Appendix A
Exact Search Strings

Exact Search Strings

Medline

CBPR Definitions <1966 to October Week 5 2002>

Citations: 1-106

1 (community based participatory research or cbpr).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (25)
2 (participatory research or action research or participatory action research or participatory evaluation or community driven research or action cience or collaborative inquiry or empowerment evaluation).mp. (775)
3 1 or 2 (781)
4 limit 3 to english language (735)
5 limit 4 to yr=1970-2002 (728)
6 (definition or defined or operationalized or concept).mp. (270565)
7 5 and 6 (51)
8 from 7 keep 1-51 (51)
9 essential elements.mp. (918)
10 5 and 9 (2)
11 characteristics.mp. (256291)
12 5 and 11 (28)
13 characterization.mp. (158371)
14 5 and 13 (6)
15 exp Benchmarking/ or best practices.mp. (2948)
16 5 and 15 (3)
17 exp HEALTH PLANNING GUIDELINES/ or guidelines.mp. or exp GUIDELINES/or exp PRACTICE GUIDELINES/ (72227)
18 5 and 17 (21)
19 7 or 10 or 12 or 14 or 16 or 18 (106)

Grants <1966 to October Week 5 2002>

Citations: 1-18

1 (community based participatory research or cbpr).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (25)
2 (participatory research or action research or participatory action research or participatory evaluation or community driven research or action science or collaborative inquiry or empowerment evaluation).mp. (775)
3 1 or 2 (781)
4 limit 3 to english language (735)
5 limit 4 to yr=1970-2002 (728)
6 exp Financing, Organized/ or grants.mp. or exp Research Support/ or funders.mp. or exp Organizations, Nonprofit/ (143381)
7 exp FOUNDATIONS/ (3079)
8 exp Research Support/ or exp Financing, Organized/ or exp Foundations/ or grant-making.mp. (136115)
9 6 or 7 or 8 (143381)
10 5 and 9 (18)
11 "Support, U.S. Gov't, P.H.S."/ (0)
12 "Support, U.S. Gov't, P.H.S."/ (0)
13 from 10 keep 1-18 (18)

Medline	
	Focused Research <1966 to October Week 5 2002>
	Citations: 1-85 1 (community based participatory research or cbpr).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (25) 2 (participatory research or action research or participatory action research or participatory evaluation or community driven research or action science or collaborative inquiry or empowerment evaluation).mp. (775) 3 1 or 2 (781) 4 limit 3 to english language (735) 5 limit 4 to yr=1970-2002 (728) 6 exp RESEARCH/ (373152) 7 exp health services research/ (45193) 8 6 or 7 (412661) 9 5 and 8 (368) 10 exp Epidemiologic Methods/ (1804128) 11 exp Randomized Controlled Trials/ or exp Research Design/ or exp Clinical Trials/ (266464) 12 5 and 11 (91) 13 limit 5 to randomized controlled trial (16) 14 12 or 13 (106) 15 outcomes.mp. or exp "OUTCOME ASSESSMENT (HEALTH CARE)"/ or exp "OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)"/ or exp TREATMENT OUTCOME/(220882) 16 5 and 15 (103) 17 from 16 keep 1-103 (103) 18 14 not 17 (85) 19 from 18 keep 1-85 (85)

Medline	
	Outcomes <1966 to October Week 5 2002>
	Citations: 1-103 1 (community based participatory research or cbpr).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (25) 2 (participatory research or action research or participatory action research or participatory evaluation or community driven research or action science or collaborative inquiry or empowerment evaluation).mp. (775) 3 1 or 2 (781) 4 limit 3 to english language (735) 5 limit 4 to yr=1970-2002 (728) 6 exp RESEARCH/ (373152) 7 exp health services research/ (45193) 8 6 or 7 (412661) 9 5 and 8 (368) 10 exp Epidemiologic Methods/ (1804128) 11 exp Randomized Controlled Trials/ or exp Research Design/ or exp Clinical Trials/ (266464) 12 5 and 11 (91) 13 limit 5 to randomized controlled trial (16) 14 12 or 13 (106) 15 outcomes.mp. or exp "OUTCOME ASSESSMENT (HEALTH CARE)"/ or exp "OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)"/ or exp TREATMENT OUTCOME/(220882) 16 5 and 15 (103) 17 from 16 keep 1-103 (103)

Medline	
	Other Research <1966 to October Week 5 2002>
	Citations: 1-200 1 (community based participatory research or cbpr).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (25) 2 (participatory research or action research or participatory action research or participatory evaluation or community driven research or action science or collaborative inquiry or empowerment evaluation).mp. (775) 3 1 or 2 (781) 4 limit 3 to English language (735) 5 limit 4 to yr=1970-2002 (728) 6 exp RESEARCH/ (373152) 7 exp health services research/ (45193) 8 6 or 7 (412661) 9 5 and 8 (368) 10 exp Epidemiologic Methods/ (1804128) 11 exp Randomized Controlled Trials/ or exp Research Design/ or exp Clinical Trials/ (266464) 12 5 and 11 (91) 13 limit 5 to randomized controlled trial (16) 14 12 or 13 (106) 15 outcomes.mp. or exp "OUTCOME ASSESSMENT (HEALTH CARE)"/ or exp "OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)"/ or exp TREATMENT OUTCOME/(220882) 16 5 and 15 (103) 17 from 16 keep 1-103 (103) 18 14 not 17 (85) 19 from 18 keep 1-85 (85) 20 9 not 14 (274) 21 20 not 16 (225)
	Pre-1970s <1966 to January Week 2 2003>
	Citations: 1-5 1 (community based participatory research or cbpr).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (27) 2 participatory research or action research or participatory action research or participatory evaluation or community driven research or action science or collaborative inquiry or empowerment evaluation).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (775) 3 1 or 2 (781) 4 limit 3 to english language (734) 5 limit 4 to yr=1902-1969 (5) 6 from 5 keep 1-5 (5)

Medline	
	Author Searches
	Allen, A (4) Bird, M (1) Freeman, E (2) Hatch, J (12) Jones-Saumty, D (7) Lubic, R (37) Tsark (4) Bass, E B (4) Bruce, T (5) Citrin, T (5) Cunningham, W (6) Fraticelli, B (1) Ford, J (6) Geiger, J (1) Glasgow, R E (18) Israel, B A (10) Kahn, R (1) Levine, D (27) Lurie, N (17) Manson, S M (22) Minkler, M (11) Ramirez-Valles (9) Randolph, L (7) Rubin, V (1) Sabol, B J (4) Seifer, S (18) White, G (3) Whitehead, T L (3)

Medline	
TEAG Call Suggestions	Jason Powell <1966 to February Week 3 2003> # Search History Results Display 1 powell j$.au. - 1369 2 exp mental health - 7598 3 1 and 20 - 0
TEAG Call Suggestions	Disabled Community <1966 to February Week 3 2003> Citations: 1-187 1 exp Disabled Persons/ and exp Consumer Participation/ (443) 2 exp united states/ (685785) 3 1 and 2 (187) 4 from 3 keep 1-187 (187)
TEAG Call Suggestions	James Taylor- East Boston <1966 to February Week 3 2003> Citations: 1-5 1 taylor j$.au. (4017) 2 exp Community Health Centers/ (5375) 3 1 and 2 (5)
TEAG Call Suggestions	Occupational Health and Community <1966 to February Week 3 2003> Citations: 1-59 1 michaels d$.au. (82) 2 exp WORKPLACE/ or exp Occupational Health Services/ or exp Occupational Diseases/ (80878) 3 1 and 2 (14) 4 from 3 keep 1-14 (14) 5 participation or participatory or community).mp. [mp=title, abstract, cas registry/ec number word, mesh subject heading] (136235) 6 2 and 5 (1425) 7 exp united states/ (685785) 8 6 and 7 (412) 9 exp HEALTH SERVICES RESEARCH/ or exp RESEARCH/ (402905) 10 8 and 9 (59) 11 from 10 keep 1-59 (59)

Medline	
TEAG Call Suggestions	James Taylor- Ear Infections <1966 to February Week 3 2003> Citations: 1-16 1 taylor j$.au. (4017) 2 exp Community Health Centers/ (5375) 3 1 and 2 (5) 4 boston.in. (92574) 5 1 and 4 (62) 6 3 and 4 (0) 7 east boston.in. (33) 8 1 and 7 (0) 9 exp EAR DISEASES/ or exp EAR/ (109870) 10 1 and 9 (16) 11 from 10 keep 1-16 (16)
TEAG Call Suggestions	Rehab Review <1966 to February Week 3 2003> 1 exp REHABILITATION/ or exp REHABILITATION NURSING/ or exp REHABILITATION CENTERS/ or exp REHABILITATION, VOCATIONAL/ (136504) 2 exp Consumer Participation/ (18041) 3 1 and 2 (825) 4 exp united states/ (685785) 5 3 and 4 (213) 6 limit 5 to review articles (9) 7 from 6 keep 1-9 (9)
TEAG Call Suggestions	Rehab Research <1966 to February Week 3 2003> Citations: 1-37 1 exp REHABILITATION/ or exp REHABILITATION NURSING/ or exp REHABILITATION CENTERS/ or exp REHABILITATION, VOCATIONAL/ (136504) 2 exp Consumer Participation/ (18041) 3 1 and 2 (825) 4 exp united states/ (685785) 5 3 and 4 (213) 6 limit 5 to review articles (9) 7 from 6 keep 1-9 (9) 8 exp research/ or exp health services research/ (402905) 9 5 and 8 (37) 10 from 9 keep 1-37 (37)
TEAG Call Suggestions	David Michaels <1966 to February Week 3 2003> Citations: 1-14 1 michaels d$.au. (82) 2 exp WORKPLACE/ or exp Occupational Health Services/ or exp Occupational Diseases/ (80878) 3 1 and 2 (14) 4 from 3 keep 1-14 (14)

Medline	
TEAG Call Suggestions	Valles
	Citations: 1-6 Randy Stroecker
TEAG Call Suggestions	Glenn White
TEAG Call Suggestions	Barbara Isreal

SOCIOFILE	
	Citations: 1-45 Community based participatory research or cbpr or (("community based participatory") or ("community driven" or "collaborative inquiry")) and(research)
	Citations: 0 Randy Stroecker

PSYCHINFO	
	Citations: 1-76 Community based participatory research or cbpr or ((action research) in DE) and (community or empowerment or participation) and (health or medical or medicine)
	Citations: 1-23 Phil Brown
	Citations: 0 Randy Shaw
	Citations: 1-11 Mikkelsen
	Citations: 2 Stoecker-Randy in AU1 AU: Stoecker,-Randy

COCHRANE	
	Citations: 1-3 Cochrane Reviews: Community based participatory research
	Citations: 1 Cochrane Health Technology Assessment
	Citations: 1-12 Empowerment
	Citations: 1-176 Community Action Research (176)

Appendix B
Sample Abstraction Forms/
Quality Rating Forms

Sample Abstraction Form for Definition Articles

	Not specific	Identify issues And concerns	Study design And funding	Participant Recruitment and Retention	Measures And Data Collection	Intervention Design And Implementation	Data analysis, Interpretation And Dissemination	Partnership Structure
Essential Elements Of community Participation								
Essential Elements Of research								
Characteristics Of Best Practices								
Expected outcomes From community Perspective								
Expected outcomes From research Perspective								

Draft Evidence Table Headings for Research Components

1	2	3	4	5	6	7	8	9
Study ID, Authors,[a] Funder, Funding Period, Study Name (If applicable)	**Research Objectives[b]**	**Study Design[c], Duration, Setting[d]**	**Intervention[e]**	**Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate[f]**	**Primary Outcome Variables Measured[g]** **Data Collection Methods[h]**	**Other Variables Measured[i]**	**Intended and Unintended Effects of Intervention[j]**	**Evidence of enhanced or diminished research quality due to CBPR[k]**
Publications: Funder: Funding Period: Study Name:	Research Objective:	Study Design: Duration: Setting:	Intervention: Duration:	Participants: Sampling Strategy: Sample Size: Response Rate at Each Measure: Retention Rate:	Primary Variables Measured: Data Collection Methods:	Other variables measured:	Intervention Effects:	Methodology Measures Recruitment Intervention Dissemination Outcomes

* Primary article for this study

Draft Evidence Table Headings for Community-Based, Participatory Components

10	11	12	13	14	15	16	17
Study ID, Authors	**Duration and Nature of Community Involvement[lm]**	**Evidence of shared decision-making between researchers and the community[n]**	**Evidence that study is designed to remove prior barriers to research participation[o]**	**Evidence that socio-economic determinants of health are addressed[p]**	**Evidence that the research team was flexible to community needs and priorities during research implementation[q]**	**Evidence that the research effort contributed to individual or community capacity building[r]**	**Evidence that the research findings were used or intended to be used to address the original health concern:** • **dissemination of findings to participants** • **application of findings to a health-related intervention or policy change[s]** • **sustainability of research-related interventions in the community**

[a]Should be first and second author, et al. if applicable, and year (i.e. Smith, Jones et al., 1995). Put a star against the major publication for this study (the one that reports findings for the major research question. If you are not sure which the major publication is, or if there appears to be more than one, make a note in this column so that the senior reviewer can make a decision. Add the names of all other publications for the study from which you draw information that enters the evidence table. For the date, list the years given. For punctuation, list each study of a set with space between.

[b]Check for differences in the research objectives across articles in sets. If there is a difference, make a notation of it here and mark in the article where the different statements occur.

[c]Report study design as given. For study design, include only design (i.e. quasi-experimental), not methodology (i.e. survey). Types of study designs are suggested in the table below. This is not an exhaustive guide – there are other variants and hybrid designs that this table does not cover – check with your senior reviewer if you have questions. Enter appropriate key words from columns 1 and 2 for study design, ie, type of design (1), type of design (2) and allocation of participants (e.g., quasi-experimental design, pre- and post-test measures, snowball sample). Enter additional notes if the study is an RCT, or if the allocation of the intervention differs from the selection of the intervention and control groups. Data collection methods may be qualitative and/or quantitative under any of these categories, but these are reported under column 6. Type of sampling (systematic, snowball, etc, is reported in column 5 under sampling strategy, but is included in the table below for clarification.

