Enhancing Community-Based Participatory Research Partnerships Through Appreciative Inquiry

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Abstract

Background—Challenges in community-based participatory research (CBPR) partnerships often pertain to trust and power, dilemmas posed by funding sources, and equitable community participation. Although challenges in CBPR can be welcomed because they present opportunities for growth and development of partnerships, tools are needed to facilitate issue identification and resolution. Moreover, such tools need to align with CBPR principles involving equal feedback among partners to improve the partnership and its outcomes.

Objective—To describe how appreciative inquiry (AI) was used as an evaluation tool to contribute to the strengthening of empowerment of ongoing and future community–university relationships in CBPR collaborations.

Methods—AI was applied at the end of a community–university partnership to promote breast and cervical cancer screening among Tongan women in Southern California. Through individual interviews and group discussion, tensions were identified and discussed in light of partnership and community strengths.

Results—Through AI, program staff emphasized community and university strengths of shared key values related to the program and aspects of program management that enabled them to contribute to successful program outcomes. They also discussed the following challenges: 1) approach of partners, 2) role definition, and 3) and time span of program development and implementation. Based on these discussions, recommendations were made to overcome current challenges and improve ongoing and future CBPR collaborations.

Conclusions—The AI process helped the partners recommit to collaborate with each other, renewed their excitement about working together, and assisted with reclarification of their roles to inform future collaborations.

Keywords

Pacific Islander; Tongan; breast and cervical screening; patient navigation; appreciative inquiry

CBPR is an increasingly popular approach that involves building and maintaining relationships between community and university researchers to address enduring health disparities.[1] CBPR has several fundamental principles which include co-learning, trust,[1] mutual ownership, [2] and long-term commitment to systemic change.[1–3] Common challenges in CBPR partnerships can involve issues pertaining to trust building,[1] power sharing,[4] dilemmas posed by funding sources,[5] and equitable levels of community participation.[6] Such challenges can present opportunities for growth of partnerships through mutual identification, discussion, and resolution.[4–6] However, evaluative tools are needed that align with the CBPR principles to enable partners to better identify and resolve challenges[7] to improve current and future CBPR collaborations.

AI is an affirmative, learning- and strengths-based evaluation tool used to understand and promote transformational change when faced with challenging circumstances.[8,9] To accomplish this, AI facilitates participants to focus on what works well in a partnership, energizing people by highlighting strengths and challenges. First, AI facilitates a positive discussion regarding a challenging situation. This creates a supportive context in which individuals feel comfortable sharing problems on an equitable level[10] to build trust. Then, AI focuses on developing future innovative strategies to empower all participants to turn shared strategies into reality[11] and promote positive change.[10,12,13]

AI is similar to CBPR and participatory evaluation methodology. It is systematic by design meaning that plans and protocols are conducted in a cyclical and iterative process.[10,14,15] AI encourages participants to equally share their optimal experiences in the partnership which is consistent with the CBPR principle of co-learning and knowledge sharing.[14] Similarly, these methods contribute to the empowerment of all participants on an equal level through the group process of developing innovative strategies to promote positive change.[8]

Various settings, including small nonprofit organizations, [16] community-based organizations, and medical institutions, [17,18] have used AI. It has also been used in partnerships to build collaborative capacity.[19] However, no references could be found regarding the use of AI to improve relationships in challenging CBPR partnerships. The aim of this article is to describe how this evaluation method contributed to the strengthening and empowerment of ongoing and future community–university relationships in CBPR collaborations.

METHODS

Community–University Partnership

The partnership included one Pacific Islander–serving community-based organization and one university in Southern California that were both part of a larger CBPR network called WINCART: Weaving an Islander Network for Cancer Awareness, Research and Training.[20,21] With funds from the American Recovery and Reinvestment Act (ARRA) via the National Cancer Institute, the two partners collaborated on an ambitious 2-year (2009–2011) Tongan Patient Navigation (PN) Program. The program aimed to conduct a community assessment, and to identify, recruit, and educate 260 Tongan American women

ages 18 and older in Southern California. It also aimed to navigate 80% of the women to cervical and breast cancer screenings.

