Evaluation and Adaptations of a Community-Based Participatory Research Partnership in San Francisco's Chinatown

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ABSTRACT

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Interest in community-based participatory research (CBPR) continues to grow in public health across diverse populations and settings, and over the past two decades, the field has gained a great deal of experience in understanding what makes for successful CBPR. In spite of its increasing application, however, there is still much to be learned in terms of systematic evaluation in CBPR, how it is that CBPR partnerships adapt principles and practices to local context, and the nature of the specific adaptations they make. This dissertation looks at the state of the field in terms of recommended principles and practices of CBPR and then centers on the experience of the San Francisco Chinatown Restaurant Worker Health and Safety Project, a CBPR partnership focused on studying and addressing working conditions for Chinese immigrant restaurant workers.

First, an examination of the major CBPR review literature finds that the existing guidance on recommended CBPR principles and practices is large in volume and generally in agreement. But it also finds inconsistent use of terminology and typology with regard to CBPR characteristics and an overall lack of specificity associated with how the concepts should be applied in evaluation, particularly for partnership goal-setting and prioritization.

Second, using a recently developed CBPR process-to-outcomes model as a reporting framework, the dissertation details the salient contextual, group dynamics, intervention and research, and outcome factors emerging from the Chinatown partnership evaluation. Contexts of interest include the broader social and immigration environment of the community, historical trust and mistrust, and university and community capacity. In terms of group dynamics factors, partnership diversity and complexity, resource availability, and roles of individuals were important in shaping partnership dynamics, with formal partnership agreements playing less of a role. "Process outcomes" of dialogue, mutual learning, and communication; power dynamics; decision-making; leadership; trust; and perceptions of CBPR authenticity were in turn all affected and structured by the contexts. Research dynamics and capacity change outcomes were generally perceived positively, particularly with regard to the leadership development of restaurant worker partners.

Finally, the dissertation draws on evaluation data to focus on the CBPR principle of "equitable participation," particularly for Chinese immigrant worker partners on the project. The research finds that the social context and political or participatory "starting points" of the immigrant community, social justice values and drivers of the community-based organization partner, linguistic and cultural diversity within the partnership, and constrained resources led to specific adaptations in the structure and processes of the collaboration. Partner reflections on the outcomes of the adaptations are discussed.

Implications for this research suggest that further elucidation of the concepts and functions of CBPR principles and practices will advance the field's ability to effectively evaluate CBPR efforts and further understanding of CBPR "authenticity." Future evaluation efforts may find use of a model of CBPR process to outcomes helpful in systematically designing and reporting on evaluations. Attention to contextual variables of particular communities and partnerships can contribute to understanding how adaptations unfold in CBPR efforts, what the adaptations actually entail, and to what extent they are consistent with CBPR principles and practices.

DEDICATION

To Jim.

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INTRODUCTION

Interest in community-based participatory research (CBPR) continues to grow in public health across diverse populations and settings, and over the past two decades, the field has gained a great deal of experience in understanding what makes for successful CBPR. The Institute of Medicine, Centers for Disease Control and Prevention, and World Health Organization all recognize and promote the importance of community engagement and participatory research efforts, and many publications can now be found that provide insight and guidance into conducting participatory research and community collaborations for addressing multiple determinants of health. In spite of this advancement there is still much to be learned in terms of the systematic evaluation of CBPR partnerships and understanding how CBPR partnerships adapt principles and practices to their local contexts.

This dissertation addresses these questions through an analysis of the San Francisco Chinatown Restaurant Worker Health and Safety Partnership which used a CBPR approach to study and address working conditions in the community and conducted a participatory evaluation of its processes. I begin in Chapter One with background on the community, health issue, and the partnership, and give a brief overview of the role of evaluation and adaptation in CBPR as well as issues of political socialization that may affect participatory starting points of Asian-American community members. In Chapter Two, I use the lens of evaluation to examine review literature that has synthesized understanding, principles, and practices of CBPR over the past fifteen years and highlight challenges associated with typologies and distinctions drawn between concepts.

Next, I describe the participatory evaluation of the San Francisco Chinatown partnership and use a recently developed CBPR process-to-outcomes model and evaluation data to discuss the extent to which the partnership's experience reflected important CBPR characteristics. Context and adaptation are the subject of Chapter Four which focuses on the experience of the restaurant worker partners in the collaboration. Again drawing on evaluation data, I attempt to trace the ways in which this particular partnership adapted its practices vis-à-vis the CBPR principle of "equitable participation" based on its local context and circumstances and in particular, the "participatory starting points" of community members. I conclude with a discussion on implications of this work for CBPR practice, in particular highlighting unique aspects of context that may arise when collaborating with immigrant communities and the role and utility of bringing evaluation data to bear on questions of CBPR authenticity and experience.

CHAPTER 1: BACKGROUND AND SIGNIFICANCE

The community, worker health, and participation

Restaurants employ one quarter of all workers in San Francisco's Chinatown and 13% of all San Francisco residents of Chinese ethnicity (U.S. Census Bureau, 2000b). These workers likely face considerable risks to health and well-being. A Restaurant Opportunities Center's (ROC) study based on a survey of 530 restaurant workers in New York City found that the restaurant industry is characterized by low wages, few benefits, long working hours, and limited opportunities for promotion and upward mobility (2005), and economic vulnerability related to unpaid or delayed wages is a central concern of many low-wage, immigrant workers (Bernhardt et al., 2009; Teran, Baker, & Sum, 2002). Preliminary research from the San Francisco Chinatown Restaurant Worker Health partnership discussed in this dissertation suggests that similar issues exist for Chinatown restaurant workers as well. In the community survey of 433 workers conducted by the San Francisco Chinatown Restaurant Worker Health and Safety Partnership, 17% reported ever having been paid wages late and almost one-third reported that restaurant bosses take a portion of tips (Salvatore & Krause, 2010). Such issues have been reported by Chinatown restaurant workers in previous community research (Chu & Cooper, 2005) and have been the subject of many community organizing campaigns over the past several years (Hua, 2006; "Long-overdue paychecks," 2005; San Francisco Office of the City Attorney, 2006).

Occupational health and safety hazards are also common in restaurants with numbers of reported cases of injury and illness in the industry topping the lists of the Bureau of Labor Statistics (Lashuay & Harrison, 2006). Common physical hazards in this sector include ergonomic strains, cuts, burns, and falls (Webster, 2001). The ROC found that 45% of surveyed workers reported that the kitchen where they work "gets unsafely hot," and 36% reported fire hazards in the restaurant (2005, p. 15). In a survey of 91 workers conducted in Los Angeles Koreatown restaurants, almost all workers reported physically demanding, fast-paced, and repetitive tasks with 58% reporting experiencing some form of pain while completing job tasks (Koreatown Immigrant Workers Alliance (KIWA), 2007). Results from the Chinatown partnership's implementation of an observational checklist in 106 Chinatown restaurants found that 62% of establishments had wet and greasy floors, 37% had inadequate ventilation, and 28% were inadequately lit (San Francisco Department of Public Health, 2009). Its survey of restaurant workers found that over a 12-month period, 48% had suffered burns, 40% had experienced cuts, and 17% had slipped or fallen on the job (Salvatore & Krause, 2010). Psychosocial hazards are another source of health issues in restaurants and include high levels of on-the-job stress and psychologically demanding tasks (KIWA, 2007; ROC-NY, 2005; Teran et al., 2002). Seventy-nine percent of Chinatown workers surveyed by the partnership reported their jobs were physically demanding, 77% described constant time pressures as a result of heavy workloads, and 25% of all respondents had a "clinically significant" level of psychological distress (Salvatore & Krause, 2010).

Vulnerabilities of restaurant work may be exacerbated for immigrant populations due to language and educational barriers. Seventy percent of all Chinese residents in San Francisco were foreign-born in 2000 (U.S. Census Bureau, 2000a), and 98% of Chinatown restaurant survey respondents were born in China (Salvatore & Krause, 2010). For many in

the community, language barriers, lower educational attainment, and the persistent erosion of production jobs in the city have combined to make Chinatown restaurant work one of the few employment options available (Egan, 2006; Wildermuth, 2007). Sixty-nine percent of Chinese residents in San Francisco report low levels of English proficiency (U.S. Census Bureau, 2006-08) and 79% of survey respondents report that they cannot carry on basic conversations in English (Salvatore & Krause, 2010). Fifty percent of workers surveyed did not graduate from high school, with another 45% having earned a high school diploma (Salvatore & Krause, 2010).

Community-based participatory research (CBPR) in health

Building on the work of Israel and colleagues (1998), the Kellogg Community Health Scholars Program (2002) defined community-based participatory research (CBPR) as "a collaborative approach to research that equitably involves all partners in the research process and recognizes the strengths that each brings. It begins with an issue of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities" (p. 2). Rather than a specific methodology or theory, CBPR is an orientation to research in which the roles and perspectives of the researchers focus on the democratization of the research process (Cargo & Mercer, 2008; Cornwall & Jewkes, 1995; Minkler, 2004). Commonly cited principles state that CBPR:

1. *Recognizes the community as a unit of identity*
2. *Builds upon strengths and resources within the community*
3. *Facilitates collaborative, equitable partnership in all phases of research*
4. *Promotes co-learning and capacity building among all partners*
5. *Integrates and achieves a balance of research and action for the mutual benefit of all partners*
6. *Emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease*
7. *Involves systems development through a cyclical and iterative process*
8. *Disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process*
9. *Involves long-term process and commitment (Israel et al., 2008, pp. 49-52)*

There are three main arguments used for adopting a CBPR approach to public health research and interventions. First, today's health issues are highly complex and rooted in multiple social, political, and economic determinants (Kaplan, Pamuk, Lynch, Cohen, & Balfour, 1996; N. Krieger, 2001; Link & Phelan, 1995; Stokols, 1992; Syme, 2004). These issues require diverse expertise and cultural sensitivity for effective intervention, and traditional "expert-driven" public health research and programs have made limited headway in improving living conditions of populations (Green, Daniel, & Novick, 2001; Green & Mercer, 2001; Lasker, Weiss, & Miller, 2001; Minkler & Wallerstein, 2003; Syme, 2004). CBPR partnerships, which bring together a range of local and academic knowledge

and experience, can help ensure that issues addressed are relevant and important to communities; improve the validity and reliability of public health research; and construct more comprehensive and appropriate interventions for community health promotion than any single entity could on its own (Cargo & Mercer, 2008; Green et al., 2001; Green & Mercer, 2001; Israel et al., 1998; Minkler & Wallerstein, 2008).

A second reason for engaging with communities in CBPR efforts is the belief that it is simply the right thing to do. CBPR honors the ideas of self-determination and community participation – ideas that have long been promoted by major public health institutions and leaders such as the Institute of Medicine (Gebbie, Rosenstock, & Hernandez, 2003; 1988), the World Health Organization (1986; 1978), the U.S. Centers for Disease Control and Prevention (1994) and the National Institutes for Health (O'Fallon & Dearry, 2002). Importantly, communities themselves have also been pushing back against the sometimes exploitative arrangements of traditional research. A long history of "helicopter research," (Deloria, 1992) with researchers entering communities, dictating research questions, collecting data from members, and then departing without any benefit, and at times actual harm, accruing to the communities involved, have left communities justifiably wary of academic researchers (Wallerstein, 1999; Wallerstein & Duran, 2008). A belief in communities' rightful place at the research and intervention table, combined with ethical abuses of the past, are among the reasons why many turn to CBPR approaches.

Finally, CBPR can be seen as a kind of health intervention in and of itself. CBPR has its theoretical foundations in community empowerment and capacity building (Israel, Checkoway, Schulz, & Zimmerman, 1994; Wallerstein & Duran, 2003). Not only can CBPR's explicit commitment to applying research to action directly affect environments and health opportunities of populations through policy change and health interventions, increase in power and control that participating community members experience may be health promoting itself (Marmot et al., 1991; Springett & Wallerstein, 2008; Stansfeld, 1998; Syme, 2004; Theorell, 1996; Wallerstein, 1992).

While CBPR is considered by many to be a promising approach to public health research and practice, there remains debate about its ability to achieve sufficient scientific rigor or objectivity when involving lay community members in the research process (Buchanan, Miller, & Wallerstein, 2007; Gorman, 2003). Furthermore, arguments for using CBPR are still more theoretically-based as evidence on its effectiveness in attaining health outcomes and improving implementation processes is still just beginning to be examined (Viswanathan et al., 2004; Wallerstein et al., 2008), and assessing the added value of CBPR is conceptually and methodologically challenging (Buchanan et al., 2007). As will be discussed in this dissertation, the large volume of guidance on CBPR principles and practices and the general lack of guidance in the literature on prioritization of evaluable aspects present additional difficulties in evaluation. Challenges to the conduct of CBPR are also considerable, particularly in multilingual, multicultural contexts. Key among these challenges are the increased time, commitment, and resources needed in order to attend to the important processes of building trust, relationships, and equalizing power dynamics between community members and academic or other professional partners.

CBPR Evaluation and Adaptation

Both the promise and the challenges of the CBPR approach make evaluation and adaptations of such efforts particularly important in advancing the field. Consistent with other forms of process and formative evaluation, monitoring and feedback in CBPR process evaluation play important roles in ensuring research quality and can provide important information on linkages between process and outcomes (Linnan & Steckler, 2002; Plumb, Collins, Cordeiro, & Kavanaugh-Lynch, 2008; Rossi, Lipsey, & Freeman, 2004). Information and reflection on the process of CBPR can improve relationships and collaboration between partners which in turn can improve the research and intervention work as well. There are many examples in the literature of partnership reflections on benefits, challenges, and facilitating factors of the CBPR efforts as well as alignment with CBPR principles and practices based on both formal evaluation and less formal processes (A. M. Chen et al., 1997; Eisinger & Senturia, 2001; Israel et al., 2001; Jacklin & Kinoshameg, 2008; Lantz, Viruell-Fuentes, Israel, Softley, & Guzman, 2001; Parker et al., 2003; Plumb et al., 2008; Trinh-Shevrin, Islam, Tandon, Abesamis, & Ho-Asjoe, 2007; Wallerstein, 1999). To assess CBPR efforts and where along the participatory continuum a particular project falls, Wallerstein and colleagues (2008) suggest that "the starting place remains the identification of effective CBPR partnership processes and practices" (p. 374). This dissertation aims to add to this body of work by bringing systematically collected evaluation data to explore and examine these CBPR processes and adaptations made to them.

Adaptation to local context is considered a key advantage of the CBPR approach in understanding and addressing complex public health problems. Acknowledging the unique and diverse contexts of communities, experts stress the need for individual partnerships to adapt CBPR characteristics since "no one set of CBPR principles is applicable to all partnerships" (Israel et al., 2008, p. 52), and the fit and appropriateness of the characteristics are likely to vary by local context and cultures (Israel et al., 2008). This dissertation examines issues of adaptation by focusing on how the Chinatown Restaurant Worker Health and Safety Partnership negotiated the key CBPR principle of "equitable participation" based on its local context.

Participatory evaluation approach

Consistent with using a CBPR approach that focuses on equitable participation, empowerment, and capacity building, participatory evaluation is often employed among collaborations such as the Chinatown Restaurant Worker Health project to assess partnership functioning. Cousins and Earl (1992) defined participatory evaluation as "applied social research that involves a partnership between trained evaluation personnel and practice-based decision makers, organization members with program responsibility, or people with a vital interest in the program" (pp. 399-400). Participatory evaluation is also particularly well-suited to formative and process evaluation for the purposes of organizational learning, a concept central to the development of a CBPR partnership (Cousins & Earl, 1992).

Cousins and Earl (1992) note that the participatory evaluation approach distinguishes itself from other stakeholder evaluation models in the level of participation and input into the evaluation that participants have. In participatory evaluation, they are involved in the "nuts and bolts" of the evaluation, not just in providing responses and

feedback (Cousins & Earl, 1992). Participants establish their definitions and indicators of success which often still include health outcomes as well as other more intermediate indicators (Springett & Wallerstein, 2008). Participatory evaluation concerns itself foremost with use (Coombe, 2005; Cousins & Earl, 1992; King, 2004; Springett & Wallerstein, 2008), and methods can include those of conventional evaluation or those more accessible to community members. Results are then continually fed back for program or organizational improvement (Springett & Wallerstein, 2008). The evaluation described in this dissertation focused on partnership and "CBPR outcomes" such as those based on recommended principles and practices from the literature, including equitable participation, trust, development of written agreements, sustainability, and capacity building.

Asian-American communities, political socialization, and CBPR

Within Asian-American communities there has also been growing interest in CBPR approaches to improving health. A recent review found 53 published articles on CBPR in Asian-American communities, two-thirds of which had been published since 2004 (Tandon & Kwon, 2009). For a Chinese immigrant worker community, context may be particularly important to consider given the economic and social challenges it faces in the process of incorporation to this country (Tandon & Kwon, 2009). One previously unexplored yet potentially relevant contextual aspect for CBPR is the idea of different participatory starting points of different populations. Low participation rates have been observed among Asian Americans (and Asian immigrants in particular) in political activities such as voting, contacting elected officials, and attending public meetings (Junn, 1999; Ramakrishnan & Espenshade, 2001; Uhlaner, Cain, & Kiewiet, 1989). Additionally, on factors that political scientists and immigration scholars have identified as important to political participation and incorporation such as education, vocabulary, and civic skills, Asian immigrants also experience a disadvantage (Lien, 2004; Verba, Schlozman, & Brady, 1995; Wong, 2006).

Voting rates of Chinese and Asian immigrants are lower than those of African Americans and White Americans even controlling for acquisition of citizenship and in spite of higher socioeconomic status on aggregate (Bass & Casper, 2001; Citrin & Highton, 2002; Junn, 1999; Nakanishi, 2001; Ramakrishnan & Espenshade, 2001; Uhlaner et al., 1989). Voter registration among Asian immigrants is substantially below that of white Americans (Citrin & Highton, 2002; Xu, 2005) and Asian immigrants contact officials, attend public meetings, and "work with others to solve problems" less frequently (Junn, 1999; 1989, p. 1424). However, participation increases for Asian immigrants with the number of years they live in the U.S., and second-generation immigrants vote more than the first generation. This has led some scholars to hypothesize that even after acquiring citizenship, there is still a long process of re-learning and adaptation, or "political socialization," that must occur before Asian immigrants fully incorporate into American political life (Bloemraad, 2006b; Cho, 1999; Lien, 1994; Nakanishi, 2001; Ong & Nakanishi, 1996; Ramakrishnan & Espenshade, 2001; Xu, 2005).

In addition to a well-established connection between civic and political participation (Rosenstone & Hansen, 1993; Verba et al., 1995), CBPR itself is centered on principles of democratic participation and frequently involves explicitly political activities in "combining knowledge and action for social change" (Community Health Scholars Program, 2002, p. 2)

The Chinatown Restaurant Worker Health and Safety Project is characterized by efforts to mobilize the community in civic and political activity. The very topic of the partnership's research – investigating working conditions and potentially exposing employer abuses – is itself a sensitive one in the community, particularly in an ethnic enclave industry comprised of many small businesses that have historically been difficult to unionize and regulate (California Department of Industrial Relations, 1995; M. Chen, 2005; KIWA, 2007; Lashuay & Harrison, 2006). Therefore, the idea of participatory starting points may be important contextual variables to consider in working with Asian-American communities in CBPR partnerships, particularly with regard to the principle of equitable participation. Political or participatory socialization in turn may be an important area for adaptation.

The Chinatown Restaurant Worker Health and Safety Partnership

The San Francisco Chinatown Restaurant Worker Health and Safety Project is a CBPR partnership that came together in August 2007 to research and address working conditions in Chinatown restaurants. Initial partners included staff of the Chinese Progressive Association (CPA), a Chinatown grassroots organization; the San Francisco Department of Public Health (DPH); and staff, faculty, and students from area universities. The latter includes the University of California Berkeley's School of Public Health, the School's service and community outreach arm, the Labor Occupational Health Program (LOHP), and the University of California San Francisco School of Medicine (see Table 1). Worker partners were later recruited by CPA and officially started in April 2008, though several had begun contributing to the project several months earlier as part of a series of early focus group seminars.

Table 1. Partnership composition

Organization	Participating Partners
Chinese Progressive Association San Francisco Chinatown-based grassroots organization	• 3 staff members • 7 worker partners
San Francisco Department of Public Health, Environmental Health Section	• 2 staff
University of California, Berkeley Labor Occupational Health Program (LOHP) Outreach & technical assistance organization affiliated with the School of Public Health	• 2 staff
University of California, Berkeley School of Public Health	• 1 faculty (Principal Investigator) • 1 post-doctoral consultant (data analysis) • 1 doctoral student (evaluation)
University of California, San Francisco Department of Medicine, Division of Occupational and Environmental Medicine	• 1 faculty physician and epidemiologist

The project's origins lay in CPA's increased organizing activity around wage violations and working conditions in Chinatown restaurants in recent years. Discussions between CPA and the Project Director, who was both a founding board member of CPA and a key staff member at LOHP, began to focus on better understanding restaurant industry conditions. In 2006, the principal investigator, also with a long history of close collaboration with LOHP, identified a funding opportunity from the National Institute of Occupational Safety and Health that could support a CBPR project on the topic. The partnership came together soon afterwards to submit a proposal, tapping into key prior working relationships between LOHP and CPA; LOHP and UC Berkeley and UCSF academics; and CPA, UC Berkeley, and DPH.

Project aims and methods

Specific aims of the project included (1) building a CBPR partnership and incorporating common CBPR principles, (2) developing and testing an observational checklist instrument on worker health and safety conditions in restaurants, (3) developing and fielding a community survey with 400 current and former Chinatown restaurant workers, (4) conducting a participatory evaluation of the partnership, and (5) using the research findings to lay the foundation for policy change and community action to improve working conditions in Chinatown restaurants.

The observational checklist was a 13-item instrument DPH partners developed by project partners and tested in 106 Chinatown restaurants. Items included questions on labor law postings, presence of safety supplies and equipment, and features of the workplace environment such as floor, stovetop, ventilation, lighting, and emergency exit conditions. DPH partners analyzed data and solicited feedback from the partnership on findings and their implications (San Francisco Department of Public Health, 2009). Due to the timing of the development of the checklist, which mainly occurred in the first half year of the project before worker partners formally joined, worker input was limited to feedback through three early focus group seminars compared to the more integrated and iterative participatory process of the community survey.

University, community, and DPH partners developed an initial draft of the community survey based in part on a CBPR worker health study previously conducted by three of the partners (P. Lee, Krause, Goetchius, Agiesti, & Baker, 2008). Worker partners, upon joining the project, extensively reviewed and revised the survey instrument and worked closely with CPA and LOHP partners on a pilot test, respondent recruitment strategies, survey protocols, and training of additional surveyors, and ultimately administered the survey with 433 respondents. The 103-item instrument included scales and questions on general health (Short-Form-36) (Ware, 1993), musculoskeletal pain (Krause, Scherzer, & Rugulies, 2005), depression (CES-D) (Radloff, 1977), job strain (Karasek, 1998), effort-reward imbalance (Siegrist et al., 2004) and physical workload (Krause et al., 2005). Questions on housing, financial burden, utilization of public benefits, and civic participation were also added by community partners. Academic partners conducted analysis and worked with partners to jointly interpret findings through

circulation of draft tables and reports and in presentations in meetings and trainings with worker partners (Salvatore & Krause, 2010).

