

2-2016

# The Perceived Community Engagement Survey: Structure, Reliability, and Validity of a Community- based Organization Measure of Engagement with the Broader Community

Rafael Rivera  
*National Louis University*

Follow this and additional works at: <https://digitalcommons.nl.edu/diss>

Part of the [Community Psychology Commons](#)

---

## Recommended Citation

Rivera, Rafael, "The Perceived Community Engagement Survey: Structure, Reliability, and Validity of a Community-based Organization Measure of Engagement with the Broader Community" (2016). *Dissertations*. 152.  
<https://digitalcommons.nl.edu/diss/152>

This is brought to you for free and open access by Digital Commons@NLU. It has been accepted for inclusion in Dissertations by an authorized administrator of Digital Commons@NLU. For more information, please contact [digitalcommons@nl.edu](mailto:digitalcommons@nl.edu).

NATIONAL LOUIS UNIVERSITY

THE PERCEIVED COMMUNITY ENGAGEMENT SURVEY: STRUCTURE,  
RELIABILITY, AND VALIDITY OF A COMMUNITY-BASED ORGANIZATION  
MEASURE OF ENGAGEMENT WITH THE BROADER COMMUNITY

A THESIS SUBMITTED TO

THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF

THE REQUIRMENTS FOR THE DEGREE

DOCTOR OF PHILOSOPHY

COMMUNITY PSYCHOLOGY DOCTORAL PROGRAM  
IN THE COLLEGE OF ARTS AND SCIENCES

BY

RAFAEL RIVERA

© Rafael Rivera 2015

Chicago, Illinois

December 2015

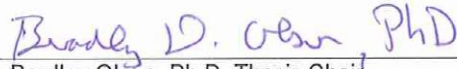
## Community Psychology Doctoral Program

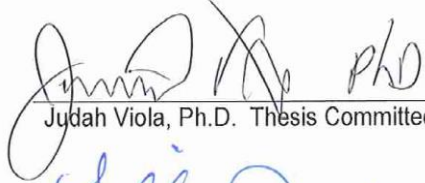
### Thesis Notification of Completion

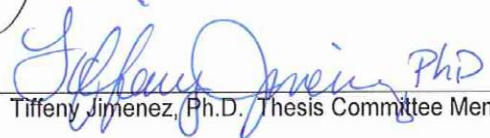
Doctoral Candidate: Rafael Rivera

Title of Thesis: THE PERCEIVED COMMUNITY ENGAGEMENT SURVEY: STRUCTURE, RELIABILITY, AND VALIDITY OF A COMMUNITY-BASED ORGANIZATION MEASURE OF ENGAGEMENT WITH THE BROADER COMMUNITY

Certification: In accordance with the departmental and University policies, the above named candidate has satisfactorily completed a thesis as required for attaining the Doctor of Philosophy degree in the Community Psychology Doctoral Program (College of Professional Studies and Advancement) at National Louis University.

  
Bradley Olson, Ph.D. Thesis Chair

  
Judah Viola, Ph.D. Thesis Committee Member

  
Tiffeny Jimenez, Ph.D. Thesis Committee Member

Date – February 9, 2016

### Dedication (optional)

This thesis is dedicated to my father and mother, Bautista Rivera and Aurora Santiago Torres, always pushing education as the answer to many problems. Your focus on hard work and perseverance taught me how to survive and thrive in the world. Maintaining hope and love throughout taught me how to transcend.

### Acknowledgements (optional)

I would like to acknowledge Bradley Olsen, PhD for his patience in allowing the process to unfold and providing guidance right when it was needed. I would also like to acknowledge the rest of the National Louis University Community Psychology faculty for their knowledge and skills, bringing their years of experience into interactions and classroom instruction. Lastly I would like to acknowledge Cohort 5, the Radical Particles, who all played a part in the completion of this thesis. Their unwavering support, encouragement, and thought provoking conversations exemplified the values and principles of Community Psychology.

Table of Contents

Abstract..... 2

The Perceived Community Engagement Survey: Structure, Reliability, and Validity of a  
Community-Based Organization Measure of Engagement with the Broader Community  
..... 3

    Community-based Participatory Research and Community- Based  
    Organizations..... 5

    Are CBOs Collaborative? ..... 7

    Proposed Service Delivery CBO Community Engagement Criteria..... 9

    A Community Engagement Model for CBOs..... 11

The Present Study ..... 13

Method..... 14

    Instruments and Materials..... 14

    Segment 1: PCES..... 15

    Segment 2: Moos 4 Selected Items (M4SI)..... 15

    Segment 3: Additional Questions..... 15

    Participants..... 16

    Procedures..... 16

Results..... 17

    Analysis..... 18

    Demographics..... 18

    Four Selected Moos Items (M4SI)..... 20

    Perceived Community Engagement Survey..... 20

Inferential Comparisons.....	22
Discussion.....	27
References.....	36
Appendices.....	40
Appendix A: Perceived Community Engagement Survey.....	40
PCES by Component.....	45
Appendix B: Informed Consent Form.....	48
Appendix C: Letters of Permission to Collect Data.....	49
Appendix D: IRRB Approval Letter.....	52

## Abstract

For more than 40 years government funding for community non-profit organizations has grown more than in previous decades. This dramatic increase has led to a proliferation of organizations that claim the status of community-based organizations. Community-based Organizations (CBOs) have become the service delivery providers of communities, particularly underrepresented communities. There has been very little research within the community psychology and other literature exploring if CBOs represent the interest of communities.

As funding entities have lately increased their interest in community representation, there has not been a corresponding research base to identify levels of community engagement. This study attempted to address this lack of community engagement literature by developing a tool to measure how all staff within an organization perceive the organization's engagement of the surrounding geographic community. The Perceived Community Engagement Survey (PCES) was developed based on the principles of CBPR within a CBO/community relationship frame. The study explored the reliability and validity of the scale through a principle components analysis, reliability analysis, linear regressions, and examinations of convergent and discriminant validity. The results indicate that the PCES has two components that measure levels of community engagement, that it is a reliable scale, and shows convergent and discriminant validity with 4 relevant items from a Moos organizational climate measure and items assessing staff beliefs in the value and impact of community engagement. The practical use of the scale for more authentic community engagement by CBOs is discussed.



## **The Perceived Community Engagement Survey: Structure, Reliability, and Validity of a Community-Based Organization Measure of Engagement with the Broader Community**

In 2005 the United States spent more than 125 billion for mental health and substance abuse treatment and support services (Substance Abuse and Mental Health Services Administration, 2012). Approximately 33.2% of that spending (approximately \$41,534 billion) was utilized by specialty providers for services at community-based organizations. Nonprofit community-based organizations (CBOs) have been on the forefront of providing local community services and advocacy. Many CBOs were initiated and developed by community members through grassroots movements. In underrepresented areas CBOs are the main delivery system for community-based mental health and substance abuse treatment, such organizations occupy a special niche in communities explicitly, oftentimes implicitly, and are responsible for and can be responsive to community needs.

As defined by the United States tax code, the nonprofit designation is broad (USC Title 26 Subtitle A Chapter 1 Subchapter F Part I 501). Most community-based nonprofits fall under the 501(c)3 or 4 designation. Within the U.S., nonprofits have been around prior to the American Revolution in the form of schools and civic organizations. Community-based, nonprofit, grassroots volunteer and advocacy organizations as well as citizen leagues, planning councils, and coalitions are all central entities that can exist in, and have a great influence on, a community; particularly those that are geographically defined. Underrepresented and poverty-stricken communities have struggled with significant social problems, placing hope in a variety of organizations to work toward positive forms of change.

Even within good intentions to engage community members in the process the loci of voice and power is often unclear. Community members, overwhelmed by the demands of living within limited means, resources, and supports, often have difficulty finding the time to sustain

engagement in the many non-profit efforts around them. Many community members, perhaps even most, have trouble engaging at all with the CBOs located within their community. These challenges are clearly demonstrated in the education literature on local schools in impoverished communities and community engagement (Warren, Hong, Rubin, & Uy, 2009). The somewhat understood but unacknowledged truth seems to be that community members who have the greatest needs are rarely represented in the decisions made by community organizations; the primary form of service delivery system in these neighborhoods. Depending on the type of CBO, engagement with local residents beyond the delivery of services may run the gamut—from the organization’s almost central mission to well-intentioned, and even almost non-existent engagement.

Certain organizations, like volunteer or advocacy community groups, cannot exist without broader community member involvement. Many service-delivery, community-based organizations, whose missions target the community, fall short of their goals. In many cases broader community members are engaged little beyond “targets of services” (i.e., clients). For those in the social service world, a common hypothesis is that the majority of CBOs, the vehicles for service delivery, prevention and/or intervention, tend not to engage community members at all—not beyond the delivery of direct services to members of the community.

There may be many reasons for the lack of community member involvement in CBOs. For service-oriented CBOs, the requirement to have specialized staff (certified, licensed, or with particular credentials) may be one factor. Professionalization may be partly attributable to the often recognized distance between the CBO and the community it serves (White, 2000). Other aspects of psychological distance are central. Staff members, for instance, have become less likely to live within the community served (White, 2000), or share ethnic or peer-based identities with the broader, representative community.