TYPES OF STUDY DESIGNS

1	2	3	5
Type of design (1)	**Type of design (2)**	**Allocation of participants to control and intervention**	**Additional notes of explanation**
Experimental	Pre- and post-test measures	Probability sample - random allocation of treatment at baseline, same participants at baseline and follow-up Types of probability samples: 1. Simple random sample – equal chance of getting selected. 2. Systematic sampling- every nth person 3. Stratified sampling – the population is divided into strata, from which further selection is done using either simple random sampling or systematic sampling. 4. Multi-stage cluster – divide the area into progressively smaller areas, using a method of selection at each stage.	The key is the randomization of communities or individuals –this makes the intervention and control groups equivalent because all differences between the groups can be explained by chance. **If the study is an RCT (randomized controlled trial), make a note of it.** The participants may or may not be crossed over from one treatment group to another**. Also make a note if it is a crossover trial.**
Experimental	Post-test measures only	Probability sample - random allocation of treatment at intervention	Sometimes prestest values cannot be measured, or do not make sense to measure – (e.g., measures before an emergency room visit when intervention is provided in the emergency room). Still requires random assignment to intervention and control groups
Quasi-experimental	Pre- and post-test measures	Non random allocation of treatment,	All quasi-experimental designs lack random

		same participants at baseline and follow-up. Types of non-probability samples 1. Purposive, e.g., key informant surveys 2. Quota, e.g., age/race/marital status samples 3. Convenience, e.g., mall surveys 4. Snowball, ie, participants refer others to study 5. Self-selection, e.g., web polls 6. Case-control (matched participants in intervention and control groups on key variables)	assignment. There are many different types – some are better able to address the nonequivalence of the groups than others. In this particular version, even though the treatment groups are nonequivalent (non-random allocation), the pretest measures account for differences between intervention and control groups before the intervention. Although the treatment (intervention vs. control) is non-randomly allocated, there may be studies in which the study groups are randomly selected (think Wai'anae). If so, **note that the study participants are selected randomly, while the intervention is non randomly allocated**. Random selection of study participants with non-random allocation of treatment can sometimes buy additional validity – see *separate pre and post samples design* below.
Quasi-experimental	Proxy Pretest and post-test (Proxy pretest based on recall, collected at post-test)	Non random allocation of treatment	Groups are non-equivalent, and measurement is conducted only at post-test. Pretest measures are collected at the same time, and often rely on recall. Although a flawed design for measuring 'objective' changes, this design works for tests of changes in participants' own perceptions.
Quasi-experimental	Regression Point Displacement (RPD) Design	Non random allocation of treatment, same participants at baseline and follow-up	This design is sometime used in community interventions. Instead of comparing the intervention community with a single control community, data are pooled from heterogeneous set of nonequivalent communities to model the comparison condition
Quasi-experimental	Separate Pre-Post Samples Design	Non-random allocation of treatment, different participants at baseline and follow-up. The strongest variant of this approach has random selection of pre and post test groups in each of the treatment groups. In other words, pre and posttest groups should be comparable, within the intervention group and within the control group.	Sometimes, when interventions are applied in the service setting, clients may cycle through the agency, making it difficult to recruit the same people for pre- and post-tests. In this design, the 4 groups are different (pretest intervention, pretest control, posttest intervention, posttest control)
Pre-experimental	One group post-test only	Non-random allocation of treatment	Note that this category has much stigma

			associated with it.
Pre-experimental	Post-test only for intervention and control groups	Non random allocation of treatment	This design relies on group differences alone to measure the effect of the intervention, and does not account for nonequivalence at baseline –this design is sometimes used when the intervention has been implemented before the research design is worked out.
Pre-experimental	One group pretest-posttest design	Non random allocation of treatment, same participants at baseline and follow-up	No control group

From Cook and Campbell 1979 (Quasi-experimentation), William Trochim's website on quasi-experimentation and numerous other websites.

[d]Describe the intervention as planned by researchers. Include length of intervention in this column.

[e]For duration, include duration of intervention here. Report setting as the geographical location (column 4) and participant information (column 5) as the community studied, with as much detail as possible for each.

[f]Report the sample size for each phase of measurement. Report the numerator and denominator with percentages when given. If the study reports a response rate, enter that information for each measure separately, ie, for baseline, follow-up 1, follow-up 2, etc. Report the retention rate between baseline and last measure.

[g]Report primary variables measured, as they relate to the research question.

[h]This is where to report methods such as telephone survey, focus groups, etc.

[i]These would be the other variables measured, perhaps during a phase of a study, or a subgroup, prevalence rates, demographics, knowledge, attitudes, etc. If the intervention is complete, and there is little relevant information in this column, you may just list the topics (race, income, etc).

In the case of completed interventions, this column should report variables that are theoretical determinants of the intervention effects, but are not the final outcome. (For instance, the intervention may be designed to cause changes in breast and cervical cancer screening rates, reported in Column 8. However, the intervention may have produced effects on knowledge and beliefs - theoretical determinants of screening rates – these should be reported in Column 7 for completed interventions).

If this is an incomplete intervention or an observational study, other variables are those related to the study objective. In this case, please provide sufficient detail on these findings to judge whether the objective was met.

[j]Intervention effects address the research question. Provide sufficient detail to assess whether the study has answered the research question. Include p values where relevant. Do include unintended effects of the intervention where reported. Also, if studies have analyzed the link between the theoretical determinants and the outcome, do include it here (for instance, among women in the intervention group, those whose beliefs changed were more likely to get screened by x%, as compared to y% in the non-intervention group).

[k]Includes methodology, measures, recruitment, intervention and dissemination, as well as outcomes. Where CBPR has resulted in changes in methodology, measures, recruitment, intervention or dissemination. Make notes so that the reviewer will know whether your entries are based upon the text in the articles or on inferences you have made regarding enhanced or diminished quality.

[l]Nature of Community Involvement (can list as 1-10 if applicable, otherwise list each number)-

1. Selection of research question
2. Proposal development
3. Financial responsibility for grant funds
4. Study design
5. Recruitment and retention
6. Measurement instruments and data collection
7. Intervention development, implementation
8. Interpretation of Findings
9. Dissemination of findings
10. Application of findings to health concern identified

[m]Both the intention of the researchers and the reality at end of study, if reported

[n]This is a "how" response- give information on the structure or mechanism of shared decision-making. This is different from nature of involvement because can have one without the other, and both should be reported if given. NR will be a more common response than No. Give as much detail as possible.

[o]Evidence of the researchers' efforts to remove barriers and the community's willingness to act as a partner. Should be yes/no and description of evidence, with as much detail as possible.

[p]Yes/No and description of evidence, with as much detail as possible. Note whether the socio-economic determinants of health were just assessed or addressed as well through the research or design of the intervention.

[q]Yes/No and description of evidence with detail.

[r]Yes/No and description of evidence with detail. Research effort includes duration and purpose of continued funding if provided. Separate 'individual' from 'community' if possible.

[s]Duration is the length of the relationship between partners if given.

Quality Rating for CBPR Studies – Intervention Research

Primary Article (Author, Year): _____ Short Title: _____

Abstractors: _____ Manuscript #: _____

Quality raters: _____ Date: _____

Research Elements

- Rating scheme:
  - 3: Good
  - 2: Fair
  - 1: Poor/ IN – Insufficient information reported to determine
  - NA-Non Applicable

1. Research question

1a. ___ Clearly specified

2. Study Population and External validity

2a. ___ Study population adequately described

2b. ___ Study population appropriate to address stated research question

2c. ___ Study population representative of those to whom results might be generalized

2d. ___ Study population of adequate size to address research question

3. Control/Comparison group:

3a. ___ Randomized? (yes/no)

3b. ___ Comparability of participants pre intervention

3c. ____Loss to Follow up

4. Intervention/Exposure

4a. ____ Clearly described

4b ____ Intervention/exposure dose assessed

4b. ____ Feasible for implementation in larger population

4c. ____ Intervention delivered as planned (fidelity)

5. Internal validity/fidelity (O,I)

5a. ____ Clear distinction between comparison groups (avoidance of contamination, cross-over)

Primary outcome measures

5b.____ reflect research question

5c.____ clearly defined

5d._____ standardized

5e._____ valid, reliable

6. Statistical analysis

6a. ____ Intention to treat

6b.____ Appropriate for study design

6c.____ Appropriate control of confounding

7. Blinding

7a.____ Post intervention data collection (particularly interviews) blinded to study status

7b.____ Statisticians blinded to study status

8. Funding source

8a.____ Possible bias due to funding source (higher potential for bias receives score of 1)

Quality Rating for CBPR Studies – Observation/Epidemiologic Research

Primary Article (Author, Year): _____ Short Title: _____

Abstractors: _____ Manuscript #: _____

Quality raters: _____ Date: _____

Research Elements

- Rating scheme:
  - 3: Good
  - 2: Fair
  - 1: Poor/ IN – Insufficient information reported to determine
  - NA-Non Applicable

1. Research question

1. ___ Clearly specified

2. Study Population and External validity

2a. ___ Study population adequately described

2b. ___ Study population appropriate to address stated research question

2c. ___ Study population representative of those to whom results might be generalized

2d. ___ Study population of adequate size to address research question

3. Control/Comparison group:

3a. NA Randomized? (yes/no)
Study design: _____

3b. ___ Comparability of participants at baseline

3c. ____Loss to Follow up

4. Intervention/Exposure

4a. ____ Clearly described

4b ____ Intervention/exposure dose assessed

4b. NA Feasible for implementation in larger population

4c. NA Intervention delivered as planned (fidelity)

5. Internal validity/fidelity

5a. ____ Clear distinction between comparison groups (avoidance of contamination, cross-over)

Primary outcome measures

5b.____ reflect research question

5c.____ clearly defined

5d._____ standardized

5e._____ valid, reliable

6. Statistical analysis

6a. _NA Intention to treat

6b.____ Appropriate for study design

6c.____ Appropriate control of confounding

7. Blinding

7a. NA_ Post intervention data collection (particularly interviews) blinded to study status

7b.____ Statisticians blinded to study status

8. Funding source

8a.____ Possible bias due to funding source (higher potential for bias receives score of 1)

Quality Rating for CBPR Studies – Qualitative Research

Primary Article (Author, Year): _____ Short Title: _____

Abstractors: _____ Manuscript #: _____

Quality raters: _____ Date: _____

Research Elements

- Rating scheme:
  - 3: Good
  - 2: Fair
  - 1: Poor/ IN – Insufficient information reported to determine
  - NA-Non Applicable

1. Research question

1. ___ Clearly specified

2. Study Population and External validity

2a. ___ Study population adequately described

2b. ___ Study population appropriate to address stated research question

2c. ___ Study population representative of those to whom results might be generalized

2d. ___ Study population of adequate size to address research question

3. Data collection and analysis

3a. ____ Evidence of structured guide/instrument to guide interviews/focus groups/observations

3b.____ Socio-cultural fit of interviewer/ leader/observer with participants

3c.____ Documentation of interviews/observations

3d. ____ Systematic coding and analysis

4. Funding source

4.____ Possible bias due to funding source (higher potential for bias receives score of 1)

Quality Rating for Community-Based Participatory Elements of CBPR Study

Primary Article (Author, Year): _____ Short Title: _____

Reviewer: _____ Manuscript #: _____

Rating scheme:
3 = Good
2 = Fair
1p = Poor
1in = Insufficient information reported to determine
NA = Not Applicable

1. Nature of Community Involvement

1a. ____ Selection of research question

1b. ____ Proposal development

1c. ____ Financial responsibility for grant funds

1d. ____ Study design

1e. ____ Recruitment and retention of study participants

1f. ____ Measurement instruments and data collection

1g. ____ Intervention development, implementation

1h. ____ Interpretation of findings

1i. ____ Dissemination of findings

1j. ____ Application of findings to health concern identified

1k. TOTAL number of community involvement factors rated 3, 2 or 1: _____

2. Evidence of Community-Based Participatory Research Elements:

2a. ____ Structure or mechanism for shared decision-making between researchers and the community

2b. ____ Study was designed to remove barriers to community participation in research

2c. Socio-economic determinants of health were:

2ci ____ Assessed through design of the study or intervention

2cii____ Addressed through design of the study or intervention

2d. ____ Research team was flexible to community needs and priorities during research implementation

2e. Study's duration and purpose contributed to:

2ei ____ Individual capacity building

2eii ____ Community capacity building

2f. Findings were either used or intended to be used to address the original health concerns with regard to:

2fi. ____ Dissemination to participants

2fii. ____ Application to a health related intervention or policy change

2fiii. ____ Sustainability of research-related interventions in the community

Appendix C
Evidence Tables

Evidence Table Notes:

Appendix C consists of two evidence tables; the first includes 12 evaluated interventions and the second includes 18 interventions that were either not completed or not evaluated. Entries are sorted by study design and then listed alphabetically by their study names. When articles gave no "official" study names, we used the key focus of the study. Entries in the evidence table may combine information from multiple articles to provide more complete information on a given study. Each study has two separate entries; the first lists research components and the second lists community participation components. A list of abbreviations used in the tables appears at the beginning of the appendix.

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Evidence Table 1. Evaluated Interventions 1
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East Baltimore Health Promotion Program: Community-Based, Participatory Components 10
Health is Gold!: Research Components.....12
Health is Gold!: Community-Based, Participatory Components.....14
Sierra Stanford Partnership: Research Components.....16
Sierra Stanford Partnership: Community-Based, Participatory Components.....18
HIV Testing and Counseling for Latina Women: Research Components.....20
HIV Testing and Counseling for Latina Women: Community-Based, Participatory Components 22
Internet Access and Empowerment — A Community-Based Health Initiative: Research Components 24
Internet Access and Empowerment — A Community-Based Health Initiative: Community-Based, Participatory Components 26
The Korean Breast and Cervical Cancer Screening Intervention Project "Health is Strength": Research Components 28
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Glossary of Abbreviations and Acronyms Used in Evidence Tables

Abbreviation/Acronym	Definition
AHA	American Heart Association
CAB	Community Advisory Board
CAC	Community Advisory Committee
CANAP	Citizen Alert Native American Program
CBO	Community-based organization
CBPR	Community-based participatory research
CDC	Centers for Disease Control and Prevention
CHA	Community Health Advisor
CHR	Community Health Representative
HEPA	High-efficiency particulate arresting
HIV	Human immunodeficiency virus
IPV	Intimate partner violence
KCAB	Korean Community Advisory Board
MI	Myocardial infarction
n	Number
NA	Not applicable
NCFP	North Carolina Farmworkers' Project
NCI	National Cancer Institute
NIEHS	National Institute of Environmental Health Sciences
NR	Not reported
NY	New York
P	Probability
PAR	Participatory action research
RCT	Randomized controlled trial
SES	Socioeconomic status
VHW	Village Health Workers
WBJ	Workbook Journal
YANA	You Are Not Alone

Evidence Table 1.
Evaluated Interventions

Evidence Table 1. Communities Mobilizing for Change on Alcohol: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publication: Wagenaar AC, Murray DM, Gehan JP, et al., 2000* Wagenaar AC, Murray DM, Toomey TL, 2000 Wagenaar AC, Murray DM, et al., 1994 Wagenaar AC, Gehan JP, et al., 1999 Wagenaar AC, Toomey TL, et al., 1996 Wagenaar AC, Perry CL, 1994 Funder: National Institute on Alcohol Abuse and Alcoholism, Center for Substance Abuse Prevention Funding Period: 6 years (1991-1997) Study Name: The Communities Mobilizing for Change on Alcohol (CMCA)	Research Objective: To evaluate the effectiveness of a community-based intervention to reduce • The availability of alcohol to young people • Alcohol consumption for those under 21 • Injury, morbidity, health and social problems related to alcohol	Study Design: Experimental (RCT with pretest and posttest measures) Duration of Study: 5 years Setting: 15 school districts in Minnesota and Wisconsin	Intervention: Community organizers worked with local public officials, agencies, media, and merchants to change community policies toward alcohol through • Community enforcement actions • Community institutional policies • Community initiated regulations • Community information dissemination Duration of Intervention: 2.5 years

