COMMUNITY-ENGAGED RESEARCH

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This document provides an overview of community-engaged research approaches used in education, health, and other children, youth, and family serving fields. It is not meant to be a comprehensive review, but rather reflects the research experiences and expertise of members of the NE CARES team. These approaches inform our thinking about creating a hub to support transdisciplinary, community-engaged research to reduce and eliminate educational and health inequalities due to systematic disinvestments.

In education, these approaches include Participatory Action Research and Youth Participatory Action Research, as well as several models for university-school partnerships: university assisted community schools, research-practice partnerships, and networked improvement communities.

In health fields, we include Community Based Participatory Research and Photovoice.

Cutting across fields, we focus on the collective impact model of cross-sector partnerships.

COMMONALITIES

While the approaches described in this document have evolved from different disciplines and sectors, they share some key similarities that inform the development of NE CARES:

- Recognition of the value of the knowledge and perspectives of those experiencing social problems
- Change-oriented
- Asset- and strengths-based approaches
- Building capacity of all participants
- Methodologically eclectic
- Facilitative role for researchers, rather than directive
- Recognize the importance of genuine, trusting relationships in knowledge generation and change efforts.

EDUCATION

Public education has a long history of civic and democratic engagement, as well as partnership efforts between schools and community organizations.[i] Universities in the U.S. similarly have a history of civic engagement and mission to address problems. Schools and colleges of education are uniquely positioned within the educational ecosystem to partner with local schools and communities to improve educational and related outcomes.[ii]

PARTICIPATORY AND YOUTH PARTICIPATORY ACTION RESEARCH

Participatory action research (PAR) and youth participatory action research (YPAR) are approaches to research that directly engage those experiencing social and educational challenges. In educational settings, PAR may include teachers and community members, while YPAR includes students. PAR and YPAR prioritize democratic participation in real world problem solving and centers context.[iii] The basis of PAR is found in the work of Orlando Fals Borda in Columbia with peasants to identify challenges in their lives and to develop strategies and resources to better understand them and to take action.[iv]

A key feature of PAR and YPAR is engaging community members and youth at all stages from identifying problems to generating research questions and data collection and analysis. These approaches not only bring perspectives of those experiencing social challenges to bear, but they also serve to develop capacity of participants in problem-solving, inquiry, and communication skills.

By viewing youth as assets and seeking to empower them, YPAR aligns with the positive youth development movement (PYD) which emphasizes supporting young people's development, competency, and health and can be found in education, health, and social work fields.[v]

UNIVERSITY-SCHOOL PARTNERSHIPS

University-school partnerships include numerous configurations that have evolved since the end of the 19th century. We present three that we find most salient for NE CARES: University-assisted community schools, research practice partnerships, and networked improvement communities. Each is described below.

UNIVERSITY-ASSISTED COMMUNITY SCHOOLS

Community school models are based on partnerships between schools and local neighborhood organizations. These models take a two-pronged approach to improving instruction and educational opportunities inside of school and strengthening families and neighborhoods outside of school. These schools expand the services available to children and families to

include health and social services.vi Community school models are grounded in John Dewey's theory that neighborhoods are central institutions to children and families.vii While community schools have grown in popularity in urban areas that have experienced systematic disinvestment, these models are expanding into rural communities that have similarly faced disinvestment. viii

The university-assisted community school model includes local universities as key partners and leverages the resources of post-secondary institutions, including faculty and students. By prioritizing solving real-world problems in their local communities, universities are better able to meet their teaching, learning, civic, service, and research missions.ix The university-assisted community school model requires:

- A central office to coordinate university resources and integration into the mission of the university to ensure that the efforts are sustainable.
- Engagement of multiple university schools and departments.
- Educational leadership who understands the value of partnerships.
- A community school coordinator who serves as a link between the school, community, and the university.
- Community school staff are integrated into schools' operations to create seamless planning for students, families, and communities, rather than serving as add-on services.
- Engagement of family and community engagement to provide direction for the school and service delivery.x

RESEARCH-PRACTICE PARTNERSHIPS

Research-practice partnerships (RPPs) are another form of community-engaged research in education. RPPs have gained significant attention since the 2010s. RPPs bring together university researchers with educational practitioners and community members in long-term collaborations at the school or district level. The focus of these partnerships is to generate knowledge by bringing together diverse forms of expertise for the purposes of educational improvement and transformation for equity.xi

