



Master of Public Health
Capstone Project

Developing a Process Evaluation Tool:
Case Study of a Local Community-Based
Research Project – *Positive Living Positive Homes*

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April 15, 2017

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Introduction

Community-engaged research is an important contributor to and a successful tool for addressing complex issues that affect health inequities (Goodman et al., 2017; Hardy et al., 2017). There are many forms of community-engaged research, such as community-based research (CBR), community-based participatory research (CBPR), participatory action research (PAR), and action research (AR). While community-engaged research maintains systematic and scientific approaches to investigating public health problems, some of the underpinnings of these different faces of community-engaged research include active stakeholder participation, continual self-reflection, commitment to equitable partnership, and action-oriented outcomes (Hardy et al., 2017). Active and meaningful engagement of the community (including community members, organizations, other key stakeholders and researchers) in all steps of the research process allows for the integration of knowledge generated by research with action that benefits communities (Israel, Schulz, Parker, & Becker, 1998). These underpinnings distinguish community-engaged research from traditional research (Minkler, 2005). While acknowledging the nuances between various forms of community-engaged research, this paper will use community-engaged research as an umbrella term to focus on investigating the intersections of those various forms of research.

Despite the increased recognition that community engagement plays an important role in research, challenge remains in community-engaged research. There is a lack of systematic approach to evaluating *how* community engagement and partnerships add value to research and improved health outcomes (Hicks et al., 2012). Therefore measures to evaluate the various dimensions of community-engaged research that contribute to successful change in policies, practices and health outcomes must continue through evaluation as part of community-engaged research. Positive Living Positive Homes (PLPH) is a local community-engaged research project that is interested in evaluating how well it has embodied community-based research (CBR) principles in the research process. The goal of this

capstone was to develop a process evaluation tool that can be used in PLPH. The developed process evaluation tool will be shared with the PLPH CBR team, who will use it as a starting point to develop a larger evaluation plan using a participatory and collaborative approach. The following sources were drawn on to develop a process evaluation tool best fit for PLPH project: 1) reading of related literature; 2) course-based knowledge on evaluations; 3) in-depth knowledge of the project and its partnerships from working on PLPH project.

Project Description: Positive Living Positive Homes (PLPH) CBR

In 2008, the community-based membership of the Pacific AIDS Network (PAN) identified housing as a critical determinant of health for those living with, affected by and at risk of HIV/AIDS. PAN is a provincial non-profit organization leading a community-based response to HIV, Hepatitis C and related conditions in British Columbia (BC). Upon this identification of a need for action-oriented advocacy and filling the knowledge gap around housing and people living with HIV/AIDS (PHAs), PAN took on the leadership role in facilitating a community-based research *Positive Living Positive Homes* (PLPH).

During Phase I of the project, marked by the Canadian Institutes of Health Research (CIHR)'s HIV CBR Program Catalyst Grant in December 2011, the study objectives and multi-stakeholder research team were established. Stakeholders represented a diverse range of expertise and roles across BC: PHAs who have research experience and capacity give voice to the lived experience of HIV; leaders of community-based HIV and/or housing service organizations provide the community service perspective; academics bring expertise on CBR, HIV and qualitative research methods; and representatives of HIV and/or housing policy bridge the gap between research and policy by identifying actionable research findings (refer to Figure 1 below for a visual illustration of the PLPH multi-stakeholder team). A process evaluation of Phase I was

conducted by an external consultant, who put forward recommendations to be adopted for Phase II.

PLPH's main research objective is to investigate the complex relationship between health and housing for PHAs in three BC cities – Greater Vancouver, Prince George and Kamloops— using a case study methodology. Understanding how structural factors interact with and affect the abilities of PHAs to manage their health, and documenting successful policies and programs which can be modeled in communities across BC can fill the gaps in 1) the availability of systematic data on housing needs of people living with HIV (e.g. information on availability of safe, affordable, appropriate housing), and 2) information on the relationships of housing stability, access to housing services and health outcomes. Ultimately, the study aims to inform and change policy and programs.

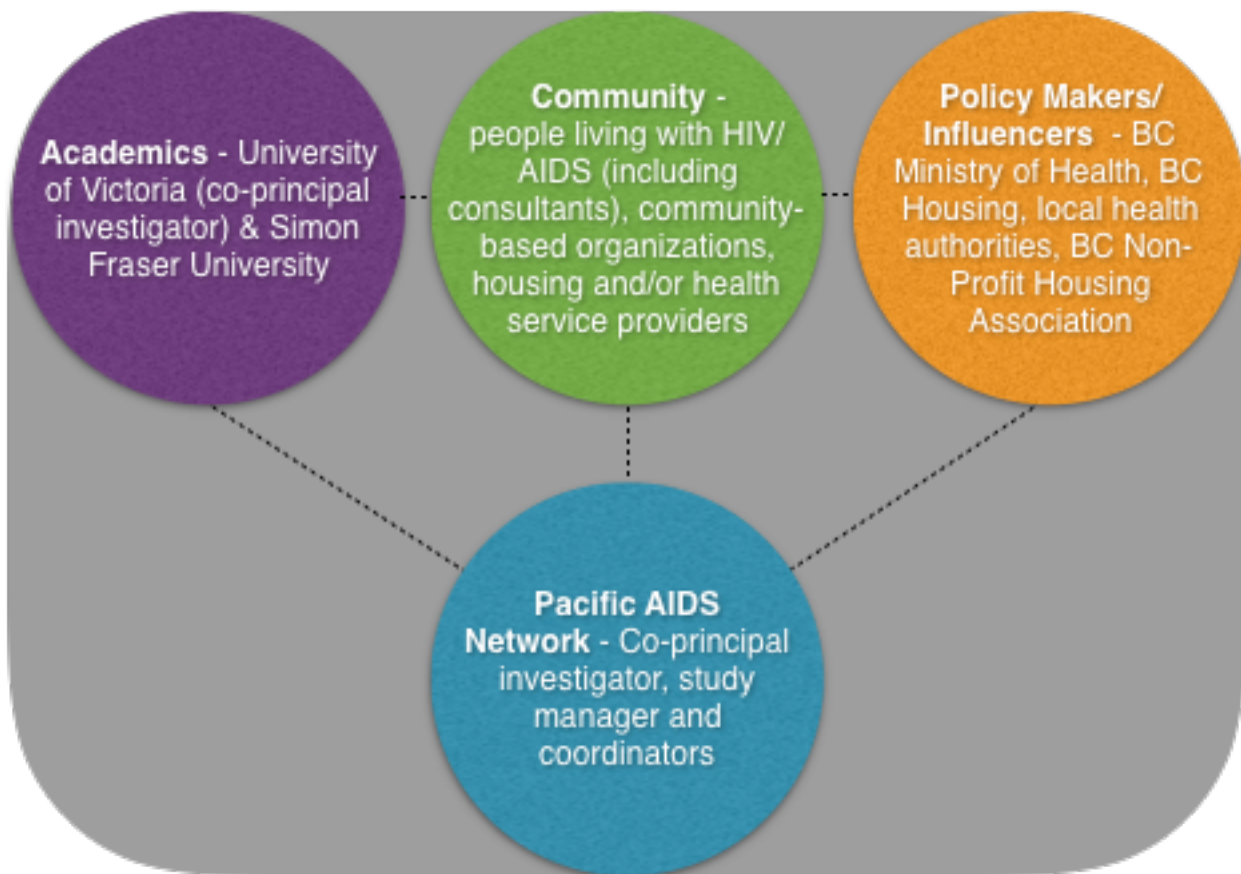


Figure 1: PLPH CBR Multi-Stakeholder Team – Pacific AIDS Network as the backbone organization taking on the facilitator role

