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Using a CBPR Approach to Guide Successful Recruitment for an Online Questionnaire: The Measurement Approaches to Partnership Success (MAPS) Case Study

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The Measurement Approaches to Partnership Success (MAPS) study team effectively used a community-based participatory research (CBPR) approach to recruit 55 longstanding CBPR partnerships to participate in an online questionnaire to assess factors associated with partnership success. Our recruitment was guided by interconnected values of collaboration, transparency, and relationshipbuilding to maintain fidelity to CBPR principles throughout the process. We operationalized these values into a series of strategies to recruit partnerships and sustain their involvement, including establishing primary points of contact, offering incentives for completion, personalizing recruitment materials, and practicing flexibility in our approach. We aim to inform public health researchers on the strategies that enabled our team to achieve 100% of our study recruitment goal, with the intent that our recommendations can be applied by others to enhance their recruitment efforts and reach their data collection goals for future public health research.

Keywords:

community-based participatory research; surveys; health equity; CBPR principles; strategies; online survey; case study

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Authors' Note: Measurement Approaches to Partnership Success (MAPS) is a project of the Detroit Community-Academic Urban Research Center (Detroit URC), which is composed of eight community-based organizations (Community Health and Social Services Center, Inc., Detroit Hispanic Development Corporation, Detroiters Working for Environmental Justice, Eastside Community Network, Friends of Parkside, Institute for Population Health, Latino Family Services, Neighborhood Service Organization), two health and human service agencies (Detroit Health Department and Henry Ford Health) and three schools at the University of Michigan (Public Health, Nursing, and Social Work). The research team gratefully acknowledges the contributions of Melanie Meisenheimer, Prachi Bhardwaj, and the MAPS Expert Panel for their conceptualization and implementation of this project: Alex Allen, Elizabeth Baker, Linda Burhansstipanov, Cleopatra Caldwell, Bonnie Duran, Eugenia Eng, Ella Greene-Moton, Marita Jones, Meredith Minkler, Angela G. Reyes, Al Richmond, Zachary Rowe, Amy J. Schulz, Peggy Shepard, Melissa Valerio, and Nina Wallerstein. This publication was made possible by the National Institutes of Health (NIH), National Institute of Nursing Research (NINR) award R01NR016123. Address correspondence to Eliza Wilson-Powers, School of Public Health, University of Michigan, 1415 Washington Heights, Ann Arbor, MI 48109, USA; e-mail: ewpowers@umich.edu.

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BACKGROUND

Community-based participatory research (CBPR) promotes collaborative and equitable partnerships between community members, practitioners, and academic researchers in all aspects of the research process, empowering all partners to contribute their expertise and share ownership of the work (Israel et al., 2019). The Measurement Approaches to Partnership Success (MAPS) study team used an email recruitment process, guided by CBPR principles, to achieve 100% of our recruitment goal of 55 partnerships, well above the average 51% response rates for email-based questionnaire recruitment reported by some studies (Meyer et al., 2022).

THE MAPS STUDY RECRUITMENT PROCESS

Study Overview

The MAPS study was guided by a conceptual framework refined over the past 20 years to guide CBPR partnership evaluation (Lachance et al., 2023). To help CBPR partnerships assess and strengthen their partnership efforts, the MAPS study team developed a questionnaire to measure success, as well as the contributing factors, in long-standing (in existence for >6 years) CBPR partnerships (Brush et al., 2020; Israel et al., 2020). The validated questionnaire (Lachance et al., 2023) contains 81 items organized into seven dimensions (see Table 1).

Recruitment Process

The MAPS study recruited a sample of 55 long-standing CBPR partnerships to complete the question-naire and assess validity and reliability of the instrument (Israel et al., 2020). CBPR partnerships were identified through multiple sources, including a scoping review of the literature (Brush et al., 2020), professional networks, and relevant email listservs. We reviewed 272 potential partnerships during active recruitment between June 2019 to March 2021 and selected 80 based on primary inclusion criteria. Secondary inclusion criteria helped identify descriptive partnership characteristics to ensure diverse representation across the sample and that participating partnerships strived to follow CBPR core principles.

During the initial screening, partnerships were asked to identify a primary contact person to liaise with our team throughout the process. Through our screening process, 17 of the 80 partnerships were deemed ineligible based on secondary inclusion criteria. We then reviewed partnership responses with the project Principal Investigators,

TABLE 1 Maps Dimensions of CBPR Partnership Outcomes and Success

Questionnaire Response Categories: Agree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Disagree	No. of items (Total n = 81)
Equity in the partnership	23
Example item: Community and academic partners have equitable power within decision-making processes.	
Reciprocity	6
Example item: Partners recognize each other's expertise.	Ü
Competence enhancement	11
Example item: Partners gain knowledge and skills that are transferable outside the partnership.	
Partnership synergy	7
Example item: Working together, the partnership accomplishes more than partners could accomplish separately.	·
Sustainability	16
Example item: The partnership adapts to changing conditions (for example, fewer funds, changing political climate, change in partnership members).	10
Realization of benefits over time Example item: Over time, the benefits of conducting CBPR in the partnership outweigh the costs.	8
Achievement of long-term partnership goals/outcomes Example item: The partnership's research advances the goals and	10
objectives of both community and academic partners.	

Note. CBPR = community-based participatory research.

(PIs) for final eligibility determination. To maximize our chances of obtaining a complete sample after attrition, 63 partnerships were enrolled. Eight partnerships dropped out due to various circumstances, including organizational challenges and language barriers, leaving 55 enrolled partnerships ranging in size from three to 44 community and academic partners.