The central activity of RPPs is research and research agendas are set in collaboration between researchers and practitioners. Rather than being bound by a narrow interest, these research agendas evolve as local needs and conditions evolve. This research agenda focuses on pressing needs or challenges to leverage improvement and increase equity. One of the benefits of an RPP is closing the research-practice gap by producing research directly for practice, decision-making, and policymaking. They do so by bringing together individuals with diverse perspectives, knowledge, and expertise to collect and analyze data, often with an emphasis on

capacity building and joint learning. This work requires careful attention to power and privilege within these spaces.[xii]

NETWORKED IMPROVEMENT COMMUNITIES

Networked improvement communities (NICs) are a form of organizational partnership that brings similar organizations together to solve problems of practice. Rather than organically formed networks, NICs are purposefully built and often facilitated by a central hub organization. These hubs may be housed in universities or other organizations. These hub organizations manage the network by cultivating relationships, providing technical support, building capacity, engineering knowledge sharing, and other functions detailed below. NICs are one of the six core principles of improvement science (below) and make use of the other five, along with the social nature of learning to accelerate and scale up what works for particular groups and under particular conditions.[xiii]
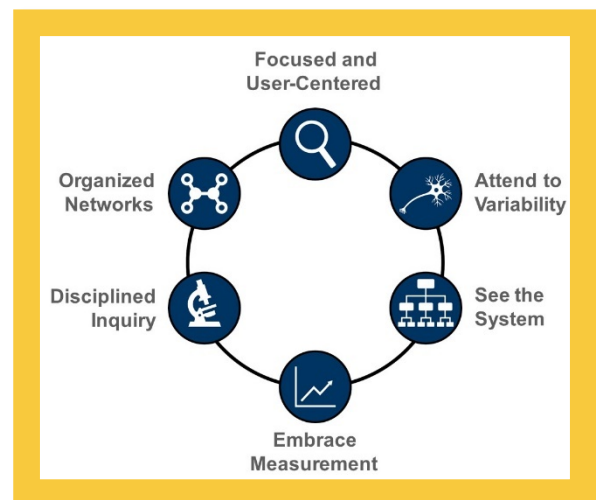
Improvement science in education draws from lessons in healthcare improvement to provide an alternative to the slow, top-down research and design process of educational research. It places the power of developing research questions and answering them in the hands of people who experience the challenges and who are in positions to effect change. Improvement science centers on the importance of context and real-world practice in generating actionable knowledge to eliminate variation of outcomes.[xiv]

Figure 1: Bryk et al, (2015) Six Principles of Improvement Science

Problem specific & user centered: Utilizes root cause analysis to determine a theory of the problem before engaging in solutions. Attention giving to naming and framing, rather than blaming, in problem identification. Uses empathy interviewing and other strategies to understand user experience, including teachers, students, and families.

Attend to variability: Looks for and uses variation in outcome to understand what works for whom and under what conditions. Rather than using averages, it seeks out ranges and looks for positive outliers from which others might learn.

See the system: Asks, 'why are we continuing to get the undesired outcomes?' and seeks answers in the institutional and policy contexts as well as direct practice.

Embrace measurement: Operates under the premise that we cannot improve what we cannot measure and makes use of leading and lagging indicators, process measures, and balance measures to seek out unintended consequences, aligned to a causal theory of action.

Disciplined inquiry: Uses short-term improvement cycles to refine interventions and to adapt them as they are implemented at scale.
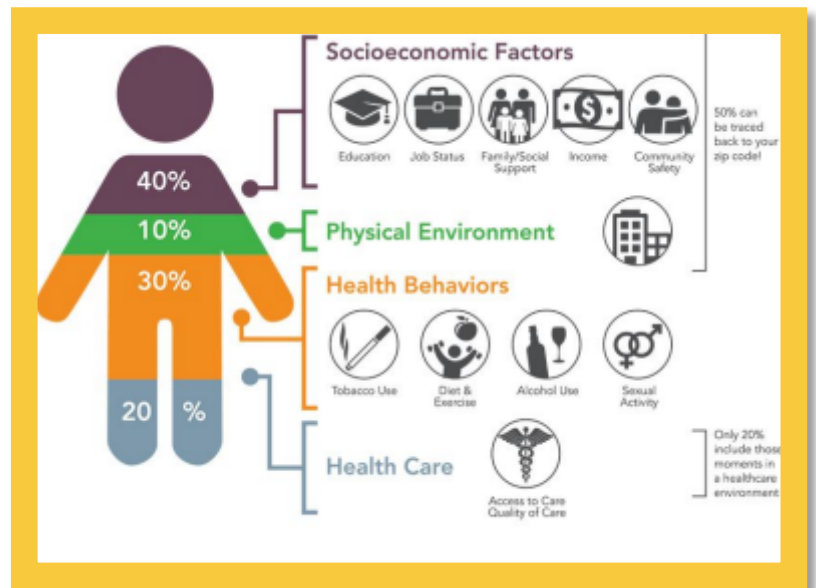
HEALTH

The field of health, and particularly public health, has used community-engaged research strategies not only to better understand the challenges individuals face, but also to build capacity within communities to promote better health and well-being.

