



Promising Practices of CBPR and Community Engaged Research Partnerships



A National Study of Community and Academic Partnerships



- Depending on stage of partnership...
- In the short or long term?
- How to support the different sources of... bring?

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Think Tank of Community and Academic CBPR Practitioners



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For more information, contact UNM Center for Participatory Research

<http://cpr.unm.edu/> | cpr@salud.unm.edu | 505-925-0715

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Contact nwallerstein@salud.unm.edu for availability.

Design By: Lia Abeita-Sanchez

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Engage for Equity (E2): Promising Practices in CBPR and Community Engaged Research

An Introduction

Welcome to the Promising Practices Guide for community-based participatory research (CBPR) and community engaged research (CEnR). We recognize that CBPR and CEnR approaches are being used across diverse participatory health research settings and communities in the U.S. and globally. We know that each partnership and setting has its unique strengths, challenges, and opportunities. *We hope therefore that this Promising Practices Guide can be used flexibly; in other words, choose the tools and recommendations that make sense to you and your communities.*

Our Story:

In 2006, to identify promising partnering and engagement practices that contribute to intermediate and long-term outcomes, we began with two overarching questions:

1. What is the added value of partnering for improving health & social equity?
2. How can we best assess our practices in order to achieve our desired outcomes?

We then conducted an extensive literature review of CBPR and CEnR projects, and developed a CBPR conceptual model as a guiding framework. The model contains four domains: (see final page of this Guide for full model).

1. Context of the Research
2. Partnership Processes (structural, relationship, and individual characteristics)
3. Intervention and Research Inputs and Outputs
4. Outcomes: Intermediate and Long-Term

To test this model, we identified existing measures and metrics in the literature and developed new ones to assess participatory practices and outcomes. In two national studies, we collected internet survey data on 379 federally-funded engaged research projects and eight in-depth case studies, and have identified promising practices that show contribution to outcomes. We know this is an evolving field, and we intend this Guide to be a living breathing document, that will be refined as we continue to learn.

Our Goal:

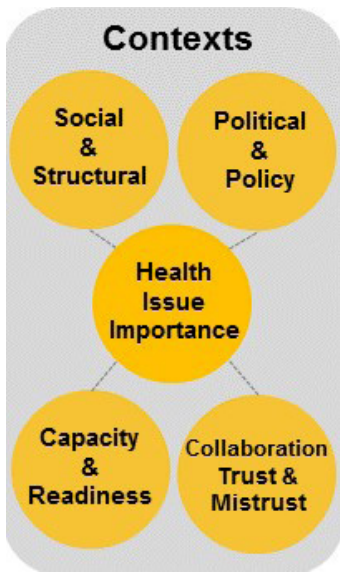
We know that there are many types of collaboration. Each may differ by length of time, purpose, funding source(s), institutional and community stakeholders, cultures, and settings. We often use the term “partnership” here, but please substitute the term that feels most appropriate for you. Whether you call yourselves a community-academic collaboration, a community- or patient-engaged research project, a coalition or network, a CBPR partnership, or simply a multi-stakeholder collaboration, we hope the Guide and the Promising Practices outlined here can be useful for your practice in the field. We urge you to use this Guide as a trigger for your own reflection on your practices, and what you would like to change, sustain, or strengthen. We hope this contributes to all of our intentions to improve health and health equity in the United States and globally.



Guide to the CBPR Model

This CBPR Model provides a storyline or logic model for how partnering and community engagement practices can transform research to better serve communities and improve health and health equity. The Model has been tested and validated by two national surveys and eight case studies of diverse community-academic partnerships. This Model may be helpful for:

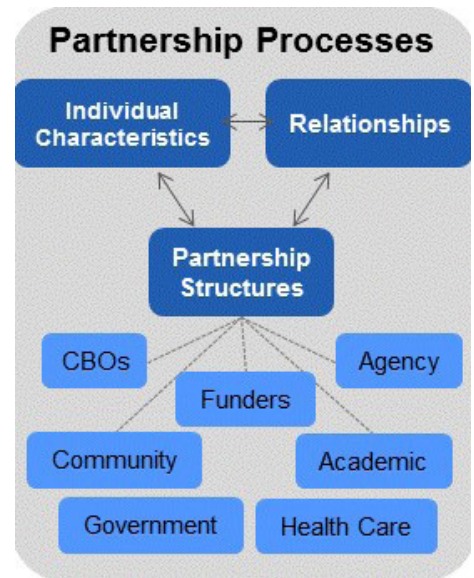
- Partnership planning, self-evaluation and reflection
- Assessing your engagement/partnership practices and their contribution to desired outcomes.



Contexts provide grounding for collaboration on priority Health issues. i.e.:
 Socio-structural and political conditions
 Community and academic capacities
 History and levels of mutual trust

Contexts, such as policies, resources, and histories, influence *Partnership Processes* and the ways partners work together to develop their *Interventions and Research*.

Partnership Processes are based on:
 Individual skills, positions, motivations
 Relationship capacities and shared power
 Multiple structures and stakeholders



Intervention and Research reflect how contexts and partnership processes interact to influence:



Integration of community knowledge into culture-centered interventions
 Partnership synergy to get tasks done
 Community involvement in research steps
 Community appropriate methods and designs

Improved **Outcomes** can be linked to effective partnership practices, including:
 Changed policy environments
 Greater partnership and project sustainability
 Shared power relations in research
 Community/social transformation & improved health



CBPR Conceptual Model Theory of Change

Our overall theory of change is that collective evaluation and reflection on our partnering and engagement practices will make a difference in achieving outcomes. We propose the CBPR model as an empowerment tool, based on the ideas and methodology of Brazilian educator Paulo Freire, that partnerships can engage in ongoing cycles of listening, dialogue, and action to achieve goals of enhanced health and health equity.

We believe that community-engaged partnerships and collaboratives will benefit: 1) from listening deeply to each other and to their communities and stakeholders; 2) from engaging in respectful dialogue about the contexts they are working in and about their partnering practices, i.e., what is working well and what could be strengthened; and 3) from identifying research designs and program actions that combine and integrate community, cultural and academic knowledge into their own initiatives.

The CBPR Model proposes reflection on those contextual factors that shape our practices with each other, which in turn, shape our capacity to combine our collective knowledge into research or intervention/ program designs, appropriate for community cultures and settings. Our actions can then be targeted towards multi-level outcomes, such as health-oriented policies, systems, and conditions; cultural reinforcement; partner and agency capacities and skills; as well as towards individual health behavior and health outcomes. We hope that reflexivity and continuous reflection and action cycles can support power-sharing and inclusion of community agency and voice for greater knowledge democracy and social justice.



How Do Engagement Practices Contribute to Outcomes?

The national data in this Guide comes from two internet surveys of 379 federally-funded CBPR and community-engaged research partnerships and projects across diverse communities and health issues in the U.S., and from eight in-depth case studies. For more info., see: <http://cpr.unm.edu/research-projects/cbpr-project/index.html>

The Research for Improved Health (RIH) study (2009-2013) drew from 200 federally-funded research partnerships from the 2009 NIH RePORTER database. Projects were 66% intervention research; 21% descriptive; and 13% other research. The average project length was 4.6 years.

The Engage for Equity (E2) study (2015-2020) drew similarly from the NIH RePORTER database from 2015. Of 179 projects, 59% were intervention studies, 6% descriptive, 12% dissemination, 3% policy, and the rest other. The average project length was 2.7 years, and the partnership 6 years.

Populations served by Projects*	Research for Improved Health	Engage for Equity (E2)
American Indian/Alaskan Native	23%	31%
Hispanic/Latino	12%	45%
Asian	4%	18%
African American	10%	57%
No specified population	42%	N/A
Multiple Population Groups	9%	N/A
White	N/A	43%
Native Hawaiian/Pacific Islander	N/A	10%
LGBTQ	N/A	5%
Total Participants KIS	200	179
Total Participants CES	450	381

* In the RIH survey, respondents were asked to select the primary populations they work with. In E2, respondents were asked to check all that apply, so the percentage does not equal 100%

The eight case studies were conducted across diverse racial-ethnic and other identity communities, health and social issues, and rural/urban locations. Our analyses of the surveys and case studies show how each promising practice is associated with the following short, intermediate, and long-term outcomes.



Definitions of Outcomes:

Short-Term Outputs:

Partnership Synergy means the ability of partnerships to develop shared goals, recognize challenges, respond to needs, and work together effectively.

Intermediate Outcomes:

Systems and Capacity Changes for Individual Partners and the Partnership

Sustainability of Partnership and Projects means that partners are committed to sustaining the project with no or low funding; and assessing funding sources to meet partner needs.

