


The Measurement Approaches to Partnership Success (MAPS) Questionnaire and Facilitation Guide: A Validated Measure of CBPR Partnership Success

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Partnerships that effectively engage in certain key structural and process functions are more likely to meet their research goals and contribute to longer-term health equity outcomes. Ongoing evaluation of partnerships' level of achievement of these key functions, along with their fidelity to the guiding principles of community-based participatory research (CBPR), is therefore essential to understand how they can achieve desired partnership outcomes. This article describes the validated Measurement Approaches to Partnership Success (MAPS) Questionnaire and the use of an accompanying Facilitation Guide in helping members of CBPR partnerships evaluate their partnership's state of development and interpret findings to improve its structure, processes, and outcomes. We describe the conceptual framework guiding the development of the MAPS Questionnaire and its 81-item across seven key outcome dimensions, along with 28 items measuring precursor characteristics of CBPR partnership outcomes. The Facilitation Guide provides general guidelines for sharing, interpreting, and applying results within partnerships using a participatory process, definitions and items for each dimension, an example of presenting

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summary means, and dimension-specific reflective questions for discussion. We offer recommendations for practical uses of the MAPS Questionnaire and Facilitation Guide. Whether used as a comprehensive tool or by dimension, the MAPS Questionnaire is conceptually sound and empirically validated for evaluating how CBPR partnerships can achieve long-standing success. CBPR partnerships at any stage of development will find the MAPS Questionnaire and Facilitation Guide useful in measuring and interpreting indicators of partnership success, sharing results, and improving their ability to contribute to achieving health equity goals.

Keywords: community-based participatory research; partnerships/coalitions; surveys; program planning and evaluation; evaluation; evaluation; health equity

Partnerships between diverse constituencies, such as community organizations, health care providers, policymakers, and the public, have long been viewed as essential for promoting health in the community (Roussos & Fawcett, 2000). Among the various approaches to forging such partnerships, community-based participatory research (CBPR) emphasizes equitable collaboration between community members and academic researchers to address health inequities and empower local populations (Israel et al., 2013, 2018). By adhering to CBPR principles such as co-learning, power sharing, and capacity building, partnerships can build upon existing community knowledge, expertise, and resources, making them more attuned to the unique needs and cultural contexts of the communities in which they work (Israel et al., 1998; Wallerstein & Duran, 2010, 2018). Partnerships that can effectively use these approaches are better equipped to increase understanding of shared issues of concern between partners and the broader community and translate research findings into improved health outcomes and policy change that contribute to health equity (Hicks et al., 2012; Wallerstein et al., 2020).

Several conceptual frameworks exist for understanding and assessing how CBPR partnerships function (Israel et al., 2013; Lasker & Weiss, 2003; Schulz et al., 2003; Sofaer, 2001; Wallerstein et al., 2008). In addition, there are measures aimed at defining and evaluating key aspects of these frameworks (Boursaw et al., 2021; Israel et al., 2013; Oetzel et al., 2015; Sandoval et al., 2012; Schulz et al., 2003). Drawing from previous empirical evidence, a crucial hypothesis is that the more effectively the partnerships function along these

key dimensions, the more likely they are to achieve their research goals and health equity outcomes (Brush et al., 2020). Hence, evaluation of the partnership's structure, process, and outcomes, along with their fidelity to the guiding principles of CBPR, is essential in understanding how CBPR partnerships attain desired health outcomes (Hicks et al., 2012; Israel et al., 2020; Luger et al., 2020; Reese et al., 2019).

Despite the importance of evaluating CBPR partnerships, there are few validated instruments designed to measure their success (Brush et al., 2020; Sandoval et al., 2012; Wallerstein et al., 2020). Moreover, existing measures have focused on newly formed CBPR partnerships, paying little attention to defining and measuring success in well-established partnerships (Brush et al., 2020; Israel et al., 2020; Sandoval et al., 2012). There is also limited guidance in the available literature on the proper methodology for conducting, interpreting, and providing feedback on partnership evaluations in ways that inform reflection and decision-making about the achievement of goals and the functioning of the partnership itself.

To address this gap, we developed and validated the Measurement Approaches to Partnership Success (MAPS) Questionnaire (Lachance et al., in press), and an accompanying Facilitation Guide. This article elucidates the implementation of the MAPS Questionnaire and Facilitation Guide, providing CBPR partnerships with a valuable tool to evaluate their developmental progress and analyze their structure and processes, in relation to outcomes and success.