COMMUNITY-ENGAGED RESEARCH

Community-engaged approaches to health research take an ecological view of health and wellbeing. These approaches look beyond individual behavior to the systems and contexts in which we live, work, play, and receive health care. Research suggests that approximately 50% of health outcomes have to do with our physical environment, as well as socioeconomic factors such as education, employment, family and social support, income, and community safety. A further 20% of health outcomes are determined by our access to quality care.


Figure 2 Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Healthy people need healthy communities, healthy environments, and healthy societies. Acting on the social determinants of health, along with improving access to high quality, culturally appropriate nutrition, activities, and healthcare, increases the potential for creating better outcomes and decreasing inequities.

Community organizing, capacity development, civic engagement, and strategic advocacy partnerships create new opportunities for those experiencing challenges to solve problems in their local communities and contribute to policy change.

Figure 3 Public Health Perspectives for Reducing Health Inequities (cach.org)
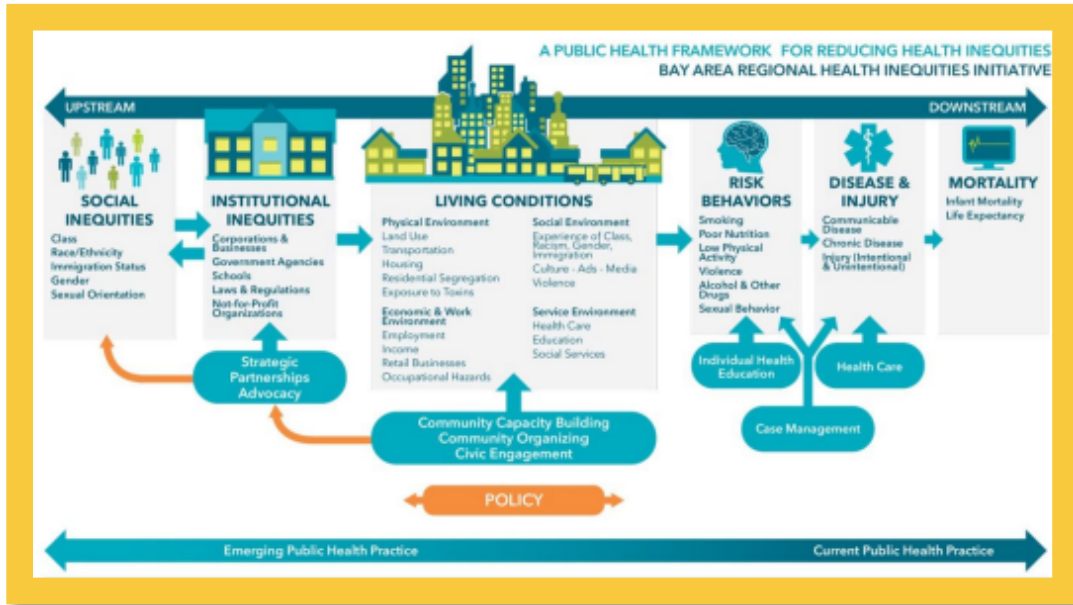
In the health field, as well as social work and others, community engagement is conceptualized along a continuum from outreach to consultation, involvement, and collaboration.