In March 2013, Phase II of research begun. At the beginning of this 4-year long process supported by the CIHR’s HIV CBR Program Operating Grant, PLPH team renewed its commitment to using CBR approaches in every process of the research. CBR approaches important to PLPH include being community driven, having community relevance, promoting equitable partnerships, incorporating capacity building, adopting an anti-oppressive framework, attending to process, and having action-oriented outcomes. Another principle important to PLPH is Greater Involvement and Meaningful Involvement of People living with HIV/AIDS (GIPA and MIPA, respectively). GIPA and MIPA are internationally recognized principles, rooted in community-centered and -driven values that recognize the right to self-determination and right to participation in decision-making processes that affect the lives of PHAs (UNAIDS, 2007).

The research team created a plan to hire a project manager and coordinators for each of the sites (Greater Vancouver, Prince George and Kamloops), as well as community and PHA consultants. The coordinators planned to conduct semi-structured interviews to capture the health and housing experiences and histories of 125 PHAs, as well as insights and experiences of 60 policy makers and service providers. The team also developed a scheme to financially compensate PHAs and representatives from community-based organizations as consultants. The plan was to actively engage the consultants in informing the research processes, including data instrument development, study participant recruitment, data collection and analysis, knowledge translation and sharing of findings, as well as any other important research decision-making processes.

A plan was also developed for communication and capacity building, as well as data management and sharing. Full team meetings were to take place in years 1 and 3, and the project manager was to travel to each site twice each year. In the times between face-to-face meetings, the research team planned to meet via teleconference several times per year. Training and workshops for staff and research team as capacity building activities included research ethics (covering voluntary participation of respondents, confidentiality, safety and other elements of the Tri-Council Policy Statement 2), interviewing, and data analysis. The research team decided that the community will own the research data, and PAN and University of Victoria (where the two co-principal investigators (co-PIs) are located) will house the data. The team also committed to ensuring study findings being accessible to all research team members, including community-based organizations, service providers and policy makers who may request them to inform program planning and funding decisions.

The research funding was housed and managed by PAN, unlike most other research projects where universities hold the funding. Lastly, Terms of Reference (ToR) were shared with

the research team. The team decided the ToR would be a living document that could be revised and modified based on team's feedback. The document outlines the roles of the research team and team members (including the co-PIs, study manager and coordinators, and PHA and community consultants), agreements on team membership and potential changes, authorship and procedures on decision-making. In the consensus-based decision-making procedure, consensus is defined clearly and the emphasis was placed on the best interest of the research as a whole, rather than any particular individual, organization or region.

Developing a Process Evaluation Tool for PLPH:

Evaluation Purpose

PLPH CBR is guided and supported by PAN and their commitment to evidence-based practice. PAN builds evaluation into all of their programs and projects to monitor progress and impact, and strives to continue improving their projects based on the learnings from evaluations. PAN also values participatory principles, and evaluation is used to assess whether participatory process goals are met. Consequently, PLPH was committed to evaluating its successes and challenges relating to both research processes and outcomes from the planning stages. Moreover, PLPH was particularly interested in evaluating its adherence to the participatory principles as a CBR project.

A process evaluation examines if a research or program of interest was carried out as intended and asks why or why not, and it also explores the quality and accuracy of research/program activities. Thus a process evaluation serves as a great accountability tool, and its findings can be used to explain why certain outcomes were achieved (Linnan & Steckler, 2002). The purpose of PLPH CBR process evaluation is to assess whether the research processes

were implemented as planned or intended and to explore the associated successes and challenges. In this capstone, the evaluation focus will be narrowed to the integration of and adherence to CBR principles in research processes. Appendix A consists of a list of five high-level process evaluation questions that will help frame and guide the evaluation measures and indicators. Other process evaluation questions such as, “Were research activities on track with the planned timeline?” or “Were intended number and range of research participants recruited?” will not be considered in this capstone as they are beyond the intended focus on CBR principles.

Evaluation Design

The designed PLPH CBR process evaluation employs mixed methods, using both qualitative and quantitative measures to collect data. Rasmus (2014) argues that qualitative measures of community engagement in research are critical to understanding and achieving the desired community-level outcomes important to community-engaged research, such as capacity building, social network strengthening, partnership development and community ownership. While measures such as community members’ attendance at the research team or artefacts indexing decision-making processes are important, other more in-depth qualitative measures including the documentation of community’s perspectives and experiences of the engagement and partnership process are required to adequately assess the community-level impacts of implementing CBR approaches. To explore the PLPH CBR team stakeholders’ perspectives and experiences on how well the study adopted the CBR principles such as community ownership and community capacity building, PLPH process evaluation will use qualitative data collection tools – namely, focus groups and semi-structured interviews. Refer to Appendix C for the focus group guide and Appendix D for a pool of semi-structured interview questions.

Focus group is an appropriate data collection tool to explore topics that can benefit from a group discussion and in-depth qualitative data (CDC, 2008). Two focus group discussions will

be conducted to answer two of the evaluation questions: (1) How well did the study adhere to the CBR principles?; (2) What factors contributed to the successes and challenges of study's adherence to the CBR principles? The two evaluation questions will generate in-depth information on research stakeholders' perceptions, attitudes and experiences. Further, focus groups can provide participants with an opportunity to understand their experiences of being involved in CBR at a deeper level through sharing with others.

In determining the successes and challenges of embodying the CBR principles in focus group discussions, the author decided it is important to explore the participants' understandings and perceptions of the structure of PLPH partnerships. Beaudry-Mellor's (2014) evaluation of partnerships in a participatory initiative on Regina's community food assessment emphasizes the confusion that community members may have about with whom exactly they are partnering. This evaluation found that despite the agreed perception amongst evaluation participants that partnership was important and successful, some community members did not have a clear understanding of who their university partners were and the role university partners played in the partnership. The author realized it is not only important to ask whether the PLPH stakeholders understand the structure of the partnership and role each partner plays, but also for the evaluator to understand the structure well so that the evaluation questions can accurately measure the implementation process of the partnership. Thus, the author created a diagram to visually depict the PLPH CBR partnership structure (refer to Figure 1). This diagram will be shared with focus group participants, and this will help the research team understand whether the stakeholders' understanding of the PLPH stakeholder structure and partnerships was aligned.

