The Partner Engagement Guide

Meaningfully Engaging and Integrating Partners into the Research Process

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ACKNOWLEDGEMENTS

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FUNDING

This work was supported by the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH) under award numbers P50DA054072 (PI: McGovern) and U2CDA057717 (Contact PI: McGovern). The content is solely the responsibility of the authors and does not represent the official position of NIDA/NIH. Dr. Haegerich was substantially involved in award U2CDA057717, consistent with her role as Scientific Officer.

SUGGESTED CITATION

Powell, T., Subica, A. M., Gotham, H. J., Haegerich, T., Jordan, A., Kelly, J., Magidson, J., Sharma, S., Taxman, F. S., & Zimmerman, L. (2024). The partner engagement guide: Meaningfully engaging and integrating partners into the research process. Center for Dissemination and Implementation at Stanford (C-DIAS) and HEAL Data2Action Research Adoption Support Center.
www.hd2arasc.org/implementation-guides-and-measures;
www.c-dias.org/implementation-guides-and-measures

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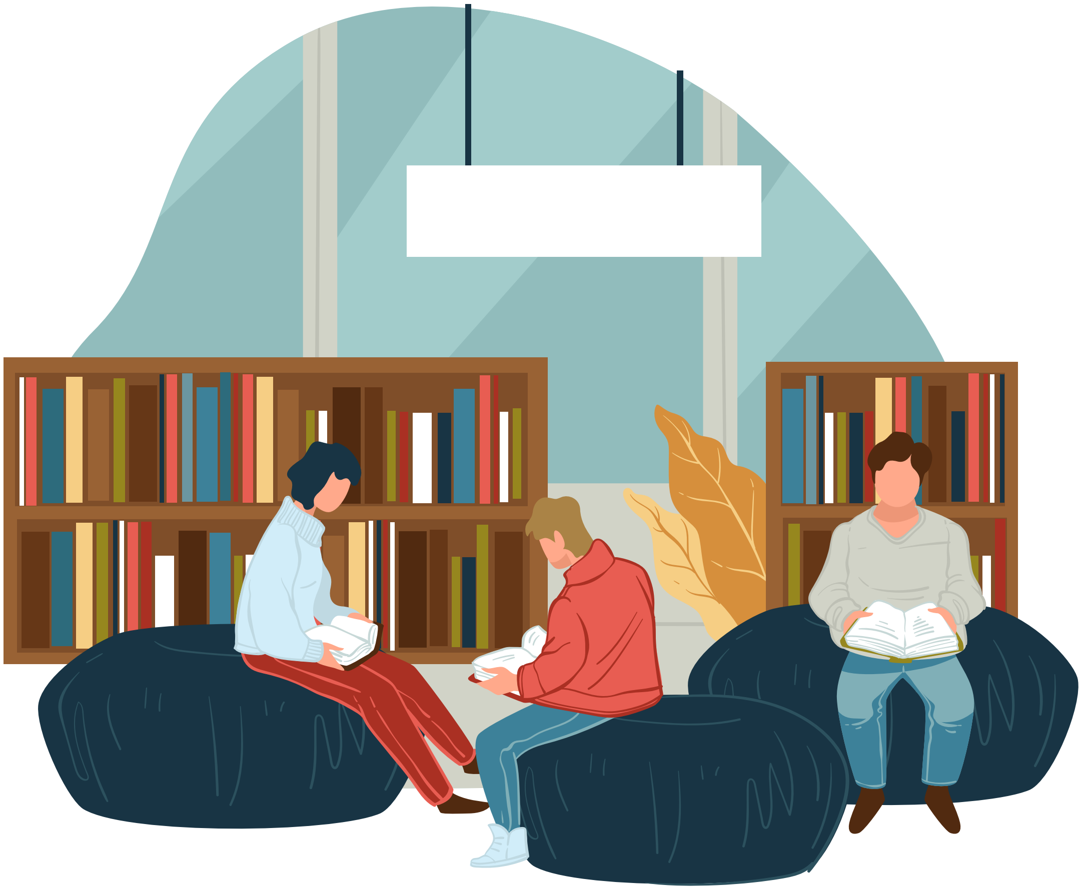

INTRODUCTION

> “If you want to go fast, go alone. If you want to go far, go together.”
> - African proverb

Engaging partners in the research process is an important approach for developing interventions that are effective across diverse groups/contexts and will be used and sustained in practice over time. ‘Partners’ refers to a range of people, organizations, and communities that affect and are affected by the research (e.g., patients and families, treatment and other organizations, communities, state and federal agencies, payors, and policymakers). This research approach is informed by two core principles. The first is the World Health Organization’s principle of public participation in health, in which people possess a fundamental right to participate in the planning and implementation of the programs/interventions that affect their health. The second is that intervention development, dissemination, and implementation are improved by including the insight, knowledge, and interests of individuals and communities who will benefit from the intervention. Inclusion will accelerate the translation of research into practice. Moreover, the targeted inclusion of historically underrepresented communities into the research and dissemination and implementation process is of primary importance across all efforts.