We achieved 100% of the MAPS study recruitment goal of 55 CBPR partnerships, with 563 partner members completing questionnaires. A minimum of 50% of members in each partnership completed the questionnaire, with the majority of participating partnerships (73%; 41/55) achieving a completion rate of 90% or higher. Our sample was diverse in terms of partnership size, years in existence, and community type served, and included partnerships spanning thirty states.

LESSONS LEARNED: SUGGESTED BEST **PRACTICES**

As described below, our study team followed a series of "best practices" to recruit and retain partnerships for questionnaire completion.

Guiding Values

Reflecting core CBPR principles, our successful recruitment efforts were led by interconnected values of collaboration, transparency, and relationship building.

Collaboration. Our team prioritized working in the context of each partnership, engaging them in the recruitment and study processes from start to finish. Recognizing each group's ownership over their partnership, we encouraged partnerships to self-define as CBPR partnerships and identify members for inclusion in completing the questionnaire. Thus, we worked with partnerships around their individual needs, supporting situations that may have otherwise led to attrition or incomplete study results.

Transparency. We were transparent about study expectations in our initial correspondence, sharing the scope of work, study timeline, and incentive plan, and preparing partnerships for questionnaire administration. Informing participating partnerships of our plans to share questionnaire results in personalized data reports following questionnaire completion, and a full results report at the conclusion of the study, further facilitated these values.

Relationship-Building. We aimed to build working relationships with partnership representatives rather than engage in transactional correspondence solely to collect data. For example, conducting recruitment intake over the phone or through video conference promoted a more personalized experience than email communication alone. Prioritizing one-on-one communication fostered trust and mutual understanding as we worked with partnerships over time.

Strategies

Our team operationalized the values guiding our approach using four major strategies: (a) identifying primary partnership contacts, (b) offering participation incentives, (c) personalizing recruitment materials, and (d) practicing flexibility in our methods.

Designate Points of Contact. Maintaining one primary point of contact from each partnership allowed us to form positive working relationships and communicate expectations, instructions, and reminders for questionnaire completion.

Offer Incentives. MAPS study incentives included a personalized data report and a US\$2,000 incentive scaled to reflect the scope of the project, the level of participation, and the budget. We believe these three key factors are important to consider when deciding on incentive amounts and structures for study completion. Monetary incentives were provided to partnerships rather than to individual questionnaire respondents. Leadership for selected partnerships was contacted to explain the purpose of the study and the importance of promoting and engaging full partnership participation. Agreement for participation from the partnership included a commitment to engage individual partnership members to complete the survey, and to help facilitate a good response rate.

Personalize Study Materials. We customized all emails, reminders, and questionnaires administered throughout the MAPS study, as well as data reports and visualizations. Confidentiality of individual responses was maintained. Personalizing study materials was a simple way to recognize and convey value for each participant's contributions to the study.

Practice Flexibility. Maintaining flexibility in our questionnaire administration methods was essential to promoting collaboration and facilitating recruitment and retention. This helped minimize a top-down approach in which the study facilitator enforced rigid decisions and allowed partnerships to feel heard and supported as they navigated their partners through the research process.

► IMPLICATIONS FOR PRACTICE AND RESEARCH

We attribute our successful recruitment for the MAPS study to guiding values and strategies based on

the core principles of CBPR. Our focus on collaboration, transparency, and relationship-building prepared partnerships with the necessary tools and information to participate and ultimately facilitated a high level of questionnaire completion. Designating primary partnership contacts, offering reasonable and partnership-based incentives, personalizing study materials, and remaining flexible in the administration of the questionnaire further enhanced our success.

We hope that public health researchers may find these recommendations, values, and strategies useful in reaching their data collection goals. Researchers in the field of CBPR may especially benefit from suggested best practices as they align with the core principles and support fidelity to the research approach.

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REFERENCES

Brush, B. L., Mentz, G., Jensen, M., Jacobs, B., Saylor, K. M., Rowe, Z., Israel, B. A., & Lachance, L. (2020). Success in long-standing community-based participatory research (CBPR) partnerships: A scoping literature review. Health Education & Behavior, 47(4), 556-568. https://doi.org/10.1177/1090198119882989

Israel, B. A., Lachance, L., Coombe, C. M., Lee, S. Y. D., Jensen, M., Wilson-Powers, E., Mentz, G., Muhammad, M., Rowe, Z., Reves, A. G., & Brush, B. L. (2020). Measurement approaches to partnership success: Theory and methods for measuring success in longstanding community-based participatory research partnerships. Progress in Community Health Partnerships: Research, Education, and Action, 14(1), 129-140. https://doi.org/10.1353/cpr.2020.0015 Israel, B. A., Schulz, A. J., Coombe, C., Parker, E. A., Reyes, A. G.,

Rowe, Z., & Lichtenstein, R. (2019). Community-based participatory research: An approach to research in the urban context. In C. Ettman, S. Galea, & D. Vlahov (Eds.), Urban health. Oxford University Press

Lachance, L., Mentz, G., Brush, B. L., Chandanabhumma, P., Coombe, C., DeMajo, R., Gabrysiak, A., Jensen, M., Reyes, A. G., Rowe, Z., Schulz, A. J., Wilson-Powers, E., & Israel, B. A. (2023). Validation of the Measurement Approaches to Partnership Success (MAPS) Questionnaire. Health Education & Behavior.

Meyer, V. M., Benjamens, S., Moumni, M. E., Lange, J. F. M., & Pol, R. A. (2022). Global overview of response rates in patient and health care professional surveys in surgery: A systematic review. Annals of Surgery, 275(1), e75-e81. https://doi.org/10.1097/SLA. 0000000000004078