The first focus group will be open to research team members who are in the "Community" stakeholder group in Figure 1. This group consists of folks who are most affected by the research (i.e. PHA consultants) and their frontline allies in the community. Providing this group with their

own space and separating them from other groups, such as Academics and Policy Makers/Influencers with whom there are historically rooted power imbalances, may facilitate increased levels of honesty as well as a sense of comfort. Research team members from PAN who may fall into this first category will also be excluded from the first focus group again to minimize power differentials. Despite the fact that PAN is a community-oriented and -based organization, it holds a fair amount of power in PLPH as a funding and data holder/manager. The second focus group will be open to remaining research stakeholder groups (i.e. Academics, Policy Makers/Influencers, and PAN). The representatives of these three groups may have unique perspectives from having taken different roles in this research; however, these groups may be united in their experience of working with the community and persons with lived experience while attempting to embody anti-oppressive and equitable partnerships. Each focus group should reflect a wide representation of geographical regions (i.e. all 3 study sites), and a minimum of 6 and a maximum of 12 people should participate in each focus group (Foster-Turner, 2009).

Graphic facilitation will be incorporated into focus groups. Graphic facilitation is an approach that helps people see their thoughts, communicate and make decisions. Like other facilitators, a graphic facilitator can lead a group conversation to brainstorm, analyze, resolve conflicts and reach consensus (Merkley, 2005). What's different about a graphic facilitator is that s/he takes a graphic record of the conversations on large, wall-sized paper(s) as s/he simultaneously facilitates. There are a few reasons why the author decided to incorporate graphic facilitation into the focus groups. First, as one of the coordinators of the PLPH, the author witnessed first hand the benefits of using innovative approaches to gather data in this project. The semi-structured interviews conducted with PHAs in Phase II incorporated a drawing activity to collect data on research participants' current housing situation. The drawing allowed participants to share their stories in an alternative way, and this methodology was particularly

useful to visually expressive participants. The drawing activity also helped some participants visualize their housing experiences and this visualization further facilitated the participants to draw a connection between their housing and health (e.g. using the drawing, a participant can explain how various aspects or spaces of housing either promote or pose a risk to one's health). Reflecting on this, the author hopes graphic facilitation will serve a similar purpose in providing the focus group participants with an alternative and creative way to document their perspectives and experiences. Moreover, the author hopes that this will increase the accessibility and appeal of focus groups to participants who are visual learners. Second, focus group can be tricky with a wide range of representatives from diverse groups of stakeholders, who are asked to share their different experiences of the same research activity. Graphic facilitation can elegantly handle different points of views (Merkley, 2005), and perhaps this tool can help create a safe space for everyone to participate actively and comfortably. Third and last, the graphic record produced at the end can be a knowledge translation (KT) outcome in itself and can be shared with not just the research team but also the wider HIV CBR community in Canada as a visually engaging KT tool. Although the final graphic record will not contain any personally identifiable information, a consent form clearly outlining this KT purpose will be signed by all focus group participants. Further, in order to maximize the level of participant participation, honesty and comfort, the graphic facilitator will inform the participants at the beginning of each focus group that one can “opt out” of being graphically recorded by letting the facilitator know before they speak.

Semi-structured interviews were chosen as the second qualitative method to use in the process evaluation as this method will support PLPH CBR team members in sharing their individual experiences of being involved in community-engaged research. Semi-structured interviews are a good method to gather in-depth qualitative information that allows a balance between structure and flexibility (CDC, 2009). Further, data collected through semi-structured

interviews will complement and help contextualize the quantitative data gathered through online surveys (Beaudry-Mellor, 2014). Although a total number of interviews to be conducted remains to be determined through a discussion with the PLPH CBR team, the team should ensure that all 4 groups of stakeholders in Figure 1, as well as the 3 geographical sites are fairly represented in the interview participants.

Semi-structured interviews will help provide answers to 4 out of 5 evaluation questions:

1) Were the findings of Phase I process evaluation used to improve the processes of Phase II?; 2) Did the PLPH study adhere to the CBR principles; 3) How well did the study adhere to the CBR principles?; and 4) What factors contributed to the successes and challenges of the study's adherence to the CBR principles? The author tried to make sure the interview questions are not leading. Furthermore, the questions are asked in an open manner with room for participants to be descriptive about their experiences of being involved in PLPH CBR. CBR principles such as GIPA/MIPA, equitable partnership and shared decision making, capacity building, action-oriented outcomes, and community ownership of research data are going to be explored. One interview question worth noting here is: Were partnerships built in PLPH more equitable at some research stages than others? This question is based on a recommendation presented in Beaudry-Mellor's (2014) evaluation of partnerships in community-led initiative on Regina's community food assessment. Beaudry-Mellor (2014) emphasized that partnership is longitudinal and cannot be measured as a snapshot, and recommended that partnerships be evaluated over time as a process, starting from the development of Terms of References and ending with partnership termination (if such event takes place).

External persons who are not members of the PLPH CBR team should conduct the focus groups and semi-structured interview(s). Tumiel-Berhalter et al. (2007) highlighted the benefits of using external interviewers and focus group facilitators in their process evaluation. Benefits

include minimizing methodical bias as interviewers' familiarity or pre-established relationship with evaluation participants can influence the data, as well as better maintaining confidentiality of evaluation participants' views. Furthermore, an evaluation participant's comfort level in being truthful in answering questions can increase with an external interviewer and facilitator, especially around questions that require objectivity of the interviewer (i.e. someone who is not invested in the research).

Process evaluation is a part of the overall PLPH community-based research; ensuring that the implementation of the PLPH process evaluation embodies CBR principles is, therefore, important. One way to integrate CBR principles into this evaluation is recruitment of PHAs to collect evaluation data (i.e. an external facilitator who specializes in graphic facilitation, an external note taker who will take written minutes for the two focus groups, and an external interviewer who will conduct the semi-structured interviews). Recruiting PHAs who have developed their research and evaluation capacity through other projects in BC's HIV community will enhance community capacity building and allow PLPH to embody GIPA/MIPA principles.

Online survey and records review were selected as quantitative data collection methods to complete the mixed methods process evaluation design. Surveys are a common tool to gather information from all respondents in a systematic and standardized way (Taylor-Powell & Hermann, 2000). Surveys are appropriate in cases where the individuals themselves best answer the evaluation questions. Thus questions around research team members' perceptions, attitudes and opinions on how PLPH engaged the community will be asked in the survey. Online administration is effective and efficient, considering the geographical and human resource capacity realities as well as methodological biases (i.e. the study is situated at three sites across BC, and cost to administering the survey in a consistent way in person or over the telephone is taxing). Online surveying will be used to answer all 5 evaluation questions, while records review

will be used to answer 1 question on whether PLPH adhered to the CBR principles, especially in areas that require summarizing of data (e.g. how many capacity-building activities took place).

