

The empowerment theory-based community forum as a CBPR dissemination and translation method

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ABSTRACT

Background: Hallmarks of community-based participatory research (CBPR) include collaboration between community and academic partners throughout all stages of research and ensuring progression from knowledge generation to action. To advance health equity, it is imperative to align dissemination and translation methods with these foundational CBPR principles.

Objectives: Our long-standing CBPR partnership developed, implemented, and refined an efficient, empowerment theory-based community forum method for disseminating and translating findings into actionable next steps that is highly inclusive of community members and community organizations.

Methods: At forums, attendees include CBPR partnership members and others such as lay community members, health service providers, community organization representatives, and academic researchers. Attendees review findings and participate in large- and small-group discussions using theory-based triggers in an eight-step method to develop practice, research, intervention, and policy priorities and recommendations. This method has been used to disseminate and translate findings from a range of studies, including (1) a qualitative study exploring sexual risk among racially and ethnically diverse gay, bisexual, queer, and other men who have sex with men (GBQMSM); (2) a mixed-methods study on the impact of immigration enforcement on Latine health; and (3) a study to develop and test an intervention to address HIV and sexually transmitted infection disparities and social determinants of health among young GBQMSM and transgender women of color.

Conclusions: The empowerment theory-based community forum method fulfills an important role within CBPR. There is great potential to apply lessons learned about this method to disseminate and translate future study findings into concrete next steps.

KEYWORDS: CBPR, methods, dissemination, translational science, empowerment theory

Background

Community-based participatory research (CBPR) has been identified as crucial for promoting health equity.^{1,2} Hallmarks of CBPR include collaboration between community and academic partners throughout all research phases – from conceptualization to instrument development, recruitment and retention, study implementation, data analysis and interpretation, and dissemination – and moving from knowledge generation to action.^{3–6} An important stage involves sharing findings in ways that engage all partners, are meaningful to communities, and lead to tangible change.⁷ While the theory, principles, and rationale underlying CBPR are well developed, there remains a gap in our methods toolkit to ensure that research is equitably disseminated and translated into action.^{2,8}

There is also a growing emphasis on translational science as a broader strategy to improve health outcomes and care, such as through the Clinical and Translational Science Award mechanism (<https://ncats.nih.gov/research/research-activities/ctsa>). Increasing engagement of impacted communities has been highlighted as a priority within this evolving field.⁹

Thus, dissemination and translation methods aligned with key aspects of CBPR are needed to maximize potentials to positively affect community and population health. Many collaborative research initiatives include processes that involve presenting research findings, discussing community needs, and seeking input from community members and community organizations.^{10–14} There is a need to build on these efforts through publication of systematic, replicable, and efficient methods that are grounded in theory, practical for real-world implementation, truly empowering of community voices, and focused specifically on leveraging findings to inform both research and practice.

Our CBPR partnership of community members, organization representatives, and academic researchers has a two-decade history conducting research to understand and intervene on health disparities experienced by communities of color, immigrant communities, sexual and gender minority communities, and rural communities.¹⁵ We have developed, implemented, and refined a collaborative empowerment theory-based^{16,17} community forum method for disseminating and translating findings into actionable next steps that is inclusive of all potential shareholders^a. In this article, we document the basic components and steps of this method and how we have used it as part of studies carried out by our partnership.

Methods

Empowerment theory-based community forum method

The empowerment theory-based community forum method is designed to disseminate study findings after data collection and analysis, and to translate findings into practice, research, intervention, and policy priorities and recommendations. The method is intended to engage partners from multiple sectors: community members as well as representatives from health services, community organizations, and academic institutions. Forums are co-convened by community and academic partnership members involved in the study from which findings are being disseminated and translated.

Forum attendees

Forum attendees are identified based on current or potential interest or commitment to the study topic, findings, and/or population of focus. We invite partnership members, lay community members, health service providers (including health department representatives), community

^a “Stakeholder” can have a negative connotation for some tribal and indigenous communities, and it is recommended that other terms be used in its place (https://www.cdc.gov/healthcommunication/Preferred_Terms.html).

organization representatives, and academic researchers to attend. Other attendees have included law enforcement, public school, and local media representatives. Attendee lists intentionally include individuals reflecting a range of lived experiences and educational and occupational backgrounds who are encouraged to learn from one another and collaborate based on their varying perspectives. When necessary, we have provided simultaneous Spanish-English interpretation to enable linguistically diverse attendees to participate in forums together.

