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Beyond Incentives for Involvement to Compensation for Consultants: Increasing Equity in CBPR Approaches

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Abstract

Background: Community-based participatory research (CBPR) strives for equitable collaboration among community and academic partners throughout the research process. To build the capacity of academia to function as effective research partners with communities, the North Carolina Translational and Clinical Sciences Institute (NC TraCS), home of the University of North Carolina at Chapel Hill (UNC-CH)’s Clinical and Translational Sciences Award (CTSA), developed a community engagement consulting model. This new model harnesses the expertise of community partners with CBPR experience and compensates them equitably to provide technical assistance to community–academic research partnerships.

Objectives: This paper describes approaches to valuing community expertise, the importance of equitable compensation for community partners, the impact on the community partners, opportunities for institutional change, and the constraints faced in model implementation.

Methods: Community Experts (CEs) are independent contractor consultants. CEs were interviewed to evaluate their satisfaction with their engagement and compensation for their work.

Lessons Learned: (1) CEs have knowledge, power, and credibility to push for systems change. (2) Changes were needed within the university to facilitate successful consultation to community–academic partnerships. (3) Sustaining the CE role requires staff support, continued compensation, increased opportunities for engagement, and careful consideration of position demands. (4) The role provides benefits beyond financial compensation. (5) Opportunities to gather deepened relationships within the partnership and built collective knowledge that strengthened the project.

Conclusions: Leveraging CE expertise and compensating them for their role benefits both university and community. Creating a place for community expertise within academia is an important step toward equitably including the community in research.

Keywords

Community-based participatory research; health disparities; consultants; community engagement; community participation; social change; organizational change; pay equity; Clinical and Translational Science Award; community–academic partnerships

CBPR strives for equitable collaboration among community and academic partners in all aspects of research development and implementation. CBPR aims to engage community partners throughout the research process, legitimizing their expertise and contributions in defining research questions, shaping methods, conducting research, and disseminating results. Over the past decade, there has been growing adoption of CBPR among academic institu-
tions and increased interest among the National Institutes of Health and other major funding agencies to support CBPR.1,2 Still, community–academic partnerships using CBPR struggle to achieve equity in how power is shared and resources are distributed, given the different cultures, structures, priorities, policies, and practices implemented by academic institutions compared with “the community.”

Academic institutions are structured to support research within the institution through facilities and administration fees, pay scales that recognize gradations in expertise, and salary guidelines that ensure faculty support between research funding. Community-based organizations (CBOs) largely focus on providing services and are rarely positioned to facilitate the kind of intensive fiscal and administrative management research entails.3 This mismatch in resources is mirrored by a university system that values the degrees earned by academics more than the years of experience earned by community members, leading to inequities in how roles are assigned and resources distributed. As the practice of CBPR gains traction as an approach to research, practitioners of CBPR, both on the university and community sides, must advocate for systems change to make the research enterprise more transparent and accountable to community partners.

To build the capacity of academic institutions to function as more effective partners with communities, NC TraCS, home of the UNC-CH’s CTSA, developed a community engagement consulting model, CBPR Charrettes. This model was launched in 2009 with American Recovery and Reinvestment Act funds awarded to CTSA institutions to enhance community engagement and accelerate translational research. NC TraCS, in collaboration with UNC-CH’s Prevention Research Center (PRC), the Center for Health Promotion and Disease Prevention, the Meharry–Vanderbilt Community Engaged Research Core at Vanderbilt University’s CTSA, and community partners at both institutions developed and piloted consulting models with parallel elements, the Community Review Board at Vanderbilt and the CBPR Charrette at UNC-CH.

UNC-CH’s CBPR Charrette model harnesses the expertise of community partners with CBPR experience and compensates them equitably in the new role of CE, created to provide technical assistance to community–academic research partnerships. CBPR Charrettes involve a face-to-face, facilitated session that provides a community–academic research partnership the opportunity to address questions, problem-solve challenges, and strengthen its research approach. Participating partnerships submit an application describing their background and the questions they’d like addressed through the charrette process. Our team identifies one academic investigator and two CEs with relevant expertise to provide the consultation. The charrette is structured to prompt partnership self-reflection on strengths and weaknesses, and provide ideas and suggestions from the community and academic experts for how the partnership could address its concerns. A written summary of the feedback is provided to the partnership after the charrette. A follow-up phone call is conducted with the community and academic leads of the partnership within 3 months of the charrette to review the summary and answer additional questions.