To support the increased engagement of partners in research, this guide provides a practical set of recommendations on how to identify and meaningfully engage with partners in research. Intervention developers and researchers, health services researchers, citizen scientists, those committed to the goal of knowledge utilization, and those curious about dissemination and implementation (D&I) science may find this guide useful. The goal is for researchers to improve the quality of their research by promoting partnered engagement with the communities affected by the research.

THE GUIDE IS DIVIDED INTO THE FOLLOWING SECTIONS:

Principles of Engagement

The Principles section details seven essential principles that underpin the ethical and rigorous conduct of the partner engagement process.

The Partnering Process

The Partnering Process section outlines how to conduct three core phases of engagement:

(1) Planning Engagement;
(2) Putting Efforts Into Practice; and
(3) Promoting Evaluation and Dissemination.

Each facet of the Partnering Process includes a menu of options and a set of pitfalls for researchers to consider.

Case Studies

The Case Studies section offers two real-life case examples of partner-engaged research to illustrate this guide’s principles and partnering processes at work.

Appendices: Worksheets and Resources

The appendices include Appendix 1: Partner Engagement Strategic Plan Worksheet, Appendix 2: Scientific References and Selected Trainings, and Appendix 3: Support and Resources Checklist.

PRINCIPLES OF ENGAGEMENT

Below are seven core principles that increase the likelihood that the research partnership will produce valued scientific knowledge and community benefit. These principles also reduce the likelihood that the partnership will replicate historical injustices or fail to produce sustained community health benefits over time.

Co-Learning and Co-Production

Partners may enter a relationship holding at least some faulty assumptions and beliefs about each other or the partnering process. Mutual openness and a willingness to learn among researchers and partners can help address such assumptions and better address common needs and reach shared goals. Partnered research convenes a variety of perspectives, expertise, and lived experiences to identify the highest-priority research questions and enlist appropriate, feasible, and mutually agreed-on research methods. Co-ownership of the scientific and practice knowledge produced may lead to heightened benefits for community health.

Humility

Researchers should practice humility and listen to, recognize, and consider the experiences and perspectives of other parties to reach common ground. Acknowledging and valuing all parties' perspectives can address any hindering assumptions that scientists, clinicians, and community members hold and support or result in effective collective actions that benefit all parties.

Equity

Equity is the value of fairness in health and well-being that underlies partnership. It requires recognizing where health policies, practices, programs, and efforts are unfair and may lead to poor treatment and inequities, especially when resources, knowledge, and decision-making are not aligned with the core needs of individuals/communities. Partners should reflect on whether the research approaches and results increase equity or exacerbate inequity over time so that all parties can collectively build equity where possible.

Relationship Building

Relationship building is key to information sharing and honest engagement in shared decision-making processes. The nature of the partnership should evolve with efforts to strengthen relationships. *Trust* and *belonging* are key to healthy partner relationships, which are cultivated over time based on mutual respect, responsiveness, transparency, and open dialogue. Given that racism, sexism, and other forms of oppression influence health and science, acknowledging these oppressive constructs through open dialogue may also solidify trust among partners.

Resource Sharing

A mutually beneficial partnership involves sharing resources. For partnerships to be mutually beneficial, partners should be explicit about their commitments to share resources from the outset. Examples of community and other partners' resources include information about local conditions, stories about lived and living experience, expertise, and contacts with other partners; research partners' resources include tailored, digestible summaries of research, information about local healthcare or other services, and linkage to other systems.

Action and Change

Taking action to improve the causes and conditions that contribute to community health and well-being is a core commitment within the established traditions of community-based participatory research (CPBR) and participatory action research (PAR). As part of the partnership, a key priority should be to outline and establish a clear action plan to address research and community partners' collective efforts to improve health, well-being, and access to quality care.

Sustainment

Partnerships should be built to ensure long-term sustainability. Formalizing the process through formal charters, memorandums, and resource plans may lay the foundation for long-term sustainment after the project concludes.

THE PARTNERING PROCESS

In this section, the partnering process is laid out in three phases (the three P’s):

1. Planning Engagement
2. Putting Your Efforts Into Practice
3. Promoting Evaluation and Dissemination

These phases are structured in a way to enact the core principles of partner engagement.

PLANNING ENGAGEMENT

Dedicate significant time and effort to planning engagement collaboratively with partners in a deliberative process. Planning is required to achieve meaningful engagement that engenders the seven principles, including relationship-building, equity, and action.

