

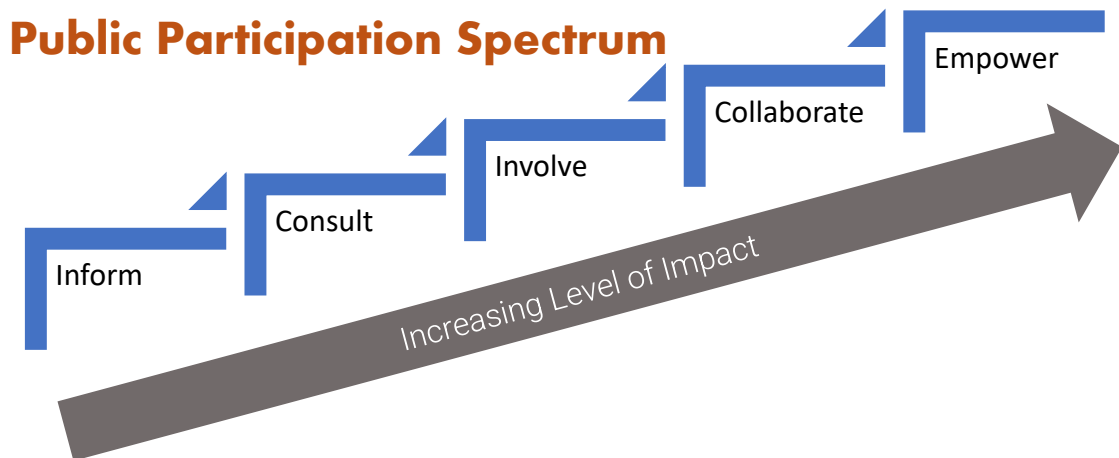
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OVERVIEW

Programs aimed at supporting individuals and populations with a history of marginalization and underinvestment can be greatly improved through strategic engagement. There are multiple ways in which public agencies and community-based organizations can engage with priority populations¹ – from informing the public with objective information, to empowering priority populations with a decision-making role about program development and policy solutions.²



The gathering and exchange of relevant information is central to all levels of community engagement. Agencies and organizations can use the data and information resulting from various forms of public participation to inform their programs, services, and priorities.

As such, this resource guide is intended to serve as a compendium of resources, suggested steps, and a menu of options to guide organizations in a variety of engagement and learning efforts (e.g., needs assessments). This document is meant to serve as a starting point for conversations about how best to integrate community engagement into your organization’s work.

The resource guide includes a summary of steps, listed on the following page, to identify how community engagement can be used to inform programming. While they are presented in a linear order, it is important to consider that community

¹ The United States [Agency for Healthcare Research and Quality](#) includes the following as priority populations: those in inner cities and rural areas; low-income populations; women; children/adolescents; the elderly; Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; religious minorities; LGBTQ+ persons; persons with disabilities, and; individuals with special healthcare needs.

² More on the spectrum of public participation available here:
https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf

engagement efforts are usually non-linear; multiple steps occur at once and other steps are revisited later.

Key Community Engagement Steps:

1. **Planning** for Community Engagement
2. **Recruiting** Priority Populations
3. Community **Participation**: Integration and Co-Design

In addition to these key community engagement steps, two other important steps are: **1) collecting and using data**, and **2) sharing results with the community**. They can be used prior to community engagement to refine the population of focus, or after community engagement to integrate community into data collection. This guide concludes with a list of resources that are referenced throughout the document.



KEY STEP 1: PLANNING

The first step in planning for community engagement is to define and identify the population of interest along with the level of engagement the organization is looking for from community members. A set of considerations and resources are outlined below to help organizations think through the key concepts of the planning stage.

Planning Elements

1. Identify the key issue | Start with identifying the specific the issue(s) your organization would like to address with engagement (e.g., that will help determine your priority population). This can sometimes be challenging for organizations working on multiple issues (see “planning discussion guides” to help determine high priority issues).

