ENGAGE FOR EQUITY:
A LONG-TERM STUDY OF COMMUNITY-BASED PARTICIPATORY RESEARCH
AND COMMUNITY-ENGAGED RESEARCH PRACTICES AND OUTCOMES
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ABSTRACT

- CBPR and CEnR have been proven Research Approaches.

- Recent literature shows outcomes in various fields.

- University of New Mexico Center for Participatory Research has targeted investigations to identify partnering practices.

- This article presents the research design of a current grant, Engage for Equity.

- Recommends partnerships to engage in collective reflexive practice.
COMMUNITY-BASED PARTICIPATORY RESEARCH AND ENGAGED RESEARCH: ADVANCING HEALTH EQUITY OUTCOMES THROUGH PARTNERING PRACTICES:

- CBPR and CEnR are valued research approaches in multiple research disciplines.

- CBPR aims to incorporate community partners throughout research procedures.

- CBPR is dedicated to colearning and health equality initiatives with the aim of balancing the power.

- Draws inspiration from Paulo Freire’s praxis-based empowerment education and legacy of activist participatory research.

- Changes in support networks, empowerment, long-lasting partnerships, and health status are all outcomes of CBPR.
COMMUNITY-BASED PARTICIPATORY RESEARCH AND ENGAGED RESEARCH: ADVANCING HEALTH EQUITY OUTCOMES THROUGH PARTNERING PRACTICES: (CONTD...)

- Effects have been well-documented and are considered crucial to partnerships success.

- UNM-CPR has engaged in a targeted investigation to identify which partnering practices contribute to research, community, and health equity outcomes.

- Funded via 3 NIH phases and aims to establish equitable partnerships.

- The third stage of the E2 initiative, is described in the article along with its background, goals, underlying theory, instruments, intervention tools, and resources.

- There are lessons learned and suggestions made on the use and results of communal reflection.
BACKGROUND TO E2 (ENGAGE FOR EQUITY):

- In 2006, UNM-CPR received pilot NIMHD funding to partner with UW-IWRI for a CBPR study.
- A CBPR conceptual model with four domains was produced, including contexts, partnering processes, intervention, and research designs, and health outcomes.
- The research by RIH, featured surveys of federally supported partnerships to examine connections between practices and results, validate scale psychometrics, and pinpoint paths to outcomes.
- Seven case studies advanced understanding of environments, power dynamics, and initiatives for social and racial fairness.
- The UNM-CPR and UW partnership was expanded to include other organizations in Stage 3 (2015-2020), and E2 also carried out a second set of partnership surveys and an intervention trial.
- Intervention drew on culture-centeredness, cognitive/epistemic justice theory, and Indigenous theories of multiple ways of knowing to prioritize community meaning-making, knowledge democracy, and practice-based knowledge.
- The E2 team aims to provide information that can be applied to enhance CBPR/CEnR and participatory action research science, convert data into community-academic activism for equity.
BACKGROUND TO E2 (ENGAGE FOR EQUITY):
**Background to E2 (Engage for Equity):**

