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Community-Based Participatory Research for Building Community-Based Organizational Capacity: A Programmatic Assessment

A dissertation submitted in partial satisfaction of the

requirements for the degree of Doctor of Public Health

by

Jacqueline HongHanh Tran

2013

ABSTRACT OF THE DISSERTATION

Community-Based Participatory Research for Building Community-Based

Organizational Capacity: A Programmatic Assessment

by

Jacqueline HongHanh Tran

Doctor of Public Health

University of California, Los Angeles, 2013

Professor Ninez A. Ponce, Chair

Community-based participatory research (CBPR) is a paradigm for developing partnerships to address health disparities, however few studies have examined the role of CBPR principles in contributing to organizational capacity and leadership development, especially among community-based organizations (CBOs) in a partnership. A keener understanding of influencing factors for organizational capacity and development helps an organization to strengthen its capacity and sustain services. The Orange County Asian and Pacific Islander Community Alliance, a nonprofit organization based in Orange County, CA, has been engaged in CBPR partnerships for over 15 years. While they have engaged in the CBPR paradigm, they have not had the opportunity to evaluate its impacts on their partnerships and organization. The study

examined PATH for Women, a breast and cervical cancer disparities collaborative framed in CBPR principles. This was a qualitative cross-sectional study focused on PATH for Women. The study explored CBPR principles, infrastructure, relationships and leadership and their associations to organizational capacity and leadership development. Key informant semi-structured interviews were conducted with PATH for Women partner organizations. The study revealed that the nine core CBPR principles were present and promoted in the partnership contributing to individual and organizational capacity building and leadership development. In particular the principles of building on strengths and resources, facilitating collaboration, and recognizing the community as a unit of identity were highlighted as important facilitators for organizational development. The study also revealed positive correlations between facilitating collaboration, integrating knowledge and action for social change, and the empowering process to address social inequalities with organizational visibility. In addition, the CBPR principles of an empowering process for social inequalities, integrating action for social change and facilitating collaboration were also positively correlated with leadership development. Increased skills, leadership development, increased and additional funding support, increased and leveraged relationships and networks, organizational recognition and visibility, and the ability to sustain programs and meet mission were described. The study identified that the PATH for Women partnership, framed in CBPR principles, provided growth and development for the participating organizations. Recommendations for consideration in implementing CBPR principles and promoting organizational capacity and development were also provided for consideration by community-based organizations.

The dissertation of Jacqueline HongHanh Tran is approved.

Ronald M. Andersen

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2013

DEDICATION

I dedicate this dissertation to my fiancé David, my parents Bao and Diep, and my brother, Anthony for all their support during this long journey. Their patience, encouragement and support have helped me tremendously.

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VITA

Jacqueline Tran is a second generation Vietnamese American. She has a strong interest in public health and serving the community. For nearly 15 years, Jackie has worked with nonprofit community based organizations to address access to care, especially among underserved communities. She is an experienced health administrator and researcher. Jackie recently served as the Director of Health Programs at the Orange County Asian and Pacific Islander Community Alliance (OCAPICA), having worked there for 12 years. Jackie has worked on various community-based health research programs, examining aspects such as health care work force diversity and health pipeline programs, asthma education and prevention, occupational health safety among nail salon workers, development of community-based participatory research partnerships, cancer health disparities, chronic health issues, and the importance of culturally and linguistically tailored programs to address health disparities. Jackie's work has focused on community advocacy for quality, linguistic, and culturally appropriate health care, especially among underrepresented communities and promoting and supporting academic and community based health partnerships. Past positions include Acting Director, OCAPICA, Program Manager of the NCI (National Cancer Institute)-funded WINCART Community Network Program, and Clinic Manager at the Vietnamese Community of Orange County Asian Health Center. Jackie has served on various committees and tasks forces, including past Board Member of the Los Angeles Affiliate of Susan G. Komen for the Cure, and current Board member of MOMS Orange County.

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Community-Based Participatory Research for Building Community-Based Organizational Capacity: A Programmatic Assessment

I. INTRODUCTION

Community-based participatory research (CBPR) is an increasingly popular form of research and development that helps nonprofit community-based organizational (CBO) capacity to sustain services to continue to serve communities meeting organizational mission. Most CBOs, guided by their mission, are in the business of providing services for the social good. As such, CBO are enterprises that must grow and develop and respond to the economic market. Growth and development are natural evolutions of these organizations, not just financially, but also in terms of infrastructure, staff capacity, and skills. In particular, the recent economic downtown has forced businesses to more critically examine their structure and operations to ensure sound business and fiscal practices and to be responsive to their agency stakeholders, whether that is the board and investors or community members being served. Organizational capacity and effectiveness are important measures of an agency's ability to operate and sustain services. While the mission is beyond the maximization of profit, it is still important to measure and evaluate an organization's ability to serve and sustain its operations so that it can provide services for social good. Organizational capacity and effectiveness are indicators of this ability and help to better understand an organization's infrastructure and sustainability. To sustain and grow, strong programs must be implemented and innovation must be incorporated. For nonprofits, CBPR, as will be discussed in detail in Section II, may be a paradigm that can elicit such growth and development.

The Orange County Asian and Pacific Islander Community Alliance CBO is located in Garden Grove (Orange County), California. The organization was established in 1997 as a health and social service agency, particularly focusing on the needs of Asian and Pacific Islander communities with the mission to *enhance the health, social and economic well-being of Asians and Pacific Islanders in Orange County, California*. Education and program services drive the efforts to create healthier communities in Orange County.

The organization began as a small agency with three volunteer staff and an operational budget of $50,000. Fifteen years later, OCAPICA has a staff of 40 full and part-time employees and an annual operating budget of $3.4 million. Agency funders have included private foundations such as The California Endowment, the James Irvine Foundation, and the Women's Foundation of California; local funders such as the Orange County Health Care Agency; state support from the California Dialogue on Cancer (CDOC); and federal support from the National Cancer Institute and Centers for Disease Control and Prevention. Since its inception, OCAPICA has been a nonprofit 501(c) 3 agency, providing services for social good especially among Asian and Pacific Islander communities. As defined by the Internal Revenue Service, such an organization is not operated for private interests and does not influence legislation as a substantial part of its activities. Over the years, OCAPICA has engaged in various projects and efforts in the areas of education, youth leadership and development, health education, health research, mental health, and civic engagement. Most program efforts have included evaluation components of specific program and intervention efforts.

One of OCAPICA's core values is to develop program partnerships with other organizations based upon CBPR. Throughout the years various partnerships have been developed to address health and social issues in the community. However, no organizational

evaluation has been completed in terms of the effectiveness of the partnership models. Partnership models include informal as well as formal collaborations. Partnerships include CBO and CBO partnerships, CBO and academic partnerships, larger collaborations between multiple CBOs where OCAPICA is the convener, and larger collaborations between multiple CBOs and academic organizations where OCAPICA serves as the convener. Funded by the Centers for Disease Control and Prevention (CDC), PATH for Women is one such partnership with OCAPICA as convener. The partnership aimed to increase breast and cervical cancer screening among Asian American and Pacific Islander women.

Despite OCAPICA's partnership approach, to date, no organizational evaluation has ever been completed regarding the effectiveness of the CBPR partnership model on the capacities and infrastructure of the convener and partnering CBOs. Thus, the purpose of this study was to explore the role of CBPR principles and how they impacted organizational growth and capacity building for OCAPICA and its partner CBOs. Understanding this would help inform OCAPICA in its future partnership development.

II. BACKGROUND

a. Background on OCAPICA

OCAPICA provides programs in many areas with a strong focus and foundation in public health, especially community outreach and engagement and linkages to direct health care services. One of OCAPICA's mottos is "*stronger communities through partnership*." Practicing under this core value, OCAPICA has developed many (10 over 15 years) community health programs using the community based participatory research (CBPR) paradigm.

The agency conducts work in the areas of youth (leadership and development), policy, mental health and health. In the area of health, OCAPICA has over a decade of experience working on research projects with academic partners. OCAPICA works on health programs locally, regionally, and nationally. In many of the health efforts, OCAPICA has participated as the community-engaged research partner agency, with the Executive Director often serving as the co-Principal Investigator. In recent years, OCAPICA has taken leadership on multiple CBPR efforts with the Executive Director serving as Co-Principal Investigator or Principal Investigator. Community-based health research programs include work in cancer health disparities, chronic diseases (cardiovascular disease and diabetes), and children's health issues (such as asthma and access to care) among underserved Asian and Pacific Islander (API) communities.

OCAPICA has partnered on health research efforts since its inception in 1997. Work in the early years focused on serving as a community partner. In this role OCAPICA provided outreach and education to diverse API communities and provided research support such as access to diverse communities and assistance in participant recruitment. Collaborative work continued and in 1999, OCAPICA had the opportunity to help lead a collaborative effort to address breast and cervical cancer disparities among API communities. In this role, with the Executive Director serving as co-Principal Investigator, OCAPICA helped to broker relationships among various community based organizations to partner with academic researchers to address cancer health disparities. In 2007, OCAPICA's Executive Director became PI of PATH for Women.

Over its fifteen years of experience, OCAPICA has increased its role and engagement in CBPR efforts and has also provided these opportunities to community partners. OCAPICA began like many other partner organizations conducting outreach to diverse communities. Over

the years, their role has evolved into shared leadership in many of their CBPR efforts, working across the continuum of community engagement in CBPR (NIH Principles of Community Engagement, June 2011). In particular, OCAPICA has often worked as the broker developing and strengthening the individual and organizational relationships that create the trust to initiate and evolve the partnerships into CBPR models. As a result, over the fifteen years of experience, roles have shifted where initially organizations sought out OCAPICA to reach into diverse communities and OCAPICA now seeks out partners to facilitate the partnerships between community-based agencies and university researchers to create synergistic partnerships around the CBPR paradigm. OCAPICA has since partnered in 10 multi-year community-based participatory research (CBPR) efforts and helped to bring in multiple (twenty-seven) community agencies as CBPR study partners.

A key role for OCAPICA has also been to convene and facilitate the partnerships and to provide technical assistance and support. As a lead agency, OCAPICA serves as a strong support resource for other community agencies in the CBPR partnership. Having served in this role for over a decade, OCAPICA is interested in assessing its role and the opportunity to build leadership, as a next step in its development spectrum. In particular, OCAPICA is interested in assessing if CBPR has positively impacted organizational capacity and development, internally and externally with partner agencies. While partnership development is a core OCAPICA value, OCAPICA has not taken an opportunity to evaluate and assess if CBPR, a particular partnership model, is effective in regards to organizational capacity and development. Having been engaged in such partnerships for over a decade, OCAPICA is interested in assessing the benefits and challenges of participating in CBPR efforts.

This study proposed to conduct an organizational assessment of OCAPICA and CBO partners. By conducting key informant interviews with convener and partner organization staff the study intended to gain a better understanding of the impact of CBPR on organizational capacity and development. In particular, the study aimed to identify key indicators for successful partnership and what impacts, if any, were made on OCAPICA and CBO partners, and to discuss how these findings can be applied to CBOs that engage in CBPR efforts.

This study examined the REACH US (Racial and Ethnic Approaches to Community Health Across the United States) CEED (Center of Excellence to Eliminate Disparities) Promoting Access to Health for Pacific Islander and Southeast Asian Women (PATH for Women) program and partnership. PATH for Women was a collaborative with 10 years of funding support from the CDC Foundation (Agreement Number 12295-0100-01) and the CDC (Cooperative Agreement Number 5U58DP001006) under the REACH 2010 and REACH US initiatives from the Department of Health and Human Services. The collaborative focused on addressing breast and cervical cancer disparities among Pacific Islander and Southeast Asian communities. The partnership was comprised of nine community-based organizations and two academic partners and served 10 Pacific Islander and Southeast Asian subgroups throughout Southern California (Los Angeles, Orange and San Diego counties). The collaborative was initiated in 1999 and received 10 years of funding support, through two sets of 5-year funding streams (from the Centers for Disease Control and Prevention (CDC), just coming to a close in 2012.

PATH for Women served as the context for this programmatic assessment of the role of Community-based Participatory Research (CBPR) in organizational capacity building and development. By conducting key informant interviews with convener and partner organization

staff, the study aimed to identify key indicators for successful partnership and what impacts, if any, were made on OCAPICA and CBO partners, and to discuss how these findings can be applied to CBOs that engage in future CBPR efforts.

b. Background on Community-Based Participatory Research

1. What is Community-Based Participatory Research

Community-based participatory research (CBPR) is an applied research approach and philosophy, different from traditional research, in that it involves and engages the community to identify the problem and helps to create the solution. CBPR engages a participatory process in which there is value added for both researchers and the community being studied. Researchers and the community participate fully as equal partners in all aspects of the research process and often the research is community driven and community-engaged. The process includes shared decision-making and mutual ownership. CBPR is usually used to addresses social inequities and takes an ecological perspective to community change. CBPR is not only rooted in research, but in creating community, social change, and taking action (Israel et al., 1998; Minkler et al., 2003).

CBPR focuses on equitable partnerships. Equitable partnerships require sharing power, resources, credit, results, and knowledge, as well as, a reciprocal appreciation of each partner's knowledge and skills at each stage of the project (Israel et al., 1998). This includes problem definition/issue selection, research design, conducting research, interpreting the results, and determining how the results should be used for action (Israel et al., 1998).

CBPR differs from traditional research in many ways. One of the principal ways in which it is different is that instead of creating knowledge for the advancement of a field or for

knowledge's sake, the purpose is to engage communities in an active role to help develop and implement solutions to the problems in the communities, often addressing health disparities.

CBPR comprises key principles that inform iterative processes, incorporating research, reflection, and action in a cyclical process (Israel et al., 1998). The basis of CBPR principles focus on relationships - relations between individuals within communities and groups, relations between those groups and communities, and relations between people and their physical environment. According to Israel et al. (1998), CBPR:

1) Recognizes the community as a unit of identity;
2) Builds on the strengths and resources within the community;
3) Facilitates collaboration in all phases of the partnership;
4) Involves an empowering process to social inequalities;
5) Promotes co-learning among all partners;
6) Integrates knowledge and action for the mutual benefit of partners;
7) Emphasizes an ecological perspective;
8) Involves a cyclical and iterative process; and
9) Disseminates findings and knowledge gained to all partners.

CBPR researchers purport to adhere to these principles in all aspects of their research practice, operationalizing the principles to achieve the mutually defined, partnership and research outcomes (Braun et al., 2012).

CBPR has been viewed as an effective opportunity to engage research and community to address health disparities (Green et al., 1994; Israel et al., 1998). Prior to the development of CBPR, there were disappointing results from public health interventions. The belief is that by engaging community in the process, there may be more successful results (Israel et al., 1998, Viswanathan et al., 2004). It is believed that the CBPR process will “enhance the relevance,

usefulness, and use of the research data by all partners involved and improve the quality and validity of research by engaging local knowledge and local theory based on the lived experience of the people involved (Israel et al., 1998, page 180)." CBPR is meant to engage and involve researchers and community equally in a participatory nature in a research process to help address community problems with community driven solutions (Israel et al., 1998; Israel et al., 2003, Chapter Three). Through this process, knowledge is used to create action and social change (Israel et al., 1998; Minkler et al, 2003).