Since launching the model, we have conducted eight charrettes with partnerships at different stages of development, from a new partnership seeking to establish procedures to support shared leadership, to an established partnership striving to expand and strengthen its community network, to a mature partnership thinking about sustainability in the face of the end of research funding.

This paper discusses the challenges and lessons learned by our partnership in implementing new roles for community partners through our CBPR Charrette consulting model. We describe approaches to valuing community expertise, the importance of equitable compensation and systems change for research partnerships, the impact on the community partners involved, opportunities for institutional change, the constraints we faced in implementing this model, and our own community–academic team’s evolution as a mutually beneficial partnership.

VALUING COMMUNITY EXPERTISE IN NEW WAYS

Equitably involving community members in research is a sensitive topic that stems from a history of conducting research in communities without involving community members in the research process, yet asking them to contribute their time and resources to a study that ultimately might not benefit them.4,5 CBPR seeks to mitigate inequities in health by addressing these types of inequities in research relationships. Underpinning equity in research relations is equitable
compensation for all members of the research team, not only those on the academic side. By equitable compensation, we mean hourly payment provided to community partners that values their unique contributions to the research partnership.

The literature on the benefits and challenges of CBPR has addressed the importance of developing equitable partnerships, building mutual trust and respect, and sharing power, benefits, and leadership.2–6 However, a gap remains in the literature on how to compensate individual community partners equitably. Instead, the literature focuses on publicly highlighting community involvement, subcontracting community partners’ organizations,1 or securing funding through academic partners on the behalf of community partners.3

In the context of our project, equitable compensation extends beyond establishing an equitable pay rate, to fully valuing the expertise, skills, and resources of community partners. Our project provides monetary compensation to community partners for their work, but also publicly acknowledges them as experts in their field, and provides them with new professional opportunities to share their expertise and advance professionally.

VALUING COMMUNITY EXPERTISE WITH OPPORTUNITY: A NEW ROLE FOR COMMUNITY PARTNERS

Partnered research approaches can strengthen research outcomes by incorporating community partners’ unique perspectives to address complex public health problems.7 Community-engaged research enhances culturally appropriate approaches, resulting in findings that are more likely to be trusted and acted upon by the community. Our model seeks to leverage the expertise of community partners to help strengthen other community–academic research collaborations.

Community Research Fellow

New roles for community partners are at the core of this project. As a first step, a staff position was created at the university for a community research fellow (CRF) to co-lead project activities. The suggestion of creating a “research fellowship” came from community members who have mentored a number of Kellogg Health Scholars, a CBPR postdoctoral training program with a training site at UNC-CH. Creating a role for a “boundary spanner” to navigate the distinct cultures of the university and the community was critical to the success of the project, in facilitating reciprocal transparency and accountability, and in operationalizing the “CE” concept described in the next section.

In establishing the CRF role, university staff worked with community partners to develop criteria and a job description. Essential criteria included familiarity with public health research with a focus on health disparities, demonstrated experience as an effective team member working with both academic and community partners, experience in CBPR project management, ability to transfer skills to both community and faculty, and outstanding organizational planning and development skills. The CRF position was advertised through community and academic networks. We received 13 applications and three candidates were interviewed by a selection committee that included an academic investigator with extensive CBPR experience, academic staff, and a community partner from the Center for Health Promotion and Disease Prevention’s Core CBPR Project. All three of the final candidates remain involved in the project, one as the CRF and the other two as CEs.

CBPR CEs

This project pioneered the “CE” role for community partners to serve as consultants to provide technical assistance to community–academic partnerships through the CBPR Charrette process and capacity-building workshops. A key aspect of the role was a commitment to pay them equitable rates, which was set at $50/hour, based on the recommendations of community and academic partners who advised the development of the project. The title ascribed to this role, CE, emphasizes that their expertise comes from an extensive and historical knowledge about the communities they serve and the experience they have gained as active partners in community–academic partnerships that used CBPR methods.

The CRF guided the process of recruitment and selection of the CEs. The CRF worked with program staff to develop criteria and a job description for the CE role, and a recruitment strategy to publicize the opportunity widely through existing CBPR partnerships, CBOs, and other community-oriented networks. Criteria for the CE position included at least 2 years’ experience as a community-based research partner in an active CBPR partnership, familiarity with the research process, and ability to transfer skills to both university and
community members. Potential CEs completed applications, which were reviewed by a selection committee made up of the CRF, academic staff, and a community partner. We received 30 applications for the position and intended to select 10. Owing to the strong pool of applicants with extensive CBPR experience, we decided to rearrange the budget to be able to offer consultant positions to 16 CEs. The expert pool, which now stands at 13 owing to work and life transitions, represents diverse communities from rural and urban regions of the state and different socioeconomic, educational, and racial/ethnic backgrounds (including African American, American Indian, Latino, and White). They are leaders of CBOs, advocacy groups, or faith-based organizations with a collective 140 years of experience using the CBPR approach to address a wide range of health disparities.

