

# Integration of quality improvement and evaluation into a community engagement model

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**ABSTRACT:**

**Background:** Involving individuals with lived experience in the evaluation process is essential. Little research or evaluation to date has assessed member perceptions of their participation in this process over time, and how those findings were used to adjust community engagement activities. In July 2020, a philanthropic funder collaborative funded the implementation of a racial equity and COVID-19 initiative in Chicago. A community engagement model was implemented to incorporate community voice and assist in guiding the evaluation of the initiative. The model included a Community Advisory Council comprised of members living and working in Black and Brown communities experiencing the highest rates of COVID-19 mortality in Chicago.

**Objectives:** A longitudinal mixed methods evaluation was conducted to understand implementation of the community engagement model.

**Methods:** Data was collected from Community Advisory Council members in a biannual online survey and quality improvement and evaluation interviews from December 2020 to July 2023.

**Results:** Evaluation interviews revealed that members felt a sense of connectivity with others but also noted a need for more inclusion of community voice in dissemination efforts and opportunities to engage with initiative funders.

**Conclusions:** This evaluation of a Community Advisory Council highlights the importance of monitoring individual community members' experiences for short-term quality improvements and multiple evaluation approaches to build a long-term, sustainable community engagement model.

**KEYWORDS:** Community health partnerships, Community-Based Participatory Research, quality improvement, community engagement model, equitable evaluation, philanthropy

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## Introduction

Community engaged research and evaluation activities fall along a spectrum, with varying levels of community influence and participation. This spectrum ranges from informing the community (e.g., providing community residents with relevant information on an issue), to community ownership (e.g., community residents sharing power with other decision makers).<sup>1</sup> Authentic community engagement requires growing trusting relationships, expanding networks and access to resources, and aligning activities with a shared goal in mind. This approach promotes resident ownership with the goal of improving health outcomes, building community capacity, increasing value of the research process, and reducing community-level health inequities.<sup>2,3</sup>

By involving community members in the development of evaluation questions, data collection tools, analytic methods, and dissemination products, evaluation processes are more likely to be culturally and linguistically appropriate. Evaluators can gain a deeper understanding of the local context, community priorities, and impact, which are essential for identifying appropriate interventions and policies. Studies have shown that community-engaged evaluations lead to the design of more acceptable and feasible interventions, and accurate and comprehensive data collection.<sup>4</sup> Community members can facilitate access to hard-to-reach populations and provide nuanced insights that external evaluators might overlook. Further, community involvement can enhance the interpretation and utilization of evaluation findings, as community members are more likely to advocate for and implement recommendations that they helped develop.<sup>5</sup>

Various terms have been used to describe a group of individuals committed to the process of developing and implementing research and/or evaluation: Evaluation Advisory Groups, Evaluation Boards, Patient Advisory Groups, and Community Advisory Groups. In this paper,

we use the term Community Advisory Council (CAC). CACs typically consist of a group of individuals of varying demographic characteristics and lived experience, who represent their community. People with lived experience have been directly impacted by health, economic, or other social issues.<sup>6</sup> They have first-hand knowledge gained from experiences at home, work, or in their community. Including these groups during the design and implementation of research and evaluation has become more common in recent years.<sup>7,8</sup> Research on the experiences of CAC members and practitioners (i.e., evaluators and researchers) involved in this work highlights benefits and challenges. Members have reported feeling empowered and valued for contributions. They value the opportunity to learn about research and evaluation within their community, build capacity, and develop trusting relationships with research partners. Yet, some do not view practitioners as well prepared to engage communities and that resources were inadequate to support proper involvement.<sup>9</sup> There is a risk of community members feeling tokenized and that their expertise is not fully respected, nor their voices heard.

### **Health First Collaborative**

In response to the COVID-19 pandemic, five foundations in Chicago, Illinois mobilized to coordinate resource allocation and response strategies. Through weekly meetings and support from a strategic consultant, the group, called the Health First Collaborative (HFC), articulated goals, vision and values, and a framework for initial funding priorities. The initial group of five foundations pooled funds in 2020 and, in the subsequent four years, 23 additional foundations joined to fund over 100 community-based organizations. The HFC sought to address the root causes of racial health inequities and improve the physical, mental, and social well-being of residents in Chicago and the surrounding suburbs. Aligned with citywide initiatives, the goal was to reduce the life expectancy gap between people of color and white persons across Chicagoland.