* Primary article for this study

Evidence Table 1. Communities Mobilizing for Change on Alcohol: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: • High school students (grades 9 and 12) • Youth, aged 18 to 20 • Alcohol retailers Sampling Strategy: Of 24 eligible communities, 15 agreed to participate then matched according to characteristics and randomly assigned to intervention or control groups High School Students: • 100% asked to participate Youth: • Random selection from state driver's license records Alcohol purchase attempts on-sale (bars, restaurants): • 60% randomly selected Alcohol purchase attempts off-sale (liquor stores, convenience stores, grocery stores): • 100% Alcohol merchant survey: • nearly identical to alcohol purchase attempt survey	Primary Variables Measured: Multiple variables on • Access to alcohol • Drinking behavior Data Collection Methods: Quantitative: • Baseline and follow-up school surveys after 3 years • Surveys of 18- to 20-year-olds • Alcohol purchase attempts • Alcohol merchant surveys • Media content analysis • Archival data using time series data on car crashes, arrests, etc.	Other Variables Measured: • Socio-demographic factors • Education • Characteristics of merchants	Intervention Effects: Community policies were changed to reduce youth access to alcohol Measures for access to alcohol and drinking behaviors generally declined after the intervention, although only 1 measure showed a statistically significant difference to the control group in a multiple regression model (18- to 20-year olds: provided alcohol to youth; $P = 0.01$) The authors report that there are significant overall effects for 18- to 20-year-olds and on-sale alcohol merchants measured in standard deviation units ($P = 0.01$, respectively $P = 0.04$)	Methodology: No Measures: No Recruitment: No Intervention: Yes Core leadership groups were founded to plan and implement the interventions Dissemination: Yes Strategy teams received data from time series and baseline surveys Outcomes: No Quality Rating: 2.65

Evidence Table 1. Communities Mobilizing for Change on Alcohol: Research Components (continued)

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Wagenaar AC, Murray DM, Gehan JP, et al., 2000*			
Wagenaar AC, Murray DM, Toomey TL, 2000			
Wagenaar AC, Murray DM, et al., 1994			
Wagenaar AC, Gehan JP, et al., 1999			
Wagenaar AC, Toomey TL, et al., 1996			
Wagenaar AC, Perry CL, 1994			

Continued

Evidence Table 1. Communities Mobilizing for Change on Alcohol: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Sample Size: 1992/1995: High School: 9th: 5,858 12th: 4,506/4,487 18- to 20-year-olds: 3,095/1,721 Merchants: 502/556 Alcohol purchase attempts on-sale: 229/251 Alcohol purchase attempts off-sale: 273/305 Response Rate at Each Measure: Baseline/Followup High School: 9th: 92.8%/83.5% 12th: 89.3%/NA Youth: 92.5%/93.9% Merchants: 87.6%/91.5% Retention Rate: 62.8% for 1992 9th graders (this cohort not reported in analysis due to high loss of followup)				

Evidence Table 1. Communities Mobilizing for Change on Alcohol: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Publication: Wagenaar AC, Murray DM, Gehan JP, et al., 2000* Wagenaar AC, Murray DM, Toomey TL, 2000 Wagenaar AC, Gehan JP, et al., 1999 Wagenaar AC, Toomey TL, et al., 1996 Wagenaar AC, Murray DM, et al., 1994 Wagenaar AC, Perry CL, 1994	Duration: 5 years Nature of Community Involvement: • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified Quality Rating: 2.81	Yes 141 community residents participated in 7 CMCA strategy teams to provide leadership to the campaign; strategy teams developed work plans focusing on the special needs and preferences of the community	Yes 2,415 residents were involved as a “mass base” to support activities without participating in meetings and activities such as attending campaign events, communicating with public officials, and providing in-kind support

Evidence Table 1. Communities Mobilizing for Change on Alcohol: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Sociodemographics, alcohol access and use Addressed: Yes Intervention sought to change policies on alcohol access and use	Yes Plans of action varied across communities depending on the special needs and interests	Yes Members of the strategy teams developed skills in organizing through letter-writing, phone-calling, offering testimony, lobbying, public speaking, creating phone trees, producing mass mailings, presentations, building a data base, working with media, fundraising, conducting research, negotiating	Dissemination of Findings: Yes Strategy teams received results; dissemination of alcohol-related information major part of survey; organizers made 333 presentations to 2,048 people and generated 101 newspaper articles Application of Findings: Yes Changes in policies, procedures, and practices in the communities via • Alcohol merchants • Law enforcement • Community events • Hotels • Media • Treatment agencies • Religious venues • Criminal justice Sustainability: Yes Some strategy teams applied for further funding

Evidence Table 1. East Baltimore Health Promotion Program: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Morisky DA, Levine DM, et al., 1983* Levine DM, Becker DM, et al., 1992 Levine DM, Green LW, et al., 1979 Green LW, Levine DM, et al., 1975 Funder: National Heart, Blood, and Lung Institute Funding Period: NR Study Name: East Baltimore Health Promotion Program	Research Objective: To determine the effectiveness of a 3-staged health education program for hypertensive patients	Study Design: Experimental (RCT) Duration of Study: 5 years Setting: 34 census tract areas, East Baltimore	Intervention: • Exit interview to increase understanding of disease and compliance with prescribed regimen • Home visit to encourage a family member to provide support • Invitations to small group sessions Duration of Intervention: 2 months for each intervention

* Primary article for this study

Evidence Table 1. East Baltimore Health Promotion Program: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: High-risk, urban, mainly African-American, hypertensive patients Sampling Strategy: Probability: Sequential randomized, assignment at each intervention Sample Size: 400 Response Rate at Each Measure: 80% for followup interview Retention Rate: 290 (72.5%)	Primary Variables Measured: • Compliance • Weight control • Appointment record • Blood pressure • Mortality Data Collection Methods: Quantitative: Blinded review of medical records Home interview (followup)	Other Variables Measured: • Socioeconomic factors • Years of hypertension • Comorbidities • Number of hospitalizations	Intervention Effects: • Overall mortality was 57.3% less in the combined experimental groups compared to conventional group ($P < 0.5$) • Hypertension-related mortality was 53.2 % less in experimental group ($P < 0.01$) • Overall, intervention shows a positive effect on appointment keeping, weight control, and blood pressure	Methodology: No Measures: No Recruitment: No Intervention: Patient survey was used to tailor the intervention Dissemination: No Outcomes: No Quality Rating: 2.74

Evidence Table 1. East Baltimore Health Promotion Program: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Morisky DA, Levine DM, et al., 1983* Levine DM, Becker DM, et al., 1992 Levine DM, Green LW, et al., 1979 Green LW, Levine DM, et al., 1975	Duration: NR Nature of Community Involvement: • Selection of research question • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Application of findings to health concern identified Quality Rating: 2.81	Yes Initially a community advisory board directed efforts; eventually the partnership was enhanced to include churches, neighborhood and local grassroots organizations in a steering committee that coordinated the intervention Following a needs assessment, the interests of community leaders were taken into account to select hypertension and smoking as specific health status issues	Yes The intervention approaches were designed by community members to be sensitive to the culture and the needs of the specific groups in recognition of the fact that the urban African-American population is hard to reach

* Primary article for this study

Evidence Table 1. East Baltimore Health Promotion Program: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Sociodemographics, household composition Addressed: Yes One of the interventions focused on family education and support	Yes Intervention approaches were based on a comprehensive needs assessment and the results of a baseline study Intervention was designed by community members to be sensitive to the culture and the needs of the specific groups	Yes Over time, churches developed a large-scale prevention program (“Heart, Body, and Soul”) Lay health workers with no previous health training were provided training according to American Heart Association (AHA) guidelines	Dissemination of Findings: No Application of Findings: Yes Experience served as a basis for a broader-based community program to control hypertension Sustainability of Interventions: Yes Steering committee developed leadership skills and resources to sustain the program

Evidence Table 1. Health is Gold!: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Lam TK, McPhee SJ, et al., 2003 Funder: CDC Funding Period: 4 years Study Name: Health is Gold! Vietnamese Community Health Promotion Project	Research Objective: To compare the effectiveness of a cervical cancer screening program using a media campaign and lay health workers to a program only using the media campaign	Study Design: Experimental (RCT) Duration of Study: Ongoing study Setting: Santa Clara County, California	Intervention: Lay health worker activities: • 2 90-minute sessions with presentations and discussions at baseline • 1 session after 2 months Duration of Intervention: 2 months

Evidence Table 1. Health is Gold!: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: Vietnamese-American women Sampling Strategy: Nonprobability sample — each lay health worker recruited 20 women from her social networks Sample Size: 400 Response Rate at Each Measure: 100% Retention Rate: 100% after the intervention (10 dropped out before the intervention and were replaced)	Primary Variables Measured: • Awareness and knowledge of cervical cancer and Pap tests • Receipt or intention to receive a Pap test Data Collection Methods: Quantitative: Written questionnaires for intervention group, telephone survey for control group	Other Variables Measured: • Exposure to media education • Sociodemo-graphic characteristics	Intervention Effects: Preliminary findings: • Percentage of women who had a Pap test increased significantly in the intervention group ($P < 0.001$) • Knowledge about cervical cancer and Pap tests increased in both groups	Methodology: No Measures: No Recruitment: Yes Each lay health worker recruited 20 women from her social network leading to a higher number of recruits, but also possible selection bias Intervention: Yes Media strategy refined based on community feedback; control group received a delayed intervention based on the input of the Coalition Dissemination: No Outcomes: No Quality Rating: 2.61

Evidence Table 1. Health is Gold!: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Lam TK, McPhee SJ, et al., 2003	Duration: 4 years Nature of Community Involvement: • Selection of research question • Proposal development • Financial responsibility for grant funds • Study design • Recruitment and retention • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified Quality Rating: 2.60	Researchers organized a coalition of 7 community-based organizations and 4 health agencies to meet monthly The Coalition established a one-member one-vote governance; coalition members formulated and implemented the project and monitored and modified the project as needed; researchers developed content, managed logistics, evaluated outcomes	Yes Participants were offered $30 or gift incentives Interviewers and lay health workers spoke Vietnamese

Evidence Table 1. Health is Gold!: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Sociodemographics, length of residence in the U.S. Addressed: Yes Program offered reduced-cost Vietnamese staffed Pap clinic	Yes Researchers instituted a delayed intervention for the control group based on coalition input Coalition members hosted community forums during the media campaign and used the information to refine existing media strategies and formulate new approaches	Yes Lay workers acquired health knowledge, organizational skills, and facilitation experiences Partner agencies developed capacities to conceptualize and organize lay health worker outreach Researchers developed the capacity to organize an effective coalition, develop intervention content, and formulate and implement protocols that meet both community and scientific standards	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No, study ongoing

Evidence Table 1. Sierra Stanford Partnership: Research Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Publications: Angell KL, Kreshka MA, et al., 2003* Koopman C, Angell K, et al., 2001 Funder: Community Initiated Research Collaboration award from Breast Cancer Research Program Funding Period: NR Study Name: The Sierra Stanford Partnership	Research Objective: To develop and evaluate a low-cost, community-based workbook journal for improving psychosocial functioning in geographically and economically isolated women with primary breast cancer	Study Design: Experimental (RCT); pretest and posttest measure Duration of Study: 6 months Setting: 7 rural counties in the Sierra Nevada Foothills, California	Intervention: Community-initiated workbook-journal as a support group alternative Duration of Intervention: 3 months

* Primary article for this study

Evidence Table 1. Sierra Stanford Partnership: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: Underserved rural women with primary breast cancer, either within 3 months of diagnosis or within 3 months of completing treatment Sampling Strategy: Simple random sample Sample Size: 100 Response Rate at Each Measure: NA Retention Rate: 98%	Primary Variables Measured: • Posttraumatic Stress Checklist • Profile of Mood States (mood disturbance) Data Collection Methods: Quantitative: Questionnaires and semi-structured interviews at baseline and follow-up (interviewers blinded at follow-up)	Determinants of Intervention Effects: • Coping (Mental Adjustment to Cancer Scale) • Demographic variables • Illness variables (stage, treatment) • Social support	Intervention Effects: • No significant differences between groups in primary outcome measures: - Posttrauma-tic Stress Disorder symptoms - Profile of Mood States • Emotional venting, mental disengagement • Women who were treated in rural centers and received the workbook journal showed increased fighting spirit compared to the control group (P = 0.05) • 74% of women felt emotionally supported by the workbook journal	Methodology: No Measures: No Recruitment: Yes Community partners took the lead, designing strategies to reduce women's fears about participating Intervention: Yes Community partners developed intervention Dissemination: No Outcomes: No Quality Rating: 2.83

Evidence Table 1. Sierra Stanford Partnership: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Angell KL, Kreshka MA, et al., 2003 Koopman C, Angell K, et al., 2001	Duration: Duration not reported Nature of Community Involvement: • Selection of research question • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Dissemination of findings Quality Rating: 1.80	Yes Community partners took lead in developing recruitment procedures and conducting assessment Local cancer support group was asked for input on the informed consent, which was altered to reduce potential anxieties about research	Yes Community partners took the lead in recruitment, designing strategies to reduce women's fears about participating Several personal contacts with participants before enrollment

Evidence Table 1. Sierra Stanford Partnership: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Addressed: No	Yes Flexibility with assessments to accommodate women's treatment schedules and provide a sense of control	Yes Community recruiters received training in research design	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 1. HIV Testing and Counseling for Latina Women: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Flaskerud JH, Nyamathi AM, Gwen CU, 1997* Flaskerud JH, Nyamathi AM, 2000 Flaskerud JH, Nyamathi AM, 1996 Flaskerud JH, Uman G, Lara R, et al., 1996 Flaskerud JH, Calvillo ER, 1991 Funder: National Institute of Allergy and Infectious Disease Funding Period: NR Study Name: NR; study on HIV testing and counseling for Latina women	Research Objective: To assess the effectiveness of an HIV intervention program on the knowledge and practices of low-income Latina women	Study Design: Quasi-experimental Duration of Study: 6 years Setting: Los Angeles	Intervention: Psychoeducational prior to and 2 weeks after HIV antibody testing: • HIV test • Counseling • Free condoms • Skill development in condom use and cleaning needle • Pregnancy counseling • Referral and advocacy Duration of Intervention: 1 year