2. Use of Community-Based Participatory Research

Also much literature exists on the academic perspective of CBPR, community organizations comprise an essential yet understudied viewpoint. Informed by anthropology and social welfare, CBPR has gained popularity as a research approach in the United States since the 1990s particularly because of its focus on research power differentials in public health disparities field. With its increasing use has also come increasing interest in identifying ways to best define and implement CBPR to address such disparities (AHRQ conference 2001). For example, the federal government has invested in CBPR efforts. In 1994, the National Institute of Environmental Health Sciences (NIEHS) initiated efforts to support CBPR efforts, under the leadership of Dr. Kenneth Olden, recognizing the importance of listening to communities that have experienced these environmental and health disparities (Northridge et al., 2005). Following suit, in 2002, the CDC allocated funds specifically to the Racial and Ethnic Approaches to Community Health (REACH) 2010 initiative to address Healthy People 2010 goals through community-based health approaches (Satcher, 1999; Minkler & Wallerstein, 2008). Indeed, Lawrence W. Green, director of CDC extramural prevention research with the CDC revealed how *CDC has funded 25 "*community based prevention research" programs totaling $13 million

and that 560 LOIs were received in response to this grant initiative – "greatly exceeded the response to most calls for proposals at either the CDC or NIH" (Minkler et al., 2003, page 1211).

Similarly, private foundations also recognize the potential contributions of CBPR to achieving health equity in underserved communities. Funders such as the Robert Wood Johnson Foundation, W.K. Kellogg Foundation, the Ford Foundation, The Annie E. Casey Foundation, The California Endowment (TCE), The Rockefeller Foundation, and the Aspen Institute, are using CBPR "as a potent approach to address health disparities (Minkler et al., 2003, page 1210)." Some agencies have utilized CPBR as a participatory evaluation method such as TCE, the Public Health Institute, and the Rockefeller Foundation.

In the 1990s, an estimated $45 million was provided by private foundations and federal support for CBPR (Minkler et al., 2003). Since then, millions more have been allocated to CBPR efforts with over a dozen funding opportunity announcements through the National Institutes of Health, Agency for Healthcare Research and Quality, and other organizations through the US Department of Health and Human Services (OBSSR: CBPR online webpage and AHRQ: CBPR Research Factsheet accessed on March 2, 2013). This interest in CBPR for community-partnered research has continued to grow and increase and is viewed as means to translate research findings into the community.

In the past decade, CBPR efforts have addressed various health issues from environmental justice to cancer and the food environment; worked with diverse racial and ethnic communities; and ranged in geographic locales such as rural and urban settings (Gamble, 1997; Angell et al., 2003; Stratford et al., 2003; Horowitz et al., 2003; Lam et al., 2003; Sloane et al., 2003; Metzler et al., 2003; Minkler et al., 2003; Minkler, 2004; Burhanstipanov et al., 2005;

Wallerstein & Duran, 2006; Tanjasiri et al., 2007). Efforts have also included various research designs and methodologies, integrating community input and expertise in the decision making process (Angell et al., 2003; Stratford et al., 2003; Horowitz et al., 2003; Lam et al., 2003; Sloane et al., 2003; Metzler et al., 2003; Minkler et al., 2003; Burhanstipanov et al., 2005). Numerous studies have invested in the use of CBPR as a research paradigm to address and respond to health disparities, and a few studies are beginning to elicit the impact of CBPR on organizational capacity and development (Israel et al., 2010).

Efforts to encourage CBPR by funders have resulted in guidelines to review and evaluate funding proposals. Many of the guidelines are process measures to ensure that the CBPR application has included and involved academic and community partners (at multiple levels) and to ensure a genuinely CBPR effort. Similarly, the literature reflects studies that examine CBPR efforts discussing the implementation of the key CBPR principles and examining if CBPR has yielded measurable outcomes on health disparities (Israel et al., 1998, Minkler & Wallerstein, 2008, Viswanathan et al., 2004). Efforts have also been initiated to address the tensions and challenges in CBPR (Lantz et al., 2001; Minkler, 2005; Israel et al., 2006; Braun et al., 2006; Seifer & Sisco, 2006; Norris et al., 2007). While the core principles of CBPR are discussed, less focus has been given to the discussion of successful partnerships, particularly the key elements for success and the value added to community agencies that engage in CBPR especially in regards to organizational capacity building and development. (Chen et al., 2010; Israel et al., 1998; Minkler & Wallerstein, 2008; Seifer & Sisco, 2006; Stacciarini et al., 2010; Viswanathan et al., 2004). A few studies are beginning to illuminate how CBPR principles are being operationalized and sharing how integrating these processes strengthened the research partnership (Braun et al., 2012; McAllister et al., 2003; Rhodes et al., 2010). However, limited

information exists on these perspectives and experiences from the community-based organization partner perspective.

c. Background on Organizational Development and Capacity

Management literature (Herman & Renz, 1999; Herman & Renz, 2004; Rojas, 2000) notes the need for organizations to examine and evaluate processes and structural indicators to examine models that help organizations grow and develop. There has been a strong trend to assess, especially among nonprofit community-based organizations, efficiency, effectiveness, and the ability to sustain core functions. In particular, both the economic downturn and mis-management in the nonprofit sector (Herman & Renz, 2004; Rojas, 2000) has led to the increased interest in examining nonprofit organizational capacity and effectiveness.

In examining organizational capacity an array of definitions arise. Capacity can be described as an agency's ability to fulfill its mission, or characteristics that affect the ability to identify, mobilize and address social and public health problems; an ability to acquire and use resources to address any problem; or skills and resources, including leadership and vision, formalized management and planning processes, fiscal planning and practice, and operational support (LaFond et al., 2002; Chinman et al., 2005; and Butterfoss, 2006). Capacity is also complex in that it can be a process and an outcome, and can be associated with an individual and/or organization (Honadle 1981; Laverack &Wallerstein, 2001). Capacity can also be viewed as organizational effectiveness or performance and then the discussion leads to the ability to sustain such efforts. Sustainability can also be associated with an ability to maintain a program and/or organization or maintenance of the actual values of a partnership over the long term

(Butterfoss, 2006; Israel et al., 2006). These examples demonstrate the range of definitions associated with organizational capacity.

While the management (including nonprofit management) and CPBR literature reflects limited indicators and consistent longitudinal measures for organizational capacity and effectiveness, there are some suggested areas for consideration. Key areas of focus are on participation, planning, leadership development, organizational structure, resource mobilization, and sustainability (Goodman et al., 1998; Labonte & Laverack, 2001; Rojas, 2000; Herman & Renz, 2004). The management and CBPR literature discusses capacity and different levels of capacity (individual, organizational and community); however it offers no specific measures or indicators. Assessing capacity can be complex and subjective. In particular, the literature discusses the subjective nature of capacity assessment, yet the need to measure and evaluate in order to understand whether there is an impact on organizational structures (Labonte & Laverack, 2001). The literature also suggests that the use of "correct practices" at the management and board level help to lead an agency to organizational effectiveness (Herman & Renz, 2004). On the contrary, the literature also notes that "doing the right thing" does not result in effectiveness (Herman & Renz, 2004). Presented here are suggested indicators to measure organizational capacity and effectiveness.

While the management and CBPR literature in this area is still limited, the information leads to the importance of organizations to conduct self-evaluations and to identify strengths and areas of improvement to communicate success and align with stakeholders and program champions (Lantz et al., 2001; Eisinger, 2002; Parker et al., 2003; Joffres et al., 2004; Barrett et al., 2005; Chinman et al., 2005; Israel et al., 2006; Butterfoss, 2006; Stockdale et al., 2006). Some suggested areas for consideration are examining community participation; leadership,

including identifying program champions; assessing organizational structure/work place environment; examining resource mobilization; and assessing an organization's ability to manage and utilize resources (Anderson et al., 2005; Butterfoss, 2006; Labonte & Laverack, 2001). In regards to leadership, there is a need to examine not only individual leader development, but also to assess collective leadership development (Barrett et al., 2005). Conducting evaluations of these areas can inform how to strengthen and improve an organization.

1. Community-Based Participatory Research and Organizational Capacity

CBPR has become a successful process in developing partnerships across the world to address health disparities (Gamble, 1997; Angell et al., 2003; Stratford et al., 2003; Horowitz et al., 2003; Lam et al., 2003; Sloane et al., 2003; Metzler et al., 2003; Minkler et al., 2003; Minkler, 2004; Joffres et al., 2004; Burhanstipanov et al., 2005; Braun et al., 2006; Wallerstein & Duran, 2006; Tanjasiri et al., 2007; Cargo & Mercer, 2008). A few studies have reported on the operationalization and implementation of CBPR principles, reflecting adherence and focus to some principles more so than others (Braun et al., 2012; McAllister et al., 2003; Rhodes et al., 2010). A recent study shared data from a conference gathering of researchers and community members engaged in CBPR identifying key facilitators and barriers to community capacity building and sustainability. Key findings were that:

> (1) the concepts of capacity and sustainability were considered interconnected; (2) partnership was perceived as both a facilitator and an outcome of CBPR; (3) sustainability was linked to "transfer of knowledge" from one generation to another within a community; and (4) capacity and sustainability were enhanced when goals were shared and health outcomes were achieved (Hacker et al., 2012).

In particular, the study concluded that "community capacity building and sustainability are key outcomes of CBPR for communities, and that co-learning opportunities that engage and mutually

educate both community members and academics can be useful strategies for identifying meaningful strategies to achieve these outcomes (Hacker et al., 2012)." Another study supported the role of organizational capacity resulting from the implementation of CBPR principles. A review of studies in the Milbank Quarterly showed that participatory research:

> generate professional capacity and competence in stakeholder groups, increase the quality of outputs and outcomes over time, increase the sustainability of project goals beyond funded time frames and during gaps in external funding, and create system changes and new unanticipated projects and activities (Jagosh et al., 2012).

These studies support that CBPR continues to play an important role in partnership development. The literature is advancing the knowledge of the specific role CBPR plays in capacity and development.

d. Importance of the problem within the context of the organization

Since its inception, OCAPICA has worked in partnership with various organizations to address issues around education, housing, youth development, health and civic engagement. In particular, OCAPICA has engaged in multiple community-research partnerships to address health disparities in underserved API communities. As noted earlier, OCAPICA has spearheaded research and the Executive Director has served as Co-Principal Investigator and Principal Investigator on various studies. While CBPR has been a paradigm used to develop partnerships to address health disparities, OCAPICA has never examined if this particular model has helped to develop organizational capacity and leadership. Often academic institutions and researchers seek out community-based organizations serving specific populations to partner with on research efforts. The funding opportunity often brings financial resources to the community agency, however, are there other organizational gains than financial resources? And are the

financial resources adequate, to participate and fully engage? In essence, does the CBPR paradigm contribute to organizational effectiveness?

As an active participant in CBPR efforts, OCAPICA understands the process and principles of community-engaged research efforts. Of particular interest is how this approach impacts community-based agencies, and how if in any way, participating in CBPR efforts lends to leadership development and organizational growth within the agency. Simply because relationships have been forged, does not mean that these have been successful partnerships**.** This study intended to provide OCAPICA with a partnership evaluation to gain a better understanding of the impacts of CBPR principles on OCAPICA and its partner organizations regarding organizational capacity and development. OCAPICA has not previously evaluated or measured the impact of CBPR in its programs and this analysis will be instructive in decision making in undertaking future opportunities. It will also identify for OCAPICA the outputs and outcomes, related to organizational capacity and development that may result from community-engaged efforts.

III. RESEARCH AIM

The purpose of this dissertation was to assess the impacts community-based participatory research (CBPR) principles had on organizational capacity and growth for OCAPICA and its CBO partners in the PATH for Women program. The study conducted a programmatic evaluation of a CBPR program at OCAPICA to measure whether and which CBPR principles, if any, were associated with a CBO's organizational growth and development. The study looked at collaboration (the gathering of groups to work cooperatively around an issue) and CBPR (gathering of the groups to work cooperatively around an issue with agenda setting established

through community and academic engagement (in design, delivery and evaluation, and strengthened design and evaluation due to research methods and rigor (NIH Principles of Community Engagement, June 2011). Interest in evaluating the CBPR partnership arose from the study researcher's role as a member of the PATH for Women team, serving as its Program Director over the duration of the partnership.

Research Aim: What aspects of CBPR lend to organizational capacity and leadership development for a participating community-based organization (CBO), in particular OCAPICA and its partnering organizations?

IV. METHODS

a. Design

This was a qualitative cross-sectional study that explored the role of CBPR principles in organizational capacity and leadership development among organizations in a health partnership. Key informant interviews were conducted among study partners to elucidate the research inquiry, as well as help to explain if organizational capacity and development occurred in the partnership. Participants in the study were community members of the PATH for Women partnership, a breast and cervical cancer disparities collaborative convened by OCAPICA and based in Southern California. The PATH for Women partnership is comprised of OCAPICA, nine CBOs, and researchers from two academic institutions. OCAPICA was the convening organization in this partnership. PATH for Women employed CBPR principles and used this as a frame for addressing breast and cervical cancer disparities in Pacific Islander and Southeast Asian communities. Specifically, the study focused on OCAPICA and the CBOs and their experience and perceptions as participants in this CBPR partnership. A focus was on the role of CBPR principles in community organizational capacity and leadership development.

A logic model was used to guide the implementation of this study. Logic models have been used to "help with planning, design, implementation, analysis, and knowledge generation" (W.K. Kellogg Foundation, 2004, page III) for organizations. In this study, the logic model helped to visualize the key attributes of the PATH for Women program linking the expected outputs and outcomes with the program activities and processes. By exploring the partnership through this lens, the study researcher hoped to inform OCAPICA about the outputs and outcomes resulting from PATH for Women that may help to build the capacity for the partnering organizations. Logic models have been used to help understand how inputs lead to impacts (Connolly & York, 2002; Hernandez,2000).

As shown in Figure 1, the study logic model describes the PATH for Women inputs, activities, outputs and outcomes of interest. The program inputs and resources of interest for the PATH for Women logic model included the original (at the inception of PATH for Women) organizational budget and number of staff of respective partner organizations and the convener organization. The program activities of interest included staff leadership building, organizational infrastructure development, relationship building, and existence of and experiences with CBPR principles. To understand if partner and convener organizations experienced organizational capacity and development, program outputs of interest were increased staff capacity, increased staff leadership, service delivery and changes in operational resources (such as organizational budget and staff size). Finally, program outcomes of interested included whether organizations (partner and convener) gained credibility and visibility as a result of the PATH for Women Program. The study aimed to identify if all of these activities, outputs and outcomes occurred in PATH for Women, and specifically how CBPR principles may have influenced outputs and outcomes for the participating partner and convener organizations.

