

Overview of Community Engaged Research

Involving the community in research design and implementation can increase the relevance of the research, improve how the study is designed and implemented, and increase uptake of research findings. Increasingly funders expect researchers to incorporate community engagement methods as integral parts of health services research.

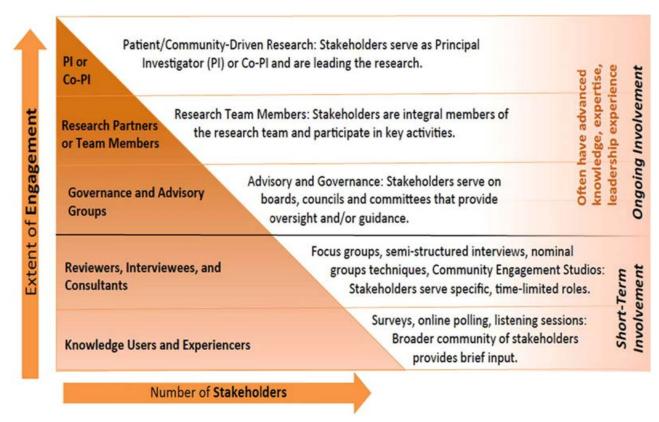
The field of community engaged research is quickly expanding, resulting in a variety of frameworks and models.

A Comparison Between Traditional Research and Community Engaged Research

COMPARISON BETWEEN TRADITIONAL AND COMMUNITY ENGAGED RESEARCH				
	Traditional Research	Community Engaged Research		
RESEARCH OBJECTIVE	Based on epidemiologic data, prior research findings and funding priorities	Community input in identifying relevant issues and questions		
STUDY DESIGN	Design based entirely on scientific rigor and feasibility	Researchers work with community to ensure study design is also culturally acceptable		
RECRUITMENT AND RETENTION	Based on scientific issues and "best guesses" on how to best reach community members	Community provides guidance on recruitment and retentions strategies		
INSTRUMENT DESIGN	Instruments adopted/adapted from other research and tested w/psychometric methods	Community provides guidance on instrument modification to improve community fit		
DATA COLLECTION	Conducted by academic researchers or individuals w/no connection to the community	Community members involved in some or all of data collection		
ANALYSIS AND	Academic researchers own the data, conduct the analysis, & interpret the findings	Academic researchers and community members work together to interpret results.		
DATA COLLECTION	Results published in peer-review academic journals	Community assists in identifying additional appropriate venues for dissemination and results shared by researchers and community members		



We recommend *Partnerships, Processes, and Outcomes: A Health Equity-Focused Scoping Meta-Review of Community-Engaged Scholarship* which summarizes core community engagement frameworks and provides a good overview of a generalizable logic model for community engaged research.¹ Researchers can start by considering the various ways community engagement can support their research questions and goals as well as the resources available to them to support community engagement.



A Multilevel Approach to Stakeholder Engagement²

¹ Ortiz K, Nash J, Shea L, Oetzel J, Garoutte J, Sanchez-Youngman S, Wallerstein N. Partnerships, Processes, and Outcomes: A Health Equity-Focused Scoping Meta-Review of Community-Engaged Scholarship. Annu Rev Public Health. 2020 Apr 2;41:177-199. doi: 10.1146/annurev-publhealth-040119-094220. Epub 2020 Jan 10. PMID: 31922931; PMCID: PMC8095013.

² Boyer AP, Fair AM, Joosten YA, Dolor RJ, Williams NA, Sherden L, Stallings S, Smoot DT, Wilkins CH. A Multilevel Approach to Stakeholder Engagement in the Formulation of a Clinical Data Research Network. Med Care. 2018 Oct;56 Suppl 10 Suppl 1(10 Suppl 1):S22-S26. doi: 10.1097/MLR.000000000000778. PMID: 30074947; PMCID: PMC6136953.