* Primary article for this study

Evidence Table 1. HIV Testing and Counseling for Latina Women: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR Quality Rating for Research Elements (Range 1-3)
Participants: Low-income Latina women Sampling Strategy: Nonprobability: Convenience Sample Size: 570 (intervention.) 51 (control) Randomly selected subsample of 200 after 1 year Focus group prior to program design: 59 Focus groups after program intervention: 51 Response Rate at Each Measure: 89% (508) Retention Rate: 2 weeks posttest: 98% 1 year retest of 200 random subsample: 96%	Primary Variables Measured: • Knowledge about HIV • Sexual risk behavior and practices Data Collection Methods: Quantitative: Structured interviews Qualitative: Focus groups prior to program design and after implementation of intervention	Other Variables Measured: • Self esteem • Acculturation • Sociodemo-graphics	Intervention Effects: Participants in the intervention group made significant improvements in HIV knowledge and reported condom use; comparison group did not make significant pretest and posttest improvements in these measures	Methodology: No Measures: No Recruitment: No Intervention: Intervention was based on focus groups and interviews with health workers Dissemination: No Outcomes: No Quality Rating: 1.78

Evidence Table 1. HIV Testing and Counseling for Latina Women: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participating Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Flaskerud JH, Nyamathi AM, Gwen CU, 1997* Flaskerud JH, Nyamathi AM, 2000 Flaskerud JH, Nyamathi AM, 1996 Flaskerud JH, Uman G, Lara R, et al., 1996 Flaskerud JH, Calvillo ER, 1991	Duration: NR Nature of Community Involvement: • Selection of research question • Financial responsibility for grant funds • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified Quality Rating: 2.15	Yes Focus groups and advisory board meetings helped to frame research questions, evaluate intervention protocols, and interpret studies	Yes Child care and snacks were provided during the interviews; interviewers shared ethnicity and spoke Spanish Educational materials reflected language and low literacy levels Participants reimbursed per interview

Evidence Table 1. HIV Testing and Counseling for Latina Women: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Limited sociodemographic information was assessed Addressed: No	Yes Women's hesitancy to get their blood drawn resulted in the decision to use finger-stick HIV antibody tests	Yes Community health workers received additional training and updates in HIV education A community resource directory was created	Dissemination of Findings: Results of program were published and presented at community conferences and workshops and scientific conferences Application of Findings: No Sustainability of Interventions: No

Evidence Table 1. Internet Access and Empowerment — A Community-Based Health Initiative: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Masi CM, Suarez-Balcazar Y, et al., 2003 Funder: U.S. Department of Commerce's Technology Opportunities Program; West Suburban Health Care Funding Period: 1999-2001 Study Name: Internet Access and Empowerment: A Community-Based Health Initiative	Research Objective: To determine whether access to health information via in-home Internet technology can positively influence empowerment among residents of a low-income urban community	Study Design: Quasi-experimental Duration of Study: NR Setting: 57-block area, West Side of Chicago	Intervention: • Internet access via WebTV • Training • Technical support • Access to a community-specific health-oriented Web page • Placement of public Internet access in 10 community locations Duration of Intervention: 1 year

Evidence Table 1. Internet Access and Empowerment — A Community-Based Health Initiative: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: Community residents Sampling Strategy: Intervention group: From a pool of residents who had previously served as block leaders Control group: Neighbors of intervention group members identified randomly through geographical stratification and recruited by door-to-door canvassing Sample Size: Intervention group: 42 Control group: 93 Response Rate at Each Measure: NA Retention Rate: Intervention group: 60% (n = 25) Control group: 38% (n = 35)	Primary Variables Measured: Answers to a modified Perceived Control Scale, information technology proficiency, aptitude, and acceptance Data Collection Methods: Qualitative: Monthly telephone interviews Quantitative: Surveys at baseline and after 1 year	Other Variables Measured: • Demographic factors • Attitudes toward technology	Intervention Effects: • Internet can positively influence health-related empowerment (6 of 8 items significantly different between intervention and control groups, compared to 1 item at baseline) • Significant improvement of technology aptitude and acceptance in the intervention group • No diffusion of attitudes and skills within the community	Methodology: Yes Community residents were involved during the development of the study; advisory board was formed in the community; monthly phone interviews Measures: NR Recruitment: Yes Intervention group was recruited from community leaders Intervention: Yes Decision to partner with block leaders was made after discussion with the community Dissemination: NR Outcomes: NR Quality Rating: 1.83

Evidence Table 1. Internet Access and Empowerment — A Community-Based Health Initiative: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Masi CM, Suarez-Balcazar Y, et al., 2003	Duration: 2 years Nature of Community Involvement: • Study design • Recruitment and retention • Intervention development, implementation Quality Rating: 2.09	Yes The decision to partner with block leaders and provide Internet access was made after discussion with the community An advisory board comprising local business owners and community leaders provided advice to the project on a regular basis	No

Evidence Table 1. Internet Access and Empowerment — A Community-Based Health Initiative: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	Yes Monthly phone interviews were conducted to assess the process	Yes The core research team included staff from West Side Health Authority, a local community-based organization, and 2 community residents who served as research assistants	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 1. The Korean Breast and Cervical Cancer Screening Intervention Project "Health is Strength": Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Wismer BA, Moskowitz JM, et al., 2001* Wismer BA, Moskowitz JM, et al., 1998[a] Wismer BA, Moskowitz JM, et al., 1998[b] Chen AM, Wismer BA, et al., 1997 Funder: CDC Avon Breast Health Access Fund Funding Period: 10 years (exact period dates unclear) Study Name: The Korean Breast and Cervical Cancer Screening Intervention Project, "Health is Strength"	Research Objectives: To investigate if a community intervention can improve the rate of breast and cervical cancer screening among Korean-American women in Alameda County, CA	Study Design: Quasi-experimental Duration of Study: 10 years Setting: Alameda (intervention) and Santa Clara (control) Counties, CA	Intervention: Community intervention through Korean-American lay health advisors primarily at Korean churches; educational materials and workshops in Korean about breast and cervical cancer screening; written material was also mailed to baseline survey participants Duration of Intervention: 5 years

* Primary article for this study

Evidence Table 1. The Korean Breast and Cervical Cancer Screening Intervention Project "Health is Strength": Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: Korean-Americans aged 18 and older Sampling Strategy: Randomly selected phone numbers based on a Korean surname telephone list Sample Size: 1994: 10,087 1997: 9,929 (12%-13% eligible) Response Rate at Each Measure: 1994: n = 818 1997: n = 724 (n = 76%-80%) Retention Rate: NR	Primary Variables Measured: 4 self-reported variables concerning adherence to breast and cervical cancer screening; in 1997, also assessment of exposure to intervention Data Collection Methods: Quantitative: Preintervention and postintervention cross-sectional telephone surveys	Other Variables Measured: • Sociodemo-graphic factors • Immigration • Access to health care • Sources of health information • Prevalence of morbidity and screening behaviors	Intervention Effects: • No significant differences in changes in screening between the intervention and control groups • No significant overall improvement in screening attributable to the intervention could be shown in the intervention group • Stratification in subgroups did not reveal different results • Women with one or more intervention exposures tended to have significantly more Pap smears (P = 0.05) and mammograms (P = 0.041) than women with no exposure	Methodology: Yes Participation of Korean Community Advisory Board (KCAB) and Korean-speaking interviewers Measures: Yes Immigrant-specific SES data were assessed Recruitment: Yes Korean-speaking telephone interviewers Intervention: Yes Due to CBPR-requirements, only reduced staff was available at the time of the intervention; authors conclude that the intervention was therefore not fully implemented (only 40% measurable exposure) Dissemination: Yes KCAB members presented data at a Korean press conference Outcomes: Yes KCAB helped interpret data Quality Rating: 2.43

Evidence Table 1. The Korean Breast and Cervical Cancer Screening Intervention Project "Health is Strength": Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Wismer BA, Moskowitz JM, et al., 2001* Wismer BA, Moskowitz JM, et al., 1998 Wismer BA, Moskowitz JM, et al., 1998 Chen AM, Wismer BA, et al., 1997	Duration: 10 years Nature of Community Involvement: • Selection of research question • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified Quality Rating: 2.72	Yes The Korean Community Advisory Board (KCAB) helped to develop and implement the program to ensure cultural appropriateness	Yes KCAB involvement throughout all stages of the project Telephone interviewers were bilingual Korean-Americans Relationship building with Korean American ministers began 2 years prior to the intervention KCAB members provided ready access to Korean media to promote the survey

* Primary article for this study

Evidence Table 1. The Korean Breast and Cervical Cancer Screening Intervention Project "Health is Strength": Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Socioeconomic factors assessed in the survey Addressed: Not stated; mammogram facility negotiations mentioned	Yes Final question to invite respondents to Asian Health Services was added to survey Intervention and survey questions were modified after first survey results University staff wanted a control county with greater geographical separation but compromised with KCAB's desire for familiarity, potential for relationship building and postintervention dissemination	Yes New study to assess the needs of elderly Korean-Americans was initiated by KCAB Korean staff and KCAB became conversant with survey methodology and analysis University researchers learned about Korean culture	Dissemination of Findings: Yes KCAB members presented data at a Korean press conference Application of Findings: No Sustainability of interventions Closer contact of community to Asian Health Services

Evidence Table 1. Okanagan Diabetes Project: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Daniel M, Green LW, et al., 1999 Funder: Health Canada (National Health Research and Development Program grant) Funding Period: April 1994 to May 1996 Study Name: Okanagan Diabetes Project	Research Objective: Address the effectiveness of the community-directed initiative in achieving • Risk reduction or improved control among "high-risk" individuals w/ or at familial risk for diabetes • Greater coping among individuals with diabetes and impaired glucose tolerance • Community-wide diabetes risk reduction • Social environmental change	Study Design: Quasi-experimental design with nonequivalent control groups and pretest and posttest measures Duration of Study: 24 months Setting: Three matched Indian Band communities in the Okanagan region of British Columbia, Canada	Intervention: A wide variety of activities and education measures based on community assessment of need, aimed at • Primary prevention • Screening and secondary prevention Activities included • Exercise classes/groups • Health events • Cooking demonstrations • Stop smoking group • Supermarket/restaurant tours • Educational media campaigns • Some environmental support via the Band Council of the Intervention Indian Band Duration of Intervention: 16 months

Evidence Table 1. Okanagan Diabetes Project: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: • Preintervention interviewees • High-risk cohorts • Cross-sections of populations • Community-level research personnel who were residents in the intervention community Sampling Strategy: • Cohort: Identified through Medical Services Branch Records and recruited through meetings with community workers • Cross-sectional: Simple random sampling of Band membership lists • Surveys of community systems: Surveyed at meetings w/ researchers Sample Size: • Preintervention interviewees: n = 59 • High-risk cohorts: n = 105 • Cross-sections: n = 295 • Community systems: NA	Primary Variables Measured: Biological measures: • Blood pressure Behavioral and social measures: • Changes in community systems Data Collection Methods: Cohort: Measurements were taken in person; survey questions were self-completed except for low literacy (5% — mostly elderly) participants, who were surveyed orally Cross-sectional: Survey instrument by telephone interview or home visit (if not telephone) Community surveys: Standardized questions posed to community-level research personnel during meetings	Other Variables Measured: See Column 6 for all variables measured	Intervention Effects: Cohort: Statistically significant differences between changes in the intervention and comparison condition in the desired direction were found for BMI and systolic BP; changes in the opposite direction were found for glycosylated hemoglobin and sweat-producing activity ≥ 1/week. Cross-section: Changes were seen in sweat-producing activity ≥ 1/week and number of events of sweat-producing activity/week; a change was also seen in actual knowledge of diabetes, due to a decrease in knowledge in the comparison condition	Methodology: Used preintervention interviews and meetings to identify community needs as well as challenges and barriers to the project Measures: Measures included surveys of community systems at 3 levels: subsystem changes within community groups, changes in relationships among subsystems, and intermediate steps in the social change process Recruitment: Participants recruited through face-to-face contact with community workers Intervention: Intervention efforts were developed with the involvement of the intervention community Dissemination: No Outcomes: No (no intervention effect was observed)

Evidence Table 1. Okanagan Diabetes Project: Research Components (continued)

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Daniel M, Green LW, et al., 1999 Continued			

Evidence Table 1. Okanagan Diabetes Project: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Response Rate at Each Measure: • Preintervention interviewees: NA • High-risk cohorts, intervention condition: 93.6, 71.3, 81.9 • Comparison condition: 84.1, 55.8, 63.7 • Cross-section: average = 80.1% • System surveys: NA Retention Rate: Cohorts: 105/207 = 50.7% Cross-section: NA, as same people not interviewed for second survey			The authors concluded that no effect was observed, as these changes were so few compared to the number of variables measured; changes were observed in the community systems, but the authors were careful to point out that such observations were highly subjective	

Evidence Table 1. Okanagan Diabetes Project: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Daniel M, Green LW, et al, 1999	Duration: NR Nature of Community Involvement: • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation	No	No Paper states that previous studies may not have achieved results because of insensitivity to Aboriginal culture, and that this study therefore involves community in the planning and intervention process, but the authors do not detail specific barriers or how they were addressed

Evidence Table 1. Okanagan Diabetes Project: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Literacy and education were assessed, though no report of income assessment Addressed: No	No	Yes A coalition evolved from project workers, who made local, regional, and national presentations on the project; the Band Council hired a recreation coordinator	Dissemination of Findings: Yes Public meetings held after each round of data collection; comparison communities told that results would be made available to them and that they would be given an opportunity to develop prevention programs on completion of the project Application of Findings: No Sustainability: No

Evidence Table 1. Wai'anae Cancer Research Project: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Gotay CC, Banner RO, et al., 2000* Matsunaga DS, Enos R, et al., 1996 Banner RO, DeCambra H, et al., 1995 Funder: NCI Funding Period: 1990-1994 Study Name: Wai'anae Cancer Research Project	Research Question: To develop and test the effectiveness of a culturally appropriate intervention in increasing breast and cervical cancer screening practices among Native Hawaiian women	Study Design: Quasi-experimental (pretest and posttest) Duration of Study: 3 years Setting: Oahu, Hawaii neighborhood	Intervention: Kokua Group, lay health educator-led group discussions to provide support and education for breast and cervical cancer screening Vouchers for free mammograms and Pap tests provided to patient and friend

* Primary article for this study

Evidence Table 1. Wai'anae Cancer Research Project: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: English-speaking Native Hawaiian women ≥ 18 years old Sampling Strategy: Simple random sample (empanelled) Random digit dialing in study communities; random selection from within eligible households Sample Size: 678 (intervention: n = 318; control: n = 360) Response Rate at Each Measure: 54% of total sample at baseline (678/1260); intervention group = 318/1,260 (25%); control group = 360/1,260 (29%) Retention Rate: 54% of total sample at baseline (678/1,260)	Primary Variables Measured: • Changes in 4 screening behaviors for cervical and breast cancer • Support for screening Data Collection Methods: Quantitative: Telephone survey Qualitative: Focus groups	Other Variables Measured: • Sociodemo-graphic factors • Kokua awareness • Kokua attendance • Knowledge • Attitudes/ beliefs	Intervention Effects: Increased compliance with screening guidelines ($P < 0.05$), evening cancer screening clinic for Kokua group members, cancer support group, improved research capabilities	Methodology: Survey administered by local interviewers; administration protocols adapted for cultural appropriateness Measures: Cultural adaptation of survey content Recruitment: Trained telephone interviewers to be culturally sensitive Intervention: Community members led groups, participated in recruitment; minimal intervention group created (by post-interview mailing) Dissemination: Mailing "minimal intervention" for participants to be "first to know"; developed protocols shared with other professionals, researchers, etc. Outcomes: Economic benefits; improvements in health services and systems Quality Rating: 2.39

