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

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

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

Dr. Nina Wallerstein of the University of New Mexico opened the workshop by gathering all participants and facilitators in a circle for introductions and setting of intentions. She stated that the majority of the time would be spent working in small groups to apply the tools for each individual partnership. People would also be sharing their thoughts in the larger group following each exercise. Engage for Equity project team members served as facilitators for each table.
The intention of the workshop overall was to honor each kind and type of collaborative or partnership, recognizing that teams came from different funding sources, levels of engagement, histories, and organizational structures. The hope was for each to team to be able to use the tools to reflect on where they are in their engagement practices now and where they want to be in the future in terms of their practices and outcomes.

**Reflection/Action Praxis from Paulo Freire**

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

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

The four stated workshop goals were:

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

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

**1) River of Life**

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

She described the River as a reflective tool to document the life journey or historical timeline for CBPR partnerships (or community-engaged research projects). Through guided questions and using the metaphor of a river, the exercise is designed to facilitate community and academic partners to actively reflect on where they have been, acknowledging major milestones and barriers along the way, and thinking about where they want to go in the future.
Simeon, Cyndi, Stacy and Billy of the Qungsavik (Toolbox) partnership which works on prevention of alcohol/suicide risk in Alaska Native Youth. They depicted historical trauma as well as protective factors in the Native communities.

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

One River of Life was combined from two projects in Washington State, both aimed at Native Men. Sonny, Ka’imi, Kelly and Korey stand next to their river. Sonny and Korey are recruiting men from across the Colville reservation to participate in diabetes prevention activities.
Family Listening Project (FLP) is a long-term partnership with UNM and three different NM tribes: Jemez Pueblo, Mescalero Apache, and Ramah Navajo. L-R: Rebecca, Lorenda, Kayetrina, Benelda, Ardena, Harriet, Anita, Nina

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

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

Participants did a gallery walk to look at each other’s River of Life creations, and Nina asked for ‘aha’ moments or learnings from the exercise. Some sample comments:
- It was a good exercise to step back and remember
- Process to illustrate a timeline allows you to think about partnerships & projects in a different way.
This partnership has been evolving for many years...I may construct a class with this tool so people know about the history. It is important to go back and share this.

A language of love and strength needs to be incorporated into this process and academia needs to be comfortable with that so we can recognize our connection with each other.

River is useful because we are at the end of our five years, and we are positioning ourselves on what’s next or will there be a next step

Our river showed there is a disconnect between ‘patient engagement’ and ‘community engagement’.

Researchers often don’t know how to navigate our tribal communities.

Knowledge of history is important, and participants and research partners need to know how this has evolved.

It was nice to step back and see how everything fits together.

Learned to use a river as a tool to help my program remember where we’ve been and where we want to go.

I will use River of Life as a visual aid to do presentation in the community.

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

- https://vimeo.com/219716496

2) CBPR Model as Visioning Tool

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

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

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

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

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

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

Their completed CBPR model is pictured below.
The teams had thoughtful discussions and put in much effort in creating CBPR visions for their partnerships.

Heather and Melissa from the Collaborative Research Center for American Indian Health in Sioux Falls discuss and draw important points for their vision.
At left, Melissa and Heather pause to share a laugh with workshop facilitator Bonnie of University of Washington.

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

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

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

Anna of Arkansas and Maret & Don of Colo.
Sarah describes the Southwest Health Extension Partnership to Enhance Research Dissemination (SHEPERD) model, which is posted below the team’s River of Life. She said their ‘aha’ moment was realizing they cannot boil the ocean.

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

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

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

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

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

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

Key reflection questions guiding the PDR group reflection included:
- What stands out to you about the practices that matter most?
- How might these compare to what you created in the CBPR visioning session?

Anna from the Community-Clinical Links to Control Hypertension (CCLiCH) of Arkansas discussed her PDR with facilitator Shannon of UNM.
The largest group attending was from the Family Listening Project in New Mexico.

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

Sample comments as teams reflected on their data: “I learned a lot that I thought I knew and I didn’t know…” “I think overall for everybody in our group it brings us back to where we’re at and need to focus on.” “…We had a really interesting conversation that the ways we are doing that is not challenging the foundational knowledge.” “…We might use the PDR to help our partners understand the data, because we are at the data analysis stage of our partnership.”