In July 2020 (Year 1), the HFC funded two hubs of innovative community-driven projects. The goal of the first hub was to improve access to care through telehealth interventions at community health centers. Interventions focused on addressing mental health, access to health care, and barriers to specialty care. The second hub focused on supporting hyperlocal health outreach strategies developed by community-based organizations to respond to COVID-19. The HFC also funded a comprehensive evaluation of these projects. Community engagement was a central tenet of the HFC's work so a CAC was formed early in the evaluation to ensure activities were guided by community voices. A description of the HFC's history, partners, and activities can be found elsewhere.<sup>10</sup>

Although some studies have explored integrating community residents into research or evaluation processes (e.g., creating a research agenda, a charter, or set of values<sup>11</sup>), limited research has documented community member perspectives on engagement.<sup>12-17</sup> Similarly, while mixed-method evaluations of community councils exist,<sup>13,14,16</sup> few examples include multiple points of data collection or include short-term implementation of feedback. This paper presents an evaluation of a community engagement model supporting the HFC. We assess CAC members' perceived engagement over three years of council operation and discuss how ongoing quality improvement changes were made to reflect member feedback.

### **Community Engagement Model**

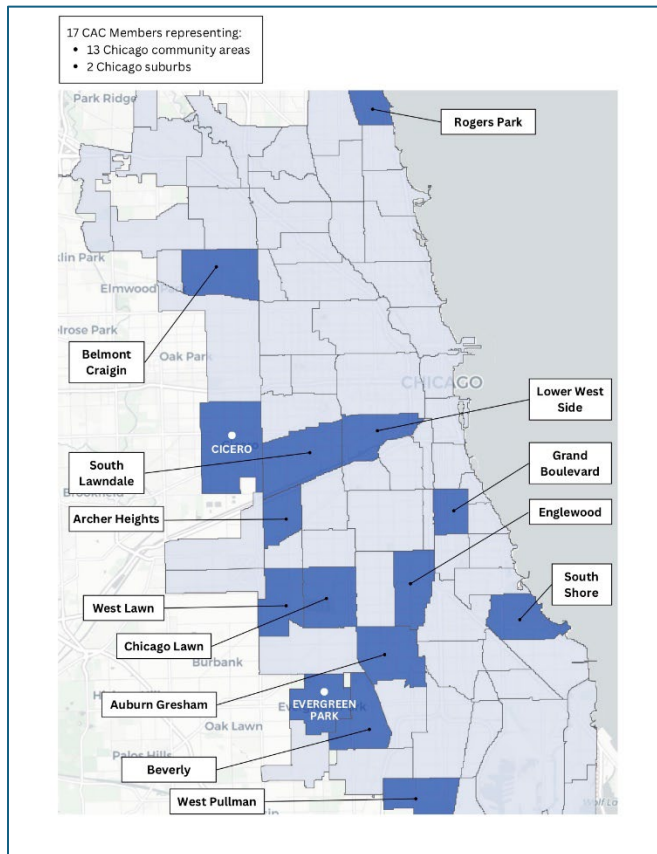
Guided by principles of equitable evaluation,<sup>18</sup> the HFC community engagement model drew on personal experiences and knowledge from CAC members to help shape programs, services, and system-wide initiatives aimed at enhancing community health and well-being. It also guided the formulation of evaluation criteria and outcomes. Monetary compensation was provided to members to acknowledge their valuable expertise, insights, and contributions. CAC recruitment

began in October 2020 and focused on Chicagoland residents living and working in predominantly Black and Brown communities experiencing the highest rates of COVID-19 mortality. Residents were eligible for the CAC if they lived and/or worked in one of these communities and spoke English or Spanish. Recruitment materials were distributed through funder networks, including past and current grantees, and to over 30 community-based organizations. Snowball recruitment was used, where recruited members recommended others to join.

In December 2021, after screening 45 individuals, the evaluator selected 24 members. Beginning in December 2020, evaluators convened two CACs monthly; one was facilitated in Spanish and the other in English. Half of the 24 members selected were Spanish speakers. Initial meetings focused on co-designing meeting structures, agendas, and fostering rapport between members and the evaluators. Despite initial uncertainty about the CAC's role, there was minimal member turnover. Additional community members were invited to join the CAC throughout implementation as members ended their participation due to other professional and personal commitments.