Evidence Table 1. Wai'anae Cancer Research Project: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Gotay CC, Banner RO, et al., 2000* Matsunaga DS, Enos R, et al., 1996 Banner RO, DeCambra H, et al., 1995	Duration: 7 years Nature of Community Involvement: • Selection of research question • Proposal development • Financial responsibility for grant funds • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified Quality Rating: 3.00	Structure/Mechanism: • Community Involvement Committee of Board of Directors • Cancer Research Planning Committee • Task group to plan survey content and review drafts • Planning committee — selection of local health center to administer grant • Community Research Committee — proposal development group; worked for 2 years • Community Advisory Committee: Community volunteers with involvement over 7 years • Steering Committee — policymaking group including 2 community representatives	Yes Survey incorporated appropriate language and familiar names, organizations and concepts Survey employed Native Hawaiian speakers

* Primary article for this study

Evidence Table 1. Wai'anae Cancer Research Project: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Yes Sociodemographic factors measured Vouchers provided to address financial barriers	Yes During survey administration (protocols and content) and dissemination of survey findings Several approaches used to facilitate participation by community advisory committee (in light of busy schedules and other responsibilities)	Yes Individual: Interviewing skill Experience in the research planning, implementation Community: Partnership building Organization and participation on research planning committees/groups Improvements in knowledge, skills, and resources: economic benefit to community health center; jobs/job training for local residents; new health services at the health center; securing additional local funds for program support after project ended; enhanced capacity for peer education; improved research capabilities; participation in publication of research findings	Dissemination of Findings: Principles and guidelines and project products to other communities, professionals and researcher; dissemination of findings to participants regarding cancer screening rates Application of Findings: Process (e.g., peer education, participatory approach) applied to training of students and health services/system design Sustainability of Findings: Health services (women's clinic and cancer support group) developed during research project were sustained with local funding 3 years after project's end

Evidence Table 1. NY Immunizations: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Rosenberg Z, Findley S, et al., 1995 Funder: NY State Department of Health NY State Department of Social Services Funding Period: NR Study Name: New York State Immunization and Primary Health Care Initiative	Research Objective: To test the effectiveness of alternative community-based strategies to increase the immunization record among children	Study Design: One group pretest and posttest design Duration of Study: NR Setting: New York City neighborhoods with high measles incidence (1981-1991)	Intervention: Various outreach strategies to identify and enroll under-immunized children Duration of Intervention: 9 months

Evidence Table 1. NY Immunizations: Research Component (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: Families with under-immunized children Sampling Strategy: Nonprobability sample from a selected group of effective community-based organizations (CBOs) Sample Size: 3,928 (children under age 5 who were not up to date with immunization records after contacting 7,516 families) Response Rate at Each Measure: 2,676 (79.9%) (children who were enrolled in the program) Retention Rate: NR	Primary Variables Measured: • Enrollment of "hard to reach" children • Immunization status • Effectiveness at recruitment • Effectiveness of primary care referrals • Effectiveness at tracking and retaining children Data Collection Methods: Followup of participants mainly using phone calls	Other Variables Measured: • Ethnicity • Residence • Health insurance • CBO characteristics	Intervention Effects: Coverage rates for the basic antigens increased from 24% to 73% within recruited cohort	Methodology: No Measures: No Recruitment: Selection bias likely: only most effective CBOs were selected to participate Intervention: Yes CBOs were responsible for designing intervention Dissemination: No Outcomes: No Quality Rating: 1.52

Evidence Table 1. NY Immunizations: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Rosenberg Z, Findley S, et al., 1995	Duration: 9 months Nature of Community Involvement: • Financial responsibility for grant funds • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation Quality Rating: 2.19	CBOs decided how to allocate their funds based on their outreach strategies	No

Evidence Table 1. NY Immunizations: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Sociodemographics, Medicaid status, immigrant status Addressed: Yes Providers were eligible to receive free vaccinations for children referred through the program	No	Yes University staff trained CBOs in data collection, review of immunization records	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 1. Stress and Wellness Project: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Heaney CA, Israel BA, et al., 1993* Schurman SJ, 1996 Baker EA, Israel BA, et al., 1994 Israel BA, Schurman SJ, et al., 1992 Hugentobler MK, Israel BA, et al., 1992 Israel BA, Schurman SJ, et al., 1989 Israel BA, House JS, et al., 1989 Funder: National Institute for Alcohol Abuse and Alcoholism, joint union-management funds (United Autoworkers/General Motors) Funding Period: NR Study Name: NR, focus on occupational stress	Research Objective: Objective 1: To increase the understanding of the relationship between occupational stress, psychosocial factors, job satisfaction, and mental and physical health Objective 2: To determine if a PAR project is more effective in a cooperative labor management setting at addressing factors in the stress process	Study Design: Objective 1: Observational Objective 2: Natural quasi-experimental with data collected before and after plant split into two Duration of Study: 6 years Setting: South-central Michigan	Intervention: • Daily newsletter • Health awareness and screening programs • Information display cases • Feedback and recommendations to people on sources of stress • Pilot project on quality improvement • Appropriation of time on the job for leaders of existing employee participation programs to follow through on identified problems • Modification of performance appraisal system for salaried workers Duration of Intervention: NR

* Primary article for this study

Evidence Table 1. Stress and Wellness Project: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: Employees of a car components manufacturing plant Sampling Strategy: Nonprobability Sample Size: Focus Group: NR In-depth interviews: 42 Surveys: 1,100 Response Rate at Each Measure: Surveys: 66% (1985) 41% (1987) 62% (1991) Retention Rate: NR	Primary Variables Measured: Surveys: stressors, health variables, and psychosocial mediating factors Data Collection Methods: Quantitative: • 3 surveys in 1986, 1987, 1991 Qualitative • In depth Interviews • Focus groups • Field notes of committee meetings	Other Variables Measured: • Labor management relations • Social support • Participation in decision-making	Intervention Effects: Objective 1, survey results: Researchers and committee members identified 4 major problem areas as a result of the findings: • Lack of information • Problems with supervisors • Lack of participation and influence on decisionmakers • Conflict between producing quantity versus quality of product Interventions addressing lack of information: • Daily newsletter • Rumor mill (meetings with management) Interventions addressing lack of participation and influence and conflict between quality and quantity: • Pilot study on quality implementation and elimination of waste Objective 2: Overall, social environment at work and employee well-being did not improve during the course of the study Involvement in PAR stress project was associated with enhanced participation in decisionmaking in both settings, with improved climate for participation in the cooperative setting, increased coworker support, and decreased symptoms for depression in the adversarial setting	Methodology: No Measures: Yes Wellness Committee identified stressors and other factors for which measures were created Recruitment: Yes Committee involvement led to a much higher survey response rate than in previous surveys Intervention: Yes Results of surveys were used by the committee to develop intervention strategies Dissemination: Committee revised drafts of articles, e.g., the term “worker” was changed to “employee” Committee disseminated results to plant members Outcomes: No Quality Rating: 2.26

Evidence Table 1. Stress and Wellness Project: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Heaney CA, Israel BA, et al., 1993* Schurman SJ, 1996 Baker EA, Israel BA, et al., 1994 Israel BA, Schurman SJ, et al., 1992 Hugentobler MK, Israel BA, et al., 1992 Israel BA, Schurman SJ, et al., 1989 Israel BA, House JS, et al., 1989	Duration: 6 years Nature of Community Involvement: • Selection of research question • Funding (researchers obtained initial funding, subsequent funding provided by joint management and union funds) • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified Quality Rating: 2.90	Yes A Stress and Wellness Committee comprising union, management, and the university team guided the project on data collection, analysis, and intervention design, implementation, and evaluation Committee and researchers cooperated in developing intervention strategies based on the outcomes of the surveys	Yes Committee members suggested scheduling interview sessions during working hours to raise participation even though this involved shutting down production; committee members met with upper management and obtained approval for this plan Committee involvement led to a much higher survey response rate than previous surveys

Evidence Table 1. Stress and Wellness: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Survey assessed psychosocial factors, work-related health stressors Addressed: Yes Interventions addressed work-related stressors	Committee was larger than the researchers wanted, but the researchers agreed, resulting in a more representative and longer-lived group Researchers gave a presentation to management leaders and union officials on request of the committee Committee members wanted to hold a health promotion program despite researchers' reservations, then, the researchers suggested followup strategies that would strengthen the intervention	Yes Committee members began to collect their own data to understand how to revise the weekly newsletter with information necessary for employees to do their jobs Committee obtained a $40,000 grant to carry out a health screening project	Dissemination of Findings: Yes Researchers provided a written report to the committee and organized a 2-day meeting to analyze the findings Application of Findings: Yes Management worked with the committee to incorporate ideas and goals into the overall strategic management of the factory Sustainability of Interventions: No

Evidence Table 1. Women Dedicated to Demolishing Denial: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Stevens PE, Hall JM, 1998* Stevens PE, 1994 Funder: American Foundation for AIDS Research Targeted Education Funding Period: 2 years (6/1992 to 6/1994) Study Name: Women Dedicated to Demolishing Denial: HIV Risk Reduction for Lesbians and Bisexual Women	Research Objective: • To identify risk behaviors • To explore strategies to prevent HIV • To understand difficulties in reducing HIV • To provide specific education	Study Design: Nonexperimental Duration of Study: NR Setting: San Francisco	Intervention: • Individually tailored education based on interview contents • Safer sex kits • Presentations at clubs and bars Duration of Intervention: NR

* Primary article for this study

Evidence Table 1. Women Dedicated to Demolishing Denial: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR, Quality Rating for Research Elements (Range 1-3)
Participants: Lesbians and bisexual women socializing in women's bars, dance clubs, sex clubs, or gay/lesbian community events Sampling Strategy: Nonprobability: convenience sample Sample Size: 1,189 interviews (number of respondents likely to be fewer; duplicate interviews) Response Rate at Each Measure: NR Retention Rate: NA	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: Field interviews Content analysis	Other Variables Measured: No predefined variables specified	Intervention Effects: Anecdotal evidence on the effect of the intervention; 20% of 626 women interviewed said that they had changed their behavior (using safer sex and HIV risk reduction behaviors); several of these women said that these changes were a result of Lyon Martins peer educators in clubs Results of Analysis: Key findings describe the HIV risk taking common in this population and their needs for support in reducing risk	Methodology: No Measures: No Recruitment: Yes Peer educators had to be lesbian or bisexual to reflect the study's intended population Intervention: No Dissemination: No Outcomes: No Quality Rating: 1.52

Evidence Table 1. Women Dedicated to Demolishing Denial: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement, Quality Rating for Participatory Elements (Range 1-3)	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Stevens PE, Hall JM, 1998* Stevens PE, 1994	Duration: 2 years Nature of Community Involvement: • Selection of research question • Financial responsibility for grant funds • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings Quality Rating: 2.19	Yes Project was sponsored by Lyon-Martin women's health services, a primary health care clinic emphasizing health care for lesbian and bisexual women Lyon-Martin hired peer educators and the project coordinator	Yes Educators had to be lesbian or bisexual No direct questions about sexual identity were asked in the interviews to ensure that women freely discussed behaviors and perceptions

* Primary article for this study

Evidence Table 1. Women Dedicated to Demolishing Denial: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Minimal sociodemographics on age and race; no identifying information was collected Addressed: No	No	Yes Educators learned how to conduct interviews and gained social prestige within the community through their involvement	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 2.
Interventions Either Not Completed or Not Evaluated

Evidence Table 2. Community Action Against Asthma: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Keeler GJ, Dvonch TJ, et al., 2002* Parker EA, Israel BA, et al., 2003 Clark NM, Brown RW, et al., 1999 Funder: National Institute of Environmental Health Sciences US Environment Protection Agency Funding Period: 5 years Study Name: Community Action Against Asthma	Research Objective: Study Objective: To gain an increased understanding of and to address the environmental and psychosocial triggers for asthma in children's homes and neighborhoods A process evaluation of the community-based partnership elements of the study was also conducted	Study Design: Intended study design: Experimental Baseline data: Observational Process evaluation: Non-experimental Duration of Study: NR Setting: East side and southwest portion of Detroit	Intervention: Community Environmental Specialists provided education and materials that relate to the reduction of asthma-triggers during home visits (minimum 12 visits) Duration of Intervention: 2 years

* Primary article for this study

Evidence Table 2. Community Action Against Asthma: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Intervention: Families of children 7 to 11 years old with moderate to severe asthma Process evaluation: Steering Committee members Sampling Strategy: Intervention: Probability sample, staggered randomization Process evaluation: NR Sample Size: Screening questionnaire: 3,067 valid questionnaires returned; 331 agree to participate and are randomized into the study Indoor measurements: 20 Process evaluation: 22 out of 25 Steering Committee members Response Rate at Each Measure: NR Retention Rate: NR	Primary Variables Measured: • Health outcomes • Psychosocial factors Data Collection Methods: Intervention: Quantitative, • Self-administered screening questionnaire • Microenviron-mental measurements in schools and homes • Pulmonary function tests • Daily diary of symptoms and medications used • Annual household environmental assessment • Annual questionnaire for caregivers and children Process evaluation: Qualitative, in-depth interviews	Other Variables Identified: Environmental and meteorological data	Intervention Effects: NR (analysis ongoing) Results of Process Evaluation: Steering Committee members identified partnership accomplishments and challenges	Methodology: No Measures: No Recruitment: Yes Steering Committee actively participated in hiring and training outreach workers who performed measurements Intervention: NA Dissemination: No Outcomes: No

Evidence Table 2. Community Action Against Asthma: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Keeler GJ, Dvonch TJ, et al., 2002* Parker EA, Israel BA, et al., 2003 Clark NM, Brown RW, et al., 1999	Duration: NR Nature of Community Involvement: • Selection of research question • Proposal development • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings	Yes Steering Committee comprising 13 community-based partner representatives out of 25 members guided the project	No

* Primary article for this study

Evidence Table 2. Community Action Against Asthma: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Sociodemographics and psychosocial factors Addressed: No	Since the Steering Committee met only once monthly, community partners felt shut out of decisions that were made in-between monthly meetings; the research team instituted a process to handle such situations	Yes Community-based organizations: • Credibility to community-based organizations' projects • Increased understanding of asthma • Ability to disseminate information to the community Researchers: • Participation in the research • Funding • Publicity and recognition • Opportunities for interdisciplinary learning • Career advancement	Dissemination of Findings: Yes Findings were disseminated to the community and at conferences Application of Findings: No Sustainability of Interventions: No