The Substance Use Disorder (SUD) treatment field has no shortage of these challenges. Over the last several decades, the SUD treatment field has become increasingly more professionalized. In 1998, Illinois legislated, through rule 2060, credentials for all staff members who provide assessment and intervention services (Joint Commission on Administrative Rules Administrative Code, 2012). The growth of such “professionalization” is seen by some as a distancing between policy, legal, and other bureaucratic requirements from the reality of communities where people live. To the extent that CBOs become more disengaged, “community-based” loses its meaning and therefore as does the underlying goals of these organizations.

### **Community-based Participatory Research and Community-Based Organizations**

There is, on the other hand, an abundance of literature and federally-driven initiatives that insist on academic institutions engaging with community members in university-based research processes and agendas in an attempt to increase community representation in collaboratively addressing health disparities (Viswanathan, Ammerman, Eng, et al., 2004; Vieweg, 2012). Community Engaged Research (CER), Participatory Action Research (PAR), and other similar approaches, all with different names and sometimes only slight differences in meaning, have demonstrated the value of involving community members in research specific to their community. CER has become more popular in the literature, especially under the name Community-based Participatory Research (CBPR), considered the gold standard in community research (Israel, Parker, Rowe, et al., 2005; De Las Nueces, Hacker, DiGirolamo, & Hicks, 2012). Yet, just as researchers are seeing the value of engaging and working with communities, the service delivery side of the nonprofit CBO sector seems to be increasingly disconnected from communities.

CBPR has been defined by several researchers (Israel, Parker, Rowe, et al., 2005; De Las Nueces, Hacker, DiGirolamo, & Hicks, 2012; Wendel, Burdine, & McLeroy, 2007; Burgio,

2010). These definitions tend to include: partnership that shares power, credit, resources, results, respect for each other's knowledge, and skills. Partnerships are often made up of both researchers and community stakeholders, including community members. All stakeholders share responsibility in the endeavor. Ideally, members of the broader community have equal input in identifying the focus area of research design, data collection methodologies, interpretation of results and, if any are to be taken, the actions based on the findings. CBPR has become a popular approach for involving the community within the process of research from fields as diverse as geography (Christensen, 2012), nursing (Clark, 2012), and health promotion (Stedman-Smith, McGovern, Peden-McAlpine, Kingery, & Draeger, 2012). The term CBPR has also been used loosely, leading to calls for clarity in what truly is and is not CBPR (Cornwall & Jewkes, 1995). Nevertheless, different forms of community engaged research have demonstrated more positive impact at the community level than more traditional forms of research methodology, which in numerous ways can be incompatible with community norms and the community's perception of itself as a partner in activities that can impact it (Guerra & Knox, 2008).

The application of CBPR within the literature is mainly limited to researchers, usually from an academic setting or a healthcare entity associated with an academic setting. Those who utilize the approach do so to study their research area of interest. Too often, even within this paradigm, communities become the identified "at-risk" population—the object of the intended impact—instead of true collaborators in a mutually beneficial process. Yet, the values of equality and representation—that is equality of all community stakeholders—within CBPR also holds promise for communities in having a voice to address social issues that are important to them. A CBPR approach within a community has the potential to help empower neighborhood residents to drive what services or issues they want to address. Due to the geographic location of CBOs within communities, they would seem to be the ideal vehicle for community members to

approach first when seeking representation and/or services. A CBPR-type approach, developed within a community frame, has great potential in helping a CBO make decisions that are more consistent with the broader community's values, as well as helping to guide the resources that the CBO may bring. The current literature on CBOs and community engagement focuses heavily on service learning (Pickens, 2011; Baiardi, Brush, & Lapidés, 2010) and parent engagement models within local schools. There is an abundant literature on CBOs and community volunteer recruitment. The literature, however, is left wanting information overall about the activities or methods that CBOs can use to engage community members.

### **Are CBOs Collaborative?**

The research literature is slim on deeper, broader and everyday engagement by CBOs in the local community. The literature on CBPR, while more useful, tends not to reach beyond the intended research agenda and mutually beneficial outcomes for CBOs as proxy for geographic communities. Any adaptation of CBPR as a framework for organizational engagement of community members leads to a number of questions: Is CBPR, a *research* approach, the best suited for understanding CBO responsiveness to the communities they serve and/or represent in *practice*? Is CPBR-type engagement the appropriate approach to use to detect power structure and dynamics, i.e., equalizing power between the community and the CBO? And to widen the breadth of the CBO's impact on the community? Can CBPR-type engagement add value to understanding leadership roles within a CBO for community members/stakeholders? For representation on the CBO's Board of Directors, and other tangible/concrete shifts in representation? Even though CBPR is broadly believed to influence a community's sense of empowerment, would CBPR-type engagement by CBOs have similar effects? Does the structure or type of organization influence the CBPR-type engagement process and its impact on the

community? And at the center of this study, what criteria should be used to determine authentic CBPR-type engagement?

In answering the first set of questions—those focused on the appropriateness of the approach for CBOs and the possible impact—assumptions around theories of empowerment and community involvement, particularly if CBPR-type practice is to have depth and breadth in its impact within a community. CBOs located within a community are often charged by their mission to serve and/or advocate for that “community”, however defined. These CBOs have the potential to become an integral part of that community. If we assume mission and potential integration holds true, then CBPR, despite its research emphasis, would generalize to practice scenarios that are equally undergirded by true, lateral and participatory forms of collaboration.

While working closely with community members may make sense for a CBO, there are forces that make it difficult. A CBO needs to both have an impact and be fiscally solvent. For a CBO to have the most impact, collaboration with everyday residents in the geographic community may be necessary but is not sufficient. Other areas that define sufficiency for a CBO can include its ability to garner funds and resources in order to promote its mission. Here is where conflicts of interest between the community and the CBO can become apparent. As the CBO gathers funds to promote its mission, it becomes beholden to the implementation of the mission as understood by the funding entity. Funds that initially promoted its mission become an ongoing part of its funding base. Because funders become a vehicle for its financial survival, the CBO is increasingly less driven by the changing needs of the community. Here lies a paradox. Guo (2007) explores this issue in detail through the use of a governance typology. This model posits that government funding is inversely related to community participation. Funding has accompanying demands and constraints. Funding impacts the services offered and how they are structured. As recently seen, whether funding dictates an HIV abstinence-only policy or a harm

reduction policy has many implications for the activities and programs provided to a community (2006, April 15; Auerbach, 2004). Depending on the desires of local and/or served community members, such top down funding policy can place CBOs at a crossroads between community needs and a project's financial base. It is assumed that there are few organizations that have learned how to navigate that quandary and more organizations that pick financial stability over community representation. The basic premise of this thesis is an assumption that also needs testing. That is, CBOs which completely engage the broader community will be able to navigate the potential juxtaposition of funding and authentic representation.

CBOs protest the inadequacy and inflexibility of their funding. These funding challenges hinder their ability to serve their communities. Many funders now require community-based input. This trend has the potential to incentivize the inclusion of community within CBOs in different aspects of organizational functioning not just input into needs. A possible unintended consequence is the superficial utilization of community members. This can become more of a reality if standards are not in place that define or set criteria for what level of community-based input is acceptable. With little research in this area, funders are left without guidance in trying to define what they mean other than the literal interpretation of input.

### **Proposed Service Delivery CBO Community Engagement Criteria**

Given that a variety of factors can promote community engagement, little research has been done to guide CBOs on how well they are engaging community members. To the extent CBPR is a good model, CBOs may need partnerships/collaboration that shares: power, credit, resources, and results, and that shows respect for each other's knowledge and skills where one of the partners is a part, or representative, of a community (Israel, Parker, Rowe, et al., 2005; De Las Nueces, Hacker, DiGirolamo, & Hicks, 2012). Yet even if the goals are largely the same, CBOs may require a different set of criteria.

Effective organization-community relationships with community must have higher standard lengths of involvement. CBOs have tended to function *within* communities and less *with* communities. An engaged CBO assumes greater opportunities and increased impact (broader and deeper) from a more enduring and invested collaborative approach.

Full involvement is also defined differently depending on who is involved; the criteria for what “fully involved” means depends on those involved. When the collaborator is a researcher, equal partnership and resource/capacity building is usually the goal. The components of CBPR might include community involvement in: relationship and networking to build trust, problem identification, methods review for cultural competence and cultural appropriateness, external representation (publication) approval, action research orientation, role delineation, and a more fully defined collaborative process. Instead of simply involved, a CBO would need to be actively engaged with community members. This change in terminology implies greater and deeper commitment of action by the CBO. *Fully engaged* would mean active collaboration on: program development, needs assessment, marketing, proxy external representation, internal representation, and leadership development for the community. A fully engaged community would impact the infrastructure of the CBO, becoming employees and leaders/board members within the organization. This type of infrastructure involvement is not expected with researchers and their departments/universities. For example, in order for the relationship between community and CBOs to be sustainable, language would have to be found in the by-laws of the CBOs. Such statements would ensure that all voices within a community are encouraged to speak and be heard. This level of engagement may also imply a stage model for community engagement criteria in order for CBOs to move beyond involvement and to full engagement.

Another variable that must be considered when exploring the use of CBPR-based criteria within a CBO setting is the type of CBO. CBOs range from grassroots advocacy organizations to



prevention and intervention delivery. A CBO that is still at a stage of grassroots advocacy and community organizing would be expected to have an easier time implementing a CBPR-based approach than one that is fully funded to deliver services. These statements are generalizations since examples exist of advocacy organizations that deliver their own agenda through the guise of community empowerment and service delivery organizations that strive to assist community members with needs that the community identifies. Yet it is expected that advocacy organizations by their nature depend on community engagement to exist, making them most effective at engaging community members.