At the start of Year 4 (July 2023), the CAC comprised 17 members from 13 Chicago neighborhoods and 2 suburban Chicagoland communities that had been most impacted by the COVID-19 pandemic and racial injustice (Figure 1). Out of the 17 members, nine were Spanish speakers. CAC members brought diverse personal experiences and professional backgrounds such as violence prevention, journalism, mental health, youth development, housing, healthcare, and nonprofit sectors.

**Figure 1:** Map of CAC membership



## Methods

The aims of the present evaluation were to: 1) Explore how HFC responded to the community's most critical needs, and 2) Understand how community voices were included in evaluation and dissemination efforts. Data was collected from an online survey and interviews. All CAC members active at the time of data collection were eligible to participate. The data sources, objectives and timeline of data collection are described in Table 1. This project was undertaken as a quality improvement initiative and as such does not constitute human subjects research.

## Survey

Adapted from Goodman et al., a community engagement survey was used to evaluate the effectiveness of facilitating meaningful, long-lasting partnership between the HFC and the

Chicagoland communities most impacted by COVID-19 and systemic racism.<sup>19</sup> Biannually from December 2020 to June 2023 (Year 1-3), the evaluators emailed CAC members an online Qualtrics survey link to complete. In the survey, members assessed their involvement by responding to 23 statements across 11 principles: 1) Focus on local relevance, 2) Acknowledge the community, 3) Disseminate findings and knowledge gained to all partners, 4) Seek and use the input of community partners, 5) Involve a cyclical and iterative process in pursuit of objectives, 6) Foster co-learning, capacity building, and co-benefit for all partners, 7) Build on strengths and resources within the community, 8) Facilitate collaborative, equitable partners, 9) Integrate and achieve a balance of all partners, 10) Involve all partners in the dissemination process, and 11) Plan for a long-term process and commitment. The statements were scored on a five-point Likert scale (1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, or 5 = Excellent). Principle 5 was not assessed until December 2020 to align with Year 1 activities. Principle 10 was not assessed until June 2022 once public dissemination had begun in Year 2. Consistent with previous literature,<sup>20,21</sup> the survey responses were reported as a mean score for each statement and principle (i.e., averaged across multiple statements).

### ***Quality Improvement Interviews***

Two sets of *quality improvement interviews* were conducted with CAC members over the phone to gather feedback on their experiences in the CAC and identify potential improvements. The first set of interviews occurred in March 2021 (Year 1) and focused on the development of meeting structure and how to promote engagement in virtual meetings. The second set of interviews occurred in December 2021 and January 2022 (Year 2), and assessed the meeting structure, bilingual approach, and time spent on CAC outside of meetings. Open-ended and

Likert scale responses were collected in REDCap, a web-based application, and summarized by the evaluators.

### ***Evaluation Interviews***

Semi-structured *evaluation interviews* were conducted with members after the final survey in June 2023 (Year 3) to explore the effectiveness of mechanisms centering community voice in the HFC and their role in guiding the collaborative's decisions and direction. Evaluation interviews were 30 to 45 minutes in length and were recorded over Zoom. Three members of the evaluation team reviewed written notes and audio recordings of the interviews. Evaluators completed an analytic matrix individually and then met to identify themes across interviews.

### **Results**

Data from each source was collected and analyzed separately. In total, 6 surveys were conducted from December 2020 to June 2023 (Table 2). An average of 11 CAC members completed each survey, with a range of 5 to 15 members per survey. A total of 18 members in March 2021 and 15 members participated in the quality improvement interviews in December 2021 and January 2022. Fourteen (14) members participated in evaluation interviews in June and July of 2023. Survey and quality improvement interviews results were combined during interpretation to identify real-time implementation changes to the community engagement model. In contrast, evaluation interviews were interpreted separately (Table 3). Findings were presented at monthly CAC meetings for member interpretation and to identify potential implementation changes.