The participatory evaluation that is the subject of this dissertation assessed the extent to which the partnership met the goals and expectations it set for itself in collaboratively conducting research and getting to action. Additionally, the evaluation aimed to gauge the extent to which the partnership reflected principles, facilitating factors, and barriers and challenges commonly discussed in the CBPR literature. On all evaluation activities, a doctoral student project evaluator worked closely with a seven-member evaluation committee comprised of at least one member from each of the major partner institutions (community, health department, and university). Evaluation activities included participant observations (Schatzman & Strauss, 1973) of project meetings, group and individual interviews, and a written, closed-ended partnership questionnaire on partnership goals and CBPR group dynamics and outcomes.

Partnership structure

The partnership's original organizing body was a Steering Committee which includes all partners involved in the project. Although initially designed to meet on a quarterly basis, the Steering Committee often met monthly or bimonthly, particularly early on in the project, to accommodate the substantial work involved in setting policy and guiding project decision making. By the end of the first half year, the group also had created standing subcommittees to focus on particular project tasks. Among the subcommittees was a "Coordinating Committee" which was to manage the day to day administrative and coordination of the project and evolved to include essentially all English-speaking members of the team from CPA, DPH, and the university. When worker partners were recruited and brought onto the project, another committee was formed comprised of worker partners along with CPA and LOHP staff and the evaluator. The Workers' Committee and the Coordinating Committee became the two main regularly convening groups. Other subcommittees focused on the survey, checklist, evaluation, publications, and policy and met on an as-needed basis.

Significance

The evaluation of the San Francisco Chinatown Restaurant Worker Health and Safety Partnership provides a unique opportunity to advance our understanding of how CBPR operates within different local contexts and circumstances. The community's experience shares similarities with many new American communities as the country continues to experience growth in immigration from Asia and other regions of the world. This dissertation research provides an example of the range of factors and dynamics that may exist, as well as adaptations that may be made in these important emerging contexts.

Key to better understanding these new contexts will be gaining greater conceptual clarity on how CBPR partnerships should be evaluated and documenting how equitable and full participation are achieved or negotiated in collaborations with monolingual Asian immigrant populations. Additionally, use of evaluation and evaluation data can contribute

to a more systematic examination of partnership experiences vis-à-vis CBPR principles and practices.

Organization of the dissertation

I begin this dissertation by taking a critical look at the review literature on CBPR principles and practices and the extent to which it sets up the field to feasibly and meaningfully evaluate CBPR partnership "success" or "effectiveness." I then apply a recently developed CBPR process-to-outcomes model to findings from the partnership participatory evaluation in an effort to systematically describe how well the partnership met common characteristics of success from the CBPR literature. Finally, I focus in on one CBPR principle, equitable participation, and attempt to trace the pathways from local contextual factors at both community and partnership levels to specific adaptations made by the partnership to their outcomes. I use evidence from the partnership evaluation to establish these pathways and describe participatory socialization processes employed to promote the full participation of restaurant worker partners. The dissertation ends with a brief conclusion, underscoring the potential to advance CBPR practice and understanding of "authenticity" through the greater definition of evaluation criteria, use of systematically collected data and standard frameworks for reporting on CBPR evaluations, and delineating the aspects of local context that lead to adaptations in CBPR.

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CHAPTER 2: REVIEW OF THE LITERATURE ON CBPR PRINCIPLES AND KEY CHARACTERISTICS AND IMPLICATIONS FOR EVALUATION

Introduction

Interest in community-based participatory research (CBPR) continues to grow in public health, and over the past two decades, the field has gained a great deal of experience in this approach to research. A large published literature has emerged that provides insight and guidance for conducting participatory research and for community collaborations in developing, adapting, and evaluating their own CBPR principles and practices. Many partnerships have shared and published on their experiences using a CBPR approach, and in particular, there have been several highly influential reviews shaping the discourse. Among these are Green, George, Daniel, Frankish, Herbert, Bowie, and colleagues' (1995) report on participatory research and health promotion which provided one of the first definitions of CBPR and guidelines for assessment, and Israel, Schulz, Parker, and Becker's development of nine principles of CBPR in 1998 and 2001 that continue to be used as the standard in the field. Viswanathan, Ammerman, Eng, Gartlehner, Lohr, Griffith, and colleagues conducted a major systematic review of the CBPR literature in 2004 to assess the scientific quality and community participation of CBPR studies, Cargo and Mercer developed a framework for describing the various dimensions of CBPR in 2007, and in 2008, Wallerstein and colleagues developed a model bringing together key factors in CBPR that describe how processes translate to outcomes.

These reviews have synthesized principles, guidelines, best practices, and characteristics of success in CBPR, the benefits this approach can yield, as well as the challenges encountered in its conduct. They have also begun to propose frameworks for better elucidating the pathways by which CBPR achieves its potential for improving research and community health. The accumulated experience and reviews of the literature have provided much guidance for the conduct of CBPR.

As will be discussed below, this guidance from the major review articles has been on the whole consistent, describing similar themes and suggesting similar factors important for partnerships to consider. Yet challenges remain in using and applying this guidance, particularly for the purposes of goal setting and evaluation. Functional distinctions of the various characteristics of success in CBPR are often not entirely clear – whether they are "principles" by which partnerships may set goals, or whether they are "best practices" or "guidelines" that provide suggestions for improving CBPR group processes, operationalizing principles, or better attaining outcomes. Even the idea of CBPR "success" or "effectiveness" is not well-defined, and therefore distinguishing the various outcomes of interest and precisely measuring them also remains challenging.

While CBPR is an approach to research and not necessarily an intervention in and of itself, it also possesses intervention-like qualities. Outcomes that matter for goal-setting in CBPR range from what might be considered "process outcomes," that is, whether partnerships were able to establish equitable relationships or attend to power differentials to health outcomes, to "research or intervention outcomes" in which the quality of the work was improved, to community capacity and health outcomes. This is to say that when partnerships engage in CBPR, they may place importance on co-learning and equitable participation above and beyond the impact these factors may have on improving research

response rates or even improving community health. At the same time, those engaging in CBPR in health also share the larger field's concern with improving health. In the experience of one partnership, "for many participants, developing the infrastructure of the URC [partnership], setting priorities, and writing a mission statement were necessary tasks, but they would have been meaningless had not the real work of Seattle Partners in the form of intervention and evaluation projects taken place simultaneously" (Eisinger & Senturia, 2001, p. 528). And Schulz, Israel, and Lantz (2003) remind us that "ultimately, evaluators and funders must be concerned with the outcomes of CBPR partnerships—that is their ability to achieve their objectives related to categorical health outcomes or the underlying social determinants of health" (p. 250). Based on the current guidance from the review literature, distinguishing between and prioritizing these goals and outcomes are a challenging for CBPR partnerships evaluation efforts.

A second issue for CBPR evaluation relates to issues of authenticity and adaptation vis-à-vis principles and practices in CBPR. For not only is greater clarity on the functions and distinctions between CBPR characteristics important for goal-setting, but it can also shed light on what might be considered "authentic" efforts in CBPR. More specificity on whether particular efforts have met the "core components" of CBPR may help us ensure a higher standard for CBPR efforts and avoid the "co-optation" of the approach that actually involve very little power sharing between community members and academic researchers. However, interest in "authenticity" also highlights the inherent tension in attempting to more clearly specify CBPR principles and practices while also leaving enough flexibility and autonomy for individual partnerships to determine their own measures of success and not be forced to accept external standards. One of the strengths and areas of great promise for CBPR is that it is meant to be adapted to local contexts. CBPR experts are clear and emphatic on this point – CBPR principles and guidelines cannot be imposed on any particular partnership, but must be adopted and adapted as appropriate to the circumstances of that community and partnership (Green et al., 1995; Israel et al., 2008).

As the field further develops and matures, challenges facing practitioners of CBPR are shifting toward applying the vast knowledge already gained to better conducting and evaluating CBPR and improving on its processes and practice. Improving evaluation in CBPR will require additional clarification and conceptualization of its component parts, and better understanding of the ways in which, as Wallerstein and colleagues (2008) aptly describe it, CBPR gets from process to outcomes. Developing greater conceptual clarity on the definitions of CBPR success, principles, best practices, and characteristics while leaving enough flexibility for local adaptation will be an important next step for further advancing the field.

This paper describes the current body of guidance on CBPR principles and practice in public health as described in the review literature published since 1995 and trains its focus on issues important in evaluation of partnership processes. It reviews typologies and categories used for critical elements of CBPR such as principles, best practices, facilitating factors, and characteristics, the common elements identified, and the suggested applications of the guidance. The paper ends by discussing implications for use in adaptation and evaluation.

Methodology

Several major reviews of the CBPR literature have been undertaken to synthesize principles and lessons learned for using a CBPR approach. A number of these reviews are frequently cited in the literature and held as a standard for the field (Cargo & Mercer, 2008; Green et al., 1995; Israel et al., 1998; Viswanathan et al., 2004; Wallerstein et al., 2008). Their synthesis has been the foundation for understanding, theory, and conceptualization of CBPR, and a comprehensive picture of the many inputs into CBPR that can make for a "successful" experience has emerged.

A search was conducted in November 2009 using PubMed and Web of Science databases using the following terms: "community-based participatory research," "participatory research," "participatory action research," "collaborative community research," and "principles," "lessons learned," and "best practices." Within those searches, only articles and works labeled as "reviews" were extracted. The initial search yielded 113 articles. Several frequently cited and influential reports and book chapters that are not in the peer reviewed literature were also added to the list. For example, Viswanathan and colleagues (2004) conducted a large, comprehensive review of the CBPR literature for the Agency for Healthcare Research and Quality which has been cited 174 times in peer-reviewed works and is considered the standard bearer for developing CBPR review criteria to date. Abstracts were then reviewed and articles that met the following criteria were included in the final analysis:

- Reviewed or systematically analyzed more than one study with the explicit aim of synthesizing CBPR principles. (Articles that share lessons learned based on the experiences of one partnership or one case were excluded.)
- Focus on community health issue
- English language
- Based in the U.S., Canada, Australia, and Asia
- Involved participatory research with communities with "community" defined as people who are being researched and are not health professionals

This process yielded eight peer-reviewed articles (Table 1) and book chapters. These reviews ranged from comprehensive, systematic reviews of the CBPR literature which specifically describe their inclusion and exclusion criteria and used specific coding protocols for analysis (Green et al., 1995; Tandon & Kwon, 2009; Viswanathan et al., 2004; Wallerstein et al., 2008) to those that systematically reviewed the literature but did not detail search criteria or analysis (e.g., *Annual Review* articles – Israel et al, 1998; Cargo and Mercer, 2007) and take a more conceptual view of the field, writing for the purpose of developing theory, establishing principles and best practices, and frameworks for CBPR practice. One included study, Seifer (2006), was unique in that it involved original research with ten CBPR organizations and partnerships which had conducted partnership evaluations.

Table 1. Articles Reviewed

Authors	Year of Publication	Title	Purpose of review	Number of studies/articles reviewed
1. Green, L. W., George, M. A., Daniel, M., Frankish, C. J., Herbert, C. P., & Bowie, W. R.	1995	*Study of participatory research in health promotion: Review and recommendations for the development of participatory research in health promotion in Canada.*	Develop guidelines for funders to assess participatory nature of proposals	400+ articles
2. Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B.	1998	*Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health.*	Synthesize CBPR principles, rationale for use, challenges, and facilitating factors	Unknown
3. Viswanathan, M., Ammerman, A., Eng, E., Gartlehner, G., Lohr, K. N., Griffith, D., et al.	2004	*Community-Based Participatory Research: Assessing the Evidence*	Systematically review and synthesize scientific literature on CBPR and its impact on health.	55
4. Seifer, S. D.	2006	*Building and sustaining community-institutional partnerships for prevention research: Findings from a national collaborative.*	Identify and synthesize knowledge about partnerships & develop strategies to promote participatory research capacities	10 (partnerships)
5. Cargo, M., & Mercer, S. L.	2008	*The Value and Challenges of Participatory Research: Strengthening Its Practice*	Identify value & challenges of participatory research & develop integrative practice framework	300+ publications
6. Wallerstein, N., Oetzel, J., Duran, B., Tafoya, G., Belone, L., & Rae, R.	2008	*What predicts outcomes in community-based participatory research?*	Summarize state of knowledge about partnership characteristics to create process-to-outcomes model	258 articles
7. Tandon, D. S., & Kwon, S. C.	2009	*Community-Based Participatory Research*	Describe use of CBPR to improve health in Asian-American communities, identify limitations, challenges, & recommendations	34 studies/53 articles

For this paper, the reviews were analyzed based on three main dimensions: 1) terms or typologies of principles, facilitating factors, best practices, lessons learned, or characteristics of CBPR; 2) guidance provided for how to use or prioritize the principles or characteristics, and 3) actual characteristics described. Principles and facilitating factors for CBPR described by Israel et al (1998) in their seminal article on CBPR were used as an organizing framework for CBPR dimensions of success. The principles synthesized in the 1998 paper and refinements in subsequent versions (Israel, Eng, Schulz, & Parker, 2005b; Israel et al., 2008) continue to be the prevailing conceptualization in the literature, with the original article cited 838 times in the Web of Science database (and including all other reviews covered in this paper published after 1998). Characteristics mentioned in other articles were then matched to the categories of Israel and colleagues. New categories were created when conceptually distinct factors not otherwise mentioned by Israel et al were identified. A final listing of the main categories was generated of "evaluable factors" or factors potentially interesting and important to CBPR evaluation. This process yielded 40 categories.

Findings

The articles reviewed summarized and provided guidance on CBPR partnership practices. From the analysis, three main characteristics emerged. First, a large volume of guidance emerged from the reviews and was largely in agreement. Second, the terminology used to describe major concepts of CBPR success was wide ranging with key terms often used differently between articles as well as sometimes within the same article. Third, articles rarely distinguished the functional differences between various characteristics described, such as principles, best practices, and guidelines. While they often did provide suggestions on how to operationalize these principles or practices, understanding the intended role of the terms was challenging, including a lack of specificity around definitions of CBPR "success" or "effectiveness."

Common elements and volume of guidance

In general, the literature tends to be in agreement on factors that are salient to CBPR evaluation and success, including principles, best practices, guidelines, and challenges. After mapping the various explicitly stated principles, best practices, and characteristics of reviews to the Israel and colleagues' categories of principles and facilitating factors, 40 topics were identified that were mentioned by one or more reviews. Topics are listed below and are primarily framed within the organizing framework based on Israel and colleagues' categories. However, where themes from other reviews described more broadly and aptly for a larger grouping of concepts, wording from that article was used.

Principles, definitional, constitutional, or goal-type characteristics

1. Community as unit of identity
2. Asset or strengths-based
3. **Equitable participation** in all phases of research
4. Shares power and decision-making
5. **Democratic or joint leadership**
6. **Co-learning**
7. **Capacity building**
8. **Balances research and action**
9. Benefits community and all partners (and equitable costs and resource allocation)
10. **Considers ecological perspective/social determinants of health**
11. **Is an iterative process, systems development**
12. **Disseminates findings to all and involves all partners**
13. **Sustainability** a priority and involves long-term commitment
14. **Establishes mutual trust**
15. Attends to power dynamics and shares real power and resources
16. **Balances task v. process**
17. Cultural accommodation and integration

Recommended practices

18. **Written agreements (operating norms, research principles, MOUs, data, dissemination)**
19. Establish procedures (dissemination, conflict, adding new members etc.)
20. Develop common goals and objectives, principles
21. **Conducts evaluation of processes and work**
22. Presence of community organizer or bridge person
23. Presence of support staff
24. Researcher competencies in working w/ communities
25. Prior history of collaboration between partners
26. **Optimal mix of partners (Key community members** and interdisciplinary academics)
27. Flexibility (methods & process)
28. Conduct educational forums and training
29. Seeks broad-based support
30. Financial incentives
31. **Institutional policy changes** (e.g., tenure, funders, journals, etc.)
32. Open communication and all activities made understandable to all partners
33. Consider stage of partnership
34. **Account for different priorities and values**
35. Community-identified issue
36. Community-member experience with issue
37. Attention given to barriers to participation in past
38. Systematically collect information (group meetings and interviews) to identify and address concerns
39. Critical consciousness
40. Plan for conflict and tension

In particular, there was much attention across the various reviews that was focused on 16 concepts (displayed in bold), each of which was mentioned in four or more articles as a principle, best practice, or other characteristic of success. These concepts were:

1. Participation and equitable participation
2. Democratic leadership and consensus decision-making
3. Co-learning
4. Capacity building
5. Translating research to action to benefit the community
6. Ecological perspectives
7. Cyclical and iterative process towards systems development and evaluation, dissemination
8. Sustainability
9. Trust
10. Balance task & process
11. Development of written agreements, structures, operating norms, and procedures on principles, participation, data use and ownership
12. Conducts evaluation of processes and work
13. Optimal community representation
14. Institutional contexts, policies, and support
15. Dissemination
16. Differing perspectives/values among different partners

The analysis of the CBPR-relevant factors discussed above was restricted to those that were explicitly named as principles, best practices, or important characteristics in CBPR. This included being specifically named in the reviews in lists of important CBPR characteristics, or being used in subheadings and as part of the article's organizational framework. The analysis did not include what might be considered "tacit" guidance. Tacit guidance was often extensive and included factors mentioned in review texts as practices or actions that partnerships "should" or "must" take, but which were not explicitly mentioned as principles or guidelines. Though systematic analysis was not conducted on tacit guidance, its components were generally in agreement with and supported the body of guidance more explicitly described in the reviews.

Consensus and contestation

In two reviews in which a comprehensive and systematic approach was used, authors also noted key areas of consensus and some areas of contestation. Viswanathan and colleagues (2004) noted that community participation was unanimously reported on as a key element by all 55 studies they examined, and Green and colleagues (1995) noted that most of the principles they described were highly rated on a survey and recommended by the 150+ CBPR experts surveyed. Both studies, however, also noted areas of disagreement.

Green and colleagues observed this in four areas: the necessity of the community having originated the research question; the necessity of community members having had prior experience with the research issue; the priority placed on having community

members learn research methods; and the necessity of written agreements on resolving community-academic conflict on data interpretation and dissemination. Viswanathan and colleagues also detected disagreement on the issue of sustainability, noting that "some conclude that long-term commitment by all collaborators is necessary. For others, achieving community autonomy or self-reliance is necessary for sustaining interventions that emerged from the study" (2004, p. 29).

Volume

At the same time that there appeared to be overall agreement on the important themes and concepts in CBPR, the volume of guidance was also quite large. Focusing only Israel and colleagues' article, which provides the most coherent and specific articulation of CBPR principles and facilitating factors, there are nine principles, 18 challenges, and 18 corresponding facilitating factors that address each of the challenges. Cargo and Mercer's comprehensive framework for CBPR involves even more concepts and factors. Five dimensions of CBPR are described, including values and drivers of the research; participants and participation in the research; evolution of partnerships; core elements of participatory research; and added value of participatory research in each of the research phases. These dimensions all include several subcategories or suggested questions to consider which total to roughly 74 different elements to consider. Overall, the range of potentially important factors suggests that a challenge for CBPR evaluation would be to prioritize and focus goals and objectives.

Terminology and typologies

Not surprisingly, given the large amount of guidance that exists for conducting "good" CBPR provided by the various CBPR reviews, the typologies and terminology used to describe the guidance were wide-ranging as well. They included terms which appeared to refer to some fundamental, constitutional, or definitional aspects, such as "principles" or "core-," "critical-," or "essential-" "elements"; those that refer to recommended practices for smoother group dynamics in CBPR collaborations and in attaining CBPR ideals such as "best practices," and "facilitating factors;" and terms that may be either or both such as "characteristics of success," "common ground characteristics," or "guidelines."

Table 2. Terminology used to describe key CBPR characteristics

Terminology Used	**Article**
1. Principles	(Green et al., 1995; Israel, Schulz, Parker, & Becker, 1998; Tandon & Kwon, 2009; Viswanathan et al., 2004)
2. Core elements	(Cargo & Mercer, 2008)
3. Critical or essential elements	(Green et al., 1995; Viswanathan et al., 2004)
4. Considerations	(Viswanathan et al., 2004)
5. Dimensions	(Cargo & Mercer, 2008)
6. Characteristics --- of success Common ground --- Distinguishing ---	 (Seifer, 2006; Wallerstein et al., 2008); (Cargo & Mercer, 2008) (Viswanathan et al, 2004)

7. Themes/criteria	(Viswanathan et al., 2004)
8. Facilitating factors	(Israel et al., 1998)
9. Challenges[1]	(Israel et al., 1998; Tandon & Kwon, 2009)
10. Best practices	(Viswanathan et al., 2004; Tandon & Kwon, 2009)
11. Recommendations	(Seifer, 2006)
12. Guidelines	(Green et al., 1995; Viswanathan et al., 2004)
13. Rationale	(Israel et al., 1998)
14. Value added	(Cargo & Mercer, 2008)
15. Values and drivers	(Cargo & Mercer, 2008)
16. Benefits	(Viswanathan et al., 2004)

As can be seen in Table 2, the use of different terms and concepts varies between different review articles. Sixteen terms were used for potentially important evaluable factors. Authors varied in the extent to which they specified how these categories and concepts differed in CBPR theory and practice, a feature of the participatory research literature also noted by Green and colleagues' in their early review (1995). Israel and colleagues more explicitly distinguished between the terms, describing *principles* as "characteristics that seek to capture the key elements of community-based research" (1998, p. 177), and *facilitating factors* and *challenges* (discussed in the literature as opposite sides of the same issue) to be lessons learned or strategies for addressing and preventing challenges that may arise in community-based research (1998). Green and colleagues described *elements* and general *principles* of CBPR, and also gave *guidelines* which were meant to be reflective of important participatory research factors and to be used for the specific purpose of grant application review.

Seifer (2006) and Wallerstein and colleagues (2008) were more general in describing "characteristics of success" or "common-ground characteristics of effective partnerships," and did not draw distinctions between different types or functions of different concepts. Wallerstein and colleagues presented their characteristics in a framework that organized them along several larger *dimensions* that include *context*, *group process and equitable partnerships*, *intervention*, and *outcomes*. These investigators notably use the term *principles* as a factor that falls in their dimension on group process and equitable partnerships. Seifer (2006) provided "recommendations" which often were suggestions on how to operationalize characteristics of success. As mentioned above, Cargo and Mercer (2008) also presented a framework for considering five dimensions of CBPR that focus on values and drivers; participants and participation; partnership evolution; core elements; and added value.