Identifying and Engaging Community Partners in Research

Community-based health and human services organizations (CBOs) can be outstanding research partners. However, CBOs and researchers often have differing incentives, timelines, and cultures, and careful attention is needed to cultivate respectful and authentic partnerships over time to address issues that can contribute to frustrations and erosion of trust or potential harm.

To support quality partnerships for Community-Based Research, we encourage researchers to:

- 1. Build bi-directionally valuable relationships with CBOs over time when feasible. Additional details on creating equitable partnerships are reviewed in the *Geisel Model of Community Service Learning* section of these resources.
- 2. Understand that CBOs generally prioritize direct service delivery over research.
- 3. Recognize that multiple researchers may be approaching the same CBO at the same time, which can generate stress and be burdensome for CBOs.
- 4. Acknowledge power/privileges you hold, and clearly communicate that research partnerships are optional and independent of other work the CBO has with the Dartmouth and/or Dartmouth Health system.
- 5. Invite a clear, bi-directional conversation about the respective "wins" of a research partnership. Who will get paid and who will not? What unplanned stresses will the project create? What is each partner willing to "give to get"? What value will the organization and its clients gain?

Community involvement in research can happen at various "levels" of engagement and these levels may evolve during the study period.



Levels of Collaboration

Community engagement may take many different forms and may change through the course of a project or initiative. There is not one standard way to engage communities and the characteristics of the engagement may change over time, but there are several frameworks to guide the valuable work of building partnerships.

Outreach	Consult	Involve	Collaborate	Shared Leadership
Some Community Involvement Communication flows from one to the other, to inform Provides community with information. Entities coexist. Outcomes: Optimally, establishes communica- tion channels and chan- nels for outreach.	More Community Involvement Communication flows to the community and then back, answer seeking Gets information or feed- back from the community. Entities share information. Outcomes: Develops con- nections.	Better Community Involvement Communication flows both ways, participatory form of communication Involves more participa- tion with community on issues. Entities cooperate with each other. Outcomes: Visibility of partnership established with increased coopera- tion.	Community Involvement Communication flow is bidirectional Forms partnerships with community on each aspect of project from development to solution. Entities form bidirectional communication channels. Outcomes: Partnership building, trust building.	Strong Bidirectional Relationship Final decision making is at community level. Entities have formed strong partnership structures. Outcomes: Broader health outcomes affect- ing broader community. Strong bidirectional trust built.

This schematic, *Increasing Level of Community Involvement, Impact, Trust, and Communication Flow*, is a well-recognized diagram of levels of collaboration.³ Numerous other frameworks have been described and various terms used to refer to the different levels of collaboration. Several notable contributions from other frameworks include:

³ https://www.atsdr.cdc.gov/community-engagement/php/chapter-1/what-is-community-engagement.html



- *Ignore*: Typically located prior to *Outreach* and used to describe that some projects exclude community members, denying access to information or decision making and effectively communicating that the community does not matter.
- *Defer to*: Typically located after *Shared Leadership*, this category goes beyond shared leadership to describe the scenario in which the community assumes full power and governance.

The utility of the frameworks is to create a shared understanding of the goals of collaboration and to use the framework for planning and implementing important processes that will nurture the partnership and help achieve shared goals. The following resources offer practical methods and tools at each step along the collaboration spectrum:

- Vermont Department of Health Community Engagement Guide: <u>https://healthycommunitiesvt.com/wp-</u> <u>content/uploads/2024/01/Community-Engagement-Guidance-and-Best-</u> <u>Practices.pdf</u>
- Boston Public Health Commission Equitable Community Engagement Toolkit 2020-2023 Section II:

https://imagine.boston.gov/sites/default/files/file/2021/03/BPHC%20Commu nity%20Engagement%20Toolkit%202_Final.pdf

- CDC Principles of Community Engagement, 3rd Edition: <u>https://health.ucdavis.edu/media-resources/crhd/documents/pdfs/pce-3rd-edition.pdf</u>
- Facilitating Power The Spectrum of Community Engagement to Ownership: <u>https://movementstrategy.org/resources/the-spectrum-of-community-</u> <u>engagement-to-ownership/</u>
- New York City Department of Health and Mental Hygiene, Community Engagement Framework May 2017: <u>https://csgjusticecenter.org/wp-</u> content/uploads/2021/12/NYC-community-engagement-framework-