<table>
<thead>
<tr>
<th>Contexts</th>
<th>Partnership Processes</th>
<th>Intervention &amp; Research</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social-Structural: Social-Economic Status, Place, History, Environment, Community Safety, Institutional Racism, Culture, Role of Education and Research Institutions</td>
<td>Partnership Structures:</td>
<td>Processes that honor community and cultural knowledge &amp; voice, fit local settings, and use both academic &amp; community language lead to Culture-Centered Interventions</td>
<td>Intermediate System &amp; Capacity Outcomes</td>
</tr>
<tr>
<td>Political &amp; Policy: National / Local Governance/ Stewardship Approvals of Research; Policy &amp; Funding Trends</td>
<td>Diversity: Who is involved</td>
<td>Empowering Co-Learning Processes lead to Partnership Synergy</td>
<td>Policy Environment: University &amp; Community Changes</td>
</tr>
<tr>
<td>Health Issue: Perceived Severity by Partners</td>
<td>Complexity</td>
<td>Community Members involved in Research Activities leads to Research/ Evaluation Design that Reflects Community Priorities</td>
<td>Sustainable Partnerships and Projects</td>
</tr>
<tr>
<td>Collaboration: Historic Trust/Mistrust between Partners</td>
<td>Formal Agreements</td>
<td>Participatory Decision-Making</td>
<td>Empowerment – Multi-Level</td>
</tr>
<tr>
<td>Capacity: Community History of Organizing / Academic Capacity / Partnership Capacity</td>
<td>Control of Resources</td>
<td>Task Roles Recognized</td>
<td>Shared Power Relations in Research / Knowledge Democracy</td>
</tr>
<tr>
<td>Partnership Values</td>
<td>% Dollars to Community</td>
<td>Commitment to Collective Empowerment</td>
<td>Cultural Reinforcement / Revitalization</td>
</tr>
<tr>
<td>Bridging Social Capital</td>
<td>CBPR Principles</td>
<td></td>
<td>Growth in Individual Partner &amp; Agency Capacities</td>
</tr>
<tr>
<td>Time in Partnership</td>
<td>Leadership</td>
<td></td>
<td>Research Productivity: Research Outcomes, Papers, Grant Applications &amp; Awards</td>
</tr>
<tr>
<td><strong>Individual Characteristics:</strong></td>
<td>Self &amp; Collective Reflection / Reflexivity</td>
<td></td>
<td>Long-Term Outcomes: Social Justice</td>
</tr>
<tr>
<td>Motivation to Participate</td>
<td>Resource Management</td>
<td></td>
<td>Community / Social Transformation: Policies &amp; Conditions</td>
</tr>
<tr>
<td>Cultural Identities/Humility</td>
<td>Participatory Decision-Making</td>
<td></td>
<td>Improved Health / Health Equity</td>
</tr>
<tr>
<td>Personal Beliefs/Values</td>
<td>Task Roles Recognized</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
METHOD

E2 has two phases:

1. Refining surveys to deepen understanding of partnering pathways toward outcomes.

2. Implementing a collective-reflection intervention to strengthen partnerships.
PHASE 1 SURVEYS

- 2015 saw the identification of 384 CBPR/CEnR projects with federal funding from four online repositories using the RIH sampling approach.

- The CES survey was altered with new scales and adjustments to old ones, while the KIS survey was improved with questions on community stewardship.

- 53% of PIs responded to the KIS survey and 69% of participants responded to the CES survey.

- Among the four model domains, the CES survey generated seven higher order constructs, including the collective empowerment construct, which has four scales: collective reflection, evidence of community fit, shared CBPR ideals, and influence to impact change.
## PHASE 1 SURVEYS

### Table 1. Higher Order Constructs.

<table>
<thead>
<tr>
<th>Higher order constructs</th>
<th>CBPR model domain</th>
<th>Individual scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity</td>
<td>Context</td>
<td>Community history, bridging social capital, and partnership capacity</td>
</tr>
<tr>
<td>Collective empowerment</td>
<td>Partnership processes</td>
<td>Collective reflection/reflexivity, community fit, shared CBPR principles, influence/agency</td>
</tr>
<tr>
<td>Relationships</td>
<td>Partnership processes</td>
<td>Leadership, conflict resolution, participation, trust</td>
</tr>
<tr>
<td>Community involvement in research</td>
<td>Intervention and research design</td>
<td>Background/design, interpretation and dissemination, community action</td>
</tr>
<tr>
<td>Synergy</td>
<td>Intervention and research design</td>
<td>Synergy scale</td>
</tr>
<tr>
<td>Systems and capacity changes</td>
<td>Intermediate outcomes</td>
<td>Personal and agency capacity, shared power relations, and sustainability</td>
</tr>
<tr>
<td>Future outcomes</td>
<td>Outcomes</td>
<td>Policy, research, health, and social change</td>
</tr>
</tbody>
</table>

*Note. CBPR = community-based participatory research.*
PHASE 2 SURVEYS

- The second phase of E2 evaluated procedures for active reflection and action.