Shared Power Relations in Research refers to community members perceiving that power is shared, through voicing opinions on research and applying findings to benefit communities.

Agency Capacity Building means strengthened skills of community and partner agencies to enhance their reputation, utilize their expertise, and affect public policy.

Partner Capacity Building refers to individual members feeling an enhanced sense of expertise and skills and the enhanced support they receive for more education.

Long-Term Outcomes:

Community Transformation from advocacy for new health-oriented policies, services, and programs; and improved community environments.

Future Policy Change refers to a partnership's confidence that their efforts will lead to policy changes.

Future Research Integrated into Community refers to a partnership's ability to link research efforts to community needs along with an improved ability of academic partners to integrate community perspectives into research design and methods.

Social Transformation refers to a partnership's ability to reinforce cultural identity or pride, experience broad social impacts, and produce a better overall community environment.

Health Changes refers to a partnership's assessment that its efforts will lead to improved health in the community, along with improved health behaviors of community members.

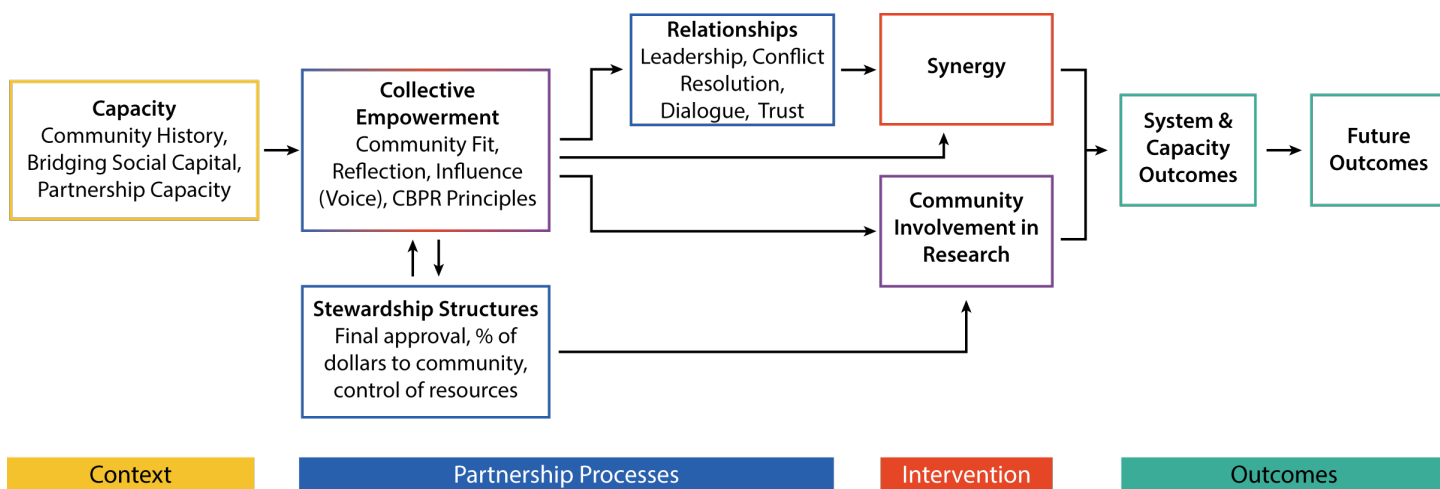


Analyzing Associations and Pathways to Outcomes:

Multiple statistical and qualitative analyses have identified Promising Practices associated with and contributing to Outcomes. Our evidence mirrors a growing literature showing community-engaged and CBPR approaches can deliver high quality research, integrate community and academic ways of knowing, contribute to system and capacity changes, and enhance health, health equity and social justice. With RIH survey data, we conducted multiple regression analyses and structural equation modeling. (See table at back of this Guide). For the case studies, we applied inductive coding and analysis to our interviews and focus groups. (see UNMCPR for articles: <http://cpr.unm.edu/research-projects/cbpr-project/additional-publications.html>).

With Engage for Equity data, we use structural equation modeling to identify core pathways to change. We were interested in which Context variables shape Partnership Processes and Practices, which in turn shape the science of Intervention and Research methods towards Outcomes.

Collective empowerment is the major driver of change, embracing several constructs: collective reflection; influence or voice of partners having power to influence decisions and actions; partners sharing CBPR principles and practices that fit with community values and knowledge. Collective empowerment then contributes to outcomes through 3 separate paths: 1) directly to *Synergy*; 2) through *Relationships to Synergy*; and 3) directly to *Community Involvement in Research*.



From Context, there are two major pathways from practices to outcomes. The top pathway, which we are calling the “Partnership” pathway of *Relationships*, starts with *Capacities* within the community and partnership leading to *Collective Empowerment*, then to *Synergy* and beyond. The bottom pathway, called the “Structural” pathway of *Community Stewardship*, indicates that agreements of shared resources, % of funding to community, and community approvals lead to more *Community Involvement* in research, which then contributes to *System and Capacity* and *Future Outcomes*. All collaborations are based to some degree on both pathways, but you may notice your partnership might focus on one or the other at different times. We encourage you to reflect on what is most meaningful to you.

Introduction to Promising Community Engaged and Participatory Practices:

The following pages of Promising Practices are associated with one or more of the Short-term Outputs; and Intermediate and Long-term Outcomes.

Each Promising Practice Page Contains:

1. The *Promising Practice* and its definition
2. Evidence that the practice exists, through providing:
 - A. Survey questions to measure the *Promising Practice* at one point in time, or across time if assessed more than once;
 - B. Quotes from interviews or focus groups that demonstrate how this practice operates in the real world
3. Actions for Outcomes:
 - A. Documented outcomes that are linked to this Promising Practice
 - B. Recommendations for actions to strengthen the promising practice and outcomes.

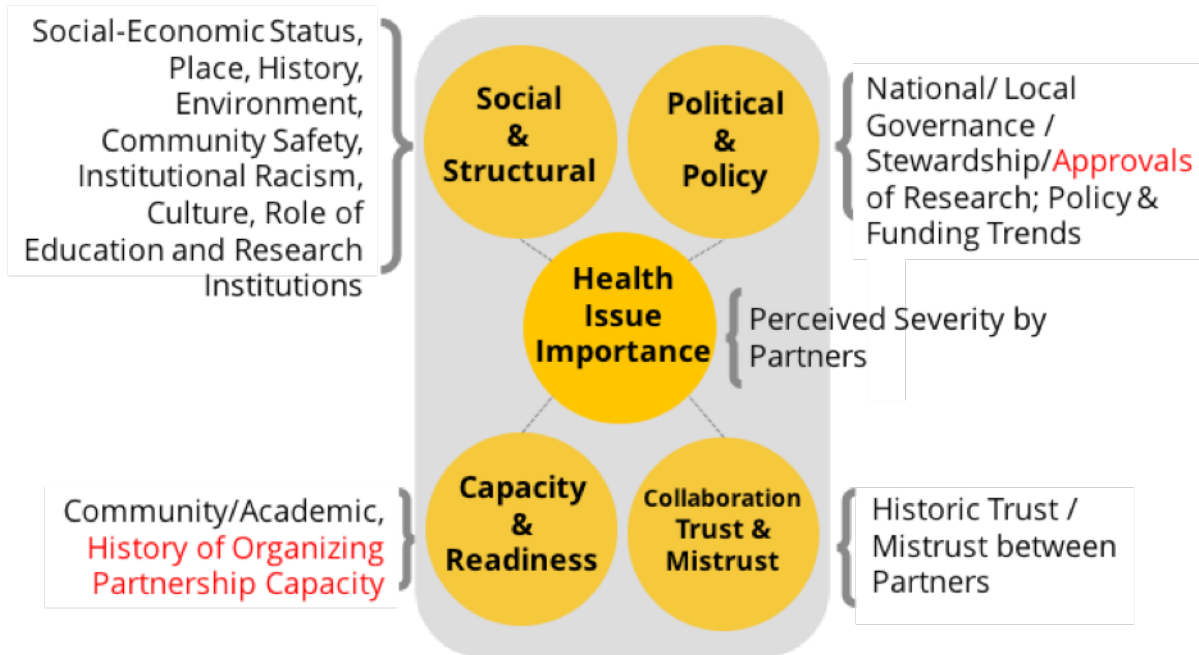
For example, if a partnership was interested in the outcome of “shared power relations in research,” we’d advise them to have a written formal agreement, to involve community members at all research steps, to foster participation of all members, and actively build trust in the partnership.