- Harvard Catalyst. 2022. Getting started with community engagement: <u>https://catalyst.harvard.edu/wp-</u> <u>content/uploads/2021/09/HCAT_CEP_CommunityEngagement-</u> <u>Accessibility.pdf</u>
- Interdisciplinary Association for Population Health: <a href="https://iaphs.org/equitable-population-health-improvement-requires-community-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-comment-requires-community-community-comment-requires-community-community-comment-requires-community-community-comment-requires-community-community-comment-requires-community-comment-requires-community-community-community-comment-requires-community-community-comment-requires-community-commu



Models for Community Engaged Research

This model, *Community Engagement Impacts in Research Taxonomy,* was developed to provide a common vocabulary and set of activities to assess the value of community engaged research and to facilitate shared learning by identifying standard domains of research activities.⁴ The model was created by community constituents working with researchers to identify the impact of community engagement in research. This model provides a guide for organizing research activities and evaluating impact.



⁴ Stallings SC, Boyer AP, Joosten YA, Novak LL, Richmond A, Vaughn YC, Wilkins CH. A taxonomy of impacts on clinical and translational research from community stakeholder engagement. Health Expect. 2019 Aug;22(4):731-742. doi: 10.1111/hex.12937. Epub 2019 Jul 18. PMID: 31321849; PMCID: PMC6737764.



At the core of the framework are four domains that impact all research activities; each explained in a module:

- Ethics
- Process improvement
- Engagement
- Communication

At each stage in the research cycle, researchers should be incorporating the values and principles described in these domains into activities.

Community engagement concepts can be included at every stage of the research cycle. The following table, adapted from Stallings et al., provides suggestions for local resources as well as the outline of the original table.

Research Stage	General concepts	Dartmouth/Dartmouth Health specific resources
Pre-research:	Research question	Center for Advancing Rural Health Equity
Deciding the research focus	Significance and rationale	 <u>https://www.dartmouth-health.org/carhe/contact-us</u> Community Health Needs Assessments: Summaries of what the community identifies as barrier or facilitator to health (see Sources of Demographic Data and Health Outcomes) Dartmouth Cancer Center Data Portal <u>https://cancer.dartmouth.edu/scientists-researchers/catchment-area-data-sources-research</u> Center for Rural Health Care Delivery Science Community Engagement and Outreach Core: <u>https://www.dartmouth-health.org/rural-healthcare-science/cores#ceocore</u> Preparing for Discussions with Possible Research Partners
	https://www.feinberg.northwestern.edu/sites/cch/docs/arcc-resources-directory/35-preparing-for- discussions-with-possible-research-partners.pdf	
Research infrastructure: <i>Building community</i> <i>partnerships</i>	 Governance Team roles Compensation model 	 CARHE Partnership Opportunity <u>https://www.dartmouth-health.org/sites/default/files/2024-02/carhe-partnership-opportunity-2024.pdf</u> Gradients of Agreement: <u>https://www.canr.msu.edu/news/gradients of agreement can help move groups forward</u>
	•	https://www.urban.org/sites/default/files/publication/104938/tools-and-resources-for-project-based- community-advisory-boards_0.pdf
		ttps://cancer.dartmouth.edu/scientists-researchers/support-community-engaged-research Community-researcher team formation
		 <u>https://www.tuftsctsi.org/wp-content/uploads/2015/08/SelfAssessment_Community_looking.pdf</u> Community Member Participant Compensation: There is a range of compensation rates from \$35-\$100/hour range for community experts. We recommend a compensation rate of \$100/hour. If you