Figure 1. Study Logic Model

Inputs/Resources	Activities	Outputs	Outcomes
Size of partner budget at the inception of PATH for Women	Staff leadership building	Increased staff capacity	Change in organizational visibility
Number of partner staff at the inception of PATH for Women	Organizational infrastucture development	Increased staff leadership	Change in organizational credibility
Size of convener budget at the inception of PATH for Women	Relationship building	Organizational ability for service delivery	
Number of convener staff at the inception of PATH for Women	PATH for Women's use of CBPR principles and processes 1. Community as a unit of identity 2. Building on strengths and resources 3. Facilitating collaboration 4. Integrating knowledge and action 5. Use of co-learning 6. Promotion of empowering processes 7. Inclusion of a cyclical and iterative process 8. Use of an ecological perspective 9. Dissemination of all findings	Size of organizational budget at the end of PATH for Women Number of organizational staff at the end of PATH for Women	

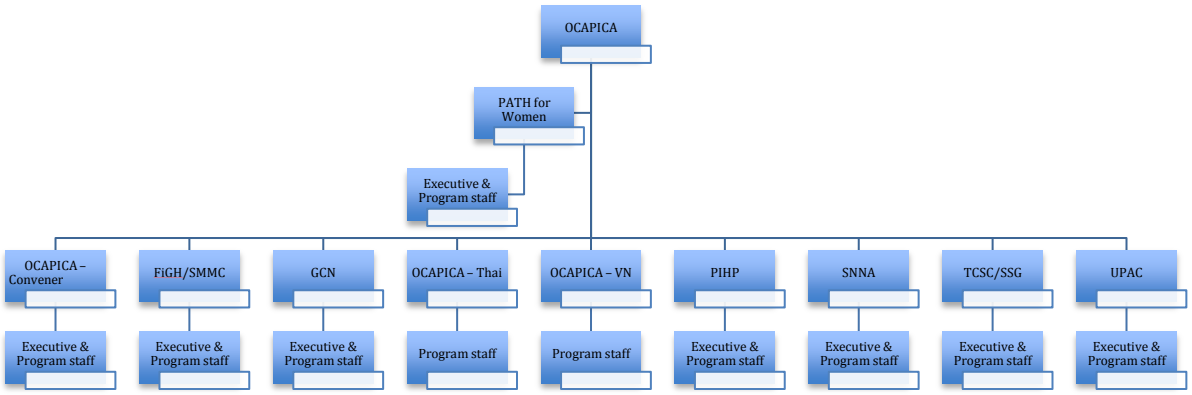
b. Participants

To assess all aspects of the study logic model, convener and partner organization staff that were currently participating in PATH for Women were invited to participate in key informant interviews for the study. Two types of staff were invited: individuals who represented the management/executive level (e.g., Executive Directors, Program Directors, and Program Managers), and program level staff (e.g., Health Educators and Outreach Workers) from OCAPICA (convener) and partner CBOs. Convener and partner organizations that were eligible to participate included:

1. Orange County Asian and Pacific Islander Community Alliance (OCAPICA) – PATH convener
2. Families in Good Health/St. Mary Medical Center (a member of Dignity Health) FiGH/SMMC) (PATH partner),
3. Guam Communications Network (GCN) (PATH partner),
4. OCAPICA – Thai partner (PATH partner, specifically the Thai health educator),
5. OCAPICA – Vietnamese partner (PATH partner, specifically the Vietnamese health educator),
6. Pacific Islander Health Partnership (PIHP) (PATH partner),
7. Samoan National Nurses Association (SNNA) (PATH partner),
8. Tongan Community Service Center/Special Service for Groups (TCSC/SSG) (PATH partner), and
9. Union of Pan Asian Communities (UPAC) (PATH partner).

Criteria for selection of eligible staff within each of these organizations included currently participating as staff on the PATH for Women partnership, and speaking English. Figure 2 shows the recruitment scheme for the study.

Figure 2. Participant Recruitment Plan



VN= Vietnamese

c. Measures

The study's logic model facilitated identification of measures for inputs, activities, outputs and outcomes. Inputs included size of organization budget, size of organization staff, and beliefs and perceptions from staff of the convener and partner organizations. Activities that were explored included relationship building, staff leadership building (Barrett et al., 2005), organizational infrastructure development (LaFond et al., 2002; Chinman et al., 2005; Butterfoss, 2006), and CBPR principles and processes (Israel et al., 1998). Relationship building focused on partnerships, linkages and strengthened networks among the staff and organization. Leadership building focused on individual and group skills building (Barrett et al., 2005) through a coaching and mentoring process. Organizational infrastructure development focused on fiscal solvency (Butterfoss, 2006). Lastly, CBPR principles (Israel et al., 1998) focused on the adherence to the nine core principles and the operationalization of the principles. Staff were asked if the following CBPR principle (Israel et al., 1998) were present. The nine CBPR principles are:

1) CBPR recognizes the community as a unit of identity;

2) CBPR builds on the strengths and resources within the community;

3) CBPR facilitates collaboration in all phases of the partnership;

4) CBPR involves an empowering process to social inequalities;

5) CBPR promotes co-learning among all partners;

6) CBPR integrates knowledge and action for the mutual benefit of partners;

7) CBPR emphasizes an ecological perspective;

8) CBPR involves a cyclical and iterative process; and

9) CBPR disseminates findings and knowledge gained to all partners.

Open-ended and close-ended questions were asked of study participants of the presence and promotion of these key principles in the PATH for Women partnership.

Anticipated outputs from the PATH for Women study were increased staff capacity (skills and knowledge), increased staff leadership, ability to deliver program services and fiscal solvency. Organizational budget and staff size at the end of PATH for Women were also identified. Anticipated outcomes from the logic model were agency visibility and credibility, providing recognition to the partnering organizations. These were anticipated impacts experienced by the PATH for Women partnering organizations.

Table 1 represents the interview questions that elicited organizational information from OCAPICA and partner organizations regarding organizational capacity and development. The questions, open and close-ended, were to solicit information on CBPR principles, leadership, infrastructure, and relationships. Questions pertaining to CBPR principles were asked as Likert items as well as open-ended responses to elicit the degree of disagreement/agreement to its presence in the PATH for Women partnership. The Likert items were on a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree with the concept in question. All information was self-reported from the perspective of the interviewee in relationship to their partnership and

engagement with OCAPICA, particularly in PATH for Women. In addition to the study measures, these two questions were asked of all study participants: "First, aside from skills, are there other ways that working with PATH for Women has helped your agency and if so please share/explain how PATH for Women has done this. Second, is there anything else you want to share, positive or negative, or something for future consideration that you would want me to know?"

Table 1. Study Measures

	Interview Question	Measure Type
Inputs		
Organizational staff	Please share how large your organization is – what is the number of staff you have in your organization, at the inception of PATH for women/your organization joining PATH for Women?	Continuous
Organizational budget	Please share with me your organization's annual operating budget, at the inception of PATH for women/your organization joining PATH for Women?	Continuous
Activities		
CBPR	How much do you agree that the PATH for Women Program exemplifies Community-Based Participatory Research (CBPR) based on the definition just shared?	Ordinal, Likert 5-item scale (strongly disagree to strongly agree)
	How do you think the PATH for Women Program exemplifies Community-Based Participatory Research (CBPR)?	Open-ended
	If it does not, how can it better exemplify CBPR?	Open-ended

Unit of Identity	What does it mean to recognize the community as a unit of identity?	Open-ended
	Does the PATH for Women CEED recognize the community as a unit of identity?	Ordinal, Likert item scale – 5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do to recognize the community as a unit of identity?	Open-ended
Builds on strengths and resources within the community		
Builds on strengths within the community	Does the PATH for Women CEED build on the strengths within the community?	Ordinal, Likert item scale – 5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do to build on the strengths within the community?	Open-ended
Builds on resources within the community	Does the PATH for Women CEED build on the resources within the community?	Ordinal, Likert item scale – 5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do to build on the resources within the community?	Open-ended
Facilitates Collaboration	Does the PATH for Women CEED facilitate collaborative partnerships in all phases of the program (e.g. outreach and education, navigation, data collection, data dissemination)?	Ordinal, Likert item scale – 5 item scale
	If yes, how does PATH for Women do this? At what phases?	Open-ended

	If no, what can PATH for Women do to facilitate collaborative partnerships in all phases of the program? At what phases?	Open-ended
Integrate knowledge and action for the mutual benefit of all partners		
Integrate knowledge for the mutual benefit of all partners	Does the PATH for Women CEED integrate knowledge for the mutual benefit of all partners?	Ordinal, Likert item scale-5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do to integrate knowledge for the mutual benefit of all partners?	Open-ended
Integrate action for the mutual benefit of all partners	Does the PATH for Women CEED integrate action for the mutual benefit of all partners?	Ordinal, Likert item scale-5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do to integrate action for the mutual benefit of all partners?	Open-ended
Co-learning	Does the PATH for Women CEED promote a co-learning process that attends to social inequalities?	Ordinal, Likert item scale-5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do promote a co-learning process?	Open-ended
Empowering process	On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED promote an empowering process that	Ordinal, Likert item scale-5 item scale

	attends to social inequalities?	
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do promote an empowering process?	Open-ended
Cyclical and iterative	Does the PATH for Women CEED involve a cyclical and iterative process?	Ordinal, Likert item scale – 5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do promote a cyclic and iterative process?	Open-ended
Ecological perspective	Does the PATH for Women CEED address health from an ecological perspective?	Ordinal, Likert item scale – 5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do to address health from an ecological perspective?	Open-ended
Dissemination	Does the PATH for Women CEED disseminate findings and knowledge gained to all partners?	Ordinal, Likert item scale- 5 item scale
	If yes, how does PATH for Women do this?	Open-ended
	If no, what can PATH for Women do to disseminate findings and knowledge gained to all partners?	Open-ended
Relationship building	How has working with the PATH for Women program helped you develop new partnerships with others?	Open-ended
	Please share which ones? And what have these partnerships provided for your	Open-ended

	organization?	
Staff leadership building	Please share with me what your definition of leadership is?	Open-ended
	How has PATH for Women helped you to develop your skills as a leader?	Open-ended
	What opportunities are made available?	Open-ended
	If opportunities shared, what skills have you developed?	Open-ended
	Do you agree or disagree that the organization/partnership uses a coaching or mentoring process to support the development of leaders?	Ordinal, Likert item scale- 5 item scale
	If you somewhat agree or agree strongly, would you share examples?	Open-ended
	If you somewhat agree or agree strongly, on a scale of 1-10 how effective is this process?	Ordinal, 10 item scale – with 1 being weak/low and 10 being strong
	If you disagree, what would be things that are important to help develop leaders? Please share.	Open-ended
Organizational infrastructure development	How has working with the PATH for Women partnership helped your agency meet its goals?	Open-ended
	Please share with me what these abilities are, or how they could do this?	Open-ended
	Please share with me what PATH for Women has done in this regard?	Open-ended
Outputs		
Operational resources	Please share how large your organizations is – what is the number of staff you have in your organization, at	Continuous

	this time?	
	Please share with me your organization's annual operating budget, at this time?	Continuous
Increased capacity	Would you agree/disagree that you have more partners/linkages as a result of working with PATH for Women?	Ordinal, Likert item scale – 5 item scale
	How has working on the PATH for Women Program helped you to develop new skills?	Open-ended
Staff leadership	Do you believe that this (leadership) is present in your partnership with PATH for Women?	Open-ended
	If no, how might it become a part of the collaborative?	Open-ended
	If yes, how is it a part of the collaborative	Open-ended
	Do you like this style? If yes, please help me understand what you like about it.	Open-ended
	If not, what would you do different?	Open-ended
Service delivery	What about working with PATH for Women allows you to deliver/meet mission?	Open-ended
	In what way?	Open-ended
Outcomes		
Visibility	Would you agree/disagree that others view your agency as a strong community partner because of this partnership?	Ordinal, Likert item scale – 5 item scale

Credibility	Have you been invited to participate/join task forces due to your work in this area? If yes, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, would you say that you have been invited to participate/join task forces due to your work in this area, more than prior to PATH for Women?	Ordinal, Likert item scale – 5 item scale
	Have you been invited to participate/join work groups due to your work in this area? If yes, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, would you say that you have been invited to participate/join work groups due to your work in this area, more than prior to PATH for Women?	Ordinal, Likert item scale – 5 item scale
	Have you been invited to speak about your work in this area (e.g. classes, student groups, community groups)? If yes, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, would you say that you have been invited to speak about your work, more than prior to PATH for Women?	Ordinal, Likert item scale – 5 item scale

d. Participant Recruitment

In order to explore the study's logic model, data gathering took place through key informant interviews.

Field activities commenced on August 8, 2012 when a letter of recruitment was sent by the study researcher to the Executive Director of the convening organization, to explain the study and to ask for recruitment assistance. Participant recruitment was coordinated by the convener

Executive Director because of the prior relationship the study researcher (formerly the PATH for Women Program Director) had with all PATH for Women staff. The letter provided information on the study (condensed information sheet) and requested a distribution and display of a study flyer. The flyer was in English and provided eligibility criteria for the study. Those interested in participating were asked to reach out to the study researcher by completing a masked Doodle link providing their availability to participate. The study researcher then made contact with the interested parties to complete a screening script for eligibility and then scheduled a face-to-face interview at a time of convenience for the participants. The study flyer also listed the contact information, email and phone number, for the study researcher for direct contact. All participants made primary contact with the study researcher via email and then completed the Doodle link showing time availabilities for face-to-face interviews. The study researcher made contact with each interested participant and scheduled appointments at a time and location of convenience to the participant. Interview locations were spaces at the partner organizations where there was privacy provided for the face-to-face interview. Participants were reminded that participation was completely voluntary.

The UCLA IRB approved all human consent procedures reassuring participants of their voluntary participation, confidential involvement, and withdrawal protections. The study was approved on August 6, 2012 with protocol identification number 12-00237. Participants were not required to answer all questions. Participants were to provide verbal consent and were not required to sign a consent form. Participants were provided a study information sheet and study follow-up information sheet.

e. Procedures

Data collection occurred from August through September 2012. The interview guide opened with individual demographic questions to elicit the participant's role in the partnership and to identify their length of participation with PATH for Women. Next, the semi-structured interview was conducted that allowed for some open-ended questions eliciting responses that highlighted outputs and outcomes related to organizational capacity and development. The same questions were asked of all study participants. The study researcher conducted all interviews in English. The study researcher reiterated that interviews were confidential and information shared would be identified through organizations or in aggregate with no individual identifiers. Cued recall was used to help elicit responses from participants (Bernard, 2002) regarding leadership, infrastructure, and relationships. Interviews were to take about 45-60 minutes. Individuals who completed the interview were asked for permission for future contact, for any points of clarification. Appreciation was provided through a thank you note, providing gratitude for their time and insight in participation of this study. Data collection ended on September 28, 2012, yielding 15 interviews out of the target number of 18 of eligible participants.

f. Data Management and Analysis

The interviews were conducted in English, digitally recorded, and were transcribed by the interviewer. The transcriptions were completed between September and December 2012. All data were coded with participant identification numbers so as to keep the anonymity of participants.

Quantitative data was coded and entered into an Excel spreadsheet. Each Likert item question received a variable code name. The Likert item scores were entered into the Excel file by the study researcher. The data was double checked for entry errors and sums of each score

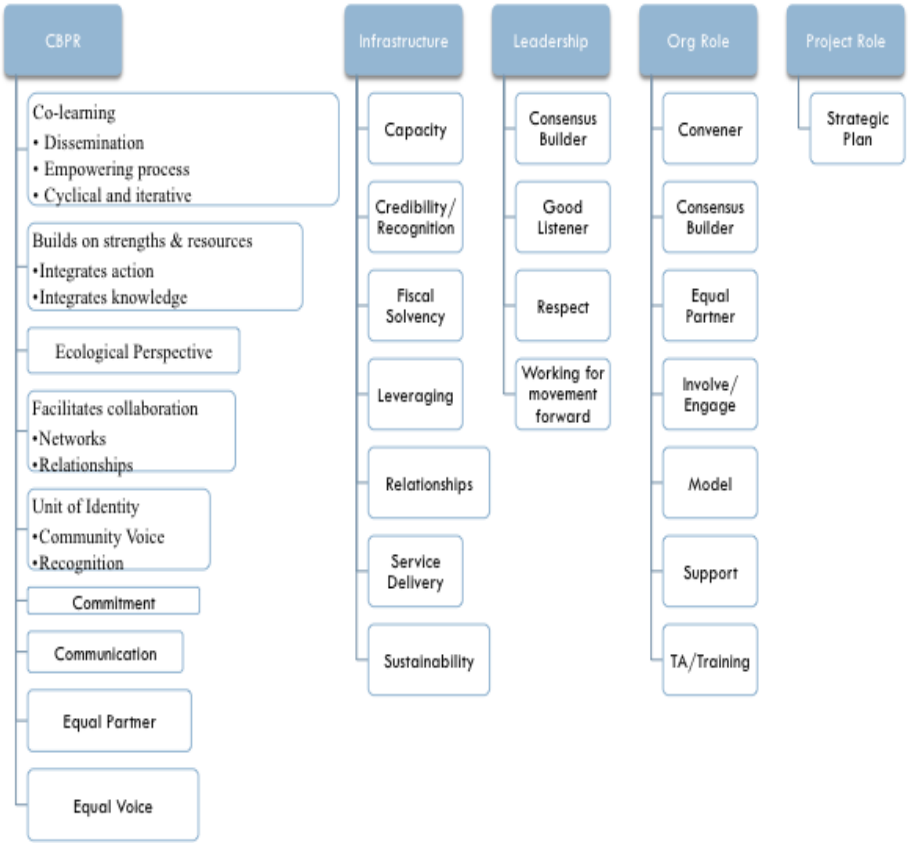
were tallied using the Excel sum formula function. A mean Likert item score was then assessed by dividing the sum score with the number of participants who responded to the answer. The quantitative variables were then assembled as a Stata (Version 12, Statacorp. 2011) dataset to run pairwise correlations between inputs (resources and activities) and outputs/outcomes.