Qualitative measures alone limit the capacity of an evaluation to scale up its findings and make comparisons across projects, further restricting the development of evidence-based evaluation practice (Goodman et al., 2017). However, the author struggled to find systematic quantitative measures, with proven validity and reliability, to build into the online survey to assess community engagement in research. This is an area of need for future research. The author thus adopted relevant quantitative measures on evaluating community-engaged research shared in literature and adapted them to fit the online survey to her best ability.

The majority of the online survey questions ask the participants to rate on a scale, the level of success or their level of satisfaction on the embodiment of various CBR principles set out for commitment by the PLPH CBR team during the planning stages of the research. Where relevant, room for open-ended answer was provided after a rating question to allow participants to provide further explanations and/or justifications. Open-ended questions were also asked at the end to capture any missed important experiences and feedback on adherence to CBR principles in PLPH.

To measure the extent of adherence to the CBR principle – the level of community engagement in PLPH, the author adopted Khodyakov et al.'s (2013) two quantitative approaches: the “three-model” approach and the Community Engagement in Research Index (CERI). Used together, the two approaches go far to distinguish the level of power and control communities have over research-related issues. At the lower end of the control spectrum, community partners act as consultants and have limited influence over research-related decisions (i.e. limited engagement of the community). At the higher end, community has the same level of control and

power as their academic counterparts (i.e. meaningful engagement of the community) (Khodyakov et al., 2013).

The “three-model” approach is a good framework for comparing the perspectives between community and academics and illustrating how partners’ roles or levels of engagement change over the course of the research. However, it does not capture the complexity of partnerships and lacks content validity (i.e. extent to which the tool measures all facets/meanings of a construct) (Khodyakov et al., 2013). Its simplicity can be supplemented by additional open-ended questions about *how* community partners are engaged in research though. The CERI approach has a strong face validity (i.e. degree to which the tool measures a construct as it’s supposed to) and content validity, and allows quantification of community engagement in research and is appropriate for multi-stage, complex and large research projects involving a number of partners (Khodyakov et al., 2013).

“Three-model” asks a closed-ended question “which of the 3 models best describes this partnership?” and then asks an open-ended question asking participants to elaborate on their community partners’ roles (Khodyakov et al., 2013):

- In Model A, community partners only provide access to study subjects and are not engaged in the research aspects of the project.
- In Model B, community partners are consulted and act as advisors, but do not make any research-related decisions.
- In Model C, community partners engage in the research activities, i.e., study design, data collection, and/or data analysis.

This question is asked over 12 survey items covering various stages of research from writing grant proposals to giving presentations on research findings at meetings and conferences. CERI is then applied to score the level of community engagement and extent of partnership. Any choice

of model A within the 12 survey items is given a score of 1, and model B and C are given a score of 2 and 3 respectively. The index works by adding up the scores across 12 items, and dividing it by 3. The CERI scores between 4 and 6.6 correspond with model A, between 6.7 and 9.3 with model B, and between 9.4 and 12 with model C (Khodyakov et al., 2013).

The author revised the 12 survey items to best fit Khodyakov et al.'s (2013) model to PLPH and implemented the "three-model" and CERI into the online survey to assess how well PLPH engaged the PHA consultants through various research processes. Specifically, the item "Implementing the intervention" was removed as this was not applicable to PLPH; instead, the item "Developing Terms of Reference (ToR)" was added. As described in the Project Description section above, ToR is an important living document for the PLPH CBR team that reflects the team's commitment to the CBR principles and the author thought this was an important part of the research process to evaluate. Further, the item "Developing sampling procedures" was revised to "Developing recruitment procedures" to match the language used in the PLPH project.

In evaluating PLPH's adherence to another key CBR principle – capacity building, Tumiel-Berhalter et al.'s (2007) categorization system was adopted into the online survey to organize and quantify the different types of capacity building activities. Tumiel-Berhalter et al. (2007) illustrate how research capacity-building strategies (training and education provided to community members on how to do research) feed into the larger empowerment and capacity outcomes in the community (e.g. skills development, increased confidence, and more employment opportunities in research). The four types of capacity-building activities defined by Tumiel-Berhalter et al. (2007) are: networking (e.g. attendance at conferences); research methods training (e.g. how to conduct interviews or data analysis); on-the-job experience (e.g. developing interview guides and conducting data analysis); and community education (e.g.

committee participation and community meetings). The survey participants will be asked to rate on a scale, their level of satisfaction with each of the four areas of capacity building in PLPH.

Refer to Appendix B for the PLPH Phase II process evaluation framework, which provides a snapshot of the evaluation design, specifically the indicators, data sources, data collection method, timeframe and person(s) responsible for gathering evaluation data.

Integration of CBR principles into Evaluation Approach

The PLPH study's Phase II process evaluation will be participatory and utilization-focused. Like the PLPH research process itself, this process evaluation will also embrace community engagement principles where possible, from the planning stage to the sharing of findings stage. For example, as stated at the beginning of this paper, the author will take this evaluation tool back to the research team, whose feedback and input will shape revisions. Utilization-focused evaluation in some ways goes hand-in-hand with participatory evaluation. Participatory approaches to evaluation most accurately reflect the needs of the community, which can be then used to maximize the utility of evaluation findings (e.g. engaging the community most accurately answers what format of knowledge sharing tool the community would find most accessible and useful). Thus this evaluation values user-orientation, open communication and collaboration, much like the values of the CBR principles. Utility was also at the centre of focus when designing the questions in each of the data collection tools to ensure the answers to those questions have a value in informing and improving future community-engaged research efforts.

Discussion

Strengths and Weaknesses

The proposed process evaluation has strengths and weaknesses. The author feels that the topic of this capstone paper itself holds value. As stated at the very beginning, community-engaged research is increasingly being recognized as an important tool to reducing health inequities in many different public health issues and in diverse communities (Goodman et al., 2017; Hardy et al., 2017; Rasmus, 2014). Hence, evaluating the embodiment of community-engaged principles in research processes can add to the body of knowledge in uncovering *how* these principles contribute to and facilitate the reduction of health inequities. The author also believes that integrating participatory and utilization-focused approaches where possible within evaluation and mirroring the embodiment of community engagement principles in research will ensure that an evaluation is meaningful and useful.

The first evaluation question on whether and how the Phase I process evaluation findings were used to improve the Phase II allows the research team to be self-reflective and shows that the research team is genuinely interested in assessing whether the commitment to CBR principles was continued from Phase I to Phase II. The data gathered for this evaluation question will also prove that the Phase I evaluation findings were actually put to use (rather than being used merely as a means to secure the funding for Phase II); and inform whether PLPH is dedicated to evidence-based practice (i.e. making improvements to the project using findings on what worked well and what could be better).

Another strength of this process evaluation tool is the integration of quantitative and qualitative data collection methods and indicators. Well-rounded and rich evaluation data will be gathered, further facilitating increased utilization of evaluation findings. Using qualitative

methods in an evaluation can also facilitate the discovery of unintended outcomes of CBR-related efforts, such as increased openness and connectedness in the community. (Rasmus, 2014).

