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The Perceived Community Engagement Survey: Further Exploration Of Its Reliability And Validity

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THE PERCEIVED COMMUNITY ENGAGEMENT SURVEY: FURTHER
EXPLORATION OF ITS RELIABILITY AND VALIDITY

A DISSERTATION 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

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Certification: In accordance with the departmental and University
policies, the above named candidate has satisfactorily
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Doctor of Philosophy degree in the Community
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Dedication

This dissertation is dedicated to my father and mother, Bautista Rivera Pagan and Aurora Santiago Torres. You personified resilience and community in the face of adversity and adaptation.

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I would like to acknowledge Bradley Olsen, PhD for his continued patience in allowing the process to unfold, the defense committee for their patience and support, and 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 played a part in the completion of this dissertation. Their unwavering support, encouragement, and thought provoking conversations exemplified a true community.

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Abstract

Community Based Organizations (CBOs) have become the source of delivery for a number of social and health related services in many communities. Many CBOs provide needed services in some of the most resource poor communities. The moniker of community-based implies that these organizations are located within specific communities in order to provide services to community members. As organizations that have bloomed within communities to respond to particular community needs continue to grow and receive government funding, a primary funding source for many CBOs, questions arise about how responsive they are to their surrounding communities. Funder mandates and foci may become more critical to CBOs than community responsivity as they become dependent on government funds to sustain services. Also, many CBOs become proxy unelected representatives with policy makers and external stakeholders for their communities.

Due to sparse literature on best practices for geographic community engagement by service delivery Community Based Organizations, this study builds on a pilot that explored the reliability and validity of a perception of community engagement tool. The Perceived Community Engagement Survey (PCES) was developed to explore to what extent a CBO is perceived as genuinely engaging the broader community. A Principle Axis Factoring Analysis was run on an expanded sample for possible replication of pilot reliability and validity results. The PCES has been found to be a reliable and valid tool across an expanded sample and adds to the literature on community engagement by CBOs. A three staged model has presented itself from six initially hypothesized areas that is both contiguous, from initial to full engagement, and qualitatively different, from "listening" activities to power sharing. The PCES holds promise for further exploration and adaptation for use with community members and change in approach, from perception to objective measures.

The Perceived Community Engagement Survey: Further Exploration of its Reliability and Validity

The amount of resources spent by the United States to address mental health symptoms and conditions and substance use disorders runs in the billions. The latest figure from the Substance Abuse and Mental Health Services Administration on state level spending is 125 billion dollars for 2005 (Substance Abuse and Mental Health Services Administration, 2012). According to administration projections (Substance Abuse and Mental Health Services Administration, 2014), this figure is expected to increase to 280.5 billion by 2020, even though this figure is minimal compared to healthcare in general. Around 33.2% of the 125 billion was block grant spending allocated to the states to pay for treatment services for those who do not have health insurance or cannot afford treatment without assistance. These funds are mainly contracted out by states to non-for-profit organizations, many community-based organizations, to serve particular communities, counties, or catchment areas. There are other funds also used to pay for services at the community level, such as Medicaid/Medicare, CHIP reimbursements, and the Affordable Care Act, which has increased access to health insurance, overall. This may seem like a significant amount of money but the need for services is not being met. Currently only close to 10% of those in need of Substance Use Disorders (SUD) treatment are served. Disparities across community-based services by race and ethnicity persist, and the current opiate crisis has the federal government increasing spending on behavioral health funding (SUD and MH). Many states are cutting back on their own SUD and MH funds, impacting community-based organizations across a broad spectrum of service delivery areas. Yet what has become clear is that community-based organizations continue to be depended on for service delivery within the public sector.

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 being 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. On the other hand, service-delivery community-based organizations, whose missions target the community, tend to fall short of this goal. In many cases broader community members are engaged little beyond potential "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, the underlying goals of these organizations. This current reality can only be expected to continue in that direction as the Affordable Care Act seeks to provide greater access to the services usually performed by CBOs, while seeking integration within a much larger financial system called healthcare. Integration, driven by financial incentives, will increase the push towards licensure for direct service staff, creating greater barriers between communities and those that work within community institutions.

