

MAPS Principal Investigators

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Measurement Approaches to Partnership Success (MAPS): An Innovative Tool for Assessing Long-Standing Community-Based Participatory Research Partnerships*

Specific Aims & Conceptual Framework

With growing recognition that community engaged research (CEnR) is a valid approach to examine and address social and health inequities, there has been a proliferation of community-academic partnerships and coalitions across the United States (U.S.), along with a growing funding base and dissemination of results. Community-based participatory research (CBPR), as one type of CEnR, is a partnership approach to research that equitably involves community members, organizational representatives, and academic researchers in all aspects of the research process and engages partners to contribute their expertise and share decision making and ownership in addressing pressing community health issues. An underlying assumption in CBPR partnerships is that attention to appropriate processes, structures, and conditions will lead to success in long-term maintenance, goal achievement, and improvement of health outcomes. However, despite this expectation for CBPR research, little empirical evidence and few conceptually sound and psychometrically valid and reliable measures exist to define and assess the meaning of CBPR partnership success and the factors that contribute to success in long-standing CBPR partnerships.

The MAPS study addresses this gap in the literature. Building upon the work of the Detroit Community-Academic Urban Research Center (Detroit URC), and additional community and academic experts in CBPR, we will use a CBPR approach to: 1) develop a clear definition of success in long-standing CBPR partnerships; 2) develop a multidimensional tool, "Measurement Approaches to Partnership Success" (MAPS), that measures the intermediate and long-term factors associated with success in long-standing CBPR partnerships; 3) test the tool with 55 long-standing CBPR partnerships across the U.S.; 4) develop feedback mechanisms for understanding the results of the tool; and 5) disseminate the tool and feedback mechanism for widespread use. This project has three specific aims, outlined below.

Specific Aim 1: Clearly define CBPR partnership success and develop a tool (MAPS) to assess partnership success and its intermediate and long-term contributing factors in long-standing CBPR partnerships.

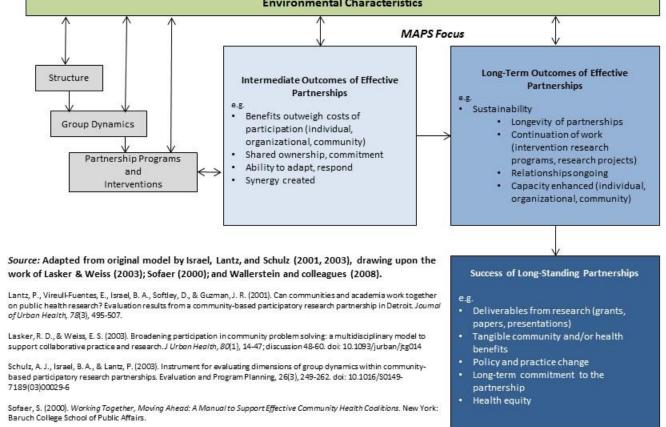
Specific Aim 2: Test the psychometric qualities of the MAPS tool in a sample of long-standing CBPR partnerships existing 6 years and longer.

Specific Aim 3: Develop mechanisms to feedback and apply partnership evaluation findings, and widely disseminate the MAPS tool and feedback mechanism in a readily accessible and usable format.

The conceptual framework that guides this study is outlined in Figure 1 below. Intermediate contributing factors of CBPR partnership success that are the focus of this study reflect a partnership's ability to achieve outcomes such as: benefits and costs of partnership participation at individual, organizational and community levels; shared ownership and commitment; and adaptation and response to internal and external factors. Long-term contributing factors of successful CBPR partnerships to be examined include four dimensions of sustainability: partnership longevity; continuation of the partnership's work (e.g., programs); establishment of ongoing relationships; and achievement of individual, organizational, and community capacity. These intermediate and long-term contributing factors are critical for achieving not only success in long-standing CBPR partnerships, but also for attaining health equity.

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

Environmental Characteristics



Wallerstein, N. B., Oetzel, J., Duran, B., Tafoya, G., Belone, L., & Rae, R. (2008). What predicts outcomes in CBPR? In M. Minkler & N. Wallerstein (Eds.), Community Based Participatory Research for Health (2nd ed., pp. 371-394). San Francisco:

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