4) Promising Practices Guide (PPG)

The fourth tool introduced in the workshop was the Promising Practices Guide (PPG). Nina explained that the information in the PPG is based upon two national studies of academic-community partnerships and engaged research. Whereas the PDR contained data specific to each partnership, the PPG utilized data analyzed from 379 federally-funded partnerships. Promising practices were identified which serve as an opening for more reflection and discussion.
The Oct 23-24 workshop paired similar health-outcome-related partnerships with each other to enable more cross-sharing – and laughter.

Chuck and Korey, left, and Simeon below.

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

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

For the October 23-24 workshop, Chuck and Jerry led the community group, and Bonnie facilitated the academic group. Chuck said it was rare that motivated community people get together in this type of group.
Community Partners Talking Circle – Common themes that emerged were how to retain community members who are often the champions of change ~ rely on your teachings and cultural practices to re-empower you, especially when trying to manage the daily struggles ~ make sure that when the funding stops, the engagement does not stop.

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

Four Tools from Engage for Equity

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

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

The website builds on what was presented in the workshop. Partners who attended may choose to share and teach others in their partnership utilizing the web tools and resources. Partners also may learn on their own how to use the tools through the videos and models online. In the future, the website will be hosted by CCPH, Community-Campus Partnerships for Health.
Future of Community and Academic Partnerships: Community of Practice

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

Closing Thoughts

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

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

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

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

Finally, a few more comments from the daily evaluations.

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

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

Do Differently: Try to build a mutually beneficial partnership with our tribe to advance our program ~ set aside time for reflection ~ readdress some issues in our project ~ be more mindful of equal partnerships before myself and tribal partners ~ be more intentional in use of CBPR tools that have been made available during this workshop ~ think about how we can strengthen partnership with university ~ implement River of Life in our program ~ seek to broaden my connections at various levels
A final group exercise was the yarn web, where each person said one word of how they were feeling and then tossed the yarn to another person. Scissors were passed around so that participants could cut a piece of the web to take home as a remembrance. In this workshop, a mini-Wonder Woman came to help her Grandma weave the web.

Participating Partners and Facilitators – October 23-24

A Culturally Tailored Intervention to Prevent Diabetes in American Indian Men
  ❖ Korey Carden, Sonny Sellars

Strong Men, Strong Communities
  ❖ Ka’imi Sinclair, Kelly Gonzales

Collaborative Research Center for American Indian Health
  ❖ Melissa Buffalo, Heather Larsen

A RCT of a Family-Centered Ojibwe Substance Abuse Prevention
  ❖ Mary Anderson, Natalie Bergstrom, Cindy McDougall, Rebecca Taylor

Qungasvik (Toolbox): Prevention of Alcohol/Suicide Risk in Alaska Native Youth
  ❖ Billy Charles, Simeon John, Cyndi Nation, Stacy Rasmus

Community Action to Promote Healthy Environments
  ❖ Angela Reyes, Amy Schultz, Guy Williams

Natural Experiments of the Impact of Population-Targeted Health Policies to Prevent Diabetes and its Complications
  ❖ Upama Aktaruzzaman, Rebekah Angove, Alessandra Bazzano

Family Listening Program: Multi-Tribal Implementation and Evaluation
  ❖ Lorenda Belone, Benalda Cohoe-Belone, Ardena Orosco, Rebecca Rae, Kayetrina Raphealito, Janice Tosa, Anita Toya, Harriet Yepa-Waquie
Southwest Health Extension Partnership to Enhance Research Dissemination (SHEPERD)
  ❖ Maret Felzien, Sarah Lampe, Donald Nease

Community-Clinical Links to Control Hypertension (CCLiCH)
  ❖ Anna Huff Davis

Engage for Equity (E\(^2\)) Workshop Facilitators and Staff
  ❖ Nina Wallerstein, Shannon Sanchez-Youngman, Chuck Connor, Bonnie Duran, Maya Magarati, Myra Parker, Kasim Ortiz, Jerry Simmons, Juan Pena, Beth Baker, Ellen Burgess, Justin Garoutte, Renee Haley, Melissa Gallegos, Logan Shea