1

Step 1: Identify and secure needed support for partner engagement

First, researchers should identify partners who have a “stake” in the research. This might include community members with lived experience, service recipients, service providers, or decision-makers who direct resource allocation. Take both an individual and community perspective, considering people and areas with specific needs or interests related to the problem being addressed or who are most impacted by health disparities. For example, categories of partners that could be engaged in research addressing addiction and/or pain management include persons with lived experience with addiction and/or pain, informaticians in health systems or public health departments, healthcare providers and healthcare leadership, community treatment and community service providers, pharmacists, tribal healthcare, police and corrections, child welfare, housing authorities, financing and health policy decision-makers, state and local leadership, and technical assistance providers and purveyors.

As partner engagement requires a significant resource commitment, plan for appropriate allocation of resources such as administrative support for outreach and scheduling, space for convening, and researchers' time commitment for participatory engagement. Using trained facilitators might enhance success in obtaining balanced perspectives. Plan for resources (e.g., honorariums, funding) to compensate partners for their time and commitment. Ensure there is an understanding of local Institutional Review Board preferences and practices regarding partner engagement, including interpretation of human subjects research policies related to compensation and research engagement. The worksheet in Appendix 3 poses questions that can assist you in developing funding and resource projections that meet project needs.

Involving the study team in training and mentoring on partner engagement and community-based participatory research (CBPR) methods is strongly recommended. Training can enhance knowledge of conceptual frameworks and methodologies for engagement and increase appreciation for diverse sources of expertise. Engage in training on specific populations and cultural humility, including diversity, equity, and inclusion. Mentoring from investigators with experience in partner engagement can increase the capacity to build relationships, communicate effectively, resolve conflicts, and navigate hierarchies of control and influence. Appendix 2 provides example scientific resources and training opportunities.

Pitfalls

Potential pitfalls of inadequate resource planning include cost overruns, inability to enact promises made to partners for meaningful engagement, resulting in reduced trust and disengagement, and a failure to fully understand the phenomenon you are trying to study because of truncated engagement.

2 Step 2: Develop a partner engagement strategic plan

Developing a partner engagement strategic plan should be a collaborative endeavor between researchers and partners. Together, researchers and partners should consider the vision, purpose, and intended outcomes of the partner engagement. Consider potential benefits to the research (e.g., real-world application, enhanced intervention adoption), researchers (e.g., built alliances, leveraged resources), and partners (e.g., increased knowledge, community health gains). Engaging partners can lead to added research value and long-term relationships that extend beyond one specific project.

Consider plans for meaningful engagement, whether that is through input on research questions, design, or methods; intervention development; interpretation of research findings; or dissemination of findings to influence practice. Projects that seek to increase the use of existing data to inform practice (e.g., health or services records) might consider engaging partners on issues such as data security and governance. For example, partners might contribute to deliberations about consent, how data will be used and if that use is in alignment with stated goals and community interests, and addressing privacy, beneficence, social justice concerns, and data restrictions. Identify appropriate time points for such engagement through the research cycle. Finally, select methods of engagement, including recruitment venues and processes for engagement (see the Putting Your Efforts Into Practice section below), ensuring that engagement happens in the right place at the right time for the right purpose.

The most critical action is engaging with partners to collaboratively develop the partner engagement strategic plan. Consider the Who, What, When, Why, and How of the proposed research with partners in order to develop and finalize the plan. The Strategic Plan Worksheet in Appendix 1 provides an example checklist and template for collaboratively developing a partner engagement strategy. Once a plan has been drafted collaboratively with partners, revisit available supports and resources (see Step 1). It is critical to ensure sufficient resources are allocated to enact the collaborative vision and implement the planned engagement methods.

Pitfalls

Potential pitfalls of not developing a partner engagement strategic plan collaboratively with partners include a limited research perspective that does not address or account for key community perspectives, needs, or challenges, and an inability to engage meaningfully and authentically with the partnered communities. Omitting essential partners could also result in social exclusion from the partner community, limiting your ability to conduct relevant research and disseminate findings for practice effectively.

PUTTING YOUR EFFORTS INTO PRACTICE

It’s time to put your planning into action. Partner engagement exists along a continuum. Below we describe important levels and methods of engaging partners in research and practice. Note that this is not intended to serve as a comprehensive list of potential partner engagement levels and methods.

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Step 3: Identify levels of engagement

Not all partners need to be engaged at the same level as each other, or at the same level through each stage of the research process. Instead, the level at which partners are engaged should be determined by the goals and intended outcomes of the project (see Step 2 above). The lowest level on the continuum of partner engagement is informing, with potential for advancement to higher levels of partner engagement such as consulting, collaborating, or leading/co-leading (1,2).

Inform

Researchers inform partners about the research with relevant updates.