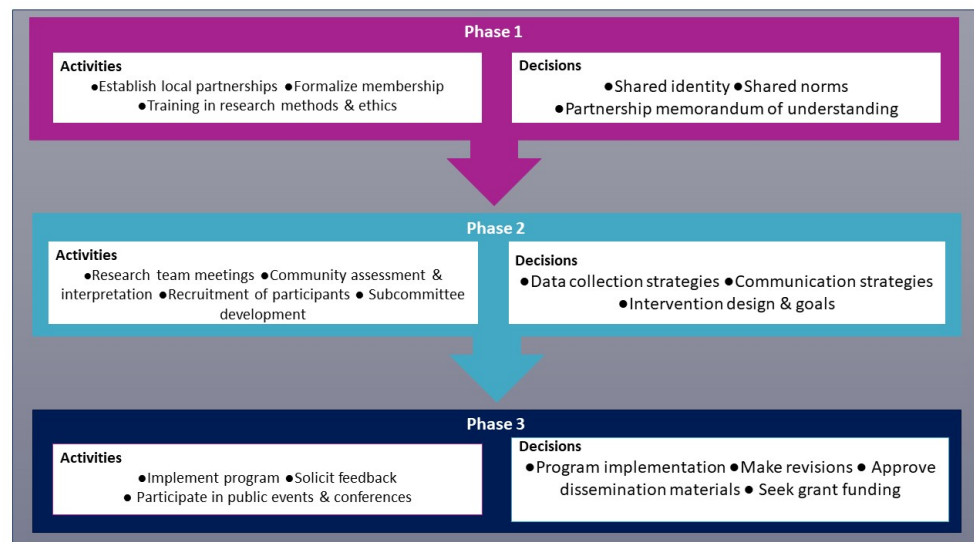**Figure 4 Levels of Community Engagement**
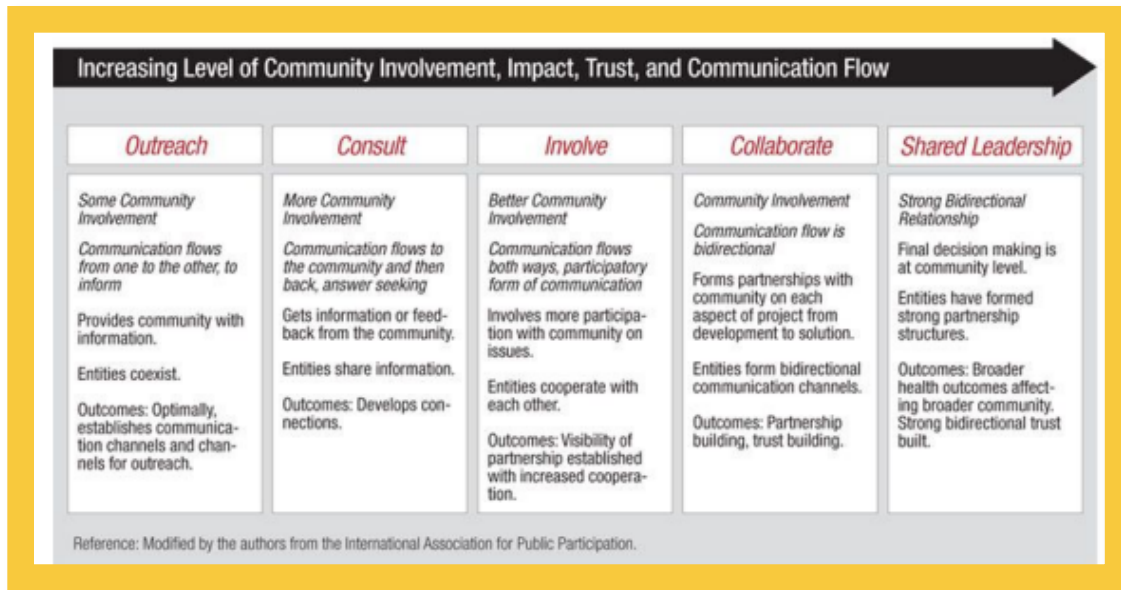
The pinnacle of community-engaged research is shared leadership, characterized by bi-directional relationships and trust, final decision-making by the community, strong partnership structures, and broader health impacts at the community level. The NE CARES team's goal is to develop the relationships and partnership structures that support shared leadership with community members.

COMMUNITY BASED PARTICIPATORY RESEARCH

In the health field, community participatory action research (CBPR). CBPR includes both consultation models that seek community member input into study questions and design, as well as participator models in which researchers empower and prepare community members to serve as co-researchers.[xv]

CPBR practices often are undertaken within university-community partnerships and include community-based organizations (CBOs). Like PAR and YPAR, CBPR methods recognize the value of expertise and experiences of those who have experienced

Figure 5: CBPR Example Adapted from Jurkowski et al. (2015)

social challenges. Trust and relationships are purposefully built, and shared norms establish all members as learners and teachers. Often CBPR includes intentional efforts to build the capacity of community participants to fully participate in the research process[xvi]

NE CARES team member Dr. Paul Springer has used CBPR with mental health providers and lay providers to take preventative approaches, build capacity, and reduce stigma.[xvii]

PHOTOVOICE

Photovoice is a strategy for community-based participatory research that is used in many fields, including health, social work, and education. As its name suggests, it leverages the power of photographs to give voice to community members by representing their community's strengths and concerns. It also leverages images to promote critical dialogue and knowledge about important issues and extends this dialogue to policymakers.[xviii] Photovoice has been used to

develop better understandings of immigrant and refugees' health and well-being.[xix] In its most participatory form. Photovoice can contribute to understandings of community assets and challenges, as well as to empower participants.[xx]

NE CARES team member, Dr. Julie Tippens has used photovoice in her work with Yazidi refugees in the Midwest to learn about their resilience to trauma and their well-being. Her recent [publication highlights the central place of naan bread](#), in the resiliency and well-being of Yazidi women.