Qualitative data were imported and analyzed using Dedoose, a web application for qualitative and mixed methods research developed and operated by SocioCultural Research Consultants (SCRC, Dedoose, Version 4.5.91, 2013). An initial review of the transcriptions helped to illuminate common issues or themes (Bernard, 2002) as shown in Figure 3, which represents the original study codes. A more in-depth review took place with open coding to identify and organize other codes as shown in Figure 4, which represents the study coding tree. Common comments or quotes were organized under CBPR principles, leadership, infrastructure, and relationships. Dedoose analytics were also used to review code frequencies and code co-occurrence coding.

Figure 3. Original Study Codes



Figure 4. Study Coding Tree



These codes were then entered into Dedoose to code interview excerpts (Dedoose, Version 4.5.91, 2013). A great deal of time was spent on CBPR principles and whether they were distinct individual principles or if they were interconnected, especially in relationship to organizational outputs and outcomes. There was code co-occurrence amongst multiple principles. A code by organizations matrix was then developed to identify if partnering CBOs identified all CBPR principles, and if so, if they were distinct or somewhat interconnected. Figure 4 reflects the notion that some CBPR principles were interconnected and interacted simultaneously to yield organizational capacity and leadership outputs, as discussed by the study participants. The codes reflect themes shared by study participants and are reported by frequency not rank or score.

V. RESULTS

A total of 15 interviews were completed between August to September 2012 with staff from seven of the nine CBOs eligible for the study. Interviews ranged from 48 to 102 minutes with an average interview time of 70 minutes. Eighteen individuals contacted the study researcher for participation, however three individuals never followed up to confirm scheduled interviews and after multiple attempts (five each) were no longer considered for the study. The study participant response rate was 83.3 % (N=15 of 18 who were eligible to participate). Staff from one CBO did not respond at all to study recruitment requests. Staff from a second CBO responded indicating interest in participating in the study, but never followed up on requests for availability and were unresponsive after five attempts to make contact for scheduling. Furthermore, program and executive staff were not recruited from every CBO. Program staff were recruited from five CBOs and executive staff were recruited from five CBOs. Individuals that did not participate were either unavailable or no longer with the partnership, did not follow up after expressing interest to participate, or passively declined to participate. As a result all partner organizations and perspectives are not presented in the study. However, while two organizations did not participate, two partner organizations had more than two individuals participate in the study, resulting in 15 participants representing seven of nine partner organizations. Figure 5 displays the participant recruitment yield from participating CBOs.

Figure 5. Recruitment Yield Flowchart

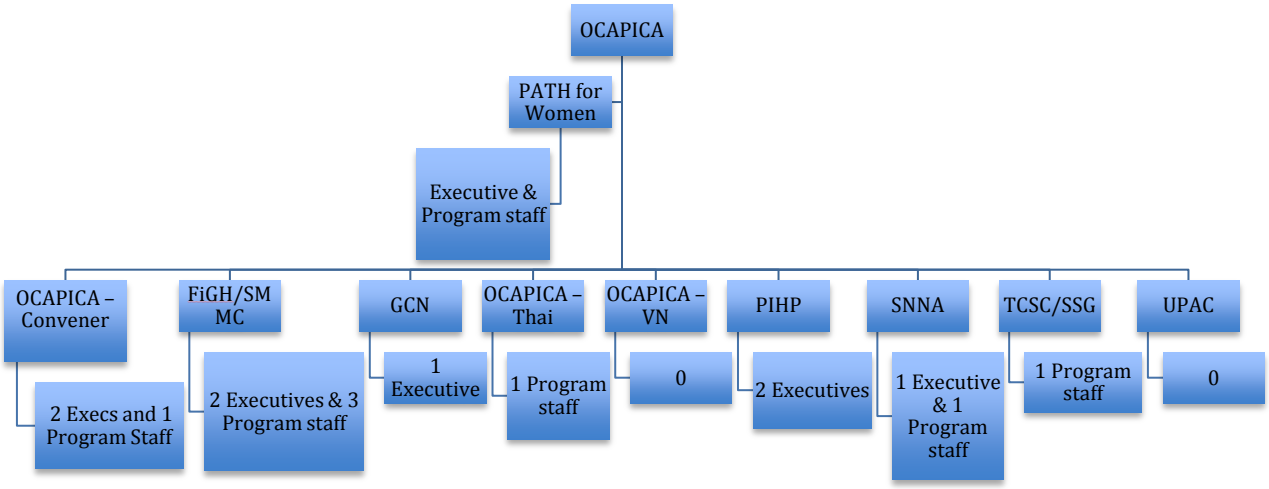


Table 2 provides individual and organizational demographics. As shown in Table 2, of the 15 study participants 87% were female and 13% were male. Eight individuals (53%) represented executive and/or management level staff and seven individuals (47%) represented program level staff. The average time as staff on PATH for Women was 6.3 years. Table 2 also presents the organizational demographics. Organizations ranged in size from as small as 0 staff to as large as 40 with organizational budgets ranging from $85,000 to $3.4 million per year, at the time of interview. Organizations that participated in the study were:

1. Families in Good Health/St. Mary Medical Center (a member of Dignity Health),
2. Guam Communications Network,
3. Orange County Asian and Pacific Islander Community Alliance - Convener,
4. Orange County Asian and Pacific Islander Community Alliance – Thai,
5. Pacific Islander Health Partnership,
6. Samoan National Nurses Association, and
7. Tongan Community Service Center/Special Service for Groups.

Table 2. Demographics of Study Participants (N=15) and Organizations (N=7)

	N	%
Participant Gender		
Male	2	13%
Female	13	87%
Participant Role		
Executive/Management	8	53%
Program	7	47%
	Mean	Range
Participant years on PATH for Women	6.3 years	0.25 to 12 years
Organizational budget at inception of PATH for Women	$112,500	$5,000 -$500,000
Organizational budget now	$1,245,000	$85,000 - $3.4 Million
Organizational staff at inception of PATH	9	0 to 35
Organizational staff now	15	0 to 40

a. Quantitative Perceptions of CBPR Principles from PATH for Women

Table 3 represents the quantitative scores for all CBPR principles. Overall, the quantitative scores for all CBPR principles were high (mean over 4.0 based upon a 5.0 scale) indicating that participants agreed that CBPR principles were present and promoted in the PATH for Women partnership. Scores between executives and program staff were very similar with slight differences, indicating agreement between staff of the same organization.

Table 3. Participant scores regarding PATH for Women's Adherence to CBPR Principles

	Mean	**N**	**Range**	**Mean among Executives (N=8)**	**Mean among Program Staff (N=7)**
CBPR Principle					
Unit of Identity	4.93	15	4 to 5	5.00	4.86

Builds on Strengths and Resources within the Community					
Builds on Strengths	4.8	15	4 to 5	5.00	4.57
Builds on Resources	4.71	14	3 to 5	5.00	4.33 (N=6)
Facilitates Collaboration	4.8	15	3 to 5	4.88	4.71
Integrates Knowledge & Action for the Mutual Benefit of partners					
Integrates Knowledge	4.87	15	4 to 5	4.88	4.86
Integrates Action	4.6	15	4 to 5	5.00 (N=7)	4.86
Co-learning	4.93	14	4 to 5	5.00	4.88 (N=6)
Empowering Process	4.87	15	4 to 5	4.69	4.86
Cyclical and Iterative	4.77	15	4 to 5	4.88	4.86
Ecological Perspective	4.71	14	4 to 5	4.63	4.83 (N=6)
Dissemination	4.93	15	4 to 5	4.88	5.00

***** 1=strongly disagree to 5=strongly agree to each statement

Participant Likert scores were also examined in Stata (Version 12, Statacorp. 2011) as pairwise correlations. In table 4, only the significant correlations from the data in regards to inputs (infrastructure and CBPR principles) and outputs (operational resources, credibility, visibility, and leadership development) from the study logic model are presented. It is evident in Table 4 that there were no significant associations with several of the CBPR principles with outputs.

Table 4. Pairwise Correlations

	OUTPUTS				
	OPERATIONAL RESOURCES		*CREDIBILITY*	*VISIBILITY*	*LEADERSHIP DEVELOPMENT*
INPUTS	Budget now	Staff now	Viewed as a strong community partner	Participates in Task Forces, Work Groups, Speaking Opportnities	Coaching and Mentoring Process
Staff before					
Budget before					
CBPR PRINCIPLES					
CBPR Present in PATH	-0.6812*	-0.6301*			
Community as Unit of Identity					
Builds on strengths and resources within the community					
Builds on Strengths					
Builds on Resources					
Facilitates Collaboration				0.6010*	0.5697*
Integrates knowledge and action for social change					
Integrates Knowledge				0.5244*	
Integrates Action				0.6054*	0.7326*
Co-Learning					
Empowering Process				0.5244*	0.7215*
Cyclical & Iterative Process		0.5260*			
Ecological Perspective					
Dissemination					

*= significant correlations

strong correlation
stronger correlation
strongest correlation



Table 4 shows that current organization budget (budget now) was negatively correlated with the agreement of the presence of CBPR in the PATH for Women partnership. High agreement on CBPR's presence was associated with lower current agency budget. Thus, smaller organizations, as identified by their operating budgets, had a higher agreement on the presence of CBPR in PATH for Women. In examining the current agency staff, the table shows a negative correlation with the agreement of CBPR being present in the PATH for Women partnership. Higher agreement on CBPR's presence was associated with lower agency staff size. In essence, smaller organizations, as identified by lower number of staff, had a higher agreement on the presence of CBPR in PATH for Women. Current agency staff had a positive correlation with the agreement of the presence of the CBPR principle of the cyclical and iterative process. Organizations with larger staffs were associated with higher agreement of the presence of the

cyclical and iterative process in PATH for Women. The stronger association for current agency staff was with the agreement of presence of CBPR in PATH for Women, however this association was negative. The weaker positive association for current agency staff was with the agreement of the CBPR principle of the cyclical and iterative process.

Table 4 also reports correlation coefficients for credibility, visibility and leadership outputs and outcomes from the study. No significant correlations were found for credibility. In looking at visibility (defined as participating in task forces and work groups, and engaging in speaking opportunities) there was a positive correlation with the agreement of the presence of the CBPR principle of facilitating collaboration. High participation in task forces, work groups and speaking engagements was associated with higher agreement of presence of the facilitation of collaboration. There was also a positive correlation of participating in task forces, work groups and speaking engagements with the agreement of the presence of the CPBR principle of integrating knowledge for social change. High participation in task forces, work groups, and speaking engagements was associated with higher agreement of the presence of integrating action for social change. Participating in task forces, work groups, and speaking opportunities was also positively correlated with the agreement of the presence of the CBPR principle of integrating action for social change. Higher participation in task forces, work groups and speaking engagements was associated with higher agreement of the presence of the integration of action for social change. A positive correlation also existed between participating in task forces, work groups, and speaking engagements with the agreement of the presence of the CBPR principle of the empowering process to address social inequalities. High participation in task forces, work groups and speaking engagements was associated with higher agreement of the presence of the CBPR principle of an empowering process. The strongest correlation in the

visibility output was the association between participating in task forces, work groups and speaking opportunities with the agreement of the presence of the CBPR principle of integrating action for social change, and it was positive. The weakest associations for visibility were between participating in task forces, work groups and speaking engagements with the agreement of the presence of the integration of knowledge for social change, and participating in task forces, work groups and speaking engagements with the agreement of the presence of the CBPR principle of the empowering process to address social inequalities.

Finally in examining leadership development as a study output, data analyses found a positive correlation between the presence of the coaching and mentoring process for leadership development with the agreement of the presence of the CBPR principle of facilitates collaboration. Higher presence of the coaching and mentoring process were associated with higher agreement of the presence of facilitating collaboration. The strongest correlation for leadership development was between the presence of the coaching and mentoring process for leadership development with the agreement of the presence of the CBPR principle of integrating action for social change, and this was positive. Higher presence of the coaching and mentorship process for leadership development was associated with higher agreement of the presence of integrating action for social change. A strong positive correlation also existed between the presence of the coaching and mentoring process for leadership development with the agreement of the presence of the CBPR principle of the empowering process. Higher presence of the coaching and mentoring process for leadership development was associated with higher agreement of the presence of the empowering process.

b. Qualitative Perceptions of CBPR in PATH for Women

Participant perceptions regarding CBPR principles were also explored qualitatively. Table 5 summarizes the qualitative aspects of CBPR principles and logic model components as reported by study participants. All nine core CBPR principles are described with additional perspectives from study participants. Information shared by study participants also addressed aspects of the study model in regards to inputs, outputs and outcomes, revealing organizational impacts. The following describes these partner perspectives.

Table 5. Qualitative Perceptions of CBPR Principles and Logic Model Components

Logic Model	Qualitative Results*
Inputs	
CBPR Principles	1. How PATH promoted co-learning, disseminated findings, promoted empowering processes, and involved cyclical and iterative processes • **Importance of creating space and opportunities for sharing between staff** 2. How PATH built on strengths & resources • **Acknowledging the assets of partners** • **Opportunities to support each other** 3. Ecological perspective that allowed staff to focus on the positives of health promotion 4. How PATH facilitated collaborative partnerships • **Importance of convener's role** • **Need for paying staff at each organization** 5. How PATH recognized community as unit of Identity • **Importance of recognizing a collective community voice**
Infrastructure Development	6. Importance of convener meetings and training to increase capacity and relationships
Leadership Development	**7. Importance of intentional opportunities to apply leadership skills**
Outputs	
Increased Capacity	8. Increased staff skills, support and confidence

	9. Increased Networks & Strengthened Relationships
Operational Changes	10. Leveraged funding opportunities and sustainability
Service Delivery	11. Service delivery/expansion
Outcomes	
Agency credibility and visibility	12. Recognition from outside and internal partners

***BOLD** indicates extensive discussion by participants

1. How PATH promoted Co-Learning, Dissemination, Empowerment, and Cyclical/Iterative Processes

"Partnerships utilizing CBPR should promote co-learning among all partners and facilitate the reciprocal transfer of knowledge, skills and capacity (Israel et al., 1998)." Co-learning was one of the CBPR principles that was discussed by all participants in the study. Participants spoke of co-learning predominantly as a space created by the partnership for sharing of information and resources and allowing for the exchange of information, between community partners, between community and academic partners, with other community organizations and subject experts. A partner executive shared how monthly meetings served as a space for information exchange when he said "I think the overall, you know, monthly meetings that we have, where you know that everyone is invited, and you know different issues within the communities are discussed, through public awareness education is introduced." Another partner executive conveyed a similar thought on how the monthly meeting spaces allowed for co-learning and sharing when she stated:

> ..so what's nice about the monthly trainings is that we are able to connect and convene as a whole collaborative so we can hear best practices and success stories from other partners. We have other resources that maybe we can try in our community……all that stuff that lends ideas for us to also think about too.

Co-learning was a process by which to educate one another and strengthen knowledge that helped to develop skills and leadership within individuals and then organizations. Most evidently there was a reciprocal transfer of knowledge, skills and capacity among PATH for Women CBO partners. Often in CBPR co-learning refers to the bidirectional learning between academics and community. The study reflected that co-learning also exists among community partners. Often community partners are referred to as this homogeneous group in the CBPR dichotomy of researcher and community partner. However, the study participants richly discussed opportunities to learn from one another in terms of knowledge, skills and resources, and that this contributed to strengthening the partnership.

"CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process (Israel et al., 1998)." Participants reported that partnership findings and knowledge were disseminated within the partnership as well as to external stakeholders. Participants also reported opportunities for all partners to be engaged in the dissemination process. Dissemination included sharing information with other community organizations, presentations in classes, to student groups, at community events (e.g. community forums), presenting information to community leaders such as legislators, sharing findings at local, state and national conferences, and co-authoring peer-reviewed manuscripts. In particular, participants appeared to view dissemination as a part of co-learning. The opportunity to share and have an exchange of information (dissemination of information and findings) provided a space to learn from one another, as well as academic partners, and external organizations and stakeholders. A partner executive shared how the dissemination of program data helped to educate community members of the needs in the community and the impact being made through program efforts stating:

> …if nothing else you guys have been good about giving annual reports, quarterly reports, half-year reports….Those are really important. Then the community sees the numbers, which they weren't at first interested in, but now when they see the Form As coming back and actually showing [data] and they actually reflect on it.

As a result, partner CBOs are able to take program data to educate community members and providers about the issues in their respective communities and to increase awareness. This helps to bring visibility to the issues experienced by communities, as well as visibility to the partnering organizations that are providing program services.

Participants also shared how co-learning fostered an empowering process among participants and organizations. A partner staff shared how learning information and sharing it (dissemination) empowers the individual sharing the knowledge stating,

> I think it's very empowering to be able to go and have the opportunity to talk about our work, whether it's with a legislator at a visit or whether it's a conference and you are talking to other community members about it, and PATH for Women has encouraged that process and encouraged us to share the data that has come out of the work that we have been doing.

A partner executive also shared how co-learning increased skills and knowledge and contributed to an empowering process for participants, stating,

> …this whole process can be an empowering process for PATH partners and what they are able to do because we've been able to build this cadre of amazing patient navigators, not just patient navigators but advocates who can do anything and everything…it does become an empowering process that reduces health disparities.

Another partner executive simply shared that, "when you co-learn or when you learn you are empowering." Having knowledge increased staff confidence to not only deliver program services, but also to advocate for program needs, as noted above by the partner executives and staff. A partner executive shared a similar sentiment regarding PATH for Women promoting an empowering process that attends to social inequalities stating, " The empowering process, not only do they empower us to learn about other services out there, we have empowered them to

learn about us and what we need as communities." By gaining knowledge and skills from one another and subject experts (who have provided trainings), organizational staff gained confidence to advocate for programs and services on behalf of their communities. Co-learning was about knowledge building as well as an exchange of information with one another.

"CBPR involves systems development through a cyclical and iterative process (Israel et al., 1998)." In particular time should be spent equally considering community and academic interests (Israel et al., 1998). Participants shared that PATH for Women had a cyclic and iterative process. A great deal of time was spent considering various interests and learning about one another so as to understand the issues more broadly, strengthening the collaborative work. A partner staff shared the following statement regarding how the partnership considered various perspectives through a cyclical and iterative process stating:

> I don't think that it's like PATH says this is what we are going to do no matter what; we try to see what works. In the trainings, or even when we worked on proposals for different grants, I felt that everyone had an opinion and given the opportunity to voice it and to just be a part of the whole process and it's never just this works for us or just one, or just for OCAPICA, it's what works for the whole group.

Participants also shared that the cyclical and iterative process was a subset of co-learning and contributed to knowledge gained. In particular, a partner executive stated how simply sharing information and knowledge with one another, in this iterative process, informs and strengthens the work,

> …we do all of these in our [monthly] meetings and our emails. We share with each other, what works and what doesn't work. And then we go from there and make changes to our scope of work or make changes to our plan of service that we are doing.

A convening executive also discussed how the iterative process strengthened skills and resources allowing partner CBOs to deliver better programs services, stating:

> I think for our community partners…it's just this cycle and you know it just gets better. They are fine tuning things…it's real interesting to watch [staff], she does the same thing, she does it every year, and you know, that's her cycle but she's gotten better, she's become more attuned…

Once again partners related the cyclical and iterative process to monthly meetings and monthly data reporting, and the sharing of this information back to the group, to inform future steps and activities. Participants shared the partnership was a cycle in which there was learning and doing, and improving and revising, and co-learning and disseminating the successes and lessons learned in order to deliver services and to grow and expand, ultimately sustaining programs. A partner executive shared how the iterative process, through monthly meetings is important, by allowing partner CBOs to check in with one another's interests stating, "…it has to do with just having had the monthly trainings, the monthly check-ins. For sure that's an iterative process but it's necessary and sometimes there needs to be that continuity." Lastly, a partner executive supported the need for a cyclical and iterative process that ensures participation by the community beyond the CBO partners:

> It's definitely not a linear process and it can't be, you know. If you are working in the community it has to be circular and sometimes every time you step forward, you are going to take two steps back. And you have to do that. And it's because it's an evolving process. You know the communities that you work with is [sic] not stagnant.

Participants expressed that the partnership structure with monthly meetings, provided for a cyclical and iterative process to engage and inform one another. This process allowed for learning from one another and sharing partnership information with trainers (subject experts) supporting increased knowledge and skills.

2. How PATH Built on Strengths and Resources

In regards to the CBPR principle of building on strengths and resources within the community (Israel et al., 1998), participants spoke of how the partnership leveraged individual

and organizational strengths and as a result created opportunities for co-learning and dissemination. Resources (such as ethnic media and networks in the community) were also leveraged to strengthen the service delivery. A partner executive shared how the partnership built on strengths from partner CBOs stating:

> … I feel that PATH for Women is strong in that it practices biculturally tailored or culturally tailored approach [sic] to addressing health disparities in whatever its goals are in its strategic plan. I think this part plays on the strengths within the community. So PATH for Women acknowledges what each of the culturally based strengths and assets are for each community-based partner.

Another partner executive shared how building on community and organizational strengths built individuals stating, "You take the strengths, like whether it be people's ability to present, public speaking or developing materials that the PATH for Women project utilizes, those types of strengths and promotes them." In particular, building on strengths and resources from the community involved integrating the knowledge from community partners, as noted above, into the partnership. A convening executive discussed how building on strengths and resources, also meant understanding that not all CBO partners were at the same place, in terms of capacity, but the opportunity to leverage each others' strengths and resources supported the partnership stating:

> It was all about what are you specializing in, what are your strengths and let's build off those strengths. Nobody [sic] worried about we are not moving forward because we aren't on the same page. I think the collaboration that we developed allowed everyone to be where they were at and to respect that and to value it and I think we really saw the value in having people at different levels.

In essence building on strengths and resources meant recognizing different perspectives and the opportunities to integrate this knowledge into the partnership. This also acknowledges how all partners may not be equal, but have something to offer that strengthens the whole. Another partner executive shared how leveraging strengths and resources really allowed for collaboration:

> …it's sort of where you learn from one another as equals. Of course this is being done in the whole process, like in the development of the patient navigation model. You know you have managers and administrators who don't do that and then you have the people who know instinctively this is what we need to do and then coming together to develop that model which obviously addresses social inequities…it's really synergizing knowledge.

This CBPR principle, as well as integrating action for the mutual benefit of partners was also described as a subset of building on strengths and resources from the community. In essence, partners felt that in order to build on strengths and resources they had to integrate knowledge and action gained from the partnership for change.

3. How PATH promoted an Ecological Perspective

"Community-based participatory research addresses public health problems that are of local relevance to the community involved, and it considers the concept of health from a positive model and emphasizes an ecological model of health (Israel et al., 1998)." The PATH for Women partnership framed its work through the social ecological model, looking at various layers from the individual to community, policy, and systems levels to address access to care and the reduction of breast and cervical cancer disparities. As a result, participants shared that the project supported health from an ecological perspective. Most comments focused on taking a holistic approach to health and well-being. A partner staff shared how meetings and discussions considered an ecological perspective to health:

> I notice that there is a lot of talk about the environment, and just different aspects, it's not just about health... if we were to outreach and to bring a patient in, we consider their background, we take consideration into their culture and you know, their situation, so the more sensitive towards it, it's not just like okay, this is the screening for your health, okay bye.

In particular, participants shared how PATH for Women addressed health through a positive perspective, addressing cancer through prevention. A partner executive shared how PATH for

Women helped to create a more positive outlook on the cancer experience through outreach, awareness raising, and education:

> …cancer was a death sentence and people were so negative about it and as a result of our work with PATH and the activities, people aren't seeing cancer as a death…They are seeing well, if I do these annual screenings then I can catch it in time …. So you know by having the faces and voices that are going out to the community, that is more of a positive promotion, I'm not going to let cancer get me. I can do something to avoid getting cancer.

A partner staff also shared that while the project focused on cancer, the approach was positive and supportive stating, "You cannot scare the patient or, or say too much things, that it's in a negative way, trying to cope in a positive way, give them hope, you know." These comments support the ecological perspective in addressing cancer in the PATH for Women partnership.

4. How PATH Facilitated Collaboration

"CBPR facilitates collaborative, equitable partnerships in all research phases and involves an empowering and power-sharing process that attends to social inequalities (Israel et al., 1998)." In particular, this process recognizes socially and economically marginalized communities and involves them in the partnership process that is empowering, and shares information, decision making power, and resources (Israel et al., 1998)." In looking at the CBPR principle of facilitating collaboration, participants shared that the partnership helped their organizations to develop, strengthen, and leverage networks and relationships. This in turn strengthened the organizations ability to deliver services, expand services, and seek additional funding and support. This was a result of OCAPICA and the partnership creating opportunities for collaboration with other organizations and individuals to strengthen and expand the partnership. When discussing the facilitation of collaboration, participants shared many thoughts around OCAPICA's role as the convener and the importance of being a neutral facilitator that had skills to bring everyone together and to move them forward together. A partner staff shared how

OCAPICA, in its convener role, facilitated collaborations to ensure the partner organizations achievement of goals, stating:

> OCAPICA's role I see as….a lot of the administration…and helping each of the partners collaborate together, but also [sic] make it possible to help us achieve our roles the best that we can. A lot of the times we get a lot of resources from OCAPICA of things going on in the community and other possible partnerships that can help us learn more about what the resources are in our area. And also OCAPICA's really helped a lot in training us.

A convening executive, shared supporting thoughts about the partnership facilitating collaboration and developing an equitable partnership:

> … people felt so much ownership of PATH that I don't think people realized how special that was. I think people just saw it as every day, this is what people did, but community was involved in every single aspect and what was exciting was the data dissemination and the number of presentations and publications. And it evolved from well Mary Anne and Jackie you do the presentation to yeah, I'll go do it, I'll go to this conference and do it or I want to be the one to present on that, or I'll do this part and this part, to see folks in that leadership and really want to present their data and their strategies was great.

A particular perspective of interest was shared by one partner executive, about OCAPICA facilitating equitable partnership by hiring a convening staff member from their community, a marginalized community. The inclusion of convening staff from the communities being served not only brought visibility to the community, but also reflected power sharing with an indigenous individual being part of the convening organization staff. This added to the feeling of equitable partnership for CBOs. The following statement by a partner executive describes how she felt that there was an equitable partnership, and that having someone from their community as part of the convening staff, strengthened the relationship:

> …there are 10 communities. But you made them feel, at least equitable in their contribution and that's so hard to do because you always have a favorite child, nonetheless to keep it equal par. The other thing that really helped, when you brought Alisi on. The fact that you brought a Pacific Islander on board as a program cohort, that was really significant for us…it was an equal management and coordinated effort. For me personally. For the community, the reassurance that there was someone there, an Islander in leadership, and that's significant, cuz [sic] then she served as modeling for other younger new members to the team. That was really significant from my perspective as an

> elder looking at the dynamic, seeing her there, seeing what she can do, the modeling for the other younger members that came on board, that was really important.

CBO perspectives appeared to match with perspectives from OCAPICA regarding the need for an equitable partnership and the roles that OCAPICA played in facilitating collaboration. The group prided itself on the ability to work together and to support one another and had a strong collective identity.

5. How PATH recognized community as a Unit of Identity

Lastly, in regards to CBPR principles, participants discussed the CBPR principle of recognizing the community as a unit of identity. "The concept of community as an aspect of collective and individual identity is central to CBPR (Israel et al, 1998)." All participants provided a definition for this principle and agreed that it was present in the PATH for Women partnership. In particular, participants spoke in-depth about unit of identity as having recognition and equal voice. By ensuring this principle was present in the partnership, PATH for Women helped to recognize communities that had often gone unrepresented in health partnerships. As a result, partners felt that they had equal voice and a seat at the table. A partner executive shared how the concept of unit of identity referred to recognition, "It lends that whole idea of acknowledgement. I think of that from a culturally based perspective or from an ethnic and cultural……. the strengths of what each community can bring and it helps determine what the needs are." Another partner executive shared the importance of recognition of community as a unit of identity, stating "I think that also gives us the individual communities self identity and pride." Lastly, a partner executive shared how recognizing the community as a unit of identity meant acknowledgement of the diverse community groups and gives voice to community:

> You involve the community in meetings, you gathered their input, the community is also recognized at different events. Also, other aspects are that you go to the community to ask what the cultural relevance and values are and you utilize that. An example is when

> PATH, PATH partners get together there is an acknowledgement of the languages and the respect.

These statements support the recognition of communities as a unit of identity and support the importance of giving community voice in CBPR partnerships.

The data above reflected how the nine core CBPR principles were present in the PATH for Women partnership. In particular, it represented the CBO perspective on the nine principles and what was remarkable to them about these principles. While all nine principles were present in the partnership, some principles were discussed more prominently than others. CBO participants focused a great deal of their conversations on sharing and co-learning, and what it meant to be a part of what they felt was an equitable partnership, especially reflected through the concept of unit of identity and recognition. Participant discussions showed that there was an interaction of multiple principles that allowed for organizational capacity and development in the PATH for Women partnership. Qualitative data reported findings focused on frequencies of discussion by participants and does not reflect a rank or score of responses.

6. Infrastructure Development: Capacity, Relationships and the Convener

The study identified infrastructure, in particular capacity (infrastructure development), relationships, and leadership as key processes that were present in the PATH for Women partnership. Participants confirmed that these processes were in place in the partnership and clarified that leadership in particular was focused on OCAPICA as a convening agency. A partner executive shared how it was not just leadership, but specifically OCAPICA's role as a convening organization that contributed to the growth of PATH for Women. A partner executive shared this sentiment stating:

> With OCAPICA as the lead, there's always been this promotion of the community, …. involving the partner in all phases of the project. And I think this is real critical here is that what developed from PATH, developed into other projects, so you saw how the PATH model worked and just expanded with different partners and different projects.

The specific roles OCAPICA provided as the convening organization were key in helping to develop capacity and increase and leverage relationships which led to the organizational outcomes such as increased skills, leadership development, strengthened relationships, increased networks, and recognition through organizational visibility and credibility. Key roles included serving as the administrator, facilitating trainings, sharing resources and information, being inclusive and engaging all partners, building consensus, and providing mentorship, technical assistance, and support. A partner staff shared how they felt OCAPICA helped CBOs to better address their community needs:

> OCAPICA, … get(s) the ball rolling for us. You lead us, … different ways, different trainings, helping us to approach outreach in different ways. Helping us to understand different kinds of health services…I think it's a big collaboration between the Pacific and Asian community and I think it's great. I think it's better that we work together to bring awareness.

Participant perspectives reflected the importance of having a lead community organization to help other CBOs improve their services.

7. How PATH cultivated Leadership Development

Leadership development was a specific skill participants felt was developed by partner staff. All study participants felt that leadership development was present in the PATH for Women partnership and provided definitions for leadership. Common traits noted by participants for a leader were having knowledge and initiative, encouraging those around one to grow, directing and guiding, providing support, and building consensus. In particular participants mentioned that leadership development arose out of intentional opportunities for

presentations and dissemination. Trainings on skills building applied to practical opportunities helped to build confidence and knowledge that led to leadership development of individuals and organizations. A partner staff described the co-learning and sharing at meetings that helped to build leadership when she said:

> Through training and teaching you how to you know be a leader, and also how to be responsibility [sic] and also how to speak in public and media and other things. We got that training….we [PATH] give you the opportunity to practice.