PN is a patient-oriented health care method for addressing chronic diseases that focuses on early diagnosis, treatment, and rehabilitation.[22] PN is increasingly being recognized as a crucial intervention for early cancer detection and treatment.[23] When managed in a CBPR partnership (rather than hospitals), PN can result in increases in cancer screening for disparity populations.[24] To be successful, PN requires special staffing, resources, supervision, and collaborations.[24,25]

Based on their values of shared power, preestablished trust through WINCART, and literature about PN, the partners allocated funds based on agreed program staff roles. The community staff included a director who was responsible for the oversight of community partners and a Tongan patient navigator who was responsible for conducting the community assessment and education, completing patient intake forms, and linking underscreened women to Pap tests and mammograms. The university partners' roles included a program manager, who was responsible for providing administrative and fiscal oversight, a research specialist, who conducted program monitoring and evaluation, and a program assistant, who aided the patient navigator and research specialist with collecting and maintaining program documents and conducting the community assessment to determine what the community thought about the program. Also, it included the university's grants and contracts department, which liaised directly with ARRA. There was a shared leadership from the community (director) and university (program manager). The goals were set and implemented by the community partner and evaluation was provided by the university partner. The partners met monthly to discuss program challenges and strategize situations.

Program Challenges

Despite well-laid plans for the program, there were many reporting demands from the funder and staffing that resulted in anxiety among staff at both institutions. For instance, the ARRA mandated quarterly reporting of education and screening numbers, but processes to collect and report on these numbers were slow to be initiated by the partners. Furthermore, several staffing changes occurred in both institutions, resulting in program delays and difficulties with transition and communication that exacerbated funding anxieties.

Because of these changes, the partners experienced challenges in meeting several program aims. The need for the patient navigator to focus on education and recruitment caused a delay in the implementation of the community assessment. With the approval of both partners, this role and allocated funds were reallocated to the university to hire the program assistant, and led to a revision of the community subcontract. Despite this change and completion of the community assessment, fewer than one half ($n = 100$) of the proposed Tongan American women were educated about breast and cervical cancer screenings. Of those, 94% received follow-up information about PN services available to them and were navigated to receive Pap ($n = 50$) and/or mammogram ($n = 49$) screenings. By winter 2011, these program delays and reduced outcomes created a strain on the partnership, which affected their openness to communicate and collaborate. Therefore, staff looked for ways to repair their relationship to continue to effectively work together in the future.

AI Implementation

In spring 2011, the university program manager attended an evaluation training during which AI was introduced and she shared her knowledge with the PN staff. They recognized the potential of AI to help them identify the strengths and weaknesses of the program outcomes and their collaboration. Thus, upon mutual agreement of the staff, an external evaluator was selected based upon her experience in evaluation and knowledge of AI.

Three of the AI phases (inquiry, imagine, and innovate) were used in the evaluation. The fourth phase (implementing innovative strategies) was not conducted because the AI evaluation occurred toward the end of the program. Individual and group interviews were designed with questions tailored to each AI phase. As shown in Table 1, the inquire phase encouraged participants (via individual interviews) to discuss past peak experiences, values, and their wishes for the program. The imagine phase facilitated an envisioning process (via individual interviews) where participants shared their aspirations for an optimal program and partnership during. Last, the innovate phase facilitated a group review and reflection of the interview data. In the end, the participants created a "provocative statement" of their vision of future collaborations.[26]

AI Data Collection Procedures and Analysis

All protocols, including a participant demographic questionnaire, individual interview, and group discussion guides, were developed by the evaluator and approved by the university institutional review board, which ensures the protection of human subjects. All individual interviews were conducted by the evaluator at private locations. They were digitally recorded, transcribed, and reviewed by the evaluator and an additional university researcher. Common themes were summarized and shared during the innovate group discussion, which was also digitally recorded, transcribed, and summarized.

RESULTS

Two community staff participated in the individual interviews while three community staff participated in the group discussion. Three university staff participated in the individual interviews and two participated in the group discussion. The average age of the community participants was 30.67 years ($SD = 4.51$) and 36.67 ($SD = 5.01$) for the university participants. All of the community participants were Tongan, as was one university participant. The minimum educational attainment of the participants was a bachelor's degree.