Qualitative measures can also add contextual data to the larger body of evidence to support pre-existing social movements, such as moving towards integrating anti-oppressive frameworks in public health research and programs (Rasmus, 2014). Lastly, there are no concerns about budgetary feasibility to conduct this process evaluation because the research team built evaluation activities into their CIHR grant budget (including financial compensation for interview and focus group participants; and a financial incentive – a gift card draw – for online survey).

On the other hand, there are some concerns associated with reliability and validity of findings derived from the proposed evaluation framework. Potential limitations in focus group participant recruitment include lack of generalizability due to selection bias, and a risk of the data reflecting the opinions of a few dominant participants (Foster-Turner, 2009). Also, there are challenges with qualitative indicators, such as perception of research team members, as their reliability (i.e. ability to provide consistent data over time) can be difficult to substantiate and can be compromised. Potential limitations with the online survey methods include misinterpretations of questions going unnoticed, higher risks of inaccurate answers compared to qualitative data collection methods, and promoting simplistic responses to complex issues (Neuman, 2006). The online survey can also undermine the participation of some research team members who may lack capacity or equipment to engage an online tool. In order to minimize the threats to reliability and validity of evaluation findings, the research team must strategize about maximizing participation, and think in advance about the meaning of non-participation and how it influences the evaluation results.

Informing the Larger PLPH Evaluation Plan

This capstone focused on developing a process evaluation tool that can be used in PLPH, specifically investigating the embodiment of CBR principles by the PLPH CBR team. However, the larger PLPH evaluation plan will also explore the outcomes or impacts the PLPH CBR has created on the research team and the community. Here, the author would like to make some suggestions to help inform the larger PLPH evaluation plan, particularly in areas relevant to the impacts of embodying CBR principles in research.

In evaluating the process of building research capacity in community-engaged research, Tumiel-Berhalter et al. (2007) used a model to develop their evaluation tool (their categorization system for capacity building activities was shared above, near the end of the online survey/quantitative method section). Tumiel-Berhalter et al.'s (2007) model illustrates how research capacity-building strategies feed into the larger empowerment and capacity outcomes in the community. The increased empowerment and capacity outcomes at the community level in turn feed into a potential to improve health outcomes and policies at the societal level. Although impacts created at the societal level may be challenging to tease out, the PLPH outcome evaluation can project and measure the individual and community-level impacts such as number of research opportunities created for PLPH research stakeholders and community-based organizations as a result of PLPH (e.g. have you been asked to participate in another research project as a community expert/consultant as a result of PLPH?).

Another tool applicable to the PLPH outcome evaluation is called Ripple Effect Tool (RET). Developed by Hardy et al. (2017) and their community-engaged research team, RET measures increased social and professional connectedness for project partners, participants, and communities. The tool was developed to document the unintended ripples of impact caused by organic community-engaged processes. The tool measures the number of personal, professional

and organizational connections made through the research process, and how those benefited the person or organization. The tool also estimates the impact research has made on an individual's or organization's participation in new projects and changes in employment, as well as on policy or procedural changes that community or society notice. Lastly, RET also measures the changes in lifestyle and perceptions of health an individual goes through, that could be directly or indirectly related to the research project. Using RET will not only provide information on the layered benefits of community connectedness, but will also allow the PLPH research team to make comparisons across various groups of stakeholders (e.g. did PHAs make equal amount of connections as academics or service providers at community-based organizations?).

There are a couple of questions that seemed important to document for inclusion in the larger PLPH evaluation plan. Operational infrastructures to support financial and administrative needs of community-engaged research seem like a key component to successful CBR processes and outcomes. For PLPH, how does the existence of CIHR's grant program earmarked for and dedicated to HIV CBR influence the research processes and outcomes? PAN is a network of more than 50 community-based organizations across BC, and naturally many stakeholders of the PLPH research team came into the research with pre-established relationships. What role do pre-established partnerships with community agencies play in the community-engaged research processes and outcomes?

Lastly, the PLPH CBR team should consider *capacity bridging* as a term to introduce into the final evaluation plan. Capacity bridging was introduced by the Aboriginal HIV & AIDS Community-Based Research Collaborative Centre (AHA Centre) at the 2017 Canadian Association for HIV Research (CAHR) Ancillary Event as an alternative term to capacity building. Capacity bridging acknowledges that there is diverse expertise and capacity in all partners and critically challenges the assumption commonly made in the research world that only the community needs

capacity building. Capacity building points to the need to train all partners involved in community-engaged research, including the academics. The introduction of capacity bridging in PLPH evaluation will allow the project to evaluate whether building of capacity was conducted in an equitable manner for all partners and stakeholders involved. It also allows the project to evaluate whether PLPH valued capacity and expertise held within the community. The embodiment of the term capacity bridging also serves as an important starting point for community-engaged research projects (beyond PLPH) to more wholesomely integrate community-engaged principles into their research processes.

Conclusion

Community-engaged research plays an important role in addressing complex issues that affect health inequities, and evaluating the successes and challenges of research processes is necessary to improve and sustain successful public health research and practices. This capstone developed a process evaluation tool for a local community-engaged research project on HIV and housing called Positive Living Positive Homes, using a mixed methods approach. The author hopes that the PLPH research team will find this of value to add to their larger process and outcome evaluation. The author also hopes that the data collected using this tool can be shared in a meaningful manner and shed some light on informing future community-engaged research best-practices and public health funding directions.

Reflection

The capstone writing process was rewarding overall, as it provided me with an opportunity to apply the skills and knowledge developed through course-based learning in the Master of Public Health (MPH) Program at Simon Fraser University (SFU) to a real-life public health project. I am also grateful that this capstone project has utility value to the PLPH CBR team and has allowed me to build on my evaluation skills. I do feel like this capstone project is a celebration of my long journey at SFU as a grad student, and I am glad I took the time to commit myself to projects that are meaningful to me, including this capstone project.

I remember struggling with the thought of 'am I in the right field' when I just started my studies as a Global Health MPH student. I think this largely stemmed from being frustrated with the futile efforts of top-down, funder-driven approaches and resulting unsustainable outcomes that commonly appeared in the course readings as well as in my own global health work experience. I was able to eventually come to terms with that struggle, and what helped was the realization that there is a movement towards and recognition of community-engaged processes in both local and global public health research and initiatives. I remember feeling excited when I was introduced to the different research methodologies like CBPR and PAR in Qualitative and Survey Research Methods course, as well as the community-centered health promotion strategies and approaches in the Health Promotion course. I guess to me, these community-engaged and community-led methodologies and approaches seemed to be the only logical way to create meaningful, effective and sustainable change and action to address the complex health inequity issues, especially from the perspective of those who are most affected by whatever it is that we are doing (research, program, initiative, etc.).

On the other hand, I think there are also challenges in doing community-engaged public health work. The processes generally take longer (relationship building and shared decision

making take time) and there is a gap in literature on conducting systematic evaluations to measure long-term outcomes. Nonetheless, I know that community-engaged processes will be at the centre of my work, wherever I am in my public health career. I also hope I can help build the body of knowledge in this area, starting with the PLPH project.