Study design: Planning the study	 Proposal development Study population Person-centered methods 	 are a Dartmouth Health or Dartmouth College researcher, we recommend contacting your research finance office to understand most efficient mechanism for participant payments. PCORI Compensation Framework for Engaged Research Partners https://www.pcori.org/sites/default/files/PCORI-Compensation-Framework-for-Engaged-Research-Partners.pdf The Center for Rural Health Care Delivery Science and the Dartmouth Cancer Center Community Outreach and Engagement team are available for advisement on Community Engagement Studios:
	Person-centered protocols	 Center for Rural Health Care Delivery Science Community Engagement and Outreach Core: <u>https://www.dartmouth-health.org/rural-healthcare-science/cores#ceocore</u> Dartmouth Cancer Center request for support from Community Outreach & Engagement <u>https://redcap.hitchcock.org/redcap/surveys/?s=9998AWWWDLMYL4F7</u>
Implementation: Putting the design into action	 Operations Framing Data collection 	 The CDC's SMARTIE Goals https://www.healthvermont.gov/sites/default/files/document/dsu-cdc-smartie-objectives.pdf Enhancing program performance with logic models https://logicmodel.extension.wisc.edu/ Center for Rural Health Care Delivery Science Statistics, Informatics, and Qualitative Methods Core https://www.dartmouth-health.org/rural-healthcare-science/cores#siqmcore CITI Course on Community-Engaged Research (CEnR) and Community-Based Participatory Research (CBPR) https://about.citiprogram.org/course/community-engaged-and-community-based- participatory-research/
Analysis: Making sense of the data	Interpretation	 The Center for Rural Health Care Delivery Science and the Dartmouth Cancer Center Community Outreach and Engagement team are available for advisement on Community Engagement studios: Center for Rural Health Care Delivery Science Community Engagement and Outreach Core https://www.dartmouth-health.org/rural-healthcare-science/cores#ceocore Dartmouth Cancer Center request for support from Community Outreach & Engagement: https://redcap.hitchcock.org/redcap/surveys/?s=9998AWWWDLMYL4F7
Dissemination: Sharing results in an impactful way	 Audience and Methods Health/Scientific literacy Culturally adapting messaging 	Dartmouth Center for Implementation Science <u>https://geiselmed.dartmouth.edu/dcis/</u>

		•	Dissemination of Research Findings to Community Audiences <u>https://www.feinberg.northwestern.edu/sites/cch/docs/dissemination-of-research-findings-to-</u> <u>community-audiences.pdf</u>
		•	Dissemination of Research Findings to Community Audiences https://www.feinberg.northwestern.edu/sites/cch/docs/arcc-resources-directory/22-engaging- community-in-preparing-journal-publications.pdf
Post-research	 Translation Health policy Research policy 	•	Media Relations <u>https://www.dartmouth-health.org/newsroom/media,</u> <u>https://communications.dartmouth.edu/services/media-relations</u> Dartmouth Health Government Relations <u>https://president.dartmouth.edu/about/government-community-relations/government-relations</u>



Evaluation of Community Engagement

Evaluating community engagement activities is essential for understanding their impact, effectiveness, and areas for improvement. This process involves assessing both the implementation and outcomes of engagement initiatives to ensure they are meeting their goals and evaluating the quality of the engagement. Understanding how well the engagement worked (or did not) will help researchers improve engagement practices.

Many engagement surveys exist, but two surveys are gaining increasing use across Dartmouth community engaged research efforts. Moving toward a small set of common survey tools will facilitate learning across projects and across our academic environment.

- Quality of Patient-Centered Outcomes Research Instrument (QPCOR):⁵ This
 research instrument, developed by Dartmouth Health researchers, may be
 valuable to enhance the quality of community engagement research practices.
- Research Engagement Survey Tool (REST)⁶: The REST survey measures the level of partner engagement. Designed for use in research studies, this tool has also been used in non-research partnerships. The brief REST survey consists of 9 items and can be used to measure engagement across projects and over time.

<u>https://qpcor.org/</u>

<u>https://publichealth.nyu.edu/w/casjph/rest</u>