Evidence Table 2. PRAISE!: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Ammerman A, Washington C, et al., 2002 Corbie-Smith G, Ammerman A, et al., 2003 Funder: National Institute of Health; Robert Wood Johnson Minority Medical Faculty Development Program; National Cancer Institute Funding Period: 1996-2001 Study Name: Partnership to Reach African Americans to Increase Smart Eating (PRAISE!)	Research Objective: Research objective of PRAISE!: • To develop and test a culturally sensitive intervention for dietary change among African Americans Objective of these articles: • To examine community member's perceptions of trust, benefit, satisfaction, and burden associated with their participation • To collect qualitative data to ensure culturally appropriate intervention design	Study Design: Experimental (RCT) Exploratory (for qualitative data) Duration of Study: 5 years (data for this article were collected after 1 year) Setting: 60 African American churches in 8 North Carolina counties	Intervention: • 3 workshops on dietary cancer prevention • Communication center • Quarterly packets • Tailored health bulletin • Food festival • Food events • Inspirational booklet • Skills assessment of the congregation Duration of Intervention: 12 months

Evidence Table 2. PRAISE!: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: African American church members Sampling Strategy: Participating churches (n = 60) were allocated randomly to intervention or control groups; the individuals in the "measurement groups" were volunteers and not randomly selected Sample Size: 1,309 Intervention: n = 624 Control: n = 685 Response Rate at Each Measure: Intervention: 63.9% (n = 399) Control: 70.7% (n = 484) Retention Rate: NA	Primary Variables Measured: Perception of trust in the research project, benefit from involvement, satisfaction with the project, perception of burden associated with participation (also dietary outcome measures and biochemical measures) Data Collection Methods: Quantitative: 2 phone interviews at baseline 2 followup phone surveys of the same participants after 1 year, administered by blinded interviewers Qualitative: Focus groups with church members and pastors	Determinants of Intervention Effects: • Health • Psychosocial factors • Demographics • Church related questions	Intervention Effects: • Overall high levels of trust, perceived benefit, and satisfaction; low levels of perceived burden in both groups • Participants in the intervention group reported more perceived benefit and trust ($P < 0.05$) • Members of smaller churches were associated with higher perceived benefit ($P < 0.01$) Articles do not report results of RCT and the effectiveness of the intervention	Methodology: Yes Community members were hired as staff and involved with decisions about survey design and implementation Measures: Yes Involvement of community members Recruitment: Yes Based on advice from church consultants, participants were not selected randomly but were volunteers Intervention: Yes Study team relied on input from members of the church Dissemination: No Outcomes: No

Evidence Table 2. PRAISE!: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Ammerman A, Washington C, et al., 2002 Corbie-Smith G, Ammerman A, et al., 2003	Duration: 5 years Nature of Community Involvement: • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation	Yes Design included a delayed intervention control group responding to concerns that the control group would not get the intervention	Yes All members of PRAISE! staff who interacted with the churches were African American or pastor's wives

Evidence Table 2. PRAISE!: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Baseline interview assessed socioeconomic variables Addressed: No	Yes Survey administration was timed around church events and holidays following guidance from community partners	Yes Training focused on providing skill-building and educational resources to church members A strong sense of local ownership of the program was developed; many churches have indicated interest in sharing the program with other nearby churches	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 2. Seattle King County Healthy Homes Project: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Krieger JW, Song L, et al., 2000 Funder: National Institutes of Environmental Health Sciences; CDC Funding Period: NR Study Name: Seattle King County Healthy Homes Project	Research Objective: To evaluate whether outreach, education, and simple tools can reduce indoor asthma triggers and asthma morbidity; this article reports preliminary baseline findings	Study Design: Experimental (RCT) Duration of Study: NR Setting: King County, Washington	Intervention: Outreach workers conduct home assessments and develop action plans; educational and social support Duration of Intervention: NR

Evidence Table 2. Seattle King County Healthy Homes Project: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Households with a child aged 4 to 12 years with asthma, household income less than 200% of poverty or Medicaid enrollment Sampling Strategy: Nonprobability selection: eligible parents recruited through clinics, government and community agencies, and other outreach efforts Sample Size: Planned: 300 Reported: 155 Response Rate at Each Measure: 85% (n = 131) Retention Rate: NA	Primary Variables Measured: NR Data Collection Methods: Surveys and observation	Other Variables Measured: • Sociodemo-graphic data • Medication compliance • Smoking • Household resources to control asthma • Caregiver knowledge	Intervention Effects: NR	Methodology: No Measures: Yes Draft questions were discussed with Project Advisory Board Recruitment: Yes Community agencies and churches participated in recruitment Intervention: NR Dissemination: NR Outcomes: NR

Evidence Table 2. Seattle King County Healthy Homes Project: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Krieger JW, Song L, et al., 2000	Duration: NR Nature of Community Involvement: • Recruitment and retention • Measurement instruments and data collection	Yes Survey questions were revised after discussion with Project Advisory Board	No

Evidence Table 2. Seattle King County Healthy Homes Project: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Sociodemographics, income, insurance coverage, household composition Addressed: Yes Social support and provision of anti-allergic materials	No	No	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 2. Seattle Vaccine: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Krieger JW, Castorina JS, et al., 2000 Funder: CDC, United Way of King County Funding Period: NR Study Name: Seattle Vaccine	Research Objective: To develop and evaluate a Senior Center-based program to increase influenza and pneumococcal immunization rates	Study Design: RCT Duration of Study: NR Setting: Seattle Senior Center	Intervention: A specially designed educational brochure was mailed along with a postage-paid reply card to track immunization status If response card not received, Senior Center volunteers made telephone contact using a script to encourage receipt of immunizations and to address specific barriers to immunization Duration of Intervention: 6 weeks

Evidence Table 2. Seattle Vaccine: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Seniors ≥ 65 years old Sampling Strategy: Subjects identified by Senior Center membership and marketing database • All potential subjects sent recruitment letter and baseline survey • All who returned the surveys and were eligible were enrolled Sample Size: 1,246 Response Rate at Each Measure: Intervention: 530/622 Control group: 553/624 Retention Rate: NR	Primary Variables Measured: • Proportion of individuals reporting receipt of influenza immunization during the study period • Proportion of individuals reporting receipt of pneumoccal immunization during study period among individuals reporting never having received a pneumoccal vaccine Data Collection Methods: Quantitative: Surveys	Other Variables Measured: Changes in knowledge, attitudes, and perceived barriers related to immunizations and participant appraisal of the intervention Also performed a cost analysis of vaccine-promotion activities	Intervention Effects: Pneumococcal ($P < 0.001$) and influenza ($P < 0.0001$) immunization rates increased more in the intervention group and among participants of the intervention group who did not receive a vaccine in the previous year Personal contact for isolated seniors, increased capacity of a senior center to conduct health-promotion activities, training of community members in research methods, providing an opportunity for the senior volunteers to feel useful and to make a valuable contribution to their community, and creating linkages between public institutions, private agencies, and community members	Methodology: No Measures: No Recruitment: Self-selection of participants could diminish research quality Intervention: No Dissemination: No Outcomes: No

Evidence Table 2. Seattle Vaccine: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Krieger JW, Castorina JS, et al., 2000	Duration: NR Nature of Community Involvement: • Study design • Recruitment and retention • Intervention development, implementation	Yes Community members involved in focus groups conducted to develop the protocol for the intervention.	No

Evidence Table 2. Seattle Vaccine: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Demographic data were collected Addressed: No	No	Yes Increased capacity of Senior Center to conduct health-promotion activities Training of community members in research methods; providing opportunity for senior volunteers to feel useful and to make a valuable contribution to their community Creating linkages between public institutions, private agencies, and community members	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 2. TEAL: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Kegler MC, Malcoe LH, et al., 2000 Funder: National Institute of Environmental Health Sciences Funding Period: NR Study Name: Tribal Efforts Against Lead (TEAL)	Research Objective: To design, implement, and examine the effectiveness of the project in • Reducing the prevalence of elevated blood lead levels in Native American children • Inducing sustainable behavioral changes • Changing health beliefs to support preventive behaviors • Enhancing the capacity of the Native American community to address environmental lead exposure	Study Design: Quasi-experimental Duration of Study: NR Setting: Ottawa County, Oklahoma	Intervention: Only for Native Americans; 40 lay health advisors who disseminate information through their social networks Duration of Intervention: NR (ongoing study)

Evidence Table 2. TEAL: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Native American (intervention) and white (control) residents with a child aged 1 to 6 Sampling Strategy: Probability: Random sampling (city blocks and residences were randomly selected) Sample Size: Blood samples: Native American: 144 White: 187 Structured interviews with: Caregivers: 332 Tribal decisionmakers: 23 Environmental assessments: 245 Survey: NR Response Rate at Each Measure: 60.2% (overall) Retention Rate: NA	Primary Variables Measured: Blood lead level Interviews: • Health beliefs • Knowledge • Lead exposure • Risk factors • Preventive behaviors Data Collection Methods: • Blood samples • Structured interviews • Environmental assessments • Survey	Other Variables Measured: • Basic social network information • Food frequency questionnaire • Sociodemo-graphic factors	Intervention Effects: NR (ongoing study)	Methodology: No Measures: No Recruitment: Yes Researchers hired local residents as canvassers, interviewers, and screening coordinators Intervention: Yes Community Advisory Board (CAB) developed training manual for lay health advisors Dissemination: No Outcomes: No

Evidence Table 2. TEAL: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Kegler MC, Malcoe LH, et al., 2000	Duration: NR Nature of Community Involvement: • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified	Yes CAB was established prior to the baseline assessment and provided guidance and direction to the project	Yes Lay health advisors received a monthly stipend of $150, participants received a $15 gift certificate

Evidence Table 2. TEAL: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Caregiver survey assessed sociodemographic data Addressed: No	Yes Intervention was modeled along the concept of a clan mother; lay health advisors called themselves the "Society of Clan Mothers and Clan Fathers"	Yes Project created jobs for the community and provided residents with research skills that might be transferred to other job settings Each tribe received HEPA vacuums	Dissemination of Findings: Researches presented assessment data to the CAB to gain insight and to distribute information to the tribes Application of Findings: Yes CAB developed an action plan to face the long-term environmental lead problem Sustainability of Interventions: No

Evidence Table 2. East Side Village Health Worker Partnership: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Schulz AJ, Parker EA, et al., 1998* van Olphen J, Schulz A, et al., 2003 Becker AB, Israel BA, et al., 2002 Israel BA, Farquhar SA, et al., 2002 Schulz AJ, Parker EA, et al., 2002 Parker EA, Lichtenstein RL, et al., 2001 Schulz AJ, Israel BA, et al., 2001 Schulz AJ, Israel BA, et al., 2000 Parker EA, Schulz AJ, et al., 1998 Schulz AJ, Israel BA, Becker AB, et al., 1997 Funder: CDC Funding Period: 1995-2003 Study Name: East Side Village Health Worker Partnership	Research Objective: • To identify stressors and protective factors that contribute to poor health outcomes for women and children • To assess community concerns and resources to guide the intervention • To gather baseline data • To develop and evaluate a lay health advisor intervention aimed at reducing stressors, strengthening protective factors, and enhancing health	Study Design: Nonexperimental Duration of Study: NR Setting: East Side Village, Detroit	Intervention: 30 lay health advisers (Village Health Workers) focused on increasing the problem-solving capacity of their community to reduce stressors or increase protective factors: Informational support • Information on health-related topics and resources Emotional support • Grief support program entitled You Are Not Alone (YANA) Instrumental support • Providing transportation to clinics, helping to locate food, organizing and implementing health fairs • Creating new resources - YANA - Village Voice newsletter Organized change efforts and participated in other efforts • Community law enforcement and neighborhoods work on arson prevention, abandoned vehicle removal, and monitoring food safety in local food stores Educating state legislators to influence policies and programs • Helped to reestablish smoking cessation program funding through letter-writing campaign Duration of Intervention: NR

* Primary article for this study

Evidence Table 2. East Side Village Health Worker Partnership: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Survey: Women aged 18 and older with the responsibility of child care for 5 hours a week or more In-depth interviews: Residents who were actively engaged in the community and were selected as Village Health Workers (VHWs) Focus group interviews Sampling Strategy: Surveys: 2-stage simple random sample of 2,800 out of 6,124 blocklisted households bounded by 4 major streets and then random selection from eligible individuals within households Sample Size: Survey: 865 In-depth interviews: 48 Focus groups: NR Response Rate at Each Measure: 81% (n = 700) Retention Rate: NA	Primary Variables Measured: • Stressors • Protective factors • Social support • General health Data Collection Methods: Quantitative: • Cross-sectional face-to-face surveys Qualitative: • In-depth interviews with VHWs • Observations by committee members • Focus group interviews	Other Variables Measured: • SES • Religion/ spirituality • Neighborhood ties	Intervention Effects: NR (intervention ongoing)	Methodology: No Measures: Yes Steering Committee helped to identify stressors Recruitment: Yes Steering Committee selected and trained interviewers to administer the surveys Intervention: Yes Findings of survey were used to guide the intervention Dissemination: Committee members served as coauthors, developing and distributing the report to the community Outcomes: No

Evidence Table 2. East Side Village Health Worker Partnership: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Schulz AJ, Parker EA, et al., 1998* van Olphen J, Schulz A, et al., 2003 Becker AB, Israel BA, et al., 2002 Israel BA, Farquhar SA, et al., 2002 Schulz AJ, Parker EA, et al., 2002 Parker EA, Lichtenstein RL, et al., 2001 Parker EA, Schulz AJ, et al., 2001 Schulz AJ, Israel BA, et al., 2001 Schulz AJ, Israel BA, et al 2000 Parker EA, Schulz AJ, et al., 1998	Duration: 1995-2003 (8 years) Nature of Community Involvement: • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified	Yes Steering Committee developed survey and selected intervention sites	Yes • Questionnaire was pretested and revised by the Steering Committee • On Steering Committee's suggestion, respondents were given a copy of the local resource directory and a small gift certificate • Community interviewers were able to encourage community members to participate

* Primary article for this study

Evidence Table 2. East Side Village Health Worker Partnership: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Sociodemographics Addressed: Yes Local minimarkets held at community establishments offered fruits and vegetables at lower prices	Yes Researchers agreed to implement intervention sooner than intended after renegotiations with the Steering Committee	Yes • VHWs received training and a honorarium • East Side Village Health Workers Partnership (ESVHWP) obtained a small grant to train VHWs about diabetes • Detroit Health Department established formal links with YANA to address violence in the community and committed ongoing funding support • Community members hired and trained as interviewers	Dissemination of Findings: Yes Steering Committees evaluated and discussed findings; results were discussed at regularly scheduled meeting, special community events, and Partnership retreats Application of Findings: Yes Findings of survey were used to guide the intervention Sustainability of Interventions: No Intervention ongoing