2. Determine the timeframe of the engagement/learning effort | Knowing

from the outset about how much time the organization has for engagement will help identify the types of engagement possible. Organizations should think about both the start and end dates as well as the collective staff/organization time that is available for the effort.

3. Identify what the organization currently has versus what is needed |

Reaching a common understanding of the organization’s assets and strengths, as well as identified informational needs/gaps, can help clarify what the organization hopes that someone from the priority population will add (see “preparing to engage community residents with lived experience” for discussion questions to help identify strengths, needs, and expected value-add of community members).

Planning Discussion Guides

(To access hyperlinks, copy and paste instead of clicking on the link)

- [Preparing to Engage Community Residents with Lived Experience](#)
- [Getting Started with Engagement Community Residents with Lived Experience: Common Concerns and What to do About Them](#)

4. Determining the level of engagement and role

Coming to a shared understanding within the organization/initiative regarding the level of engagement and the role of community members is one of the most pivotal steps of the engagement process. Having community members participate on an ongoing basis (e.g., advisory committee) as opposed to a single event (e.g., focus group) will require more time of them and the organization – an expectation that should be noted during recruitment (the following section of the resource guide).

Resources to Determine Level of Engagement

- [Public Participation Spectrum](#) (abbreviated)
- [Public Participation Spectrum](#) (full length)
- [The Evolving Role of the Community Champion](#) (pp. 11-14)

For further in-depth reading, consider the following full-length workbooks and toolkits:

- **Engagement Planning [Workbook](#)** (from the Australian Department of Sustainability and Environment)
- **Community Planning [Toolkit](#)** (from Community Places)

The next two pages provide example timelines for lower and higher levels of engagement to help think through timeframe considerations.

EXAMPLE TIMELINES

Consultative Model | 6-month timeline

In this timeline, priority populations are consulted during the project but do not steer the work due to time restrictions.

Planning – the organization identifies the key issue and how this work may help identify challenges in the field. The organization identifies when community will be consulted.

Data Collection & Analysis - community feedback is gathered. Analysis will likely be more summative than in-depth (e.g., providing overall observations instead of thematic coding).



Recruitment & Onboarding – priority population is recruited; the planning process identified a specified role and point in time when community members will provide input.

Sharing Results – results are shared with the priority population; the results may only be tailored to one or two settings/communities. Feedback may be used to guide future engagement efforts.

Empowerment Model | 18-month timeline

This timeline allows for community members to steer the direction of the work. The expanded timeline also allows for an iterative process rather than a linear one. For example, the “key issues” identified in the planning step may be revised after receiving feedback from community members.

Planning – A variety of approaches/key issues are identified to present to the priority population; key issue may be revised once working with community members. Time is dedicated to understanding the organization’s strengths, needs, and how the organization envisions the role of community members.

Data Collection & Analysis
Community members are trained to collect data. Analysis is in-depth; results are shared with community members to validate results. Ample time is allowed for data collection barriers.



Recruitment & Onboarding – Community outreach is thoughtful; a process like community asset mapping may be used to identify areas for recruitment. The time and space is given for community members to discuss their concerns and what they want from the project. Co-design strategies (e.g., assessing readiness, agreeing on shared priorities) are implemented. Ample time is allowed to reshape the focus, discuss concerns, and co-create solutions.

Sharing Results – Results are tailored for several different audiences, including the priority population and other stakeholders. Community members involved in the project may share the results. Feedback from sharing results is documented and considered for future iterations of the work.

KEY STEP 2: RECRUITMENT

While recruiting individuals from priority populations can be a challenging task, especially for communities with inherent barriers to participation (e.g., family obligations, significant mental health issues), they are an essential component of community engagement efforts. The following elements and resources serve as a general guide to the recruitment process.

Recruitment Elements

1. Identify priority population | A helpful way to determine which community members to connect with is to ask: Who is the most impacted by the work that you do? Which group(s) of people will stand to benefit from your work? For example, if you are working to prevent sexual violence, you may be interested in identifying which groups are at highest risk of experiencing or perpetuating violence. Taking a step further, how many community members who are part of the priority population will be needed?