Throughout the individual interviews and group discussion, participants discussed the strengths, challenges, and recommendations of their collaboration (Table 2). They emphasized their key values, respectful interactions, and shared vision of collaboration as strengths that enabled them to work well together. Whereas the changing roles of community and university staff, the addition of new program staff, and time span of program development and implementation were the challenges that they discussed. Based on their discussion of strengths and challenges, participants listed recommendations for future

collaborations. The remainder of the results summarizes the overall strengths, challenges, and recommendations of the participants.

Summary of Strengths

A majority of the interviews and group discussion pertained to the participants' values of collaboration. For example, a community participant emphasized her appreciation concerning the mutual respect among the partners when she stated the following: "I really value the efforts for transparency. I think the collaboration values professionalism a lot, which is great. I see a lot of courtesy . . . exchange between collaborative partners." Building on this belief, a university participant shared, "Now that I'm thinking about it, [the values] would be more in line with the cultural values because it would only make sense if you're working with the community. It's respectful. It's the right way to do it." Overall, all participants agreed that respect and trust enabled them to work well together.

The participants also recognized the benefits that collaboration brought to the program development and implementation. For example, a community participant described benefitting from the university assistance with maintaining program files, saying "[the program assistant] did it in a really organized way and she always came with great tips and support and always positive about things. So, I really appreciated that support and I knew that she was representative of [the university]." Similarly, one university participant recognized the important perspective the community partners brought to the evaluation planning process, saying "When it came to the development of the instrument for assessment, definitely[all partners] were very excited about it because it gave them a chance to work together in a whole new way." Thus, the participants valued their collaboration in the PN program.

Additionally, the participants collectively envisioned collaborating together in the future. For example, a community participant mentioned, "I would see more awareness in the community that [the university] is kind of like the silent partner and not seeing them like an outsider, but rather an entity that is part of the community." Expanding upon this vision, a university participant stated, "I think [the university] needs the community and the community needs us. So, it's kind of like this symbiotic relationship where we need each other." Hence, their common vision contributed to the strength of their partnership and discussing it renewed their excitement for future collaborations.

Summary of Challenges

Despite the partnership strengths, program challenges often pitted participants' roles in opposition to each other. For instance, one university participant shared that the university role was to focus on the technical aspects of the program and not to work directly with the community, a responsibility that was reiterated by the community participants. When the program lagged in recruitment and navigation numbers, the university participant focused on the low numbers and not the efforts needed to tailor the PN concept to the Tongan community. The participants had to change the protocols that they originally designed based upon literature about PN. In the words of one community participant, "[The original program protocols] were written in the beginning of the project. But . . . we had to modify

those and we had to establish Tongan protocols." The participants' frustrations about program aims and staffing needs resulted in discussions about changing levels of staffing. However, ARRA guidelines were strict and, in the words of one university participant, "the team structure that we couldn't establish . . . [was exacerbated because] we didn't really know how much liberty we had with ARRA . . . . If [we had] ARRA funding now, we can write a project that would give us everything we want." Unfamiliar funding restrictions contributed to the challenge of changing roles and redesigning appropriate staffing structures for the program.

In addition to these challenges, there were also many strains between participants during program implementation. One pertained to the need for additional staff to deal with the many health needs of Tongan clients. In the words of one community participant, "[in essence] two people were fully on [PN because] it's impossible to address the community and say 'Sorry, no I'm not here for anything else [besides PN]. It's the only thing I'm here for.' There are other needs that come in." The university participants agreed with the need for increased community staffing and voiced the lessons learned of having additional patient navigators in the future to increase the program reach and impacts.

Lastly, participants discussed the need for additional time to work through the challenges and address the long-term sustainability of the program. In the words of the community patient navigator, "After 2 years, it took us that much to lay the foundation 'cause now women are calling asking for me to navigate them and it's hard for me to say, 'Oh, my gosh. I'm no longer a navigator.'" Similarly, a university participant also emphasized the need for time to establish the program when she stated, "Other communities [had PN] for a long time, so they can write a grant the way we did and just hit the ground running, but for us, we needed to lay the very foundation of it first." In the end, the participants recognized they were very ambitious with their proposal and did not allow time to overcome the many barriers to program development and implementation.