Evidence Table 2. Elderly in Need: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Moyer A, Coristine M, MacLean L, et al., 1999 Moyer A, Coristine M, Jamault M, et al., 1999 Funder: Ottawa Carlton Health Department, Community Health Research Unit Funding Period: NR Study Name: Elderly In Need	Research Objective: To assess needs and design and test interventions to integrate them into the community	Study Design: Nonexperimental, exploratory Duration of Study: 3 years Setting: French-speaking area, Canada	Intervention: • Individual interventions through public health nurses focusing on empowering the client • Interventions on community levels to increase outreach to elderly residents Duration of Intervention: 3 years

Evidence Table 2. Elderly in Need: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Elderly persons (>75 years), living alone and not receiving nursing services Sampling Strategy: Nonprobability Sample Size: 101 Response Rate at Each Measure: 92 Retention Rate: NR	Primary Variables Measured: • Physical Self Maintenance Scale • Instrumental Activities of Daily Living Data Collection Methods: Quantitative: Functional capacity Qualitative: Field notes, semistructured interviews	Other Variables Measured: • Social support • Social ties	Intervention Effects: Effectiveness of the intervention was not assessed Study results: • Profile of older people in need • 3 patterns of inadequate social networks	Methodology: No Measures: No Recruitment: No Intervention: No Dissemination: No Outcomes: No

Evidence Table 2. Elderly in Need: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Moyer A, Coristine M, MacLean L, et al., 1999 Moyer A, Coristine M, Jamault M, et al., 1999	Duration: 3 years Nature of Community Involvement: • Recruitment and retention • Intervention development, implementation	NR	No

Evidence Table 2. Elderly in Need: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	Yes All visits were conducted in the clients' language of choice	Yes Project team provided skill training workshop for church volunteers	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: No

Evidence Table 2. Haida Gwaii Diabetes Project: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Herbert, 1996 Funder: British Columbia Health Research Foundation Funding Period: NR Study Name: Haida Gwaii Diabetes Project	Research Objective: Develop culturally sensitive approaches to the prevention and management of diabetes in the Haida people and implement these approaches while monitoring quantitative and qualitative outcomes	Study Design: NR Duration of Study: NR Setting: Two villages (Skidegate and Old Massett) with mostly aboriginal populations in the Queen Charlotte Islands/Haida Gwaii, British Columbia, Canada	Intervention: NR, except for 2 examples: a walking group, and a group to gather traditional foods Duration of Intervention: 12 months

Evidence Table 2. Haida Gwaii Diabetes Project: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: NR (not specifically reported, but appears to be the entire population of both villages) Sampling Strategy: NR Sample Size: NR Response Rate at Each: NR Retention Rate: NR	Primary Variables Measured: NR Data Collection Methods: NR	Determinants of Intervention Effects: NR	Intervention Effects: NR	Methodology: NR Measures: Choice of diabetes as intervention target based on input from community health representatives (some topics, such as alcoholism, are "highly charged," and might have resulted in community resistance) Recruitment: NR Intervention: NR Dissemination: NR Outcomes: NR

Evidence Table 2. Haida Gwaii Diabetes Project: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Herbert, 1996	Duration: NR Nature of Community Involvement: • Selection of research question • Financial responsibility for grant funds • Measurement instruments and data collection • Intervention development, implementation • Dissemination of findings	Research team's working principles: • All members of research team are equal partners • All manuscripts reviewed by all members of team • Data belong to participants and will be returned to them • Analyses discussed with community health representatives (CHRs) • Analyses discussed with key community members • If community opposes publication, results only reported to funding agency Health or social issues raised due to research will be addressed	Yes Working principles in shared decisionmaking column were established to relieve concerns of the CHRs regarding acting as intermediaries in another research project

Evidence Table 2. Haida Gwaii Diabetes Project: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	NA	Yes CHRs used focus groups as a tool to decide how to use other funds	Dissemination of Findings: Yes Community reviewed all publications and researchers agreed to publish results only if the community approved Application of Findings: No Sustainability of Interventions: Yes Statements by community leaders of commitment to and belief in the value of research

Evidence Table 2. Healthy Home, Healthy Child: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Green L, Fullilove M, et al., 2002* Perera FP, Illman SM, et al., 2002 Evans DT, Fullilove MT, et al., 2002 Funder: National Institute of Environmental Health Sciences US Environmental Protection Agency Funding Period: NR Study Name: Healthy Home, Healthy Child	Research Objective: To develop, implement, and evaluate a community-wide intervention to increase awareness of environmental health hazards; these articles describe studies at the beginning and during the program	Study Design: Nonexperimental Duration of Study: Focus groups: 12/1998 to 7/1999 Survey: 8/1999 to 12/1999 Setting: Northern Manhattan, South Bronx	Intervention: Community education campaign to increase local residents' awareness of environmental health threats and protective techniques Duration of Intervention: NR

* Primary article for this study

Evidence Table 2. Healthy Home, Healthy Child: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Focus groups: Residents with at least one child living in their home Survey: Mothers between 18 and 35, mainly African American and Latinas Sampling Strategy: Nonprobability Focus groups: Self selection, snowball sampling Survey: Convenience sampling Sample Size: Focus groups: 103 Survey: 555 Response Rate at Each Measure: NR Retention Rate: NA	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: Focus groups using an interview guide Quantitative: Survey	Other Variables Measured: Focus groups tested the relevancy of 5 strategies to reduce the risk of exposure to environmental hazards to children Survey assessed women's awareness of environmental health risks associated with the Healthy Home, Healthy Child campaign and protective actions they take to reduce the risks	Intervention Effects: Not fully reported, but respondents had high levels of awareness of the health risks targeted by the campaign Results of Analysis: • Control environmental tobacco smoke • Eat balanced meals with family • Prevent exposure to lead • Control pests safely • Fight drug and alcohol abuse • Manage garbage properly • Join a clean air campaign	Methodology: No Measures: No Recruitment: No Intervention: Yes Findings of the focus groups shaped the intervention campaign Dissemination: No Outcomes: No

Evidence Table 2. Healthy Home, Healthy Child: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Green L, Fullilove M, et al., 2002* Perera FP, Illman SM, et al., 2002 Evans D, Fullilove MT, et al., 2002	Duration: NR Nature of Community Involvement: • Selection of research question • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Application of findings to health concern identified	Yes Focus group and survey results were discussed with the Community Advisory Board and shaped the focus of the intervention campaign	Yes Participants were reimbursed for travel expenses and compensated for their time

* Primary article for this study

Evidence Table 2. Healthy Home, Healthy Child: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Demographic information was obtained Addressed: No	Yes Additional topics were added to the campaign (e.g., garbage, fighting drugs) due to concerns of the community	Yes Researchers trained members of the Community Advisory Board Cooperation and contact with researchers helped to dissolve some barriers to better health care in the community	Dissemination of Findings: No Application of Findings: Yes Focus group and survey results were discussed with the Community Advisory Board and shaped the focus of the intervention campaign Sustainability of Interventions: No

Evidence Table 2. Kahnawake Schools Diabetes Prevention Project: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Macaulay AC, Paradis G, et al., 1997* Potvin L, Cargo M, et al., 2003 Macaulay AC, Cross EJ, et al., 1998 Macaulay AC, Delormier T, et al., 1998 McComber AM, Macaulay AC, et al., 1996 Funder: Health Canada, Quebec Ministry of Health and Social Services Funding Period: NR Study Name: Kahnawake Schools Diabetes Prevention Project	Research Objective: Program Objective: To decrease the future occurrence of Diabetes Mellitus, reduce high-fat diets, and increase physical activity	Study Design: Nonexperimental exploratory Duration of Study: 3 years Setting: Montreal, Canada	Intervention: Elementary school-based program with a variety of activities to promote healthy lifestyles Duration of Intervention: 3 years

* Primary article for this study

Evidence Table 2. Kahnawake Schools Diabetes Prevention Project: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Elementary school children grades 1 to 6 Sampling Strategy: Nonprobability: Convenience Sample Size: 458 Response Rate at Each Measure: 87% Retention Rate: NR	Primary Variables Measured: • Variables that assess fitness and body composition • Eating habits • Physical activity patterns Data Collection Methods: Quantitative: • Survey • Anthropometric measurements	Other Variables Measured: • Self efficacy • Perceived parental support	Intervention Effects: NR (only baseline data reported)	Methodology: No Measures: Yes Diminished research quality; researchers could not publish a comparison of data of intervention group with control group Recruitment: No Intervention: No Dissemination: No Outcomes: No

Evidence Table 2. Kahnawake Schools Diabetes Prevention Project: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Macaulay AC, Paradis G, et al., 1997* Potvin L, Cargo M, et al., 2003 Macaulay AC, Cross EJ, et al., 1998 Macaulay AC, Delormier T, et al., 1998 McComber AM, Macaulay AC, et al., 1996	Duration: 3 years Nature of Community Involvement: • Selection of research question • Proposal development • Financial responsibility for grant funds • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified	Community Advisory Board was involved throughout the study A Code of Research Ethics was developed specifying the community as full partners in all aspects of the research	Yes Incentives provided for teachers and classes to participate

* Primary article for this study

Evidence Table 2. Kahnawake Schools Diabetes Prevention Project: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	Yes Intervention incorporated traditional learning styles of Native children Project team agreed not to make comparisons of raw data between intervention and control groups	Yes Project members have successfully lobbied for a change in school nutrition policies Project allowed the community to develop knowledge and expertise Academic researchers obtained opportunities for masters' and post-doctoral training	Dissemination of Findings: Yes Project team disseminated findings to the community and at scientific conferences Application of Findings: No Sustainability of Interventions: The project sustained itself past initial funding and identified and obtained additional funding

Evidence Table 2. La Vida: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Maciak BJ, Guzman R, et al. 1999 Funder: CDC Funding Period: NR Study Name: La Vida	Research Objective: Description of a community-based participatory project Project Objective: • To establish a partnership to prevent intimate partner violence • To collect, analyze, and disseminate information on intimate partner violence • To develop, implement and evaluate prevention and intervention activities building on local knowledge and contributing to community capacity	Study Design: Nonexperimental, exploratory Duration of Study: NR Setting: Southwest Detroit	Intervention: Not specified Duration of Intervention: Planned: 5 years

Evidence Table 2. La Vida: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: La Vida partners Sampling Strategy: Nonprobability: Purposive sampling Sample Size: Individual interviews: 15 Response Rate at Each Measure: NR Retention Rate: NA	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: • Individual interviews • Group interviews • Field notes • Content analysis	Determinants of Intervention Effects: No predefined variables specified	Intervention Effects: NA Results of Analysis: Challenges identified: • Maintaining ownership within the Latino community • Lack of trust and respect • Striking a balance between research and action • Lack of knowledge about cultural differences • Lack of funding for development activities Lessons learned: • Maintaining ownership with local communities is essential • Strong and stable leadership within communities is critical • Community partners must demonstrate a long-term commitment • Community diagnosis can help to understand history and cultural context • CBPR efforts must be culturally competent	Methodology: No Measures: NA Recruitment: NA Intervention: NA Dissemination: No Outcomes: No

Evidence Table 2. La Vida: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Maciak BJ, Guzman R, et al., 1999	Duration: At the time the article was written: 2 years Planned: 5 years Nature of Community Involvement: • Selection of research question • Recruitment and retention • Measurement instruments and data collection	Yes Initially a group of community partners made up a community action group to provide oversight; as their commitment grew and their roles evolved, they called themselves first a task force and later a partnership La Vida partners developed the framework for identifying Intimate Partner Violence (IPV) prevention and intervention activities	Yes Lead agency director sought support from other agency directors to deal with factors that hampered earlier attempts to address intimate partner violence

Evidence Table 2. La Vida: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	Yes Researchers ensured that the initiative remained community owned by approaching agencies with Latino leadership and/or experience working with Latina women	Yes Community members received training to serve as cofacilitators for group discussions	Dissemination of Findings: Yes Major themes of the analysis were discussed and revised by participants in the partnership Application of Findings: No Sustainability of Interventions: NA

Evidence Table 2. Mom Empowerment, Too!: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Baldwin JH, Rawlings A, et al., 1999 Funder: Brigham Young University College of Nursing, Research and Scholarship Committee Funding Period: NR Study Name: Mom Empowerment, Too! (ME2)	Research Objective: To identify perceptions and behaviors of participants before and during the ME2 program	Study Design: Nonexperimental Duration of Study: NR Setting: Utah	Intervention: Participatory educational and support program involving a workshop with 16 group sessions, home visits, and case management (support, resource referrals, information); expected outcome of the intervention not clearly stated Duration of Intervention: NR

Evidence Table 2. Mom Empowerment, Too!: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Substance-abusing single or teen mothers Sampling Strategy: NR Sample Size: 42 Response Rate at Each Measure: NA Retention Rate: NA	Primary Variables Measured: Content analysis of sessions suggested 2 major domains: • Risk perceptions and behaviors • Health-promoting perceptions and behaviors Data Collection Methods: Qualitative: focus groups	Other Variables Measured: Participants described the worst and best of their lives before and during the program	Intervention Effects: Participants were able to articulate areas of growth in taking responsibility, learning to trust, and achieving some degree of success in their daily lives, but explicitly reported as an outcome of the program	Methodology: No Measures: No Recruitment: No Intervention: Yes Mutual evaluation of workshops resulted in better supported program outcomes (no details provided) Dissemination: Yes Participants reviewed the data Outcomes: NA

Evidence Table 2. Mom Empowerment, Too!: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Baldwin JH, Rawlings A, et al., 1999	Duration: NR Nature of Community Involvement: • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings	Yes ME2 women collaborated to determine reality-based outcomes for the group (no details provided)	Yes Age-appropriate activities were provided for children of participants to support the discussions their parents were having in the adult workshops

Evidence Table 2. Mom Empowerment, Too!: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Addressed: Yes Program provided information about medical care, shelter, basic needs	Yes Mutual evaluation of workshops resulted in better supported program outcomes (no details provided)	Yes Women reported areas of growth in taking responsibilities in their daily lives	Dissemination of Findings: Yes Participants reviewed the data Application of Findings: No Sustainability of Findings: No

Evidence Table 2. Nuclear Risk Management for Native Communities: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Quigley D, Handy D, et al., 2000 Funder: National Institute of Environmental Health Sciences Agency for Toxic Substances and Disease Registry Funding Period: NR Study Name: The Nuclear Risk Management for Native Communities Project	Research Objective: To build community capacity for managing the health risks of nuclear contamination	Study Design: Nonexperimental Duration of Study: NR Setting: Nevada, Utah, Southern California	Intervention: Educational activities (workshops, presentations) Duration of Intervention: NR

Evidence Table 2. Nuclear Risk Management for Native Communities: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Native Americans Sampling Strategy: Nonprobability Sample Size: 71 interviews Response Rate at Each Measure: NR Retention Rate: NA	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: • Interviews • Content analysis of interviews	Determinants of Intervention Effects: No predefined variables specified	Intervention Effects: NA Results of Analysis: No themes reported	Methodology: No Measures: No Recruitment: No Intervention: NA Dissemination: No Outcomes: No