### ***Survey and Quality Improvement Interviews Findings***

Findings from the surveys and quality improvement interviews were used to inform CAC activities across years of participation. In Year 1, survey results indicated that members felt they were treated with respect and were actively involved but noted that more attention was needed to

identify and prioritize community needs. These findings were confirmed by interviews as members described wanting to understand HFC's progress in addressing community needs and how their contributions would impact the HFC and the evaluation. In response, the evaluators led an exercise for members to submit photos that demonstrated factors impacting health in their community. This exercise launched a conversation on community health priorities to inform health and wellbeing measures in the evaluation framework. Access to health care, mental/behavioral health, COVID-19 vaccines, and bilingual and bicultural providers were incorporated into the evaluation framework. Community violence was also identified but did not align with funded activities and was noted for future discussions.

During Year 1 interviews, members expressed a desire to build stronger relationships with each other, for more opportunities to engage during and outside of meetings, and a need to clarify the role of the CAC and show how their contributions would impact the HFC. In response, the evaluators created a member directory that included a photo, biography, and contact information for each member. With member consent, this was shared with members, funders, and grantees. Additional changes made in response to these interview findings included adjusting meeting type and frequency. To help clarify the CAC's role and contributions, three monthly workgroups were created: Data and Evaluation, Community Mobilization, and Workforce Development. Members chose one workgroup to attend. The workgroups operated bilingually, using consecutive Spanish interpretation by a member of the evaluation team. The *Data and Evaluation workgroup* informed evaluation questions and data interpretation. The *Community Mobilization workgroup* identified approaches to COVID-19 community mobilization efforts and resource gaps. The *Workforce Development workgroup* focused on workplace burnout, COVID-19 fatigue, mental health, and violence. These approaches and

resource gaps helped funders, grantees, and evaluators better understand immediate needs of communities served by existing and potential HFC efforts. To improve the frequency of meetings in addition to the monthly workgroup meetings, a quarterly meeting was added. During these quarterly meetings, the CAC convened to share the activities of each workgroup and receive updates on HFC activities. Lastly, the evaluators organized one virtual and one in-person social with members, grantees, and funders.

Year 2 survey and interview results highlighted two key findings: members appreciated the HFC's promotion of co-learning and collaboration among partners but identified a need to improve community-wide dissemination. During interviews, members expressed satisfaction with the meeting frequency but needed a reminder about the CAC's purpose, member expectations, and how their feedback was being utilized. In response, the CAC was restructured in Year 3 into two monthly work groups. The *Data and Evaluation workgroup* took an active role in ongoing evaluation activities. The new *Dissemination workgroup* supported an in-person community dissemination event featuring storyboards on topics such as mental health, access to health care, or barriers to specialty care, and two virtual presentations to community-based organizations to raise awareness about HFC. The evaluators held a meeting with members to review work groups goals, timeline, and answer questions. Each member chose one workgroup to attend. Another finding from the interviews was that while members valued consecutive Spanish interpretation, the transition between English and Spanish slowed down meetings making it difficult to connect with other members. In response to this feedback, starting in July 2023, meetings shifted to using simultaneous interpretation. This allowed for a more natural and fluid structure which enhanced the flow of the meetings while maintaining language accessibility.

Year 3 survey findings indicated that while members felt HFC partners were open and respectful of community input, they perceived limitations in the HFC's ability to address resource gaps and leverage existing community strengths. In response, two HFC funders held individual meetings with members toward the end of Year 3. The goal was for funders to learn more about community priorities and networks and identify opportunities for ongoing collaboration. These conversations led to the formation of a Steering Committee comprised of funders and members in Year 4 (July 2023 to June 2024). From January to March 2024, this committee developed recommendations for a governance and operations model to guide HFC's grantmaking strategy. Concurrently, evaluators replaced quarterly meetings with monthly meetings featuring presentations by funders and grantees on progress and future plans, as well as by community partners whose work aligned with community priorities. (e.g., new arrivals). In Year 5 (July 2024 to June 2025), members will inform ongoing evaluation and grantmaking activities in monthly meetings with evaluators and funders.

### ***Evaluation Interview Findings***

Interviews were conducted to determine the extent to which community voices were centered in the HFC. The interviews revealed three themes around effectiveness of the community engagement model and member insights to inform future efforts.

