The Alliance
Hispanic Alliance for Clinical & Translational Research

EMPOWERING COMMUNITY ENGAGEMENT: ASSESSING THE IMPACT OF THE HISPANIC ALLIANCE'S COMMUNITY HEALTH AND RESEARCH COUNCIL

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ABSTRACT

This evaluation assesses the evolution and impact of the Hispanic Alliance's Community Health and Research Council, established to foster community involvement in addressing health disparities in Puerto Rico. Over three years, formative evaluations were conducted using surveys assessing community context, collaboration capacity, engagement, and outcomes. Results indicate consistent improvements in council member experiences, collaboration quality, and overall satisfaction. Multi-dimensional assessment shows positive trends in various aspects, highlighting the council's perceived effectiveness in addressing health disparities and fostering collaboration between academia and community stakeholders. Moving forward, sustaining and strengthening efforts to enhance collaboration and community involvement is crucial for addressing and improving health disparities.

INTRODUCTION

The Hispanic Alliance for Clinical & Translational Research (Alliance) is a collaborative initiative between the three main health academic universities of Puerto Rico for the support of island-wide research. The Alliance's Community Core established a Community Health and Research Council to enhance and maintain community involvement in the decision-making processes for developing research initiatives targeting community health disparities. This evaluation examined the evolution of the collaboration and participation of the Council members across time.

METHODS

Formative evaluation surveys were performed by using REDCap. The evaluation used items from the Spanish version of the Community Engagement Survey developed by Engage for Equity (E2). The survey explored community context, collaboration capacity, community engagement, health outcomes, and members' experiences by using scale from 1=None to 5= A lot. Between 18 to 23 members were invited to complete the evaluation each 3, respectively. The response rate was over 39% for each year (Table 1). Descriptive analyses (Mean score= M) were performed by using SPSS VS 29. Data is presented by each year; YR1=2020-2021, YR2= 2021-2022, and YR3=2022-2023.

RESULTS

Table 1. Survey Participants Profile Information

Category	n(%)		
	Year 1	Year 2	Year 3
Invited to Complete Survey	21	23	18
Completed Survey	11 (52.3)	9 (39.1)	10 (55.6)

Gender Identity			
Woman	4 (36.4)	4 (44.4)	5 (50.0)
Men	7 (63.6)	5 (55.6)	5 (50.0)

Communities they serve*			
LGBTQA+	5 (45.5)	6 (66.7)	4 (40.0)
Low income	6 (54.5)	4 (44.4)	4 (40.0)
Functional Diversity	4 (36.4)	4 (44.4)	3 (30.0)
Homeless	4 (36.4)	3 (33.3)	4 (40.0)
Immigrants	4 (36.4)	4 (44.4)	3 (30.0)
Refugees	3 (27.3)	2 (22.2)	2 (20.0)
Other	6 (54.5)	5 (55.6)	5 (50.0)

*Participants can select all that apply.

Table 3. Results of Multi-dimensional Assessment of Council Impact and Collaboration Dynamics

Dimension	Mean scores (SD)		
	Year 1	Year 2	Year 3
Community Context and Training	4.3 (0.1)	5.2 (0.3)	4.9 (0.4)
Capacity For Collaboration	4.7 (0.2)	5.3 (0.3)	5.2 (0.2)
Community Based Participatory Research (CBPR) Principles	4.2 (0.1)	5.3 (0.3)	5.2 (0.2)
Health Outcomes	4.0 (0.1)	4.1 (0.2)	4.3 (0.1)
Current Community-Level, Research, and Policy Outcomes	3.3 (0.4)	3.8 (0.5)	3.8 (0.3)

Note: x̄ calculated from a 6-point scale where 1=Not at all, 2=To a small extent, 3= To a moderate extent, 4= To a great extent, 5= To a very great extent, 6= To a complete extent

Council members provided information on the most important result of this community council. Figure 1 highlights some responses.

Table 2. Council Member's Experience

Dimension	Mean Scores (SD)		
	Year 1	Year 2	Year 3
Knowledge about structure and function of council*	3.6 (0.81)	3.6 (0.53)	3.9 (0.32)
Knowledge about their main role in the council*	3.4 (0.92)	3.4 (0.53)	3.9 (0.32)
Quality of Collaboration+	4.2 (1.33)	4.6 (0.73)	4.7 (0.71)
Overall Satisfaction†	4.2 (1.15)	4.4 (0.35)	4.7 (0.33)

*Scale where: 1=None, 2=A little, 3=Regular, 4=Fair amount and 5= A lot
+Scale where: 1=No good, 2=Somewhat good, 3=Moderately good, 4=Very good, 5=Extremely good, 6=Completely good
†Scale where: 1=Very dissatisfied, 2=Dissatisfied, 3= Neither satisfied nor dissatisfied, 4=Satisfied, and 5=Very satisfied

Completion rates for the survey remained relatively stable over three years, with a slight increase observed in Year 3. Gender distribution among participants was balanced, with a slight increase in female participation in Year 3 (see Table 1). Council member experiences showed consistent improvements, with increased knowledge about the council's structure and function (M from 3.6 to 3.9) and members' main roles (M from 3.4 to 3.9), as well as increments in quality of collaboration (M from 4.2 to 4.7) and overall satisfaction (M from 4.2 to 4.7) from Year 1 to Year 3 (Table 2). The multi-dimensional assessment of council impact and collaboration dynamics (Table 3) revealed positive trends across various aspects, with mean scores indicating improvements in community context, collaboration capacity, adherence to CBPR principles, health outcomes, and community-level, research, and policy outcomes over the three years. Council members actively participated in developing and implementing research activities in the Alliance.

Figure 1. Perspectives on Most Important Council Result

"Having achieved in a short time the INTEGRATION OF A DIVERSITY OF MEMBERS, integration beyond participation, achieving moments of cohesion of visions and objectives."

"COMMUNITIES are more EMPOWERED to achieve their objectives."

"The REPRESENTATION OF COMMUNITY groups."

"GENERATE DIALOGUE encounters that allow us to reflect on the real problems of the communities."

"Integrate wills in CREATING COMMUNITY FORUMS that allow the voices of the grassroots to be heard."

"The BROAD DISCUSSION AND IDENTIFICATION OF THE DISPARITIES AND NEEDS that must be addressed to improve health in the country."

"The information obtained from the community through the different forums held PROVIDES DIRECTION TO GUIDE EFFORTS."

"That the findings [from the community forums] can be taken to government agencies and be considered to form part of the COUNTRY'S PUBLIC POLICY. Also, that universities take into consideration the data collected to adjust their educational programs with the intention of becoming more present in the communities."

CONCLUSION

The findings of this study demonstrate the positive evolution of the Community Health and Research Council over a three-year period. Council members showed increased knowledge about the council's structure and function, as well as their main roles, accompanied by improvements in collaboration quality and overall satisfaction. The multi-dimensional assessment revealed positive trends in community context, collaboration capacity, adherence to CBPR principles, and health and policy outcomes. These results indicate that the Community Health and Research Council perceives itself as effective in addressing community health disparities and fostering meaningful collaboration between academic institutions and community stakeholders.

These findings emphasize the Council's pivotal role as a platform for fostering collaboration, driving positive change and addressing critical health disparities within the community.

Moving forward, it is vital for the Alliance to sustain and strengthen its efforts aimed at enhancing collaboration and fostering deeper community involvement, as these efforts are vital for addressing and improving health disparities.

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