their shared agreements & values).
3. **Intervention/Research Designs** are then shaped by the nature of partnering and the extent of equal contribution of knowledge from different partners, including community members, clinicians, health professionals, government, and academic members.
4. **Outcomes** include a range of intermediate system and capacity changes, i.e., new policy environments, sustainability of project and partnership, shared power relations in research, and increased capacities; as well as long-term outcomes of community and social transformation, health and health equity.

Participants used markers and butcher paper to create their own partnership's vision in four quadrants for each domain, or in other shapes that made sense to them.



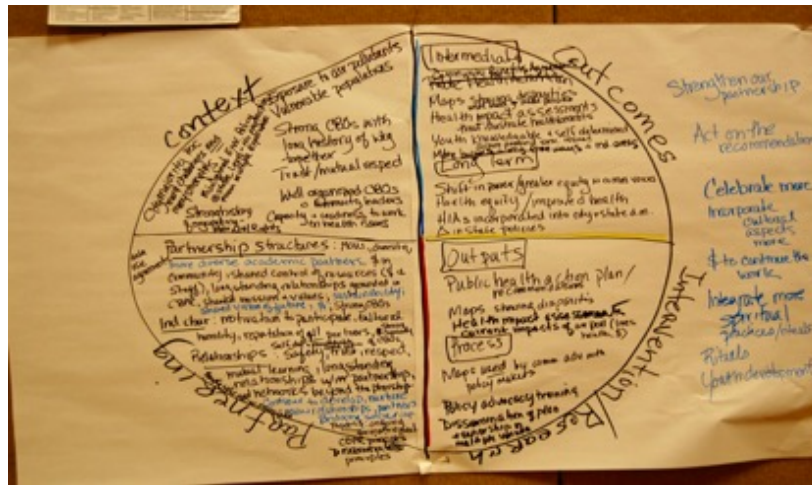
Teams were asked to start with thinking about their outcomes first (what they've achieved or are seeking to achieve in the future).

Amy (with marker) begins at Outcomes as Detroit Community Action to Promote Healthy Environments team members Angela and Guy provide input.



Then teams filled in the rest of the domains in terms of their context, practices that they were already doing or wanting to strengthen, and how partnering processes impacted their intervention or research design and implementation.

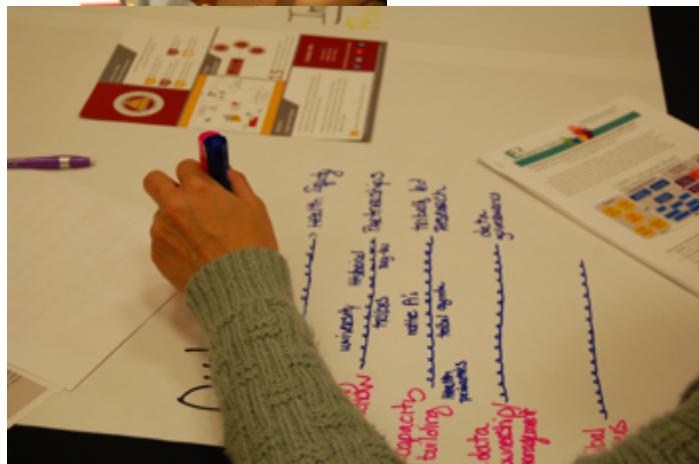
Their completed CBPR model is pictured below.



The teams had thoughtful discussions and put in much effort in creating CBPR visions for their partnerships.



Heather and Melissa from the Collaborative Research Center for American Indian Health in Sioux Falls discuss and draw important points for their vision.