CE Activities

The role of the CEs, as initially envisioned, was twofold: to provide consultation during charrettes and to help develop and lead research capacity-building workshops. These workshops were developed and delivered collaboratively by the CRF, academic staff, and CEs. Workshops covered various topics derived from CE expertise, such as “Increasing Capacity for Policy Advocacy,” which explored lessons learned from environmental justice research, the focus of two of our CEs, and “Necessary Conflict in CBPR,” which explored strategies to navigate conflict in community–academic partnerships, a strength of many of our CEs. Over the first year of the project, the CEs were engaged in charrettes and workshops, conducted in community settings across the state, for an average of 40 hours each. As the project evolved, the CE role has expanded to include committee oversight, leadership, and manuscript authorship. All CEs were invited to participate in the preparation of this manuscript. Eight of the 13 current CEs selected to participate as co-authors and others will be involved as we move ahead with planned publications. Four CEs serve on the evaluation committee along with UNC-CH staff to oversee the project’s evaluation process and co-developed a new tool, the Multidimensional Assessment of Partnerships (Schlundt D, Hunter WM, Hardy CY, Council BJ, Jackson M, Muhammad M, et al. Multidimensional assessment of partnerships. Unpublished manuscript; 2010) used in the charrette process to assess partnership growth over time. Two CEs were elected by their peers to serve along with the CRF on the Presentations, Publications and Dissemination Committee, which reviews and approves all dissemination activities. CEs participate in site visits with our Vanderbilt partners, present or co-present at conferences, and provide consultation to community members interested in research through a newly established program at NC TraCS, the Research-Engaged Community Scholars. Finally, with the support of an administrative supplement to NC TraCS, CEs are involved in sharing the model with other CTSA and PRC institutions nationwide.

VALUING THE CONTRIBUTIONS OF CBOs

Our project recognizes the demands faced by CBOs when key staff members dedicate time to other projects, particularly at a time when nonprofits are understaffed and under-resourced. We sought to recognize these organizations for their staff members’ contributions to this project. As a gesture of good faith and appreciation, we included in our budget a one-time payment of $1,000 for each CE’s organization. The payments were warmly received by the CBOs and funds were allocated toward support for programs in jeopardy of elimination, health fair supplies, healthy meals for meetings, scholarships to Undoing Racism* Workshops, payroll shortfalls, travel to conferences, supplies for community food programs, and professional development training.

LESSONS LEARNED

To determine CE satisfaction with the project, we conducted interviews with each CE one year into the project. The interview guide (Appendix A) included questions such as: “What activities were you involved in as part of the project?” “How satisfied were you with those opportunities?” and “Did you feel the pay you received for participation in this project was adequate compensation for the work you put forth?” One CE had been hired by the university and was no longer in the pool, so 15 CEs were interviewed via telephone by a research team member. The average interview lasted 30 minutes. Each interview was recorded and transcribed. All responses were de-identified and summarization, instead of advanced qualitative methods, was used to analyze the transcriptions and compile all responses into one document by question. The compiled responses were reviewed and summarized to highlight the main points, checked for agreement with CEs,
and provided illustrative quotes for each question. Member-checking of the findings for each question was completed in a meeting with the CEs for further clarification and feedback. The resulting findings were used to evaluate the process and impact of the CE role and develop the lessons learned discussed below. The UNC-CH Institutional Review Board ruled this protocol exempt from human subject approval.

Through these interviews and our work together in this evolving partnership, we garnered five critical lessons that we have used to refine our consulting model and strengthen our own collaborative approach:

1. CEs have the knowledge, experience, power, and credibility to push for systems change;
2. Changes were needed within the university to facilitate our partnership’s successful provision of consultation to community–academic partnerships;
3. Sustaining the CE role requires dedicated staff time, continued compensation, increased opportunities for engagement, and careful consideration of financial and time demands of the position;
4. CEs value a variety of benefits beyond monetary forms of compensation; and
5. Collaborative partnership meetings with all the CEs and academic partners together unleashed our partnership’s potential, reach, and depth.

We reflect on how these lessons learned strengthened our community–academic partnership and describe how we are striving for institutional change to integrate CEs into the academic system as ongoing professional consultants.