At other times, within the same article, categories or concepts from categories were less clearly delineated and multiple terms were seemingly used interchangeably. Viswanathan and colleagues (2004) referred to *essential elements* of CBPR but also variously categorized them into subsets of *distinguishing characteristics*, and *considerations*. Within those, moreover, were further subsets of *essential elements* or *guidelines*. The Viswanathan et al review did not describe how or if these categories differed.

[1] Challenges as described by Israel et al. also include key concepts that overlap with the principles or characteristics of other authors.

Tandon and Kwon (2009) also at times used *best practices* and *principles* interchangeably. *Best practices* proposed for CBPR in a few instances restated some of Israel and colleagues' principles, including "create an equitable partnership throughout the research process" (p. 488) and "support a co-learning relationship" (p. 492). In other instances the authors introduced new suggested practices such as "identify 'bridge people' or gatekeepers" (p. 489). Like Israel and colleagues (1998), Tandon and Kwon (2009) also included a category of challenges, focusing on those unique to working within Asian communities, including language, culture, and immigration status.

Finally, what fell under one category in one review was at times categorized differently in another. The concept of "trust" was discussed in terms of "challenges" by Israel et al (1998) but included as a "core element" by Cargo and Mercer (2008) and a "characteristic of successful partnerships" by Seifer (2006).

Differentiation of CBPR characteristic functions and their application in evaluation

In addition to the broad range of typologies and uses of different terms to describe key factors in CBPR, there has also been less emphasis on specifying how these characteristics differ functionally and how to apply the large body of guidance available for the purposes of evaluation. Reviews have typically focused on the aspect of application related to operationalization of concepts or guidelines which may otherwise seem abstract. However, another component of application includes using recommended principles and practices to set focused goals and objectives and determining process and outcome priorities for evaluation. Wallerstein and colleagues refer to this challenge as well in "identifying the specific CBPR practices and processes needed to improve community capacity building or other system changes and health outcomes; and of specifying the conditions under which participation is effective in contributing to these outcomes" (2008, p. 374). It is this aspect of application for goal-setting and prioritization that has received relatively less attention in the review articles.

Definitions of "success" or "effectiveness" in CBPR

One area that remains loosely conceptualized in the review literature is around the question of what the ultimate ends of engaging in CBPR are, that is, what CBPR "effectiveness" or "success" means. A few reviews touched on these themes. In their article, Israel and colleagues (1998) do not specifically define "effectiveness," though in a separate article, authors Schulz, Israel, and Lantz (2003) explain the term to mean the extent to which the partnership meets its jointly defined goals and objectives in research and/or intervention and action. At the same time, they use the word "adherence" when evaluating partnerships based on their mutually identified principles of CBPR practice (Schulz et al., 2003), thus treating them as one would core components in a intervention process (Green & Glasgow, 2006; S. J. Lee, Altschul, & Mowbray, 2008; U.S. Department of Health and Human Services, 2002). In Seifer's (2006) study, defining "success" was a question asked as part of the research but which did not yield a conclusive answer. The review reported that "success" in CBPR is a fluid, multifaceted concept and differentially defined depending on the purposes behind the partnerships, whether focusing on a particular health issue or meeting a funding requirement. Furthermore, definitions of success would likely change over time and depending on the stage of the partnership's development. Wallerstein and

colleagues (2008) defined as "effective" partnerships those that produce "desired outcomes," that is, system and capacity change as well as improvements in community health and well-being. Most articles also mentioned the benefits, rationale, or value added in employing a CBPR approach, many of which could also be considered important outcomes and markers of CBPR "success" or "effectiveness."

Applying principles, best practices, and characteristics

In general, reviews did not provide specific guidance on how to understand the different functional roles of different CBPR characteristics or how to use proposed CBPR frameworks. As mentioned above, Israel and colleagues (1998) provided more of an indication of how their principles and facilitating factors differed from one another, as well as suggesting how they might be used for planning and evaluation purposes. They emphasized that CBPR principles are ideals located at one end of a continuum, and that not all principles will be suitable for all partnerships in all circumstances. Principles must be adopted and adapted according to the contexts of individual partnerships and communities. Additionally, they suggested that in evaluating effectiveness in CBPR, it may be useful to measure the degree to which principles and *some* of the facilitating factors are met (Israel et al, 1998).

Green and colleagues (1995) also provided more detailed guidance on how to apply the set of guidelines they developed. As noted earlier, their instrument was intended to be used by funders in evaluating the participatory nature of grant applications as well as by CBPR partnerships in planning projects in "a systematic attempt to make explicit and thus observable and possibly measurable the principles and defining characteristics of participatory research, from the perspective of health promotion" (p. 41). They too provided the caveat that the guidelines should be used to generate an overall sense of a project and its participatory nature, and that not all guidelines will be relevant or necessary for all partnerships depending on context. Furthermore, degree of alignment with items on the instrument did not necessarily imply that participatory quality was reduced, and the authors instead specified six general domains that funders could weight according to their own priorities. In particular, there was great concern to avoid over-prescribing the nature of CBPR and diminishing the importance of allowing partnerships the latitude to adapt CBPR as appropriate for local context (Green et al., 1995).

Viswanathan and colleagues' (2004) systematic review assessed CBPR studies on the basis of research quality, community participation, and success in reaching outcomes and was also intended to provide guidance to funders of CBPR in reviewing grant proposals. These investigators did not discuss the conceptual roles of the various "essential elements" described, but did note that their "best practices" were suggestions on operationalizing key concepts in CBPR. Additionally, this review was unique in that it provided detailed documentation of how the authors had assessed and graded each study on research design and scientific validity as well as CBPR standards and participation. Their own assessment criteria mapped to some, but not all, previously mentioned "essential elements" "considerations" and "best practices," such as having structures established for shared decision-making, addressing social determinants of health, and the extent to which findings are disseminated and applied to address community health problems.

Similarly, Tandon and Kwon (2009) described characteristics of CBPR studies conducted with Asian-American communities including research design, stages of research in which community members appeared to be involved, and whether issues of sustainability were addressed. They also provided examples of how to operationalize Israel et al's (1998) principles with a focus on Asian-American communities. Tandon and Kwon present best practices which they described as characteristics that appear to facilitate successful CBPR, but do not specify what constitutes "success."

Cargo and Mercer (2008) proposed an overarching framework which is meant to provide CBPR partnerships with "a structured process for developing and maintaining their partnerships as they design, implement, and evaluate their PR efforts and account for intermediate and long-term outcomes" (p. 328). This in turn is designed to assist CBPR partnerships in putting into practice or operationalizing CBPR elements. As noted earlier, the five dimensions in their framework include (1) values and drivers of the research; (2) participants and participation in the research; (3) evolution of partnerships; (4) core elements of participatory research; and (5) added value of participatory research in each of the research phases. Within each of the dimensions, the authors provide additional guidance on its usage. For "values and drivers," for example, they suggest that academic partners must identify those applicable to their community partners and approach the study and collaboration accordingly. Regarding participants, they provide a list of eight questions that prompt partnerships to reflect on their composition. Cargo and Mercer do not mention stage of partnerships explicitly in terms of usage, but for core elements, they follow a somewhat insular strand suggesting that each of the elements affect the ability to attain the other core elements. They describe these core elements as critical to sustainability (itself a core element), and presence of trust and respect is essential to capacity building (also a core element). Additionally, Cargo and Mercer do not redefine or list principles of participatory research themselves, but refer to them elsewhere in the literature, including Israel et al, 2008, thus drawing a distinction between "principles" of participatory research and their other dimensions, but not elaborating further on how these fit in or should be used.

Similarly, Wallerstein and colleagues (2008) do not give specific guidance on usage of their model, but describe its development to clarify and advance the understanding of how CBPR processes relate to CBPR outcomes. They also mention "principles" within the larger dimension of "group dynamics and equitable partnerships." Finally, Seifer (2006) aimed to synthesize knowledge about CBPR partnerships for the purpose of assisting both new and established partnerships and increasing their "likelihood of success" (p. 997). Again, however, this review did not distinguish between functional roles of particular characteristics.

Discussion and implications for practitioners

The major reviews in the CBPR literature have yielded a substantial amount of guidance and detail on conducting "successful" CBPR. The literature is largely in agreement with itself in terms of the key principles, elements, best practices, guidelines, and characteristics that define or contribute to CBPR success. A wide range of typologies and terminology are employed by different researchers and authors in varying ways, and the different possible functions of these concepts and the application of these characteristics in

planning and evaluation are left to the practitioner to interpret. Still, reviewers also emphasize that principles or characteristics described are "ideal types" that lie on a continuum. The optimal degree to which each individual CBPR partnership meets the ideal type on that continuum is for those partnerships to determine as appropriate to their context.

Engaging this literature for the purposes of the planning and evaluation of CBPR projects and partnerships, however, presents several challenges. First, the sheer volume of guidance is challenging. Fetterman (2001) suggests for empowerment evaluation that no greater than 10 goals and objectives should be identified for a particular project for manageability. This paper identified 40 important CBPR characteristics in common from the review literature, and reviews ranged from 19 (Tandon & Kwon, 2009) up to 74 major concepts and processes in Cargo and Mercer's framework. Without greater prioritization of these characteristics, a partnership evaluation focused on all potentially important elements is likely to become unwieldy. Furthermore, these numbers are limited only to *partnership* processes and outcomes and does not include other critical areas for evaluation including research quality, non-CBPR-related process evaluation, as well as health impact and outcomes.

In order to prioritize the broad guidance provided by the review literature, it is important to have clarity on what makes for "successful" or "effective" CBPR. Success may be defined by ultimate improvements in community health and capacity; or it may be characterized to an extent by the development of an "authentic" CBPR partnership in and of itself. Furthermore, in order to effectively prioritize goals and conduct evaluation, it is also necessary to understand how the different markers of success - principles, core elements, best practices, guidelines, characteristics, value added – differ in function. For example, characteristics may be essential to the authenticity of CBPR [equitable participation], or they may facilitate the CBPR process [jointly developing operating norms], or may be end goals or outcomes that result from the partnership process [increase in community and partner capacity]. It may be that what are described as "principles" or "core elements" are in fact considered fundamental to the authenticity of a CBPR effort and constitutional in nature with goals for process to be set accordingly. As Chen suggests, "The goals or guiding principles of a process provide the criteria for evaluation of a process" (1990, in Green et al, 1995).

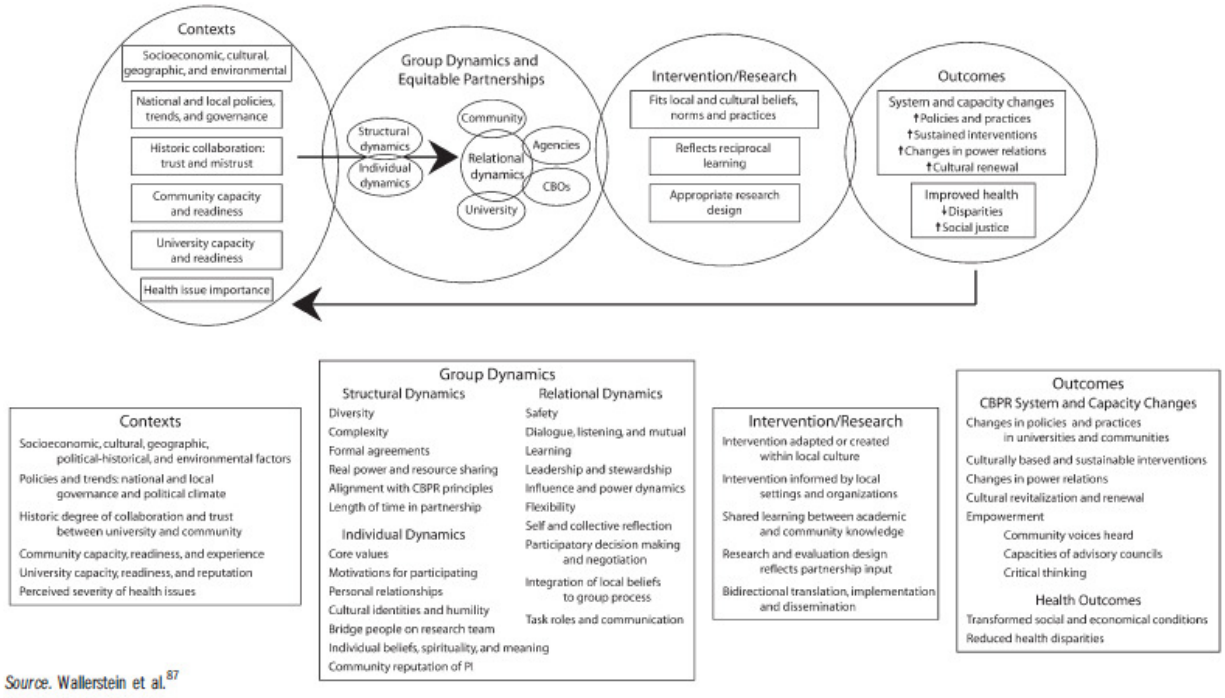
On the other hand, a "facilitating factor" or "best practice" or "guideline" may be considered as something that if present, has been found to assist in the process of conducting CBPR. Or, it may contribute to "effectiveness" in terms of its stated goals related to research, action, or health outcomes, but it is not an essential or constitutional type of factor. For example, if the facilitating factor of jointly developing operating norms is not established for a partnership, it may not make it less authentic to CBPR by definition. It may well, however, be a critical component to effective group dynamics, achieving task-related goals, or in attaining CBPR process objectives. Regardless of how they are ultimately defined, however, conflation of critical concepts and characteristics in the review literature has made it difficult to identify the core components of CBPR and more difficult for those engaging in CBPR to apply or adapt these characteristics in partnership goal-setting and evaluation.

At the same time that the review literature does not clearly prescribe terms, functions, and "core components" of CBPR that would make planning and evaluation more

straightforward, there are important reasons for maintaining flexible definitions and understandings of successful CBPR. Foremost among these is what is explicitly discussed by several review authors as one of the strengths of CBPR, namely its firm commitment to honoring community context and priorities and the acknowledgement of multiple valid constructions of realities (Green et al., 1995; Israel et al., 1998; Wallerstein & Duran, 2008). Thus an externally imposed or more positivistic perspective dictating what does or does not constitute "authentic" or "real" CBPR would likely be out of sync with the spirit of the approach. Indeed, as Green and colleagues (1995) cautioned, "in attempting to ascribe specificity and concreteness to participatory research practice, the guidelines risk denying the very essence of leaving the agenda open for local adaptation of the research" (p.41).

Thus there is an inherent tension. On the one hand, it is clearly important to not to overprescribe principles and inappropriately impose external standards for CBPR evaluation and practice. At the same time, it is important to maintain some level of standard for CBPR in order to prevent the co-optation of the approach in situations in which there has been very little actual sharing of power with community members (Minkler, 2005). Additionally, as mentioned above, for the purposes of CBPR planning and

Figure 1. Wallerstein and colleagues' Model of CBPR Process to Outcomes



Wallerstein, N., & Duran, B. (2010). Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity. Am J Public Health, 100(S1), S40-46. Adapted figure reprinted with permission from the American Public Health Association. Wallerstein, N., Oetzel, J., Duran, B., Tafoya, G., Belone, L., & Rae, R. (2008). What predicts outcomes in community-based participatory research? In M. Minkler & N. Wallerstein (Eds.), Community-Based Participatory Research for Health: From Process to Outcomes (pp. 371-392). San Francisco: Jossey-Bass. Original figure reprinted with permission from Jossey-Bass.

evaluation, on a more pragmatic level, comprehensive or effective and focused evaluation of all of the many dimensions of CBPR is a tall order for any partnership, and especially for smaller groups that lack the resources and time for initial partnership building and process.

Improved clarity on the key elements and their roles and functions could help facilitate the important process of evaluation in CBPR partnerships.

The field may do well by building upon the groundwork laid by Wallerstein & colleagues (2008) whose model draws conceptual distinctions between the factors and specifies possible pathways by which these different important components of CBPR are operating or the different roles they play. The model then notes differences between partnership outcomes (related to CBPR authenticity) and outcomes of research and intervention efforts (Figure 1). Definitions of "CBPR success" or "effectiveness" need to be theorized or conceptualized further, and may have a more variable definition when taking into account the various values and drivers for using a CBPR approach, as suggested by Cargo and Mercer (2007). And it may be that CBPR evaluation can take a cue from trends emerging from the complex interventions evaluation/program adaptation literature by working to systematically identify the "core elements" of CBPR and specify the ways in which contextually relevant adaptation can and should happen.

Limitations

This examination of major CBPR reviews is limited by its sole focus on review articles attempting to systematically summarize the state of the field regarding factors for CBPR success while using a lens of CBPR evaluation. The review thus excludes a few important articles focused on CBPR evaluation, such as Schulz, Israel, and Lantz's article on the development of a closed-ended survey tool for partnership evaluation (2003), as well as other detailed descriptions of partnership process evaluations (Eisinger & Senturia, 2001; Lantz et al., 2001; Parker et al., 2003). It also excludes articles based on a single partnership's experience or were not empirically based but which also may have described and further conceptualized principles, best practices, and guidelines such as those developed by Jones and Wells (2007) and O'Fallon and Dearry (2002) often cited in the literature.

Finally, a few articles examined also continued to evolve in subsequent publications and studies which were not included in the review. Green and colleagues' guidance most recent version of guidelines was reliability tested, and the authors of the updated article (Mercer et al., 2008) now move beyond just a funder audience and suggest that the guidelines are set up to establish a more normative sense of the participatory nature of a project and may be used by CBPR partnerships for evaluation. Israel and colleagues have refined their principles in subsequent editions as well (Israel, Eng, Schulz, & Parker, 2005a; Israel et al., 2008), and in recent efforts, Wallerstein and colleagues continue to review and update the model through studies with different CBPR partnerships in order to gain understanding on the particular salience of different factors.

Conclusion

Evaluation will continue to play an increasingly important role in advancing the understanding and practice of community-based participatory research. By further clarifying and specifying the different characteristics and components of CBPR and their respective functions, community partnerships will be better prepared to prioritize goals and objectives and adapt practices to fit the local context. Such experiences can additionally advance the field in understanding the critical areas of CBPR authenticity and adaptation.

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CHAPTER 3: APPLYING A CBPR PROCESS TO OUTCOMES MODEL TO AN EVALUATION OF THE CHINATOWN RESTAURANT WORKER HEALTH & SAFETY PARTNERSHIP

Introduction

Experts in community-based participatory research (CBPR) have long stressed the importance of evaluating CBPR partnerships, their processes, and their outcomes (Eisinger & Senturia, 2001; Green et al., 1995; Israel, Lantz, McGranaghan, Kerr, & Guzman, 2005; Israel et al., 2008; Lantz et al., 2001; Schulz et al., 2003). The partnership process itself is central to the logic and rationale behind CBPR. That is, ensuring equitable participation and decision-making power between communities, academics, and other agency partners, and ensuring an environment in which diverse groups can learn from each other can improve the quality of research and intervention, and ultimately, community health (Green et al., 1995; Israel et al., 1998; Minkler, 2005; Viswanathan et al., 2004). Applying a CBPR approach to public health research also represents an attempt to acknowledge and correct for some of the historical abuses of research in communities, and in the process contribute to capacity building of community and other institutional partners (Chavez, Duran, Baker, Avila, & Wallerstein, 2003; Green et al., 1995; Wallerstein, 1999).

Consistent with other forms of process and formative evaluation, monitoring and feedback in CBPR process evaluation play important roles in ensuring research quality and can provide important information on linkages between process and outcomes (Linnan & Steckler, 2002; Plumb et al., 2008; Rossi et al., 2004). Information and reflection on the process of CBPR can improve relationships and collaboration between partners which in turn can improve the research and intervention work as well. There are many examples in the CBPR literature of this reflection on partnership through formal evaluation or more informally (A. M. Chen et al., 1997; Eisinger & Senturia, 2001; Israel et al., 2001; J. Krieger et al., 2002; Lantz et al., 2001; Parker et al., 2003; Plumb et al., 2008; Trinh-Shevrin et al., 2007; Wallerstein, 1999). However, noting the complex nature of assessing CBPR efforts and where along the participatory continuum particular partnerships fall, Wallerstein and colleagues (2008) suggest that "the starting place remains the identification of effective CBPR partnership processes and practices" (p. 374).

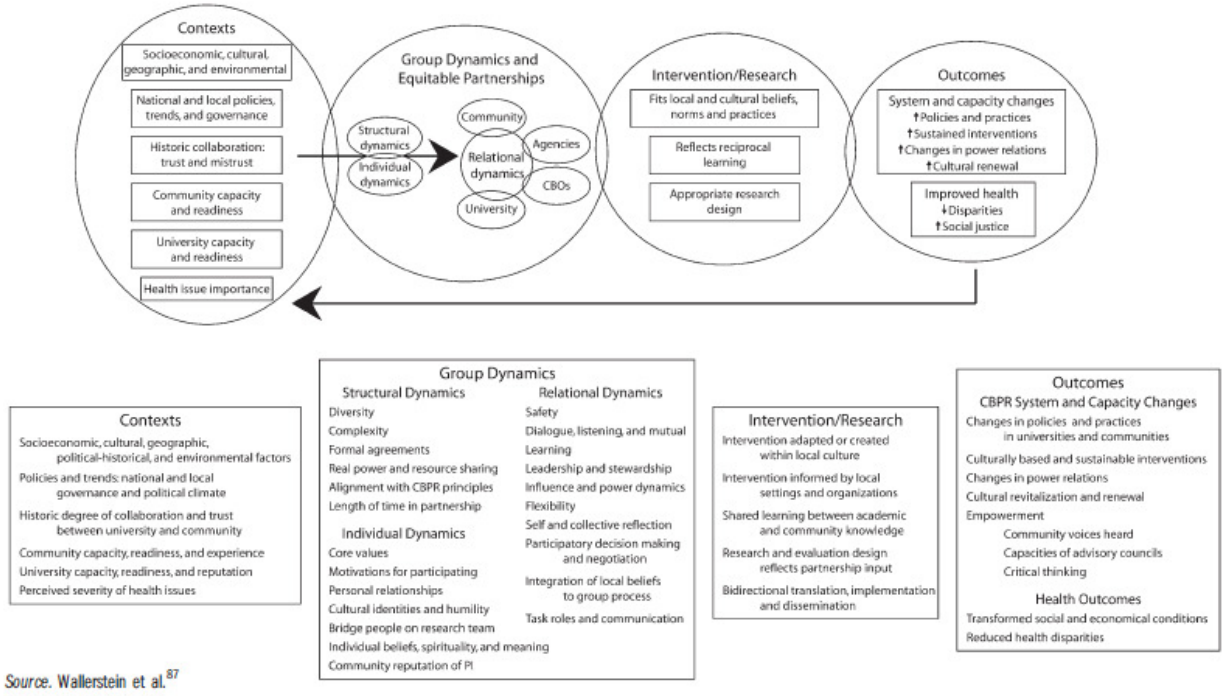
This paper applies a structured framework of key elements in CBPR (Wallerstein et al., 2008) to findings from a participatory evaluation of a partnership process. It draws on data and evidence to explore consistency with particular characteristics considered important to CBPR success as well as standards the partnership set for itself. The framework used was developed by Wallerstein and colleagues (Wallerstein & Duran, 2010; Wallerstein et al., 2008), and the partnership is the San Francisco Chinatown Restaurant Worker Health and Safety Partnership.

