

The following framework was produced as a culmination of recent meetings with experts in research grant administration, training, peer review, ethics, and community research and a literature review of published and non-published articles and reports on community engagement in research in general and specifically in peer review. Previous COPR reports were also considered for reference: (1) Report and Recommendations on Public Trust in Clinical Research, (2) Enhancing Public Input and Transparency in the NIH Research Priority Setting Process, and (3) Human Research Protections in Clinical Trials: A Public Perspective. The framework below follows on recommendations in the COPR reports mentioned. NIH is currently considering implementation of the framework recommendations. See also Community Engagement Framework for Peer Review Guidance.

COMMUNITY ENGAGEMENT FRAMEWORK FOR DEVELOPMENT OF EDUCATION/TRAINING FOR RESEARCHERS

Values, Strategies, and Outcomes for Investigators Who Want to Engage Communities in Their Research

This table is designed to help investigators and communities to work effectively together in developing and implementing studies that truly engage the community.

The table provides a list of values for community engagement in research, strategies to operationalize each value and potential outcomes from those strategies. The content is based on discussions of the Role of the Public in Research Work Group during the COPR’s April 2008 meeting, subsequent teleconferences, and a review of the literature.

Note: Although a number of references speak to a particular model of community engagement in research known as “community-based participatory research”, the template and resulting guidance is focused on the over-arching, broader aspects of community engagement, as described in the COPR’s draft definition.

Values	Strategies	Outcomes
1. Investigators and communities understand what community engagement in research means	<ul style="list-style-type: none"> • See COPR definition of “community engagement in research” • Community engagement methods include community service, service-learning, community-based participatory research, training and technical assistance, capacity-building, and economic development (1) 	<ul style="list-style-type: none"> • Research is meaningful, applicable, and appropriately interpreted (2) • Definition serves as a reference for negotiating agreements (2)
2. Strong community-investigator partnership	<ul style="list-style-type: none"> • Both partners understand each other’s needs, timelines, goals, resources, and capacity for developing and implementing community engagement activities (1) • Structures and processes facilitate sharing information, decision-making power, and resources among members of the partnership, with explicit attention to incorporating the expertise of investigators and community members (3) • A formal agreement addresses all aspects of the research, including a code of ethics, roles and responsibilities of all stakeholders, ownership of data, a dispute resolution process, and dissemination of results (4) 	<ul style="list-style-type: none"> • Increased recruitment and retention • Shed light on phenomena being investigated (5) • knowledge gained is integrated into the community to improve community members’ health and well-being (5) • Reductions in unnecessary conflict, confusion, or non-constructive criticism (2)

Values	Strategies	Outcomes
3. Communities and investigators share power and responsibility equitably	<ul style="list-style-type: none"> • The community partner is involved in all aspects of the research, from planning through dissemination of results • The investigators and the community partner commit to working in partnership toward achieving the study goals and to honor the commitments made to one another throughout the research lifecycle (2) • The investigators and the community partner commit to continuous communications beyond the mechanics of disseminating written progress (such as quarterly reports) 	<ul style="list-style-type: none"> • Increased recruitment and retention • Traditionally marginalized communities gain power by gaining knowledge (5)
4. Equitable inclusion of diverse perspectives and populations	<ul style="list-style-type: none"> • All segments of the community potentially affected by the research are represented • Potential barriers to participation are addressed • Communication is culturally appropriate 	<ul style="list-style-type: none"> • Improved quality and relevance of research (6,7)
5. Clear and relevant research goals	<ul style="list-style-type: none"> • Impetus for research comes from the community partner (4) • Study is designed to bring about positive social change for the community (6) 	<ul style="list-style-type: none"> • Increased likelihood that the research will solve public health problems (5)
6. Mutual benefit	<ul style="list-style-type: none"> • Benefits of the research should include improved health status or services for the research population, or prospects of such improvement, within a defined period of time through interventions discussed and agreed with the community (8) • The research provides resources and funding for the training, employment, and general capacity-building of community members in all aspects of the research process (8) 	<ul style="list-style-type: none"> • Investigators and community have a stake in the successful completion of the project • Benefits to the investigators and the community partner through publication and dissemination of research findings and methodologies and development of interventions (8) • Benefits to the investigators and community partner through peer acknowledgement of contributions to the advancement of medical and public health knowledge (8)
7. Capacity building	<ul style="list-style-type: none"> • Investigators and community partner learn from one another and share expertise and knowledge (5,10) • Research begins with and builds on community assets and strengths (10, 11) • The community partner develops capacities and resources for community health decisions and action (10) • The investigators learn from the community partner how to work with communities on an individual and organizational level 	<ul style="list-style-type: none"> • Enhanced research effectiveness • Demonstrated competency in community engagement research for funders • Support for sustainability of health-promoting interventions • Support for developing a policy agenda informed by community-based research