2. Reach out to community contacts |

Are there people or organizations you already know and trust that are working in the field of interest? Reaching out to these contacts may directly connect you with key community members, refer you to someone who can connect you to them, or provide valuable information about where to find them. For example, it may be helpful to frequent shelters, community centers, etc. to find community members from the priority population. Asset mapping may also be a helpful tool in this regard (see textbox above for community asset mapping resources).

Community Asset Mapping Tools from:

- [The Center for Court Innovation](#)
- [The Advancement Project](#)
- [UCLA Center for Health Policy Research](#)

3. Identify candidates | While entering community spaces, listen and discuss rather than imposing what you need and want. Take the time to have a conversation

Tip Identify more individuals than needed to account for candidates who may not have the capacity to work with you.

about the main concerns and priorities of the community. What resources do they have? What resources do they need? Make explicit your intention to collaborate instead of “fixing” community challenges. During this time, identify several individuals that would be a good fit for your team. Stand out qualities may include community members who are deeply connected or have a strong willingness to learn.

4. Invite them to join your team | As a team, review potential candidates and invite them to join the team. Clearly provide a description of the role, what is expected of them (i.e., time commitments, in-person meetings, etc.), and the impact they will have on the specific issue. In addition to the role itself, it is also important to highlight how they will be supported, how they will mutually benefit from this experience, and clearly state the level of financial support that can be offered. Providing financial support may be key in addressing barriers for community members while also demonstrating that their time and emotional labor is valued.

5. Listen & be flexible | Throughout the recruitment process, allow time for discussion. Ask about their concerns regarding the role and how they can best be supported. Community members may be hesitant to accept the role in the face of common barriers. For example, community members may need to consider childcare arrangements, transportation, or access to technology (i.e., cellphones, internet, etc.). Talk through problems and create solutions together. Moreover, meet during times or locations that are convenient for them. As much as possible, be flexible and willing to adapt to address any concerns.

For further in-depth reading, please consider the following resources:

- [Connect](#) and [Recruit](#) (from Community Commons)
- [Recruiting](#) (from Live Stories)
- Tips for [Recruiting Community Members with Lived Experience](#) (from Institute for Healthcare Improvement)
- [Encouraging Involvement in Community Work](#) (from the Center for Community Health and Development)
- [Connect & Learn | LiveStories](#) from Institute for Healthcare Improvement
- [“Recruiting People with Lived Experience”](#) for additional attributes to consider).

KEY STEP 3: PARTICIPATION

Using community engagement to inform your work with priority populations is an important process that acknowledges that the knowledge of agencies is limited. In order to address this gap, using individuals from priority populations to inform and co-design programming aims to bring together the knowledge and experience of both those who are trying to respond to an issue and those who are most impacted by it; the core belief is that by combining knowledge and experience, you can more effectively define a problem, design, test, and implement effective solutions. It should be noted that a “co-design” process is higher level engagement that aligns with the “collaborate” and “empower” ends of the public participation spectrum. Overall, the following proposed elements and resources serve as a guide to help you along this process.

Defining Co-Design

Co-designing is the process in which the people who are addressing an issue and the people who are most impacted, work collaboratively to map a problem, distinguish shared priorities, and design, implement and evaluate prospective solutions together.

Integration & Program Co-Design Elements

1. Onboarding community members from the priority population |

The first step of integration is to onboard members from the priority population. Provide an overview of the project: what has been done and what needs to be done?

Talk through how they best fit into this process, what does their role entail, and how can they meet these expectations (see “Deciding Where to Start” above for additional considerations). This is an opportunity to discuss potential challenges, identify areas that may need additional support, and highlight opportunities for growth at various stages of the project. Be clear that support is available at all stages – having a designated point of contact will help having a source of support throughout their engagement. Above all, assure community members that this is an ongoing, collaborative process that can be modified together.