- A randomized clinical trial was conducted to compare online access to tools for group reflection with in-person training.

- 30 partnerships were given web-based access, whereas 39 partnerships were randomly assigned to the workshop intervention.

- 25 of the 39 partnerships that were invited to the workshops showed up.

- Four tools—River of Life, CBPR Model as Visioning Tool, Partnership Data Reports (PDR), and Promising Practices Guide—have been modified or created to support group reflection and action processes (PPG).

- Using the website, the resources and group reflection/action procedures were made available to all partnerships.

- Partnership teams were led through each tool during the training with report-backs to the entire group.
- The qualitative techniques included the construction of a figurative "River of Life" and the use of the CBPR model as a planning aid.

- Each partnership received statistical means of their current -day data from each CES scale and several KIS constructs from the quantitative PDR tool.

- The PPG provided benchmarks for promising partnering practices at the national level that were linked to survey results compiled from 379 federally supported partnerships.

- The participants were reminded that the website contained tools and information they could utilize to support their partnerships.
Figure 2. Theory of change: Collective empowerment process.

Note. PDR = partnership data reports; PPG = promising practices guide; CBPR = community-based participatory research.
### PHASE 2
### SURVEYS
### (CONTD...)

<table>
<thead>
<tr>
<th>Characteristics of partnerships and projects</th>
<th>Web (n = 30)</th>
<th>Workshops (n = 39)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who initiated the project</strong></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Community partners</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Academic partners</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Both</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Types of community partners (not mutually exclusive)</strong></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Patients or caregivers</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td>Health care (staff, providers, clinics, systems)</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Community (individuals, associations, organizations)</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Government (local, state, federal, tribal agencies)</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>Policy makers</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Nationally based membership associations</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Other community partners</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td><strong>Primary study type</strong></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Pilot</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Descriptive</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Intervention</td>
<td>20</td>
<td>67</td>
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<tr>
<td>Policy</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dissemination and implementation</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Some other type</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Race, ethnicity, or population group (projects chose all that apply)</strong></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Black or African American</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islandan</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>White</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Low socioeconomic status</td>
<td>19</td>
<td>63</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Immigrants</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Additional population group(s)</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>None of the above indicated</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
WEB-BASED INTERVENTION AND EVALUATION

- A web-based intervention was developed to see if a straightforward strategy might provide results and enable wider diffusion than workshops.

- The website includes instructional and storytelling films, downloadable facilitation guides, examples, and information about the paradigm and step-by-step procedures for using the four instruments.

- To enable partners to take the online CES and receive a customised PDR and compiled data for analysis, a new web app is currently undergoing beta testing.

- Using surveys, interviews, and web analytics, the effects of the two intervention delivery systems on changes in partnering behaviors and outcomes are being assessed.
WEB-BASED INTERVENTION AND EVALUATION (CONTD...) 

- In order to increase challenges to power inequities and enhance health equality results, the E2 intervention seeks to find effective collective-reflection tools.

- The E2 national team constantly considers lessons learned and difficulties faced while utilizing their resources for their own think tank collaboration.

- Through the analysis of team interviews, the significance of facilitation, positionality, and the CBPR model as a general implementation framework is investigated.

- Following a workshop where inclusiveness principles were questioned, the practice of using gender-specific pronouns was changed.

- During a formal River of Life exercise, the team faced an internal conflict from 2009 again and talked about restoring trust by acknowledging the violation, issuing apologizes, and changing behaviors.
IMPORTANCE OF COLLECTIVE REFLECTION:

- Encourage collaborative reflection/action cycles in the spirit of Freire.
- Contribute to the theory of change founded on collective empowerment and the CBPR conceptual model.
- After determining areas of strength or worry, additional tools and training may be required.
- For CEnR projects, theoretical underpinning facilitates collective reflection.
MIXED METHOD REFLECTION TOOLS

- Reflection on situations and practices is made possible by River of Life and Visioning with the CBPR Model.