As practitioners of CBPR and CEnR, we know there is not one way to partner together well. It is our hope that these measures and promising practices provide meaningful and concrete tools for local adoption or adaptation to your own needs. We hope to inspire co-learning from other partnerships to share tools and practices and, ultimately, to strengthen our collective national community of practice.



Context

Context provides grounding for collaboration on the priority health issue(s). Contextual factors include *socio-structural and historical conditions, national and local policies, community and academic capacities, and levels of mutual trust.*



Context: Example

In a rural partnership focusing on improving the cardiovascular health of African American men, community members, community and faith-based organizations, business owners and local government leaders recognized the unanticipated discriminatory effects of outlawing segregation in their Context of a rural environment with already constrained economic opportunities.

“I think in terms of context that is important ... is when segregation was outlawed, both in schools and in businesses and other things, what happened was this community lost their African American middle class, because all of the teaching positions went to Whites in power. All of the jobs ... it’s still to this day.”

This collective recognition of structural racism served as a “catalyst” to have intentional conversations about racism and economic deprivation. **By linking structural factors to the lived experiences** of African American men, this multifaceted partnership facilitated a regional economic evaluation that led to collaborations with local government offices and business leaders to expand job-training opportunities. For instance, two local mayors provided land to create production gardens, where the produce was sold to food retailers.

Leveraging History of Community Organizing:

Building from community capacities and histories of advocacy to confront inequitable community conditions.

Evidence of Practice



Survey Questions:

Measures on a 6-point Likert scale.

1. The community or communities participating in this project have a history of organizing services or events.
2. The community or communities participating in this project have a history of advocating for social or health equity.
3. By working together, people in the community or communities participating in this project have previously influenced decisions that affected their communities.

“We have a lot of meetings in the community. And when you are in those meetings and you listen to the stories of the people who have been victimized by the system, and who are able to articulate it clearly and with passion, it moves you. You don’t forget it. That’s another thing I think that energizes and gives rise to that spirit that you’re talking about. **And the other thing is that we see this as another civil rights movement.**”

“Some of [the partnership] leaders were part of a very big movement in the Bronx in the ’80s to help rebuild the Bronx after it had been really gutted by arson and greed. These are people out of the community who wrestle to the forces, wrested the Bronx from those forces, [and] cleaned up the community. Where you had mattresses and crack vials and drug needles, those people worked to create apartment buildings, home ownership, built schools, started afterschool program[s]. Those are the people who are the leaders and the foundations of our work.”

Why This Matters: Actions to Outcomes



From our national data, we learned that partnerships are more effective when they recognize community context and history. This includes the strengths and challenges of people’s lived experiences within conditions of poverty, structural racism, and other inequities. Recognizing these contexts facilitates partnerships to build from community leadership and advocacy to strengthen partnership practices. This synergy of research-in-action can produce long-term policy and other community and social transformations.

Recommendations:

1. Assess what you know now about the community’s history and leaders.
2. Identify strategies that build on the community strengths and history.
3. Develop plan for reflection on progress.

Partnership Capacity:

Partnership has the foundational resources necessary to achieve project aims.

Evidence of Practice



Survey Questions

Measures on a 6-point Likert scale:

1. Skills and expertise
2. Diverse membership
3. Legitimacy and credibility
4. Ability to bring people together for meetings and activities
5. Connections to political decision makers, government agencies, other organizations/groups
6. Connections to relevant stakeholders

“It’s really key to when you have leaders in one room from different areas[s] ...our Community Resource Committee group has pastors, physicians, leaders in public health, very important people with a lot of experience who come from different spheres in the community; and in their own world they are their leaders. The people are used to listening to them. They are the loudest voices. And there’s that level of respect that I think came from working together for many years.”

“We had a member of a church and **this member had a sense of ties to the community at large** and to the faith-based community [in the Bronx]. And through that member, one of things we decided was to look at faith-based organizations that in many of our communities represent some of the major infrastructures, some of the pillars in that community.”

Why This Matters: Actions to Outcomes



Partnership capacity is the foundation for long-term project success. When partnerships have skills, diverse membership, legitimacy, and connections to relevant stakeholders this facilitates commitment to culture-centeredness, which leads to stronger relationships, synergy, and community in research contributing to outcomes.

Recommendations:

1. Assess current level of partnership capacity to work with external decision-makers and other stakeholders.
2. Develop vision of capacities you would like to achieve and strategies to reach them.
3. Develop plan for reflection on progress.

Final Approvals:

A key component of stewardship on behalf of the community, specifically who approved participation in the research.

Evidence of Practice

Survey Questions

We asked: who approved participation in this research project on behalf of the community? The 5 responses analyzed were:

- A. Community/Tribal IRB
- B. Community Advisory Board
- C. Community Agency
- D. Local Government/Public Health Agency
- E. Individual/None.



“Well, they [the tribal leadership] have the authority... **They’re the gatekeepers really for what we are going to be presenting in the community**...like out there in the world, how we’re going to represent them. So we need their authority. We need them to approve, and so, to me, they have a significant amount of oversight in that sense. ... We will not move forward with an idea or some activity if they have not approved it. Really.”

Why This Matters: Actions to Outcomes



When local institutions like tribal governments, health departments, or community agencies give final approval for research to take place, community involvement in research increases.

Recommendations:

1. Assess current level of community involvement in approval processes.
2. Identify strategies to reach greater community integration.
3. Develop plan for reflection on progress.

Collective Empowerment

Collective empowerment is the multi-dimensional term that drives change within *Partnership Processes* and crosses into the *Intervention/Research* domain of the CBPR model.

Collective empowerment draws from the ideas of Paulo Freire and the empowerment literature with definitions that embrace both social action processes and social justice outcomes. It is often defined as people assuming control or mastery over their lives (Julian Rappaport), or as a social action process where people, organizations and communities reflect and act together to improve their life conditions (Nina Wallerstein). Within CBPR, collective empowerment also recognizes the importance of community knowledge and history as a primary catalyst for change.

The Engage for Equity path analysis combined four *Partnership Processes* constructs to equal Collective Empowerment. Two of the constructs are within *Partnership Structures*: 1) shared CBPR principles; and 2) community fit. Two of the constructs are within *Relationships*: 1) the importance of influence, voice, and power; and 2) collective reflection or partners' ability to incorporate community needs and reflect on power and privilege to improve their collaboration and advocate for change in their communities.

The community fit construct includes the capacity of the partnership to integrate community knowledge and history, which then leads to greater likelihood of creating culture-centeredness interventions and programs within the *Intervention and Research* domain.

Collective Empowerment Examples:

“Our community committee has pastors, physicians, leaders in the public health arena, very important people with a lot of experience who come from different spheres; and **in their own world they are their leaders. The people are used to listening to them. And there’s that level of respect that I think came from working together for many years.**”

“I think to me is always very important to acknowledge the diversity within the Chinese culture, in the composition of team members... At least we fight over it, in the translated materials so we then feel more comfortable... “We’re debating words for 20 minutes. **It’s not just translating the language, but we’re also translating the culture actually.**”

Partnership Processes - Structures

Partnership Processes are the promising practices that promote equitable contributions from all stakeholders. This section focuses on one element of these processes: **Partnership Structures**. Partnership structures can be formal, such as *percentage of dollars shared, control of resources, and signed formal agreements*; or informal, as *shared partnership values* or adopting *CBPR principles*.



Partnership Processes - Structures: Example

Many partnerships are **creating participatory structures to ensure shared decision-making and authentic involvement of community members and other stakeholders** in the research process. This can include informal guidelines or shared principles and value statements. Or, it can include formal structures, such as community advisory boards with formal procedures for making decisions. Increasingly, partnerships are adopting formal documents that provide guidance on ownership and sharing of data, co-authored publications, and dissemination of findings. These formal agreements have a longer history in American Indian/Alaska Native communities because of tribal sovereignty that has sought to redress historic abuses of research on tribal lands. Tribal IRBs have mandated that data belongs to the tribe, with tribal authority needed to publish the data. Their overall purpose is to provide benefit to the community.

While other communities may not have the same governance structure, the ethical responsibility is still paramount, how to ensure benefit to the community. On the practical level, this could entail written agreements, dividing funds with community organizations, and hiring community members who know the community deeply as part of research teams.

Control of Resources:

The extent of decision-making control among community and academic partners regarding personnel and resources.

Evidence of Practice



Survey Questions

1. Which partner (academic, community, or both) hires personnel on the project? *By community partners we mean agencies, organizations, tribal communities, health departments, individuals, or other entities representing communities. By academic partners we mean university or research institutions.*
2. Who decides how the financial resources are shared?
3. Who decides how the in-kind resources are shared?