Evidence Table 2. Nuclear Risk Management for Native Communities: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Quigley D, Handy D, et al., 2000	Duration: NR Nature of Community Involvement: • Selection of research question • Financial responsibility for grant funds • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings • Application of findings to health concern identified	Yes Community Advisory Committee was recruited for shared decisionmaking Funding was shared between the CBO and the researchers	No

Evidence Table 2. Nuclear Risk Management for Native Communities: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	Yes Researchers shared grant with Citizen Alert Native American Program (CANAP) to enable it to hire staff	Yes • Development of new training and occupational opportunities for native community members • Strengthening of the CANAP organizational stability through additional income and capacity • Researchers learned about native communities	Dissemination of Findings: Yes Community was involved in all levels of the program Application of Findings: Yes Community-based hazard management plan was developed Sustainability of Interventions: No

Evidence Table 2. PACE: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention
Publications: Arcury TA, Austin CK, et al., 1999* Quandt SA, Arcury TA, et al., 2001 Funder: National Institute of Environmental Health Sciences Funding Period: 4 years Study Name: Preventing Agricultural, Chemical Exposure in North Carolina Farmworkers (PACE)	Research Objective: To develop, implement, and disseminate culturally appropriate interventions to reduce chemical exposure among farm-workers	Study Design: Nonexperimental formative research followed by planned intervention evaluated by RCT Duration of Study: 4 years Setting: East-central North Carolina	Intervention: • Training package for pesticide safety • Health promoter workshops Duration of Intervention: NR

* Primary article for this study

Evidence Table 2. PACE: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Farm workers employed in tobacco and cucumber production Sampling Strategy: Nonprobability Snowball sampling Sample Size: Interviews: 26 Response Rate at Each Measure: NR Retention Rate: NA	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: • In-depth interviews • Focus groups	Other Variables Measured: No predefined variables specified During interviews farmworkers described their experiences with and beliefs about agricultural chemicals	Intervention Effects: NR Results of analysis: No themes reported	Methodology: No Measures: No Recruitment: No Intervention: Yes North Carolina Farmworkers' Project (NCFP) staff helped to develop an intervention that was practical and culturally appropriate Dissemination: No Outcomes: NA

Evidence Table 2. PACE: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Arcury TA, Austin CK, et al., 1999* Quandt SA, Arcury TA,et al., 2001	Duration: 4 years Nature of Community Involvement: • Selection of research question • Proposal development • Financial responsibility for grant funds • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings	Yes Initial interactions were through a community-based organization, but later evolved to take place through a Project Advisory Committee comprising farmworkers PACE staff modified the approach of using an onsite health promoter after input from farmworkers	Yes Spanish translation and interpretation were a priority in all domains of participation Researchers looked beyond the community-based organization to expand the range of those participating

Evidence Table 2. PACE: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	Yes Researchers allowed time for socializing during meetings; face-to-face contact was very important for community members Transportation to meetings was arranged by NCFP staff members	Yes Project Advisory Committee members acquired new skills and the organization has built its capacity to undertake future projects, learned to conduct focus groups and in-depth interviews and systematically analyze results; they developed skills for organizing farmworkers	Dissemination of Findings: Yes Project staff made presentations on Committee's meetings Application of Findings: No Sustainability of Interventions: No

Evidence Table 2. PINAH: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Eng E, Parker E, 1994 Funder: Freedom from Hunger, Mississippi State Department of Health, Mississippi Cooperative Extension Agency Funding Period: 5 years (1988-1993) Study Name: The Partners for Improved Nutrition and Health Project (PINAH)	Research Objective: Project objectives: • To improve health-promoting behaviors • To improve outreach and referral patterns of local health and human service agencies • To improve community competence Study objective: Program evaluation of the third intervention (to improve community competence)	Study Design: Program evaluation Duration of Study: NR Setting: Mississippi Delta	Intervention: • Health fairs • Clean-up campaigns • Teen pregnancy • Drug awareness workshops Duration of Intervention: NR

Evidence Table 2. PINAH: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Key informants Sampling Strategy: Nonprobability: Purposive Sample Size: 45 Response Rate at Each Measure: NR Retention Rate: NA	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: Interviews	Other Variables Measured: No predefined variables specified	Intervention Effects: NR Results of analysis: Community competence moved from social interactions internal to communities to those more externally focused	Methodology: No Measures: No Recruitment: Yes Community Health Advisors selected key informants for interviews Intervention: Yes Community Health Advisors helped to interpret preliminary findings and fine-tune project activities Dissemination: No Outcomes No

Evidence Table 2. PINAH: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Eng E, Parker E, 1994	Duration: 5 years Nature of Community Involvement: • Study design • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation • Interpretation of findings • Dissemination of findings	NR	No

Evidence Table 2. PINAH: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: Yes Addresses community competence	No	Yes Community Health Advisors drew up a written strategic plan and presented it to town officials although there was growing opposition from town officials	Dissemination of Findings: Yes Community Health Advisors received preliminary findings at periodic meetings with staff PINAH evaluators sought validation of results through consultation with PINAH staff, Community Health Advisors, and PINAH's Board of Advisors Application of Findings: No Sustainability of Interventions: No

Evidence Table 2. Preventing Halloween Arson: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Maciak BJ, Moore MT, et al., 1998 Funder: NR Funding Period: NR Study Name: Preventing Halloween Arson in an Urban Setting	Research Objective: To describe and evaluate a citywide intervention to curtail arson fires during the Halloween period (This is a retrospective evaluation of a program implemented by city officials in cooperation with communities; researchers were not involved in the planning and implementation of the program)	Study Design: Process evaluation Duration of Study: NR Setting: Detroit	Intervention: • Elimination of arson targets • Deployment of public safety personnel • Youth curfew • Volunteer mobilization • Activities for children and teenagers • Media campaign Duration of Intervention: 1985-1996

Evidence Table 2. Preventing Halloween Arson: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: City officials volunteers Sampling Strategy: Nonprobability: convenience Sample Size: NR Response Rate at Each Measure: NA Retention Rate: NA	Primary Variables Measured: Data on fires, arson fires, number of volunteers Data Collection Methods: Archival data Qualitative: Interviews	Determinants of Intervention Effects: No predefined variables specified	Intervention Effects: Overall decline of reported Halloween fires	Methodology: No Measures: No Recruitment: No Intervention: Yes Decentralized planning to ensure neighborhood relevance Dissemination: No Outcomes: No

Evidence Table 2. Preventing Halloween Arson: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Maciak BJ, Moore MT, et al., 1998	Duration: 11 years Nature of Community Involvement: • Intervention development, implementation	No	No

Evidence Table 2. Preventing Halloween Arson: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	No	No	Dissemination of Findings: No Application of Findings: No Sustainability of Interventions: Yes Intervention is an ongoing program

Evidence Table 2. Survival Guide: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Factor SH, Galea S, et al., 2002* Galea S, Factor SH, et al., 2002 Funder: CDC Funding Period: NR Study Name: NR	Research Objective: To develop a guide to provide informational support for substance users to improve access to community services To gather information about substance users' perceptions of access to and information about services (An RCT is planned to determine the effectiveness of the intervention in improving knowledge and access to services; articles describe programs prior to the development of the survival guide)	Study Design: Nonexperimental formative research followed by intervention, evaluated through an RCT Duration of Study: 6 months Setting: East and Central Harlem	Intervention: Survival guide for substance users to provide connections to treatment services Duration of Intervention: NR

* Primary article for this study

Evidence Table 2. Survival Guide: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Substance users older than age 18 in East and Central Harlem Sampling Strategy: Service providers: List of key informants provided by community liaison Drug users: Convenience and snowball sampling Sample Size: Service providers: 91 Drug users: 353 Response Rate at Each Measure: Service providers: 25% Drug users: NA Retention Rate: NA	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: Focus groups Quantitative: Surveys	Other Variables Measured: No predefined variables specified Focus groups discussed the design and content of the survival guide	Intervention Effects: NA Results of Analysis of Focus Groups: • Participants favored idea of a pocket-sized "survival guide" in bold colors and with forthright language • Need for legal services • Information about medical services • Information about job and educational opportunities • Need for emotional support • Inspirational messages based on success stories Survey Results: • 45% have difficulties accessing job services • 35% have difficulties accessing housing services, 17% medical services, 10% education, 8% drug-related services • Lack of information and too much paperwork were identified as main barriers	Methodology: No Measures: Survey instrument developed in collaboration with Community Advisory Board (CAB) Recruitment: No Intervention: Yes Substance users determined the content and appearance of the guide Dissemination: No Outcomes: No

Evidence Table 2. Survival Guide: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Factor SH, Galea S, et al., 2002* Galea S, Factor SH, et al., 2002	Duration: NR Nature of Community Involvement: • Selection of research question • Recruitment and retention • Measurement instruments and data collection • Intervention development, implementation	Yes CAB contributed to identification of priorities and design of intervention	Yes Focus group participants were reimbursed $20 for their time and were offered refreshments and free transportation Survey participants were given $15 as compensation

* Primary article for this study

Evidence Table 2. Survival Guide: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: Yes Demographic characteristics were assessed in interviews Addressed: Not in formative phase (intervention will provide information on accessing services)	Yes Initially the guide was targeting service providers; CAB members felt that the guide should be developed for substance users themselves; subsequently substance users determined the content and appearance of the guide	Yes The involvement of substance users in the guide development gave them an opportunity to build social support	Dissemination of Findings: No Application of Findings: Yes Results of surveys and focus groups were used for the design of the survival guide Sustainability of Interventions: No

Evidence Table 2. Women and Heart Disease: Research Components

Authors, Funder, Funding Period, Study Name (If applicable)	Research Objectives	Study Design, Duration, Setting	Intervention, Duration
Publications: Arthur HM, Wright DM, et al., 2001 Funder: NR Funding Period: NR Study Name: Women and Heart Disease	Research Objective: To develop and implement a community-based communication and psycho-educational support group for women living with heart disease	Study Design: Nonexperimental, exploratory Duration of Study: 1 year Setting: Ontario, Canada	Intervention: Telephone communication network, and monthly 2-hour group sessions Duration of Intervention: 5 months

Evidence Table 2. Women and Heart Disease: Research Components (continued)

Participants, Sampling Strategy, Sample Size, Response Rate, Retention Rate	Primary Outcome Variables Measured, Data Collection Methods	Other Variables Measured	Intended and Unintended Effects of Intervention	Evidence of Enhanced or Diminished Research Quality Due to CBPR
Participants: Women identified from daily hospital admission lists of patients who had MI, coronary artery bypass graft surgery, or percutaneous transluminal coronary angioplasty within the past 6 months or angina during the previous year Able to speak, read and understand English Sampling Strategy: Consecutive sample of women Sample Size: 20 women: 10 in group 1 and 10 in group 2 Response Rate at Each Measure: NA Retention Rate: Group 1: 9/10 Group 2: 7/10	Primary Variables Measured: No predefined variables specified Data Collection Methods: Qualitative: Focus groups	Other Variables Measured: • Evaluation of the telephone network • Diary entries about experiences living with heart disease both within and outside of the group	Intervention Effects: NR Findings: • Identified a current deficit in both institutional and community-based health care in terms of dealing with women's issues related to living with heart disease • Telephone network difficult to use in practice • Identified stress of living with heart disease and associated family pressures and the need for support and information related to heart disease, medical management, and communication with physicians as major issues	Methodology: No Measures: Participants generate issues being examined Recruitment: No Intervention: Participants codesigned the program that they thought would be of the most benefit to other women living with heart disease Dissemination: No Outcomes: Summaries of sessions were provided to the women who were given the opportunity to accept, reject, or refine the investigators' interpretations

Evidence Table 2. Women and Heart Disease: Community-Based, Participatory Components

Authors	Duration and Nature of Community Involvement	Evidence of Shared Decisionmaking Between Researchers and the Community	Evidence That Study Is Designed to Remove Prior Barriers to Research Participation
Arthur HM, Wright DM, et al., 2001*	Duration: NR Nature of Community Involvement: • Dissemination of findings • Intervention development, implementation • Interpretation of findings	Yes Summaries of sessions were provided to the women who were given the opportunity to accept, reject, or refine the investigators' interpretations Participants codesigned the program that they thought would be of the most benefit to other women living with heart disease Consensus-driven issue identification continued throughout the monthly group meetings	No

* Primary article for this study

Evidence Table 2. Women and Heart Disease: Community-Based, Participatory Components (continued)

Evidence That Socioeconomic Determinants of Health Are Addressed	Evidence That the Research Team Was Flexible to Community Needs and Priorities During Research Implementation	Evidence That the Research Effort Contributed to Individual or Community Capacity Building	Evidence That the Research Findings Were Used or Intended to Be Used to Address the Original Health Concern
Assessed: No Addressed: No	Yes Participants codeveloped program that they thought would be most beneficial to women	Yes Participants felt both supported and supportive during the group process; no evidence of community capacity building	Dissemination of Findings: Yes Findings were disseminated to participants who were given the opportunity to accept, reject, or refine the investigators' interpretations Application of Findings: The authors state that an ongoing community-based support group for women with heart disease may enhance coping, but no indication of continuation of the groups Sustainability of intervention: No

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Appendix D
Expert Meeting Attendees/
Technical Expert Advisory Group Members /
Peer Review

Community-Based Participatory Expert Meeting Attendees

We extend our appreciation to the members of our Community-Based Participatory Expert Meeting attendees who provided us with advice and input at the initiation of our project. Their guidance was invaluable in setting the direction of our review.

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Note: ‡ RTI International – University of North Carolina Evidence-based Practice Center

TEAG Members and Peer Reviewers

Technical Expert Advisory Group

We also extend our appreciation to the members of our Technical Expert Advisory Group (TEAG), who provided advice and input during our research process. The RTI-UNC EPC team solicited the views of TEAG members from the beginning of the project. TEAG members also provided insights into and reactions to work in progress and advice on substantive issues or possibly overlooked areas of research. TEAG members participated in refining the analytic framework and key questions and discussing the preliminary assessment of the literature, including inclusion/exclusion criteria, and also provided input on the information and categories, including evidence tables. The TEAG was both a substantive resource and a "sounding board" throughout the study. It was also the body from which expertise was formally sought at several junctions. TEAG members are listed below:

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Peer Reviewers

We gratefully acknowledge the following individuals who reviewed the initial draft of this report and provided us with constructive feedback. External reviewers comprised clinicians, researchers, representatives of professional societies, and potential users of the report. We would also like to extend our appreciation to David Atkins, MD, and Kaytura Felix Aaron, MD, from AHRQ for contributing peer review comments. Our peer review panel also includes six members of the TEAG: Alex Allen, Gwen Bampfield-Wright, Barbara Israel, Deborah Jones-Saumty, Mereidith Minkler, and Jesus Ramirez-Valles**.** Peer review was a separate duty for these individuals and not part of their commitment as TEAG members. All are active professionals in the field. The peer reviewers were asked to provide comments on the content, structure, and format of the evidence report and to complete a checklist. The peer reviewers' comments and suggestions formed the basis of our revisions to the evidence report. Acknowledgments are made with the explicit statement that this does not constitute endorsement of the report.

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