Framework

The CBPR model of how processes lead to outcomes (Wallerstein et al., 2008) was developed by the University of New Mexico Center for Participatory Research and the University of Washington Indigenous Research Wellness Institute. Their multi-stage process involved an extensive review of the participatory research literature and a survey

of practitioners, and was conducted in consultation with a national advisory committee comprised of CBPR experts from academia and communities (see Figure 1) (Wallerstein et al., 2008).

Figure 1. Wallerstein and colleagues (2008) model of CBPR process-to-outcomes



Wallerstein, N., & Duran, B. (2010). Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity. *Am J Public Health*, 100(S1), S40-46. Adapted figure reprinted with permission from the American Public Health Association. Wallerstein, N., Oetzel, J., Duran, B., Tafoya, G., Belone, L., & Rae, R. (2008). What predicts outcomes in community-based participatory research? In M. Minkler & N. Wallerstein (Eds.), *Community-Based Participatory Research for Health: From Process to Outcomes* (pp. 371-392). San Francisco: Jossey-Bass. Original figure reprinted with permission from Jossey-Bass.

The model (Figure 1) consists of four major dimensions, *Contexts*, *Group Dynamics/Equitable Participation*, *Intervention*, and *Outcomes*, each of which contains further subdimensions and constructs. *Contexts* represents broad societal factors that structure the partnership and its activities, including socio-economic and cultural conditions, policies, histories of trust and mistrust, partner capacity, and importance of the health issue to the community. *Group Dynamics/Equitable Participation* includes several interacting subdimensions. Characteristics of the partnership itself, including the nature of the group composition, its diversity, structures and group agreements are included in the *Structural Dynamics* subdimension. *Individual Dynamics* then focuses on attributes that individual partners bring to the table including their beliefs, values, openness, and the experience and skill of the principal investigator in working with communities. These two subdimensions in turn shape the third, *Relational Dynamics*, which includes ways in which the partnership works together and negotiates perspectives and relationships.

Context and *Group Dynamics* structure the third dimension, *Intervention*, described as the "major independent variable leading to outcomes" (Wallerstein et al., 2008, p. 383) and includes the extent to which partnerships incorporate community experience and

expertise into designing research and interventions and reflects community contexts, practices, and priorities. Finally, *Outcomes* encompass constructs such as system and capacity changes and health outcomes. Systems and capacity outcomes can include empowerment, changes in community or university policies, cultural renewal, increased community and university capacity, and sustainability. Health outcomes include the reduction of health disparities and increased social justice.

Partnership

The San Francisco Chinatown Restaurant Worker Health and Safety Partnership came together in August 2007 to apply a community-based participatory research approach to document and improve existing occupational health and safety conditions in Chinatown restaurants. Initial partners included staff of the Chinese Progressive Association (CPA), a Chinatown grassroots organization; the San Francisco Department of Public Health (DPH); and staff, faculty, and students from area universities, including University of California Berkeley's School of Public Health and the School's service and community outreach arm, the Labor Occupational Health Program (LOHP); and the University of California San Francisco School of Medicine (see Table 1). Worker partners were later recruited to the project by CPA and officially started in April 2008, though several had contributed to the project since February 2008 as part of a series of focus group seminars. In early 2009, three additional worker partners joined as two others left, and there was a staff transition for one of the DPH partners.

Table 1. Partnership composition

Organization	Participating Partners
Chinese Progressive Association San Francisco Chinatown-based grassroots organization	• 3 staff members • 7 worker partners
San Francisco Department of Public Health, Environmental Health Section	• 2 staff
University of California, Berkeley Labor Occupational Health Program (LOHP) Outreach & technical assistance organization affiliated with the School of Public Health	• 2 staff
University of California, Berkeley School of Public Health	• 1 faculty (Principal Investigator) • 1 post-doctoral consultant (data analysis) • 1 doctoral student (evaluation)
University of California, San Francisco Department of Medicine, Division of Occupational and Environmental Medicine	• 1 faculty physician and epidemiologist

The project's origins lay in CPA's increased organizing activity around wage violations and working conditions in Chinatown restaurants in recent years. Discussions between CPA and the Project Director, who was both a founding board member of CPA as well as staff at LOHP, began to focus on better understanding restaurant industry conditions. In 2006, the principal investigator, also with a long history of close collaboration with LOHP, identified a funding opportunity from the National Institute of Occupational Safety and Health that could support a CBPR project on the topic. The partnership came together soon afterwards to submit a grant proposal, tapping into key prior working relationships between LOHP and CPA; LOHP and UC Berkeley and UCSF academics; and CPA, UC Berkeley, and DPH.

Specific aims of the partnership included (1) building a CBPR partnership and incorporating common CBPR principles, (2) developing and testing an observational checklist instrument on worker health and safety conditions in restaurants, and (3) developing and fielding a community survey with 400 current and former Chinatown restaurant workers, (4) conducting a participatory evaluation of the partnership, and (5) using the research findings to lay the foundation for policy change and community action to improve working conditions in Chinatown restaurants.

The observational checklist was originally created by CPA and LOHP interns in previous years and was later refined by the members of the partnership, though worker partners' input was somewhat limited during the developmental stage due to the delayed timing of their participation. DPH partners tested the 13-item checklist instrument in 106 Chinatown restaurants. Items included questions on labor law postings, presence of safety supplies and equipment, and features of the workplace environment such as floor, stovetop, ventilation, lighting, and emergency exit conditions. DPH partners analyzed data and solicited feedback from the partnership on findings (San Francisco Department of Public Health, 2009). DPH partners analyzed data and solicited feedback from the partnership on findings (San Francisco Department of Public Health, 2009).

For the community survey of restaurant workers, university, community, and DPH partners developed an initial draft based in part on a CBPR worker health study previously conducted by three of the partners (P. Lee et al., 2008). Worker partners, upon joining the project, extensively reviewed and revised the survey instrument and worked closely with CPA and LOHP partners on a pilot test, respondent recruitment strategies, survey protocols, and training of additional surveyors, and ultimately administered the survey with 433 respondents. The 103-item instrument included scales and questions on general health (Short-Form-36) (Ware, 1993), musculoskeletal pain (Krause et al., 2005), depression (CES-D) (Radloff, 1977), job strain (Karasek, 1998), effort-reward imbalance (Siegrist et al., 2004), and physical workload (Krause et al., 2005). Questions on housing, financial burden, utilization of public benefits, and civic participation were also added by community partners. Academic partners conducted analysis and worked with partners to jointly interpret findings through circulation of draft tables and reports and in meetings and trainings with worker partners (Salvatore & Krause, 2010).

The partnership's central organizing body was the Steering Committee which includes all partners involved in the project, and was originally proposed to meet on a quarterly basis. Early on, the partnership found that such an arrangement was insufficient to give adequate attention to all the tasks of the project, including building a CBPR partnership and planning and executing the research, and instead met on a monthly basis.

By the end of the first half year, the group created standing subcommittees to focus on particular research tasks and empowered the committees to make decisions and recommend action to the rest of the Steering Committee. Later these subcommittees would be further empowered to make decisions due to the infrequency of full Steering Committee meetings.

Among the subcommittees was a "Coordinating Committee" which was to manage the day to day administrative and coordination of the project. Initially it was designed to involve one person from each organizational perspective. This too evolved to include essentially all English-speaking members of the team. When worker partners were recruited and brought onto the project, another committee was formed, comprised of the worker partners along with CPA and LOHP staff and the evaluator. The Workers' Committee and the Coordinating Committee became the two main regularly convening groups. Other subcommittees focused on the survey, checklist, evaluation, and policy groups and met on an as-needed basis.

Methods

The evaluation of the partnership was conducted in a participatory manner, and its purpose was to assess the extent to which the partnership met the goals and expectations it set for itself in collaboratively conducting research and getting to action. Additionally, the evaluation aimed to gauge the extent to which the partnership reflected principles, facilitating factors, and barriers and challenges commonly discussed in the CBPR literature. Nineteen of the 20 past and present members of the partnership participated.

Evaluation activities began in August 2007 when the partnership first convened. On all evaluation activities, a doctoral student project evaluator worked closely with a seven-member evaluation committee comprised of at least one member from each of the major partner institutions (community, health department, and university) and which was otherwise open to all interested partners. The project evaluator conducted participant observations (Schatzman & Strauss, 1973) at each Steering Committee meeting as well as at most Coordinating Committee and worker partner trainings and meetings through Fall 2009, and conducted goal-setting group interviews by institutional partner group in Spring 2008. A written, closed-ended partnership survey questionnaire was completed by worker partners in September 2008 and other project partners in February 2009, and partners participated in individual in-depth interviews in Spring 2009. Additionally, four members of the partnership participated in a focus group as part of a separate study (Wallerstein et al., 2008) that tested aspects of the CBPR model in April 2009, some findings of which have been incorporated as well.

Group interviews were conducted to set goals for the project, and partners met with the evaluator according to institutional group – community, health department, and university. This format had been suggested by the evaluation committee to provide the opportunity for greater candor among partners as they also reflected on the partnership experience to date. The evaluator synthesized findings from the interviews and also drew from previous evaluation exercises and agendas, plans, or proceedings of the worker trainings to develop an extensive list of group goals.

The 52–item partner survey questionnaire was based on a CBPR group dynamics instrument developed by Schulz, Israel, and Lantz (2003) and was tailored to include the partnership's own goals. Likert-scale questions included topics such as:

- How much do people in the group feel comfortable expressing their point of view?
- How much do you feel pressured to go along with decisions of the group even though you might not agree?
- In your opinion, how much trust and openness exists between partners?
- How well has the research accommodated the needs of the community?
- How well has the research maintained strong scientific standards?
- To what extent have you increased your knowledge about important topics since participating in this group?
- How satisfied are you with the amount of influence you have over decisions that the group makes?
- How much are written materials provided in needed languages prior to meetings?
- How much are partners are clear about their own roles?
- How much are budget and funding are distributed fairly and reasonably?

Versions were created in English, then professionally translated into Chinese. Worker partners received their surveys at a weekly meeting where the evaluator introduced the instrument and provided instructions verbally. Workers returned completed surveys to the evaluator the following week. Other partners received their versions by mail with a letter explaining the instrument and were provided an addressed, stamped envelope to return to the evaluator. Surveys were confidential, but not anonymous to the evaluator. Due to the small sample size of the partnership survey, only basic descriptive statistics were generated and analyzed using a more qualitative approach. Likert-scale answers were broken down by partner type (community, health department, or university) and patterns in range, spread, and consistency among partner types were noted.

The in-depth interview guide was adapted from the Detroit URC evaluation interview guide (Israel, Lantz et al., 2005). This 24-item instrument explores themes of project accomplishments, challenges, facilitating factors, barriers, trust, and power sharing, development and quality of partner relationships, project organization, funding, and communication. Worker partners were asked an additional seven questions about immigration experience and political and civic participation. The evaluator conducted audio-recorded interviews with partners in the Spring and early Summer 2009 at offices, homes, or coffeeshops depending on the preference of the respondent. Interviews were conducted in Mandarin Chinese, a second language for all native Chinese-speaking partners, or in English. For interviews, notes were transcribed and the evaluator analyzed texts using open-coding and identified major themes. Major themes from the surveys and the interviews were discussed with worker partners in Fall 2008 and Summer 2009, and with the general evaluation committee in Summer 2009.

The participatory evaluation generally proceeded with the project evaluator initiating ideas and activities while working with the evaluation committee to further develop or revise concepts and instruments. The evaluation was participatory to the extent

that all partners named goals for the project during group interviews and discussion; the evaluation committee selected and developed CBPR partnership evaluation questions and reviewed evaluation instruments; and partners participated in feedback and reflection on ongoing evaluation findings at meetings.

Findings

This section begins with a discussion of the partnership's self-identified goals and objectives, or definitions of success, and then is organized according to the dimensions of the CBPR model and framework. Within each dimension, the most salient themes are reported in terms of how they overlapped with concepts in the model and how they manifested in the experience of the partnership. Additional themes have been added where a reasonable fit with existing model labels did not occur. For example, under *Structural Dynamics*, there is a category of *real power/resource sharing*. While power and resource sharing are discussed, a related theme of "availability of resources" is also added to the discussion and is denoted by a "+" sign.

Definition of "success" or "effectiveness"

Definitions of success or effectiveness for the partnership were based on findings from initial group interviews and other project records. Goals were divided into four main categories: 1) To fulfill grant aims and process; 2) To develop high-quality research tools and broaden knowledge of Chinatown restaurant working conditions and health; 3) To develop a strong CBPR partnership, achieve full participation, and conduct good CBPR; and 4) Ensure research findings are applied to action and have impact. Due to the large volume of potential factors to examine, the evaluation committee agreed to primarily focus on Goals 2 and 3 for the purposes of scoping the evaluation and the efforts of the evaluator. More specific objectives and definitions of success included whether partners would repeat the experience of participating in the partnership if they had a chance to do it again, maintaining open communication and flexibility, ensuring processes for translation and interpretation were adequately in place, ensuring that funding and workload were distributed equitably, obtaining a better understanding of working conditions in Chinatown restaurants, and building capacity among the worker partners and the larger community.

When worker partners were officially brought on board the project in Spring 2008, they engaged in a separate process with CPA organizers in which they collectively developed goals and objectives. These included knowledge goals to "understand the reality of restaurant workers' lives and workers rights," skills-related goals in outreach and organizing, and group cohesiveness goals. They additionally had specific objectives that involved target numbers for activities including recruitment of 50 additional workers to CPA, and to undertake additional outreach activities including making phone calls and distributing leaflets on worker rights and information.

Contexts

The first set of constructs discussed from the CBPR model are structural and contextual factors that reflect resources, social conditions, and individual values that

shaped and influenced the level of the partnership's functioning, the work of the partnership, and its attainment of its ultimate ends.

Context – Socio-economic, cultural, geography, environment (+ immigration context)

A construct salient to the partnership was that of *Socioeconomic conditions, cultural, and environmental factors*. These factors structured the community's experience, which gave rise to the issue of worker health and safety on which the collaboration was focusing. Community partners noted that Chinatown restaurant workers face numerous challenges in their living and working conditions. Workers commented on the challenges of starting life in the U.S. which touched on themes of hardship related to language disadvantage, finding fulfilling work, discrimination, and integrating into society. When asked how "Americans" treat immigrants, one worker partner remarked,

> *They look down on us. It's like with wealthy people. They look down on people who can't match their lifestyle,…like we're a lower class than them. So there's this racial prejudice…. Like sometimes when I go to buy something. They say something in a language, and you want to express something, but you have no way of getting it out. I know it's like they see me as less.*

Others noted that "lots of people [who immigrated] have education, but when you get to America, no one recognizes that. Number one, you don't know English, right? You have no way of integrating into society." Related to the challenges of finding work, workers observed that especially upon first arriving in the U.S. those with few skills have limited options. In an early training, worker partners brainstormed different profiles of restaurant workers. "They don't know English and have low education; they have to pay more effort to earn money because they don't have other skills." Descriptions of living conditions included small, crowded quarters and transportation issues, especially for new immigrants with little money. They could not afford cars "and can't get to better jobs, so they stay only in certain places to do the hard work." Staff organizers observed that many in the Chinese immigrant community feel like guests in the U.S., and worker partners commented that even after many years of living in the U.S., "I feel like I'm a traveler here" or "I feel like I'm in a foreign place." While there were also notable positive accounts of opportunities, freedoms, and friendly "Americans" associated with life in the U.S., workers generally discussed difficult environments for Chinese immigrants working in restaurants. These issues were frequent topics of discussion in worker trainings and meetings which were designed to integrate the research project into CPA's larger community organizing campaign. Immigrant living and working conditions, worker rights, and job opportunities, as well as relevant government policies that influence these patterns were all issues of focus.

Within the context of the partnership, similar challenging dynamics around language and limits on time were also at work. One worker partner described how she gained confidence and knowledge over the course of the project but noted that in spite of these gains, "I still felt a little self-conscious, had a little bit of a complex because all of your English is so good!" Socioeconomic contexts also shaped the participation of the community in terms of who was able to participate and who was not. Of the workers

partners, many were seeking work or more work hours and therefore able had the time to participate in the project. However, one partner ended participation due to work schedule conflicts, another after giving birth, and others faced heavy family and work obligations. One community organizer noted the time and resource constraints that many in the community face.

> *I think many people would like to do this kind of work, but you could say there is no opportunity for them to participate. If they have their own families and households, it's harder. The main thing is family responsibilities. Like [one worker] – really wants to participate but [has] two daughters, and her husband doesn't really like to do much around the house. Apparently when he takes care of the kids for half an hour, he'll say to her, look, I've been helping your kids for a long time – hurry up and come home! If her husband was willing to take care of the kids, she could feel good about being here.*

Context – Historic collaboration: Trust and Mistrust

Another important theme in the partnership was *previous collaboration and existing levels of trust or mistrust*. Members emphasized the role of prior working relationships between partners in establishing trust and facilitating the work of the collaboration. Existing relationships and trust between certain partners allowed group members to make what one person described as a "leap of faith" to fully commit and invest in the project. For partners who had not already worked with each other in the group, bridging figures in the partnership and their relationships with others were critical in bringing them up to speed and getting ready to collaborate with others. Particularly important was the linkage provided by the project director, based at LOHP and a founding board member of CPA and who had also separately collaborated in the past with both the PI and epidemiologist on a variety of CBPR and occupational health projects. For community partners, a trusted friend in the project director helped to smooth the working relationships between other partners.

> *I think that [her] strength is really building peoples' relationships and bringing people together. …You can definitely tell it played a role in [academic partners'] understanding our work and for us…." [CPA partner]*

> *Because [she] knows CPA, understands CPA. She does worker-related work. If you were to find another organization, I can't imagine that the project could have started so quickly. [CPA partner]*

> *I think that the existing relations between CPA and LOHP,…[the project director] is part of CPA, and of LOHP, it is almost easy. That helped a lot. I think, it was…maybe something that is not named anywhere in the project. It is probably something you cannot name. [Academic partner]*

While partners perceived that prior working relationships were essential to getting the project up and running quickly, significant amounts of time were still necessary for the group as a unique entity to adjust to working with each other and to build trust. Some community partners recalled being unsure at first of what to expect from the collaboration

since they generally did not engage in research activities given their community organizing focus.

> *I think the initial thoughts…I wasn't really sure. There was probably just general levels of distrust about what would happen…. And, you know, after the first couple of meetings I was like, 'oh, they seem pretty cool.'*

Other partners also observed some issues of trust at the start of the project.

> *[I]n the beginning, [there were] a lot of questions and things that maybe weren't being said and I don't know if that's a lack of trust or just kind of a very different way of perceiving things and not sitting down and talking about them…or not feeling like you could ask or say. I guess that's a trust issue.*

Changes in perceived trust over time are discussed later as part of *Relational Dynamics*.

Context: Community capacity and readiness

Community capacity and readiness was another salient construct for the partnership. CPA organizers noted that their own capacity to conduct academic research required some time to develop and get up to speed. They described being surprised as they embarked on the work at how much work academic research was going to take. One partner recalled,

> *I just remember [us] walking from meetings saying, "What did we just agree to?" It was like, wow, this is big…. It was just kind of like we're pretty central for the project to be successful… we didn't necessarily feel like it was, "Oh, they're making decisions for us" but, it was like decisions that were made and we were part of them but maybe we didn't fully understand them as well.*

Not having previous experience managing and coordinating surveys, human subjects requirements, and issues around scientific validity, conducting research became a major capacity-building activity which came with tradeoffs. One community partner noted,

> *There is a lot of "jargonese" stuff…probably on both sides, but you know, I only remember stuff that was hard for <u>me</u> to understand, so….. it's like, oh, yeah, remember human subjects??....*

Additionally, in light of different organizational orientations on the project, a major concern for CPA was to not get pulled from its core organizing focus and have their work driven by the research and corresponding funding opportunities.

> *[P]eople [from communities] need to understand the timeframe that it would take if you're going to do something to the scale that we did, and that it does become, like, your main focus. Therefore, if you realize that in advance, you can maybe plan for it to*

really like leave the space that you need to integrate it, you know, fully, so it doesn't become just solely like survey-related.

Yet while community partners commented on their need to catch up in terms of research capacity, a key component of community capacity that partners noted was also present in CPA's extensive experience organizing in the community and understanding community issues. "Obviously, CPA being, you know, a trusted organization in the community has, I mean, I can't imagine being able to pull off surveys without an entity like that." Additionally, a community partner observed the differences between phases of the project involving research versus preparing for action.

I feel like whereas in the last year it was a lot of just like a lot of new things that we had never done before. Like, this year it's kind of like…OK, we know how to do publicity or how to….you know, organize meetings…it's still much more familiar territory to be on.

Context: University capacity and readiness

That all of the academic partners were experienced and committed to CBPR was mentioned as an aspect of the project that facilitated the work. One community partner noted,

I feel like in a lot of ways we were fortunate that some of these university folks have actually had experiences [working with communities]….before us….That helps a lot, I think, because they're much more sensitive, and open and aware.

Group dynamics and equitable participation

Structural dynamics – Diversity and Complexity

Diversity and complexity existed within the partnership on a number of levels. Ethnicity and language were obvious factors with English and two dialects of Chinese being used in various combinations at varying levels of proficiency between partners, and interpretation and translation, both professional and ad hoc, were often required for communication. Education and occupation was another area of diversity with partners ranging from high school to post-graduate degrees, with some having worked in restaurants and factories, some with community and union organizing backgrounds, while others were government officials in the local health department or academic researchers.

Perspectives and priorities were another area of diversity. Some partners mentioned that the different purposes and objectives of the different partners is a challenge for the group even when all are similarly committed to improving conditions in community. Community partners noted the differences that existed between partners in which university members were more oriented toward conducting quality scientific research to improve working conditions while community members were focused on organizing and leadership development through the CBPR project as a way to make change. One partner observed,

[There is a] shared goal of wanting to…improve things, we're not just trying to gather data. But, the kind of priority is to gather good data that's going to be useful, right? Whereas for [the community] the goal is like, OK, the data is going to be the data, you know? And we obviously want to get something that's useful, but our goal is to like develop people and for us to have contact [with workers]. You know, it's just different.