Responses: 1. Mostly Community 2. Mostly Academic 3. Both

“Doesn’t hurt to bring some resources to the table. That facilitates trust, too – if you’re willing to share your resources with someone else and let them help you decide how to use them”.

“And so even for firing decisions ... in part, it’s a function of the community partners saying, “Here are the expectations of the job.” And so I think that’s pretty powerful. We’ve had monetary decisions that have been jointly decided; so we try to be mindful of power dynamics. I think they clearly still exist. The money comes to the University. That’s just a reality. We have subcontracts to the community.”

Why This Matters: Actions to Outcomes



When resources are managed by community partners or with shared control, this contributes to more community involvement in research. We have found that when partnerships share resources, this leads to increases in partner capacity and community health improvement.

Recommendations:

1. Think about how decisions are made in your partnership to increase community influence.



Percentage of Dollars Shared with Community:

The percentage of project dollars allocated to community partners.

Evidence of Practice

Survey Questions

Think of the overall budget and how project resources are divided among community and academic partners. Please enter the percentage of financial resources shared with community partners.



“And so that’s why I think us being able to use guys that had hard lives, or guys that still are struggling in the areas, but give them an opportunity ... like their morale ... **now when guys say, “I work for [our project] and these guys we hire, they’re hired through the university...You are part of the School of Public Health.”**”

Why This Matters: Actions to Outcomes



Sharing financial resources with community partners, such as subcontracts or hiring community members as staff, leads to greater community involvement in all steps of research. With most research grants still coming to Universities, it becomes critically important that financial resources are shared with communities.

Recommendations:

1. Think about what your ideal process for discussing and making decisions on resource allocation.



Formal Written Agreement:

Existence or not of formal agreements between academic and community partners.

Evidence of Practice



Survey Questions

Does your partnership have written formal agreements such as a Memorandum of Agreement/Understanding or Tribal or Agency Resolution?

Response: Yes/No

“Well, this has been a total learning experience for me...from the tribe’s perspective, we do MOUs, memorandums of understanding, just to put everything specifically written down. **We have our tribal attorneys look at it, and then we have it approved by tribal council.**”

Why This Matters: Actions to Outcomes



The presence of formal agreements can lead to greater community involvement in all aspects of the research. Many formal agreements focus on ownership, use, and sharing of data, and therefore can promote power sharing in dissemination and enhanced community ownership.

Recommendations:

1. Consider how your partnership makes decisions and whether having a formal agreement would enhance community involvement.
2. If you decide to draft an agreement, think about what topics you want to include.



CBPR Principles:

The degree to which academic and community partners agree with principles of engagement in terms of commitment to partners, partnership, and community well-being.

Evidence of Practice



Survey Questions

Measures on a 6-point Likert scale

This project builds on resources and strengths in the community.

1. This project builds on resources and strengths in the community.
2. This project facilitates equitable partnerships in all phases of the research.
3. This project helps all partners involved to grow and learn from one another.
4. This project balances research and social action for the mutual benefit of all partners.
5. This project emphasizes the factors that are important to the community which affect well-being.
6. This project communicates knowledge and findings to all partners and involves all partners in the dissemination process.
7. This project views CBPR or community engaged research as a long term process and a long term commitment.

“Well, I think it’s helped level the playing field a little bit, which has been important. It’s when – we’ve revisited those principles a couple of times, how important they are – that we make sure that we are adhering to them in our work. I think it adds to ownership, it adds to the buy-in, it adds to the quality, it adds to – **if everybody has an equal stake in the success of this partnership and this research, it’s going to be more successful.**”

Why This Matters: Actions to Outcomes



When community and academic partners share CBPR principles and actions for mutual benefit, it contributes to improved partner relationships, partnership synergy, community involvement in research, and agency capacity building.

Recommendations:

1. Assess level of mutual understanding and alignment of core CBPR principles.
2. Develop your own set of mutually-agreed upon principles.
3. Revisit principles to adjust or add others in reflection sessions over time.

Community Principles and Fit:

Community fit is how individual team members feel the research project integrates community culture(s), history and understandings in the research and intervention design and implementation.

Evidence of Practice

Survey Questions

We measured Community Fit with a 6-point Likert scale in response to the following statements:

1. This project is responsive to community histories.
2. This project integrates the words and language of the community.
3. This project connects with the ways things are done in the community.



“I wish that the researchers could sign [American Sign Language]. I can’t learn to hear. I can’t learn to speak. But they have eyes. They can use their hands. They can learn to sign.”

“For me, the acequia movement is another movement of struggle. It’s a New Mexican movement based on tradition, the struggle for water, and water is life; “se defiende no se vende.” “Water is to defend, not to sell.”

“I think to me is always very important to acknowledge the diversity within the Chinese culture, and to bring in that composition of team members... At least we fight over it, in the translated materials so we then feel more comfortable... “We’re debating words for 20 minutes. **It’s not just translating the language, but we’re also translating the culture actually.**”

Why This Matters: Actions to Outcomes



When team members feel research projects have a strong community fit as part of commitment to culture-centeredness, this contributes to synergy, more community involvement in research, with outcomes of improved ownership and sustainability of interventions.

Recommendations:

1. Think about how your partnership incorporates knowledge of community history, language, and ways of knowing.
2. If this is an area you want to strengthen, identify strategies and develop a plan for reflection on progress.

Partnership Values:

Shared values and understandings of problems, mission, priorities, and strategies.

Evidence of Practice



Survey Questions

Measures on a 6-point Likert scale:

1. Members of our partnership have a clear and shared understanding of the problems we are trying to address.
2. Members can generally state the mission and goals of our partnership.
3. There is general agreement with respect to the priorities of our partnership.
4. There is general agreement on the strategies our partnership should use in pursuing its priorities.

“We started without money, and we were able to really think about what our core values and missions were without having the pressure of deadlines as it relates to projects or budgets needing to be distributed. From the beginning, I think that really helped us to operate through that lens of what the value system is for [our partnership], and I think that was our biggest benefit, was making all our mistakes before there was money attached from deadlines and things.”

Why This Matters: Actions to Outcomes



Partnership values hinges on mutual agreements on partnership mission and priorities. Our research shows that when values are shared across partners, this can enhance trusting and respectful relationships which leads to greater partnership synergy and individual growth.

Recommendations:

1. Assess current level of agreement of shared values and understandings of priorities and mission.
2. If not aligned, conduct strategic planning to align shared understanding and values.
3. Develop plan for reflection on progress.



Bridging Social Capital:

Bridging social capital is the capacity to work across difference, but also includes academic team members sharing similar cultural, racial-ethnic, identity backgrounds to community partners.

Evidence of Practice

Survey Questions

Measures on a 6-point Likert scale:

1. The community partners (such as patients, community members, or organizations) have the knowledge, skills, and confidence to interact effectively with academic partners (such as individuals from communities).
2. The academic partners have members who are from a similar background as the community partners.
3. The academic partners have the knowledge, skills, and confidence to interact effectively with the community partners.



“Unless we can really talk about some of those things [ie., race and structural barriers that create health inequities], it’s going to be hard to do anything else; and I think CBPR creates that space, talking about those principles. **Our university partners were really listening to our community partners. And out of some of that work we were able to look at the strengths that we had in the community for building or bridging social capital, you could say.**”

“They have done a wonderful job. They got involved with the community in other ways. Not only with this project, but also – like Dr. M. He is considered...for the Somalis – one of the favorite family physicians. And it’s because of his nature. He’s very humble and willing to help anyone. ... As a community, it makes us feel really at ease, and also builds that trust, when it comes to his [health care research institution].”