### **A Community Engagement Model for CBOs**

In developing a community engagement model for CBOs it is important to set the defining criteria, explore how different types of organizations fit the stated criteria, and measure the distal impacts using local data. It is hypothesized that CBOs who are intentional in their community engagement, setting structures that support the goal, will have a better standing within their broader community. CBOs will have more impact on the difficult issues they are trying to address as community representation increases. The criteria developed, based on the CBPR literature, will determine what standards should be used to measure full engagement. The six proposed areas of CBPR based criteria will measure level of community engagement. Each area: needs assessment, listening, program development, external proxy representation, internal representation, and leadership development is needed to provide a picture of a fully engaged CBO. Taken together a CBO can use the six areas as criteria to measure its current standing, make decisions regarding where it wants be, and develop plans specific to each area. In addition, the use of a “gold standard” of community engagement will help guide research in the area of community representation in the same manner that CBPR principles are used to evaluate CBPR principles as well as the research conducted using the principles. The criteria can be used to

explore the relationship between degree of community engagement and impact on services, impact on the CBO, and impact on community members. CBOs that use the criteria can decide to what degree they want to engage community members. CBOs will have valid criteria in which to proclaim that they are truly *community-based* and not *community placed*, valid proxies for their communities, and community institutions.

Each area selected builds on the level of community engagement of the previous area. Three or four rating questions are used to measure each area. The first area describes the level of community engagement in CBO need assessment activities. The second area builds upon needs assessments to broader aspects of listening to community member voices. The third area brings that community voice into the operations of the CBO limited to programs and services. Due to language, ratings in this area may be limited to service delivery CBOs. The fourth area of the criteria focuses on the validation of “proxyness”. In other words, does the CBO accurately represent the broader community with entities from outside the community? These outside entities could be government, funding opportunities, media, etc. The fifth area starts to explore the degree to which the CBO has internal representation of community through jobs, committees, and board representation for community members. The sixth area measures the degree that a CBO has set up structures to assure community members are provided opportunities for development and eventual leadership within the organization.

It is expected that level of engagement would vary depending on the type of organization. Advocacy or grassroots organization are expected to have a greater level of engagement with local community members than service organizations. For the purpose of this study, only service organizations are included. Another variable that can impact level of community engagement will be the number of volunteers within a service delivery organization. CBOs with large volunteer pools will have more flexibility in how they utilize this type of resource. Volunteers

can be used to engage community members and provide outreach. Smaller organizations may not have the resources to invest in community engagement to a greater degree but the criteria developed allows for stages of development in community engagement.

### **The Present Study**

The current study operationalizes criteria for authentic community engagement by CBOs through a new measure. The goal of this study is to understand the reliability, validity, and component structure of this measure. The criteria described in previous sections together is the Perceived Community Engagement Survey (PCES). Staff perception of the service delivery CBOs that they work for [Substance Use Disorders (SUDs) treatment, mental health counseling, and other social services] will be used as a proxy for levels of engagement with the broader community for the purposes of this study. In essence, the proposed study will explore psychometric properties of the Perceived Community Engagement Survey (PCES) tool.

Due to a lack of literature related to community engagement, perceptions of CBO staff who provide, supervise, manage, and support direct services will provide one slice of the community engagement picture. Community members and their perceptions will provide another slice. Comparison of staff to community member perceptions will provide further information. The criteria are also written in a manner that facilitate objective proof of engagement. Thus the criteria can be developed into different forms that provide a full picture for service-delivery CBOs. This study will focus on staff perceptions and the psychometric properties associated with the PCES. CBOs can use the information to guide community engagement. This initial investigation of proposed constructs and correlates will provide some guidance for future work in this area.

As a full picture becomes clearer, a model of CBO methodology can be developed. It is proposed that community members within underrepresented communities who are fully engaged

with CBOs may feel a heightened sense of community and empowerment. The greater the level of engagement by CBOs, the greater the impact on community members. Beyond enhancing sense of community and empowerment, this approach switches the paradigm from receiving services to one of being an active participant in community institutions providing services. The model would predict greater self-determination and self-efficacy which may enhance levels of self-care increasing the impact of services.

### **Methods**

In searching for literature on community engagement by Community Based Organizations (CBOs) and program impact, little research was found on basic community engagement by CBOs. Due to a dearth of research, a survey was developed to measure CBO staff perceptions of organizational community engagement activities with surrounding communities. The Perceived Community Engagement Survey (PCES) instrument attempts to provide standardized criteria focused on specific areas based on a full engagement model.

For this study, the focus is on service delivery organizations. Services can range from mental health and substance use treatment to intimate partner violence services. The CBOs approached were all from the Chicagoland area. Three out of four Chicago area non-profits CBOs recruited participated. Each provides a range of social services from addiction treatment and/or treatment of mental illnesses to domestic violence services, family counseling, and counseling/therapy for specific issues. The three organizations distributed the PCES SurveyMonkey link to all their staff. All staff within each organization who had an email address had the opportunity to complete the survey through the link emailed to them from within their organization. The email came to them from their Human Resource Department with a message from the CEO or Senior Program Director.

### **Instruments/Materials**

**PCES:** The instrument is based on general Community-Based Participatory Research (CBPR) principles, adjusting these to organizational collaboration with communities, i.e. shifting from a research frame to an operational frame. The PCES consists of 20 items each to be rated on a six-point Likert scale, from Strongly Disagree to Strongly Agree. The tool was developed as six hypothesized subscales which correspond to CBPR principles of community engagement at every step of a research project. Each subscale: needs assessment, input, program development, vetted representation, internal engagement, and leadership development (see Appendix A) consists of three to four items each.

**Moos 4 Selected Items (M4SI):** In addition to the PCES, selected items from R. H. Moos' *Community Oriented Programs Environment Scale* third edition Real Form were included. The four items chosen come from the Involvement, Spontaneity, and Autonomy subscales. The items from the sub-scales used were those worded consistent with the focus of the overall survey: involvement and engagement. The items numbers are: I-1, I-21, A-24, and SP-43. The wording of the items was changed to reflect the current terminology of programs in the area and done consistently throughout all questions. In addition the response set was also changed from True/False to a six point Likert-scale ranging from Strongly Disagree to Strongly Agree. For example, *Members put a lot of energy into what they do around here T/F* was changed to *Clients/participants/patients put a lot of energy into what they do around here. 1 Strongly Disagree... 6 Strongly Agree* (see Appendix A).

**Additional Questions:** Additional items included: selected demographics (race/ethnicity, length of employment, zip-code of work site, job title), two items that measured beliefs regarding community engagement (*I personally believe that engaging the broader community brings value to the organization*, and *I personally believe that engaging the broader community has a positive impact on the delivery of services*) and three open ended questions. The three open-ended

questions (*What does community-based organization mean to you?, Does the organization's mission contain or define responsibility to the broader community? If so, how?, and Is there anything else that would be useful to tell us about the way your organization engages with the broader community that it might be useful to know?*) were added to clarify meaning, find examples of community engagement in mission statements, and as potential additions to PCES items from staff's perspective.

### **Participants**

All staff from the three participating organizations with a work email address had the opportunity to participate except for the Maintenance Department at one organization. The Maintenance Department at this particular organization has one email address so they were informed that they could use their personal email addresses if they chose to participate. Of the close to 215 possible staff across the three organizations, a 25% response rate was expected. Selected demographic data was collected: race/ethnicity, length of employment, and job title to check data for overrepresentation of administrators or long term employees.

### **Procedure**

Upon receiving agreements from administrators, a survey link was created in SurveyMonkey and sent to the CBO's CEO or Clinical Director. The instructions were part of a short email to staff indicating the overall purpose of the survey, approval of administration, and ensuring the anonymity of the data. No remuneration was offered to the CBO or staff.

The survey link was active for 3 months to allow for internal organizational processes to send out the link. A reminder email was sent by the organization to all staff after 30 days. The researcher requested to be cc'd in the original and reminder email in order to assure that the email message was consistent with the instructions provided. Staff who responded to the email link accessed SurveyMonkey where they arrived at a consent page which explained the intent of

the study. Once consented, they were redirected to the hosted instrument. All data was downloaded after the SurveyMonkey link was closed and stripped of any identifying information such as IP address.

The data, downloaded and stripped of any identifying information, was analyzed using SPSS. Pearson product-moment correlations and Cronbach's alpha were run for items within scales, between scales, and between scales and ordinal demographic data. Principle components analyses were run on the PCES to explore if the six hypothesized subscales were validated or if other components were found in the data. Linear multiple and stepwise regressions were also run to find the best fitting model and further reliability analyses.

### **Results**

The Perceived Community Engagement Scale (PCES), Moos 4 Selected Items (M4SI), belief in Community Engagement Value (CE-Value) item, belief in Community Engagement Impact (CE-Impact) item, and collected demographics were analyzed to explore the reliability and validity of the PCES. There are a number of hypothesized results expected:

- PCES measures aspects of community engagement;
- there is a positive association between the PCES and the M4SI (perceived community engagement and internal organizational climate towards clients);
- higher PCES scores will be predictive of staff beliefs in the value and impact of community engagement; and
- organizations that create communication spaces will have higher PCES scores.