Onboarding resources:

- [Deciding Where to Start](#)
- [Meeting Facilitation Guide](#)

2. Review team practices & create new protocols as necessary | Integrating a community member with from the priority population also allows the team to review current team practices. For example, when and how are meetings conducted? How are decisions made within the team? How are conflicts or debates addressed? Consider whether any current protocols may be challenging for community members from the priority population and create strategies to mitigate these

barriers. Foster an open and safe environment, and continue to build relationships within the team. Do not be afraid to create new protocols to facilitate effective group discussion (see “Meeting Facilitation Guide” in the “onboarding resources” for insightful meeting preparation and logistic considerations).

3. Determine your co-design strategy |

There are three levels of co-design: working directly with the community member, working with the community member and connecting them with their peers, and working with the community to identify priorities, design, test, and implement solutions (see “Co-Design Community Commons” for in-depth

descriptions of each level of intergradation). Deciding which level of co-design strategy is most suitable for your organization will help move you towards a successful collaboration with community members (refer to “Participatory Action Research Principles” to consider when working directly with community members).

Co-Design resources:

- [Co-Design Community Commons](#)
- [Participatory Action Research Principles](#)

4. Communicate, support, and repeat |

At any level you decide to choose, it is important to have periodic check-ins with the community members from the priority population. Remember co-designing involves collaborating with the community members at various stages of the process (identifying, designing, testing, implementing, etc.). They have more to offer than narratives of their lived experiences – include them in diverse processes while offering training and support when needed. Lastly, don’t be afraid to change things up; revisit goals, team roles, and change courses if needed.

For additional helpful tools, check out these resources:

- [Research Partnership Checklist](#) (from the University of Minnesota)
- [Community Impact Statement: A Tool for Creating Healthy Partnerships](#) (by Susan Gust & Catherine Jordon)
- [The 6 Tenets of Community-Institutional Partnerships](#) (by Susan Gust & Catherine Jordon)
- [Perceptions of Partnership Study \(Nonprofit and higher education collaboration\)](#) (from Campus Compact Iowa)

ADDITIONAL STEP 1: COLLECTING & ANALYZING DATA

A systematic way of collecting information can be a key component of a robust community engagement strategy. Data collection can be used *prior* to community engagement work to inform and refine community engagement – for example, a needs assessment may help identify which populations are most impacted by a particular issue. Collecting data can also be employed *after* you start community engagement – in participatory action research, a considerable amount of time may be spent engaging with the community to recruit members who will help collect data and formulate research questions. For that reason, the following two sections are included as separate sections from the previous key community engagement steps.

There are a number of approaches to data collection. Because this resource guide is focused on integrating the perspectives of community members from priority populations, this section of the resource guide focuses on interviewing and focus groups. Interviews and focus groups produce *qualitative* data, or non-numerical data that help describe an issue rather than measure it; it helps answer “why” or “how” questions.

1. Formulate a research question

Start by returning to the “key issue” identified as part of the “Planning” section (pg 5). With this key issue in mind, articulate a research question that helps determine what it is you want to know. Depending on the level of engagement with the priority population selected, you may present the research question to the priority population for feedback or have them actively form the research itself. Below are some examples of potential research questions:

Tip When thinking about your research question, keep in mind that the more specific the question, the more specific data you will receive. The desired level of specificity of your questions may depend on the purpose of the initiative. For example, maybe this is the first time working with the identified priority population and subsequent iterations of community input are expected, in which case you may want to have a broad focus to identify a range of possible directions for future work. On the other hand, if the intent is to provide solutions to a specific barrier for the priority population, it may be beneficial to have a specific research question

- What does the priority population perceive as some of the largest obstacles in their community?
- Are there existing services, supports, etc. that benefit the priority population? Does the priority population believe these services are benefiting them in the way they are meant to?

- How can existing community resources be strengthened to benefit the priority population?