Push for Systems Change

This project enhanced the power and credibility of our community research partners as highly qualified experts and made clear the capacity and potential they have to advocate for institutional change within the research enterprise. The push for systems change is a work in progress at our institution, as we pioneer efforts to value community expertise and pay community partners equitably for their contributions to research projects. Despite the institutional hurdles encountered, this project has paved the way for reform in the institution’s payment practices, which will benefit future community members as more research projects incorporate monetary compensation for community partners. Just as academic institutions, such as UNC-CH, have revised their institutional review board applications to be more accommodating of CBPR projects, there is hope that academic institutions will become more flexible and amenable to equitably paying community partners who participate in research projects for the full range of their contributions. The next section provides details on strategies our institution has used to facilitate payment of community partners.

The Need to Make Changes in the University

We found that, in pioneering this consultant role, institutional financial practices were not set up to ease compensation of external community-based research partners. We experienced considerable co-learning throughout this process of remunerating the CEs for their work. For example, CEs had to complete cumbersome independent contractor forms on a yearly basis that were geared toward professional contractors, which included many questions that were not applicable to CE work. The process was time consuming for the CEs and project support staff. To ease this process, the CRF set up a system to send out standardized, prefilled forms marking places where the CEs needed to enter their specific information.

Another challenge was the lack of an efficient system to process CE invoices and ensure timely payment by the university. Project finances were administered through a different part of the institution than where the CRF and project staff had offices, which necessitated considerable communication between the financial office, project staff, and the CEs to check on delays in payment. To address timeliness, we developed a tracking system to ensure an effective process for invoice submission, processing, and timely payment. We began to provide each CE in attendance at an event with an invoice to complete before leaving. Project staff also built relationships with the financial office and helped its staff to better understand the needs of the CEs, which improved the process and increased the speed of reimbursement. As our project evolved and the CE roles expanded, project staff (university and CRF) had to decide which of the new role components would be considered reimbursable hours given budget limitations. These were difficult decisions, given that university-based staff members are paid to attend conferences, for example, and we struggled to define equitable practices for remuneration for CE activities that were not considered in the original budget. As new opportunities arose, our partnership worked to define,
discuss, and be transparent about what was and what was not reimbursable. This discussion continues as new opportunities become available.

Sustaining the CE Role

Overall, the CEs were satisfied with the hourly rate they received, but wished they had accumulated more hours and that the payment process was more efficient. Unfortunately, this was one of the downsides to a larger pool of CEs. Although we expanded the project activities, we were not able to engage every CE as much as they or we hoped. For one, we conducted somewhat fewer charrettes than anticipated, because of the challenge of establishing our visibility and identifying partnerships “ready” to engage in the consulting process. In addition, CEs were busy and could not always participate in activities when asked. The charrette process and CE advice, however, was well-received by participating partnerships and we continue to expand our reach to partnerships statewide and to CTSAs and community partners outside of North Carolina.

This was supplementary income for the CEs and a welcomed tangible benefit. One CE captured the sentiments of the group as s/he told us:

I have worked on the behalf of my community for years and have been paid nothing . . . Money that comes into the community, a lot of it comes from the community member’s pockets and through donations . . . Any money received via this project would be excellent.

Although the CEs found the compensation beneficial, they also accrued unanticipated costs owing to the amount of travel involved in driving to charrettes and workshops across the state. The budget covered mileage and time for preparation and implementation, but not travel time, as a CE noted:

The pay per an hour is good, but there is a lot of travel time for me. Although CEs are compensated for mileage and that’s good, I have about 5–7 hours of round trip travel time . . . I wouldn’t turn any opportunities down, but I would like to be compensated for all the time spent to participate in the charrette and meetings, travel time included.

It is important to keep these issues in mind when recruiting and compensating community partners. To sustain the CE role in the future, we will continue to compensate community partners for time on activities and attempt to limit non-reimbursed expenditures, build travel time into budgets, and expand opportunities for CE participation.

Non-Monetary Forms of Compensation

In addition to the monetary compensation, CEs gained non-monetary benefits, such as expanded opportunities for professional development, exposure, and networking. One CE reflected on the credibility gained:

The title “Community Expert” affords a different level of attention and respect from people because they expect that you know what you are talking about, because UNC-CH has appointed you as a Community Expert.