In this thesis, qualitative measures will not be analyzed. Two questions, CE-Impact and CE-Value items, developed to measure overall beliefs in community engagement (“I personally believe that engaging the broader community brings value to the organization.” and “I personally believe that engaging the broader community has a positive impact on the delivery of services.”)

were expected to be highly associated with PCES scores overall as confirmation that the PCES measured perceived geographic community engagement and not internal client engagement. Associated, M4SI would be expected to have less of a relationship with CE-Impact and CE-Value since M4SI is focused on internal clients.

The PCES was developed to measure staff perception of surrounding geographic community engagement by the CBO where they work. Since it is based on the principles of Community-based Participatory Research, the PCES was developed to measure high standards of engagement. The little research done in this area as well as anecdotal information would predict low PCES scores. There was also an expectation that length of employment would be associated with either high engagement or low community engagement since mission-driven entrance into the direct social service workforce would be confirmed or not by the organization's actions. Other demographic information collected was not expected to differentiate between staff perceptions of community engagement on any variable.

### **Analysis**

Analyses consisted of simple frequencies of nominal demographic data. Scale reliability analyses were run on the PCES and the M4SI (i.e., selected Moos items) to assure that the items chosen for these scales belonged together. Discriminatory validity was measured by exploring the relationship between the PCES and the M4SI. A principle components analysis was run on the PCES to explore if there is enough difference between the items developed to support the six hypothesized scales or if another set of components seems superior. Linear regressions were then run to examine the convergent and discriminant validity of the scales.

### **Demographics**

Of the 67 service CBO staff that responded to the study request 53 consented and responded to the survey questions. One did not consent and 13 consented but did not respond to



any of the survey questions. SPSS was used for the analyses. The demographics indicated that respondents were mainly Hispanic/Latino (56.5%), 10.9% African American, and 32.6% European American. Length of employment data showed that 39.6% employed one year or less and 25% employed 10 years or more (see Figure1).



Figure 1 Length of Employment

Social service job titles broke up into the following categories: 18.8% support staff, 45.8% direct service staff, 10.4% supervisors, 20.8% managerial, and 4.2% executive level staff out of 48 responses (see Figure 2). Even though Length of Employment results indicate an interesting bi-modal distribution, there were no associations found between Length of Employment and the scaled variables.

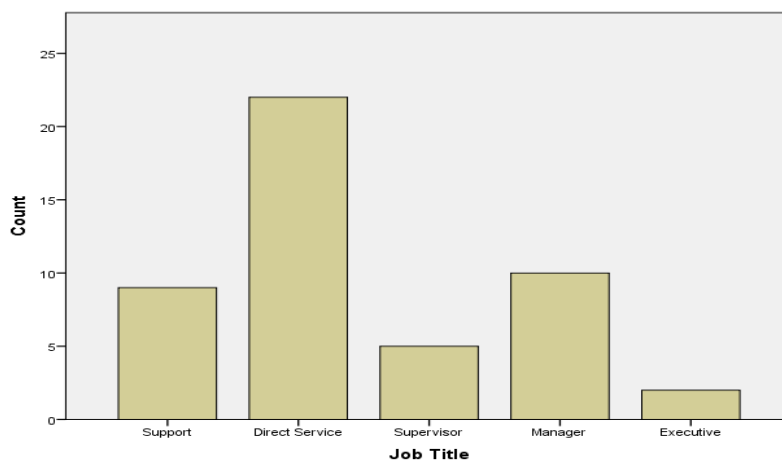


Figure 2 Job Title

#### **Four Selected Moos Items (M4SI)**

It was expected that organizational climate toward clients would be related to external community engagement. Organizations that foster positive climates for their directly-serviced communities (clients) may work in a way that plays out effectively in their relationship with their local, geographic community. Though these relationships have not been previously examined. A very limited set of items, the M4SI, were used from the original Moos (1972) Community Oriented Programs Environment Scale third edition Real Form. This reduction was made based on practical considerations of time and effort for the participants, which paid off with an eventual strong Cronbach's alpha, described later.

To determine the validity of the M4SI scale, inter-item correlations and reliability analyses were run. The correlation matrix for the M4SI indicates that the items are associated with each other, with  $r$ 's ranging from .317 to .651. Five out of the six correlations or 83% are highly associated with each other ( $p < .01$ ,  $df = 53$ , 1-tailed Pearson), and one out of the six correlations was significant at the  $p < .05$  level ( $df = 53$ , 1-tailed Pearson). Means for items scored on a six point Likert scale ranged from 3.57 to 4.66 with standard deviations ranging from .869 to 1.047. Cronbach's Alpha for the M4SI is .739 indicating high reliability among the items. Cronbach's Alpha varied slightly from .610 to .728 if any single item was deleted. Overall the M4SI can be a reliable scale for use on its own. This will allow for comparison across scales.

#### **Perceived Community Engagement Survey**

Pearson bivariate correlations were run to explore the relationship between individual PCES items. The correlation matrix for the 20 PCES items indicates that a large portion are highly associated with each other. 179 out of the 190 correlation were found to be highly significant ( $p < .01$ ,  $df = 53$ , 2-tailed Pearson), 5 out of the 190 correlations were significant at the  $p < .05$  level ( $df = 53$ , 2-tailed Pearson), and six were not found to be significant. Means for

items scored on a six point Likert scale ranged from 3.47 to 4.57 with standard deviations ranging from .907 to 1.35. The mean for the overall PCES scale is 4.02, sd .863 indicating that 68% of responses fell between 3.16 and 4.88. These results are higher than expected but do not demonstrate a floor or ceiling effect for the scale.

The scale analysis Cronbach's Alpha for the 20 item PCES was .959 indicating high reliability among the items. Cronbach's Alpha did not vary (.959 to .955) if any single item was deleted from the PCES as expected from the large correlation coefficients. Split half reliability model analysis indicates the PCES items remain reliable, Cronbach's Alphas of .929 and .930 for parts 1 and 2 respectively, .837 correlation between forms, .911 Spearman-Brown Coefficient for both equal and unequal length, and .910 Guttman Split-Half Coefficient. Overall the items of the PCES "hang" well together.

To determine if the hypothesized six scales of the PCES were confirmed as subscales, a component analysis was run. Initial Principal Component analysis on the PCES (six forced components, Varimax rotation with Kaiser Normalization, nine iterations for solution) revealed that six sub-scales could be pulled from the PCES but these did not correspond closely to the hypothesized sub-scales. The PCES was developed according to six subscales (needs assessment, input, program development, vetted representation, internal engagement, leadership development) but due to the high association between items, the six forced component result did not correspond to the developed subscales. In fact the first two extraction Sums of Squared loadings prior to rotation account for 67.24% of the variance. This may indicate that a simpler solution to the number of components present is possible and as such an unforced analysis was conducted.

A second Principle Component analysis was run (Varimax rotation with Kaiser Normalization, Eigenvalue set at 1.0 for extraction, three iterations for solution) and two

components were evident. Component one is made up of items that reflect organizational integration with the community (e.g., *“The organization fully represents the identity of the community”* or *“There is a strong community member presence within the Board of Directors”*). Component two is made up of items that reflect community involvement in organizational programs and services. This component included items such as *“The organization creates opportunities for community members to have input into what programs and services are provided”* or *“The organization provides a variety of settings for community members to discuss community issues with staff.”* The first component, the Community Integration Component (ComIntegration) and the second component, the Community Program Involvement Component (ProgInvolvement) are named for ease of reference. The average scores for the 12 item ComIntegration component ( $M = 4.09$ ,  $SD = .96$ ) and the ProgInvolvement 8 item component ( $M = 4.06$ ,  $SD = .88$ ) are very similar.

Since the distinction between the two components reflect the difference between full integration with the geographic community by a CBO and less intensive involvement, ComIntegration is consistent with the intent of the developed PCES. The differences in the components may indicate a subtle difference in language and how staff in CBOs perceive the difference between engagement and involvement. The two component solution is parsimonious and clearly tapping into the intent of the scale so it will be used in all further analysis instead of the six component result.

### **Inferential Comparisons**

In order to determine the convergent and discriminant validity of the PCES, the PCES overall average scores and the two components from the principle components analysis, ComIntegration and ProgInvolvement, were compared to the Moos four selected items (M4SI). The M4SI and the PCES components, ComIntegration and ProgInvolvement, were also used to

test if they accounted for differences in variance in the Community Engagement Value and Impact (CE-Value and CE-Impact) items. An overall PCES average score was calculated to explore the expected associations between components, the M4SI, and other scaled items that were part of the survey. The correlations were subjected to one-tail tests since prior expectations were held (see Table 1). The correlation matrix demonstrates significant associations between scaled variables, as expected, except for ProgInvolvement. ProgInvolvement seems to be measuring external involvement of community and it is only correlated with ComIntegration and the overall PCES average score. ProgInvolvement may provide some discriminatory validity within the PCES tool itself, differentiating between community involvement in programmatic activities of an organization and full community engagement internal to a Community-Based Organization. The M4SI was associated to a greater degree with CE-Value and CE-Impact than ComIntegration.