Even within institutional groups, there was significant diversity. Unlike CPA or DPH, for example, university partners did not all belong to the same organization or research group and thus had a broader range of interests to consider. Some partners were faculty with varying pressures to fundraise and teach, some worked with a service arm of the school, and others were students or post-doctoral consultants. One partner observed,

[T]hey don't really work in organizations. I mean, yes, they are on a faculty and they belong to that faculty, but they don't have an organization they belong to and interact with in the same way that [they and other partners] do….

The diversity of the group on the above factors led to an increased level of structural complexity in which there were effectively two parallel group processes underway, that of the worker partners and CPA and LOHP staff, the other with non-worker partners from DPH, the university, as well as CPA and LOHP. The worker partners met on an almost weekly basis and often received training on research, organizing, and policy in addition to planning and discussing research activities. At the same time, other project partners, including LOHP and CPA staff, also continued to meet together as part of the "Coordinating Committee" and other task-oriented subcommittees. The parallel structure allowed for greater ease in communication since meetings could be conducted in all Chinese or all English with fewer language service needs, but relied heavily on "bridging persons" in order to coordinate the efforts of the two groups. The full partnership of workers and all institutional partners to date has met twice, once in 2008 and once in 2009.

Structural dynamics – Formal agreements & CBPR principles

The CBPR literature consistently recommends that partnerships collectively establish their own CBPR principles and develop formal agreements governing the structure and processes of the groups to ensure the equitable participation of all partners (Israel et al., 1998; Jones & Wells, 2007; Seifer, 2006; Wallerstein et al., 2008). The Chinatown partnership did not ultimately establish written agreements as a whole entity, but as mentioned above, worker partners, in their meetings with CPA and LOHP organizers, collectively developed and recorded their goals, objectives, and ground rules, and signed their names in commitment. Additionally, the publications committee adapted a written agreement detailing criteria on authorship and proposal and review processes, which it attempted to follow but not always consistently. For the project overall, the idea of developing a memorandum of understanding was brought up on several occasions and the project director even drafted a version to clarify and lay out roles, responsibilities, and ownership of the data and various aspects of the research. However, the process was suspended shortly afterward due to resistance from some partners.

Among the other project partners, there were different perspectives on the importance of agreements and reasons that the rest of the partnership did not develop them. One member noted, "this was not because we were lazy or unwilling, but we just had a lot to do," referring to the many tasks related to research that had to be completed by a small number of partners and to the fact that there had not been time built into the grant-funded project for partnership building. Furthermore, partners had already dedicated time to such relationship-building activities during meetings through group exercises and reflection.

A few partners from the community and university who participated in the focus group also suggested that the lack of formal agreements was not a problem and in particular it was not an issue for a partnership that had such strong ties and leadership coming into the work.

> *What we did try to do was to try to come up with a memorandum of understanding…but we were not able to really get to talking about it….I think that especially with [the PI's] engagement we're all kind of engaged and we can work things out. We don't really have something that sets things out and I don't know about the value of those or not. So I'm not that clear on having these formal agreements, because when you're actually doing it, things come and you settle them….*

> *I think you make a good point and I think it matters a lot more for partnerships that are new to this kind of work, partners that don't have a lot of trust or previous knowledge of each other. In this case…I wasn't concerned we didn't end up with a final MOU because I thought we're doing fine. When we have issues we talk to each other. We're getting things out, we're getting things done so I think it's critical for some kinds of organizations, for this one not.*

However, another member felt that even the contractual agreements established between the organizations for the purposes of grant administration were very helpful for project management purposes as well as during a key staff transition in which one organizational representative left and another took his place.

> *I think the formal agreements are definitely important and it's really helpful actually during transition of [a staff person] taking over the project because then you can see the agreement that's been on paper….but I think that it was more helpful just to go back to [the staff person] and not only telling her what the project was all about and the things that we would be doing but also like showing something in writing.*

There sometimes also were concerns about the effectiveness of communication in the partnership, in particular regarding the lack of clarity on certain aspects of the work and partner roles from the original proposal. As discussed above, the scope of the work came as a surprise to community partners, and confusion existed over who would take the lead on particular parts of the work, as well as the specific roles, responsibilities, and limitations that university and DPH partners would have in conducting and managing the research and preparing to take action. These concerns led to tensions at various points in the project which one partner attributed to time pressures around the initial submission of

the grant proposal. A tight deadline at the time prevented all partners from meeting together and mutually agreeing on all project terms.

Structural dynamics – Real Power/Resource-sharing + Availability of resources

Issues related to resources were major challenges for the project to overcome and involved to some extent the aspect enumerated by the model – that of resource sharing – though the factor of a scarcity of absolute resources was perhaps a greater challenge noted by partners as financial resources were always projected to be short for the large scope of the partnership's work.

> *I've heard grumbling a lot throughout the project from different people and different things and different frustrations of, usually I feel around money, how the funding was working, who was doing what, and roles not being clear….*

Almost all partners responded on the partnership evaluation questionnaire that the project was a lot of work and more than they had initially anticipated (seven of 10 responding partners described their workloads as being "much heavier" or "somewhat heavier" than expected). In addition to undertaking two main lines of research, participatory evaluation, and developing an action piece, the training of the worker partners and the recruitment and training of additional surveyors added a significant layer of work, particularly for community partners and the project director. The workload was particularly heavy for a few members whose work spanned the several tasks of the project: four partners reported serving on four to five subcommittees, three were on three committees, and four were on two committees. In response to the shortage of resources, several academic partners voluntarily reduced substantial proportions of their own funding from the grant in order to better fund other partners and research needs. For several of these partners, close to the majority of time they worked on the project went uncompensated, yet they continued to actively participate. In a related vein, even when funding ran out for partners, all continued to work toward the fulfillment of the project objectives. One partner observed,

> *If we actually needed people to be paid for their time… if people weren't going to work unless they were paid then that would have been a huge barrier.*

A major funding stumbling block was encountered when data entry and checking for the survey were found to inadvertently have been excluded in the research budget. This situation cascaded into added challenges for the partnership since the unanticipated work of identifying additional scarce funds and then recruiting and training students to enter data delayed the analysis stage and, in turn, the interpretation and incorporation of findings into the action component. Academic partners working on the data analysis thus ended up devoting much more time to this aspect than projected or funded for which was not seen as an optimal use of their time and energies.

Funding-related issues exacerbated other areas of resource shortage, intensifying demands on each partner's already-scarce time availability, reducing the ability to provide professional interpretation and translation whenever needed, and being unable to hire

dedicated staff to coordinate and track the project. These gaps were ultimately filled by partners, but not without additional, often substantial, stress or burden. One partner observed this phenomenon:

> *I feel like the overall project needed like a project coordinator… We can't put it on [the project director], we can't put it on me to facilitate. It's like you need someone who really can facilitate the process, and, you know, follow up with people. You know, I think, unfortunately, some of that role has been split up and then, maybe [the evaluation has filled in]….like checking with people and, in some ways, it's for your evaluation but also it's just to be sure that the next meeting can flow.*

Regarding the ability to provide consistent language services for establishing equitable participation, there were times when a professional interpreter could not be provided and CPA staff or student interns would interpret at meetings or trainings. This greatly benefited the non-Chinese-speaking partners in attendance, but also likely encumbered the interpreting partner in fully participating. One university partner lamented,

> *Well, money has been huge. We are very under budget and that has been hard…Not having to worry about do we translate this full document or just this tiny piece of it? Decisions we shouldn't have to make based on expediency or cost are being made that way sometimes simply because we are so understaffed and under-budgeted.*

Individual dynamics – Core values

Partners felt that individual-level factors were important and attributed many of the accomplishments of the project to the specific partners involved and their core values. When asked how well the group works together, members mentioned that the group is comprised of a group of uniquely committed, self-motivated, and responsible individuals that went a very long way in making the partnership work. One partner noted, "I see lots of sensitivity and flexibility on all sides," and others observed:

> *"….CPA has been very committed to this project, even though I think there are a number of things that I think are happening with the project a little differently than they would probably have done on their own. There's just a really high level of commitment.*

> *I think it's the quality of the coordinators [worker partners] that they have found…I think they all bring a great quality [and are] a wonderful reflection of the more advanced kind of thinking people.*

> *Because the partners that we have are so good and committed that whatever the end goals, the final deliverables or outcomes will make a difference, will make a contribution.*

Individual dynamics – Bridge people

As discussed earlier, the role of "bridging people" was considered a key factor in facilitating the collaboration. Those who bridged communications and collaboration between the worker partners' committee on the one hand and the DPH and university partners on the other were integral to the functioning of the partnership, such as the project director and staff at CPA. The project director was experienced in bridging roles from previous CBPR research with immigrant workers and highly skilled in developing activities such as risk mapping to encourage participation and breaking down scientific research concepts and data in accessible ways.

The strong relationships that CPA staff developed with the workers were also important in bridging interactions between the workers and the other partners. Worker partners described deep respect and trust for CPA organizers, admiring their courage and leadership.

> *[B]ecause we're like her, we all immigrated over. So we're close... [Her] background is like ours. We all communicate with her in a close way. She's also done an impressive job. She's runs to the frontlines, it's like we're fighting a war, and she runs ahead to the frontlines....*
>
> *[She] has a lot of leadership abilities. I feel like her knowledge of everything is all really good… [she] really has leadership.*

CPA partners were also skilled in developing training activities that integrated research concepts and skills with the social and political analysis and community organizing of their campaign work. The organizers and the project director, along with the evaluator who attended most worker meetings, often relayed information between the worker group and other partners.

Disadvantages to the heavy reliance on bridging roles in the partnership were also raised in terms of a kind of "filtering effect" that occurred. One community "bridge" was concerned that so much information on the project ended up transmitted through her and that the worker partners always had to hear from "just one person" much of the time. Another drawback to the bridging roles was that contact was infrequent and relationships tended to be more distant between the workers and partners who speak only English. While language differences presented obvious challenges for having more direct interactions, this situation still had implications for relationship building and the richness and consistency of communication and co-learning.

<u>Relational Dynamics – Dialogue, listening, & mutual learning, + Communication</u>

Structural and *individual dynamics* just described shaped and influenced *relational dynamics*, or CBPR "process outcomes," such as *dialogue and mutual learning*, and by extension, communication. In general, most people felt that communication was functional, but could also be improved. On the partnership survey questionnaire, in response to an item which asked whether partners communicate their concerns openly, DPH, CPA, and university partners ranged widely in reporting whether this occurred either much of the time, some of the time, or a little of the time. Among these partners, most reported feeling very comfortable expressing their own views (seven of 11 answered "a lot") and felt that

others listened to their ideas (nine of 11 answered "a lot"). However, when asked to assess the comfort level of "people in the group," there was greater concern among university, CPA, and DPH partners that some may not have been quite as at ease voicing their opinions (three answered "a lot," five answered "some," and one answered "a little"). Among worker partners referring to their own separate group, responses were strongly positive regarding their own and others' comfort level expressing opinions (all eight answered "a lot" to both questions). When asked "how much their opinion is listened to," half of worker partners responded "a lot" and half responded "some." At the same time, there was a consistent sense across the larger partnership that it had improved in these areas over time, and many reported that members' willingness to express their views had increased since the project started (14 answered that it had increased, four that it had remained the same), and felt positively that all partners "keep asking questions to learn from each other."

Regarding tension and conflict, many partners felt that frank and open discussion of issues was important, and some noted that this seemed to occur more within the worker partner group than within the larger group. A couple of partners observed that conflict that emerged within institutional partner groups (e.g., "the university") have been largely handled internally within those groups, though other partners may have observed "grumblings."

Dialogue and mutual learning and communication were, not surprisingly, affected by the partnership's linguistic diversity. Email and written communication were critical tools in the partnership's day-to-day discussion and decision-making. Yet these mediums also presented challenges for full and equal participation of non-English-speaking partners who could not be included in email exchanges in which decisions were sometimes made or issues worked out. They were also more limited in opportunities to review and give input on project documents and materials, particularly since not all materials could be translated into Chinese. At the same time, it was also a limitation at meetings and trainings of workers and community members when non-Chinese speaking partners attend and there was no interpreter. One partner expressed regret at not be able to speak Chinese.

> *I felt badly…I wondered whether I should even be involved in this project because I don't speak the language, and to me, that's a big part of the fun is having the relationship building with the community residents, not just the community partner agency people. And I have missed that part. But the people have all been so warm and open, and the use of simultaneous translation has made me feel more able to be present.*

Isolation

As some partners noted, the group tended to follow a more "specialized" approach to tasks with certain partners taking a stronger and more independent lead on sections that fell under their expertise or assignments. While this may have improved efficiency, there were also drawbacks. Throughout much of the checklist development and testing stage of the project, the DPH partner's activities tended to be more isolated from the rest of the group. There were only two people on the checklist committee and one DPH staff partner conducted almost all of the inspections alone or with interpreters who were not

part of the project team. When one of the academic partners requested to accompany him on some inspections, the DPH partner felt it was a very positive experience and wished that there had been more opportunities to collaborate with other partners as well.

> *I remember asking him about,…"does the cardboard work [as non-slip mats]?"...Then got the perspective, you know, from his expertise. And I think that the experience was great for him, and I think that he could then contribute to say, "oh, I think that I observed this and this should be changed," you know, like they will have more to say, contribute, if they have actually been in the restaurant, you know, and again, I think that that is really doable to be one at a time if everybody had the chance to go to at least one restaurant…like for me, it felt good that, you know, somebody else from the project was with me…. unfortunately, it can't be a big group going [into restaurants], but I think to some degree people can be exposed to that work.*

Relational Dynamics – influence and power dynamics

Impressions of power dynamics varied greatly between different partners and did not necessarily break down along lines of institutional or community affiliation. The assessment of power dynamics was complicated by the parallel meeting structure of worker partners on the one hand and non-worker partners on the other and people who participated in both. Thus evaluation questions had to address the groups separately and together for different partners depending on their pattern of participation.

On the survey, worker partners tended to respond very positively about the dynamics in their own group, but showed more varied patterns similar to other CPA, DPH, and university partners in assessing the larger partnership. About one-third of all partners reported feeling some or more pressure to go along with decisions even when they did not agree, and the great majority felt that at least some of the time, "certain individuals' opinions get weighed more than they should" (15 of 17 responding partners) or "one person or group dominated meetings" (10 of 17). On the other hand, 10 of 17 responding partners also reported that decision-making power among the whole partnership was "very equal" and seven that it was "somewhat equal." Notably, seven of eight worker partners reported that decision-making in the larger partnership was ''very equal.''

During interviews, many members felt that while power dynamics were not a great barrier or problem to working together, they were also not perceived as totally equal between partners. When asked about power levels between different partners, one worker partner said, "Power? I think we don't have much power," and "I feel the university has more power. Because lots of issues are all up to them to decide." However, other worker partners expressed different perspectives:

> *I feel it's very equal. There's not much that's not fair….When making decisions, it's very equal. Everyone thinks it over together. If there are different opinions everyone discusses what was said that was good, or bad, and then everyone, thinks about it together, and then we talk about it. There's no, nothing that's unfair, there's nothing that's "what I say goes!" There's none of this.*

Some noted that the commitment to equalizing power was there in principle, but that it did not always play out in reality. For one community partner, this was connected with an observation that the fundamental nature of a research endeavor privileges professional researchers, and

> *comes from the perspective that it's like community-based stuff is trying to fit into science. So there has to be an acknowledgement of the power dynamic,…we do want it to be bi-directional,….but we just have to recognize that maybe as one of the contexts is that basically it's trying to provide legitimacy for what's happening in the community through science or research.*

There was also a sense among some partners that the community's expertise in the real-life experience of the workers or in organizing the community was less influential in the research development stage. Worker partners mentioned at an evaluation feedback meeting in November 2008 that they felt they had less power than their university counterparts (the only other partners with whom they had had contact at the time), and that their role had been more to serve as consultants on the worker perspective. They noted with appreciation the openness and eagerness of their academic partners to workers' knowledge and insight, but, as mentioned earlier, felt that decision-making power was much greater for the university. At the same time, there were also differences in how much they reported that this situation was problematic. Several mentioned that the university partners never behaved as if they were "higher" or "coming down" when talking to workers, and felt that they truly cared about and listened to the worker partners' viewpoints.

> *It's very equal. Because whatever you want to do, they encourage you to do. It's like this. They are very, they encourage you to take the opportunity to voice your opinions.*

Other partners from the university and the community felt that the power dynamics really depended on the domain of the work at the particular point in time, and that all partners were willing to defer to the respective "experts" in the area. For example, researchers would have more power in the scientific stages or aspects of the project, but the community was the acknowledged expert on community issues and taking action. In some instances within the group of university partners, however, certain partners perceived power dynamics to be imbalanced and less than satisfactory.

Finally, background societal power dynamics also came into play. Partners often noted differences in the educational levels and English ability especially.

> *I think there's inherent power differences given educational and sort of class and race. It's a given, given the dynamics of this partnership, but I think there's a lot of work that everybody's trying to do to try and address those, like having translation, trying to structure agendas to ensure that everybody has the means of participation…But it's an inherent power difference that exists, that we live in an English-speaking world and we're doing a research project, that is, this research is inherently like, institutionally, it's laden with institutional words and concepts and other things that like you have to have gone to university to fully understand. It seems like through the conversations*

I've heard, like, that there was a long conversation between [community and university partners] around the survey sample and like how to do that validation, so that that was like a back and forth and so I think that given the existing power dynamics there's a lot trying being done to try to address them, and that's great. – DPH partner

Just a feeling that sometimes we feel a chip on our shoulders. It seems like they really just understand everything. It felt odd at first. Later, it wasn't so severe. But still felt, they're so highly educated, they know everything. Lots of times [I] worried that what we say isn't that good. – Worker partner

The partnership made an effort to more systematically address issues related to power differences and decision-making in a May 2009 Steering Committee meeting at which all partners were present. The group had an explicit conversation and reached unanimous consensus that community interests and voice should be weighted more heavily in most forthcoming project decisions, in particular those related to how the research will be interpreted, disseminated, and used.

Relational Dynamics – Participatory Decision-Making and Negotiation

Participatory decision-making and negotiation in many ways overlapped with issues of influence and power dynamics just discussed, and both were also related to the larger dimension's themes of equitable participation and group dynamics. Partners on the whole responded positively to survey questions on how well the group works together. Almost all felt that it was going "very well," and almost all partners reported that the group's capacity to work well together had increased since they started with the project. All worker partners brought up the importance of their group's process of open discussion to get to better decisions and ideas, and indicated the importance of everyone being able to express their viewpoints even when they did not necessarily all agree. Worker partners very much felt that different perspectives were present and negotiated within their group.

It's like everything they say I also don't completely agree with sometimes. Because everyone's perspectives are all different. Sometimes the people you have contact with are different, the things you see are also not the same, I feel like this is very normal. I also wouldn't be unhappy just because they don't accept it or something…it's a very natural thing…. [S]ometimes when they raise something, I think about it a little more, and I think they have a point....

For the university, DPH, and CPA, issues of clarity on when decisions had been officially made by the group, consensus reached, or when there was sign-off also came up during evaluation. This was a concern that was particularly salient in the earlier stages of the partnership. An example of this was with the approval of the checklist drafts where the DPH partner was not sure to what extent there had been full or partial approval by all partners and felt that he had to make assumptions about when the instrument was ready to be piloted. At a Steering Committee meeting eight months into the project, there was the suggestion and adoption of a consensus decision-making process described by Israel and colleagues (2005) in which each partner had to be able to support a proposed decision by

at least 70 percent. It was used on a few occasions, but eventually the group went back to a more implicit decision-making process where few formal votes were taken and decisions were reached when discussion ended. The partnership additionally considered questions of who had a "vote" in the partnership and who represented whose interests in the group. Again, due to the diversity within the subgroup, this tended to arise more among academic partners. Such issues occasionally arose and presented challenges, in particular around discussions and decisions related to funding and budget. An example of representation issues for university partners arose when the partnership sought grant funding to support action that would follow on the research. Funders for the grant were loath to support academic researchers and in the end, a few university partners were surprised to learn after the grant was submitted that they had not been included in the budget at all.

Relational dynamics – leadership/stewardship

Leadership was a theme in *Relational Dynamics* that people brought up in different ways. It included the style of the PI, the worker partners' leadership in bringing the survey to the community and bringing community priorities and perspectives to the project, the project director's leadership in facilitating a more cohesive group, as well as DPH leadership in pushing for progressive action within their department. Regarding the leadership of the PI, several partners mentioned in interviews that an advantage for the group was having her as a uniquely flexible, supportive, and participatory PI. One academic partner observed, "the PI especially, in her very supportive manner, helped a lot in putting people at ease, encouraging them to contribute…" Another partner mentioned that "[Her] responsiveness – how she responds – is able to give guidance or input to every query is huge."

Relational Dynamics - + Trust and Respect

The concepts of trust and respect are not in the original model's *Relational Dynamics* subdimension, but are added here to reflect their nature as outcomes in addition to their inclusion as part of *Contexts*. These emerged as important outcome themes in the evaluation. When asked on the questionnaire how much trust and openness exists between their respective groups, seven of eight worker partners and six of 10 responding DPH, CPA, and university partners reported "a lot." Additionally, people reported that trust had increased with time with six of eight worker partners endorsing that it had increased and two responding that it had stayed the same. Eight of 10 responding non-worker partners reported an increase in trust over time, and two reported it had stayed the same. One partner remarked,

> *Trust levels changed over time…we didn't all know each other. So with all the new [partners], I would think that we made a big jump because we had the first experience together, and I think that trust has immensely grown through the work together.*

Worker partners also almost unanimously felt that a lot of trust and openness existed within their group and that it too has increased with time. One described it as "it's like they're your own people (family)." They also expressed a high level of trust with the rest of the project partners.

Everyone is very trusting, we trust each other. There isn't any suspicion, there aren't any of these problems in uniting. I very much trust them, and I listen to their direction, and then I listen to their plans, it's very good.

Similarly, most partners reported feeling very respected by others. Among worker partners, perceptions were strong that university partners were very respectful of community (at the time of most interviews and surveys, worker partners had not yet had contact with DPH partners).

When we're collaborating, we haven't distinguished – you're higher, we're workers. We haven't distinguished these things so clearly. I feel we haven't separated. If we haven't separated, then there is mutual trust.

And one CBO partner noting,

I really appreciate there being some bottom line value for respecting CPA's role and the role of the grassroots members and the [workers] as primary. That respect was very important.

+ Authenticity

Overall, there was a general sense that this project reflects an "authentic" CBPR effort. Some university partners with previous experiences with CBPR suggested that comparatively, this definitely was on the more participatory end of the spectrum.

I think it is very authentic. I am on other advisory boards right now for projects, and I just die when I see how they are using the whole notion of CBPR and how it is strictly name only. This is such a genuine process.

So far, I think it has been pretty good, which is not to say that it is perfect, again they never are. But, everybody's made a very sincere attempt to make it a true CBPR project.