Forum format

Location. The method was developed for in-person attendance and adapted for virtual implementation during the COVID-19 pandemic. In-person forums are held in central locations to facilitate participation from across regional or statewide catchment areas and in settings convenient to community members and organization representatives (e.g., hotel conference spaces or large meeting rooms at hospitals or county health departments). We also have used university facilities when easily accessible with ample parking. For virtual forums, we have found that Zoom is the videoconferencing platform most familiar to attendees, particularly community members.

Agenda. In-person forums are typically a half-day or shorter, to allow for a manageable time commitment from attendees, including those traveling from other locations within the region or state. Often, community members and organization representatives cannot dedicate a full day for meetings; thus, forums are designed to respect attendees' schedules. Virtual forums are implemented on a more condensed timeframe given challenges maintaining engagement for longer periods via videoconferencing.

At forums, community and academic partnership members, who have worked together to prepare presentations, briefly summarize the study purpose and data collection and analysis methods and present findings, including quantitative outcomes and/or qualitative themes. During

this stage PowerPoint slides are often used, which attendees also receive as a handout. Attendees then participate in large- and small-group discussions, also facilitated by community and academic partnership members, to reflect on findings and develop recommendations to move the knowledge presented to action. In-person forums include time for a meal and informal networking to further build connections among attendees. Table 1 presents a sample forum agenda.

[Table 1]

Discussion steps

Empowerment theory

The theory of empowerment education posits that participants must experience both learning (e.g., about study findings) and critical reflection to “get to” change (e.g., next steps); thus, discussion is used to raise consciousness and promote subsequent action.¹⁸ Our partnership has developed eight steps to guide forum discussions (Figure 1), building on previously used and published triggers.^{19,20}

[Figure 1]

Steps 1-4: Large-group discussion

In a large group, forum attendees share initial reactions to findings by responding to four questions moving sequentially from concrete (“What do you see in these findings?” “In what ways do these findings make sense or not make sense to you?”) to action-oriented (“What can be done?” “What can we do?”). The latter questions encourage attendees to brainstorm strategies to act on findings and make positive change. Discussion notes are captured on newsprint displayed around the room, or can be typed and presented onscreen if using videoconferencing.

Step 5: Strategy prioritization

Next, using the nominal group technique,²¹ attendees evaluate and prioritize the generated list of strategies. Attendees are encouraged to consider both importance and feasibility^{22,23} to ensure priorities have potential to improve public health.

Step 6: Small-group discussion

Attendees then divide into smaller groups based on the prioritized strategies, their interests, and their professional and/or community roles. Each small group develops an action plan by responding to the question “What can we do after today to move this prioritized strategy forward?”, and takes notes on their discussion. Plans may include concrete actions related to their group’s strategy, a timeline, and/or a list of other individuals and organizations to engage in “fleshing out” or enacting the plan.

Step 7: Large-group report-out

Attendees reconvene, and each small group presents their action plan to the larger group. Partnership members take notes during the report-out and further discussion of the plans.

Step 8: Practice, research, intervention, and policy priorities and recommendations

Based on the large- and small-group discussions, priorities and recommendations for carrying out action plans are identified, which may span the areas of practice, future research, intervention development, and policy change. Following the forum, partnership members create a final report on the data presented, priorities identified, and recommendations developed to distribute to attendees and others for whom findings will be relevant (e.g., local and state-level health department leaders and elected officials).

Results

Our partnership has implemented empowerment theory-based community forums to disseminate and translate findings from a range of CBPR studies. Here, we highlight three

examples: a qualitative study exploring sexual risk among African American/Black, Latine, and White gay, bisexual, queer, and other men who have sex with men (GBQMSM);²⁴ a mixed-methods study on the impact of immigration enforcement on Latine health;^{25,26} and a study to develop and test an intervention designed to address HIV and sexually transmitted infection (STI) disparities and social determinants of health among young GBQMSM and transgender women of color.^{27,28} These studies were approved by the Wake Forest University School of Medicine Institutional Review Board. Details about the forums are presented (Table 2) to illustrate the diverse ways this method has been successfully applied to inform priorities and recommended next steps and has resulted in positive longer-term outcomes.

[Table 2]

(1) Exploring sexual risk among African American/Black, Latine, and White GBQMSM

Study focus

In 2009, our partnership was tasked by the state health department, with funding from the US Centers for Disease Control and Prevention (CDC), to better understand disproportionate HIV/STI rates in North Carolina (NC). We conducted focus groups with racially and ethnically diverse GBQMSM across the state to explore ways to reduce sexual risk within these communities. Findings included qualitative themes related to HIV/STI risk (e.g., low HIV/STI knowledge and barriers to condom use and testing) and potential culturally responsive intervention approaches harnessing community-identified assets (e.g., social media used by GBQMSM for social and sexual networking).²⁴

Forum location and attendees

Findings were presented during a half-day forum in Chapel Hill, NC, a central location for attendees from across the state. Attendees were identified and invited by partnership members and

state health department representatives. Fifty-four attendees participated, including representatives from the lay community, HIV service organizations, other community organizations, historically Black colleges and universities, and other academic institutions.