2. Choose the method

After identifying the research question, determine which strategy is best suited to find that information. While there are a number of qualitative methods, the following may be of particular interest for working with priority populations:

One-on-one interviewing involves asking questions and getting answers from participants. Interviews can have a strict set of questions that the interviewer does not deviate from (structure interviews), a set of questions the interviews users but may deviate from depending on the flow of conversation (semi-structured interviews), or only a goal in mind without any prepared questions (unstructured interviews).

Focus groups are similar to one-on-one interviews except that they are conducted in a group setting. This can be an efficient way to gather multiple perspectives from various participants at one point in time while also allowing a dialogue of opposing narratives to emerge.

Whichever method is best suited for your needs, keep in mind your capacity and the resources needed to implement this process. A large-scale project may require additional funding sources and additional people power. Solutions may include applying for supplementary grants, recruiting volunteers or changing the method altogether. Nevertheless, discussing these options as a team allows everyone to be on the same page and will prevent future unexpected hiccups.

3. Choose who will collect data

Due to the personal nature of interviews and focus groups it is crucial to be mindful of who gathers this information. For example, outsiders who do not share the same behaviors or speech as the population of interest may be consider “other”. In this case, collecting accurate quality information may be more difficult particularly in populations who are very conscious of cultural and class differences. Instead, it may be more beneficial to train members of the community who are known and trusted to gather accurate information. For example, a community member from the priority population who speaks same language or possess cultural similarities may be more effective in collecting accurate information from the population of interest.

Particularly if you recruit members of the community to gather qualitative information, it is essential to provide the training to ensure consistent reliable results. Because community members will vary in their knowledge of qualitative

methods, valuable trainings may include what to record and how, interview techniques, observation techniques, training in other methods assessment, and training in how to think of themselves as researchers. Providing training for community members may not only create more reliable results, but also allow them to be more confident in their current and future work.

4. Collect/Record information

There are three main methods to consider for collecting qualitative data:

Observer notes involve the interviewer/facilitator taking notes of participant responses (and the interviewer/facilitator questions). While this is a quick and relatively easy way to get participants' overall sentiments, it is less accurate than verbatim transcriptions.

Verbatim transcripts consist of the interviewer/facilitator recording the conversations (via audio recorder, Zoom, etc.). Transcripts are generated either by listening to the audio and recording responses or using a transcription service such as Rev.com. While using a transcription service can be costly (\$90/hour), it typically takes much longer to transcribe the interview than the length of the interview itself (e.g., four or five hours to transcribe a one-hour interview).

Automated transcripts similarly provide transcripts from recorded audio but are created automatically using an AI service. In addition to transcription services with an automated transcription option (e.g., Temi), there is an option to have automatic transcriptions from Zoom. While this is likely more accurate than interviewer notes, a considerable amount of time is needed to review these transcripts for errors. On the other hand, while reviewing for errors is less time-intensive than transcribing interviews without a service, it is less high quality.

To decide which method to use, consider time, both timeline and time available to work on generating/cleaning transcripts, and financial resources. Also consider the extent to which word-for-word transcripts are necessary – for example, transcripts may be necessary if you planning on quoting the participants in a public document, but less important if this is only to get feedback that will only be reviewed internally.

5. Analyze Responses

To analyze qualitative data, there are two approaches that can be taken, either separately or together. For either method, it's helpful to read all the qualitative data (e.g., interview transcripts, focus group notes) prior to beginning analysis.

Summarize information by including observations at the end of each interview or focus group, particularly around the learning objective/research question. What new

insights did the participant provide to help better your understanding of the research question? After doing this for each interview/focus group, create an overall summary that synthesizes the insights from each interview.

Thematic coding is a type of qualitative analysis where a person or a team of people tracking emerging themes for each interview or focus group. Themes can be decided beforehand (deductive coding), which is more feasible when the interview was structured/narrow in focus, or can be decided as the individual is coding (inductive coding). Inductive coding is more suitable when the interview/focus group was semi-structure or unstructured in format. More information about the coding process, including software options (which can be specific to qualitative coding or Excel) can found in the “Analyzing Qualitative Data” from Learning for Action resource below.