#### *Sense of connectivity between CAC members*

Although members came from diverse communities and backgrounds and spoke different languages, members felt supported and respected by each other. This support created a sense of connectivity which encouraged members to share openly with one another. Members discussed how they provide services to their community and the needs they observed during their professional work. Over time, members developed trusting relationships with one another, which

resulted in them sharing personal experiences with the health care system and gun violence. Members appreciated the CAC's diversity, and highlighted differences in race, ethnicity, workplace and residential neighborhood representation, age, occupation, language preference, and community engagement experience across members. Members also claimed it was beneficial to share traumatic experiences with one another. Hearing others' stories not only enhanced their understanding of diverse community needs, but also reinforced feelings of solidarity. As one member who worked in the Latinx community remarked, "*It is important to share the trauma we all felt and understand that better about our different communities; there is not always the space to talk about our trauma...*" Another member mentioned:

*It feels like Black and Latinx communities are pitted against each other sometimes but when you hear from others' experiences you learn that we should be coming together on things. It made me more sensitive...and challenged some of my biases. I was in a learning space. (Black woman)*

Members recognized shared experiences across communities while valuing mutual learning and collaboration.

#### *Participation in evaluation and dissemination efforts*

Though members engaged in evaluation and dissemination activities while serving on the CAC, they also noted a need for greater inclusion of community voice in these efforts. CAC members participated in the development and implementation of the HFC evaluation plan, which involved contributing to evaluation question design, data collection tools, interview facilitation, data review, and interpretation of findings. Members who participated in evaluation interviews with grantees (i.e., community health centers) and patients liked being involved in the work. In discussing their role supporting creation of an interview guide, one member said:

*Entonces eso de los datos me gustó mucho. Como. ¿Cómo obtener lo que de verdad queremos de la comunidad? Pues lo más importante era el tipo de preguntas que le íbamos a hacer y que fuera en un lenguaje claro, porque no todos entendemos lo mismo. Entonces era como una pregunta sencilla, pero que el resultado. Me iba a dar lo que yo estoy buscando. // So I really liked that data thing. Like “How do we get what we really want from the community?” Well, the most important thing was the type of questions we were going to ask, and that it was in clear language, because we don't all understand the same thing. So it was like a simple question, but the result was going to give me what I'm looking for. (Latina woman)*

While members were motivated to discuss their role in the evaluation, they also felt their roles and the scope of the HFC's work were unclear at times. For example, it was not clear how their feedback would inform evaluation and dissemination efforts, or programmatic changes by grantees. Members discussed a desire to expand their role beyond the evaluation by informing strategic or grantmaking decisions. In addition, members expressed a desire to increase in-person dissemination events to strengthen the relationship among members, HFC partners, and community residents. This included funders, grantees, evaluators, and members themselves being visible at community events. As one member remarked, “*I struggle with whether not we did enough or had appropriate exposure [to communities],”* suggesting, “*the ideas kind of stayed within an inner circle of community members.*” (Black woman)

#### *Willingness of funders to center community voices*

While members recognized HFC funders' commitment to centering community voice, they identified opportunities to deepen engagement with members. CAC members observed funders showing interest in community members' lived experience during CAC meetings and individual

meetings with funders. For many, this level of engagement with a funder was novel, even for those with prior experience working with funders. As one member shared, traditional funder interactions are often limited to community organizations or grantees submitting final reports. Members expressed a desire for more in-person, community-driven opportunities to engage with funders. Due to the rapid development of the HFC in response to COVID-19 and racial injustice, there was limited time for trust-building between funders and community members. Trust, members noted, develops when funders attend existing community meetings or engage in trusted community spaces, adapt to evolving community needs and share power with community members. As one member mentioned:

*Funders needed front line workers and community organizations during COVID-19 to do the work. As such, during COVID-19 funders removed the hoops [the red tape] to jump through for funding and it was more collaborative. And now, why can't what happened during the pandemic happen more or continue? (Black woman)*

Members hoped to see the HFC's funder-community collaboration turn into a model that reflects community needs without the pressure from a crisis.

## **Discussion**

This examination of the design, implementation, and evaluation of a community engagement strategy highlights the importance of continuously monitoring individual community members' experiences and community engagement measures. The evaluation identified effective elements of the model and approaches for rapid quality improvement during CAC implementation.