Priorities and recommended next steps

After reviewing findings and engaging in large- and small-group discussions, attendees recommended priorities to reduce sexual risk among GBQMSM. First, attendees recommended natural helping interventions (e.g., community-based peer navigators or lay health advisors) to increase HIV/STI knowledge; bolster health-promoting norms and attitudes; and improve access to resources within existing social networks. Attendees also identified mHealth social media interventions as a strategy to reach GBQMSM. Additionally, attendees suggested individual- and group-level interventions to influence factors such as masculinity; intimacy; and family, religious, and societal expectations. Finally, attendees recommended skills development for GBQMSM and public health practitioners to advance community HIV/STI prevention efforts.

Longer-term outcomes

Following the forum, partnership members and attendees took several actions with lasting impacts. These included redirection of state prevention funds to develop safe spaces for dialogue around HIV/STI risk among GBQMSM, a statewide conference to build community leaders' advocacy skills, a new research collaboration to explore the impact of immigration policies on Latine health (described below), and development and evaluation of new peer navigation interventions^{29,30} and mHealth interventions using GPS-based mobile apps (e.g., Grindr) to promote sexual health among GBQMSM.^{8,31–34}

(2) Understanding the impact of local immigration enforcement on Latine health

Study focus

In 2012, our partnership conducted a mixed-methods study funded by the Robert Wood Johnson Foundation to understand how policies promoting cooperation between local law enforcement and federal immigration enforcement affect access to health services among Latine communities in NC. We analyzed state vital records data and found that, compared to non-Latine counterparts, Latine pregnant persons sought prenatal care later and had inadequate care. We also conducted focus groups and interviews with Latine persons across the state, who reported that enforcement policies created barriers to utilizing services and negatively impacted adult and child health in multiple ways.^{25,26}

Forum locations and attendees

We presented findings at a statewide forum in 2012 in Raleigh, NC, and two regional forums in 2014 in Charlotte and Burlington, NC. We partnered with community organizations in each location to plan the forums and obtained additional local foundation funding for the regional forums. Each forum lasted a half-day and included simultaneous Spanish-English interpretation and bilingual materials (e.g., agenda and PowerPoint slides). The forum also featured a video testimonial from an anonymous study participant who consented to share the impact of immigration enforcement on her family's health and well-being. A total of 229 attendees (72-84 per forum) from 14 counties participated, including representatives from the lay community, health service providers, community organizations, county and state health departments, academic institutions, and Spanish-language media.

Priorities and recommended next steps

Based on findings, attendees suggested increasing knowledge and awareness within Latine communities about local health service providers and immigrant rights, including by using natural helping strategies to facilitate service navigation. Attendees also emphasized system-level changes

to increase care access for Latine communities, such as offering training to improve providers' understanding of immigration-related health challenges and fostering support for Latine families within schools. Additionally, attendees recommended sharing community members' experiences with decision-makers and advocating for policies to reduce the impact of immigration enforcement on service access (e.g., promoting driver's license access for immigrants). Finally, attendees called for strengthening multisector communication and networking among community members, community organizations, academic researchers, and nontraditional partners such as business leaders to promote Latine health.

Longer-term outcomes

Actions resulting from the forum included presentation of study findings at a press conference at the state legislature, formation of regional working groups on Latine health, a subsequent CBPR study exploring the health consequences of state-level preemption of municipal laws and policies designed to protect immigrants,^{35,36} and development of new peer navigation interventions.³⁷

(3) Addressing HIV/STI disparities and social determinants of health among young GBQMSM and transgender women of color

Study focus

In 2018-2020, as part of the CDC Community Approaches to Reducing STDs initiative,³⁸ our partnership developed, implemented, and evaluated a multicultural intervention addressing HIV/STI disparities and related social determinants of health (employment, education, social support, and discrimination) among young GBQMSM and transgender women of color in a high HIV/STI incidence region. Working with a community steering committee, we integrated three

strategies – community-based peer navigation, mHealth, and anti-discrimination trainings for organizations – into the bilingual, multilevel *Impact Triad* intervention.^{27,28}

Forum location and attendees

Due to the pandemic, we presented data from *Impact Triad* at a one-hour virtual forum via Zoom in 2020. To increase engagement, we used four short video testimonials prepared by steering committee members to illustrate how *Impact Triad* community navigators helped members of their social networks address social determinants; promoted HIV/STI prevention, screening, and treatment; and shared information about local resources in-person and through social media. Thirty-two attendees participated, including representatives from the lay community, health service providers, organizations that provided employment and education resources, and academic institutions.