Consult

Partners provide feedback that researchers use to make decisions.

Collaborate

Partners work with researchers on each phase and are involved in the work.

Lead/Co-Lead

Partners and researchers have equal roles and engage in shared-decision making.

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1. International Association for Public Participation. IAP2 Spectrum. https://www.iap2.org/page/pillars
2. Goodman, M. S., & Sanders Thompson, V. L. (2017). The science of stakeholder engagement in research: classification, implementation, and evaluation. Translational Behavioral Medicine, 7(3), 486–491.

Table 1: Key Components and Questions to Ask

Table 1 describes key components and questions to ask in order to help researchers and partners determine the appropriate or desired level of partner engagement for the specific research.

Component	Key Questions to Ask	Possible Response
Salience	What is the value added of including partners in the process?	Partners have connections with key communities impacted by the project, or may have ethical concerns about privacy and data use.
Frequency	When and how often will partners meet?	Partners meet monthly for the duration of the project. More frequent meetings may be necessary in the beginning during the start-up phase.
Intensity	What will partners be asked to do?	Partners may be asked to generate new ideas for the recruitment and retention of participants or provide feedback on materials created for the project.
Meaningfulness	How will the project and partners benefit from diverse voices?	The design and implementation of the research or practice project may be more relevant to the intended population and may increase acceptability and uptake.
Capacity	What is the time and resource commitment for partners, and is there adequate compensation available for their efforts?	Partners will be compensated for their time and will collaborate on all stages of the research project.

Salience, **meaningfulness,** and **capacity** should be prioritized. Starting at a lower level of engagement (e.g., lower frequency and intensity) for a short time is appropriate for new partnerships as it provides easy on and off-ramps. Not all partnerships will last forever and starting at a lower level allows either party to reconsider without having a significant negative impact. Increasing frequency and intensity over the lifespan of the partnership is advised.

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Step 4: Select methods of engagement

Levels of engagement are closely related to the methods used to engage partners. Once the agreed-upon level of engagement is determined between researchers and partners, the methods through which this engagement will occur should be chosen. Below we describe several methods for engaging partners in groups and individually.

Individuals can be engaged in at least two ways. First, a team or investigator can **hire partners** to be members of the investigative team. Before pursuing this option, it is important to explain the position, short- and long-term expectations, and institutional requirements related to hiring. Alternatively, individuals can serve as **consultants** based on their expertise on a certain topic. Like hiring, this option offers ongoing regular engagement. However, consultation contracts typically have fewer requirements and finite terms that may better align with grant funding and project durations.

Groups of individuals may also be engaged in at least three ways. First, a team or investigator can create a **steering committee**. A steering committee is typically composed of experts and authority figures who guide decision-making, establish project goals/scope, and provide direct input on budgeting. **Advisory boards** are another option for engaging groups. Rather than being composed of experts and authority figures only, an advisory board is a group of key partners with complementary expertise. Advisory boards do not typically make decisions but can help teams gain new insights and provide advice to solve problems or explore new opportunities. Their knowledge and experiences can help increase the confidence of the team's decisions related to a project. Finally, **workgroups** are an intra-organizational way of engaging groups. In workgroups, partners are internal to the organization, but often external to the team, who are invited to provide a unique perspective on the topic of interest.

The partner activities can be the same whether you are engaging individuals or groups. For example, partners can provide **open-ended guidance**. Teams often have a set of broad goals and recognize that there may be several paths to achieve those goals. Input from partners can help guide the work and offer strategies to move forward when there are challenges. Teams with constraints on time and finances might consider soliciting **prescriptive feedback**, which involves partners responding to questions or ranking their opinions of processes and products. Finally, partners can be excellent collaborators when using **human-centered design** approaches. Partners from a priority group may help teams better understand the end user's experiences and the steps they take to accomplish goals (i.e., journey mapping). This type of insight may yield the creation of tailored tools, interventions, and products that are more acceptable and accessible to end users.

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Step 5: Engage partners in the research process

After working with partners to determine the appropriate level of engagement and method of engagement, the collaborative team must execute the work. Due to their situated knowledge of, and practical experience working in the community, partners can be critical for helping researchers navigate and propose solutions for the inevitable issues, barriers, and problems (e.g., lag in recruitment, intervention delivery not effective) as they arise. Whether the work involves program planning or intervention implementation, teams should establish a continuous feedback loop protocol. Specifically, researchers should be attentive throughout the research process of providing updates to the partners (e.g., steering committee, advisory boards), allow the partners to weigh in throughout, and follow up on the ways in which feedback was integrated into the research.