The completion of this capstone project would not have been possible without my senior supervisor Dr. Nicole Berry and my two second readers, Heather Picotte and Janice Duddy. I would like to express my sincere gratitude to Dr. Nicole Berry for her patience in waiting for me to decide on a meaningful capstone project and her support in providing valuable wisdom and direction throughout my MPH journey. I would also like to thank Heather Picotte and Janice Duddy for guiding and providing support to my CBR and evaluation work at PAN.

References

Beaudry-Mellor, T. (2014). *Community Food Assessment University-Community Partnership*

Evaluation. Retrieved from

http://ourspace.uregina.ca/bitstream/handle/10294/5362/food_assessment_partnership_eval.pdf?sequence=1&isAllowed=y

Department of Health and Human Services, Centers for Disease Control and Prevention [CDC].

(2008). *Evaluation Briefs: Data Collection Methods for Program Evaluation – Focus Groups*.

Retrieved from <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf>

Department of Health and Human Services, Centers for Disease Control and Prevention [CDC].

(2009). *Evaluation Briefs: Data Collection Methods for Program Evaluation – Interviews*.

Retrieved from <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief17.pdf>

Foster-Turner, J. (2009). Focus Groups. In J. Neale (Ed.), *Research Methods for Health and Social*

Care (211-223). New York: Palgrave Macmillan.

Goodman, M., Thompson, V., Johnson, C., Gennarelli, R., Drake, B., Bajwa, P., Witherspoon, M., &

Bowen, D. (2017). Evaluating community engagement in research: Quantitative Measure development. *Journal of Community Psychology*, 45(1), 17-32. doi:10.1002/jcop.21828

Hardy, L., Hulen, E., Shaw, K., Mundell, L., & Evans, C. (2017). Ripple effect: An evaluation tool for increasing connectedness through community health partnerships. *Action Research*, 0(0), 1-

20. doi:10.1177/1476750316688512

Hicks, S., Duran, B., Wallerstein, N., Avila, M., Belone, L., Lucero, J., et al. (2012). Evaluating community-based participatory research to improve community-partnered science and community health. *Prog Community Health Partnersh*, 6(3), 289-299.
doi:10.1353/cpr.2012.0049

Israel, B., Schulz, A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annu. Rev. Public Health*, 19, 173-202.

Khodyakov, D., Stockdale, S., Jones, A., Mango, J., Jones, F., & Lizaola, E. (2013). On measuring community participation in research. *Health Educ Behav.*, 40(3), 346-354.
doi:10.1177/1090198112459050

Linnan, L., & Steckler, A. (2002). Process evaluation for public health interventions and research. In Steckler A. B., & Linnan, L. (Eds.), *Process evaluation results from the working well trial* (pp. 1-23). San Francisco, CA: Jossey-Bass.

Merkley, C. (2005). The Benefits of Graphic Facilitation. Retrieved from
<http://www.makemark.com/articles/BENEFITS%20OF%20GRAPHIC%20FACILITATION%20V21.pdf>

Minkler, M. (2005). Community-based research partnerships. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 82(2), ii3-ii12. doi:10.1093/jurban/jti034

Neuman, W. (2006). *Qualitative and quantitative approaches*. (6th ed.). New York, NY: Pearson

Rasmus, S. (2014). Indigenizing CBPR: Evaluation of a community-based and participatory research process implementation of the *Elluam Tungiinun* (Towards Wellness) Program in Alaska. *Am J Community Psychol*, 54, 170-179. doi:10.1007/s10464-014-9653-3

Taylor-Powell, E., & Hermann, C. (2000). *Collecting Evaluation Data: Surveys*. Retrieved from University of Wisconsin – Extension: <http://learningstore.uwex.edu/assets/pdfs/g3658-10.pdf>

Tumiel-Berhalter, L., Mclaughlin-Diaz, V., Vena, J., & Crespo, C. (2007). Building community research capacity: Process evaluation of community training and education in a community-based participatory research program serving a predominantly Puerto Rican community. *The Johns Hopkins University Press – Progress in Community Health Partnerships: Research, Education, and Action*, 1(1), 89-97. doi:10.1353/cpr.0.0008

UNAIDS. (2007). *The Greater Involvement of People Living with HIV (GIPA)*. Retrieved from http://data.unaids.org/pub/BriefingNote/2007/jc1299_policy_brief_gipa.pdf

Appendix A : Positive Living Positive Homes (PLPH) Phase II Process Evaluation Questions pertaining to Adherence to CBR Principles

1. Were the findings of Phase I process evaluation used to improve the processes of Phase II?
2. Did the PLPH study adhere to the CBR principles including: active community engagement (including GIPA and MIPA), equitable partnerships, and capacity building?
3. How well did the study adhere to the CBR principles?
4. What is the difference among perceptions held by various groups of stakeholders, if any, with regards to the study's adherence to the CBR principles?
5. What factors contributed to the successes and challenges of the study's adherence to the CBR principles?

Appendix B: Positive Living Positive Homes (PLPH) Phase II Process Evaluation – Evaluation Framework

Evaluation Questions <i>(What questions will the evaluation answer?)</i>	Indicators <i>(How will you measure progress/ accomplishment? What data will we collect?)</i>	Data Sources <i>(What sources of information do you require to answer the evaluation question?)</i>	Data Collection Method <i>(What method(s) will be used to collect information to answer the evaluation question?)</i>	Timeframe <i>(When will the evaluation question be answered?)</i>	Responsibility <i>(Who is responsible for gathering the data that answers this evaluation question?)</i>
1. Were the findings of Phase I process evaluation used to improve the processes of Phase II?	Number of recommendations, out of six put forward by Phase I process evaluation, incorporated into and maintained through Phase II	Members of the research team who have been involved in Phases I and II	Online survey	Summer 2017	PAN Evaluation Coordinator and PLPH Manager

	Comments on <i>how</i> Phase II of the research processes and activities considered and maintained the recommendations put forward by Phase I process evaluation	Members of the research team who have been involved in both Phases I and II	Semi-structured interview	Summer 2017	External consultant hired to conduct in-person data collections, including interviews and focus groups
2. Did the PLPH study adhere to the CBR principles, including: active community engagement (including GIPA/MIPA), equitable partnership, and capacity building?	Perception of research team on the study's adherence to each of the CBR principles	All members of the research team	Online survey & Semi-structured interview	Summer 2017	PAN Evaluation Coordinator and PLPH Manager for online survey & External consultant for interview
	Evidence of community engagement, equitable partnership, and capacity building in research activities throughout 4 years of Phase II	Written records and administrative data	Records review	Summer 2017	PAN Evaluation Coordinator and PLPH Manager