Priorities and recommended next steps

Several recommendations emerged from forum discussions. First, attendees emphasized sustaining components of *Impact Triad* after formal intervention implementation ended. For example, attendees suggested continued dissemination of intervention materials, particularly brief navigator-developed videos to raise consciousness among health service providers and community organizations about the challenges young GBQMSM and transgender women of color face (<https://www.youtube.com/channel/UCd7gOGhBerT0w1CTq5BwMcQ>). Additionally, attendees recommended fostering future collaboration between community members and organizations, such as efforts to promote access to transgender-affirming services and social support in the context of the pandemic and racial injustice. Attendees also prioritized further leadership opportunities for young GBQMSM and transgender women of color.

Longer-term outcomes

The forum helped establish new connections between steering committee members and navigators and participating organizations. Furthermore, the forum led to identification of lessons learned for future virtual implementation of the method. For example, given that many organization representatives are used to more passive “webinar”-style videoconferencing, we identified a need to more clearly communicate the participatory nature of the forum to attendees.

Discussion

The empowerment theory-based community forum method developed by our partnership has shown utility and versatility for disseminating and translating findings from quantitative and qualitative studies, spanning from formative research to intervention trials and across a range of funders. Our use of this method has engaged diverse attendees and led to the development of priorities and recommendations for practice, future research, intervention development, and policy change, as well as concrete actions in these areas. A distinguishing feature of the method is that it is designed such that each attendee – whether a lay community member, health service provider, community organization representative, or academic researcher – walks away from a forum with potential next steps and new partnerships they can directly apply in their specific role.

Keys to the method’s success are its efficiency and flexibility. Unlike a full- or multi-day conference, the half-day format (or shorter for virtual forums) is less burdensome for community members and organization representatives and is conscious of travel time, schedule constraints, and competing priorities (e.g., meeting basic needs and providing direct services). The method can also be tailored to individual studies and larger contexts. For example, presentations of findings can include more traditional PowerPoint slides, multimedia formats like videos, or community member-led discussions. As noted, the pandemic prompted adaptation to a virtual setting while retaining the method’s core components.

Our partnership plans to continue enhancing this method for application in two ongoing intervention studies focused on health disparities among GBQMSM and transgender and non-binary persons in Appalachia³⁹ and COVID-19 testing and vaccination among Spanish-speaking Latine communities in NC.⁴⁰

Implications for future use

Future use of the method should consider insights from past iterations. Early experiences suggest a need for clearer communication about what to expect during virtual forums; invitations could include more detailed (yet still succinct) descriptions of objectives, agendas, and activities. Implementation via virtual platforms should continue to be refined not only to address pandemic-related concerns, but also to bridge geographic distances, such as in rural areas.

Additionally, there are opportunities to further highlight community voices when presenting findings. Our partnership has found that video testimonials enhance attendees' understanding of data and stimulate rich discussion. Future forums could incorporate other creative communication formats that engage community partners.

Finally, there may be a need for greater tracking of forum outcomes. Given that the method aims to foster connections among attendees and encourage action upon findings in the ways that make sense to them, there may have been other next steps of which our partnership is unaware. Attendees may have had conversations with one another that led to future collaborations or brought findings back to their organizations that informed projects or procedures. Low-burden communication, such as brief phone or email surveys administered to attendees several months after a forum, could capture more of these synergies and longer-term impacts, as well as whether outcomes were sustained. Inviting attendees to come back together at follow-up meetings to share about steps taken could serve as another source of evaluation data and help maintain momentum.

Conclusions

The empowerment theory-based community forum method fulfills an important role within CBPR by engaging community and academic partners to move from knowledge to action. This collaborative method offers great potential to translate findings into priorities, recommendations, and concrete next steps for practice, research, intervention, and policy that can reduce health disparities and promote health equity.

