

RESEARCH

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Background

Meaningful engagement of communities in research,

Procedures

The physical location for the trainings was a Sudanese Community Center located in the “City Heights” neighborhood within San Diego County. Participants were enrolled and informed consent was obtained by research staff in person or by telephone/videoconference. Participants were provided a \$100 USD gift card per training session, for up to five sessions and were asked to attend the session and complete all evaluation activities (Table 2).

Debriefing session

All participants from the policy advocacy training were invited to a two-hour debriefing session led by the training facilitators and university evaluation team. The focus of this session was to share a summary of the quantitative evaluation data for the primary purpose of following up with members and ensuring that evaluation findings were

for the survey instruments of our baseline survey, training evaluation survey, and learning objectives survey (i.e. session surveys).

Engagement survey

Individuals involved in each training session were asked to complete an “Engagement Survey” at the end of each training session. Individuals were asked to rate nine statements for both: “How well do the partners leading the workshop do each of the following?” and “How often do the partners leading the workshop do each of the following?”. The answer choices were either “Poor”, “Fair”, “Good”, “Very good”, “Excellent”, or “Not applicable” or

Table 6 Session 2, 3, 4, and 5 qualitative data categorized by recurring themes among participants

Thematic category	Number of themes
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post-session survey, engagement survey and the Actors form (completed by ethnographic documenters).

Training evaluation

A separate survey was administered before and after completion of the 5th training session (i.e., at the beginning of session 1 and at the end of session 5). The average participant change score across all 4 questions was an increase of 0.03 points. When looking at specific questions, question 1 “How important is it for you to be engaged in local policy to advocate for your community’s needs and priorities?” had an average decrease of 0.17 points while question 3, “I understand how to engage in

influencing local or national policy to reflect my community’s priorities.” had an average increase of 0.36. Questions 2 and 4 had smaller mean differences at -0.1 and +0.02 respectively. See Table 7 for more details.

The third question which had a notable average change in scores (+0.36) also included open-ended comments such as “Although I’m not proficient when it comes to creating changes in policy yet, I do know that in order to reflect the community’s priorities we must learn about the community itself;” “Yes, I am learning, I have been participating in some changes and I know that the change does not depend on just one person but the entire community.” and “I have enough knowledge to know

Table 7

that alone, it is very difficult to achieve the goals and/or objectives.”

Lastly, there was an open-ended question at the end of this survey asking “How (if at all) did this training change your capacity to advocate for your community?”. Notable answers were “I learned how to run a campaign and now I know what steps to follow to be successful. I learned how to be an advocate and look at the interests of people in power, to see their own interest or that of the community”, “I am motivated to know more and take advantage of my professional experience to serve a greater purpose, to improve our mental health services.” and “It helped me understand where it all starts from, how it starts, and what to do when you start it.”

Engagement

The majority of engagement principles received the highest rating of “excellent”. Principles 1 (“The focus is on needs important to the community”), 2 (“All partners assist in establishing roles and related responsibilities for the partnership”), and 3 (“Community-engaged activities are continued until the goals (as agreed upon by all partners) achieved”) were not perceived as positively as the

others with “very good” being the response with the highest frequency. For how often the research team exhibits these principles, all nine had “Always”; the highest score, as the most frequent response item. See Supplemental Tables 1 and 2 for more details.

Ethnographic evaluation

The amount of time (in seconds) that each participant spoke to the larger group was documented by ethnographic documenters, as well as the type of engagement. These counts are illustrated in Tables 8 and 9.

During the training sessions, ethnographic documenters reported each instance of an individual volunteering to speak to the larger group. The amount of time and type of speech the participants engaged in was documented in all of the sessions. Table 8 shows the amount of time that participants spent talking to the larger group by session number. Sessions 2 and 3 had the highest combined total of seconds of group discussion at 3349 (55 min, 49 s) and 3340 (55 min, 40 s), respectively. Session 5 had the lowest number of combined seconds of group discussion. Note that this is not indicative of engagement since smaller group discussions were not considered for the part of the documentation. Table 8 shows the different types of engagement the documenters noted and the number of times they were noted across all five sessions. Out of the four types of speech, “giving information” had the highest frequency at 64 while summation only had six instances.

A common theme that arose among the first four sessions was regarding the difference in communication and engagement among the three community groups. Comments from documenters included “There was more engagement within small group and main group conversations from the Hispanic groups overall” (session 1), “the Latino organizations are significantly more vocal – even though they have more people, the proportion is still much higher” (session 2), “The Latino groups were more engaged compared to the Karen and Somali Bantu groups” (session 3), and “the Spanish-speakers participated much more than any other group” (session 4). However, it is notable to point out that in the fifth and last session a documenter pointed out that “In the last session had a pretty equal variation in engagement

to participate than other groups. These issues became less apparent throughout the sessions since we quickly addressed it by providing interpreters, radio devices, and adjusting the format of questions to facilitate participation. The sample size, while representative of the community leaders in South San Diego, may be considered relatively small for drawing generalizable conclusions. Furthermore, our sample is not fully representative of all ethnic minorities within our target population due to the population diversity of San Diego. Although the physical location of the training session was at the Sudanese Community Center, we did not include Sudanese community members in the training program and the choice of location was due to geographical convenience for the participating populations and space availability. Future exploration into ways to increase the reach of the training program would be beneficial.

The strengths of this study include the use of mixed methods, which allowed for a comprehensive understanding of the results by using qualitative data that provided context to the quantitative results. The study also demonstrated cultural sensitivity and awareness by providing translators and ensuring that the training was led by a trusted intermediary (the Global ARC), ensuring accessibility to a diverse group of participants. The ethnographic approach further enriched the study by capturing the engagement and communication in real-time.

Implications for future research and community empowerment are multiple. This study highlights the potential of community leaders to collaborate effectively in advocating for public health policy changes as well. Researchers and communities seeking to empower similar initiatives can draw from the lessons learned in this study, such as the value of culturally sensitive and appropriate training and the benefits of mixed methods research to gain a more comprehensive understanding of participants' experiences and needs.

Conclusion

In conclusion, this study engaged a diverse group of community leaders in a training program, revealing shifts in self-assessments, varying session results, and evolving engagement patterns. While initial confidence slightly decreased, later sessions demonstrated notable improve-

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