► THE MAPS QUESTIONNAIRE: CONCEPTUAL FRAMEWORK AND KEY COMPONENTS

The MAPS Questionnaire was developed through the National Institute of Nursing Research-funded Measurement Approaches to Partnership Success study (see Acknowledgments). The objectives of the MAPS study, a project of the Detroit Community-Academic Urban Research Center, were to: (1) define dimensions and indicators of success in long-standing CBPR partnerships in existence 6 years or longer; (2) develop and validate a questionnaire to measure these dimensions and indicators; and (3) disseminate the questionnaire for evaluating and improving CBPR partnership success (Israel et al., 2020).

The MAPS study was guided by the conceptual framework, presented in Figure 1, which builds upon a previous version developed by several of the members of the research team (Lantz et al., 2001; Schulz et al., 2003) and incorporates additional elements on the right side of

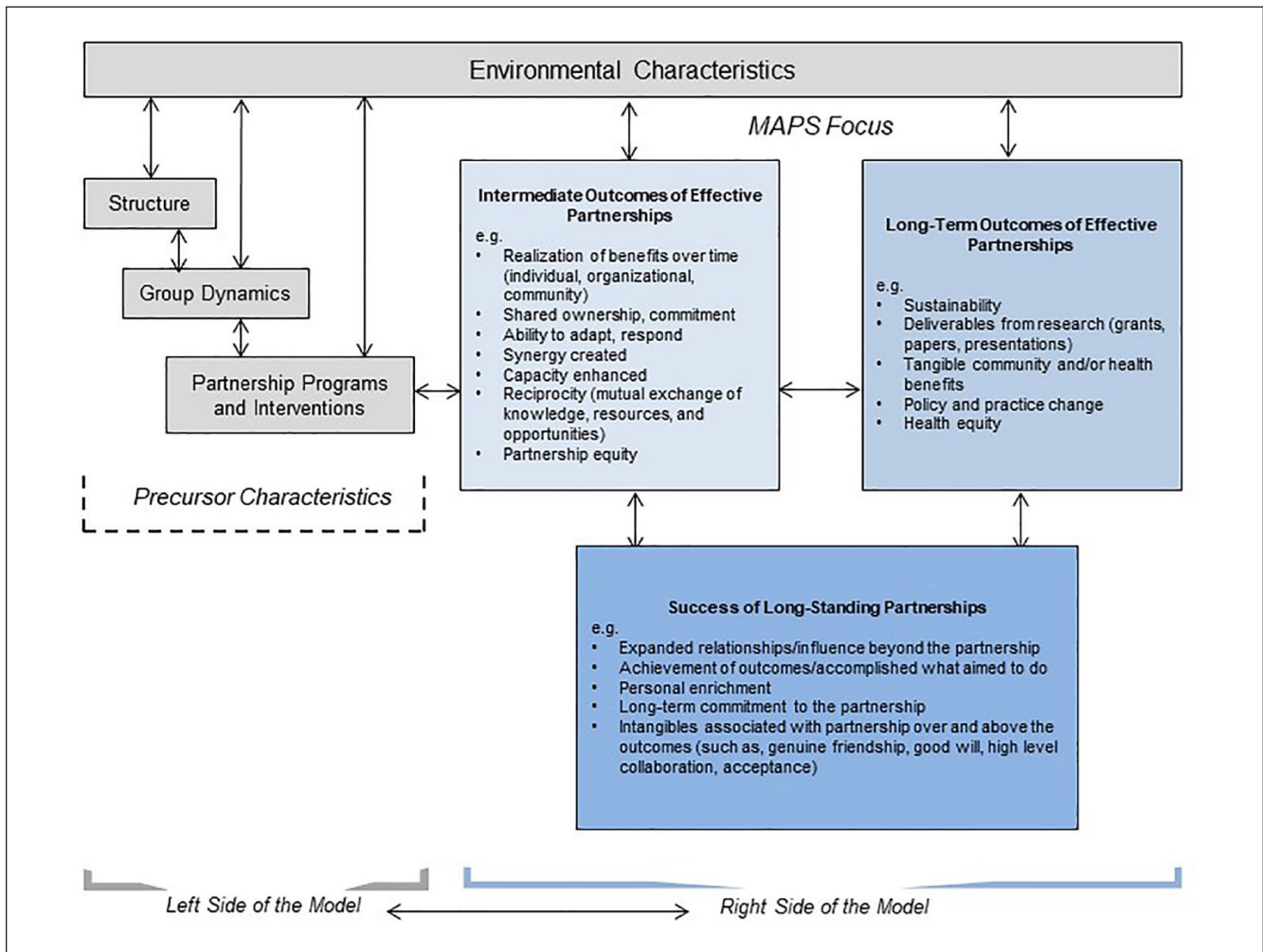


FIGURE 1 MAPS Conceptual Framework for Understanding and Assessing Success in Long-Standing Community-Based Participatory Research Partnerships

Source: Adapted from original model by Lantz et al. (2001), Schulz et al. (2003), and Israel et al. (2001, 2013, 2020), drawing upon the work of Lasker and Weiss (2003), Sofaer (2001), and Wallerstein and colleagues (2008).