Why This Matters: Actions to Outcomes



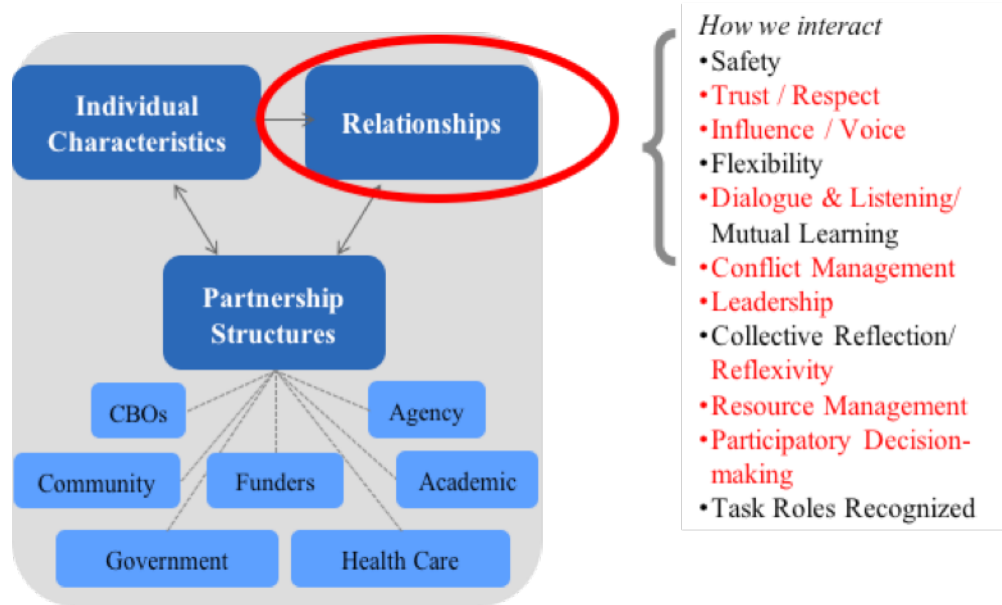
The capacity of academic and community partners to interact effectively across power dynamics leads to commitment to collective reflexivity and CBPR principles. These commitments lead to partnership synergy and more community involvement in research towards long-term outcomes of community transformation.

Recommendations:

1. Assess current level of bridging social capital, i.e., in hiring community partners, and in recognizing community strengths. Develop vision of what you would like to achieve.
2. Identify strategies to achieve your goals.
3. Develop plan for reflection on progress.

Partnership Processes - Relationships

Partnership Processes are the overall practices that promote equitable contributions from all stakeholders. This next section focuses on seven of the **Relationship Practices** as critical for equitable contribution.



Partnership Processes - Relationships: Example

In a faith based outreach initiative in a large urban city, a community research partnership of residents, community leaders, pastors, physicians and academics built strong interpersonal processes and practices to address diabetes-related disparities among Latinos and African Americans. Through authentic participatory decisions making and multi-level leadership, this project fostered synergy among its members.

“One of our key strengths is multi-level leadership. I was at a coalition meeting a couple of months ago... And I watched the discussion take place, and everyone in the room participated: they listened to each other, there were pastors who spoke, there were community residents who spoke, there were staff member who spoke, and there were people who I didn’t even know who they were who spoke. And at the end I thought we reached a really smart, really good decision that everyone agreed on.”

After many years of collaborating with folks from multiple spheres, the partnership cultivated a level of respect among members to promote effective conflict management and communication.

Dialogue & Listening:

Degree to which all partners listen and participate in dialogue with each other so that all opinions and knowledge are valued, and community members feel their voices are equally valued in helping the partnership to move forward.

Evidence of Practice

Survey Questions

Measures on a 7-point Likert scale:

1. We show positive attitudes towards one another
2. Everyone in our partnership participates in our meetings
3. We listen to each other



“Here we’ve got local knowledge in the community. They have a good sense of what works best, what has worked best in past years... versus another level of experience coming from outside of the community. For community members that don’t know the value of their voice, sometimes you see them not wanting to speak loud so they are heard, when it’s so important that they speak loud. So that the university partner, you could say, hears them.”

“We all have different expertise. Like we look to UCSF for all research related questions; and NICOS is more the community expert. We know how the community feels about how the project. San Francisco State, their specialty is traditional Chinese medicine. So, for different issues, we go to different people. And we respect the other party’s expertise, and accept what they suggest.”

Why This Matters: Actions to Outcomes



Our national studies show that when active dialogue and listening occur, this process results in greater partnership synergy and shared power relations in research. Participation requires listening to and implementing the perspectives of community partners over time so that people can claim ownership and see how they are co-creating the research process.

Recommendations:

1. Assess current level of listening and dialogue.
2. If needed, develop strategies to enhance listening and full participation in dialogue.
3. Develop plan for reflection on progress.

Conflict Management:

Conflict management refers to the ways community and academic partners interact, negotiate, and manage conflicts, tensions, and frictions that emerge in the partnered research. Conflict management procedures can be both formal and informal.

Evidence of Practice

Survey Questions

Measured on a 7-point Likert scale:

1. How much do you agree or disagree that this partnership has conversations where:
2. When conflicts occur, we work together to resolve them.
3. Even when we don't have total agreement, we reach a kind of consensus that we all accept.



“So it does take a little bit of risk taking sometimes for me to move along that continuum; and I think it helps when the academia, the core research team, trusts us [community partners] so that we can take a little bit more risks of voicing some of our opinions, or stand up for the community. I know that when we were working the Stage of Changes, I think the theory was too heavy for me, and trying to make it more layman's ... so I had tried to advocate for the community, especially when I felt we were training lay health workers. **It takes a lot of compromise and discussion, and I think trying to have open communication to makes that happen.**”

Why This Matters: Actions to Outcomes



Conflict management is a partnership engagement process that can promote mutual respect and trust to improve and strengthen relationship quality. When conflicts, confrontations, tensions, or frictions are not resolved successfully, then feelings of resentment, frustration, and even distrust might emerge in the partnership that might put the partnership in jeopardy.

Recommendations:

1. Think about your own processes when a conflict occurs, what has worked for you?
2. Identify additional formal or informal conflict management strategies that you might want to adopt?
3. Develop plan for reflection on progress.

Leadership:

Leadership is a fundamental relational practice that encourages participation, and supports community leaders as equal partners.

Evidence of Practice

Survey Questions

Measures on a 6-point Likert scale

1. How well does the leadership for the partnership:
2. Encourage active participation of academic and community partners in decision making?
3. Communicate the goals of the project?
4. Foster respect between partners?
5. Help the partners be creative and look at things differently?

“I think that, pretty much, if you ask anybody in the community, they would say they (academic partners) were the leaders in the beginning. I don’t think they would say they’re the leaders now...I think that they would say they’re some of the leaders, but not THE leaders. **I think that there are community people who would be identified as leaders, too.**”

“She is careful about how she wears that mantle [as PI]. You know what I mean? She’s the one who will always be like, ‘Hey, don’t forget we have to go to the community first.’ She guards it intensely. That’s her passion. CBPR is like what it’s all about for her. So although she kind of drives the boat, she’s the one who always like pulls it over. ‘Stop! We have to stop here.’... I’m just thinking about power, so even when it seems like she’s got more power, it is shared.”

Why This Matters: Actions to Outcomes



Our national study showed that when partners feel they have effective leadership, this contributes to greater synergy to recognize challenges, respond with solutions, and contribute to desired outcomes.

Recommendations:

1. Assess current level of leadership, and specifically how community partners and leaders are viewed.
2. Develop vision of what you would like to achieve.
3. Identify strategies to achieve your goals and reflect on progress.



Participatory Decision Making:

Decision-making that takes all opinions into account, though there are multiple ways to achieve high level of participation.

Evidence of Practice

Survey Questions

Measures on a 5-point Likert scale:

1. Feel comfortable with the way decisions are made in the project.
2. Support the decisions made by the project team members.
3. Feel that your opinion is taken into consideration by other project team members.
4. Feel that you have been left out of the decision-making process.



“Yeah, I would say there’s definitely a collaboration when it comes to decision-making. I feel like suggestions that I make are listened to and used. **I think my inputs are valued, and that feels really good. It shows that respect.**”

“So we really don’t have a formal way for making decision other than consensus, which is about as vague as we intentionally leave it. **And consensus is authentic; we can make lots of decisions that relate to spinning of wheels in the academic house, but we can’t make decisions that impact community partners without communities that we’re working with.**”

Why This Matters: Actions to Outcomes



Participatory decision-making is connected to active listening, trust, and respect as part of relationship processes which contribute to partnership synergy. This kind of decision-making can be practiced in multiple ways, as long as people feel their opinion and voice are valued. Partners have often said that consensus approaches and trust and respect reinforce and build from each other.

Recommendation:

1. Assess and discuss your current decision-making, comfort levels, and whether all partners feel their opinions are valued.
2. Identify decision-making options. (See Israel et al, Methods in CBPR, 2013, 70% rule)
3. Develop a plan for reflection on whether the decision-making strategy chosen is working for all.



Effective Resource Management:

Leadership is a fundamental relational practice that encourages participation, and supports community leaders as equal partners.

Evidence of Practice



Survey Questions

Measures on a 6-point Likert scale:

Please choose the statement that best describes how well your project used....

1. The partnership's financial resources
2. The partnership's in-kind resources
3. The partnership's time

“... I find we play very equally. **Each agency has different expertise and different contribution.** I think we put together a team that had both capability in addressing the questions, but also implementing the questions. (The community agency) is really the implementation arm. We cannot do this project without [the community coordinator and university coordinator]. Everyone's indispensable, down to the individual level.”