Table 1 *Bivariate Correlations Among Selected Variables*

Variable	PCES Avg (n = 53)	Com Integration (n = 53)	Prog Involvement (n = 53)	CE-Value (n = 48)	CE-Impact (n = 48)	M4SI (n = 53)
PCES Avg	-	.958**	.884**	.466**	.475**	.519**
ComIntegration		-	.713**	.573**	.581**	.557**
ProgInvolvement			-	.201	.210	.362**
CE-Value				-	.967**	.664**
CE-Impact					-	.661**

\*\*Correlation is significant at the 0.01 level (1-tailed)

In order to explore the relationship between the total average PCES scores, the ComIntegration and the ProgInvolvement components of the PCES, the M4SI, and the CE-

Impact/CE-Value belief items (Community Engagement Impact and Community Engagement Value), several linear regressions were run. An initial regression was run using different combinations of the stated variables and then a stepwise regression was run using the same variable combinations. Since it was hypothesized and found that the variables would be associated positively with each other, exploring these relationships as hypothesized allowed for further clarification of differential validity. The predictive models were all exploratory in nature and resulted in significant results for several variable combinations.

The most interesting results resulted when CE-Value and CE-Impact were the dependent or criterion variable. CE-Value and CE-Impact were not used together in any analysis due to high collinearity (tolerance = .063). These results will be the ones presented here since they clearly demonstrate the relationship between variables. Also only the two components of the PCES scale were used in these analysis instead of the PCES average score. This decision was made since the two components seem to be measuring different latent concepts.

The linear regressions run explored the relationship between variables in predicting CE-Value or CE-Impact. A standard multiple regression analysis was conducted to evaluate how well staff perceptions of organizational climate towards clients (M4SI), external community engagement (ComIntegration), and program involvement (ProgInvolvement) predicted staff beliefs in the value (CE-Value) or impact (CE-Impact) of community engagement. The linear combination of M4SI, ComIntegration, and ProgInvolvement was significantly related to CE-Value,  $F(3,44) = 16.370$ ,  $p < .000$  (see Table 2). The multiple correlation coefficient was .73, indicating that approximately 49.5% (adjusted) of the variance of CE-Value can be accounted for by the linear combination of the variables. The standardized regression equation for predicting CE-Value score was: Predicted CE-Value =  $.446 \times \text{M4SI} + .504 \times \text{ComIntegration} - .286 \times \text{ProgInvolvement}$  but only the M4SI and ComIntegration were significant coefficients ( $t = 3.353$ ,

$p = .002$  and  $t = 2.837$ ,  $p = .007$ , respectively). Using the same model but replacing CE-Value with CE-Impact resulted in a significant model:  $F(3,44) = 16.422$ ,  $p < .000$ ,  $R = .727$  indicating approximately 49.6% (adjusted) of the variance accounted for and both M4SI ( $\beta = .433$ ,  $t = 3.259$ ,  $p = .002$ ) and ComIntegration ( $\beta = .519$ ,  $t = 2.923$ ,  $p = .005$ ) were significant coefficients.

Table 2

*Linear Multiple Regression Results*

Model	b	SE-b	$\beta$	Pearson $r$	$sr^2$	Structure Coefficient
1 Constant	.917	.906				
1 ComIntegration*	.584	.206	.504	.573	.086	.789
1 ProgInvolvement	-.362	.188	-.286	.201	.040	.277
1 M4SI*	.778	.232	.446	.664	.121	.915
2 Constant	.856	.913				
2 ComIntegration*	.606	.207	.519	.581	.092	.799
2 ProgInvolvement	-.362	.190	-.284	.210	.039	.289
2 M4SI*	.761	.234	.433	.661	.114	.910

Notes. Model 1 - The dependent variable was CE-Value.  $R^2 = .527$ , adjusted  $R^2 = .495$ .  $sr^2$  is the squared semi-partial correlation.

Model 2 - The dependent variable was CE - Impact.  $R^2 = .528$ , adjusted  $R^2 = .496$ .  $sr^2$  is the squared semi-partial correlation.

\*  $p < .05$ .

A couple of stepwise multiple regressions were conducted to evaluate which of three independent variables (M4SI, ComIntegration, and ProgInvolvement) could predict and account for CE-Value or CE-Impact variance. For CE-Value as the criterion variable, at step 1 of the analysis, M4SI was entered into the regression equation and was significantly predictive of CE-Value scores  $F(1,46) = 36.286$ ,  $p < .000$ . The multiple correlation coefficient was .664, indicating approximately 42.9% (adjusted) of the variance of the CE-Value scores could be accounted for by M4SI. In step 2 ComIntegration entered into the regression equation and accounted for an increase of 3.6% of the variance explained. M4SI and ComIntegration were significantly related to CE-Value scores  $F(2,45) = 21.425$ ,  $p < .000$  (see Table 3). ProgInvolvement did not enter into the equation ( $t = -1.922$ ,  $p > .05$ ). Thus the stepwise

regression equation for predicting CE-Value score was: Predicted CE-Value =  $.501 \times \text{M4SI} + .271 \times \text{ComIntegration}$  ( $t = 3.745, p = .001$  and  $t = 2.027, p = .049$ , respectively).

Switching CE-Value with CE-Impact in the same model resulted in a significant step 1 model:  $F(1,46) = 35.630, p < .000, R = .661$ , indicating approximately 42.4% (adjusted) of the variance accounted for by M4SI ( $\beta = .661, t = 5.969, p = .000$ ). In step 2 ComIntegration entered into the regression equation and accounted for an increase of 4.2% of the variance explained. M4SI and ComIntegration were significantly related to CE-Impact scores  $F(2,45) = 21.425, p < .000$  (see Table 3). ProgInvolvement did not enter into the equation ( $t = -1.909, p > .05$ ). Thus the stepwise regression equation for predicting CE-Impact score was: Predicted CE-Impact =  $.487 \times \text{M4SI} + .288 \times \text{ComIntegration}$  ( $t = 3.650, p = .001$  and  $t = 2.154, p = .037$ , respectively).

Table 3 Stepwise Regression Results

Model	b	SE-b	$\beta$	Pearson $r$	$sr^2$	Structure Coefficient
1 Constant	.120	.830				
1 ComIntegration*	.314	.155	.271	.573	.047	.821
1 M4SI*	.873	.233	.501	.664	.160	.951
2 Constant	.059	.835				
2 ComIntegration*	.336	.156	.288	.581	.053	.831
2 M4SI*	.857	.235	.487	.661	.151	.946

Notes. Model 1 - The dependent variable was CE-Value. ProgInvolvement was excluded.  $R^2 = .488$ , adjusted  $R^2 = .465$ .  $sr^2$  is the squared semi-partial correlation.

Model 2 - The dependent variable was CE-Impact. ProgInvolvement was excluded.  $R^2 = .489$ , adjusted  $R^2 = .466$ .  $sr^2$  is the squared semi-partial correlation.

\*  $p < .05$ .

The overall results indicate collinearity between CE-Value and CE-Impact due to their very high association ( $r = .967$ ). Due to the correlations between the variables, prediction models that had either CE-Value or CE-Impact would give similar results. Of notice within the results was the difference between the two components found during component analysis. The



components seem to be variables for two different constructs, labeled here *Community Integration* and *Community Program Involvement*.

### **Discussion**

There is a clear need to explore what it means for a CBO to represent their community and to be community-based. The purpose of this study was to create an instrument to measure CBO staff perceptions of the level of community engagement of the organization. The focus was on direct service CBOs and the geographic areas (communities) where they are based. Community engagement is the target since the instrument was designed based on the “gold standard” framework of Community-based Participatory Research (CBPR). The CBPR framework is considered the “best practice” researcher/community collaborative approach for research done within communities. Reframing the principles of CBPR to a “best practice” collaboration model between CBOs and community required changing the depth of relationship from collaboration to engagement.

The results of the study indicate that the PCES is a good scale overall with items showing internal consistency. While the six initially hypothesized subscales did not materialize with this sample, two strong components emerged that have promise for a two stage model. The two components differentiate 1) integration of community members within the organization (leadership development, hiring practices) from 2) community member involvement in program and services (needs assessments, planning). Component one included items that represent a clear integration and authentic philosophical representation of community members by the organization. The first four integration items with the highest factor loadings clearly demonstrate community members integrated within the organization as well as authentic representation:

- *The organization, as a community-based organization, fully represents the goals of the community*

- *There is a strong community member presence within the Board of Directors*
- *The organization fully represents the identity of the community;*
- *The organization actively recruits community members for positions within the organization.*

On the other hand, the highest factor loadings for the involvement component of the PCES point to an organization that communicates with and seeks input from community members:

- *The organization has a process (formal or informal) in which community members are part of the service or program development team;*
- *Community members can request meetings with, and requests are acted on, the organization's leadership to voice concerns over community issues;*
- *The organization creates opportunities for community members to have input into what programs and services are provided;*
- *I am able to inform the organization's leadership of what community members would like to see the organization offer.*

A two stage model of community engagement representing degree of community engagement, from involvement to integration, may be useful for CBOs as a decision tool. These two stages provide a potential stepped decision-making process for CBOs. The first stage can guide CBOs on both the degree of community engagement it has obtained and how it can more fully engage the community. Initial linear logic would point to community involvement in program and services as the first step. Moving on to community integration within the organization would be a second logical step. There is nothing in the CBPR framework that dictates a staged model. The level of engagement should probably be negotiated between community and CBO in order to demonstrate respect for each other's competencies.