Note. MAPS = Measurement Approaches to Partnership Success.

the model related to intermediate outcomes, long-term outcomes, and the success of long-standing CBPR partnerships over and above outcomes (Israel et al., 2020). The framework identifies intermediate outcomes resulting from successful CBPR partnerships including heightened partnership capacity and a shared commitment among partners. These intermediate outcomes, in turn, influence long-term outcomes such as partnership sustainability, tangible community benefits, policy and/or practice change, and the advancement of health equity. Expanding on the earlier model, the MAPS framework further defines dimensions that contribute to the success of long-standing CBPR partnerships, which encompass

elements beyond intermediate and long-term outcomes (Israel et al., 2020).

The validated MAPS Questionnaire, available in the Supplemental Materials, includes 81 items that measure seven key dimensions on the right-hand side of the model: Equity in the Partnership (23 items); Reciprocity (6 items); Competence Enhancement (11 items); Partnership Synergy (7 items); Sustainability (16 items); Realization of Benefits Over Time (8 items); and Achievement of Long-Term Partnership Goals/Outcomes (10 items). All dimensions have strong construct, convergent, and divergent validity both separately and together, and demonstrated agreement

over time (Lachance et al., in press). As depicted in the left-hand side of the model (Figure 1), there are an additional three key dimensions of partnership structure, group dynamics, and programs and interventions that have been studied and measured extensively and are considered precursor characteristics related to partnership outcomes and success (Lantz et al., 2001; Wallerstein et al., 2008, 2020). There are 28 items in the Questionnaire that measure aspects of these precursor characteristics across 12 key areas: shared vision, trust, partnership infrastructure, the role of leaders, shared leadership, ongoing leadership, shared power, conflict, individual partner characteristics, partnership role in the community, community knowledge, and partnership evaluation. While not the focus of the MAPS validation study, these items are included as part of a comprehensive MAPS Questionnaire given their value in examining factors that contribute to partnership intermediate and long-term outcomes and success. Thus, partnerships may find the left-hand side items (1–28) useful in understanding foundational aspects of the partnership that may influence some of the item responses related to partnership intermediate and long-term outcomes and success on the right-hand side of the model (items 29–109).

► USING THE MAPS QUESTIONNAIRE

As previously noted, the primary aim of the MAPS Questionnaire is to allow members of CBPR partnerships to identify potential changes needed to enhance partnership functioning and comprehensively assess their progress toward achieving health equity goals. For each item in the MAPS Questionnaire, respondents are asked to select one answer along a 5-point scale: “agree,” “somewhat agree,” “neither agree nor disagree,” “somewhat disagree,” or “disagree.” The MAPS Questionnaire is designed to provide a mean value on the items of a dimension (e.g., partnership synergy, reciprocity, realization of benefits over time), or the summative mean of all seven dimensions. Partnerships can record and summarize the responses and there is no statistical software required for analyzing the results.

Ideally, as was the case for the validation study of the MAPS Questionnaire (Lachance et al., in press), all partners within a CBPR partnership should complete the MAPS Questionnaire to provide a comprehensive assessment. The Questionnaire includes demographic information and the partner’s role. We recommend including this information unless there is a concern for anonymity. Because of the length of the MAPS Questionnaire and the time needed to complete it (average time 35–40 minutes), partnerships may choose to allot time during

a partnership meeting for completion of the entire questionnaire or complete desired parts of it as time allows. Also, given that each of the seven MAPS dimensions was validated separately, partnerships can use the entire MAPS Questionnaire or focus the assessment on one or a subset of the MAPS dimensions (e.g., synergy, reciprocity, sustainability), as long as all items within the dimension are included. For example, the entire questionnaire might be administered for a comprehensive assessment of the partnership on an annual basis or at longer intervals (e.g., every other year), while assessing specific dimensions needing additional attention more frequently. Thus, whether as a comprehensive tool or by dimension, the MAPS Questionnaire is intended to provide a deeper assessment of partnership functioning and a means for partners to engage in dialogue about identified strengths and weaknesses, future directions, and ways to address them.