Members reported that meetings provided a safe and productive space for sharing personal and professional experiences to inform programmatic, evaluation, and dissemination efforts.

Members connected with others of diverse backgrounds, neighborhoods, and professions and expanded their network within the health care and philanthropic sectors. This engagement enabled HFC partners (e.g., funders, evaluators, grantees) to deepen their understanding of community needs and potential areas for expansion. While evaluation learnings informed short-term quality improvements, members also discussed the need to develop a long-term, sustainable community engagement model.

Key lessons from this evaluation build on the existing evidence around community engagement. Our evaluation extends beyond traditional measures of satisfaction by focusing on community members' experiences and perceptions of engagement and involvement. The online survey assessed community engagement principles and evaluation interviews included questions focused on connectivity between members, centering community voice, and members' role in guiding the HFC. Understanding what motivates community members to participate in city-wide multi-sector initiatives is not only important for improving research or evaluation prioritization, design, and validity, but also for improving community member experiences within evaluation teams. Similar to other studies,<sup>12,15,17</sup> these evaluation results suggest that members were motivated by opportunities that reflected genuine interest from other HFC partners in elevating community voice and offered empowerment or capacity building. This evaluation also found consistent, clear, and appropriate communication to be another motivator – one that was particularly important for building trust with community members. Findings were consistent with existing literature on the importance of relationship building, clearly defined member roles, and willingness to make ongoing adaptations to the engagement process.<sup>15,22</sup>

Another unique feature of this evaluation was the longitudinal mixed methods design, which captured member experiences and engagement over time. Few community research or

evaluation initiatives have included multiple points of data collection.<sup>23</sup> Using multiple methods at various time points ensured all voices were represented. The longitudinal design also promoted equity by facilitating reflective and responsive engagement between evaluators and community members, enabling real-time quality improvement changes to the model. Findings were shared with the CAC and used to inform short-term operational changes aligned with member feedback. This iterative process with community members ensured that the focus of the CAC reflected community needs and individual member interests.

Subsequent evaluation interviews suggested that increased and sustained funder engagement would better address community resource gaps. Previous research suggests that intentional listening and deliberate practices with community members builds trust.<sup>24</sup> In response to the evaluation interviews and to build trust with CAC members, additional funder engagement was offered. Members were invited to meet individually with funders and collaborated on co-creating a new co-governance model for grantmaking. This iterative approach underscores the HFC team's commitment to continuous improvement and demonstrates how responsive engagement strategies can effectively enhance community outcomes and build capacity. The collaborative partnership between funders, community members, evaluators, and program implementers creates a feedback loop that shifts traditional power dynamics in grantmaking and evaluation. By including community members throughout the evaluation process, we built a sustainable model for ongoing community partnership in health equity initiatives which will continue as the HFC evolves. This approach may be replicable to other collaboratives that seek to employ methods in shared decision-making, co-governance, and continuous quality improvement to strengthen community capacity.

With a longitudinal design, there are limitations related to attrition. However, while there was minimal CAC member turnover, data collection at multiple time points helped to determine the active members' understanding of their role and goals of the HFC. HFC goals were also reviewed with any new members and during monthly meetings. In addition, the most engaged members participated in the evaluation so voices from the least involved might not have been included. We accounted for this limitation by implementing various modalities (i.e., survey, monthly meetings, two types of interviews). Lastly, members might not have felt uncomfortable sharing feedback in an interview conducted by the evaluation team. Members were able to provide anonymous feedback in the survey.

Our evaluation findings have implications for evaluators and researchers that want to develop, assess, or improve their community engagement efforts. First, evaluation of community engagement efforts should be ongoing to monitor progress and identify opportunities to improve in real time. Evaluators should collect data at multiple time points, use diverse modalities, and align community engagement measures and outcomes with relevant activities. Second, incorporating community voices into the development, implementation, and evaluation of community health initiatives, as well as disseminating findings, is essential for ensuring cultural relevance and equitable impact. Third, clear expectations should be established regarding the roles of the evaluator, funder, grantees, and community members. Evaluation planning and activities took place parallel to the implementation of the HFC and members were engaged early in the initiative. However, the urgency of the COVID-19 pandemic necessitated rapid funding decisions which were made prior to the formation of the CAC. This timing created some initial uncertainty among members about their role, as they recognized they would not directly inform the collaborative's early activities and funding decisions. Fourth, evaluators should establish