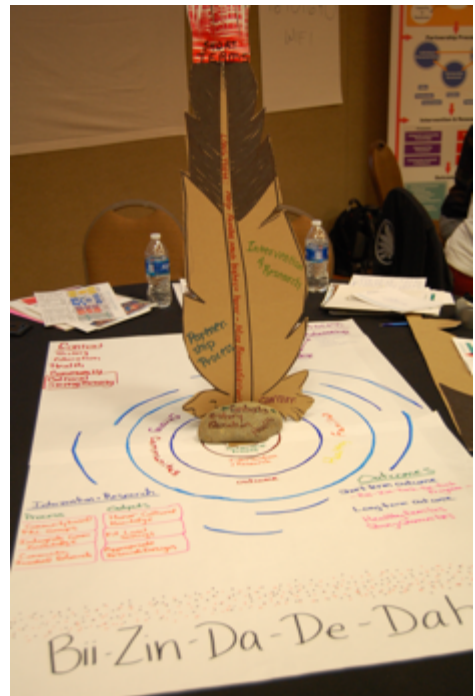


At left, Melissa and Heather pause to share a laugh with workshop facilitator Bonnie of University of Washington.

Participants did a gallery walk once more to look at each other's CBPR Models, and Nina asked for 'aha' moments about the exercise. Teams shared their diverse and creative models.

The Nebraska partnership started with grounding themselves in their spiritual tradition with the eagle feather and built the domains of the model around their center.

Mary, Natalie, Rebecca and Cindy with their three-dimensional Bii-Zin-Da-De-Dah (Listening to one another)

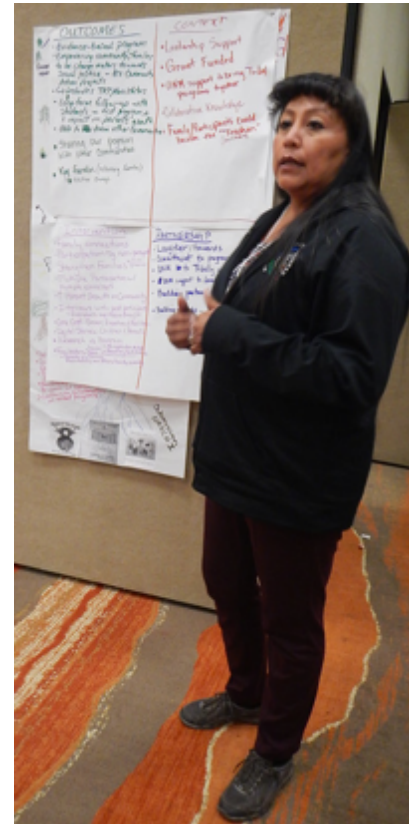


Anna of Arkansas and Maret & Don of Colo.





Sarah describes the Southwest Health Extension Partnership to Enhance Research Dissemination (SHEPERD) model, which is posted below the team's River of Life. She said their 'aha' moment was realizing they cannot boil the ocean.



Ardena shares the FLP model. The partnership is in an evaluation stage and looking to next steps.

General comments about CBPR visioning exercises included:

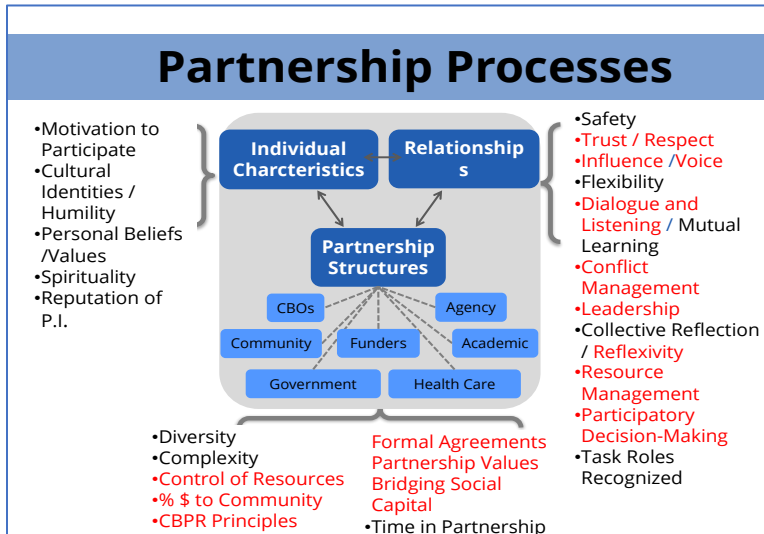
- ❖ Even though the researchers do not have CBPR or CEnR background, we (attendees) are committed to change where possible.
- ❖ Agreement that the best way to achieve healthier communities is to increase community engagement.
- ❖ The power dynamics that are very influential came out during this process
- ❖ Discovered that we are a very new partnership and aren't very founded in CBPR.
- ❖ It was a useful process for me to challenge each other's perspective and assumptions about some things.
- ❖ I found it easy even though we're from three different communities, geographically and culturally. I saw that we have a similar vision for where we want to go.
- ❖ I can't wait to go back and share this our partners and our academic folks.