PCES reliability indicates a scale that has good internal reliability. Compared to the four Moos Community Oriented Programs Environment Scale items, the overall PCES and its two components are associated but also measure different underlying elements. This was clearly seen in the Pearson correlations between the components of the PCES (i.e., integration and involvement). As previously stated, one component of the scale seems to measure community integration while the other one seems to measure community involvement. The Moos items are significantly associated with the community *integration* component but not the community *involvement* component.

This degree of discriminatory validity suggests differences between the underlying concepts. The distinctions may indicate that staff perceptions of positive internal social climate towards clients are indicative of an overall external or “other” focused value or belief. Yet this positive generality would not distinguish between community integration and involvement. The Moos items may be tapping into a desire for client representation which is consistent with integration of the broader community. Community involvement could be a lower order concept which does not have the same degree of community engagement perceived by staff compared to community integration.

In addition, the two single item questions of personal beliefs (*Engaging the community brings value to the organization. Engaging the community has an impact on the delivery of services.*) are moderately associated with community integration indicating staff beliefs positive to community engagement are consistent with perceptions of engagement. Opposed to the low associations between community involvement and personal beliefs. The two single item questions of staff beliefs are highly associated with each other. This indicates that beliefs in the value of community engagement may be reinforced by beliefs of the impact of community engagement. This difference between beliefs and perceptions of community involvement versus

integration may even indicate a desire by staff at all levels for integration. Staff in this particular sample may want to see broader community and organizational integration. The PCES scale and its components can be a step in that direction.

This study indicates that developing criteria based on a research-supported model, one which has demonstrated engagement outcomes within communities, is a plausible option line of research. Yet one important question out of many remains, how do community-based organizations approach underrepresented communities? The literature on co-cultural communication suggests that communication spaces need to be created by CBOs if they are to conduct activities or processes that foster community engagement. This is especially true when the relationship between the CBO and the community has been strained or is non-existent. Co-Cultural Communication provides a succinct and clear theory that can be used by CBOs to create communication spaces. It is important for social scientists to better understand the impact of being underrepresented in a dominant culture. It is equally important to be guided by a theory that attempts to define communicative behavioral variables, communication spaces and approaches. Given such knowledge, there is greater potential to develop approaches that can more fully increase community member engagement, and the community's collaborative work with CBO to bring about transformative change.

Orbe (Orbe & Spellers, 2005) developed co-cultural theory as a means to explain findings from different communication studies of underrepresented groups. It is in fact a communication theory of the underrepresented since it attempts to explore the adaptations and communicative behaviors of underrepresented groups as they navigate dominant societal structures. The complete theory identifies and consolidates communication practices according to factors that influence which practices are chosen within any particular communication. The factors are the parameters that define the base skills and contexts that guide individual behaviors. Co-cultural

theory provides another framework for adaptation to organizational communication with underrepresented communities. Using Co-cultural theory to explore civil rights discourse with communities, researchers found that underrepresented groups want to engage in ways that maintained their cultural identities (Groscurth & Orbe, 2006). CBO's could better engage the community in discourse by creating spaces that promote the maintenance of cultural self-identity.

In order for CBOs to create better communication spaces, negative attitudes and perceptions have to be addressed. Allison and Hibbler (2004) found, in recreational organizations, that barriers created for disenfranchised groups were attributable to staff perceptions of the groups. The lack of research exploring organizational barriers to community participation, perhaps due to assumed egalitarianism in the recreation field, may also be true for service delivery CBOs. In the Allison and Hibbler study, co-cultural communication theory was used to elucidate the impact of changing communities, changing management and staff, program responsibility, language barriers, and staff/management stereotypes in interactions between organizational recreation staff and underrepresented groups. These potential cross-cultural interactions created barriers for inclusion in recreation programs. Extending this finding to service delivery CBOs, an assumption of egalitarianism and unbiased structures cannot be assumed. Research would have to be conducted to see what type of communicative behaviors CBOs elicit in underrepresented community members.

Staff perceptions and attitudes towards underrepresented groups become part of the organizational culture and create barriers. So what is an effective way to combat those perceptions? Bartel (2001) demonstrated how the practice of community outreach, which has been lost within many service delivery CBOs, could help combat limiting situational contexts. Community outreach used to be part of both community health centers and substance use

disorders treatment centers but over time the use of this outreach anywhere has decreased dramatically. Together, budget cuts, increased professional regulations, segregation of these types of activities to fewer and fewer staff, and cutting outreach services, reduces the number of opportunities for community interaction and communication.

One aspect of the Bartel study was an examination of how boundary-expanding work, such as outreach, had an impact on staff organizational identity. Threatening contexts, as the study showed, can both increase organizational identity as well as perceptions of clients as out-group members. Thus increased interactions with the perceived out-group (biased CBO employees interacting more with community members) can decrease the power of in-group biases. Increasing outreach services, because they lead to more interactions with community members, may be one avenue for CBOs to decrease biases and barriers to engagement.

In general, CBOs that understand the cultural differences between community members and the organization can adjust to create space and contact opportunities to decrease the power divide. Theories and tactics can be adapted to the area of CBO community engagement since the area currently lacks mechanisms based on research that could promote community engagement.

There are a number of limitations with this study and the measures used. The tools included, besides the PCES, were limited in scope and depth. Measuring beliefs in impact and value of community engagement with single items may reduce the amount of variance that can be analyzed. Staff beliefs in the impact and value of community engagement may not be what is actually being measured. While only four items were used from the original Moos scale, the measures traditionally strong reliability remained solid. In addition to strong internal consistency, the measure showed strong predictive discrimination of the PCES and the two single *belief* items. A pilot of the ten Moos items initially chosen, the PCES, and the nine single items including demographics indicated good subject comfort and ease of use.

If we consider a two stage decision making process, the first step may be the determination of staff perceptions around community engagement. The second step may be in deciding the level of engagement a CBO wants with the surrounding community. A CBO may decide that the current degree of community involvement may be the fullest extent of engagement necessary for their purposes. Would such a decision to go no further indicate to community members the CBO does not want to be a general proxy of community representation? Nor want to be considered a community institution? These are difficult questions to answer. Moreover, a CBO may want to define its “community” by ethnic or racial lines which may or may not coincide with the geographic community. This will also limit the level of authentic representation a CBO can claim. Community members are the only ones that can determine if a CBO is a community institution by their inherent designation as “representing” the community. Yet these decisions are usually, and too often, made by the CBOs themselves, supported by policy and funding systems that themselves do not fully (or at all) engage community.

The current government and philanthropic initiatives to designate CBOs as representatives has created significant assumptions fundamental to community work. Are community members truly being represented by CBOs or has the designation of “community-based” lost some of its significance? Little past research has explored the issue of true or authentic representation of community will, desires, and beliefs. The requirements found in government grants and foundation applications indicates a growing desire for intentional mechanisms to better ensure community representation within non-for-profits (Holzer & Kass, 2014; McCarron, Richartz, Brigham, et al, 2010). For example, initiatives that fund community health centers often require a portion of their board to include consumers of services or full consumer advisory boards – *“health centers receiving Section 330 grants and Look-Alikes must be governed by a board of directors. The board must include a majority (at least 51%) of active,*

*registered patients of the health center who are representative of the populations served by the center*” (Rural Health Information Hub, 2015). Despite the necessity of these policy steps, requiring organizations to provide mechanisms for representation of the broader community, little oversight is provided. The focus of engagement efforts by CBOs are for those that receive services (the internal community served). The problem is that funders and external stakeholders consider CBOs to be proxies for more than just those they serve.

Funder and stakeholder organizations consider CBOs to be representatives of and accountable to the communities in which they are located. This would seem to make sense for those organizations that are considered community-based as opposed to community-placed organizations. Yet there is little research that explores if funded organizations under these stipulations truly represent the geographic community in which they are located. Should CBOs be community institutions, integrated into the communities where they are located and responsive to them or should they limit their involvement to only those consumers who direct services they provide? It is clear that CBOs cannot be all things to all people. Yet as default community proxies, the very well-intentioned mission of such programs requires an expectation that CBOs are community representatives. From an evaluation perspective, whether this ideal happens or not is unknown, and cannot be known given that it is not based on any measure or model of representation. And as de facto proxies for communities, CBOs that benefit from this status, it would seem, must maintain an obligation in becoming community institutions.

The results of this study clearly point to a two stage model for measuring community engagement. This framework can help an organization understand how staff perceive the CBO in its level of authentic community engagement, and lead to concrete suggestions for change over time. Objective measures of increased involvement and integration of community can easily be adapted from the PCES such as changes in mission statements, increased community member



presence in the organization, increased representation in decision making within the organization, etc. A whole area of research is needed if community voice is to be heard and heeded, even within, and particularly within, the communities themselves.