Why This Matters: Actions to Outcomes



When partners believe there is effective use of team financial and in-kind resources, this leads to partnership synergy and the development of partner capacities and project sustainability.

Recommendations:

1. Assess how well you mention resources among all partners.
2. Identify different resource management options for the future.



Respect:

Respect is demonstrated by how partners are perceived in their positions and roles, but also is a partnership relationship quality that develops over time. Processes that facilitate conflict management, such as effective communication and commitment, can promote mutual respect to make changes.

Evidence of Practice

Survey Questions

No effective measures at time of this guide. Data is qualitative.



“Our [community] group has pastors, physicians, leaders in the public health arena, very important people with a lot of experience who come from different spheres; and in their own world they are their leaders. The people are used to listening to them. And there’s that level of respect that I think came from working together for many years.”

Community Partner:

“[In piloting], the biggest problem we found was the time, how long it took people to finish the survey.... There were several questions people didn’t understand; some questions were just annoying. ... They cut out a lot...so that our biostatistician felt we were cutting it down to the bare bones from the research perspective... It’s still pretty long. But it could be worse, I guess...Total effect, [we were] listened to. **They need to collect a certain amount of information for the research to be valid; and we respect that. And I was really glad that they listened to our feedback and tried to trim down the survey.**”

Why This Matters: Actions to Outcomes



Respect is the foundation for stronger partner relationships, and is highly connected to other relationship processes of trust, listening and dialogue, and influence.

Recommendations:

1. Assess current level of respect and of community voice being heard.
2. If needed, identify strategies to strengthen respect.
3. Develop plan for reflection on progress.



Trust:

Trust has been defined in two ways:

1. People having confidence and ability to rely on each other; and
2. A typology of trust: from trust deficit or neutral trust to evolving stages of trust that show increased trust among partners.

Trust is dynamic. It varies and is not just established and kept; rather it can be lost suddenly and requires consistent nurturing. The ideal of 'reflective trust' in fact means you can make mistakes and repair trusting relationships. Trust development is founded on participation (showing up), effective communication, and commitment to common goals.

Evidence of Practice



Survey Questions

Measures on a 7-point Likert scale:

1. I trust the decisions others make about issues that are important to our projects.
2. I can rely on the people that I work with on this project.
3. People in this partnership have a lot of have confidence in one another.

Trust Typology: What primary type of trust do you think the partnership has now?

1. **Trust Deficit (Suspicion):** Partnership members do not trust each other.
2. **Neutral:** Partners are still getting to know each other; there is neither trust nor mistrust.
3. **Role-based:** Trust is based on member's title or role with limited or no direct interaction.
4. **Functional:** Partners are working together for a specific purpose and time frame, but mistrust may still be present.
5. **Proxy:** Partners are trusted because someone who is trusted invited them.
6. **Reflective:** Trust which allows for mistakes and where differences can be talked about and resolved.

Continued on Next Page...



Trust: Continued

“We had relationships that went way back. It took us five years to get to a research project I think we have a lot more trust now. I don’t know that we have as much trust as I would like to have, but the project **allows us to sit together at the table, talk to each other, and show how sincere we were.**”

“So there was some trust broken at that point, and us not saying, hey we need help, because we didn’t know we needed help. And them feeling like they had not been kept informed. So there was a meeting ... about what’s happened, how do we get things back on track, what are your overall feelings? **And so, that personal attention went a long way in us building a more firm relationship and us knowing each other’s styles and how we react to things and understanding where we’re coming from.**”

Why This Matters: Actions to Outcomes



Trust often begins in proxy form within a historical context of mistrust. However, partnerships may serve as a vehicle to facilitate the building of more engaged forms of trust by maintaining a stance of mutual benefit in the community. Paying attention to trust development can lead to firmer relationships, synergy, shared power in research and sustainability. Promote respect, active listening and dialogue, and participatory decision-making.

Enhanced trust contributes to partnership synergy, sustainability of projects and partnership, and shared relations in research.

Recommendations:

1. Recognize historic mistrust and take responsibility for your institutional and societal roles in shaping mistrust.
2. Assess current type of trust partners hold.
3. Develop vision of the trust you would like to nurture as a partnership.
4. Identify strategies to achieve your goals.
5. Develop plan for reflection on progress.



Influence and Voice:

Influence is the perception of how individual team members feel about their ability to contribute to decisions in the research team context.

Evidence of Practice

Survey Questions

Measures on a 7-point Likert scale:

1. I have influence over decisions that this partnership makes.
2. My involvement influences the partnership to be more responsive to the community.
3. I am able to influence the work on this project



“I think you have to truly be comfortable with sharing power, not just saying, but really be comfortable with sharing and giving power, knowing when it’s time to step back as the academic partner, even when the community partners are doing it different than you’ve been trained, or different than you think is best, because they’re truly the experts.

For me, being a part of the team and seeing the expertise from my [community] colleagues, in really learning how to best communicate the message; I see them as our in-house experts in terms of even if we have the greatest theory, **we have to make it understandable and applicable to the real people who we really want to reach.”**

Why This Matters: Actions to Outcomes



Influence is an important dimension of power within relationships, both inside and outside the partnership, and is part of the commitment to culture-centeredness. If partners believe they have influence, this contributes to stronger relationships, partnership synergy and intermediate outcomes of partner and agency capacity, project and partnership sustainability, and long-term outcomes of community transformation.

Recommendations:

1. Assess current level of influence and of community voice being heard.
2. Develop vision of what you would like to achieve.
3. Identify strategies to achieve your goals.
4. Develop plan for reflection on progress.

Collective Reflection:

Collective reflection refers to team capacity to evaluate and reflect on their own partnership processes or order to seek continual improvement; and to recognize the challenges of addressing issues of equity, power, and privilege in their research processes.

Evidence of Practice

Survey Questions

Measured on a 7-point Likert scale.

1. Our partnership has discussions about our role in promoting strategies to address social and health equity.
2. Our research partnership evaluates together what we've done well and how we can improve our collaboration.
3. Our partnership reflects on issues of power and privilege within our partnership.



“There’s some work that we did that was helpful in terms making sure we were on the same page ... We have this tree picture that shows two different trees. One tree has heavy disease burden in the branches, minimal community supports in the trunk, and root determinants such as high levels of poverty, high unemployment, and racism. The other tree has lower disease burden, strong community networks, and root determinants such as good educational opportunities and jobs. So we use things like that to start talking about kind of what’s going on. We also read some things together that addressed race and racism, like on the experience of being a Black Man. **We used some of those pieces to have dialogue within our partnership; to engage people in conversation and restructure our work to go beyond just behavioral factors.**”

Why This Matters: Actions to Outcomes



Our national study showed that when team members feel research projects have a high level of collective reflection, this contributes to more synergy, more community involvement in research, with improved ownership and sustainability of interventions, and capacity for long-term outcomes.

Recommendations:

1. Reflect on your own processes and roles in addressing issues of social and health equity, power and privilege in your communities.
2. Reflect on how these issues enter the partnership.
3. Identify strategies and tools that may help you deepen these processes.

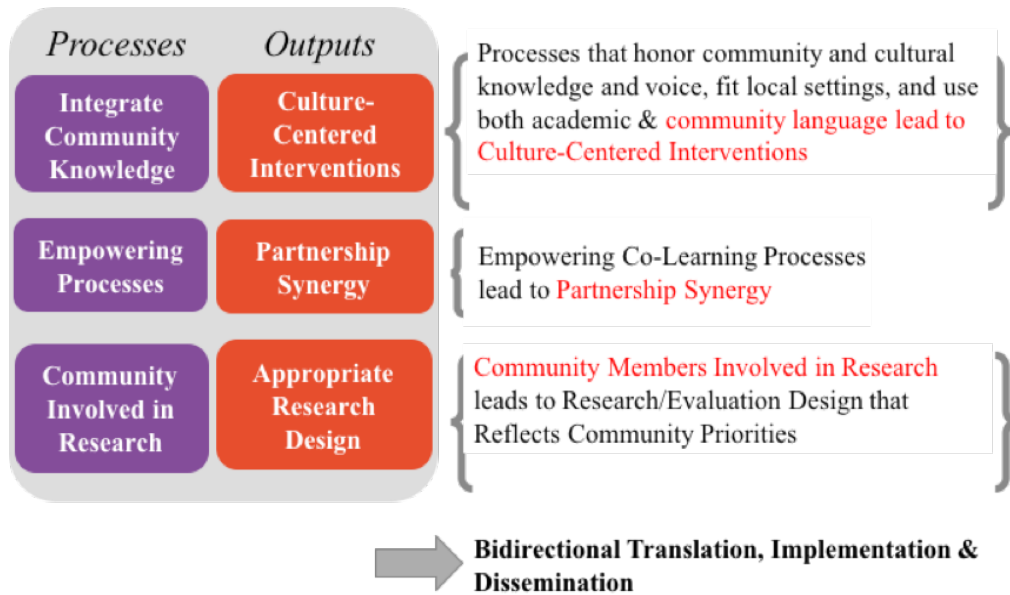
Intervention/Research Design Processes

Promising practices in this section relate to the science of intervention and research processes, which contribute to short-term outputs.