For further resources regarding community research and qualitative methods, consider the following resources:

- [Participatory \(non-emergency\) Assessment Guidance \(crs.org\)](#) (from the Catholic Relief Services)
- [Community-Assessment.pdf \(ciswh.org\)](#) (from Boston University)
- [Assessing Community Needs and Resources](#) (from Community Tool Box)
- [Analyzing Qualitative Data](#) (Learning for Action)
- [Qualitative Research Guidelines Project](#) (Robert Wood Johnson Foundation)

ADDITIONAL STEP 2: SHARING RESULTS

After collecting and analyzing data, there are a number of ways to use the data. Data can be used to refine and revisit research questions or specify the population of interest – for example, analysis may reveal that a subgroup of the priority population (e.g., rural veterans) has unique barriers that require tailored program interventions.

Another way to use data is sharing the findings with community members and partner organizations. Sharing results may be helpful for community building since researchers often may not share the results with the very communities from which the data are collected. With this in mind, the process of community dissemination and participation could help mitigate any mistrust of researchers due to previous and present social injustices and cultivates a sense of ownership with the community. The following steps can be used as a guide to help share findings and engage the communities that are most impacted.

Defining Community Dissemination

Community dissemination is a process that effectively shares the findings from the conducted study to study participants and involved stakeholders such as community members or organizations, or service providers.

Steps for Sharing Results

1. Tailor content for various audiences | When you are ready to present the study's results, it is important to tailor the various set of findings to various audiences such as community forums, client meetings, staff meetings, or continuing education trainings. Attendees at a large regional planning forum may be interested in the research methodology or the policy implications, while organizational staff or clients may want to focus on how findings could be applied to services. It is particularly important to remember to share findings with the community the project most deeply impacts. To this end, discuss with members from the priority how to best disseminate research findings to the community.

2. Share findings together | Beyond discussing how to tailor and disseminate key findings together, consider sharing findings together. Co-facilitating presentations and discussions can effectively demonstrate the crucial role community members played in contributing to the overall project. Additionally, community members may be more suitable to powerfully illustrate how the issue affects them as well as the community as a whole.

Part of sharing findings together involves receiving critical community feedback and criticism about the study. These comments lead to authentic conversations about relevant issues and provide a better understanding about any concerns, the research design, or examined issue. Sharing findings together often also creates more opportunities for rich dialogue, so make sure to allow ample time for discussion.

3. Deepen trust through ongoing dialogue | Find ways to continue to engage the community in ongoing dialogue. Follow up with one-on-one meetings after presentations to provide opportunities for various stakeholders including priority populations and organizational partners to connect with the research findings and discuss the implications of the findings in relation to their program. Meetings can also help solidify new relationships, build possible collaborations, and deepen community trust.

Lastly, demonstrate how community suggestions are (or will be) integrated into further research or programs. This integration shows community members that discussions were not merely academic exercises but represented mutual learning opportunities to strengthen future research.

For more information about sharing results, refer to the following articles and resources:

- [How to Disseminate your Research](#) (from the National Institute of Health Research)
- [Ten simple rules for innovative dissemination of research](#) (published in the National Library of Medicine)
- [Dissemination as a Dialogue: Building Trust and Sharing Research Findings Through Community Engagement](#) (from the Center for Disease Control and Prevention)
- [Sharing Evaluation Findings with Community Stakeholders](#) (from the Annual World Bank Conference on Land and Poverty)
- [Dissemination of Results in Community-Based Participatory Research](#) (published in the American Journal of Preventive Medicine)
- [Dissemination and Implementation](#) (from the Rebus Community)

RESOURCE LIST

Resources are listed in the order they appear.