In addition to the community-engaged research approaches used in education and health fields, we also draw on the cross-sector partnership model of collective impact. While universities have not always played an important role in these partnerships, they are well positioned to serve as an anchor institution through their capacity to bring people together and a wide range of disciplinary knowledge to support solving problems in local contexts.[xxi]

COLLECTIVE IMPACT

The term collective impact was coined in 2011 by Kania and Kramer in the *Stanford Innovation Review.[xxii]* While the term is relatively new, the cross-sector partnership work they describe has roots going back decades.[xxiii] Collective impact is defined by five conditions (below) and supported by preconditions and mindset shifts. [xxiv]

Figure 6: Five Conditions of Collective Impact
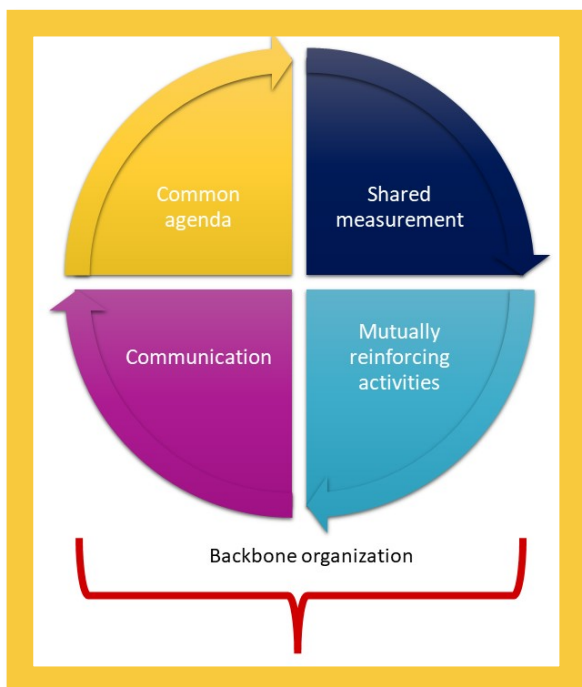
1. ***Common agenda***: Stakeholders develop a shared understanding of the problem, a common vision for the future, and an agreed-upon approach to change. This requires stakeholders to engage in dialogue, often under the guidance and facilitation of a trained convener.

2. ***Shared measurement systems***: To measure progress toward a collective vision, shared metrics and common data systems are needed, along with transparent discussions of data both within the collective impact effort and with the public.

3. ***Mutually reinforcing activities***: Collective impact efforts depend on organizations coordinating their activities with each stakeholder understanding their role in advancing the common agenda.

4. ***Continuous communication:*** Dialogue among stakeholders over time supports the development of trust and a common language and is supplemented by regular written communications. External communication occurs through public meetings, reports, and websites.

5. ***Backbone organization***: A designated organization provides staff and resources to coordinate the work, provide technical assistance, and serve as a convener.

The preconditions to collective impact are credible champions of cross-sector partnerships and collaboration, financial support from an anchor institution, and a sense of urgency that mobilizes members—that is something concrete and pressing, rather than an abstract, lofty goal. Mindset shifts include (1) thinking differently about who is involved, including adults and youths, to bring together multiple perspectives to improve problem solving and create a sense of shared accountability; (2) thinking differently about how members work together, including collaboration at multiple levels, from organizational leaders to direct service providers, coordinated and connected by a governance council or steering committee and supported by relationships and sharing of credit; and (3) thinking different about how problems are solved by seeking out a variety of solutions to the multiple causes of complex problems.[xxv] Collective impact is best suited to systems level change efforts.

NE CARES team members [Dr. Anne Hobbs](#) and [Dr. Sarah Zuckerman](#) have both conducted research on collective impact in Nebraska. NE CARES both draws on the collective impact model as a guide for their own collaboration and is interested in exploring the role the university could play in supporting and scaling up collective impact across Nebraska.

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SUMMARY

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NECARES seeks to create a big tent for these, and other community-engaged research methods, to support co-creation of solutions with Nebraskans to support equity and sustainability for communities across the state. If you're interested in joining us in this work, please contact us at NECARES@UNL.EDU.

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