Integrate Community Knowledge for Culture-Centered Interventions: By integrating community knowledge, the partnership is demonstrating the importance of knowledge democracy that honors all ways of knowing, and can lead to greater likelihood of producing interventions and programs that are appropriate for the culture and practices within the community.

Empowering Processes lead to Partnership Synergy: *Partnership Synergy* is a short-term output of empowering processes that showcase the partnerships' capacity to develop shared goals, strategies, and effective collaboration as a team.

Community Members Involvement in Research: *Community Involvement* includes all stages of research: from grant inception, to intervention and research design, to data collection, analysis and dissemination of findings, and, to spurring community action from the finding. Community involvement leads to appropriate research designs.



Intervention/Research Design Processes: Example

As a principle of active engagement, the National Center for Deaf Health Research incorporates participation of Deaf community members in all stages of research, from data collection, recruitment, and analysis, through dissemination; and ensures community influence and agency through their Deaf Health Community Committee. As an example of the impact of their involvement in research, they were able to transform the consent process by creating an 18 minute ASL movie that participants watched before agreeing to participate after asking any questions they had in ASL. See: www.urmc.edu/ncdhr

Integrate Community Knowledge for Culture-Centered Interventions:

The ability of team members to integrate the knowledge from the community into their research or evaluation design and implementation produces an output of an intervention or program that integrates community culture(s), history and understandings that appropriately fit the community. It also supports a partnership culture of mutual understanding and respect.

Evidence of Practice



Survey Questions

We measured Community Fit with a 6-point Likert scale responding to the statements:

1. This project is responsive to community histories.
2. This project integrates the words and language of the community.
3. This project connects with the ways things are done in the community.

The Deaf Health Community Committee (DHCC) acknowledges the National Center for Deaf Health Research for creating an opportunity to express their culture in co-creating their Deaf Weight Wise intervention in American Sign Language (ASL) and in their research processes. (See: www.urmc.edu/ncdhr)

“I always feel that research for an hour [in the DHCC] is good; and then we have our closed meeting. We don’t need the researchers, because often we’ve asked all the questions we need to ask..and we’re kind of done with them. **The second hour we are free to breathe freely and sign ASL the way we like, and we don’t have to worry about being monitored.**”

Why This Matters: Actions to Outcomes



When team members integrate community knowledge into their programs and interventions, this produces a product and process that is culturally-centered which contributes to partnership synergy, more community involvement in research, and intermediate and future outcomes.

Recommendations:

1. Think about how your partnership incorporates knowledge of community history, language, and ways of knowing into its programs and interventions.
2. If this is an area you want to strengthen, identify strategies and develop a plan for reflection on progress.

Community Involvement in Research:

Refers to the extent community members participate in all phases of the research.

Evidence of Practice



Survey Questions

We asked you to rate, using a 6-point Likert scale, how much community partners have been involved in the following research steps:

Community Involvement in Research Items

Background

1. Grant proposal writing
2. Background research
3. Developing sampling procedures

Design

1. Designing and implementing the intervention
2. Designing data collection instruments

Data Collection

1. Collecting data

Analysis

1. Interpreting study findings

Dissemination

1. Writing reports and journal articles
2. Giving presentations at meetings and conferences

Community Action

1. Informing the community about research progress and findings
2. Informing relevant policy makers about findings
3. Sharing findings with other communities
4. Producing useful findings for community action and benefit

Continued on Next Page...



Community Involvement in Research: Continued

“I was struck by the amount of input from community partners in every single stage of that project. I mean it was spearheaded by in terms of these are priorities, like we’re going to focus on healthy eating and being physically active. But, yeah, communities, they are represented in the study, were represented from even before the project was even funded, even in the grant preparation, during all stages up until now.”

“They’re [community members] models and they’re cognitive interviewers...so the data collection methods ... they’re involved with that. **Obviously, they run the recruitment...They’re involved with the analysis...And so they’re involved in all of these steps of the way, and we just don’t basically say, ‘Well, I’ve just got to rush this out.’**” It’s all embedded through mostly the [community committee] but then, again, we’re giving an opportunity to employ people.”

Why This Matters: Actions to Outcomes



Having community members involved in multiple steps of the research (not just as individual focus groups or in data collection alone) contributes to shared power relations in research and other capacities.

Recommendations:

1. In your partnership, think about the facilitators and barriers to involving your community partners in the different stages of research.
2. Decide where you want to be in the future and what strategies you can use.

Glossary of Terms

CBPR Model Domains:

1. Context:

Provides grounding for collaboration on the priority health issue(s).

2. Partnership Processes:

The promising practices that promote equitable contributions from all stakeholders. These processes can be structural or relational.

3. Intervention and Research:

Concepts that relate to the science of intervention and research processes, including integration of cultural knowledge, empowerment, and community involvement in research; which contribute to short-term outputs of culture-centered interventions, partnership synergy and appropriate research and intervention designs.

4. Outcomes – Intermediate and Long-term:

Includes intermediate system and capacity changes, i.e., new policy environments, sustainability of project and partnership, shared power relations in research, increased capacities; as well as long-term outcomes of community and social transformation, health and health equity.

Constructs:

Agency Capacity Outcomes (Intermediate Outcomes):

Strengthened skills of community and partner agencies to enhance their reputation, to utilize their expertise, and to affect public policy.

Bridging Social Capital (Partnership Processes):

The capacity to work across difference, but also includes academic team members sharing similar cultural, racial-ethnic, identity backgrounds to community partners.

CBPR Principles (Partnership Processes):

The degree to which academic and community partners agree with principles of engagement in terms of commitment to partners, partnership, and community well-being.

Collective Empowerment (Multi-dimensional):

A multi-dimensional term that draws from Paulo Freire and the empowerment literature to embrace both social action processes and social justice outcomes. Collective empowerment is operationalized here by four constructs: collective reflection, influence/voice, shared CBPR principles, and community principles and fit. With partners' willingness to follow partnership principles, build from community knowledge, support partners to have influence, and engage in reflexivity that promotes equal power in the partnership, there is greater likelihood for synergy, community involvement in research, culture-centered interventions, and intermediate and long-term outcomes.

Community Involvement in Research (Intervention & Research):

Refers to the extent community members participate in all phases of the research.

Community Principles (Partnership Processes):

How individual team members feel the research project integrates community culture(s), history and understandings in research and intervention design and implementation.

Community Transformation (Outcomes):

Means new health-oriented policies, services and programs; more financial support; and improved overall community environment. (in Promising Practices Guide only)

Conflict Management (Partnership Processes):

The ways community and academic partners interact, negotiate and manage conflicts, tensions and frictions that emerge in the partnered research. Can be formal and informal.

Control of Resources (Partnership Processes):

The extent of decision-making control among community and academic partners regarding personnel and resources.

Dialogue and Listening (Partnership Processes):

This relationship practice refers to the degree to which all partners listen and participate in dialogue with each other so that all opinions and knowledge are valued, and community members feel their voices are equally valued in helping the partnership to move forward.

Final Approval (Context):

A key component of stewardship and governance, or the extent of community authority over a project. Specifically, final approval means who approved participation in the research on behalf of the community.

Formal Written Agreements (Partnership Processes):

Existence of formal agreements between academic and community partners.

Future Policy Changes (Long-term Outcomes):

Refers to a partnership's confidence that their efforts will lead to policy changes.

Future Research Integrated into Community (Long-term Outcomes):

Refers to a partnership's ability to link research to community needs along with an improved ability of academic partners to integrate community perspectives into research design and methods.

Health (Long-term Outcomes):

Refers to a partnership's assessment that its efforts will lead to improved health in the community, along with improved health behaviors of community members.



Influence/Voice (Partnership Processes):

The perception of how individual team members feel about their ability to contribute to decisions in the research team context.

Integrate Community Knowledge for Culture-Centered Interventions (Intervention/Research):

Processes that value community knowledge as key for creating and interventions and programs that are appropriate within a community's settings and culture and that therefore have greater likelihood of sustainability.