## References

- (2006, April 15). HIV prevention policy needs an urgent cure. *Lancet*. p. 1213.  
doi:10.1016/S0140-6736(06)68513-9
- Allison, M. T., & Hibbler, D. K. (2004). Organizational Barriers to Inclusion: Perspectives from the Recreation Professional. *Leisure Sciences*, 26(3), 261-280.  
doi:10.1080/01490400490461396
- Auerbach, J. D. (2004). No "access for all" to US Government HIV/AIDS research. *Lancet*, 364(9428), 109-110.
- Baiardi, J. M., Brush, B. L., & Lapides, S. (2010). Common issues, different approaches: strategies for community-academic partnership development JM Baiardi, BL Brush and S Lapides Using CBPR for partnership development. *Nursing Inquiry*, 17(4), 289-296.  
doi:10.1111/j.1440-1800.2010.00509.x
- Bartel, C. A. (2001). Social Comparisons in Boundary-spanning Work: Effects of Community Outreach on Members' Organizational Identity and Identification. *Administrative Science Quarterly*, 46(3), 379-414.
- Burgio, L. D. (2010). Disentangling the translational sciences: A social science perspective. *Research and Theory for Nursing Practice: An International Journal*, 24(1), 56-63. doi: 10.1891/1541-6577.24.1.56.
- Christensen, J. (2012). Telling stories: Exploring research storytelling as a meaningful approach to knowledge mobilization with indigenous research collaborators and diverse audiences in community-based participatory research. *Canadian Geographer*, 56(2), 231-242. doi: 10.1111/j.1541-0064.2012.00417.x.
- Clark, M. (2012). Cross-cultural research: Challenge and competence. *International Journal of Nursing Practice*, 18(S2), 28-37. doi: 10.1111/j.1440-172X.2012.02026.x.

- Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Social Science and Medicine*, *41*, 1667-1676.
- De Las Nueces, D., Hacker, K., DiGirolamo, A., & Hicks, L. S. (2012). A Systematic Review of Community-Based Participatory Research to Enhance Clinical Trials in Racial and Ethnic Minority Groups. *Health Services Research*, *47*(3pt2), 1363-1386. doi:10.1111/j.1475-6773.2012.01386.x
- Groscurth, C. R., & Orbe, M. P. (2006). The Oppositional Nature of Civil Rights Discourse: Co-Cultural Communicative Practices That Speak Truth to Power. *Atlantic Journal Of Communication*, *14*(3), 123-140. doi:10.1207/s15456889ajc1403\_2
- Guerra, N. G., & Knox, L. (2008). How culture impacts the dissemination and implementation of innovation: A case study of the families and schools together program (FAST) for preventing violence with immigrant Latino youth. *American Journal of Community Psychology*, *41*, 304-313. doi: 10.1007/s10464-008-9161-4.
- Guo, C. (2007). When Government Becomes the Principle Philanthropist: The Effects of Public Funding on Patterns of Nonprofit Governance. *Public Administration Review*, *May/June*, 458-472.
- Holzer, J., & Kass, N. (2014). Community Engagement Strategies in the Original and Renewal Applications for CTSA Grant Funding. *CTS: Clinical & Translational Science*, *7*(1), 38-43. doi:10.1111/cts.12125
- Israel, B.A., Parker, E.A., Rowe Z., Salvatore A., Minkler M., López J., Butz A., Mosley A., Coates L., Lambert G., Potito P.A., Brenner B., Rivera M., Romero H., Thompson B., Coronado G., and Halstead S. (2005). Community-based participatory research: lessons learned from the Centers for Children's Environmental Health and Disease Prevention Research. *Environmental Health Perspectives*, *113*(10), 1463-1471.

- Joint Commission on Administrative Rules Administrative Code. (2012). *Title 77: Public Health Chapter X: Department of Human Services Subchapter d: Licensure Part 2060 Alcoholism and Substance Abuse Treatment and Intervention Licenses* (HHS Publication No. (SMA) 12-4702). Retrieved from: <http://www.ilga.gov/commission/jcar/admincode/077/07702060sections.html>
- McCarron, D. A., Richartz, N., Brigham, S., White, M. K., Klein, S. P., & Kessel, S. S. (2010). Community-Based Priorities for Improving Nutrition and Physical Activity in Childhood. *Pediatrics*, 126S73-S89. doi:10.1542/peds.2010-0482C
- Moos, R. (1972). Assessment of the Social Environments of Community-oriented Psychiatric Treatment Programs. *Journal of Abnormal Psychology*, 79(1), 9-18.
- Orbe, M. P., Spellers, R. E. (2005). From the Margins to the Center: Utilizing Co-Cultural Theory in Diverse Contexts. In W. B. Gudykunst (Ed.), *Theorizing about intercultural communication* (pp. 173-191). Thousand Oaks, CA: Sage Publications Ltd.
- Pickens, J. (2011). Community-based Participatory Research on Youth Violence Prevention. *Journal of Multidisciplinary Research (1947-2900)*, 3(3), 9-23.
- Rural Health Information Hub. Retrieved December 2015 from: <https://www.ruralhealthinfo.org/topics/federally-qualified-health-centers#board-required>
- Substance Abuse and Mental Health Services Administration (2012). *State-Level Spending on Mental Health Services and Substance Abuse Treatment, 1997-2005*. HHS Publication No. (SMA) 12-4672. Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- Stedman-Smith, M., McGovern, P. M., Peden-McAlpine, C. J., Kingery, L. R., & Draeger, K. J. (2012). Photovoice in the Red River Basin of the north: A systematic evaluation of a

- community–academic partnership. *Health Promotion Practice*, 13(5), 599-607. doi: 10.1177/1524839910370737.
- Warren, M. R., Hong, S., Rubin, C. L., Uy, P. S. (2009). Beyond the Bake Sale: A Community-Based Relational Approach to Parent Engagement in Schools. *Teachers College Record*, 111(9), 2209–2254.
- Wendel, M. L., Burdine, J. N., & McLeroy, K. R. (2007). CDC's prevention research centers and community health development. *Texas Public Health Association Journal*, 59(2), 10-13.
- Vieweg, J. (2012). Building Academic-Community Partnerships Through Participatory Research. *Auanews*, 17(9), 28-29.
- Viswanathan M, Ammerman A, Eng E, et al. (2004). Community-based participatory research: Assessing the evidence. *Evidence Report/Technology Assessment No. 99* (Publication 04-E022-2). Rockville, MD: Agency for Healthcare Research and Quality.
- White, W. (2000). The history of recovered people as wounded healers: II. The era of professionalization and specialization. *Alcoholism Treatment Quarterly*, 18(2), 1-25.

## Appendix A: Perceived Community Engagement Survey

### PCE Survey

This questionnaire assesses your organization's current level of community engagement. Community engagement is defined by how much your organization engages community members who live close to your workplace, i.e. the surrounding neighborhood or community as you see it. Your workplace's surrounding community may include clients/participants/patients your organization serves in addition to other residents in that community.

There are no right or wrong answers so please be as honest as you can with your opinions and rate each statement below, circling the number that corresponds to your best and most accurate answer.

#### Section 1

1. The organization conducts needs assessments of the community by involving a variety of community members.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

2. If the organization receives requests from community members regarding community needs, the organization takes those requests seriously.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

3. The organization conducts community meetings to discuss and seek input towards upcoming needs assessments.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

4. Community members are encouraged to inform the organization of issues of importance to them.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

5. The organization provides a variety of settings for community members to discuss community issues with staff.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

6. Community members can request meetings with, and requests are acted on, the organization's leadership to voice concerns over community issues.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

7. The organization creates opportunities for community members to have input into what programs and services are provided.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

8. I am able to inform the organization's leadership of what community members would like to see the organization offer.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

9. The organization has a process (formal or informal) in which community members are part of the service or program development team.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

10. The organization is a representative "voice" of the community.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

11. The organization, as a community-based organization, fully represents the goals of the community.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

12. Community members are in agreement with how the organization represents them.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

13. The organization has an active community advisory board.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

14. There is a strong community member presence within the Board of Directors.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

15. Community members are encouraged to volunteer within the organization.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

16. The organization actively recruits community members for positions within the organization.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

17. The organization provides leadership development opportunities for community members.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

18. There is a formal leadership development program within the organization for community members.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

19. There are community members in leadership roles within the organization.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

20. The organization fully represents the identity of the community.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

## **Section 2**

In this section, clients/participants/patients refer to individuals that receive services at your primary work location. In addition, program refers to a particular service or all services provided your primary work location.



1. Clients/participants/patients put a lot of energy into what they do around here

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

2. Clients/participants/patients have a say in making rules

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

3. The clients/participants/patients are proud of this program

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

4. It is hard to tell how clients/participants/patients are feeling here

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

5. Clients/participants/patients are expected to take leadership here

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

6. The staff discourage criticism

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

7. Very few clients/participants/patients ever volunteer around here

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

8. Clients/participants/patients are strongly encouraged to express themselves freely here

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

9. The staff almost always act on clients/participants/patients ' suggestions

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

10. Very few clients/participants/patients have any responsibility here

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

### Section 3

1. I personally believe that engaging the broader community brings value to the organization.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

2. I personally believe that engaging the broader community has a positive impact on the delivery of services.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

3. What does community-based organization mean to you?

---

4. Does the organization's mission contain or define responsibility to the broader community? If so, how?

---

5. Is there anything else that would be useful to tell us about the way your organization engages with the broader community that it might be useful to know?

---

Site/Location - \_\_\_\_\_

Job Title - \_\_\_\_\_

Length of Employment - \_\_\_\_\_

Race/Ethnicity (please circle one) -

European American   African-American   Latino(a)/Hispanic  
Asian-American   American Indian

Thank you for your time.