Opportunities afforded to the CEs as a result of their participation in this project included presenting at local and national events and conferences; serving on advisory committees; consulting with new community groups and academic partners; partnering on grant proposals; meeting new research collaborators; engaging in peer review of grant applications, conference abstracts, and journal manuscripts; and attaining scholarships to attend a national conference of community research partners. In addition, four gained employment, including two hired at NC TraCS as full-time research assistants, one acquired contractual work, and another obtained a job at another academic institution.

Collaborative Team Meetings Unleashed Partnership’s Potential, Reach, and Depth

Day-long partnership meetings with all the CEs and academic staff led to in-depth discussions and deliberations regarding all components of the project and deepened relationships among the CEs and with the academic members of the project. We found that funding, travel, and other practical challenges to holding these partnership meetings—even teams as large as ours—are minimized by the knowledge, wisdom, relationship building, and strategic planning gained in these gatherings. As one CE described:

[T]he operation of having all those [Community] Experts come together, to receive any compensation at all is kind of like a bonus. You glean more from the association and activities in action.

CONCLUSIONS

CEs are the community of identity for this manuscript. The
benefits presented are those that have accrued to them. The CEs have benefitted in a number of ways, as learned from their interviews, including being paid for work for which they had not previously been compensated, being offered new opportunities to advance their CBPR skills, and gaining new employment. The new skills and opportunities gained by the CEs in turn benefitted the larger community as a number of the CEs have joined or launched efforts at the local, regional, and national levels to promote community inclusion in research.

Our state has a number of community members who have the capacity to work as CE consultants because of the long history of community-engaged research here. In other locations, community members may need more training to provide such consulting. As we extend our work outside of North Carolina, our CEs are helping to provide capacity building to the community partners of other CTASAs and PRCs. CTASAs and PRCs may want to consider offering capacity-building workshops for community partners, such as those that we offer on topics like research ethics, necessary conflict, and evaluation. Our team is preparing a toolkit, which will provide detailed information on all aspects of this project and will be available on the NC TraCS website, www.http://tracs.unc.edu.

By harnessing the expertise of CEs and compensating them for their role as consultants, the university has also benefitted. For example, the expertise of community partners added value to the technical assistance offered by the academic institution to strengthen community–academic research partnerships. The CEs were well-compensated for that expertise and gained professional credibility through their designation as experts. Our partnership strived to adhere to CBPR principles and to increase equity and reduce power imbalances. Introducing the CE role as a paid consultant laid the groundwork for further power balancing and power shifting as our project evolves. This project demonstrated the benefits of creating a space for community expertise within academic institutions and is an important step toward increasing community inclusion that grounds research in the reality of those most affected by the health conditions we are working to address.

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Finally, our partnership dedicates this paper to the memory of Ms. Nettie Coad, The Partnership Project/Greensboro Health Disparities Collaborative, whose powerful community voice and commitment to working toward equity and systems change continues to inspire our work.
REFERENCES


Appendix A. Community Leadership and Reciprocal Development to Advance Community Engagement at Two CTSA Institutions

Community Expert Post-Project Interview Guide

We’d like to ask you some questions about your experience as a community expert.

1. What activities were you involved in as part of the project?
   • Served as an expert consultant for a charrette? How many?
   • Participated on a committee such as the evaluation committee? Which ones?
   • Presented at a workshop? How many?
   • Helped to develop a workshop? How many?

2. How satisfied were you with those opportunities?

3. Did you receive enough communication as part of this project? Too much? Not enough?

4. Did you feel the pay you received for participation in this project was adequate compensation for the work you put forth?

5. Have you been afforded any professional opportunities because of your involvement in this project?
   • Asked to speak at an event
   • Asked to provide advice to a community group or researcher
   • Asked to develop and/or present at a workshop
   • Asked to be a partner in a grant proposal
   • Asked to serve on an advisory committee
   • Met potential collaborators
   • Offered a job
   • Other opportunities that I haven’t named?

6. How useful do you feel your role as a community expert was in helping community–academic partnerships build capacity for CBPR?
   On a scale of 1-4, with 1 being “not useful” and 4 being “very useful”, how useful do you think your role was:
   
   | Very useful | 4 |
   | 3 |
   | 2 |
   | 1 |

7. Do you have any suggestions for how we might improve our engagement with community expert consultants such as yourself?

8. How else would you like to be engaged in such a project?

9. Were there other opportunities for professional development that you would have liked to receive as part of participation in this project?

10. Would you like to remain in our pool of community experts? Why or why not?

11. Would you be interested in becoming a grant proposal collaborator or reviewer to extend the work of this pilot project?

12. Do you have any questions for me related to this project or its evaluation?

Thank you so much for taking the time to answer these questions!