In addition, during the research, differences/conflicts may arise between researchers and partners on issues such as data collection, and research methods that may no longer be appropriate. In these cases, partners should be granted substantial decision-making power; this may be established through written agreements or discussion as needed. If conflicts cannot be resolved, both parties should seek mutually acceptable solutions with priority given to weighing partners’ voices in the process to maintain their interest, commitment, and trust.

Pitfalls

Potential pitfalls of not adequately considering the level of engagement include treating partners in a superficial manner like a rubber stamp that threatens to harm trust. Trust with partners is hard-earned and easily lost by researchers. Identifying practices that align with the core principles (see Section 1) will help teams communicate with respect and transparency. In addition, often there can be an initial important level of engagement followed by perceived silence from investigators, leading to disengagement and dissatisfaction. This may reflect the lengthy process of obtaining funding and implementing projects. Ensuring that there are regular meetings to provide updates on progress and challenges may prevent decreases in engagement.

PROMOTING EVALUATION AND DISSEMINATION

It is time to evaluate your partner engagement and disseminate your strategy and outcomes. Collecting and disseminating evaluation data about the research and engagement processes and outcomes will (1) allow researchers and partners to adjust the work during the project to best reach their shared objectives, (2) enhance the partnership by promoting communication and transparency across all parties, (3) provide empirical data of the effectiveness of the partnership and research, and (4) contribute to the evidence base by expanding scientific and public knowledge of research activities and outcomes.

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Step 6: Evaluate your engagement

Properly evaluating the processes and outcomes of the partner-engaged research and partnership is crucial. Lessons can be learned for future collaborative research endeavors by tracking engagement activities and assessing which aspects worked and did not work for the researchers, partners, and funders. Importantly, assessing processes continuously during the project allows for adaptation of the research or engagement process when changes or barriers arise with the partnership, project, or partner community. Further, similar to describing the methods used in a research project, tracking processes and outcomes allows for future replication of the project by other researchers and community stakeholders who wish to emulate the work in their communities. In this way, the work can be generalized to other communities and health problems.

Evaluation related to the research itself has two components: process and outcome. Process evaluation of the community-engaged research may involve assessing the number and types of activities conducted, how many community members were reached by these activities, and how many community individuals were trained. Outcome evaluation of the partner-engaged research may include assessing participant or community-level health and social outcomes, new community resources developed or obtained (e.g., increases in community partners staffing or membership), acceptability and feasibility of interventions, or policy changes. For community-level outcomes, this may involve pre-and post-tests of participants or community members. However, as taking repeated measurements of individuals at a community scale can be difficult or infeasible, alternative assessments may involve assessing a cross-section of community individuals at different time points or tracking changes in outcomes using community-level scale datasets (e.g., publicly available community, county, and state datasets). Although publicly available data often lags by several years, it can provide insights into broader community-level outcomes and changes in a way not possible in most community-engaged projects.

Evaluation of the partner engagement should also take place. Assessing the processes of partner engagement *during the project* is beneficial. This could involve tracking the number of engagements/meetings between researchers and community partners, taking minutes at meetings, and documenting formal agreements between the parties. As part of this process, researchers are encouraged to conduct regular check-ins between parties to ensure that community partners feel their needs are being met and their voices and perspectives are being heard and addressed in the research process. Tracking these processes throughout the engagement will allow partners to review the engagement and adapt/adjust if necessary to ensure the partnership remains equitable and continually meets the needs, interests, and goals of all parties.

Additionally, in situations where funding is being disseminated from researchers to community partners, it may be useful to check in with partners to ensure invoices and/or reports of activities or outcomes are being submitted within the appropriate time frames and that partners are being paid in a timely fashion. Universities and funders may take weeks or months to process invoices and send out payments. Partners may be hesitant to voice concerns or problems in being reimbursed/incentivized for their work, making it incumbent on the researchers to regularly check in to make sure the payment process is timely and correct delays when they occur.

Overall, because providing feedback to partners on research progress and outcomes is a foundation of partner-engaged research, it is important to work with partners to track processes and outcomes during the research. Obtaining these data also provides opportunities during the project to mutually discuss and adjust, modify, or adapt the project to changing conditions, success, and outcomes to promote success. The work should culminate in researchers sharing their overall findings with partners after the study.

7 Step 7: Disseminate information about your engagement strategy and outcomes

To facilitate the application and translation of research to practice and share best practices for partner engagement with researchers and the community, dissemination should occur. This can involve the scientific community in the form of research presentations, publications, technical reports, and other products. For partners and the lay community, aligning with the principles of co-learning and co-production and equity, dissemination may occur through one-to-one meetings, brochures summarizing the project, social media messaging, and community forums and presentations. In dissemination efforts, describe the partners engaged, methods for recruiting partners, the research stage at which engagement occurred, levels and methods of engagement, and engagement outcomes. When disseminating information to community partners and the public, language should be accessible and appropriately attuned to the community to ensure linguistic and conceptual understanding. Materials distributed to the public may be developed in concert with community partners or vetted by partners before dissemination.