3) Partnership Data Reports (PDR)

The third reflection tool introduced was the Partnership Data Reports (PDR). Each partnership was given a customized document containing the summary data from the Engage for Equity surveys that partnership members completed in late 2016 and spring of 2017. In some cases, participants attending the workshops had not completed the survey, and the people (all unidentified) who had done the survey were not present.

Responses in the PDR were organized according to the CBPR Model and the major practices that have been shown to contribute to key research and health outcomes.



For example, the Community Engagement Survey measured many of the constructs within Partnership Processes (those in red were ones that were measured).

Teams were given time to reflect on their data, and participants engaged in discussions about their priority areas. A worksheet at the end of the PDR report helped participants focus their individual and group thought processes. A

glossary of terms helped explain the language used in the PDR.

Key reflection questions guiding the PDR group reflection included:

- What stands out to you about the practices that matter most?
- How might these compare to what you created in the CBPR visioning session?

Anna from the Community-Clinical Links to Control Hypertension (CLLiCH) of Arkansas discussed her PDR with facilitator Shannon of UNM.



The largest group attending was from the Family Listening Project in New Mexico.



Kelly and Ka’imi during PDR discussion. Each table had facilitators to answer questions about the data in the individual PDRs.

Sample comments as teams reflected on their data: “I learned a lot that I thought I knew and I didn’t know...” “I think overall for everybody in our group it brings us

back to where we’re at and need to focus on.” “...We had a really interesting conversation that the ways we are doing that is not challenging the foundational knowledge.” “...We might use the PDR to help our partners understand the data, because we are at the data analysis stage of our partnership.”

4) Promising Practices Guide (PPG)

The fourth tool introduced in the workshop was the Promising Practices Guide (PPG). Nina explained that the information in the PPG is based upon two national studies of academic-community partnerships and engaged research. Whereas the PDR contained data specific to each partnership, the PPG utilized data analyzed from 379 federally-funded partnerships. Promising practices were identified which serve as an opening for more reflection and discussion.



The Oct 23-24 workshop paired similar health-outcome-related partnerships with each other to enable more cross-sharing – and laughter.

Chuck and Korey, left, and Simeon below.



Community and Academic Partners Separate Gathering

Most of the work of the participants was reflecting with their teams on their own partnerships. They reported back and shared thoughts in the large group, but there was less opportunity for “cross-pollination” than was desired. Recognizing that people can learn from each other and share many similar situations, the workshop agenda included time for separate gatherings of community and academic partners.

Participants shared in a talking circle format for about an hour. The first two workshops had the separate meeting the beginning of the second day, and in the third workshop the meeting was the afternoon of the first day. It gave people the opportunity to get to know each other better, and many recognized that they are not alone in the challenges and concerns they have in their work.

For the October 23-24 workshop, Chuck and Jerry led the community group, and Bonnie facilitated the academic group. Chuck said it was rare that motivated community people get together in this type of group.

Community Partners Talking Circle – Common themes that emerged were how to retain community members who are often the champions of change ~ rely on your teachings and cultural practices to re-empower you, especially when trying to manage the daily struggles ~ make sure that when the funding stops, the engagement does not stop.



Engage for Equity Website: www.EngageforEquity.org

The workshop concluded with a brief overview of the new website set to launch before the end of the year. Each of these four tools – River of Life, CBPR Model as Visioning Tool, Partnership Data Report, and Promising Practices Guide – will be available on the website for partnerships to utilize, along with facilitation guides, videos, and additional information.