## PCES Section Arranged by Component Analysis

### ComIntegration Component

1. The organization conducts needs assessments of the community by involving a variety of community members.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

2. If the organization receives requests from community members regarding community needs, the organization takes those requests seriously.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

3. The organization conducts community meetings to discuss and seek input towards upcoming needs assessments.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

4. Community members are encouraged to inform the organization of issues of importance to them.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

5. The organization is a representative "voice" of the community.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

6. The organization, as a community-based organization, fully represents the goals of the community.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

7. The organization has an active community advisory board.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

8. There is a strong community member presence within the Board of Directors.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

9. The organization actively recruits community members for positions within the organization.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

10. The organization provides leadership development opportunities for community members.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

11. There are community members in leadership roles within the organization.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

12. The organization fully represents the identity of the community.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

### **ProInvolvement Component**

1. The organization provides a variety of settings for community members to discuss community issues with staff.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

2. Community members can request meetings with, and requests are acted on, the organization's leadership to voice concerns over community issues.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

3. The organization creates opportunities for community members to have input into what programs and services are provided.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

4. I am able to inform the organization's leadership of what community members would like to see the organization offer.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

5. The organization has a process (formal or informal) in which community members are part of the service or program development team.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

6. Community members are in agreement with how the organization represents them.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

7. Community members are encouraged to volunteer within the organization.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

8. There is a formal leadership development program within the organization for community members.

1 Strongly Disagree   2 Disagree   3 Somewhat Disagree   4 Somewhat Agree  
5 Agree   6 Strongly Agree

## Appendix B: Informed Consent Form

### INFORMED CONSENT

---

You are being asked to participate in a research study conducted by Rafael Rivera, student at National Louis University, Chicago, Illinois. The study is entitled Factor Analysis of the Perceived Community Engagement Survey. The purpose of the study is to explore perceived community engagement within Community-Based Organizations.

With your consent, you will be asked a number of questions through a survey which should take approximately **twenty to twenty five minutes** to complete.

Your participation is voluntary and you may discontinue your participation at any time without penalty. Your identity will be kept confidential by the researcher and will not be attached to the data. Only the researcher will have access to all data generated. Your participation in this study does not involve any physical or emotional risk to you beyond that of everyday life. While you are likely to not have any direct benefit from being in this research study, your taking part in this study may contribute to our better understanding of how Community-Based Organizational staff perceive community engagement by their organizations. This information will enable us to continue to develop ways of measuring community engagement and the importance it can have in the service delivery process.

While the results of this study may be published or otherwise reported to scientific bodies, your identity will in no way be revealed.

In the event you have questions or require additional information you may contact the researcher: Rafael Rivera, National Louis University, 122 South Michigan Avenue, Chicago, Illinois 60603; (773) 240-6586; rrivera10@my.nl.edu.

If you have any concerns or questions before or during participation that you feel have not been addressed by the researcher, you may contact Bradley Olson, PhD., bradley.olson@nl.edu, (312) 261-3464, student's advisor or the Interim Chair of NLU's Institutional Research Review Board: Judah Viola, PhD., National Louis University 122 South Michigan Ave. Chicago, Illinois 60603 (312) 261-3527 judah.viola@nl.edu.

I have read and understand the above consent and agree to be part of this study.

I have read and understand the above consent and do not agree to be part of this study.

Your response above within this electronic medium will be accepted as your signature.

**Appendix C: Letters of Permission to Collect Data**  
**El Rincon Email Letter**



Rafael Rivera <rrstorres@gmail.com>

---

**IRB Approval**

---

**Eddy Borrayo** <eborrayo@rinconfamilyservices.org>

Tue, Jun 24, 2014 at 9:02 AM

To: [riverar@uic.edu](mailto:riverar@uic.edu)

I am Eddy F. Borrayo, Clinical Director of El Rincon. Mr. Rafael Rivera approached me as the representative of El Rincon requesting that we distribute an online survey he developed. The survey is part of his thesis for his doctoral program in Community Psychology at National Louis University. He explained that the survey was a tool he developed to measure community engagement by community-based organizations. I was assured by Mr. Rivera that the data collected will be de-identified and analyzed collectively. I agree to help distribute the survey Mr. Rivera has designed within my organization.

Please contact me if you require additional information.

--

Eddy F. Borrayo, MSW, CADC, MISA II  
Clinical Director

Rincon Family Services  
3809 West Grand Avenue  
Chicago, Illinois 60651  
 [\(773\) 276-0200 Extension 6149](tel:(773)276-0200)

## HAS Letter Hardcopy



# Healthcare Alternative Systems, Inc.

Providing a continuum of multicultural and bilingual (English/Spanish) behavioral care and social services that empower individuals, families and communities

H.A.S.

web site: [www.hascare.org](http://www.hascare.org)

## CITY OF CHICAGO LOCATIONS

**Administrative Office  
& North Outpatient  
Tx. Program**  
2755 W. Armitage Ave  
Chicago, Illinois 60647  
Tel. (773) 252-3100  
Fax (773) 252-8945

**South Outpatient Tx. &  
Prevention Programs**  
4534 S. Western Ave.  
Chicago, Illinois 60609  
Tel. (773) 254-5141  
Fax (773) 254-5753

**Women's Tx. Program**  
1942 N. California Ave.  
Chicago, Illinois 60647  
Tel. (773) 292-4242  
Fax (773) 292-0355

**Residential Tx. Program**  
1949 N. Humboldt Blvd.  
Chicago, Illinois 60647  
Tel. (773) 252-2666  
Fax (773) 252-0527

**Transitional Housing**  
1866 N. Milwaukee Ave.  
Chicago, Illinois 60647  
Tel. (773) 782-4734  
Fax (773) 782-8160

**Domestic Violence & Youth  
Programs**  
5005 W. Fullerton Ave.  
Chicago, Illinois 60639  
Tel. (773) 745-7107  
Fax (773) 745-9902

**Medication Assisted Treatment  
(MAT) Program**  
210 N. Ashland Ave.  
Chicago, Illinois 60607  
Tel. (312) 948-0200  
Fax (312) 948-0600

## SUBURBAN LOCATIONS

**Outpatient Tx. Program**  
375 S. County Farm Rd.  
Whiston, IL 60187  
Tel. (630) 344-0001  
Fax (630) 344-0206

**Outpatient Tx. Program**  
1115 N. 23rd Avenue Melrose  
Park, IL 60160  
Tel. (708) 345-3632  
Tel. (773) 387-4843  
Fax (708) 345-4519

**Postpartum Depression  
Program**  
9855 W. Roosevelt Rd.  
Westchester, IL 60154  
Tel. (708) 223-7175  
Fax (708) 344-5045

July 7, 2014

Dear IRB:

My name is Marco E. Jacome and I am the Chief Executive Officer for Healthcare Alternative Systems, Inc. (H.A.S.), a nonprofit organization providing substance abuse treatment, prevention and intervention and behavioral health services.

Mr. Rafael Rivera approached me as the representative of H.A.S. and requested that we distribute to our employees an online survey he developed. He explained to me that that survey is part of his thesis for the doctoral program he is doing in Community Psychology at National Louis University. He developed the survey as a tool to measure community engagement by community-based organizations. He assured that the data collected would be confidential and analyzed collectively.

Please be advised that I have agreed to help Mr. Rivera distribute the survey to the employees of H.A.S. If you have any questions, please feel free to contact me at (773) 252-3100 ext. 222.

Sincerely,

Marco E. Jacome, MA, LPC, CAADC, CEAP  
Chief Executive Officer

*A CARF Accredited Organization*



## Salvation Army Letter



## The Salvation Army

Founded in 1865 by William Booth

DOING THE MOST GOOD™

Harbor Light Center

André Cox  
General

Paul R. Seiler  
Territorial Commander

Ralph Bukiewicz  
Lt. Colonel  
Divisional Commander

Merrill and Nancy Powers  
Captains  
Corps Officers

Date: May 1, 2014

To: Rafael Rivera

From: Laura I. Garcia, MAAPS, CADC  
Director of Clinical Programs  
The Salvation Army Harbor Light Center  
1515 W. Monroe St. Chicago, IL 60607-2497

Hello Mr. Rivera,

I am the Director of Clinical Programs for the Salvation Army Harbor Light Center. I understand that you are a student, perusing a degree at National Louis University and wish to include us in your research project on Community Engagement by CBOs. I would be happy to coordinate the distribution and collection of your survey and assist you in any way I can.

Feel free to contact me at (312) 291-7640 or [laura\\_garcia@usc.salvationarmy.org](mailto:laura_garcia@usc.salvationarmy.org) if you have any questions. I look forward to hearing from you.

Sincerely,

Laura I. Garcia, MAAPS, CADC  
Director of Clinical Programs



United Way  
Metro Chicago  
Partner Agency

## Appendix D: IRRB Approval Letter



Office of the Provost  
22 South Michigan Avenue  
Chicago, Illinois 60605-5152

616.517.2613/229

[www.nlu.edu](http://www.nlu.edu)

July 28, 2014

Rafael Rivera  
2026 W. Eastwood  
Chicago, IL 60625

Mr. Rivera:

The Institutional Research Review Board (IRRB) has received your application for your research study "Factor Analysis of the Perceived Community Engagement Survey". IRRB has noted that your application is complete and that your study has been approved by your primary advisor and college IRRB representative. Your application has been filed as Exempt in the Office of the Provost.

Please note that the approval for your study is for one year, from 7/23/2014 to 7/22/2015. At the end of that year, please inform the IRRB in writing of the status of the study (i.e. complete, continuing). During this time, if your study changes in ways that impact human participants differently or more significantly than indicated in the current application, please submit a Change of Research Study form to the IRRB, which may be found on NLU's IRRB website.

All good wishes for the successful completion of your research.

Sincerely,

Judah Viola, Ph.D.  
IRRB Chair