- PDR and PPG offer quantitative data and analysis in comparison to international standards.

- Partnerships can strengthen their capacity to achieve desired objectives by looking at tools and survey instruments on http://engageforequity.org.
STRONGER THEORIZING ABOUT CBPR

- Research has been done on power dynamics in partnerships and participatory action research projects, including how academic privilege or external financing hierarchies may influence power-sharing goals.

- There are hierarchies within universities, and initiatives are made to support safe spaces for self-reflection and equal team contributions, especially for students from marginalized groups.

- Additionally, power relations have been seen in public settings like workshops, surveys, and multisite case study analyses.

- Similar to theories of synergy and trust, collective empowerment is recognized as a middle-range theory of change that includes group reflection, impact, shared ideals, and community fit.

- Further research is required to better understand the methods for upending power structures, achieving power sharing through community members’ perceptions of their impact and fit with the community, and sustaining cycles of reflection and action.

- It is advised that more research be done to clarify the conceptual mechanisms of CBPR and CEnR for better health and health equity.
ADVANTAGES FOUND IN THIS STUDY

- Community engagement and participation leads to improved health outcomes and health equity.

- Partnership models that promote shared power and decision-making are effective in promoting collective empowerment and community ownership.

- The use of online tools and resources can enhance community-based participatory research and make it more accessible.

- Critical reflection and reflexivity are important components of successful partnerships.

- Long-term partnerships can lead to more sustainable and impactful interventions.

- Community-based participatory research can contribute to the advancement of the science of CBPR and inform policy and practice.
LIMITATIONS

- Self-report measures
- Lack of true control group
- Small sample size
- Limited focus
- Limited diversity
MAJOR FINDINGS

- The E2 process, which is a critical reflection tool for partnership assessment and improvement, was found to be feasible and acceptable in community-based participatory research (CBPR) partnerships.

- The use of E2 improved partnership functioning and identified areas for improvement in CBPR partnerships.

- Collective empowerment was identified as a key factor in the success of CBPR partnerships, with shared values, influence, and community fit being important components.

- Power dynamics and hierarchies within partnerships can present challenges to achieving true power-sharing and collective empowerment.

- Self-report measures used in the study may have certain biases and limitations.

- The study highlights the need for continued work to improve the theoretical mechanisms of CBPR and CEnR for achieving better health outcomes and health equity.
MAIN DISCUSSION POINTS

- Importance of CBPR and CEnR

- The need for power-sharing within partnerships.

- The role of reflexivity spaces in promoting equal contributions from all team members, particularly those from marginalized identities.

- The identification of "collective empowerment" as a middle-range theory of change, comprising collective reflection, influence, shared values, and community fit, and its potential for promoting health equity.
RECAP

- E2 is a research project funded by NINR
- Aims to extend the science of CBPR and CEnR by developing measures and collective-reflection tools to strengthen partnerships, and to identify promising collaborative practices that contribute to health equity outcomes.
- Builds on previous NIH research
- Goal of E2 is to promote the value of community, patient, and other stakeholder participation for achieving health and health equity outcomes.
CONCLUSION

- While this study has identified promising practices and lessons learned for community-based participatory research, there are still limitations that need to be addressed, such as the lack of comprehensive outcome analyses and the use of self-report measures.

- Moving forward, it is recommended that researchers use a more comprehensive and rigorous approach to evaluate the impact of CBPR interventions.

- In addition, greater attention should be paid to power dynamics within partnerships, and efforts should be made to promote safe reflexivity spaces for marginalized community members.

- Overall, this study highlights the potential of CBPR to promote health equity and provides valuable insights for improving the practice and theory of CBPR.
REFERENCES


REFERENCES (CONTD…)

THANK YOU!

- Advait Gogte