Leadership (Partnership Processes):

A fundamental relationship engagement practice that honors knowledge and encourages participation from all partners, and supports development of community leaders as equal partners.

Leveraging History of Community Organizing (Context):

The partnership has the ability to build from community capacities and histories of advocacy to confront inequitable community conditions.

Participatory Decision Making:

Decision making that takes all opinions into account, though there are multiple ways to achieve high levels of participation.

Partner Capacity Outcomes (Intermediate Outcomes):

Refers to individual members feeling an enhanced sense of expertise and skills, and the enhanced support they receive for more education.

Partnership Capacity (Context):

Capacity refers to the foundational resources and skills necessary for the partnership to achieve project goals.

Partnership Values (Partnership Processes):

Shared values and understandings of problems, mission, priorities, and strategies.

Partnership Synergy (Intervention & Research):

A short-term output of the partnership's ability to develop shared goals and strategies, recognize challenges and needs, and work together effectively. It is influenced by the interaction between Context and the quality of Partnership Processes.

Percentage of Dollars Shared (Partnership Processes)

The percentage of overall project dollars allocated to community partners.

Reflexivity (Partnership Processes):

Reflexivity refers to team capacity to evaluate and reflect on their own partnership processes or order to seek continual improvement; and to recognize the challenges of addressing issues of equity, power, and privilege in their research processes.

Relationships (Partnership Processes):

Relationships in community engaged research reflect the ways partners cooperate and resolve conflict; the quality of dialogue, listening and participation among partners; the capacity of leadership to facilitate positive relationship processes; and trust among partners.

Resource Management (Partnership Processes):

Reflects partners' perceptions of how effective the project is at using the partnership's resources and time.

Respect (Partnership Processes):

Is demonstrated by how partners are perceived in their positions and rules, but also is a partnership relationship quality that develops over time.

Shared Power Relations in Research (Intermediate Outcomes):

Refers to the extent community members feel that power is shared equally in the research process.

Social Transformation (Long-term Outcomes):

Refers to a partnership's ability to reinforce cultural identity or pride, experience broad social impacts, and produce a better overall community environment.

Sustainability – Project & Partnership (Intermediate Outcomes):

Refers to the extent partnership members are engaged regardless of funding and that the partnership evaluates funding opportunities strategically.

Trust (Partnership Processes):

Trust as a dynamic process rests on participation (showing up), effective communication, and commitment to common goals. Defined in two ways:

1. People having confidence and ability to rely on each other; and
2. A Typology of Trust: from trust deficit or neutral trust to evolving stages of trust that show increased trust among partners.

Other Terms:**Likert scale:**

A Likert scale is an ordered scale from which respondents choose one option that best aligns with their view. It is often used to measure respondents' attitudes by asking the extent to which they agree or disagree with a particular question or statement. The Likert scale is a valuable and important part of survey research, which is commonly used in public health evaluation. (CDC Coffee Break, 2012)

Partnership Data Report (PDR):

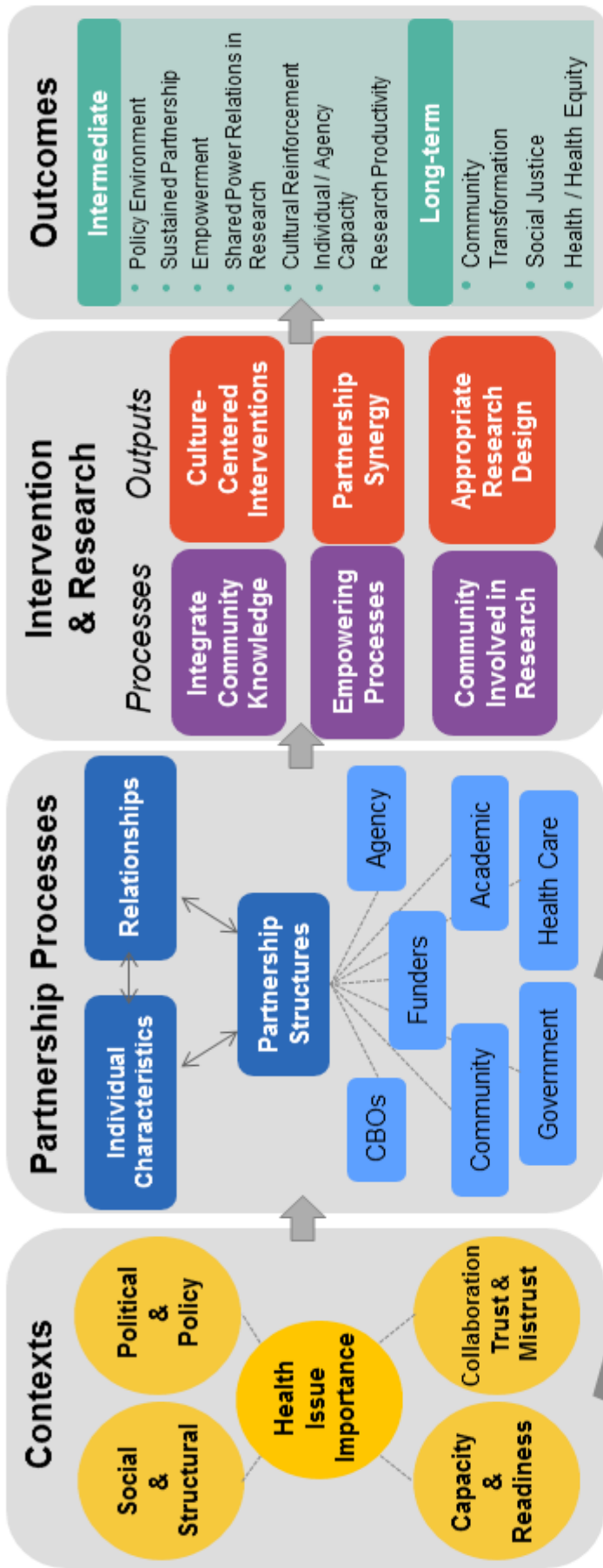
The report that summarizes your data of your partners' perceptions.

Promising Practices Guide (PPG):

The summary of analyses from two national studies (of 379 interviews and 8 case studies) of diverse federally-funded CBPR and community engaged research partnerships across the nation.

CBPR Conceptual Model

Adapted from Wallerstein et al, 2008 & Wallerstein and Duran, 2010



Visual from amoshealth.org 2017

Contexts	Partnership Processes	Intervention & Research	Outcomes
<ul style="list-style-type: none"> • Social-Structural: Social-Economic Status, Place, History, Environment, Community Safety, Institutional Racism, Culture, Role of Education and Research Institutions • Political & Policy: National / Local Governance/ Stewardship Approvals of Research; Policy & Funding Trends • Health Issue: Perceived Severity by Partners • Collaboration: Historic Trust/Mistrust between Partners • Capacity: Community History of Organizing / Academic Capacity/ Partnership Capacity 	<p>Partnership Structures:</p> <ul style="list-style-type: none"> • Diversity: Who is involved • Complexity • Formal Agreements • Control of Resources • % Dollars to Community • CBPR Principles • Partnership Values • Bridging Social Capital • Time in Partnership <p>Individual Characteristics:</p> <ul style="list-style-type: none"> • Motivation to Participate • Cultural Identities/Humility • Personal Beliefs/Values • Spirituality • Reputation of P.I. <p>Relationships: How we interact</p> <ul style="list-style-type: none"> • Safety / Respect / Trust • Influence / Voice • Flexibility • Dialogue and Listening / Mutual Learning • Conflict Management • Leadership • Self & Collective Reflection/ Reflexivity • Resource Management • Participatory Decision- Making • Task Roles Recognized <p>Commitment to Collective Empowerment</p>	<ul style="list-style-type: none"> • Processes that honor community and cultural knowledge & voice, fit local settings, and use both academic & community language • Lead to Culture-Centered Interventions • Empowering Co-Learning Processes lead to Partnership Synergy • Community Members Involved in Research Activities leads to Research/Evaluation Design that Reflects Community Priorities • Bidirectional Translation, Implementation & Dissemination 	<p>Intermediate System & Capacity Outcomes</p> <ul style="list-style-type: none"> • Policy Environment: University & Community Changes • Sustainable Partnerships and Projects • Empowerment – Multi-Level • Shared Power Relations in Research / Knowledge Democracy • Cultural Reinforcement / Revitalization • Growth in Individual Partner & Agency Capacities • Research Productivity: Research Outcomes, Papers, Grant Applications & Awards <p>Long-Term Outcomes: Social Justice</p> <ul style="list-style-type: none"> • Community / Social Transformation: Policies & Conditions • Improved Health / Health Equity