A community partner suggested that for a fuller participatory experience, it would have been good to have workers develop their own survey from the beginning, but also felt that it probably would not have been feasible to undertake that effort given the amount of work of the project and timeline in which it was required to be completed.

Regarding the marker of success of whether all partners would participate in the CBPR partnership again, most partners said they would. However for some community partners, participation in such an effort would depend on whether research would be instrumental to particular organizing and policy objectives. For example, the original grant had been written as a developmental grant (R21) which would lay the foundations for a future larger intervention grant (RO1). After much deliberation and support from academic and DPH partners however, CPA collaborators decided that their focus and capacity was not optimally aligned with participating in another large scale research effort.

Intervention + Research

Wallerstein and colleagues note that the *Intervention* dimension of the model also applies to activities of data gathering and analysis (2008), and for the purposes of this paper, the *Intervention* component is interpreted to encompass the research component of the observational checklist and community survey since the project had not yet reached its action phase when evaluation activities were completed. Since partners responded to the surveys during different stages of the project, this analysis is limited in the ability to compare responses about project progress and outcomes across all partners.

Research and evaluation design reflects partnership input

As mentioned earlier, the group took a more specialized approach to its work, with partners having relatively greater influence over their own particular areas of strength and experience and tended to defer more to other partners where they did not. In terms of balancing the needs of the community and research rigor, on the evaluation questionnaire, partners across institutions felt more strongly that the research maintained strong scientific standards more than it accommodated the needs of the community. The project's community survey was initially perceived as long and repetitive by worker partners and they expressed concern about community members' willingness to participate. An academic partner explained the rationale behind keeping validated scales intact and including similar questions in the survey for purposes of corroboration, and in the end, most of the questions on validated scales remained. This, along with complex human subjects approval criteria, led to perceptions among several worker partners that they sometimes felt more like consultants to the project and that decisions about the instrument ultimately were made by the academics and other partners. After the survey data collection was over, however, a few community partners also noted they had learned something about science in the process.

> *…It was just the scientific things. The things that you couldn't change…when doing the survey, they [the worker partners] all had a tough time accepting this. But after the survey, it was like "oh, so it is like this, there's a reason for it…" Later, if they answer [one question] wrong, in the back there's still more, and you can ask it again….So, originally the thinking was different, but as it turns out, it was real science.*

A major issue for the partnership in terms of research design concerned the protocol for the observational checklist. Group members had different interpretations of the original workplan in the grant for this component. One the one hand, university and CPA partners had understood that DPH restaurant inspectors would be testing the checklist during their regular rounds in order to assess feasibility of long-term implementation. On the other, DPH partners felt that others had misconstrued the intent of previous discussions and made clear it would not be possible to add the extra burden of the checklist to restaurant inspectors' current responsibilities. Tensions and perceived miscommunications in this area persisted and the group addressed them over the course of many months through meetings and memos.

Overall, in terms of the rate of progress and activities of the group, 10 of 18 responding partners reported being "very satisfied," seven were "somewhat satisfied," and

one who felt "somewhat dissatisfied." Completing the research gave partners a sense of accomplishment, and especially with the survey where reaching the goal of 400 completed surveys had been seen as very daunting, it was a source of excitement and pride. Many partners felt that the progress on the worker survey especially had exceeded expectations as within the span of one month, over 400 surveys had been collected. One DPH partner described hearing updates:

> *I am just amazed at the number of survey data they have collected in such a short time, you know. I remember at the beginning it was like, oh we did our first ten or something,…and then after that they had like a couple of hundred, you know. I was like, wow, that definitely showed how well they are organized.*

Similarly, the pace and coverage of testing the checklist in all Chinatown restaurants was also considered successful and surprisingly efficient to many with one academic partner remarking, that she felt it had gone "extremely well" and several others impressed and appreciative of the efforts of the DPH partner who conducted the inspections.

Outcomes

Although the partnership had finished collecting data and was just embarking on the analysis and intervention planning phase when the first round of the evaluation ended, perceptions of progress toward desired outcomes is an important intermediary step in CBPR evaluation, especially at stages in which outcomes cannot yet be assessed (Schulz et al., 2003).

System & Capacity Changes – Empowerment

In terms of partners capacity, all partners felt that they had gained valuable knowledge and skills and experienced personal growth from participating in this project. Of particular interest to the group from the outset was the potential for the project to build community capacity through the development of worker leaders and increasing CPA's visibility and presence in the community. When asked to what extent "workers have taken the opportunity to build skills and understand the larger societal forces that are shaping the restaurant industry issues (such as conducting outreach, facilitating, and participating in community actions)," eight of 10 responding partners felt this objective had been met "a lot" (remaining partners responded "don't know"). The partners also felt that the community and stakeholders see workers as leaders and resources in the community with all seven partners who responded to the question strongly agreeing with the statement.

> *The fact that we have over 20…a good number of people trained in new ways who are committed to now working with CPA and have already begun working on other campaigns and issues, I think that is an important infusion of new support for a major community based organization. [academic partner]*

Workers themselves also felt they had increased their leadership potential. One responded in an interview, "Yes! I am confident in myself!" while another said that

Yes, it [leadership skills] increased a lot. After CPA, and being a Coordinator [at CPA] really increased it. It's like yesterday at the hearing, I went and spoke. At first I was really scared. If I had never been to CPA before, I would have been more afraid. Yesterday I wasn't afraid at all.

One worker partner did not feel like she had gotten to that point yet of being a leader. However, she had never had the idea of being a leader before and now thought that maybe it might happen in the future, someday. Worker partners also mentioned that their experiences learning to conduct outreach and talk to strangers had been among the most important skills they gained. They frequently reported feeling that they now had more courage when speaking in public, standing up to bosses, participating in protests and community actions, as well as now being able to approach and talk to strangers.

--- I've learned to talk to people
--- I'm not as shy anymore.
--- I'm not afraid to speak in public anymore.
--- I learned about restaurant workers' conditions.
--- I learned you have to fight for your rights.
--- I'm a lot more courageous now.

A few indicated that they felt they had undergone significant personal changes over the course of the project and their involvement with CPA.

I feel it's really good. Because it changed my thinking. Because I used to not…I didn't dare to fight for anything. Because when I was working, he [the boss] said work, I would work. Later…when my old boss asked me to go back, I would tell him I wanted minimum wage, I did not want to be owed wages.

In terms of organizational capacity, most (nine of 11) partners responded that "CPA and the community are learning lessons in working with Chinese immigrant workers and about cultural considerations needed to take into account" to a significant degree. CPA and LOHP partners mentioned that they had learned how to develop community leaders in a new and different way.

It was a really rewarding process with the workers and… having a space, developing like a sense of ownership. And, you know, giving folks a chance to really take charge of this project – it's been a good experience.

Some community partners were already seeing effects of the research outreach efforts and felt that workers and members of the community had already become more aware of CPA and worker rights as a result.

Already there are a lot of people who know there's a CPA, they know, "oh," there are these kinds of organizations. In the past they only read the papers and saw on tv what activities were on and saw CPA. But now when they [worker partners] go to do

outreach and talk to people, it leads other people to know us…[when people come to CPA], I ask them why, how did they come to know this place? She says, I saw it on the flyer! Those people passing out the flyer told me.

Other benefits, CPA staff mentioned were that the project has been helpful in their grantwriting efforts. Beyond the community, other partners' increased capacity came in the form of gaining insight into the context of the Chinese immigrant working community and experience in new ways of developing community leadership. People also mentioned learning training techniques and partnership building exercises from observing their LOHP and CPA partners, and about the complexity of working in multicultural collaborations.

System and Capacity Changes – Changes in Power Relations and Policies/Practices

In addition to increasing community capacity through the development of worker leaders and CPA's organizational capacity, partners also commented on the potential impact of the project on the community. Coordinated and integrated within the larger CPA campaign, many felt that the impact of the project would be great, while others felt it was an open question and emphasized the importance of being able to follow through with action.

It's not just after the research is done you have results,…like you have something like a "paper" and just put it with the others and it's history. But [if] you have history, and you don't use the history to work to mobilize workers, it's equal to not ever having done it.

Especially with worker partners, a number of people "hoped," but felt that they could not yet gauge, that there is commitment by "the government" (in general, not specific to DPH) as well as project partners, to act to improve Chinatown conditions. When asked about any possible negative effects, some worker partners at the time had some concerns about whether workers would face repercussions if policy was changed to be harder on bosses. "If you will use the results to do something, then I'm worried bosses will treat them not very well."

At the same time, one community partner mentioned that they are taking a long view of the survey as part of the process of building CPA's capacity and visibility to increase power to create change in the future. In terms of more short-term, intermediate goals for the partnership, all partners either strongly agreed or agreed that the group is effective in achieving its goals.

Discussion

The overall picture of the San Francisco Chinatown Restaurant Worker Health and Safety Project is one of a dynamic and evolving CBPR partnership that in many ways reflects common experiences in conducting CBPR, and in others forges its own way according to the needs, priorities, and bandwidth of the community and of partners. The partnership reflects many of the "characteristics of success" depicted in the CBPR model (Wallerstein et al, 2008) and literature, such as building upon prior relationships and trust and reliance on the key roles of bridging people and community organizers (Cargo &

Mercer, 2008; Corburn, 2007; Israel et al., 1998; Israel et al., 2008; Minkler, 2005; Tandon & Kwon, 2009; Wallerstein et al., 2008). In some instances, it adopted recommended practices from the literature such as developing structures that would facilitate the equitable participation of all (Seifer, 2006) and committing to building the partnership by attending to both tasks and process (Israel et al., 1998). In others, they tried out recommended practices as was the case with developing written agreements and Israel and colleagues' "70 percent" consensus decision-making process (1998) though they may not have been able to adopt them long-term.

In terms of attainment of the partnership's own goals and objectives, the picture is generally positive. Most partners tended to rate the work of the collaboration relatively positively on these measures, often, however, with one or two dissenting voices, indicating that all needs were not always met to equal degrees. Similarly, with regard to perceptions of important aspects of group dynamics in CBPR, there was overall a positive sense of the way in which the group worked together, particularly in terms of mutual respect, even if there were differences in perspective in key areas such as power dynamics and influence. Issues related to resources, workload, and communication were additional areas of concern. At the same time, in spite of its challenges, most partners said they would repeat the experience again and most characterized the experience as "authentic" CBPR.

The partnership's diversity characterized much of its structure and process, and its experience illustrates the complexity of not only the CBPR process but also the additional challenges of working across different languages and cultures (Tandon & Kwon, 2009). The parallel structure of having two main groups with Chinese immigrant workers in one group and university, DPH, and CPA partners in another with a few partners participating in and bridging across both had both significant benefits and challenges. Efficiency and developing relationships and ownership were likely facilitated in these smaller, less diverse groups, but cross-group interaction and learning was also likely affected or "filtered" through reliance on bridging people and roles.

Application of the Wallerstein and colleagues' (2008) CBPR model was useful as an organizing framework for the many elements that may be important in conducting CBPR, yet it too came with challenges. The model has a large number of dimensions, subdimensions, and constructs, and as such discussing them all in a comprehensive and coherent way presents a significant challenge for publishing as well as reporting back all relevant findings to partnerships themselves. Additionally, many themes in the model overlap and are cross-cutting, so that categories seem fluid and open to a range of interpretations.

Limitations

This paper and the research on which it was based were limited by several factors. First, the CBPR framework was based on themes identified by others in the field and while used to guide this evaluation paper, had not been used in planning or organizing the actual evaluation or questions in the evaluation. In future efforts, it may be better to develop tools with the model in mind or that explicitly address prioritized areas. Different data collection points for different groups of partners also presented challenges for analysis. Worker partners completed the survey in Fall 2008 while the rest of the partnership completed it between January and March 2009. All in-depth interviews were conducted in Spring 2009

except for two with worker partners who had joined the group later and took both the survey and participated in interviews in Summer 2009. One key partner did not participate in either the survey or the interviews, and an important perspective is therefore missing from the evaluation. Additionally, the parallel meeting structures of the project led to multiple reference points for reflecting on group dynamics. While attempts to specify reference points on evaluation instruments were made, the multiple reference points complicated the analysis and interpretation of findings.

Another limitation of the analysis is that while interviews, surveys, and the focus group were analyzed systematically, participant observation notes and document review were used primarily to provide ongoing feedback for the partnership on areas that might require attention or improvement. These sources of data have been used for providing historical context to interview and survey data, and to confirm or challenge theme generation, but were not systematically incorporated into this analysis.

Findings have not been fully member-checked. While this paper drew heavily from an internal evaluation memo that synthesized the research, due to the time constraints and voiced needs of the partnership, only the evaluation committee had an opportunity to review and comment on the full memo. The evaluator conducted a separate review of findings with worker partners, and provided, as requested by project partners, a very brief synthesis of a selection of main themes during a partnership retreat.

Given the scale of the evaluation, the partnership entrusted the evaluator to conduct all analysis and perform some prioritization of issues for the group to focus on. Thus bias in the evaluation likely exists through the primary lens of the evaluator's perspective. At the same time, the evaluator was also an active and integrated participant in the various aspects of the project and therefore also could provide unique angle into internal partnership dynamics. Finally, given the qualitative focus of the evaluation on a single partnership, the findings are not necessarily generalizable to other populations or communities.

Conclusions

Findings from the San Francisco Chinatown Restaurant Worker Health and Safety Project partnership's participatory evaluation overlapped in many ways with the characteristics of success included in Wallerstein and colleagues' (2008) CBPR model. Partners' assessment of their collaboration and the outcomes of their work revealed a dynamic and evolving partnership encompassing great diversity and variation, and brought attendant benefits and challenges. However, it was also a process characterized by a strong respect for each other, the community, and the CBPR approach. The partnership's experience shares features in common with other collaborations of a group engaging in the challenging work of building strong and equitable relationships between diverse individuals, all while forging ahead with the complex process of conducting research with limited resources.

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CHAPTER 4: "EQUITABLE PARTICIPATION," PARTICIPATORY STARTING POINTS, AND ADAPTATION

Introduction

Among the most central and universally acknowledged principles of community-based participatory research (CBPR) is that of equitable participation (Cargo & Mercer, 2008; Green et al., 1995; Israel et al., 2008; Viswanathan et al., 2004). It is at the heart of CBPR which is defined as "a collaborative approach to research that equitably involves all partners in the research process and recognizes the strengths that each brings. It begins with an issue of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities" (Community Health Scholars Program, 2002, p. 2). According to Israel and colleagues (2008), equitable participation occurs in all stages of the research and takes into consideration social inequalities through both an empowering and power-sharing process.

Scholars have discussed the merits of "equal" versus "equitable" participation in CBPR partnerships, and in general suggest that while maximizing opportunities for community participation in all phases of research is critical, an allowance must also be made for members to choose *not* to participate depending on their time and interests. That is, each CBPR partnership must determine for itself what constitutes equitable participation (Cargo & Mercer, 2008; Green et al., 1995; Israel et al., 2008). Much attention has been paid in the literature to the processes that CBPR partnerships can put in place after community members and university and other health professionals begin their collaboration to ensure that all are able to participate as equal partners. These include developing written agreements on operating principles and ground rules, employing consensus decision-making, and otherwise ensuring that community members have at least the option of participating in each aspect of the research (Green et al., 1995; Israel et al., 2006; Seifer, 2006).

One area related to equitable participation that has received little attention in the literature, however, is the level of readiness, or what might be considered the "participatory starting points," of community members who engage in CBPR. Various contextual factors and community characteristics may affect the participatory starting points of community members. Patterns of political or civic participation in the community, the extent to which project partners share a common language, the extent to which the health issue of focus is controversial within the community or risks conflict with centers of power, and socioeconomic vulnerabilities conceivably play a role in shaping the readiness or inclination to participate. Thus, as with other principles and practices outlined in the CBPR literature, equitable participation must be considered within and adapted to a community's local context and circumstances.

This acknowledgement of the role of adaptation in CBPR is considered a key advantage to the approach and in public health generally as a way to improve the external validity of interventions (Green & Glasgow, 2006). Taking into account the unique and diverse circumstances of communities, experts have stressed the need for collaborations to adapt CBPR principles and practices since "no one set of principles is applicable to all [CBPR] partnerships" (Israel et al., 2008, p. 52). In developing guidelines for assessing participatory research, CBPR experts have struggled with balancing standards that are both

specific enough to be meaningful while still leaving "the agenda open for local adaptation" (Green et al., 1995, p. 41). With the recognition that different contexts and characteristics of different partnerships will shape how CBPR unfolds in particular communities while also being aware of the dangers of the "co-optation" of CBPR through inauthentic efforts (Minkler, 2005), an open question is how partnerships consider CBPR principles in light of their own circumstances and make necessary adaptations. Few CBPR researchers have explored this issue explicitly (Diaz & Simmons, 1999; Yoshihama & Carr, 2002).

This paper focuses on the principle of equitable participation in light of participatory starting points of community members and subsequent adaptations made in the first year and a half of the San Francisco Restaurant Worker Health and Safety Project, a CBPR partnership in a Chinese immigrant worker community. Using process evaluation data and drawing upon literature on political participation, I first examine the contexts and circumstances of the community and the partnership that led to specific adaptations the group made in its CBPR process. I end with a discussion of the extent to which worker participation was equitable in the project, other CBPR outcomes that were affected by adaptations, and the level of satisfaction of partners regarding the adaptations. Understanding how adaptation occurs based on different contexts and characteristics of communities and linking them to CBPR outcomes will constitute an important advancement in knowledge about key processes, variation, and authenticity in CBPR.

The San Francisco Chinatown Restaurant Worker Partnership

The San Francisco Chinatown Restaurant Worker Health and Safety Partnership came together in 2007 to apply a community-based participatory research approach to document and improve existing health and safety conditions in Chinatown restaurants. Partners include staff and worker members of the Chinese Progressive Association (CPA), a Chinatown grassroots organization; the San Francisco Department of Public Health (DPH); and staff, faculty, and students from area universities. The latter include University of California Berkeley's School of Public Health and the School's service and community outreach arm, the Labor Occupational Health Program (LOHP), and the University of California San Francisco School of Medicine.

Specific aims of the partnership included (1) building a CBPR partnership and incorporating common CBPR principles, (2) developing and testing an observational checklist instrument on worker health and safety conditions in restaurants, (3) developing and fielding a community survey with 400 current and former Chinatown restaurant workers, (4) conducting a participatory evaluation of the partnership, and (5) using the research findings to lay the foundation for policy change and community action to improve working conditions in Chinatown restaurants.

Methods

Data used in the analysis on context, adaptations, and outcomes are from the partnership's participatory process evaluation. The purpose of the evaluation was to assess the extent to which the partnership met the goals and expectations it set for itself in collaboratively conducting research and getting to action. The evaluation also aimed to gauge the extent to which the partnership reflected principles, facilitating factors, and barriers and challenges commonly discussed in the CBPR literature. A particular interest of

the partnership in the participation of immigrant worker partners led to an additional focus on their leadership and participatory development processes and experiences which were built into the project. Nineteen of the 20 past and present members of the partnership participated in evaluation activities, including eight worker partners, and three trainer partners from CPA and LOHP who answered questions related to the immigration experience and preparing workers for participation in the project.

Evaluation activities began in August 2007 when the partnership first convened. As project evaluator, I conducted participant observations (Schatzman & Strauss, 1973) at all partnership meetings and at weekly worker partner trainings from Spring through Fall 2008, and continued to observe and take detailed notes at most worker meetings thereafter through Fall 2009. Other evaluation activities included a written, closed-ended partnership survey questionnaire, in-depth group and individual interviews, a focus group with four partners as part of a separate study on CBPR process (Wallerstein & Duran, 2010), and selected document review including grant proposals and project emails.

The 52-item partnership survey questionnaire was completed by worker partners in September 2008, one year after the partnership had first convened and seven months after workers had joined, and by other project partners in February 2009. The instrument was based on a CBPR group dynamics instrument developed by Schulz, Israel, and Lantz (2003) with adaptations made according to the partnerships' own goals. Versions were created in English, then professionally translated into Chinese. Due to the small sample size of the partnership survey, only basic descriptive statistics were generated and were analyzed using a more qualitative approach. Likert-scale answers were broken down by partner type (community, health department, or university) and patterns in range, spread, and consistency among partner types was noted.

The evaluator conducted audio-recorded interviews with partners by community, university, or DPH group in Spring 2008; with two CPA trainer partners in Summer 2008 that focused on worker participation and training priorities; and with all partners in the Spring and early Summer 2009. Interviews took place at offices, homes, or coffeeshops depending on the preference of the respondent. Interviews in Chinese were conducted in Mandarin (a second language for all partners involved), or were conducted in English. Interviews were transcribed and both transcripts and participant observation notes were analyzed for themes related to CBPR principles and practices and civic and political participation using open codes informed by key concepts such as co-learning, capacity building, and civic skills.

Democratic participation, CBPR, and Chinese immigrant political participation

Strong democratic ideals of self-determination, citizen participation, and equality permeate the CBPR tradition with roots in popular education that emphasize the emancipatory potential of education and knowledge production (Israel et al., 1998; Parker et al., 1998; Wallerstein & Duran, 2008). Corburn (2005) equates the approach with the exercise of participatory democracy, suggesting that "[m]obilizing local knowledge helps disadvantaged communities organize and educate themselves, as well as increases control over the decisions that impact their lives" (p. 216). In the process, he argues, "both science and democracy are improved" (p. 216). Similarly, Ansley and Gaventa (1997) note that

efforts such as CBPR seek to include lay voices in research agendas and "strengthen participation in civic life" (p. 46).

CBPR frequently involves explicitly political activities in "combining knowledge and action for social change." The San Francisco Restaurant Worker Health and Safety CBPR project discussed in this paper was characterized by efforts to mobilize community members in civic and political activity, and the very topic of the research and action – investigating working conditions and potentially exposing workplace abuses – was itself a highly sensitive one in the community. It required low-wage, immigrant workers to be willing to speak about negative working conditions and by implication, make potentially negative statements about their employers.

Because of the democratic orientation of CBPR, the fact that participation is at the heart of the approach, and especially when CBPR focuses on controversial community issues, there is reason to believe that different levels of political participation among different communities in the U.S. may also make for different starting points in achieving full participation in CBPR. Low observed participation rates have been observed among Asian Americans, including Chinese Americans, in political activities such as voting, contacting elected officials, and attending public meetings, (Junn, 1999; Ramakrishnan & Espenshade, 2001; Uhlaner et al., 1989). Voting rates of Chinese and Asian immigrants are lower compared to African Americans and White Americans even controlling for acquisition of citizenship and in spite of higher socioeconomic status on aggregate (Bass & Casper, 2001; Citrin & Highton, 2002; Junn, 1999; Nakanishi, 2001; Ramakrishnan & Espenshade, 2001; Uhlaner et al., 1989). Voter registration among Asian immigrants is substantially below that of white Americans (Citrin & Highton, 2002; Xu, 2005) and Asian immigrants contact officials less frequently, attend public meetings, and "work with others to solve problems" less frequently as well (Junn, 1999; 1989). Respondents to the partnership's survey of Chinatown restaurant workers reflected similar patterns. Twenty-four percent reported ever having voted, 10 percent had ever attended a rally, seven percent had ever signed a petition, one percent had ever contacted a politician or elected official, and five percent had ever attended a community meeting (Salvatore & Krause, 2010). Furthermore, factors that have been identified as important to political participation, such as education and civic skills, may also disadvantage immigrant worker communities in CBPR partnerships.

