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

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

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

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

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

Reflection/Action Praxis from Paulo Freire

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

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

The four stated workshop goals were:

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

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

1) River of Life

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

She described the River as a reflective tool to document the life journey or historical timeline for CBPR partnerships (or community-engaged research projects). Through guided questions and using the metaphor of a river, the exercise is designed to facilitate community and academic partners to actively reflect on where they have been, acknowledging major milestones and barriers along the way, and thinking about where they want to go in the future.
Rhonda, LaShawn, and Tabia used the River of Life to reflect on the environmental justice roots of their longtime partnership with community members and the Morehouse School of Medicine in Atlanta. The current focus of this Prevention Research Center (PRC) is a project to address STI and HIV/AIDS Prevention among Urban Minority Youth.

Erika, Kelly and Lori from the Rochester National Center for Deaf Health partnership pose with UNM MPH grad student/facilitator Justin after finishing their River of Life.
Elizabeth, Lucy and Louis pose with their River of Life. Their partnership had the added dimension of the academic partner being in Arizona (ASU), while the community partners work in Houston, TX. They realized their relationship was organic, and that stopping and reflecting was very important for them.

Participants did a gallery walk to look at each other’s River of Life creations, and Nina asked for ‘aha’ moments about the exercise.
People said they were struck by the common threads: “our origins” among all groups. One person noted, “I think going through the exercise helped us see the evolution...how our work has had tentacles and spread out and grown...” Other comments included:

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

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

- [https://vimeo.com/219716496](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.

![CBPR Conceptual Model](visual_from_amoshealth.org.png)

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

1. **Contexts** are the social, cultural, economic, political, and other factors that ground partnerships in local, state, or national conditions.
2. **Partnership Processes** are practices for successful partnering. These include: individual characteristics (skills & attitudes academic-community partners bring to the partnership); relationships (how partners make decisions, and interact with each other to achieve goals); and structural features (who are the stakeholders and what are their shared agreements & values).

3. **Intervention/Research Designs** are then shaped by the nature of partnering and the extent of equal contribution of knowledge from different partners, including community members, clinicians, health professionals, government, and academic members.

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

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

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

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

Rachael, Lena and Darcy with the Cleveland-based Improving Nutritious Food Access in Low Income & Access Neighborhoods program. They said doing the model validated the work they are doing that they are on the right path.
Thomas, Lisa and Jim pose with their CBPR visioning model. Their PCORI project is Communication to Improve Shared Decision-Making in ADHD in Philadelphia. This group said they valued the conversation on outcomes because it got them beyond just their project and towards something bigger and broader in 5-10-15 years. They had not engaged in that conversation before. They also said it was useful having the facilitator to keep them moving and not get caught up in barriers and negative space.

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

Participants did a gallery walk once more to look at each other’s CBPR Models, and Nina asked for ‘aha’ moments about the exercise. More sample comments are on the next page.
At left, Lori describes the National Center for Deaf Health Research / Rochester National Center for Deaf Health model, and sign language interpreter Valene helps non-signing participants understand.

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

3) Partnership Data Reports (PDR)

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

Responses in the PDR were organized according to the CBPR Model and the major practices that have been shown to contribute to key research and health outcomes.
For example, the Community Engagement Survey measured many of the constructs within Partnership Processes (those in red were ones that were measured).

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

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

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

4) Promising Practices Guide (PPG)

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

Feedback from this exercise ranged from “the quotes included made it personal and were realistic,” to “it would be helpful to get the PPG first before the PDR.” Someone noted that if the PPG and PDR were combined, it would become a comparison of how individual partnerships were doing against the national data. Some felt that would be helpful, while others disagreed because each partnership was so different.
Community and Academic Partners Separate Gathering
Most of the work of the participants was reflecting with their teams on their own partnerships. They reported back and shared thoughts in the large group, but there was less opportunity for “cross-pollination” than was desired. Recognizing that people can learn from each other and share many similar situations, the workshop agenda included time for separate gatherings of community and academic partners.

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

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

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

Four Tools from Engage for Equity

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th><strong>Plus (+)</strong></th>
<th><strong>Delta (Δ)</strong></th>
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<tbody>
<tr>
<td>Breakouts: Breakouts were great to spend time with community partners, academics, and allowed participants to really focus</td>
<td>A roadmap for the conceptual model would be helpful</td>
</tr>
<tr>
<td>Good Facilitators</td>
<td>CEU’s</td>
</tr>
<tr>
<td>Turn taking – easy for interpreters</td>
<td>Switch the order of the PPG’s and the PDR’s</td>
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<tr>
<td>Interactive with River of Life PDR’s were helpful</td>
<td>Spend time on the 4 Domains and explain them and then move on</td>
</tr>
<tr>
<td>Survey Questions on PDR (Shannon)</td>
<td>Revisit the priorities with planning forward after the three workshops</td>
</tr>
<tr>
<td>Knew where to go – PDR</td>
<td>Community input to share their views on the model</td>
</tr>
<tr>
<td>Time to talk through</td>
<td>Spend time reviewing cpr.unm.edu with workshop participants</td>
</tr>
<tr>
<td>Facilitator – Used example from own experience in order to reframe question</td>
<td>Flexibility in applying the model</td>
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<tr>
<td></td>
<td>Start out with examples (in initial slides)</td>
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<td></td>
<td>Share first day evals</td>
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<tr>
<td></td>
<td>Packet organization – lots of loose paper</td>
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<tr>
<td></td>
<td>Could not see the slides easily</td>
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<td></td>
<td>Print out slide document</td>
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A final group exercise was the yarn web, where each person stated one word on how they were feeling and then tossed the yarn to another person. Scissors were passed around so that participants could cut a piece of the web to take home as a remembrance.
Participating Partners and Facilitators – September 18-19

Preventing Childhood Obesity through Early Feeding and Parenting Guidance
   ❖ Elizabeth Reifsnider, Louis Reyna, Lucy Reyna

Improving Nutritious Food Access in Low Income and Access Neighborhoods
   ❖ Darcy Freeman, Lena L. Grafton, Rachael Sommer

Multi-Method Approach to STI and HIV/AIDS Prevention among Urban Minority Youth
   ❖ LaShawn M. Hoffman, Rhonda Holliday, Tabia Henry Akintobi

Communication to Improve Shared Decision-Making in ADHD
   ❖ James Guevara, Lisa Snitzer, Thomas Power

Physical Therapists Recommending Enhance Fitness to Expand Reach
   ❖ Marlana Kohn, Maureen Pike, Miruna Petrescu Prahova, Paige Denison

National Center for Deaf Health Research/Rochester National Center for Deaf Health
   ❖ Erika Sutter, Kelly Matthews, Lori A. DeWindt

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

Engage for Equity (E²) Workshop Facilitators and Staff
   ❖ Nina Wallerstein, Shannon Sanchez-Youngman, Alan Richmond, Bonnie Duran, Lorenda Belone, Victoria Sanchez, Ellen Burgess, Justin Garoutte, Melissa Gallegos, Logan Shea