Finally, it provides important data for determining the effectiveness of the research/intervention and partnership. If data support effectiveness, this information can be invaluable for (1) facilitating dissemination of the project and its findings to the scientific and lay community in the form of papers, presentations, brochures, technical reports, and community forums; and (2) long-term sustainment of the partnership and community change by increasing opportunities for obtaining additional resources and funding for this work.

Pitfalls

A potential pitfall of not adequately planning dissemination efforts can include a lack of acknowledgment in materials of the partners’ expertise and contribution, both informally and formally. Scientific products stemming from the research partnership should properly acknowledge the contributions of community partners. Similarly, community products should appropriately center the expertise and efforts of community partners during the dissemination phase. A third possible pitfall involves researchers assuming that partner engagement practices are successful and that community partners/stakeholders feel heard or satisfied. To avoid this, researchers should track processes of the engagement and conduct regular check-ins and/or feedback sessions where partners are empowered to discuss their perspectives and opinions about the partnership process.

CASE STUDIES

The following case studies illustrate real-life examples of meaningfully engaging partners.

Case Study 1: PEARL-PURPLE

Authors: Dr. Jessica Magidson, University of Maryland-College Park; Drs. Marik Moen and Sarah Kattakuzhy, University of Maryland-Baltimore

Plan engagement

From 2021 to 2023, researchers at the University of Maryland (UM) Schools of Medicine and Nursing with the UM School of Pharmacy PATIENTS program collaborated to establish a Research Advisory Committee (RAC) for the PEARL project at the UM Addictions Programs (UMAP) in Baltimore, Maryland (PIs Drs. Marik Moen and Sarah Kattakuzhy, University of Maryland-Baltimore, internal funding by the Center for Addiction Research, Education, and Service [CARES] - Systems to Science Grant). The goal of PEARL was to create a model for the systematic engagement of patients as advisors on research ideas, design, and dissemination to support and inform patient-centered substance use disorder (SUD) clinical research and care delivery. The RAC consisted of 11 patients and 3 staff who varied by gender (8 women, 6 men) and race (10 members of Black heritage). All RAC members had lived experience of substance use. Most RAC members resided in West Baltimore, had histories of opioid use disorder, had received methadone treatment, and were at different points of stability in their recovery journey.

To guide the UMAP's work with the RAC in all project phases, the researchers applied the 10-Step Framework for Continuous Patient and Stakeholder Engagement in Patient-Centered Outcomes Research (PCOR), an evidence-based model for inclusive and reciprocal engagement of stakeholders in patient-centered outcomes research (3). This included applying patient and stakeholder-engaged methods to recruit project participants, orienting RAC members to their roles, and educating them on the key principles and practices of scientific research and partner-engaged research.

3. Sofolahan-Oladeinde, Y., Newhouse, R. P., Lavallee, D. C., Huang, J. C., & Mullins, C. D. (2017). Early assessment of the 10-step patient engagement framework for patient-centered outcomes research studies: The first three steps. Family Practice, 34(3), 272–277.

Put efforts into action

From December 2021 to March 2023, quarterly advisory meetings were held with RAC members and PEARL staff to gain RAC members' insights on UMAP research projects involving populations with SUD. The meeting structure was facilitated by a PEARL staff member but driven by RAC members and consisted of opening remarks, a review of existing projects, researcher presentations of study concepts or results for RAC feedback, and an open discussion of the presented research and project ideas. Through this process, RAC members provided key feedback affecting research in planning, UMAP projects about to be implemented, and interpretation of study results to inform dissemination and future research. Given the value of their insights, the RAC has been solicited to advise on additional UMAP programmatic/non-research projects and co-develop proposals with researchers.

Promote evaluation and dissemination

Our evaluation of the RAC reveals the benefits gained by both scientists and RAC members. Using Ways of Engaging-Engagement Activity Tool (WE-ENACT) (4) surveys, we found that the RAC served multiple functions as both a patient research advisory panel and social support and information-experience exchange platform for RAC members. Members reported that the RAC gave them a sense of purpose and equipped members to engage their communities around the benefits of research and the importance of involvement in research. The findings of the WE-ENACT surveys were discussed at the concluding RAC meeting in 2023. To disseminate their work, researchers and the RAC co-developed a one-page summary, presented a poster of RAC accomplishments to provide a material share-back for RAC members, and developed a podcast to facilitate broader dissemination to the public. RAC members also co-authored a forthcoming article about their experience with the RAC and developing a funded research proposal around addressing social needs in populations with SUD called the PURPLE HOUSE project. The PURPLE HOUSE feasibility and acceptability pilot translated evidence from self-help support groups to address housing insecurity and social connection needs. From August 2022 to May 2023, the RAC guided the implementation and evaluation of PURPLE HOUSE, which ran from November 2022 to February 2023.