A partner executive shared how she observed staff taking greater initiative in staff tasks when she stated:

> Even watching them now, they have no problem picking up the phone and calling someone from the hospital….or if it was before, [executive name] you do it, you know. Now I find out later that so and so was in my office and they were just terrific and they did this and this…well that's really good to hear.

Of particular interest was the discussion of leadership development as a group. A convener executive shared how leadership development was organic and a style that should continue to be promoted:

> I think it [leadership] is a style I like. I think it was a very organic process, there wasn't any planning to it, or this is how we are going to do it, well it was more like what do you think is going to work or hey this person hasn't had a chance, we should give them you know, you know so and so hasn't gone here, let's have them have a chance, I think it was constantly a discussion and evolving. There wasn't a [process regarding] this is how we are planning for leadership development. There were a lot of trainings around leadership development and things that would lead to capacity building and leadership, but it was never forced on anybody. It was more like people already had leadership abilities it just shined more.

This statement also reinforced how PATH for Women built upon strengths of the individual staff, noted earlier in reference to the CBPR principle of building on strengths and resources within the community.

A partner executive also shared the unique attributes of PATH for Women in regards to building and supporting leadership development:

> I think that's [leadership] nurtured. Definitely. And we all bring to the table different styles of leadership. So one size doesn't fit all and I think what's unique in that you've been able to at least provide that, that diversity in leadership style and nurture that.

Such comments supported leadership development at an individual and collective level within PATH for Women. Leadership was improved based upon the strengths of the individual staff and introducing these staff to different leadership opportunities that helped them grow.

8. Increased Capacity: Staff Skills, Support and Confidence

As a result of the many knowledge and other strengths building activities, individuals reported increased knowledge and also developed skills to deliver program services. Key skills that were discussed by participants were public speaking, presentation development, particularly for scientific conferences (including abstract and slide development), and a richer and deeper knowledge about services and resources related to the program. A partner executive shared that staff gained main skills including "…knowledge, confidence, to carry the message and to educate others." Another partner executive shared how staff have evolved and developed skills when she said, "I can really see [staff] growing and others growing in their own comfort zones…you know, being able to apply, …there are a lot of skills that are cross over." Over the course of the partnership skills building and knowledge development was promoted and encouraged resulting in increased staff skills.

The study participants described positive benefits of being in PATH for Women, in addition to increased skills, increased knowledge, and leadership development. A partner staff shared that one benefit was self-confidence when she said:

> So aside from skills – I think, maybe like I said my confidence in the community, the more I talk to the community, the more comfortable I get. And the more I feel more compassion and more...I feel I want to be more personable with the community members and I feel that it's almost emotional sometimes, especially in the program that we are serving, especially with breast and cervical cancer. And so, I think it's helped me to grow, maybe emotionally.

Aside from these tangible skills, participants also shared that the PATH for Women served as a unit of support. The collective unit served as a safe place to learn and strengthen skills to better serve the community. A partner executive shared her thoughts around the benefits in working on PATH for Women stating:

> Um, I think aside from funding, I think it's just that our relationship with you, Mary Anne Foo…I think those relationships have really strengthened [CBO name]. To where there is a lot of learning process, there's a lot of guidance and that's strength in itself and that has strengthened [CBO name]...it has strengthened me a lot personally.

A partner staff also shared how OCAPICA, as convener, was an approachable and available resource starting, "I think it's your accessibility to us. You know, I think whenever we have questions regarding issues, you guys have always opened your doors to help us out." As such, tangible outcomes such as increased skills, knowledge and leadership resulted, but additional aspects such as confidence and affective and logistical support also benefitted CBO partners.

9. Increased Capacity: Networks & Strengthened Relationships

PATH for Women helped participants to develop and strengthen relationships among partner CBOs and with other organizations and individuals outside of the partnership. As well, relationships and networks increased through the PATH for Women partnership. Individual and organizational relationships and networks increased and partner organizations became visible gatekeepers for the communities that they served. For example stronger networks were built with local funders, hospitals and service providers, relationships established with local legislators and researchers, and partnerships with media as experts in the topic area and the racial/ethnic

communities being served. This in turn supported organization abilities to deliver program services, but also strengthened the resources for referral. Participants also shared that strong relationships were built among and between partner organizations; prior to this partnership some organizations had never formally worked together. A partner staff shared how relationships were enhanced and a close relationship developed with the PATH for Women partners when she stated,

> …with the PATH partners themselves, the community partners, it's been a wonderful family. I think that's really priceless and I really enjoy that. In addition to that, I really believe that we have been able to strengthen our relationships with organizations that I mentioned in the past, earlier, such as Partnered for Progress, Susan G. Komen…

10. Operational Changes: Leveraged Funding Support and Sustainability

Participants shared that PATH for Women was a key source of funding support to their organizations. However, working in the partnership also provided them with additional opportunities for funding to support the work, expand the work, or support other program services. In particular, participants referenced the skills building developed through grant writing trainings and grant writing technical support. For instance, one staff shared how they felt their skills were improved, particularly around grantsmanship, stating "I can't stop talking about grants. I think just training, offering us assistance on that [impacted] sustainability and capacity building." Participants also discussed that through the partnership, and strengthening their service delivery, they were considered for other potential projects and funding opportunities. Other organizations and local funders were able to identify them as potential grantees due to their service delivery. Specifically, a partner executive shared that "leverage [sic] funding and increased staff, and consideration as a partner on other potential projects," were other ways that

working with PATH for Women has helped their agency to grow and become stronger, aside from skills.

All study participants reported that working with the PATH for Women partnership helped them to deliver or meet their organizational mission. In some cases participants felt that it helped them to exceed their missions and gave them opportunities for growth and sustainability. A convener executive shared how PATH for Women leveraged resources and funding to deliver on program services, meet mission, and expand and sustain the organization beyond PATH for Women, stating:

> We wouldn't have gotten additional funding, we wouldn't have gotten Pipeline funding, health care funding, all the research grants, and, we wouldn't have been able to go beyond cancer, it [PATH for Women] really really helped us. We have become specialists in underserved API populations, because of it we got youth funding, mental health funding, those federal funds really really helped us in so many different ways with operations and finance and at points its carried us…it's very rare for a community-based organization to do as much research as we have and to produce as much as we have, and so it couldn't have been done without PATH… because we got known for CBPR, we just wouldn't have gotten all this, all this stuff.

Similarly, a partner executive shared how participating with PATH for Women allowed for mission delivery, sustainability and future opportunities with their respective CBO, stating: "…I mean our mission is almost very synergetic together [between the CBO and PATH for Women] and looking at ways of taking the work, the work that we do and taking the work that PATH does and moving into future directions…we're all doing that." Another partner executive shared how being a part of PATH for Women really helped to build their organization and develop sustainability, especially in marginalized communities:

> We got off the ground and running in 4 years and that's impressive…that's a full paradigm shift for communities who have never been involved in health. I didn't think we could pull it off. I think the modeling that guys gave us, OCAPICA gave us, in terms of having the community as equal parts of one another, contributed and helped a lot. The

> modeling, the coaching, the resources you shared. The time commitment and real interest. You gave us the resources to continue to build capacity for all the smaller communities. You know, you built our Tongan network, our current Orange County Samoan network, it never existed before. So that resources and that whole program, helped to build those communities.

As a result, partner CBOs and OCAPICA, as a convener, were able to deliver and meet their organizational mission and sustain the work, strengthening their respective organizations. In particular, as a convening organization, PATH for Women was instrumental in helping to strengthen organizational infrastructure and capacity (for example with administrative and fiscal resources) for OCAPICA providing it additional opportunities to convene other large collaboratives. Through mission delivery agency credibility and visibility increased and additional opportunities for funding and/or partnership arose.

11. Service Delivery/Expansion

Participants shared that the partnership helped to increase skills, increase individual and organizational capacity, and allowed them to deliver high quality program services. This was discussed previously in regards to the co-learning and capacity building (individual skills and leadership development). This subsection calls attention to CBOs ability to expand services through the PATH for Women Partnership, for example into policy education and advocacy. Many organizations focused on direct services and expanded their work in policy education, recognizing that local and organizational policies influenced their ability to provide access to care. A partner executive shared how they expanded their services through PATH for Women:

> Yes I mean, because we are probably working on some policy issues that we probably would not have worked on if we were not part of PATH. We've always worked on tobacco, that's our big huge thing… that's who we were and then there were others ones, we did access to health care, and a lot of it was around children's insurance…..but we never really thought about cancer perhaps, cancer policies, it wasn't as if we wouldn't support it if it came along, but it wasn't something that we would probably work on, so yeah…you start to realize that they are all relevant.

Expansion of services was also discussed in regarding to patient navigation, a model used by PATH for Women. While PATH for Women focused on breast and cervical cancer disparities, the knowledge resources gained through the partnership, supported organizations to also expand navigation services in other chronic health areas, such as cardiovascular disease and diabetes. These were some examples of service deliver and expansion that resulted from PATH for Women.

12. Recognition from outside and internal partners

In regards to recognition, participants were asked if they felt their organization was recognized as a strong community partner because of this partnership. In essence if they were seen as a credible resource in the community. Participants shared that this work provided them and their respective organizations with recognition and visibility at the local, state, and national level. A partner executive shared specifically how recognition gave strength to their voice as an organization:

> Well, I think, recognition…it's also provided us with …it's more than just knowledge, more than just education…..you know there is synergy when you feel comfortable with other communities….that your voice is stronger …it's very empowering for the agency as a whole to have the opportunity to do that [present at conferences and network with others].

Agency visibility and credibility also opened opportunities to participate in decision-making bodies, such as local, state, and national advisory boards and task forces. Many participants shared stories about being solicited to provide presentations and asked for data and information on breast and cervical cancer disparities, especially for the respective ethnic communities served by the partnership. Participants shared that establishing a good reputation meant that people would come to you and seek you out for services and to serve as a resource.

In discussing recognition, participants spoke of not just acknowledgement from external stakeholders, but they also spoke about the importance of shared recognition and acknowledgement within PATH for Women. A participant shared that recognition wasn't only from external stakeholders but was also important internally: "And visibility- I think even with the literature and materials developed from PATH, all of the partners are listed." The participant discussed how OCAPICA as a convener shared and recognized all partners helping to bring visibility to the partner organizations, but also illuminating the true nature of partnership, in all aspects. Lastly, the benefit of credibility and recognition does not only happen directly, but also inadvertently as a partner with PATH for Women; one partner staff shared a supporting thought:

> I know that there are a lot of cases, where we are not, we are not at different meetings or we don't sit on certain boards, and I do feel that PATH for Women does help to, definitely helps, to put us on the math and in the minds of folks who don't normally see us all the time.

As referenced earlier, regarding facilitating collaboration for an equitable partnership, PATH for Women not only made efforts to ensure equal participation and an awareness of all interests, but also made efforts to recognize and acknowledge all collaborating partners, bringing recognition to the quality of the partnership.

This reflects the information shared qualitatively with the study researcher about the presence of CBPR principles in PATH for Women. Participants also elucidated program outputs and outcomes associated with organizational capacity and development that yielded organizational visibility, credibility and sustainability.

VI. DISCUSSION

This study provided an opportunity to explore staff perception in a CBPR partnership at OCAPICA to assess if CBPR principles contributed to organizational capacity and development,

especially for the convening and partner organizations. The study found that CBPR principles were indeed present in the PATH for Women partnership, with a high agreement of this presence among executive and program level staff. For example, mean Likert scores for adherence to CBPR principles in PATH were all high and pairwise correlations also showed strong associations between some CBPR principles and organizational impacts. Qualitative data from the study confirmed the presence of all nine core CBPR principles. Lastly, participants discussed outputs and outcomes from the study logic model reflecting organizational capacity and development (impact) in PATH for Women. These data reflect how CBPR was present and operationalized in the PATH for Women partnership.

a. Implications for Who to Involve in Future CBPR Collaborations

While CBPR was present in PATH for Women, the agreement of its presence in the partnership was different among partnering organizations. Pairwise correlations showed that the current size of an agency's budgets was inversely associated with higher agreement on the presence of CBPR in PATH for Women. This suggests that CBPR, or more specifically staff perceptions that PATH used CBPR principles, appear to be stronger in organizations with smaller budgets. One possible explanation is that the presence of CBPR may be more critical for agencies with smaller budgets as it may provide a framework by which the organization could operate better. The pairwise correlation results also showed an inverse association with current organization staff size and higher agreement of the presence of CBPR. This suggests that smaller organizations may better recognize, and/or attribute collaboration activities to CBPR principles. Either way, one recommendation for future CBPR collaborative is to recognize and involve smaller organizations because of the possible increased perceived benefits of such participation in the long run.

While CBPR was present in PATH for Women, some CBPR principles had stronger associations with organizational outputs. The pairwise correlations reflected how the CBPR principles of facilitating collaboration, integrating knowledge for social change, integrating action for social change and utilizing the empowering process to address social inequalities had positive associations with the output of visibility. For example, the agreement of the presence of the CBPR principle of integrating action for social change was positively correlated with the participation in task forces, work groups and speaking engagements. This association was related to PATH for Women partners experiencing organizational visibility. The agreement of the presence of the CBPR principle of facilitating collaboration was also positively associated with participation in task forces, work groups and speaking engagements. Future CBPR partnerships interested in the organizational outcome of organizational visibility, may want to consider promoting the CBPR principles of facilitating collaboration for equitable partnerships and integrating action for social change, as they both had positive associations with participation in task forces, work groups, and speaking engagements.

Additionally, other CBPR principles exemplified positive associations with the organizational outcome of visibility. The agreement of the presence of the CBPR principle integrating knowledge for social change also had a positive correlation with participation in task forces, work groups, and speaking engagements. Higher agreement of the presence of the principle of integrating knowledge was associated with higher participation in task forces, work groups and speaking engagements. By operationalizing this principle, staff from partner organizations were able to develop, strengthen, and leverage networks and relationships and participate in groups external to their organizations. As a result, the individual and organization had visibility from other individuals and organizations. This provided partnering organizations

with opportunities to work with others, to be identified for funding opportunities, and to be considered for other potential partnerships. The agreement of the presence of the CBPR principle utilizing an empowering process to address social inequalities is also positively correlated with participation in task forces, work groups, and speaking engagements. In essence, the CBPR principles of integrating knowledge for social change and an empowering process to address social inequalities are associated with participation with external organizational groups. Promoting these principles may help to bring organizational visibility, which in turn may enhance an individual and organization's social capital. Future CBPR collaborations may also want to consider promoting the principles of integrating knowledge for social change and promoting an empowering process for social inequalities.

The organizational output of leadership development was also correlated with specific CBPR principles. In particular, the agreement of the presence of the CBPR principle of integrating action for social change was strongest and positive with leadership development through a coaching and mentoring process. If there is a higher presence of the coaching and mentorship process for leadership development it is positively associated with higher agreement of the presence of integrating action for social change. A strong and positive association also exists between leadership development and the CBPR principle of an empowering process to address social inequalities. The findings suggest that integrating action for change and using an empowering process for social inequalities may support the opportunity for individuals to take leadership and engage, as a result of building leadership skills and leadership qualities, such as representation at meetings or engaging in opportunities to bring visibility and resources to their respective agency. As such, organizations that are interested in leadership development for the individual and collective unit, may consider promoting the CBPR principles of integrating action

for social change, an empowering process to address social inequalities and facilitating collaboration as they had positive associations with leadership development.

b. Findings in Relation to the Field of CBPR

The study findings suggest that while CBPR principles were adhered to in PATH for Women, adherence and operationalization of some principles was greater than others. This supports a recent study by Braun and colleagues (Braun et al., 2012) sharing how Community Network Programs to address cancer health disparities, funded by the National Cancer Institute, also adhered to the nine core CBPR principles but operationalized some principles more than others due to the heterogeneity of partnerships and the context in which various partnerships exist (e.g. community resources or geography). The qualitative data from the study also supported the presence and adherence to all nine core principles.