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Closing Thoughts

Each team participated in a recorded interview in which they were asked a series of questions about the tools and how they may utilize them. They were asked to reflect on their impressions of the workshop as well as their overall projects and partnerships. The E² project team will transcribe the interviews, send them back to each team, and interpret aggregated interviews for further learning.

In six months, all participating partnerships will receive a follow-up Community Engagement Survey (CES), continuing the E² project analysis of the effectiveness of the four CBPR workshop tools and resources.

Workshop participants gave feedback on the workshop each day with Plus/Deltas – what went well and what could be changed. Here is a sample of what was captured.

Plus (+)	Delta (Δ)
Positive and hopeful	Was feeling down, but then having a lot of support and people in the same situation, so it ends up being positive as well
New friendship/alliances/support	
Get away from home and be able to detach from day to day work	
Process that support the work	

Finally, a few more comments from the daily evaluations.

Learnings: It takes time to build up support for research ~ how critical reflection & evaluation are ~ relationships are critical to sustainability in the work we do ~ I was delighted and surprised by the number of project in Indian Country ~ challenge, doubt & discomfort are okay & can move your forward ~ how to visualize the big picture with our program

Unanswered Questions: how do I find the time to be reflective ~ how will we remain engaged in this project moving forward ~ how to tweak the tools for multiple audiences ~ how do we get more diverse researchers ~ methods for conflict management ~ how do I as community member become a more active participant in the budgeting process

Do Differently: Try to build a mutually beneficial partnership with our tribe to advance our program ~ set aside time for reflection ~ readdress some issues in our project ~ be more mindful of equal partnerships before myself and tribal partners ~ be more intentional in use of CBPR tools that have been made available during this workshop ~ think about how we can strengthen partnership with university ~ implement River of Life in our program ~ seek to broaden my connections at various levels

A final group exercise was the yarn web, where each person said one word of how they were feeling and then tossed the yarn to another person. Scissors were passed around so that participants could cut a piece of the web to take home as a remembrance. In this workshop, a mini-Wonder Woman came to help her Grandma weave the web.



Participating Partners and Facilitators – October 23-24

A Culturally Tailored Intervention to Prevent Diabetes in American Indian Men

- ❖ Korey Carden, Sonny Sellars

Strong Men, Strong Communities

- ❖ Ka'imi Sinclair, Kelly Gonzales

Collaborative Research Center for American Indian Health

- ❖ Melissa Buffalo, Heather Larsen

A RCT of a Family-Centered Ojibwe Substance Abuse Prevention

- ❖ Mary Anderson, Natalie Bergstrom, Cindy McDougall, Rebecca Taylor

Qungasvik (Toolbox): Prevention of Alcohol/Suicide Risk in Alaska Native Youth

- ❖ Billy Charles, Simeon John, Cyndi Nation, Stacy Rasmus

Community Action to Promote Healthy Environments

- ❖ Angela Reyes, Amy Schultz, Guy Williams

Natural Experiments of the Impact of Population-Targeted Health Policies to Prevent Diabetes and its Complications

- ❖ Upama Aktaruzzaman, Rebekah Angove, Alessandra Bazzano

Family Listening Program: Multi-Tribal Implementation and Evaluation

- ❖ Lorenda Belone, Benalda Cohoe-Belone, Ardena Orosco, Rebecca Rae, Kayetrina Raphealito, Janice Tosa, Anita Toya, Harriet Yepa-Waquie

Southwest Health Extension Partnership to Enhance Research Dissemination (SHEPERD)

- ❖ Maret Felzien, Sarah Lampe, Donald Nease

Community-Clinical Links to Control Hypertension (CCLiCH)

- ❖ Anna Huff Davis

Engage for Equity (E²) Workshop Facilitators and Staff

- ❖ Nina Wallerstein, Shannon Sanchez-Youngman, Chuck Connor, Bonnie Duran, Maya Magarati, Myra Parker, Kasim Ortiz, Jerry Simmons, Juan Pena, Beth Baker, Ellen Burgess, Justin Garoutte, Renee Haley, Melissa Gallegos, Logan Shea