Challenges

Establishing the RAC was not without challenges. One staff RAC member had to be removed due to confidentiality concerns, prompting RAC meetings focused on expectation-setting and boundaries and discussions with UMAP leadership. While everyone's voice was heard and valued in RAC, this could cause lengthy diversions in meetings even as we gained valuable insights. Further, as the project compensated patients as advisors at $100 per hour, the sustainability of the project is in jeopardy following the completion of the seed funding. However, in collaboration with Dr. Magidson, the partnership is actively pursuing funding sources and efforts to sustain and expand RAC activities to our partnering rural communities.

4. Patient-Centered Outcomes Research Institute. (2017). Evaluating our engagement in research initiatives. https://www.pcori.org/about/evaluating-our-work/evaluating-key-aspects-our-work/evaluating-our-engagement-research-initiatives

CASE STUDIES

Case Study 2: HEAL Justice Community Opioid Innovation Network (JCOIN)

***Author:** Jessica Hulsey, Executive Director, Addiction Policy Forum*

Plan engagement

The Addiction Policy Forum leads the Dissemination and Stakeholder Engagement Core for the JCOIN Coordination and Translation Center (CTC) (U2CDA050097, PIs Taxman & Rudes), an initiative funded by NIDA and part of the Helping to End Addiction Long-term® Initiative, or NIH HEAL Initiative®. JCOIN is a groundbreaking initiative designed to advance scientific knowledge on effective policies, practices, and interventions, and to expand their use in daily practice within health and justice settings. NIDA awarded JCOIN grants to 13 clinical research centers and two large resource centers: the CTC and the Methodology and Advanced Analytics Resource Center (MAARC). The goal of this Core is to engage key stakeholders, fields, and audiences that can benefit from JCOIN's research findings, trainings, and other resources by (a) accelerating and bridging the gap from new research findings to practice; (b) creating bidirectional communication between target audiences and researchers to ensure meaningful engagement with key constituencies; and (c) providing relevant information to key constituencies on new findings, innovations, and evidence-based practices with the goal of facilitating knowledge exchange and dissemination to improve prevention and treatment responses for individuals with substance use disorders in the criminal justice system.

The Core achieves these goals through two mechanisms: a Practitioner Board and a Stakeholder Board. The JCOIN Practitioner Board (15 members) consists of key leaders from distinct fields, including correctional leadership, jail leadership, law enforcement, prosecutors, sheriffs, correctional health, addiction treatment, individuals with lived experiences, etc., who represent perspectives of their given sector and provide critical input on dissemination and implementation strategies and resource development.

The JCOIN Stakeholder Board (over 70 members) is comprised of justice and mental health-related organizations and membership associations from the identified key constituencies, including the National District Attorneys Association, National Association for Children of Addiction, American Academy of Addiction Psychiatry, and Correctional Leaders Association.

Put efforts into action

The Practitioner and Stakeholder Boards meet biannually with the National Institute on Drug Abuse (NIDA) and JCOIN leadership. During these meetings, partners provide feedback and describe challenges and barriers to treating individuals with substance use disorders, for instance, the adoption of Medications for Opioid Use Disorder (MOUD) in correctional settings. In addition, the Core hosts a series called "What keeps you up at night?" during these meetings about what's happening in the partners' world and the challenges they're facing.

Board members also help with tailoring scientific and dissemination materials that utilize words, language, and structures representative of their memberships. For instance, collaborating to co-create infographics, 1-pagers, newsletters, blog posts, slide decks, video explainers from NIDA or JCOIN sites, and research findings from JCOIN studies in layperson language.

Promote evaluation and dissemination

Key performance indicators are tracked for the two boards, such as target audience reach. However, the Core takes this one step further by measuring engagement levels among the target audiences. An example is assessing the number of judges and court staff who have access to JCOIN's materials, e-courses, and other resources to ensure minimal gaps in service delivery and engagement for these target audiences.

Success

The Core has sustained these partnerships for over four years through meaningful engagement. Efforts are made to ensure no tokenism in all stakeholder engagements. This works because the Core has been cognizant of inviting board members to events that use their expertise and make them feel valued. Furthermore, to ensure equity, partners are invited and featured in e-courses or webinars as co-leaders on equal footing with the researchers. Additionally, reiterating the importance and value of partners at every level of the partnering process has ensured the sustainment of these relationships over the years. Therefore, setting up partnerships from the outset where partners and their contributions are appropriately and ethically valued has resulted in strong retention among the two boards and increased demand from more organizations to be part of JCOIN's network.