While data supports the adherence to CBPR principles, of interest are some of the new aspects of CBPR principles that were generated by this study's participants. In regards to building on strengths and resources within communities, participants particularly highlighted how the principle of integrating knowledge and action were interconnected. Integrating knowledge and action for social change helped to facilitate the ability to build on strengths and resources. Without knowledge or action, partners could not build on the strengths and resources in their communities. Participants also spoke of how the diversity of the group was a strength from which they were able to gain knowledge and skills to strengthen their own work and to deliver quality program services. By coming together as a group, not only did they learn more about different communities, but they were able to take the strengths and resources from these different communities to build on their own work. In essence, gaining knowledge and skills to take action from other partner organizations strengthened PATH for Women partners. This

finding supports a recent study by Hacker and colleagues reflecting that some CBPR principles, processes, and outcomes are interconnected and cannot be disentangled (Hacker et al., 2012) and suggests that the CBPR principles of building on strengths and resources and integrating knowledge and action for social change are interconnected. The interconnected nature of these principles supports individual and organizational infrastructure capacity and development

The study participants also highlighted the pivotal role of the convener agency, OCAPICA. The partners discussed that PATH for Women was strong in facilitating collaboration. In particular they discussed how OCAPICA played a key role in increasing individual and organizational skills, supporting and promoting leadership development, providing linkages for increased and strengthened relationships and networks, and opportunities for increased funding. All of these organizational outputs helped partner organizations to engage with other individuals and organizations in the community. In particular, partners spoke extensively of OCAPICA's ability to link partners to other organizations and resources building their social network and social capital. For instance through PATH for Women, partner organizations participated in more conferences at the local, state and national levels providing poster and oral presentations, not just attending the conference. This provided visibility to their organizations as a resource in breast and cervical cancer disparities with Asian and Pacific Islander communities. This led to opportunities for their organizations to mentor and provide technical support to other organizations throughout the country interested in developing similar models. Partner organizations also shared how working with PATH for Women allowed them to leverage and increase funding opportunities. In particular, stronger relationships were developed with local funding organizations, especially those addressing cancer health disparities. In fact, a few members from the PATH for Women partnership were invited to participate on committees

and to join the Board of Directors of some of these local cancer organizations. These are examples of the outputs and outcomes experienced by partners with facilitation from OCAPICA. As a result of being a strong convener, and promoting CBPR principles, partner organizations experienced increased organizational capacity and development.

Recognizing the community as a unit of identity was also important in PATH for Women. This is one of the nine core CBPR principles noted by Israel and colleagues (Israel et al., 1998), however study participants shared that what made the unit of identity important was that communities were recognized and had an equal voice. It wasn't just recognition as a community partner, bringing recognition to many communities often marginalized and under-represented, but also giving recognition by hiring indigenous staff to serve as a convener. This gave leadership in the partnership and provided equal voice at all levels in the partnership. This finding suggests that recognition of the community must be beyond just an identity but engaging this unit to actively engage, participate, and lead the partnership.

Qualitative data also supported the facilitation of increasing staff skills and how this was linked to other participant benefits. Achieving increased staff capacity resulted as an output in the PATH for Women partnership, however providing intentional opportunities to apply skills and knowledge learned was particularly highlighted by study participants. They spoke of the importance of linking opportunities to apply skills with the knowledge and skills development. The convener had the important role of facilitating opportunities to apply lessons learned, shortly after acquiring these skills. In so doing, skills were strengthened and confidence was developed. Individuals felt empowered (having successfully applied themselves) and affective support was provided. This in effect contributed to leadership development and facilitated an empowering process for partner staff. These were examples of participant benefits beyond skills building and

knowledge development and suggests the importance of developing more than just tangible skills in partner staff. As a holistic approach is taken to address the health issue at hand, so too must this perspective be taken to partnership development and capacity building.

Lastly, participants discussed the importance of sustainability developed through the PATH for Women partnership. Organizational impacts of increased staff capacity, leadership development, infrastructure development (service delivery, service expansion, and leveraged funding support) – study outputs helped to strengthen an organization. This in turn allowed the organization to maintain program services and sustain an organization. In particular, mission delivery led to organizational credibility and visibility providing for additional opportunities for funding and partnership development. Future CBPR research should more closely examine the relationships between community involvement in collaborative research and the degree to which such participation strengthens their abilities to delivery direct services to their communities.

This study provided a programmatic exploration of CBPR for the PATH for Women partnership. It showed that CBPR catalyzed organizational capacity and leadership for OCAPICA and its' PATH for Women partners. The ability to have organizational impacts (outputs and outcomes) enhanced organizational capacity and sustainability. As CBOs continue to grow and evolve, it may be worthwhile to consider the CBPR paradigm to help promote organizational capacity and development. This study demonstrated that CBPR principles were adhered to and operationalized yielding organizational impacts of increased capacity and organizational sustainability.

VII. STUDY RECOMMENDATIONS FOR CONVENING CBPR

The study revealed that it was possible to adhere to all nine core CBPR principles in the development of a partnership to address health disparities. While all nine principles were

present, some were adhered to more easily and some had stronger correlations with organizational outputs. Following are some recommendations based on these findings and suggestions for the development of future CBPR partnerships. These are practical considerations for organizations, especially community-based, to consider regarding implementation of CBPR principles and a focus on specific principles to promote organizational capacity and development. In particular, many of these recommendations are from a convener practice perspective.

- **Create partnerships with organizations of all sizes**

The study showed an inverse correlation between organization size (staff and budget) and the agreement to the presence of CBPR in a partnership. In essence smaller organizations (budget or staff size) are associated with a higher agreement to the presence of CBPR principles. This finding may suggest that it may be worthwhile to consider organizations of all sizes (budget and staffing) when developing CBPR partnerships. Not only are large organizations interested in partnership, but also smaller organizations may be interested and able to engage. Smaller organizations have less bureaucracy and a smaller number of staff to engage in adopting the CBPR philosophy and principles. However, while small organizations may be able to support the principles and endorse the process, they may not be able to fully engage in all aspects of the participatory process due to their resource limitations. This being noted, organizations of all sizes should be considered to participate in CBPR partnerships. As noted by one study participant, while everyone may not have the same resources, each may have something to offer to the partnership that another does not, thereby strengthening the whole. There is value in engagement.

- **Create a CBPR Culture**

In accordance with this recommendation of developing CBPR partnerships, consideration should be made to understanding CBPR and creating a CBPR culture. For instance, this includes an understanding of the goals and expectations of CBPR. Conducting an assessment to identify if such a philosophy can be supported by a program or the organizational leadership, may be instructive. A simple assessment could be asking people if they believe in or support the nine core CBPR principles, just to get an idea of where people are at in association with the principles. Fully embracing CBPR principles does not occur overnight and may mean adapting existing organizational protocol to support the core principles. In the PATH for Women partnership, CBPR principles were the guiding framework for the partnership and the vision of an equitable partnership was very important in words and action. A culture must be created around this that is supported by all members. Identifying guiding principles may help to create this culture, but also convening participants to discuss what these principles mean and how they might expect to adhere to and operationalize them may be constructive. Retreats were an effective mechanism, utilized by PATH for Women, where larger program visioning occurred for PATH partners and they discussed strengths and challenges to the structure. This provided a specific space to talk about structure and process on a larger level and not to get mired in the details of day-to-day program services. Retreats also had the unintended outcome of resulting in the development of formalized guidelines for data ownership and dissemination by partners. These examples illustrate the importance of developing facilitation processes and protocols to codify CBPR principles into practice by all.

Participatory processes require immense time commitments by all involved, ideally involving commensurate resource allocations. Providing funding opportunities that support

operational and personnel time to participate helps to reduce the burden on partnering organizations. If funds are not available, the group should discuss how to operate without resources and what resources can be elicited in-kind. The sharing of resources is not only important to supporting the practical implementation of CBPR, but may also cultivate organizational culture and support for such research approaches. This understanding may be important in building the culture and support around CBPR.

- **Conduct Annual Retreats**

Annual retreats provide the opportunity to check in on the larger framework and to have mechanisms to take action on suggested changes and improvements. Integrating these discussions into the more regularly scheduled partnership meetings, such as PATH for Women's monthly meetings, provides an opportunity to check in with one another and to hold one another accountable to the discussions previously held. When possible, bringing in a neutral facilitator is helpful, as this provides all individuals an opportunity to participate. In PATH for Women, retreats were day-long commitments that staff made, away from the office, to focus on discussing shared strategic goals and plans. Such a large time commitment facilitated interactive discussion and decision-making. Cutting discussions short can hinder the partnership development process. The day often included opportunities to get to know one another, as individuals beyond the work role, building connections, and to provide interactive opportunities to discuss issues. This may include engaging different individuals to facilitate discussions or integrating activities to demonstrate concepts or principles. Retreats work most effectively offsite (from the work place) to focus attention on the agenda for the day, keeping individuals from being pulled away to an office emergency. It may include team building in addition to the strategic discussions.

Retreat Activities. Experiential learning may be considered to convey key concepts or principles. Sometimes going through the actions leaves a stronger impression than merely hearing the message. A suggested exercise for CBPR principles and sharing of resources is to divide participants into four groups and separate them into the four corners of the room. Each group is given a set of materials (which are not equal). All groups are given the same instructions to build an item (you can decide what that is based on your available resources). Provide each group with a time limit to build this item. Then let them get to work. When time is up, stop the groups. Check in with everyone to see if they have built the assigned item. Then focus your time on the debriefing which will highlight different aspects of CBPR and how our actions, even if we believe the words, sometimes convey different beliefs. Suggested questions are: Were you able to build what you intended? Did you lack resources? Could you have borrowed, exchanged, or taken from other teams? Did anyone say that you could not work together? Did you have enough time? Did you have enough information? Did you have to build the item anyway (without enough time, resources and information)? Use these types of questions to facilitate a discussion about how this exercise exemplified real life experiences in partnership and engagement, and identify some potential take-aways for this exercise and in developing the future partnership.

- **Identify a convener organization**

Another consideration is identifying a convener organization to help lead or facilitate the partnership. Sometimes organizations self identify to lead, but others are not in agreement. It may be necessary to have a process to discuss who can and should be a convener organization. This organization may be tasked with the administrative and fiscal responsibilities and management and oversight of the partnership. Roles may include serving as the administrator,

and fiscal agent. Activities that may need to be provided by the convener organization may include facilitating trainings, sharing resources and information, engaging all potential partners, building consensus, and providing mentorship, technical assistance, and support. Serving in this role requires personnel time commitment and organizational resources, especially financially, to support fiscal expenses and needs.

An organization should review the potential responsibilities of being a convener before taking on this role. The convener will need to identify if it has the resources to recruit staff with the knowledge and experience to serve as a resource for the partnership. Trust and respect are key components of developing relationships between the convener and partner organizations. Ultimately, it is important to have a discussion about who can serve as the convener or lead. While this role may be assigned, ensure that everyone agrees.

- **Facilitate collaboration for equitable partnerships**

The study highlighted the importance of facilitating collaboration for equitable partnerships throughout all phases. This is an important role for the convener, but also means that partner organizations need to be open to other opportunities for collaboration and networking. The convener organization has an important role in information and resource seeking and sharing what it found with partners to support their service and program delivery. This means having someone who is resourceful and willing to seek out information to enrich the efforts of the program or partnership. Facilitating collaboration means being aware of other resources and opportunities that are related to or that can enhance the partnership and making these connections in the best interest of the partnership. In the PATH for Women program, this role rested with the convener organization. OCAPICA served as a central resource for information and resources that were disseminated to all partners, including academic partners.

Dedicated staff working on the program provided these resources to partners. The challenge was identifying resources and making connections; however, the reward was that many organizations came to know OCAPICA and recognize it as a facilitator with connections to many diverse organizations and partners. While this task of networking and resource development can also be time intensive, it really helps the convener organization to be aware of pressing issues and recognizing leaders in the area of work of the partnership.

- **Promote an Empowering Process**

As the partnership progresses, partners must be empowered with skills. Facilitation and leadership skills should be transferred beyond the convener. This enhances the partnership as a whole. Practical ways to build and transfer leadership include sharing facilitation duties with meetings and trainings, asking different individuals to lead meetings, and asking for people to volunteer. People are often interested in learning different roles, if given the opportunity. Tasks can start small and evolve over time.

The empowering process arose through skills development and knowledge building in PATH for Women. However, as just mentioned above, it also develops by giving different opportunities to diverse people. Simply because an individual has great strengths regarding a skill does not mean that they should always be the one to complete such tasks. Allowing others to assume these tasks or roles, gives them confidence in their ability to accomplish things. While a convener is necessary, it becomes important to empower partners in the partnership and community members that are served; sharing knowledge, skills and resources.

Successfully empowering partners, requires providing support and standing behind them. Give individuals opportunities to try new things and to identify ways in which they feel they can grow. Encourage them to try things that aren't comfortable and help them to see the value added

that this may bring to their skill set or organization. In the PATH for Women partnership, partners often felt they weren't "the right person" for certain activities, however given the opportunity, often in partnership with someone else, they were often very successful. For example in PATH for Women, partners were encouraged to conduct educational visits with local legislators to discuss program efforts, making their local representatives aware of their work. Many program staff felt this was something that management and executive level staff were responsible for completing. They expressed that they had nothing to offer in terms of knowledge or resources. However, providing public speaking trainings, helping them to shape speaking points, and suggesting individuals make visits in groups reduced the anxiety for this activity. Program staff eventually became very comfortable with making policy visits, as well as networking with local legislators. The skills building and group support eased anxiety. As well, the local legislators recognized the program staff as the individuals doing the work and creating change; this instilled them with pride and confidence. This is an example of how applying skills to an experience created confidence and empowerment with partner staff. Trying new things in partnership, with another team member, reduces the fear and anxiety of the unknown. This also helps to build a support network for individuals. Success is not always achieved immediately but encouragement to try again to find success is important. This process allows individuals to build on their own strengths and resources and to integrate knowledge into action.

- **Recognize the community as a Unit of Identity**

The principle of the community as a unit of identity was found to be an important principle in PATH for Women. This is especially true in working with underserved and under-represented communities. Being recognized and having an identity is important. The study also

revealed that it isn't enough to just recognize a unit, but to also give voice to this group and provide them an opportunity to be engaged.

In order to recognize units or communities, an organic process must take place. Sometimes it is not how we see a community or organization but rather how they self-define. It is important to approach every group with respect and sensitivity and to honor their self-identity. In order to do this, other individuals and organizations need to take time to learn more about this group/community and identify their interests in participation. Through this process, trust can be established and opportunities to collaborate will develop. Understanding a unit or group may also provide the opportunity to identify their strengths and resources and thus give opportunities to build on this. Recognition by the partnership of various units and communities also brings about visibility. This can lead to opportunities to foster additional relationships, funding opportunities, and other resources. This, in essence, helps organizations to sustain both programs and the organization itself.

Communication may play a key role in helping to build understanding. This may be needed in order to recognize a community as a unit of identity. It might be worthwhile to set a meeting where everyone goes around the room, round robin, and shares information about themselves and their organization – possibly something others do not know. This helps everyone to learn about one another and also gives everyone an opportunity to participate and have a voice. Keeping the sharing to non-related program objectives may be helpful to avoid the emergence of any competition. Encouraging this communication throughout the partnership is important. Leave room in meetings to ask questions and to confirm understanding. People nodding their heads in affirmation are not a true sign of understanding. Take the time to ask if clarity is needed and ask people to explain back and share what is learned. Active listening

becomes a skill that benefits everyone in learning about one another. Time must be carved out for these types of activities. Some communities feel that, if you don't have the time to get to know them and understand them, they don't have the time to partner with you. This is a particularly salient consideration as developing a partnership may be for the long-term and not a one-time opportunity. Invest the time in others so they will invest in you and your organization.