Overview:

IAP2 Spectrum of Public Engagement. The International Association for Public Participation. Retrieved from:

https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf

Key Step 1: Planning

Preparing to Engage Community Residents with Lived Experience: A Discussion Guide. Institute for Healthcare Improvement. Retrieved from:

https://docs.google.com/document/d/1xBsd1gsvBHv0JiZuyHtUXeAUPDtLROjMY_YRJYhBiQH4/edit

Getting Started with Engagement Community Residents with Lived Experience: Common Concerns & What to do About Them. Institute for Healthcare Improvement. Retrieved from:

https://docs.google.com/document/d/18z6OmITPADF0Vcpryu_TISkJHBUfY7I_DKETgi2mtAo/edit

What is the Spectrum of Public Participation? Sustaining Community. Retrieved from: <https://sustainingcommunity.wordpress.com/2017/02/14/spectrum-of-public-participation/>

Book 2: the engagement planning workbook. Australian Department of Sustainability and Environment. Retrieved from:

https://www.water.vic.gov.au/_data/assets/pdf_file/0024/409731/Book_2_-_The_Engagement_Planning_Workbook.pdf

Community Planning Toolkit. Community Places. Retrieved from:

<https://www.communityplanningtoolkit.org/sites/default/files/Engagement.pdf>

Key Step 2: Recruitment

Introduction to Community Asset Mapping. Center for Court Innovation. Retrieved from:

https://www.courtinnovation.org/sites/default/files/documents/asset_mapping.pdf

Participatory Asset Mapping. Advancement Project. Retrieved from:

<https://communityscience.com/wp-content/uploads/2021/04/AssetMappingToolkit.pdf>

Section 1: Asset Mapping. UCLA Center for Health Policy Research. Retrieved from: https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf

2. Connect – Engaging People with Lived Experience. Institute for Healthcare Improvement. Retrieved from: <https://www.communitycommons.org/collections/2-Connect-Engaging-People-with-Lived-Experience>

3. Recruit – Engaging People with Lived Experience. Institute for Healthcare Improvement. Retrieved from: <https://www.communitycommons.org/collections/3-Recruit-Engaging-People-with-Lived-Experience>

Recruiting. Institute for Healthcare Improvement. Retrieved from: <https://insight.livestories.com/s/v2/recruiting-community-members/080fc287-74eb-4383-8bec-4d2547248f66/>

Recruiting Community Members with Lived Experience. Institute for Healthcare Improvement. Retrieved from: <https://drive.google.com/file/d/1eA-jBymmmWcT7epCGZDzGAeRHLn9Tek0/view>

Chapter 7: Encouraging Involvement in Community Work. Community Tool Box. Retrieved from: <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement>

Connect & Learn. Institute for Healthcare Improvement. Retrieved from: <https://insight.livestories.com/s/v2/connect-learn/b2fd4ba2-da48-4bb9-b1b7-208197713b79/>

Recruiting People with Lived Experience. Institute for Healthcare Improvement. Retrieved from: <https://www.youtube.com/watch?v=WnX5A7Uf-uE>

Key Step 3: Participation

Section 2. Participatory Approaches to Planning Community Interventions. Community Tool Box. Retrieved from: <https://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/participatory-approaches/main>

Engaging People with Lived Experience of Inequities: Meeting Facilitation Guide. Retrieved from: <https://img1.wsimg.com/blobby/go/195c6b57-b4f2-4124-bd4c-a660c8b3a6eb/downloads/Final%20PLE%20Meeting%20Facilitation%20Guide%2003%2027%20202.pdf?ver=1585614684725>

5. Co-Design – Engaging People with Lived Experience. Institute for Healthcare Improvement. Retrieved from: <https://www.communitycommons.org/collections/5-Co-Design-Engaging-People-with-Lived-Experience>

Definitions, Goals and Principles of Participatory Action Research. Rausser College of Natural Resource, University of California Berkeley. Retrieved from:

https://nature.berkeley.edu/community_forestry/Fellowships/parinfo/PAR%20Definitions.pdf