<p>3. How well did the study adhere to the CBR principles?</p>	<p>Rating of “three-model” (Khodyakov et al., 2013) adopted to measure the community engagement CBR principle, particularly the GIPA/MIPA principle, throughout various research activities (from grant writing to sharing study findings)</p>	<p>All members of the research team</p>	<p>Online survey</p>	<p>Summer 2017</p>	<p>PAN Evaluation Coordinator and PLPH Manager for online survey</p>
	<p>Perception of research team on the study’s adherence to the CBR principles</p>	<p>At least one representative from each of the stakeholder group</p>	<p>Semi-structured interview, Focus group & Graphic facilitation</p>	<p>Summer 2017</p>	<p>External interviewer, external focus group facilitator, external graphic facilitator and external note taker</p>

<p>4. What is the difference among perceptions held by various groups of stakeholders, if any, with regards to study's adherence to the CBR principles?</p>	<p>Community Engagement in Research Index (CERI) scores aggregated to each group of stakeholders (according to Figure 1)</p>	<p>All members of the research team</p>	<p>Online survey</p>	<p>Summer 2017</p>	<p>PAN Evaluation Coordinator and PLPH Manager for online survey</p>
<p>5. What factors contributed to the successes and challenges of study's adherence to the CBR principle?</p>	<p>Comments from research team members on what went well, what posed as barriers and challenges, and how the team can improve embodying CBR principles in research</p>	<p>All members of the research team for the online survey; At least one representative from each of the stakeholder group for other data collection methods</p>	<p>Online survey, Semi-structured interview, Focus group & Graphic facilitation</p>	<p>Summer 2017</p>	<p>PAN Evaluation Coordinator and PLPH Manager for online survey; External interviewer; External focus group/graphic facilitator, and external note taker</p>

Appendix C: Positive Living Positive Homes (PLPH) Phase II Process Evaluation – Focus Group Questions

Greetings & Territorial acknowledgement

Welcome everyone. Thank you for volunteering your precious time to take part in this focus group. We appreciate your participation, as your perspectives and point of views are important. Before we get into the focus group, we would like to acknowledge the Coast Salish People on whose traditional territories we are privileged to live, work and play.

Introductions

*Facilitator introduces self using a structured outline (e.g. name, organization and what s/he hopes to get out of today) and asks everyone (including the note taker) to go around and do the same. Each person takes 10 seconds or less. The facilitator also introduces the graphic facilitation methodology and explains why it's being used in the focused group today.

Introduce PLPH and Phase II process evaluation goals

As you know, PLPH is a study that aims to investigate the complex relationship between HIV, health and housing. The study begun its second phase in March 2013 and is nearing the finish line. Documenting what went well and what was challenging, as part of evaluation is important in increasing our successes and maximizing our learning to improve future efforts. Process evaluation in particular assesses whether research or program activities have been carried out as intended. Today, we are here to talk about how well PLPH adhered to CBR principles (which will be described in detail later on), associated successes and challenges, and factors that facilitated those successes and contributed to those challenges. We are incorporating a visually engaging tool called graphic facilitation, and at the end of today's session we will have a graphic record of our conversation. The focus group will take approximately 90 minutes.

Describe the focus group process

I will ask some questions and open the floor up for discussions. Please try to answer the questions as truthfully as possible. Everybody is encouraged to speak and participate. However, you should not at any point feel forced to disclose anything that you do not feel comfortable sharing.

As you would have read in the consent form you signed, I would also likely to gently remind you that the graphic record that is produced at the end of this discussion will be shared with the wider world through relevant mediums, such as research and policy meetings, websites, conferences, community gatherings, etc. If you do not wish to be graphically recorded, please feel free to let me know before you speak.

Explain the ground rules

There are no right or wrong answers, and you do not have to agree with others in the room. This is a safe and non-judgmental environment. There is no order to speakers. One person must speak at a time. Be respectful of others (e.g. even though you are tempted to jump in, try to wait until the person has finished speaking). All the contents we share in this room must remain confidential and private. You must not disclose the speaker identities and the contents the person discussed outside of this room. Does anyone have any questions?

Guiding Concepts & Questions

1. How well did the PLPH study adhere to the following CBR principles:

- Being community-driven
 - o Established common goal?
 - o Actively engaged community stakeholders?
 - o Embodied GIPA/MIPA?
- Promoting equitable partnership
 - o Shared power and control?
 - o Shared leadership?
 - o Consensus-based and collaborative decision making?
 - o Resources shared?
 - o Respect for differences?
 - o Trust and respect in relationships?
- Attending to process
 - o Relationships fostered and maintained?
 - o Continued to be reflexive?
- Promoting capacity building
 - o Met community's capacity building needs?
 - o Types of capacity building activities?
 - o Impact of capacity building (on individuals and organizations)?
- Being outcome-oriented
 - o Actionable outcomes achieved/produced?
 - o What has been shared so far?
 - o Accessibility and timeliness of KTE products/tools?

2. PLPH does not have a simple community-university partnership. The research team is complex and consists of multiple stakeholders from diverse groups. We want to see the team structure visually. What does the team structure look like to you? What is the role of each of the stakeholder group?

**Share the drawing done by Mona Lee (Figure 1 of this report)*

Ask: Does this drawing resonate with you? How would you revise it?

3. What are some of the successes and challenges of the study's adherences to the CBR principles?

4. What factors contributed to the successes and challenges of study's adherence to the CBR principles?

Note taker summarizes discussion and clarifies any misunderstandings. Note taker also debriefs and asks the closing question: What are the most important processes and outcomes of adhering to CBR principles in research?

Conclusion

Thank you for your time and participation. Your inputs and insights are valuable in this program evaluation. This focus group session has been very informative and successful. We hope you also found this session interesting. Please do not hesitate to contact us if you have any questions, complaints, and/or concerns. We would also like to remind you that your inputs will be kept confidential and anonymous. Please do not forget to hand in the consent form before you leave. We thank you again and have a great rest of the day.

Appendix D: Positive Living Positive Homes (PLPH) Phase II Process Evaluation – Potential Questions for Semi-Structured Interview(s)

Please note this is a pool of potential interview questions, from which questions may be drawn to develop various versions of semi-structured interview guide(s) – i.e. interview guides for academics vs. people living with HIV/AIDS (PHAs) may be different. Also, the order of these questions does not correspond to the order in the final interview guide(s).