Political participation increases for Asian immigrants as the number of years they have lived in the U.S. increases, and second-generation immigrants vote more than the first generation. This has led some scholars to hypothesize that even after acquiring citizenship, there is still a long process of re-learning and adaptation, or "political socialization," that must occur before Asian immigrants fully incorporate into American political life (Bloemraad, 2006b; Cho, 1999; Lien, 1994; Nakanishi, 2001; Ong & Nakanishi, 1996; Ramakrishnan & Espenshade, 2001; Xu, 2005).

With CBPR as a form of civic and sometimes explicitly political participation and the historically low political participation among Asian immigrants suggests that participatory starting points may be important variables to consider for adaptation when collaborating with low-wage, monolingual, immigrant worker communities.

Equitable participation

Examples in the literature on how to promote equitable participation in CBPR partnerships include developing structures such as steering committees that bring community, university, health agency and other partners together at the same table to collectively make decisions (Israel et al., 2006; Israel et al., 2001) or community advisory boards in which community members can help shape and influence decisions on the research process (A. M. Chen et al., 1997; Freudenberg, Rogers, Ritas, & Nerney, 2005). Other suggested ways of operationalizing equitable participation include employing processes such as consensus decision-making (Becker, Israel, & Allen, 2005; Israel et al., 2008; Viswanathan et al., 2004); jointly developing written agreements on project principles and operating norms (Green et al., 1995; Israel et al., 2006; Seifer, 2006; Viswanathan et al., 2004); and ensuring that community partners have the opportunity to engage in all phases of the research, including problem definition, data interpretation, and dissemination (Green et al., 1995; Israel et al., 1998; Seifer, 2006; Viswanathan et al., 2004).

In the case of the Chinatown partnership, the original grant proposal submitted by project partners indicated that the principle of equitable participation for community members would be reflected in two primary ways. First, the project would have a Restaurant Worker Leadership Group comprised of Chinese restaurant workers who would be trained on research and methods and actively participate in all phases of the project. Second, the project would vest a Steering Committee with decision-making power over all project activities and would include representatives from each of the institutional partners – the Community (CPA and members of the Restaurant Worker Leadership Group); the University (LOHP, SPH, and UCSF), and the Department of Public Health. The Steering Committee would meet quarterly and focus in particular on equalizing power relations and maximizing community participation during meetings. These original interpretations of equitable participation would evolve and be adapted to take into account characteristics of the community, participatory barriers, and other contextual factors.

Local contexts and characteristics

Contextual themes and community characteristics both directly shaped the nature of participation in the project and led to project adaptations that in turn affected the principle of equitable participation. These occurred at two levels. On a more general level were societal factors and characteristics of Chinese immigrant community members, and at the partnership level were dynamics and characteristics of institutional and individual members.

General factors and context affecting participation

For worker partners, challenges related to language, education, sense of incorporation into society, and social and family support profoundly shaped their daily lives and experiences and those of their community. In a project focused on documenting and addressing problematic working conditions of a major employer industry among community members, these factors likely created barriers to participation.

Language, education, and civic skills

Issues related to English language proficiency and education can make participation in politics and civil society challenging for monolingual immigrant workers by structuring the development of civic skills and in limiting labor market opportunities thereby increasing economic vulnerability. Among Chinese residents in San Francisco 69 percent reported low levels of English proficiency (U.S. Census Bureau, 2006-08) and 79 percent of the 433 respondents to the partnership's community survey of Chinatown restaurant workers reported they cannot carry on basic conversations in English (Salvatore & Krause, 2010). In previous studies on political participation, those who lack English-language skills have been found less likely to vote (Cain, Kiewiet, & Uhlaner, 1991; Cho, 1999; Verba et al., 1995), work in groups on a common problem, or contact elected officials (Uhlaner et al., 1989). English-language facility is believed to be important to political participation in allowing for greater ease of communication with decision-makers and other political actors (Cho, 1999; Rosenstone & Hansen, 1993; Verba et al., 1995); facilitating acquisition of information (Bloemraad, 2006b; Uhlaner et al., 1989; Verba et al., 1995); as an attribute that draws more efforts by outside parties to recruit persons to engage in political activities (Rosenstone & Hansen, 1993; Wong, 2006); and as a potential marker for greater incorporation into American society (Uhlaner et al., 1989).

Increasing levels of education level also consistently correlate with increasing levels of political participation. To the extent that education plays an important role in language acquisition and communication skills, it also contributes to the above challenges related to language facility. Additionally, education is a source of information on government and politics (Verba et al., 1995), and education systems serve as critical socialization venues that foster senses of civic responsibility and political efficacy (Cho, 1999; Rosenstone & Hansen, 1993; Verba et al., 1995). In general, possession of civic skills and efficacy enhances confidence and the ability to be effective in meetings and other organizational environments, and make it both more likely that those possessing them will participate in politics as well as have more success once engaged (Verba et al., 1995).

Fifty percent of Chinatown restaurant workers the partnership surveyed did not graduate from high school, with another 45 percent having earned a high school diploma (Salvatore & Krause, 2010). Among Chinese residents in San Francisco 70 percent were foreign-born (U.S. Census Bureau, 2000a), and 98 percent of Chinatown restaurant survey respondents were born in China (Salvatore & Krause, 2010). Many Chinatown restaurant workers are thus disadvantaged by lower levels of educational attainment, and the vast majority attended school outside the U.S. and were therefore socialized to a different political and civic environment.

Aside from the skills and values imparted, higher levels of education also open up additional opportunities to practice civic and leadership skills such as writing letters, participating in decision-making meetings, organizing and facilitating meetings, and public speaking and presenting (Verba et al., 1995). Opportunities for developing civic skills occur most frequently on-the-job, and particularly in highly-skilled jobs (Verba et al., 1995), further disadvantaging low-wage immigrant workers.

Language barriers, lower levels of educational attainment, and the persistent erosion of production jobs in San Francisco combine to make Chinatown restaurant work one of the few employment options available to many in the Chinese immigrant community

(Egan, 2006; Wildermuth, 2007). Restaurants employ one quarter of all workers in Chinatown and 13 percent of all San Francisco residents of Chinese background (U.S. Census Bureau, 2000c). The industry is characterized by low wages, few benefits, long working hours, and limited opportunities for promotion and upward mobility (Restaurant Opportunities Center of New York, 2005). Limited labor market opportunities due to language barriers often do not allow skills developed in the country of origin to translate to the U.S. Such issues were identified by worker partners as among the most important members of their community face. One worker expressed her frustration at her own job prospects.

> *Because my English is bad, so I can't do the kind of work I like to do. Jobs can only find me, it's not that I can find jobs…lots of people have education, but when you get to America, no one recognizes that. First, you don't know English, right? You have no way of integrating into society.*

Constrained labor market options contribute to the economic vulnerability and marginalization of workers. In addition to low wage offerings, wage theft is also a central concern of many immigrant workers (Bernhardt et al., 2009; Teran et al., 2002). Of the respondents to the partnership's restaurant worker survey, 17 percent reported ever having been paid wages late and almost one-third reported that restaurant bosses take a portion of tips (Salvatore & Krause, 2010). Such issues have been reported by San Francisco Chinatown restaurant workers in previous community research (Chu & Cooper, 2005) and has been the subject of many community organizing campaigns over the past several years (Hua, 2006; "Long-overdue paychecks," 2005; San Francisco Office of the City Attorney, 2006).

Family obligations also add to the pressures of immigrant workers. Family ties and family reasons brought most worker partners to the U.S. in the first place, and they described these relationships as being of the highest priority. In particular, this involved ensuring their children better access to educational and career opportunities. This investment in the next generation was often mentioned in terms of some personal sacrifice of the workers themselves. A few worker partners indicated that while they themselves would have fared better in China in terms of job opportunities and material comfort, they felt the U.S. was a better environment for their children.

> *"Here [in the U.S.], we have hope… our kids can have a better education. So for the future of my kids, I think here is better."*

> *I was happy [in China], I didn't want to come. But for my daughter, I gave it all up. Because over here, I have nothing. I feel a lot of loss…*

The combination of constrained labor market opportunities, financial vulnerability, and family obligations can lead immigrant workers to prioritize economic concerns over political or civic participation (Bloemraad, 2006a) and accept suboptimal working and living conditions as unchangeable. The restaurant industry has historically been difficult to organize and regulate (California Department of Industrial Relations, 1995; M. Chen, 2005; Lashuay & Harrison, 2006), particularly in ethnic enclaves (KIWA, 2007), and immigrant

workers are often hesitant to file complaints or claims for workers' compensation (Chung, 2000; Lashuay & Harrison, 2006; Scherzer, Rugulies, & Krause, 2005). Worker partners reflected on how few new immigrants question the difficult working conditions they face.

> *[I]t's like how I used to be, they just think it's all the same. They won't feel like it's not fair, and won't think to fight for anything…. [W]hen you're working, what they say they'll pay you is how much it is. You never think whether what they're giving you is legal or what you deserve.*

> *Actually, lots of people are like, if you have work, just do it. Even if they're not getting paid and are owed wages, I'll still go do it. In any case, I have a job.*

Feelings of resignation can create barriers to voicing complaints or participating in civic or political activities. From past experience organizing in the community, CPA staff partners observed the lack of hope and lowered expectations of workers in the Chinese immigrant community that lead people to accept difficult working and living conditions and prevent them from participating in community efforts to improve conditions.

> *There is a general sense that there are no options. They don't speak English, this is the best we can do, it's all we have. The overall economic infrastructure, globalization, and even the alternative choice of working in factories and job security, is non-existent anymore. Informal or service economy are the other options, but a basic level of English is necessary for many of these other jobs. There's resignation. If we get fired, where are we going to go? Risk our life and family? These are strong reasons for not wanting to organize.*

Sense of incorporation, marginalization, and discrimination

Beyond job opportunities, the sense of marginalization that many worker partners expressed, either feeling not fully incorporated into broader society or feeling actively rejected in instances of discrimination, also suggests potential problems for civic and political participation. Feelings of alienation and lack of connectedness have been associated with lower rates of political participation (Mc Dill & Ridley, 1962; Putnam, 2000; Schwartz, 1976), and are patterns unlikely to promote political efficacy. When asked if they felt "American," or even part of America, a number of worker partners indicated that they did not, and felt that prospects for making this country truly feel like home or a place where they really belonged were slim.

> *I don't feel like I'm from here. I feel like a tourist. Actually, not even a tourist. If you're a tourist, it should be that you can very happily go wherever you want and enjoy yourself.*

> *For me, it's like I feel like this is not my hometown. It's different. It's kind of like I'm in a foreign place. As a Chinese, home is very important…Home is not a house. A house is just like a shelter. But home is, you know, where you're from. You have your friends, your family, everything is there.*

Me and my husband were both here for 15 years. But after 15 years, we feel like we're still not at the starting point where we were when we were in China

Worker partners also mentioned experiences with more outright discrimination in broader society, based on language and race. In terms of the immediate effect of being unable to communicate basic needs and standing up for oneself due to the lack of sufficient English skills, one worker partner noted,

Here in America, it's hard for me to communicate with people. Even when I'm being treated badly, I'm not able to protect myself.

Another described a generalized feeling of being discriminated against.

Americans? Native born Americans? They look down on us. It's like with wealthy people. They look down on people who can't match their lifestyle, their level is impossible. Like we're a lower class than them. So there's this racial prejudice…. Like sometimes when I go to buy something. They say something in a language, and you want to express something, but you have no way of getting it out. I know it's like they see me as less.

The sense of not belonging in the U.S., not feeling rooted or able to actualize one's potential, and perceptions of hostility from mainstream society can again contribute to lowered expectations and feelings of resignation. CPA partners recalled years of experience organizing within the community, particularly around restaurant work and backwage campaigns, in which there had been substantial difficulty retaining participants due to fear or reluctance "to stir the pot." One CPA staff member who also was formally a low-wage immigrant worker observed,

Many people have this kind of philosophy…I'm an immigrant, I shouldn't ask a lot…. Maybe they think this way because they're immigrants, they don't know English, [and] have narrow employment opportunities.

Conditions related to language and education, constrained job opportunities, and marginalization and discrimination existed for both worker partners as well as other "new immigrants." Only in a few instances did worker partners explicitly connect these factors with their own participation in the project. However, they did ascribe them as reasons that *other* community members hesitated to participate in the project's survey of restaurant worker health and working conditions. These comments about the hesitance of fellow community members to participate in a confidential survey and other efforts to organize around labor violations shed light on the general climate and barriers to participation within the community.

Family and social support

One area that worker partners did comment on specifically regarding their own participation in the project and CPA were levels of support from family and friends.

Experiences were mixed for different workers partners, but for the most part, family and friends did not tend to be strongly supportive. Worker partners often described spouses and significant others as not being *un*supportive, that is, they would not interfere with their choices to participate. Only one worker partner felt actively supported by his spouse. Concerns of family members included the amount of time worker partners were devoting to the project and CPA, the potential impact of the added work on the worker's health and well-being, effects on family life, and sometimes discomfort with the issues they were working on at CPA.

> *[My husband] doesn't really think much about it. He asked if I had so much time to go and survey people – can you really handle it? I said it was fine, no problem. Just help me with housework.*
>
> *When [my husband] first heard I'd be volunteering, he thought it was pretty good. But later, when he found out that it involved like protests, or something, he was apprehensive, and worried that [it] would also be a little troublesome. He would say, "so much trouble, you don't have to go," trying to persuade me. Because many of the candidates weren't the ones he wanted elected. So he said, don't go anymore. But he also wouldn't forbid me or anything. I told him to come with me, and one time he actually came with me.*
>
> *My family, especially my mom, is against this work. She's concerned that it's dangerous. She feels like I'm a good person and others will easily take advantage of me.*

Reactions of friends to participation in the project were also mixed. One reported her friends finding it fun and exciting when she was out on the street conducting outreach and passing out flyers while another reported her friends not really understanding what she did at CPA and finding it "funny" that she was always attending meetings. A few workers described their spouses and significant others as eventually coming around to see the value of the work in "helping workers and immigrants." Often workers identified one or two strong allies among their families or friends as well, whether it was a sibling, child, or father-in-law. Children were most often described as not really understanding what their parents were doing at CPA and not having an opinion, either because they were too young or because the worker partner had not or was not quite sure how to explain it.

Participatory starting points of worker partners

In terms of the actual participatory starting points of worker partners on the project, it is possible they were better positioned than their average counterparts in the community. Worker partners were recruited based on leadership promise and initiative. Additionally, few of the worker partners still worked in Chinatown restaurants and most were thus buffered from any immediate employment-related repercussions of participation. In terms of previous civic and political participation, worker partners had also been relatively active. All had previously participated in civic activities, which included involvement in their children's schools, neighborhood clean up projects, involvement in other Chinatown organizations, as well as demonstrations for a proposed new Chinatown campus for the

City College of San Francisco and the 2008 Olympics in China. Almost all worker partners reported taking English classes or vocational classes, with some learning about CPA and the project when staff made presentations in their classes. Before joining CPA and the project, two of five worker partners who were U.S. citizens had voted in an election[2].

Even though most workers had been active in some aspects of civic life, some still reported some nervousness and intimidation when first participating in CPA and project activities. The two project steering committee meetings held with worker partners and DPH, CPA, and university partners were conducted in Chinese with simultaneous translation provided. However, worker partners generally spoke only when prompted and English-speaking partners still initiated and volunteered comments more frequently though considerably less than during meetings conducted in English. One worker partner recalled of her early experiences participating in the project at CPA,

> *At first, we didn't understand anything. We didn't think we could really do anything – there were only a few of us at first. We wondered, is there any real possibility? Then later we had training, we attended meetings. Later you all also came. Then we started to feel like we had something like confidence. And felt like we learned a lot of things. But still we felt a little self-conscious, had a little bit of a complex, because all of your English is so good.*

Another worker partner who had participated in CPA activities for several years reported feeling better prepared when she met with university and DPH partners. When asked if she felt that she could share her opinions freely, she replied,

> *Yes, I didn't feel any [hesitation]. I maybe have participated in these kinds of meetings before. I remember in 2001 when I had to go up and speak, I was shaking. Now I'm not scared any more.*

To the extent that worker partners reported challenges and barriers to participation suggest that participatory disadvantages still existed, even for this selected group of individuals.

Partnership context

At the partnership level, factors affecting participation, or factors that led to adaptations which in turn affected participation, also played important roles. These included language differences within the partnership, limited available resources, challenges of academic culture to community participation, and the "social and economic justice values and drivers" of the community-based organization partner (Cargo & Mercer, 2008). These factors came to substantially shape the dynamic and parameters of the project.

[2] Five of six eligible worker partners reported voting in the 2008 presidential election which took place *after* they joined CPA and the project. However, 2008 was also a major presidential election and most worker partners had only acquired citizenship within the last four to five years).

Language diversity and resource limitations

As with the general societal level, at the partnership level, language differences between partners fundamentally structured relationships, interactions, and participation. There were a diversity of language capacities across partners in the three languages used – Cantonese, English, and Mandarin – and this presented several challenges which were exacerbated by the project's scarcity of resources in both funding and staff availability.

Use of professional language services required substantial investments of additional time, resources, and advanced planning. Translated materials required final drafts to be prepared at least a few days in advance which added a layer of complexity for activities which were unfolding quickly and in a dynamic way such as the first eight weeks of trainings for worker partners, much of which was developed by native English-speaking partners on a week-to-week basis. Even when professional simultaneous interpretation was provided at Steering Committee meetings, there were sometimes not enough functioning headsets for all participants. Sequential interpretation required substantially more time for meetings and limited the amount that could be accomplished in each session.

Limited funds for language services required selection of occasions when professional services could be utilized, and access to and review of project documents by community members, including grant proposals, English-language articles about the project, and email communication in which project decisions were sometimes made, was often not possible. When bilingual project partners provided interpretation and translation themselves, it impeded their ability to fully participate in meetings and drew time away from other project tasks. One university partner reflected with regret the effect of financial constraints on issues of language access.

> *Not having to worry about do we translate this full document or just this tiny piece of it? Decisions we shouldn't have to make based on expediency or cost are being made that way sometimes simply because we are so understaffed and under-budgeted.*

Additionally, language differences altered dynamics where more forethought was required to make one's statements concise, and there were more opportunities for meanings to get "lost in translation." One worker partner noted that even when they are interacting with project partners who understand Cantonese, because they are not native speakers, workers stay away from slang and choose their words more carefully than they would if they were just speaking with each other.

Academic research culture

Based on their own, sometimes overwhelming, experiences at partnership meetings, CPA staff observed that academic research would likely not be the most conducive environment for establishing equitable participation from community members. For example, early project meetings were characterized as somewhat chaotic in which even CPA's professional staff came away confused and overwhelmed.

> *I just remember [us] walking from meetings saying, "What did we just agree to?" It was like, wow, this is big…. we didn't necessarily feel like it was, "oh, they're making*

decisions for us" but, it was like decisions that were made and we were part of them but maybe we didn't fully understand them as well.

One academic partner also observed the fast pace of early steering committee meetings.

The speed of discussion is a bad academic habit. We try to talk fast and show all the knowledge we have. We come from this background, we need to acknowledge it and that it is destructive for the process.

Furthermore, CPA partners noted that because they would be recruited well after the project start, worker partners would be entering an already-established partnership which would add to challenges to participate. CPA partners expressed concerns that potential worker partners could be scared off by the level of commitment and type of activity involved in conducting research. "They'll be asking us, 'now what is it you want us to do?'"

In addition to recognizing the need to prepare workers to participate in meetings with DPH and university partners, the pace and the lack of structure of early group meetings revealed a need for all other partners to prepare for worker partners' participation in joint meetings as well. Meetings would need to be more controlled and would require substantial planning in order to promote equitable participation among worker partners. CPA staff noted,

For worker participation, it will be better for workers for us to focus on the worker experience and their issues. They need to know that they're the most important voice, not just that they sit at the side while the professors sit there and talk.

We're going to have to take care of these issues [in our joint meetings] first before we are able to bring the workers into the meetings. We have to provide structure….We need more control in the meetings…. For participation, it shouldn't just be an update [from the workers], but there has to be space made for them and the structure has to be clear.

CPA partners continued to reinforce throughout the first five to six months of the project that to a greater extent than the project originally proposed, there would need to be separate processes for worker partners and the creation of a separate space for them in order to get to full or more equitable participation.

<u>Social and economic justice values and drivers of the community</u>

The Chinese Progressive Association's mission is to "educate, organize, and empower the low income and working class immigrant Chinese community in San Francisco to build collective power with other oppressed communities to demand better living and working conditions and justice for all people." Cargo and Mercer (2008) argue that it is essential for academic partners to take into account the values and drivers of the research in order "to adopt the most appropriate strategies for engaging non-academic partners in ways that respect and fit with their contexts and realities" (p. 328). According

to their typology, CPA's values and drivers were oriented around *social and environmental justice*, emphasizing the interests of vulnerable populations and engaging in research in order "to ameliorate social and environmental disparities by promoting capacity-building, empowerment, and ownership to improve population health status" (p. 330).

Because CPA had not focused in the past on either conducting research or on more traditional health and safety issues, staff were concerned that the research project could pull them from their mission and draw important time and resources away from their core work. For the project to accommodate goals of sustainability and capacity-building for the community and CBO partner, there would need to be a solution that integrated the project and CPA's core organizing work. Adaptations in response to this factor were not necessarily made for the specific reason of promoting equitable participation, but did in the end have implications for participation.

Adaptation

Adaptations in health programs consist of intentional or unintentional modifications including "deletions or additions (enhancements) of program components; modifications in the nature of the components that are included; changes in the manner or intensity of administration of program components called for in the program manual, curriculum, or core components analysis; or cultural and other modifications required by local circumstances" (U.S. Department of Health and Human Services, 2002, p. 7). Although CBPR is not a program or intervention per se but an approach to public health research, it does have intervention-like qualities. Principles and recommended practices in the literature may be conceived of as corollaries to core "program" components.

In light of the various contextual factors at play, the partnership made several adaptations to maximize the principle of equitable participation. These included modifications in the nature of CBPR components such as negotiating the meaning of equitable participation; modifications made based on local context or culture such as tailoring training content to account for the participatory starting points of workers; and modifications to the intensity of certain components, such as the reduced frequency of joint Steering Committee meetings. Additionally, adaptations were made to maximize principles of sustainability and capacity building which in turn had an effect on participation, particularly in determining project structures for participation.