Values	Strategies	Outcomes
8. Respect and recognition	<ul style="list-style-type: none"> • Investigators respect and follow community values and timeframes (12) • Investigators ensure that all private information from participants remains confidential • Investigators explain all aspects of the project using non-technical language before the community partner agrees to participate • Community self-determination is the responsibility and right of all people who comprise a community (10) 	<ul style="list-style-type: none"> • Enhanced trust between communities and investigators
9. Continuous communications	<ul style="list-style-type: none"> • Communications between the community partner and the investigators is ongoing • Communications are bidirectional—from investigators to community partner and vice versa • Investigators provide regular progress updates to the community partner, including community members not directly involved in the research • Community partner informs investigators of potential concerns and offers constructive solutions to improve the study (2) • Communications do not end when the project ends 	<ul style="list-style-type: none"> • Communities do not drop out of the project because they do not understand the research • Prevention of conflicts and misunderstandings (12) • Problem resolution (12) • Respect for all partners (12)
10. Transparent monitoring and evaluation process	<ul style="list-style-type: none"> • Partners develop a transparent process for evaluating progress and impact (12) • Partners use mutually agreed-on evaluation tools (12) • Potential measures of success include establishing a continuing research partnership and community continuation of the research process (9) 	<ul style="list-style-type: none"> • Accountability
11. Appropriate policies regarding ownership and dissemination of results	<ul style="list-style-type: none"> • Partners jointly agree on who has access to research data and where the data will be physically located (13) • Findings are disseminated to all partners in language that is understandable and respectful (3) • Findings are disseminated beyond the partnership • All partners serve as reviewers and coauthors of publications and co-presenters at conferences (3) 	<ul style="list-style-type: none"> • Those who contribute to the research benefit from the results
12. Translation of research findings into policies, interventions, or programs	<ul style="list-style-type: none"> • Partners monitor effectiveness of translation (7) 	<ul style="list-style-type: none"> • Results are used to guide the development of interventions, education, and/or policies (3) • Community members benefit from the research outcomes (Green)
13. Sustain the relationship and the research outcomes	<ul style="list-style-type: none"> • Investigators engage the community partner before, during, and after the research • Investigators prepare to release control of research outcomes or interventions to the community and help the community take advantage of those outcomes or interventions (10) 	<ul style="list-style-type: none"> • The project has a long-term impact on the community

REFERENCES

1. Gelmon SB, Seifer SD, Kauper-Brown J and Mikkelsen M. Building Capacity for Community Engagement: Institutional Self-Assessment. Seattle, WA: Community-Campus Partnerships for Health, 2005.
2. Joint United Nations Programme on HIV/AIDS. Good participatory practice: guidelines for biomedical HIV prevention trials. 2007.
<http://data.unaids.org/pub/Manual/2007/jc1364%5Fgood%5Fparticipatory%5Fguidelines%5Fen.pdf>
3. Isles Research Principles. 2003.
http://depts.washington.edu/ccph/pdf_files/Isles%20Research%20Principles%202003.pdf
4. Green L. Guidelines and Categories for Classifying Participatory Research Projects in Health.
<http://lgreen.net/guidelines.html>
5. American Public Health Association. Support for Community-Based Participatory Research in Public Health. http://depts.washington.edu/ccph/pdf_files/CBPR_Policy_Accepted_by_APHA_2004.pdf
6. Access Alliance. Values and Principles Guiding Research.
http://accessalliance.ca/index.php?option=com_content&task=view&id=18&Itemid=57
7. Ritas C. Speaking truth, creating power: a guide to policy work for community-based participatory research practitioners. Community-Campus Partnerships for Health, July 2003.
http://futurehealth.ucsf.edu/pdf_files/ritas.pdf
8. World Health Organization. Indigenous peoples & participatory health research.
http://www.who.int/ethics/indigenous_peoples/en/print.html
9. Macaulay M, Commanda LE, Freeman WL, Gibson N, McCabe ML, Robbins CM, Twohig PL. Responsible research with communities: Participatory research in primary care. NAPCRG Policy Statement, 1998. <http://www.napcrg.org/responsibleresearch.pdf>
10. Centers for Disease Control and Prevention. Principles of Community Engagement. 1997.
<http://www.cdc.gov/phppo/pce/>
11. Seifer SD. Tips & Strategies for Developing Strong Community-Based Participatory Research Proposals. Community-Campus Partnerships for Health. http://depts.washington.edu/ccph/pdf_files/cbpr-reviewf.pdf
12. Jones L, Wells K. Strategies for academic and clinician engagement in community-participatory partnered research. JAMA 2007;297:407-10. http://www.haaf2.org/news/070123_news.pdf
13. Schulz, A. J., Israel, B. A., Selig, S. M., Bayer, I. S., & Griffin, C. B. Development and implementation of principles for community-based research in public health. In R. H. MacNair (Ed.), Research Strategies for Community Practice (pp. 83-110). New York: Haworth Press, 1998.