consistent and transparent communication with community members to foster trust and sustain active involvement. This includes communicating when efforts are paused, in a planning period, or undetermined. Fifth, sufficient investment in human and time resources is required to effectively implement evaluation efforts with community members. This support creates a welcoming space that all community members can actively participate regardless of language, comfort with technology (e.g., Zoom, email), speaking in a group setting, and experience working with evaluators, funders, or in community advisory groups. Members were able to provide feedback on initiative efforts to address community needs, ensure culturally competent evaluation activities are conducted, and inform evaluation interpretation and dissemination. Lastly, we adapted a survey that was available at the time efforts began to assess 11 examine principles.<sup>19</sup> Recent literature has examined other assessment tools to measure community engagement including the Research Engagement Survey Tool.<sup>25,26</sup> The tool is aligned with 8 principles developed from existing measures including those in our survey. Researchers should evaluate use of these principles over time and in languages other than English.

## **Conclusion**

Community engagement plays a critical role in designing appropriate and comprehensive evaluation plans for community health initiatives. Our findings demonstrate the value of continuous quality improvement and multiple evaluation approaches through the engagement process. However, additional research is needed to understand how community engagement efforts can be refined over time. This could include refining data collection methods, recruitment efforts, member engagement, development of individual member skills and community capacity, and best practices for funders working with community members. Future studies should examine the effectiveness of various data collection activities (e.g., focus groups, difference cadence of

data collection, reflective writing exercises), styles of community engagement (e.g., social media, community organizing and advocacy), and long-term community engagement and sustainability outcomes (e.g., decision making, capacity building, community ownership). Rigorous evaluation of community engagement efforts can inform the development of more sustainable models for complex initiatives like the HFC. Models should incorporate regular monitoring of community member engagement, provide adequate resources for active participation, and build capacity for consistent engagement. Sustained community engagement ensures those most affected by initiatives shape evaluation design, enhance credibility of findings, and ultimately, advance equity.

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**Table 1: Evaluation data sources**

<b>Data Source</b>	<b>Purpose</b>	<b>HFC Year(s) Conducted</b>	<b>Frequency</b>
Online Survey	Examine community engagement principles implemented in the HFC	Years 1 to 3: December 2020- June 2023	Twice a year
Quality improvement interviews	Assess ongoing CAC activities and identify opportunities for improvements	Year 1: March 2021 Year 2: December 2021- January 2022	Twice
Evaluation interviews	Evaluate the mechanism of centering community voices in the HFC	Year 3: June- July 2023	Once

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Table 2: Community engagement online survey results by principle topic mean score (2020-2023)			HFC Year 1		HFC Year 2		HFC Year 3	
Principle	Principle Themes	Principle Topic	Dec 2020 (n=14)	Aug 2021 (n=6)	Dec 2021 (n=8)	Aug 2022 (n=15)	Dec 2022 (n=14)	June 2023 (n=5)
Engagement Principle #1	Focus on local relevance	Focus on issues important to my community	3.86	4.16	4.50	4.20	4.07	3.80
Engagement Principle #1	Focus on local relevance	Focus on health problems that the community thinks are important	3.64	4.21	4.38	4.47	4.36	4.00
Engagement Principle #2	Acknowledge the community	Show appreciation for community time and effort	4.21	4.50	4.88	4.47	4.43	4.00
Engagement Principle #2	Acknowledge the community	Value community perspectives	4.14	4.50	4.75	4.47	4.64	4.40
Engagement Principle #3	Disseminate findings and knowledge gained to all partners	Let community members know what is going on with the project	4.07	4.24	4.25	4.27	4.36	3.80
Engagement Principle #3	Disseminate findings and knowledge gained to all partners	Empower community members with knowledge gained from a joint activity	4.00	4.14	4.13	4.20	4.21	4.00
Engagement Principle #4	Seek and use the input of community partners	Ask community members for input	4.57	4.61	4.63	4.73	4.50	4.00
Engagement Principle #4	Seek and use the input of community partners	Use the ideas and input of community members	4.36	4.44	4.50	4.53	4.36	4.00
Engagement Principle #5	Involve a cyclical and iterative process in pursuit of objectives	Share the results of how things turned out with the community	*	4.13	4.25	4.13	4.00	3.80
Engagement Principle #5	Involve a cyclical and iterative process in pursuit of objectives	Involve the community in determining next steps	*	4.26	4.38	4.20	4.21	4.00