Research Partnership Checklist. University of Minnesota. Retrieved from: https://ctsi.umn.edu/sites/ctsi.umn.edu/files/2021-05/research_partnership_checklist_version%2003292018.pdf

The Community Impact Statement: A tool for creating healthy partnerships. Gust, S. and Jordan, C. Retrieved from: <https://communityengagement.uncg.edu/wp-content/uploads/2014/08/The-Community-impact-Statement-A-tool-for-creating-healthy-partnerships.pdf>

The 6 TENETS of Community-Institutional Partnerships. Gust, S. and Jordan, C. Retrieved from: <https://s3.amazonaws.com/bizzabo.users.files/129408/207562/978653/6%20TENETS%20of%20Community-AcademicPartnerships.pdf>

Perceptions of Partnership: A study on nonprofit and higher education collaboration. Dr. Kara Trebil-Smith, Campus Compact Iowa. Retrieved from: <https://iacampuscompact.org/wp-content/uploads/large/sites/29/2019/04/Perceptions-of-Partnership-1.pdf>

Additional Step 1: Collecting & Using Data

Guidance on Participatory Assessments. Catholic Relief Services. Retrieved from: <https://www.crs.org/sites/default/files/tools-research/guidance-on-participatory-assessments.pdf>

Community Assessment and Community-Based Participatory Research. Retrieved from: <https://ciswh.org/wp-content/uploads/2020/07/Community-Assessment.pdf#:~:text=Community%20Assessment%20and%20Community-Based%20Participatory%20Research%20%28CBPR%29%20INSTRUCTIONS,prior%20to%20the%20session%20to%20complete%20the%20assessment.>

Section 15, Qualitative Methods to Assess Community Issues. Community Tool Box. Retrieved from: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/qualitative-methods/main>

Analyzing Qualitative Data. Learning for Action. Retrieved from: <http://learningforaction.com/analyzing-qualitative-data>

Qualitative Research Guidelines Project. Robert Wood Johnson Foundation. Retrieved from: <http://www.qualres.org/index.html>

Additional Step 2: Sharing Results

How to Disseminate your Research. The National Institute of Health Research. Retrieved from: <https://academictoolkit.org/download/2/dissemination-guidance.pdf>

Ten simple rules for innovative dissemination of research. Ross-Hellauer et. Al. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7161944/>

Dissemination as Dialogue: Building Trust and Sharing Research Findings Through Community Engagement. The Centers for Disease Control and Prevention. Retrieved from: https://www.cdc.gov/pcd/issues/2016/15_0473.htm

Sharing Evaluation Findings with Community Stakeholders. Kate Marple-Cantrell, The Cloudburst Group. Retrieved from: https://www.land-links.org/wp-content/uploads/2018/03/Session-01-13-Marple-Cantrell-746_paper.pdf

Additional Resources:

Engaging Community For Health Equity and Environmental Justice: A Guide for Public Agencies. The California Department of Public Health Environmental Health Investigations Branch. Retrieved from:

https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CDPH%20Document%20Library/Guide-Engaging_Community_for_Health_Equity_and_EJ_ADA.pdf

Opportunities to Empower and Support Girls and Women in California: An Environmental Scan of Leadership Opportunities and Economic Supports to Prevent Sexual Violence, Domestic Violence, and Teen Dating Violence. Retrieved from:

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Rape%20Prevention%20and%20Education%20\(RPE\)%20Program/EnvironmentalScanOfLeadershipAndEconomicSupportsForGirlsAndWomen_2021_ADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Rape%20Prevention%20and%20Education%20(RPE)%20Program/EnvironmentalScanOfLeadershipAndEconomicSupportsForGirlsAndWomen_2021_ADA.pdf)

Youth Engagement. The California Department of Public Health Nutrition Education and Obesity Prevention Branch. Retrieved from: <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/YouthEngagement.aspx>