- **Develop skills and build capacity**

Skills building and increased capacity was an important output in the PATH for Women partnership. Skills building can come from trainings, workshops, and conferences, to name a few. These resources are always welcomed and appreciated; however, it is more effective to tie trainings, workshops or conferences, with opportunities for practical application, shortly following the session. Being able to apply lessons learned helps to retain the skills and may also build confidence as individuals can experience success with the new talent or skill. The convener may need to intentionally set up these opportunities for practical application, so coordination of schedules and opportunities is key. The convener may also need to provide mentoring and support in order to ensure skills learned are applied.

An example of skills development is public speaking. A training presentation may be provided on what makes a good public speaker, but until one applies those tips and puts them to use, they may not have any salience. By creating a learning opportunity where everyone must provide a talk, individuals are encouraged to think through the process of what information and resources are needed to develop a talk, in addition to oratory skills. Sharing this experience with others may also help to reduce the fear and anxiety around only one person having to experience this. A friendly group is a good place to learn and receive feedback. These types of skill building trainings help disseminate opportunities for the partnership. It builds a cadre of trained

individuals who can speak about the program and its services. This will help to empower individuals and build confidence, which may help to build leaders in your partnership.

Leadership development was noted as an organizational output in PATH for Women. This led to opportunities for organizational recognition and visibility, which supported the organizations in other funding and partnership activities. Skills building can be resource intensive, but it may also have tangible and intangible benefits to the individual and organization.

- **Closing considerations**

Addressing CBPR principles, identifying a convener or lead, facilitating collaboration, using an empowering process to address social inequalities, recognizing community as a unit of identity, skills development and increasing capacity are key aspects in the CBPR process that may help to promote organizational growth and development. This process does not address all nine core CBPR principles, but highlights some key principles that may help to formulate a strong core to adhere to the CBPR principles and eventually operationalize all principles. The practical application of these considerations helped the PATH for Women partnership have a strong collective unit that was able to deliver program services, expand program services, and sustain participating organizations. Partnerships are heterogeneous and contextual factors will also play an influencing role, however consideration of these recommendations may lead to positive individual and organizational growth and development.

VIII. LIMITATIONS

The proposed study has several limitations for consideration. The first is that this was a cross-sectional study. Second, data was self-reported. Data was collected at one point in time and represents a retrospective view on experiences in the PATH for Women partnership. The findings only reflect the experience at this point (a snap shot) and do not reflect a representative

sample of all partnering organizations. Individuals that did not participate may have had additional perspectives that may have influenced the study findings. For example, those that declined to participate may not have wanted to share negative experiences in the partnership. This may have altered study findings. For example, the findings here may represent bias to those sharing positive results. As well, while participants shared rich information about their experiences with PATH for Women, the data was self-reported. It would be helpful to utilize other tools to support the measures of change in the organizational output and outcomes, to support if there were changes in individuals and organizations and how measurable these changes were, in essence were they significant. These reflect some overall limitations of the study.

In regards to the quantitative data, a limitation for consideration is that there was missing data with the pairwise correlations and so the fact that some associations were not significant may have been a result of these missing values. The absence of data values may have biased the results influencing associations between inputs and outputs or not reflecting any association between inputs and outputs or CBPR principles and outputs. This is important in this study, as the sample was relatively small and may have yielded less statistical power. As well with missing values, important variables may have been omitted from the correlations, providing a non-representative sample of the study inputs and outputs. In particular, two organizations from the partnership were not represented in the study. The organization size (budget and staffing) and experiences with the CBPR principles and study inputs and outputs may have impacted the correlations reflected in Table 4. In particular, the association between current agency budget and the agreement of the presence of CBPR in PATH for Women may have been different had the other two PATH for Women partner organizations participated in the study. For these

reasons caution should be taken with the generalizability of the findings from this programmatic assessment.

In addressing the qualitative data, the following limitations should be noted. The type of questions asked in the study, as well as social desirability to provide answers they believed were most expected to be given, may have influenced responses by participants. As well, information reported was based on individual job experience and may have limited the ability to respond to all questions in the interview guide.

The study also employed convenience sampling, which may have yielded a bias in response based on those who elected to participate in the study. Responsiveness through recruitment may reflect a desirability bias of those who tend to like to participate in studies, as well as those who wanted to support and work with the study researcher. This may have left out potential participants who were not as comfortable to share issues or concerns about the partnership.

In addition, the partnership was coming to a close. There was staff transition, which may have limited the opportunity for some individuals to participate in the study, missing important perspectives. Participant responses relied on retrospective reporting of experiences in the partnership; recall may have been biased to positive experiences versus the sharing of challenges and trying times. Further, qualitative information was grouped and given attention based on frequency of response. This may not linearly reflect greater value or importance.

While the generalizability of the findings may be limited to PATH for Women and the study organizations due to the nature of the specific type of questions to programming, organizational structure, and convenience sampling, information shared may be helpful for other

similar organizations when considering their growth, development and sustainability in light of the use of CBPR principles.

IX. CONCLUSION

With budget cuts at the federal and state level, program support for programs that address health disparities, particularly in underserved communities, may experience greater challenges in seeking funding support. While CBPR can be time and resource intensive, it also yields potential benefits in developing staff capacities, increasing social capital, and leveraging opportunities for other funding support and partnerships. As such, it may be worthwhile to consider implementing and adhering to CBPR, not just for its participatory and empowering nature, but also for the opportunity to build and sustain individual and organizational capacity. The participatory nature that is created with the influence of CBPR can translate into many settings and can help to promote stronger relationships and visibility for community organizations. These are organizational outputs and outcomes that should be considered in helping to sustain a program and organization. As health care reform rolls out and services are integrated, more and more collaboration will be expected. Having the skills sets from CBPR will help to make some organizations more prominently identifiable to coordinate and facilitate such collaborations.

The findings from this study help to demonstrate the added value of CBPR and its role in organizational capacity and development. Recommendations are provided for implementation of CBPR with consideration to key principles that may enhance organizational capacity and leadership development. Finally, the semi-structured interview instrument may be considered as a starting point for others considering similar assessments.

X. APPENDIX A – Semi-structured Interview Guide

Partnership (CBPR) Interview Guide

Thank you for taking the time to meet with me to discuss your partnership on the REACH US PATH for Women Center of Excellence to Eliminate Disparities (CEED). I greatly appreciate your time and am excited to hear what you have to share with me about your working relationship with PATH for Women. In particular, I am interested in learning what is/has been effective in working with PATH for Women. Your participation is voluntary and you may stop at any time and not complete the interview. If there are questions that you do not want to answer, that is also perfectly alright. Your thoughts and comments are important and will help me understand how to strengthen OCAPICA's working relationship with you and your agency.

Once again, I want to make sure that you understand this is voluntary. The information that you share will be kept anonymous, we will use it to help understand how to build and strengthen partnerships at OCAPICA. I will be conducting a series of interviews with various partners and can share a summary report with you when all the interviews have been completed and the data reviewed and analyzed. This information is intended for organizational use and development, and as noted your responses will remain anonymous and confidential. None of the information you provide will affect the relationship between you and your organization and OCAPICA.

Also, please note that I will not be providing you with a monetary incentive for your participation. We hope the information itself will strengthen and clarify our relationship and that the findings may be of some use to you as well as in your partnerships with other agencies to build your capacity and better meet your agency mission.

The interview should take about 45-60 minutes. If at any time, there is a question or if something is not clear, please feel free to let me know.

I want to confirm that I have your verbal consent to participate in this interview?

____ YES, confirmed ____ NO, stop interview and thank participant

Do I have permission to audio record our interview today?

____ YES ____ NO, may I take notes today?

____ YES _____ NO

A hard copy of this verbal consent will also be provided to you for your records.

Thank you. Let's begin. These interviews are being conducted with partners who work with OCAPICA, in particular with the REACH US PATH for Women CEED. I am interested in understanding what is working in the PATH for Women partnership. These questions are mostly

about the partnership or your agency and your relationship(s) with the PATH for Women CEED. Once again, if there is anything that you do not want to answer or are uncomfortable speaking about, please let me know, and we can stop or change topics.

Let's start with some introductory questions:

1. What is your role in the PATH for Women Program?
2. How long have you worked with the PATH for Women Program?
3. What do you think is the overall goal of the PATH for Women Program?
4. What do you see as your agency's role in the PATH for Women Program?
5. What do you see as your agency's goal in the PATH for Women Program?
6. What do you think is OCAPICA's role in the PATH for Women Program?
7. What do you think is the strategic plan for the PATH for Women Program?
   PROBE(S): Is everyone aware of it?

   If not, are they able to get a copy?

   Who was involved in developing this plan?

   Do you hold a retreat to get input from everyone?

   Who facilitates this process?

   What does the strategic plan entail?
8. What do you think about the strategic plan? Is it necessary? Useful? What else may be needed to ensure success of the partnership?
9. How would you define Community-Based Participatory Research (CBPR)?

Community-Based Participatory Research Principles

10. The REACH US PATH for Women Center of Excellence to Eliminate Disparities is a partnership that prides itself in being driven and lead by community partners. A working definition of Community-Based Participatory Research (CBPR) is *"A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change."*
    ~ W.K. Kellogg Foundation Community Health Scholars Program

    On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, how much do you agree that the PATH for Women Program exemplifies Community-Based Participatory Research (CBPR) based on the definition just shared?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

   a. How do you think the PATH for Women Program exemplifies Community-Based Participatory Research (CBPR)?
   b. If it does not, how can it better exemplify CBPR?

11. What does it mean to recognize the community as a unit of identity?

12. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED recognize the community as a unit of identity?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

   a. If yes, how does PATH for Women do this?
   b. If no, what can PATH for Women do to recognize the community as a unit of identity?

13. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED build on the strengths within the community?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

   a. If yes, how does PATH for Women do this?
   b. If no, what can PATH for Women do to build on the strengths within the community?

14. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED build on the resources within the community?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

   a. If yes, how does PATH for Women do this?
   b. If no, what can PATH for Women do to build on the resources within the community?

15. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED facilitate collaborative partnerships in all phases of the program (e.g. outreach and education, navigation, data collection, data dissemination)?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this? At what phases?
b. If no, what can PATH for Women do to facilitate collaborative partnerships in all phases of the program? At what phases?

16. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED integrate knowledge for the mutual benefit of all partners?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do to integrate knowledge for the mutual benefit of all partners?

17. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED integrate action for the mutual benefit of all partners?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do to integrate action for the mutual benefit of all partners?

18. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED promote a co-learning process that attends to social inequalities?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do promote a co-learning process?

19. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED promote an empowering process that attends to social inequalities?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do promote an empowering process?

20. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED involve a cyclical and iterative process?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do promote a cyclic and iterative process?

21. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED address health from a positive perspective?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do to address health from a positive perspective?

22. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED address health from an ecological perspective?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do to address health from an ecological perspective?

23. On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree, does the PATH for Women CEED disseminate findings and knowledge gained to all partners?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

a. If yes, how does PATH for Women do this?
b. If no, what can PATH for Women do to disseminate findings and knowledge gained to all partners?

24. Is there anything else you would like to share?

Now we are going to discuss relationships and partnerships with PATH for Women as well as relationships and partnerships outside of OCAPICA.

Relationships

25. How has working with the PATH for Women partnership helped your agency meet its goal(s)?

a. Please share with me what these abilities are, or how they could do this?
b. Please share with me what PATH for Women has done in this regard?

26. How has working with the PATH for Women program helped you develop new partnerships with others?
    a. Please share which ones? And what have these partnerships provided for your organization?
27. Would you agree/disagree that you have more partners/linkages as a result of working with PATH for Women?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

28. Has PATH for Women helped you to identify relevant policy issues? If so, how did they do this?
    a. If yes, what has happened?
    b. Have you developed any skills or products as a result?
       PROBE(S): Policy summaries, fact sheets, speaking points
    c. If no, is there anything that PATH for Women could do to help your agency with policy issues? Please share.
29. Would you agree/disagree that others view your agency as a strong community partner because of this partnership?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

PROBE: How has your relationship with PATH for Women influenced this?

30. Have you been invited to participate/join task forces due to your work in this area?

    If yes, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, would you say that you have been invited to participate/join task forces due to your work in this area, more than prior to PATH for Women?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

31. Have you been invited to participate/join work groups due to your work in this area?

    If yes, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, would you say that you have been invited to participate/join work groups due to your work in this area, more than prior to PATH for Women?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

32. Have you been invited to speak about your work in this area (e.g. classes, student groups, community groups)?
    If yes, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, would you say that you have been invited to speak about your work, more than prior to PATH for Women?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

    PROBE(S:) From these opportunities what skills have you or your agency developed?

We are next going to move on to discuss a few questions around leadership and leadership development.

Leadership

33. Please share with me what your definition of leadership is?
34. Do you believe that this is present in your partnership with PATH for Women?
    a. If no, how might it become a part of the collaborative?
    b. If yes, how is it a part of the collaborative?
    c. Do you like this style? If yes, please help me understand what you like about it.
    d. If not, what would you do different?
35. How has PATH for Women helped you to develop your skills as a leader?

    a. What opportunities are made available?

    PROBE(S): Training opportunities; represent partners at decision making meetings, etc.
    Have you had other opportunities aside from community outreach?
    Examples: Policy/legislative visits, representing the partnership at conferences, events, etc.

    b. If opportunities shared, what skills have you developed?

36. Do you agree or disagree that the organization/partnership uses a coaching or mentoring process to support the development of leaders?

Strongly Disagree	Disagree	Neither disagree or Agree	Agree	Strongly Agree
1	2	3	4	5

    a. If you somewhat agree or agree strongly, would you share examples?

b. If you somewhat agree or agree strongly, on a scale of 1-10 how effective is this process?
c. If you disagree, what would be things that are important to help develop leaders? Please share

Now I am going to ask you some questions about infrastructure and organizational capacity.

Infrastructure

37. Please share how large your organizations is – what is the number of staff you have in your organization?
    a. At this time?
    b. At the time of the inception of PATH for Women/your organization joining PATH for Women?

38. How many staff have worked on the PATH for Women Program?
    a. At the start of the program?
    b. Now?

39. Please share with me your organization's annual operating budget?
    a. At this time?
    b. At the time of the inception of PATH for Women/your organization joining PATH for Women?

40. How does working with PATH for Women allow you to deliver/meet your mission?
    a. In what way?
    b. What about working with PATH for Women allows you to deliver/meet your mission?

41. How has working on the PATH for Women Program helped you to develop new skills?
    PROBE(S): If yes, how has this happened? Is this something you would like to have continue?
    Would you share with me what type of skills have improved or been gained?

42. Aside from skills, are there other ways that working with PATH for Women has helped your agency? To grow? To become stronger?
    PROBE: Leveraged funding, increased staff, visibility in the community, etc.
    a. Please share/explain how PATH for Women has done this?

43. We have talked a lot about working in partnership with PATH for Women. Thank you for sharing. Is there anything else that you want to share, positive or negative, or something

for future consideration that you would like me to know? Anything that you think would help your agency or OCAPICA to be better/stronger partners? Anything regarding what has worked or has not worked in this partnership?

Those are all the questions that I have at this time. Is there anything else that you would like to say or share regarding your working relationship with PATH for Women?

Thank you for your time. I greatly appreciate your honesty and participation. May I ask for permission to re-contact you in the near future, there may be some points of information that I would like to clarify.

____ YES, note contact information and thank participant____ NO, thank participant
Contact information: Phone: _____ Email: _____

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