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Engagement Principle #6	Foster co-learning, capacity building, and co-benefit for all partners	Learn from community members	4.14	4.45	4.88	4.40	4.36	4.40
Engagement Principle #6	Foster co-learning, capacity building, and co-benefit for all partners	Encourage the HFC team and community members to learn from each other	4.07	4.46	5.00	4.40	4.36	4.40
Engagement Principle #7	Build on strengths and resources within the community	Build on strengths within the community	3.93	4.16	4.50	4.13	4.08	3.60
Engagement Principle #7	Build on strengths and resources within the community	Help to fill gaps in community strengths and resources	3.93	4.10	4.38	3.80	4.31	3.40
Engagement Principle #8	Facilitate collaborative, equitable partners	Demonstrate that community members are really needed to do a job	4.36	4.54	5.00	4.53	4.29	4.40
Engagement Principle #8	Facilitate collaborative, equitable partners	Demonstrate that community members' ideas make things better	4.21	4.36	4.75	4.20	4.29	4.20
Engagement Principle #8	Facilitate collaborative, equitable partners	Enable community members to voice disagreements	4.21	4.36	4.88	4.33	4.00	3.80
Engagement Principle #9	Integrate and achieve a balance of all partners	Enable all people involved to voice their views	4.43	4.47	4.75	4.27	4.43	4.20
Engagement Principle #9	Integrate and achieve a balance of all partners	Treat community members' ideas with openness and respect	4.57	4.69	4.88	4.67	4.64	4.80
Engagement Principle #10	Involve all partners in the dissemination process	Include community members in plans for sharing findings	**	**	**	4.13	4.21	4.17
Engagement Principle #10	Involve all partners in the dissemination process	Listen to community members when planning dissemination activities	**	**	**	4.13	4.64	4.39
Engagement Principle #11	Plan for a long-term process and commitment	Make plans for community-engaged activities to continue for many years	4.07	4.05	4.13	3.80	4.21	3.60

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Engagement Principle #11	Plan for a long-term process and commitment	Want to work with community members for many years	4.14	4.24	4.38	4.07	4.36	3.60
<p>*Principle #5 was not assessed to align with activities in Year 1.</p> <p>**Principle #10 was not assessed until Year 2 once public dissemination had begun.</p> <p>HFC = Health First Collaborative</p>								

**Table 3: Summary of key survey results, quality improvement (QI) changes, and evaluation interview findings**

HFC Year 1 Surveys		HFC Year 2 Surveys		HFC Year 3 Surveys	
<i>Highest Mean Score</i>	<i>Lowest Mean Score</i>	<i>Highest Mean Score</i>	<i>Lowest Mean Score</i>	<i>Highest Mean Score</i>	<i>Lowest Mean Score</i>
Treat community members' ideas with openness and respect (Principle #9 Topic)	Focus on health problems that the community thinks are important (Principle #1 Topic)	Encourage the HFC team and community members to learn from each other (Principle #6 Topic)  Demonstrate that community members are really needed to do a job (Principle #8 Topic)	Help to fill gaps in community strengths and resources (Principle #7 Topic)  Make plans for community-engaged activities to continue for many years (Principle #11 Topic)	Treat community members' ideas with openness and respect (Principle #9 Topic)	Help to fill gaps in community strengths and resources (Principle #7 Topic)
QI Changes Implemented		QI Changes Implemented		QI Changes Implemented	
CAC member directory  Monthly work groups focused on data and evaluation, community mobilization, and workforce development  Virtual and in-person social		Review of HFC purpose and CAC goals  New monthly work group focused on community dissemination of HFC activities and learnings  In-person community dissemination event; virtual events with community-based organizations  Simultaneous English to Spanish interpretation during meetings		1:1 meetings between funders and CAC members  Steering Committee made up of funders and community members to guide grantmaking strategy	
Year 3 Evaluation Interview Findings					
Sense of connectivity between community members Opportunities to understand evaluation and dissemination efforts Willingness of funders to center community voices					

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