1. What does community-based research mean to you?
2. How were the findings from Phase I Process Evaluation used to improve the research processes of Phase II?
3. How well did the PLPH project embrace the GIPA/MIPA principles in its research processes? Please explain.
4. Please describe the power dynamic of the PLPH research team.
 - a. *Probe:* Do you feel the leadership was shared?
 - b. *Probe:* Do you feel that all research team members had shared control over all aspects of the research activities? Please explain.
5. Does who holds the research funding influence the power dynamic of the stakeholder relationships and decision-making processes? Please explain.
6. How did the power dynamic influence the decision-making processes?
7. Do you feel that the research team shared its resources? Please explain.
8. Do you think the PLPH project built on existing strengths and relationships within the HIV community in BC? If so, please provide examples.
9. What were some of the facilitators that promoted relationship and partnership building among PLPH research team? (i.e. what was helpful in building relationships and partnerships in this research team)

10. Were partnerships built in PLPH more equitable at some research stages than others? (be ready to explain what “equitable” means for this question – for PLPH CBR team to discuss)
11. What were some of the barriers or challenges to the formation, functioning and sustainability of stakeholder partnerships in PLPH research team?
 - a. *Probe:* Any other challenges in relation to PLPH research team partnerships?
12. How did PLPH do in providing fair opportunities for all research members to engage in the research process?
 - a. *Probe:* What capacity-building opportunities were provided?
13. Who or which group of stakeholders do you think owns the research data?
14. What did the decision-making processes look like?
15. Did you feel you were heard in decision-making processes? In other words, do you feel that decisions made in the PLPH project reflect your thoughts and voice?
16. Do you feel that the communication methods used in the PLPH project (i.e. in-person, emails, and teleconference) were appropriate in meeting the research team’s needs? Were any opportunities or challenges identified with the communication methods?
17. Has your involvement in the PLPH research project impacted your ability to participate in other community-based research projects? Please provide an example.
 - a. *Probe:* Were your involvements in any other CBR projects a result of your engagement in PLPH?
 - b. *Probe:* What did you bring with you to new projects from PLPH in terms of learning and skills?
18. Do you feel that the PLPH project produced actionable outcomes that are relevant and useful to the HIV community in BC? Please share an example.

- a. *Probe:* What are some of the actions that were taken by the research team and/or the community as a result of the PLPH project? (remind participant that the scale of action is not important – can be as little as creating a resource guide for service providers or as big as a policy change)

19. Can you share your thoughts on accessibility of study findings?

20. Can you share what you think are some of the successes of the PLPH project in adhering to the CBR principles?

21. What are some of the barriers and challenges that PLPH has faced in adhering to the CBR principles?

22. What could PLPH have done to better adhere to the CBR principles?

23. Do you have anything else that you would like to share?

Appendix E: Positive Living Positive Homes (PLPH) Phase II Process Evaluation – Online Survey Questions

1. Which of the following best describes your role on the Positive Living Positive Homes (PLPH) project?
 - a. A person living with HIV/AIDS consultant
 - b. Representative of community-based organization (including HIV and housing service organizations)
 - c. Academic researcher
 - d. Policy maker or influencer
 - e. PAN staff
 - f. Other:

2. Which of the following best describes your involvement with Positive Living Positive Homes (PLPH)?
 - a. I have been involved since Phase I (before March 2013)
 - b. I have been involved since Phase II (after March 2013) – *skip to question 4*
 - c. I am no longer involved – *skip to question 4*
 - i. Comment box: Please tell us why you are no longer involved in the PLPH project

3. At the end of Phase I of the study, a process evaluation was conducted by an external evaluator who put forward a list of recommendations based on consultations with a number of Positive Homes Positive Living research team members. Please rate how well each of the following recommendations from Phase I process evaluation was adopted and maintained in Phase II of the study:

	Not Adopted into Phase II	Barely Adequate	Good	Very Good	Excellent	Don't Know
Continue to employ strategies and approaches consistent with CBR principles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enhance community representation (including greater diversity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve decision-making processes (increased emphasis on transparency and collaboration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a project logic model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue evaluation efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share Phase I process evaluation results in an accessible, timely and respectful manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Comment box: Please share your thoughts on any successes and challenges in adopting and maintaining the six recommendations in Phase II of PLPH

4. How would you rate the project's commitment to the following CBR principles?
a.

Not Committed Somewhat Committed Very Committed Highly Committed Don't Know

Community-driven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equitable partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending to process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Action-oriented outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Comment box: For any “Not Committed” choices, can you tell us how PLPH failed to embody that particular CBR principle? Similarly, for any “Highly Committed” choices, can you tell us how PLPH successfully embodied that particular CBR principle?

5. How would you rate the level of involvement of people living with HIV/AIDS (PHA) consultants in the following research activities?

a.

	1 = PHA consultants did not participate in this activity	2 = PHA consultants were consulted on this activity as advisors, but did not make any research-related decisions	3 = PHA consultants were actively engaged in this activity	Don't Know
Grant proposal writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Background research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Developing Terms of Reference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choosing research methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designing data collection tool (e.g. semi-structured interview guides)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing recruitment procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruiting study participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interviewing study participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing interview data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting study findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing knowledge dissemination tools (including reports, resource guides, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sharing findings (e.g. giving presentations at meetings and conferences) ○ ○ ○ ○

b. Comment box: Are there any activities missing from this list? If so, please state the activity and rate the level of engagement of PHA consultant.

6. Which of the following three models best describe the community engagement in PLPH?
- a. Model A – community partners only provide access to study subjects and are not engaged in the research aspects of the project
 - b. Model B – community partners are consulted and act as advisors, but do not make any research-related decisions
 - c. Model C – community partners engage in the research activities, such as study design, data analysis, and/or sharing of findings

7. Please rate PLPH’s success in following areas:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Established common goal	○	○	○	○	○	○
Collaborative decision-making	○	○	○	○	○	○
Shared leadership	○	○	○	○	○	○
Resource sharing	○	○	○	○	○	○

Discussing matters in an open and transparent manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having community relevance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building on strengths, resources and relationships that exist within community partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being mutually beneficial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to community voices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust and respect in partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitating capacity building opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you feel that the PLPH project produced actionable outcomes that are relevant and useful to the HIV community in BC?
- Yes

b. No

Comment box: Please explain.

9. Do you feel that the study findings were shared in an accessible manner for the research team members and the wider HIV community in BC?

- a. Yes
- b. No
- c. Don't Know

Comment box: Please explain.

10. Overall, how satisfied have you been with the following areas of capacity building in PLPH?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methods Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-the-Job Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Education (including committee participation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please state your level of agreement with the following statement: "I believe that all research team members have been given the opportunity to participate as equal members and have shared control over all phases of the research process."

- a. Strongly Disagree
- b. Disagree
- c. Agree
- d. Strongly Agree

Text box: Please comment.

12. Please rate your capacity to participate in community-based research *before* and *after* your participation in the PLPH project.

	1 (Poor)	2	3	4	5 (Excellent)
<i>Before</i> participating in the PLPH project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 (Poor)	2	3 (About the same as before)	4	5 (Excellent)
<i>After</i> participating in the PLPH project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment box: Please describe any changes in your research capacity.

13. Is there anything you are doing differently because of what you have learned during your engagement with the PLPH research team?
- Yes
 - No

Comment box: Please explain.

14. In comparison to traditional research approaches, how would you rate the value of the community-based research approach adopted in PLPH?
- Much less valuable
 - Somewhat less valuable
 - About as valuable
 - Somewhat more valuable
 - Much more valuable

Text box: Please explain.

15. What are some of the successes of the PLPH's adherence to CBR principles? What are some of the facilitating factors that contributed to those successes?
16. What are some of the barriers or challenges PLPH faced in adhering to the CBR principles?
17. What are some of the areas of improvement in PLPH's adherence to the CBR principles?
18. Do you have any other thoughts or reflections around PLPH's adherence to the CBR principles?