APPENDIX 1:

PARTNER ENGAGEMENT STRATEGIC PLAN WORKSHEET

This worksheet poses questions that will assist researchers and partners in collaboratively developing a partner engagement strategic plan. Best practices include identifying **why** partners are engaged, **who** to engage, **what** information and perspectives are included, **when** to engage, and **how** to engage. This will help avoid missing critical points of engagement in the partnership process.

WHY

- What are the goals of partner engagement for the researchers and partners?
- How might these goals influence the methods of engagement selected?

Consider: Understanding the phenomena of interest, developing an intervention or implementation strategy, improving service delivery, developing alliances, leveraging resources, enhancing adoption of findings, and supporting responsible citizenship

WHO

- What individuals and communities might be impacted by the research and could help inform the research, so it is useful, pertinent, and relevant?
- Who is most affected by the problem that is being addressed and experiencing disparities that could enhance a focus on equity if engaged?
- What individuals outside the current research and partner network might be engaged to diversify inclusion?

WHAT

- What diverse perspectives could be sought to inform the research and support partners?
- What capacity and interest are available for different levels of engagement? Will partners inform, consult, collaborate, or lead? How might this influence the methods of engagement that will achieve partner engagement goals?

Consider: Patient or client needs and experiences, access to services, delivery of services, financing of service delivery, communication about services, stigma around addiction and/or pain

WHEN

- What stages of research might be the most opportune for partner engagement?
- Is there a benefit to conducting iterative engagement, having input continuously or at different stages of the research process?

Consider: Developing the research question, designing the study, recruiting participants, implementing the intervention, collecting data, ethics of data use and privacy, interpreting the findings, disseminating the findings, identifying the next steps for research

HOW

- What methods might best engage partners to meet the goals?
- What resources and training are needed to support the methods of engagement?

Consider: Direct consultation with individuals and organizations (e.g., interviews), prescriptive feedback from individuals and organizations (e.g., Delphi processes, surveys, charts, and rankings), Advisory Board or Steering Committee; workgroups and committees to problem-solve around aspects of the study, personal stories and journeys or service delivery maps, user-centered design (e.g., for intervention development), hiring partners as part of the investigative team

Consider: See Appendix 3: Support & Resources Checklist

APPENDIX 2:

SCIENTIFIC REFERENCES & SELECTED TRAININGS

The following references and trainings served as source material and inspiration for the principles and steps outlined in this Guide. Consult these primary sources for more in-depth information and scientific support for partner engagement strategies.

SCIENTIFIC REFERENCES

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TRAINING FOR PARTNERSHIP ENGAGEMENT

Opioid Research Consortium of Central Appalachia Community-Engaged Research Training

This training on community-engaged research addresses substance use and includes principles, steps in the engagement process, types of research that can benefit community engagement, and ways to improve intervention tools and services.

JCOIN Research Partnerships Course

This is a course for justice and behavioral health professionals considering partnering with researchers.

PCORI Engagement Resources

This series of resources for patient-centered outcome research includes training resources on building effective research teams, methods for engagement, budgeting and compensating partners, and engagement planning.

CITI Program Community-Engaged and Community-Based Participatory Research

This course delivers introductory information to help researchers and community partners participate in research partnerships.

IASP Partnering with People with Lived Experience in Pain Research

This fact sheet reviews best practices for including people with lived experience with pain in research.

APPENDIX 3:

SUPPORT & RESOURCES CHECKLIST

Administrative Support and Time Allocation

1.Do you have administrative support and investigator time commitment allocated for the following activities?

- Partner identification
- Partner outreach and scheduling
- Partner training
- Document development and dissemination
- Agenda development, meeting minutes, and archiving
- Meeting facilitation
- Meeting participation
- Incorporation of feedback into study activities

Compensation

2. Have you planned for financial resources to compensate partners? Compensation should be commensurate with roles, expertise, and time commitment. Consider compensating on an hourly or daily basis, or with an overall stipend. Ensure resources are available for reimbursement of any out-of-pocket expenses.

- Direct monetary payment
- Gift cards
- Transportation credits/vouchers

Space

3. Do you have space for in-person partner engagement activities, such as advisory committee meetings, workgroup meetings, or interviews?

4. Is the space easily accessible for partners who may have transportation difficulties?

5. Is the space available and accessible during off times when partners may be available (e.g., evenings or weekends)?

Institutional Review Board Support

6. Has your team had sufficient training in human subjects to understand regulations as they pertain to partner engagement and definitions of “research” and “human subjects”? Consider research ethics training oriented toward community-partnered research ethics.

7. Has your team reviewed budgeting and contract rules along with IRB practices to understand considerations for partner engagement-associated activities and compensation (e.g., regarding definitions of human subjects, and incentive/compensation practices)?