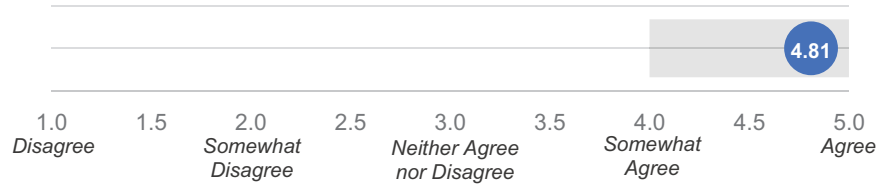
► THE MAPS FACILITATION GUIDE

The purpose of the MAPS Facilitation Guide is to help partnerships share and interpret the results of the MAPS Questionnaire, to identify areas of strength and areas for improvement from evaluation findings, and to apply findings and promote dialogue to enhance partnership success and sustain authentic partnerships aimed at addressing health inequities. The Guide includes both the 28 items measuring precursor characteristics and the validated 81 items for the seven dimensions of partnership success in the MAPS Questionnaire. General guidelines for sharing, interpreting, and applying results within partnerships using a participatory process are followed by definitions for each dimension, along with a list of the individual questionnaire items for that dimension, an example of how to present summary means, and dimension-specific reflective questions for discussion. Figures 2 and 3 provide an example using the Reciprocity Dimension of the MAPS Questionnaire.

The Facilitation Guide emphasizes that sharing and reflecting on MAPS Questionnaire results should be grounded in the strengths, guiding principles, and operating norms of each partnership. Thus, while providing general and specific sample questions for facilitating group dialogue, there is clear recognition that partnership size, composition, and communication styles may influence how best to share and discuss findings. Ideally, in accordance with CBPR principles, the presentation and discussion of findings and actionable strategies will be co-facilitated by community and academic members of the partnership. A partnership may choose, for example, to establish an Evaluation Subcommittee or Working Group, composed of community and academic partners.

Definition: The mutual exchange of knowledge, resources, and opportunities between partners over time.

Example summary statistics for the **Reciprocity** section of the MAPS Questionnaire are displayed below. Participants mean (average) response is shown in the blue circle and the range of responses from the partners in the partnership is shaded in gray.



Individual Reciprocity Items

(numbering below corresponds to items on the Questionnaire)

- 52. Partners are a resource for each other.
- 53. Partners incorporate the ideas, skills, and abilities of one another.
- 54. Partners recognize each other's expertise.
- 55. The exchange of expertise among partners may vary at different points in time in the partnership.
- 56. Over time, all partners exchange their expertise within the partnership.
- 57. Partners support each other outside of partnership activities (for example, attend events, celebrate partners' achievements, provide letters of support).

FIGURE 2 MAPS Questionnaire Reciprocity Dimension Example

Note. MAPS = Measurement Approaches to Partnership Success.

- How do we recognize and incorporate the knowledge and expertise of all partners?
- To what extent do partners feel their knowledge and expertise is recognized and incorporated within our partnership?
- To what extent do partners provide new opportunities for each other?
- In what ways, if any, does membership in our partnership expand access to resources?
- How can we make the most of our mutual strengths to support each other?

FIGURE 3 Reflective Discussion Questions for the Reciprocity Dimension

This working group could meet in between meetings of the larger group/decision-making body and take responsibility for deciding how to present the results, which questions to use to engage partners in reflecting on and interpreting the findings, how to prioritize action steps based on the results, and who might facilitate those discussions. Given the time needed to fully reflect on and address the findings, these discussions may need to occur over several meetings.

► IMPLICATIONS FOR PRACTICE

Taking the time and effort to collectively evaluate partnership functioning is essential for partnerships to assess their vision, goals, and priorities over time and determine what is needed to further develop and sustain the partnership itself and the partnership's work. It should be both intentional and inclusive and provide opportunities for reflection and discussion of areas

needing further attention for capacity and relationship building within the partnership using a participatory process. In addition, given that many funders require participatory approaches, the MAPS Questionnaire and Facilitation Guide also provide an important evaluation tool for complex, multiyear collaborative initiatives.

► SUMMARY

Whether used as a comprehensive tool or by dimension, the MAPS Questionnaire offers a conceptually sound and empirically validated measure for evaluating how CBPR partnerships can achieve intermediate and long-term outcomes and success (Lachance et al., in press). It can also be used to gather information about partnership structure and processes that may influence outcomes related to success. The companion MAPS Facilitation Guide aids partnerships in applying, interpreting, and feeding back results using a participatory process. Together, they fill a critical measurement gap in the field and provide an accessible and meaningful way for CBPR partnerships to assess the effectiveness of their efforts and to take necessary steps for improving their partnership functioning and sustainability.

CBPR partnerships at any stage of development will find the MAPS Questionnaire and accompanying Facilitation Guide useful in measuring indicators of partnership success, interpreting and sharing results, and improving their partnership functioning in achieving health equity goals. Both the Questionnaire and the Guide are available in English, are in the public domain and free of cost, and can be accessed in either a Word version (see Supplemental Materials) or as a fillable PDF on the Detroit Community-Academic Urban Research Center website (Detroit URC website).

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SUPPLEMENTAL MATERIAL

Supplemental material for this article is available online at <https://journals.sagepub.com/home/hpp>.

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