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Table 1: Sample empowerment theory-based community forum agenda

Statewide Forum on the Impact of Immigration Enforcement on Latine Health: New Research Findings and Next Steps		
<u>Overall Objectives:</u>		
(1) Explore factors affecting Latine communities' access to health services in North Carolina;		
(2) Identify the relevance of these factors to your own work;		
(3) Brainstorm solutions to improve the health of all North Carolina communities.		
<u>Forum Agenda:</u>		
<i>10:00 AM</i>		
➤ Welcome		Community & Academic Co-Principal Investigators
➤ Review of Objectives for the Day		Community Partnership Member
<i>10:30 AM</i>		
➤ Context of Immigration Enforcement Policies in North Carolina		Academic Partnership Member
➤ Study Findings: Barriers to Health Services among Latine Communities in North Carolina		Community & Academic Partnership Members
<i>11:15 AM</i>		
➤ Boxed Lunch and Networking		
<i>11:45 AM</i>		
➤ Video Testimonial		
➤ Facilitated Group Discussion		Community & Academic Partnership Members
- Large-Group Brainstorm		
- Small-Group Action Planning		
- Report-Out and Next Steps		
➤ Summary of the Day		Community & Academic Co-Principal Investigators
<i>1:00 PM</i>		
➤ Adjourn		

Table 2: Empowerment theory-based community forum examples

Forum Date(s)	Study Focus	Funder	Forum Location(s)	Forum Attendees	Priorities and Recommended Next Steps	Longer-Term Outcomes
2009	Qualitative study to explore sexual risk and identify potentially effective HIV/STI intervention approaches among African American/Black, Latine, and White GBQMSM in North Carolina	North Carolina Department of Health and Human Services with funding from CDC	1 statewide forum in Chapel Hill, NC	N=54; representatives from the lay community (n=4), HIV service organizations (n=8), community organizations (n=7), the state health department (n=8), historically black colleges and universities (n=3), and other academic institutions (n=4)	<ul style="list-style-type: none"> • Development of natural helping interventions (e.g., peer navigators or lay health advisors), chat room-based interventions, and individual- and group-level interventions to help GBQMSM explore factors that influence their health • Use of social media in HIV prevention • Skills development for GBQMSM and public health practitioners to build within-group community capacity to mobilize, organize, and promote change 	<ul style="list-style-type: none"> • Redirection of state prevention funds to develop safe spaces for facilitated group dialogue around intimacy and HIV risk among GBQMSM • Statewide conference to build advocacy skills among community leaders • New research collaboration to explore the impact of US immigration policies on health services use within Latine communities • Development and evaluation of peer navigation and social media mHealth interventions
2012-2014	Mixed-methods study on the impact of local immigration enforcement policies on access to and utilization of health services	Robert Wood Johnson Foundation and Kate B. Reynolds Charitable Trust	1 statewide forum in Raleigh, NC, and 2 regional forums in Charlotte, NC, and	N=229 (range=72-84 at each forum); representatives from the lay community (n=11), health service	<ul style="list-style-type: none"> • Efforts to increase knowledge within Latine communities about local health services, eligibility, and “what to expect” when seeking care • Efforts to promote awareness of immigrant rights and “Know Your Rights” training 	<ul style="list-style-type: none"> • Presentation of study findings at press conference at state legislature • Formation of regional working groups • Subsequent CBPR study to explore the

	among Latine communities in North Carolina		Burlington, NC	providers and other community organizations (n=140), county and state health departments (n=32), academic institutions (n=40), and Spanish-language media (n=6)	<ul style="list-style-type: none"> • Training and support for Latine community members and organizations around policy advocacy • System-level changes to increase access to care for Latine community members • Peer navigation or lay health advisor strategies to share information with Latine communities and help community members navigate systems • Sharing of community members' experiences with policy- and decision-makers • Efforts to reduce transportation barriers, including promoting access to driver's licenses • Efforts to foster support within primary and secondary schools for Latine families • Building and strengthening of networks linking community members, community organizations, and academic researchers 	<p>health consequences of a state law that preempted municipal laws and policies designed to protect immigrants</p> <ul style="list-style-type: none"> • Development of peer navigation interventions
2020	Study to develop and test a bilingual, multilevel intervention designed to reduce HIV/STI disparities and improve social	CDC	1 virtual forum	N=32; representatives from the lay community (n=14), health service providers (n=7), community organizations	<ul style="list-style-type: none"> • Sustaining important components of the intervention even after formal implementation has been completed • Dissemination of intervention materials to raise consciousness among service providers about the challenges 	<ul style="list-style-type: none"> • Establishment of connections between intervention community advisory board members and peer navigators and participating organizations

	determinants of health among young GBQMSM and transgender women of color			that provide employment and education resources (n=5), and academic institutions (n=6)	<p>and barriers faced by young GBQMSM and transgender women of color</p> <ul style="list-style-type: none"> • Leveraging opportunities for future collaboration between partner organizations and community members • Facilitating access to leadership opportunities in the community for young GBQMSM and transgender women of color 	<ul style="list-style-type: none"> • Identification of lessons learned for future virtual implementation of the empowerment-theory based community forum method
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Figure 1: Empowerment theory-based community forum steps