Integration of health project into larger CPA campaign

A way to address the concerns of CPA partners about having the research divert them from their mission to organize and build power in the community was to incorporate the project work into their larger Restaurant Worker Justice Campaign. Worker partner recruiting strategies and training and participatory activities would be crafted to satisfy the needs of both the health and safety project as well as the future needs of the campaign and organizing in the community. This strategy of integrating the project and the campaign would also allow CPA and other project partners to better ensure that the efforts that went into the project would serve other key CBPR goals and principles – sustainability of the project efforts through capacity building of the community-based organization and the

community. At the same time, it required the partnership to negotiate its understandings of the meaning of equitable participation.

Recruitment of worker partners and negotiating terms of equitable participation

In part because of the blending of the project, their campaign, and their work at large, CPA partners were particularly invested in recruitment of the worker partners whom they hoped would serve as future community leaders in their campaign as well as in the project. The process included first identifying workers who had already been active in some aspect of CPA or the community and showed high levels of interest in and commitment to improving conditions in the community. Then with an initial group of 13 prospective workers, CPA and LOHP trainer partners conducted three trainings/focus groups related to the development of the project's observational checklist of restaurant conditions. By Spring 2008, six workers were officially brought on as "interns" to the project in which they engaged in training on research methods and in the development of the project's survey instrument. A transition from interns to "coordinators" occurred in late summer of that year and the group was focused primarily on the survey work.

The recruitment and preliminary training efforts took longer than non-community partners expected, and during the eight months before workers were formally brought onto the project, the Steering Committee had met eight times. As a result, notions among the rest of the partnership about equitable participation had to be adjusted and negotiated. On the one hand, equitable participation was understood by university and DPH partners to involve community members (in addition to CBO members) in all stages of the research process, especially those that occur at the beginning of a project in which many important decisions are made. There was therefore a greater sense of urgency among these collaborators to bring in workers partners as soon as possible. At a Steering Committee meeting four months into the project, the principal investigator asked CPA if they could bring on at least a few promising members of their organization who had previously worked in restaurants, since "the interest is in being true to participatory research and wanting the workers to be involved in the instrument design."

On the other hand, CPA partners argued that the careful and deliberate process of recruitment and training was actually a critical step in encouraging worker participation as well as in the longer-term success of the project and future organizing efforts in the community. They felt that to ask workers to enter the partnership without additional preparation and expect them to immediately participate in meetings with health professionals and academics would also not necessarily promote the objective of equitable participation. CPA partners emphasized the importance of taking into account the participatory starting points of the workers and providing them a separate space and an introduction to the project and the campaign first.

> *We can't have everything be about the survey, we need to have the flexibility in this project, the space in this project, to do other kinds of activities with workers…. It's not just a matter of CPA having its own goals. It's that these activities are really central to making this whole project work with the incorporation of workers. It's in the interest of the collaboration as a whole for CPA to work with workers on non-health-related contextual issues.*

These tensions continued to arise, and while CPA partners acknowledged and appreciated the partners' enthusiasm for worker participation, they also requested that their pace be trusted and respected.

Separate meeting structures

In addition to maximizing time and resources in the partnership and to create the space in which workers could optimally participate, separate meeting arrangements were instituted. The partnership began to meet primarily in two main groups – what became known as the "Coordinating Committee" made up partners from the DPH, university, and CPA professional staff on the one hand, and the Worker Partners' Committee on the other. The Coordinating Committee was intended to manage administrative details and coordinate the various parts and players of the project across institutional partners, and the Workers' Committee served as the voice on community needs and priorities. CPA and LOHP staff partners trained and collaborated closely with both groups, bridging communications and coordination across them.

As mentioned earlier, the partnership always planned for workers to have their own meeting times and spaces, but project decisions were intended to be made regularly together with *all* partners at Steering Committee meetings. Adaptations in this case involved meeting arrangements that were more separate than originally envisioned, fewer and less frequent full Steering Committee meetings, and no longer having the Steering Committee be the ultimate decision-making body.

Worker training – skills development and knowledge building

To address the participatory starting points of workers in the project and the challenging environment of participating in academic research and leading and organizing in the community, CPA and LOHP partners developed targeted activities and discussion themes for worker trainings. Activities drew on workers' intimate knowledge of Chinatown working conditions and the lives of Chinese immigrant workers. On the research end, these included restaurant and risk mapping, review of other participatory research projects with immigrant workers, role plays of respondent recruitment and survey administration scenarios, review and revision of survey instrument drafts, discussion on adding survey items, and brainstorming and recalling their own experiences in restaurants to inform the research.

Additionally, CPA partners were explicit about the process that workers would need to engage in to develop and actively participate and lead in the community. Leadership and civic skills development, knowledge building, and critical analysis of social problems were among the goals of the trainings, as was building a sense of cohesiveness and identity with the group. Rosenstone and Hansen (1993) similarly described the social nature of participation in which norms and expectations set in social networks exert a normative influence on the behaviors of network members. One CPA trainer noted that in this vein, leadership development would occur "people to people – not just organizer to leader, but leader to leader. Getting people to challenge each other and support each other and push each other to grow as part of a group process."

In integrating the project and campaign, the survey was framed in the worker partner trainings and meetings as not only a potential source of scientific data that could be

used to convince important decision-makers of the need to address working conditions in Chinatown restaurants, but also as a useful tool for conducting outreach, making contacts with workers, and developing CPA's presence in the community. CPA and LOHP trainers worked closely with worker partners to foster consciousness of worker justice issues in the community, and how the CBPR project could contribute to a larger movement to improve working and living conditions within the Chinese immigrant community. Workers practiced skills such as public speaking at public hearings and actions; meeting etiquette including taking turns to speak; facilitation; taking notes and managing calendars; talking with and mobilizing other workers on labor laws; handing out informational flyers on labor rights; and conducting community outreach. Other training topics and themes focused on policy, political education, and understanding history and "root causes" of community issues such as job conditions, labor laws, and discrimination.

Outcomes

Three main areas of outcomes related to equitable participation and adaptations in the partnership are important to consider. These include the extent to which workers and other partners perceived their participation to be equitable, the reactions to and satisfaction with adaptations related to participation, and new skills and competencies obtained by worker partners as a result of political and participatory socialization processes in their trainings.

Equitable participation

In many ways, obtaining full, equitable participation for worker partners in the Chinatown Restaurant Worker Health and Safety Partnership was challenging. During the survey development and refinement process as CPA and LOHP were engaging workers in research questions and instruments, workers would frequently suggest changes, particularly aimed at shortening the survey which included over 100 questions, many of them multi-item. Trainers would praise and thank workers for their ideas, but then also told them that ultimately they would need to check with "the university" in order to see if the changes could actually be implemented. On a few occasions, the project lead on the survey also participated in worker meetings, engaging in discussions on proposed changes and problematic areas.

A variety of factors on the university end constrained options, including interests in scientific rigor such as the desirability of including validated survey scales such as the CES-D on depression and anxiety (Radloff, 1977) and effort-reward imbalance (Siegrist et al., 2004). Additionally, human subjects approval was another parameter for the research managed by university partners. A complex revision and resubmission process was required as the dynamic process of developing the research protocol with worker partners unfolded, including a change from an anonymous to a confidential survey. The complexities of permissible wording and recruitment measures of the human subjects process also contributed to the perception among worker partners that with "the university," there was little flexibility for change on the survey instrument.

Given the training format of the workers' initial introduction and participation in the research, leadership on the survey from the community end was driven substantially by

CPA and LOHP partners who played roles as intermediaries between the community perspective and that of the university and DPH partners. The challenges of the situation were noted by CPA partner after the initial round of worker trainings was completed.

> *[It's] good to have a space for them to discuss substantive things, but in so many aspects of the project, the workers are at such a disadvantage. They come on way later than everyone else. We haven't given them enough training to understand all the pieces of the project so it's unfair to bring them into a space where they don't really understand what they're doing there.*

In late 2008 after the survey had been finalized and over 430 collected in the community, I conducted an evaluation feedback session with worker partners on the process to that point. All worker partners reported a strong perception that even though they felt respected and listened to by university partners, they did not feel that they had much real power to influence the research development. They described themselves as serving as "consultants on the worker perspective," offering their opinions and their knowledge of workers which "the university" could choose to either take up or reject. Workers differed in opinion on how problematic they felt the arrangement was. On the one hand, worker partners expressed appreciation that university partners had not "acted like they are better than anyone else," and did feel that other partners cared about their viewpoints. Some also made the argument that it was "natural" that decisions were made by the university partners because there are things that workers do not understand from a scientific point of view. Others expressed dissatisfaction and frustration with the unevenness of influence.

However, the full picture of equitable participation was complex. Perceived power differentials did appear to shift somewhat over time, and workers' comments during interviews conducted several months into the following year were less characterized by the sense that the university was driving the project and more comments suggesting greater shared ownership over the project. When asked about power dynamics in the project, one worker commented, "I feel it isn't something like whose is greater, whose isn't great. In any case they all are working together to do this project."

Responses on the partnership evaluation survey also reflected more differing sentiments about how equitable participation was in the partnership and in various configurations of the partnership. Worker partners tended to respond very positively about the dynamics in their own group, and showed somewhat more varied patterns in assessing the larger partnership. Among all partners, one-third reported feeling some or more pressure to go along with decisions even when they did not agree. Half of worker partners reported some pressure and the other half reported none at all. The great majority of all partners, including worker partners, felt that at least some of the time, "certain individuals' opinions get weighed more than they should," "certain individuals' opinions get weighted more than others," or "certain individuals dominated meetings." On the other hand, half of all partners reported that decision-making power was "very equal" and the other half that it was "somewhat equal." Notably, seven out of eight worker partners reported very equal decision-making power and influence between the different project partners.

Outstanding issues related to power and voice in the project were addressed at a Steering Committee meeting that occurred during the transition from research and analysis to action. During this meeting, the partnership unanimously decided to weight the community voice most heavily in forthcoming decisions, in particular those related to community action and how the research will be interpreted, disseminated, and used. At the same time, the group also agreed that the Coordinating Committee, which included almost all group members except the worker partners, would also have broad latitude to make major decisions for the project, especially those involving dissemination in academic publications and venues.

In spite of some of the frustrations of worker partners about the survey development process, workers felt they made significant contributions to the development of the instrument. While these did not necessarily make participation more equitable, they were specific examples of benefits that participation of workers brought to the project. Examples include additional questions on distribution of tips in restaurants, adding the job position of "leafleter," and health status questions related to bowel movements which workers noted were a common indicator of health in Chinese culture. Culturally confusing references such as "butterflies in the stomach" used in the CES-D scale to signify nervousness or anxiety were also edited. Two workers mentioned in interviews a sense of pride at their contributions to the research. One noted that the first page of the survey included a question she had suggested and recalled the session during which she had raised the point and was acknowledged by the trainers. Another mentioned her idea about potential incentives for surveyors also being acknowledged as a good idea and considered by the group.

Reactions to and satisfaction with project adaptations

Partners generally had positive reactions to project adaptations. Satisfaction related both to the sense that participation had been made more equitable in some ways by the modifications, as well as to benefits seen in areas other than participation.

Integration of project and campaign

As discussed above, CPA's suggestion to lengthen the time horizon to recruit and more broadly train worker partners before their participation at full project meetings had been met with a certain level of concern by other partners. In the end, however, all agreed with the wisdom of integrating the project with CPA's larger campaign and the decisions to meet as separate groups more than originally intended. Again, while not always directly related to "equitable participation," partners expressed satisfaction with the integration of the project and campaign on other merits such as improvement of the research process. At a Coordinating Committee meeting which took place during the survey data collection period, CPA partners shared news that workers were administering surveys at an unexpectedly high rate. Within the first four weeks, worker researchers had already reached and exceeded the target number of 400, to which one academic partner remarked, "It looks like all of CPA's efforts with the workers has really paid off."

Separate meeting structures

Partners accepted the structure of separate meetings for worker partners, but several regretted that interactions between the two groups were infrequent and relationships between worker and many non-worker partners were not as strong. Full Steering Committee meetings in which most academic partners and most worker partners were present were held only twice, and at one, no DPH partner was able to be present. Of the worker partners, due in part to turnovers in the intervening period, only two had participated in both meetings. The principal investigator and the project epidemiologist each attended two to three meetings of the workers, and DPH partners were present at one early training session with an initial group of workers on the checklist, and then again at a feedback session a year later with the results. Partners were still just getting to know each other at a Steering Committee meeting occurring over a year and a half into the project, where activities focused in part on reviewing names on the project and understanding each person's role.

In general, there was a heavy reliance on bridging relationships and bridging people from LOHP and CPA which on the one hand facilitated communication between the groups, but also potentially prevented more direct contact and interaction from occurring. Even a university partner involved in training the workers reflected, "I'm not really able to talk to the workers one on one and I just feel so bad about that," and a DPH partner recalled,

> *What I kind of regret is that I didn't see the participation of the restaurant workers, you know, I missed the first meeting and, for me, like that is a really key part, really important. So, maybe I can be like a guest, you know, attending one of these?*

Worker trainings and capacity building

Regarding the content of trainings and skills building, workers themselves observed personal changes they underwent during the year they were involved with CPA. They discussed skills they had developed which ranged from overcoming fear of engaging new people and "talking to strangers," to gaining experience speaking in public, to a generalized sense of "courage" and confidence and ability to think about social issues. They additionally reported learning about worker rights, labor laws, and Chinatown restaurant working conditions.

> *[W]e had to meet a lot of strangers. So now I've learned a lot, just not as nervous talking with strangers, and to visit and do outreach also does not make me so nervous anymore. At first starting out, I was scared. Also, I learned a lot related to labor regulations. Truly, before when I was working, I hadn't heard about it before, didn't know about them, and didn't know how to claim or fight for them. So now, I really feel that this project has been quite good for new immigrants.*

Several worker partners also mentioned that their participation at CPA and in the project made them resources to their friends and family and identified them as "people who help new immigrants and restaurant workers." One worker partner described how an acquaintance of her husband was owed backwages at work. Her husband explained that

CPA could help, that his wife volunteers there, and the worker partner referred the acquaintance on to consult with a staff member at CPA. Another worker partner counseled an out-of-work friend to go to CPA if she needed help with housing or work.

CPA and LOHP partners who conducted the trainings were also pleased with the progress the workers had made, as were other partners from the university and DPH. One academic partner commented, "the leadership training, the caliber of the people that we found, and the enthusiasm and skill that they've brought have been tremendous."

The formation of a group identity to provide mutual support in worker partners' leadership development was also noted as an important part of the experience. On the whole, the worker partners perceived a very positive environment and the development of friendships over time. One described other worker partners as just like family, and another noted that when around the other workers, "it's good, sometimes they are bolder than I am and I can learn some skills from them." While tensions occasionally arose within the group, whether related to different opinions on course of action or different paces in picking up on new concepts, in general, workers also felt that these issues were addressed as a group in an open process of dialogue facilitated by the trainers.

Discussion

The story of equitable participation and adaptations in first year and a half of the San Francisco Chinatown Restaurant Worker Health and Safety Partnership was complex and evolving. Meanings and conceptions of equitable participation had to be negotiated and reworked as the process of recruiting worker partners took longer than expected, and increasingly separate patterns of meeting and interacting between worker and non-community partners took hold. In spite of efforts to hold joint meetings of workers and non-community partners in Chinese and provide a dedicated time and space for workers to participate, language, education, and power dynamics of the research enterprise still sometimes led to feelings of inequitable participation by worker partners.

However, worker partners were also very positive about equity of collaboration within their own group, and perceptions of equity between workers and non-community partners also changed over time as the project moved from its research phase into action. To the extent that there were challenges to the realization of the CBPR principle of equitable participation, there were also important indicators of success on other components of CBPR. Workers felt other project partners respected and were genuinely interested in their opinions and perspectives and reported a sense of pride at their contributions to the survey effort. Similarly, the entire group expressed satisfaction with the impact of worker participation on the improvement of the research instrument and with the efficient implementation of the survey among 433 restaurant workers in the community.

All partners were pleased with the community capacity building and sustainability outcomes that came in the form of the workers' leadership development. Worker partners themselves also reported feeling more courageous and more confident speaking in public, engaging with new people, participating effectively in meetings, and understanding social issues. These perceptions may suggest enhanced preparation for civic and political participation in general. While participation in the project may not always have been fully equitable, it is important to take into account the challenging circumstances such as limited

resources and language diversity the project faced. Additionally, it did reflect other important CBPR elements such as improvement to the research process, increased community capacity, and improved chances for sustainability that are also germane to the question of CBPR success and authenticity.

Adaptations to the project that promoted or affected equitable participation were made based on local context and circumstances, and among the factors considered by the partnership in determining its CBPR process were the participatory starting points or readiness of community members. The CBPR tradition is rooted in ideals of participatory democracy and citizen empowerment and often involves explicitly political social change objectives. Patterns of low political participation among Asian immigrants and CPA's past challenges organizing in the community suggested that there would be potential barriers to monolingual Chinese immigrant workers participating in a CBPR project focused on health hazards and labor violations of an important employer industry.

General challenges in the community and society included issues around English-language facility and educational attainment which influence the acquisition of civic skills and also limit labor market prospects. Private economic concerns were at the forefront of worker partners' concerns as they discussed the hardship of finding work in the U.S., making ends meet, and simply surviving day to day. Additionally, there were issues around incorporation where worker partners spoke of feeling like "tourists," and of not feeling on par with where they left off in China after 15 years living in the U.S. These economic pressures, feelings of social marginalization, and lack of social support were potential barriers to civic and political participation. Together with partnership-level factors, these challenges shaped adaptations in the project.

In terms of adaptations, first, based on CPA's "values and drivers of "social and economic justice" (Cargo & Mercer, 2008) and an emphasis on community capacity building, the research project of the partnership was integrated into CPA's larger developing Restaurant Worker Justice Campaign. Second, due to the language diversity within the partnership, limited resources, as well as the belief that fuller participation could be encouraged for workers if they had a more separate process and space in which to participate, a structure emerged which involved two parallel processes for worker partners and other university and DPH partners. Third, taking into account the participatory starting points in the community and maintaining a strong interest in developing leadership capacity as well as research capacity in the community, a process of participatory socialization and mobilization was incorporated into the project for worker partners. This was believed necessary to facilitate the maximal participation of the worker partners in the campaign and the project, and involved trainings and experiences spanning a range of topics and skills and knowledge-building activities.

Adaptations both benefited the project and came with drawbacks. Partners reported some disappointment in having more separate meeting processes than originally envisioned as opportunities were missed for worker and non-worker partners to interact and collaborate more directly.

Limitations of this analysis include its focus on the participation of worker partners and less so on other partners from the university and DPH perspectives. Issues of equity were certainly present among other partners, but were not addressed here. Additionally, without a comparison group, evidence on participation and the benefits and challenges of project adaptations rest on observational and descriptive data of project processes and

context and partners' reported perspectives. Furthermore, at the time of this writing, findings had not been fully member-checked by other project partners and were based on my interpretations of the analysis alone. Finally, many questions linking adaptations and participatory outcomes were not specifically asked making it difficult to assess whether better participation actually resulted from adaptations the group made.

Conclusion

The San Francisco Chinatown Restaurant Worker Health and Safety Partnership offered an opportunity to take a detailed look at how the participatory starting points of community members may matter for equitable participation in CBPR efforts. Based on the experience of the partnership, to improve equitable participation outcomes, it may be helpful to ensure that evaluation feedback sessions are conducted with all partners in a more timely fashion in order to make necessary corrections to the group process. Additionally, as suggested in the CBPR literature and as was attempted by the partnership later in the project, making the time to have all collaborators, including community members, collectively define what "equitable participation" means is also critical. Being explicit on the activities and ways in which various members expect to participate will allow for clearer evaluation of the partnership's progress and allow for improved responses to problems that arise. Continuing to evaluate and track changes in adaptations and outcomes over time will also be critical to gaining a more complete picture of the success or CBPR authenticity of the project.

In terms of participatory starting points, areas for further exploration include the relationships with the extent to which the health issues of focus are sensitive in the community, since a relatively uncontroversial issue may make such barriers less prominent. Additionally, future efforts that explore participatory barriers in the community may ask more direct questions about the links between participatory starting points, adaptations, and their perceived impact on a range of CBPR outcomes such as equitable participation, sustainability, and capacity building. In these ways, the CBPR field can advance its understanding of the unique ways in which the approach can contribute to the improvement of community health, research, intervention, and civil society.

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CONCLUSION

Future directions for the field of community-based participatory research are likely to center on further specifying the key components and processes of the approach that lead to improved health outcomes, increased community capacity, and more "authentic" participatory partnerships. A substantial accumulated literature now exists on the many characteristics that are important to the conduct of CBPR. The major review literature over the last 15 years entails a voluminous and consistent set of these features. Yet it falls short of providing easily usable, coherent guidance on the nature of these characteristics, whether constitutional and definitional or facilitative. Definitions of "success" and "effectiveness" in CBPR remains somewhat elusive, even while recognizing the need for individual partnerships to set goals and adapt principles according to their specific needs and contexts. As evaluation continues to play a critical role in advancing the field of CBPR, gaining clarity on these points will be essential.

From a scientific standpoint, standardizing the reporting of evaluation findings in the literature will also be an important future direction for CBPR. Consistent use of frameworks such as Wallerstein and colleagues' (2008) process-to-outcomes model may help partnerships more systematically explore and report ways in which their own experiences were consistent or inconsistent with common CBPR characteristics of success. The experience of the San Francisco Chinatown Restaurant Worker Health and Safety Partnership suggests that using the framework can allow for the identification of areas of strength – overall satisfaction with the work of the partnership and a strong sense of mutual trust, respect, and commitment – as well as areas where improvement is needed, such as attending to the relative influence of university and worker partners during the development of the survey instrument. Furthermore, identifying pertinent factors in the domains of context, group dynamics, interventions/research, and outcomes in the partnership can help draw explicit linkages between background variables, partnership processes, and partnership and health outcomes.

Attempts to trace these connections can further shed light on ways in which adaptation occurs in CBPR. Adaptation of principles and practices to local context is a central feature of community-based participatory research. Detailed descriptions of processes, through the use of systematically collected evaluation data, can improve our ability to improve the likelihood of success of CBPR in a range of diverse communities and populations. The Chinatown Restaurant Worker Health and Safety Partnership took into consideration participatory starting points of the Chinese immigrant community as an important local factor and adapted the mode of the participation of the worker partners accordingly. Trainings that included both research methods and civic skills such as speaking in public and group facilitation were provided, and separate meeting spaces were created in which workers could more easily participate. These adaptations were met with some indications of success as workers described their satisfaction with skills development and their participation within their smaller group, even if "equitable participation" was not necessarily fully achieved in the larger collaboration. As other partnerships similarly detail pathways between context, processes, adaptations, and outcomes, the field of CBPR will

advance its understanding of the unique ways in which this approach can contribute to public health research and intervention.