Final Recommendations

In keeping with the AI framework, the participants discussed recommendations to inform future CBPR collaborations based on their experience with the PN program. They agreed that more clarity about roles and responsibilities, as well as more knowledge about the flexibility of program changes permitted by the funding agency, are important to building a strong PN foundation. Also, the group discussion led to the recommendation of a modified team-based structure that the participants agreed to implement in future collaborations. In keeping with the expertise of the partners, this structure entailed that the university partner would support the research specialist and the community partner would support the PN supervisor. The participants also agreed to strengthen core CBPR capacities across partners in relationship building, logistical implementation of services, reporting, and communication with the funder, and financial oversight. Thus, they reinforced their need to maintain a CBPR structure in a challenging program.

Additionally, participants recognized the value of AI in overcoming their current partnership challenges and emphasized the need for integrating it into future CBPR collaborations. "It's a good thing for all of us to go through the process together," stated one university

participant, and a community partner shared, "It's a way of learning everything." Another community participant underscored this point by stating, "I don't know if you heard, but [AI] is what the project needed. What was missing was this." Thus, AI presented opportunities to promote a comprehensive understanding of the challenges in CBPR.

CONCLUSIONS

AI adheres to many CBPR principles and evaluation processes, and thus can be a beneficial tool to promoting collaboration through challenging programs. Similar to CBPR and evaluation, AI is participatory and builds on the perspectives of everybody and involves a systematic and cyclical process.[3,8,15] AI and CBPR also facilitate co-learning in which participants share their different expertise and experiences.[2,8,15] The use of AI in the PN program reframed the participants' frustrations into opportunities to acknowledge mutual strengths. In this way, both AI and CBPR give participants an opportunity to contribute to the success of future CBPR collaborations.[3,8,15] In the end, the AI process helped participants equally address their current challenges, contribute to decision making, and renew their excitement about future CBPR collaborations.

Despite these findings, there are some limitations to this evaluation that should be noted. When using AI, practitioners recommend including all program collaborators in the process. [8] Given the challenges in understanding funder flexibility, the partners might have also benefited from the inclusion of the grants and contracts staff who directly interacted with the funder. Another limitation was the initiation of AI at the end of the program. Similar to other evaluation approaches, when applied earlier, AI can identify areas for ongoing program adjustments and improvements.[27] As a result, the participants were unable to use the AI findings to improve PN management and outcomes.

Overall, the PN program experience underscores the usefulness of AI to promote stronger relationships in challenging CBPR partnerships. AI benefits have already been demonstrated in organizational settings. It holds great promise in strengthening key processes of CBPR, including capacity building,[17] vision and values clarification, strategic planning,[28] and promoting participant retention in programs.[29]

Acknowledgments

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Table 1

AI Phases and Associated Questions

Phase	Questions	Data Collection
Inquire	Would you like to share a story about a time when you were really excited to be a part of the community and university patient navigation collaboration?	Individual interview
Inquire	Please tell me a story about a time that you really treasure where the university and community partners worked together in the patient navigation health services program and where you felt decisions were made in a collaborative and participatory manner.	Individual interview
Inquire	Could you please share with me some values (or things that you treasure) that are important to you and the Tongan PN partnership?	Individual interview
Imagine	If you were given three wishes to use towards the patient navigation program and collaboration, what would they be and why?	Individual interview
Imagine	Imagine you went on a dream vacation for 10 years and then came back to the community. What does the PN program look like?	Individual interview
Innovate	What are some themes that you see within the data? Create a provocative and thought-provoking statement of what you want the patient navigation collaboration to look like based upon what you learned from your discussion about the individual interview data.	Group discussion

Abbreviations: AI, appreciative inquiry; PN, patient navigation.

Table 2

PN Program Strengths, Challenges and Recommendations

Strengths	Challenges	Recommendations
Key values of partners	Changing roles	Modified team-based structure
Respectful interactions	Additional program support personnel	Use AI in future collaborations
Shared vision of collaboration	Time span of program development and implementation	

Abbreviations: AI, appreciative inquiry; PN, patient navigation.