The unintended consequences of good policy, such as the ACA example, is evident in the Murphy and Rigg's (2014) examination of the Community Mental Health Act (CMHA) of 1963. The great promise of the Kennedy administration's CMHA has not been completely fulfilled. Deinstitutionalization occurred and some treatment services were moved to communities yet the full intent of localization of services, making them community-based, was not achieved. The intent of community localization was, greater than a geographic shift of services, a shift to community-based services, with the full engagement of the community. The promise of community culturally localized and vetted services, implying integration into the community for those receiving services, did not occur due to a lack of guiding philosophy. The shift in geography needed a shift to localized, culturally and community driven services, which includes community engagement. Shifting services geographically from institutions to communities, without a philosophical change in how services were to be developed, created community services for individuals without community buy-in. Individuals were moved to communities in which they stayed marginalized and stigmatized. Since the majority of mental health services at the community level are currently provided by CBOs, genuine community engagement by CBOs

can help shift the way services are planned and delivered to realize the promise of the CMHA. CBOs can realign how they operate to assure genuine and full community engagement.

Of late, there has been an important distinction made between community-based and community-placed organizations, even though there is little to be found in the literature to differentiate them. This distinction is usually made between the "we grow our own" organizations vs. large organizations that decide to open a facility and start delivering services in a community. One of the primary assumptions created by this terminology, that community-based organizations having increased legitimacy and genuine representation due to initiation within the community, may not hold true. The difference between community-based and community-placed may be lost as community-based organizations become increasingly tied to external government funding. Community-based organizations are believed to be more legitimate than community-placed organizations, due to grass roots struggles associated with starting them, the local need(s) that was the impetus, the process of garnering of resources (human and financial), etc. In general, the difficult process of "birthing" them provides a window into community-based organizations' intentions.

In contrast, community-placed organization sites may be viewed as outsider entities to the community who have the resources and the ability to open a facility without the same struggles. Larger non-profits that have resources to place a site within a community may be perceived as having ulterior motives. This creates a perception of uncertainty as to why the parent organization of a community-placed site has decided to locate within the community. Perceptions of profiting from a community's problems, or, worse yet, diverting funds from the community to the organization, tend to cast doubt on the intent of these facilities. Community-placed organizations can go through a community involvement process before opening. Such a process would ensure community members are consulted, reducing uncertainty. The overall

assumption is that non-profits, community-based or placed, open up facilities in communities to serve community needs, not their own interest. This assumption may be partly true yet the degree that the community is consulted to find out what their needs are can be extremely variable. Regardless of whether an organization is community or placed based, there is an assumption of community representation, and too often the organizational representation is non-democratic.

In a highly cited article, A Ladder of Citizen Participation, by Arnstein, first published in 1969, a typology is presented which represents the different levels of citizen participation. The ladder metaphor shows a bifurcation between the haves (those in power) and the have nots (citizens with little to no power). This article clearly delineates eight possible levels of participation defined by how those in power engage with those that do not. The ladder represents a gold standard for citizen participation. A similar typographic or continuum model is needed for CBO community engagement driven by a gold standard or criteria. Community institutions often have more power than community members due to access to resources and the ability to garner those resources, although CBOs tend to be more powerless in relation to funders. Yet CBOs have enough relative power to do more than maintain community members as token or non-participants. Throughout this study, there are references to authentic community engagement. It means that, not tokenism, but genuine community engagement, similar to the top three rungs of Arnstein's (1969) citizen participation ladder. The top three rungs of the ladder: partnership, delegated power, and citizen control are categorized by Arnstein as citizen power. Power, when shared, can benefit both the CBO and community members. Overall the utilization of specific criteria for authentic engagement could help CBOs determine the level of community engagement they achieve, and would like to achieve, when it comes to community power.

From a public administration view, CBOs have become the de-facto community representatives, with or without vetting from the community they represent. Mosley and Grogan

(2012) explored how residents, of several low income communities, saw the role of CBOs, and how well those CBOs represented them. Since CBOs are often asked by funders and others to represent communities, mainly without vetting from community members about how well those CBOs do, it is critical to better define and measure CBO representation. A main finding from Mosley and Grogan's work, with the assumption CBOs could better represent the community, was mediated by CBO-community communication, and the CBOs ability to address community needs as the community defines it. From a community's perspective, trust needs to be built through CBO engagement and bilateral communication.

A basic premise of the current study is that genuine community engagement is central for CBOs not only to be representatives of community members but also to increase trust and to be able to address community needs. Currently there is no vetting process when it comes to non-profit representation of communities in circles of power (resources). From a market driven view, an argument can be made that CBOs would close if they didn't represent communities well enough to attract consumers (participants). An important variable that needs to be considered is the lack of many resources within the communities in which CBOs tend to locate. Underrepresented communities have many needs and as such any CBO that meets a need will be meeting a market niche even if the CBO never engages community members. These same CBOs then become un-elected or de-facto representatives of the community since they garner resources to meet needs they have decided are critical. There connection to resources tend to drive of purveyors of other resources (e.g., funds, technical assistance) to go directly to the CBOs instead of community members since the engagement process is easier and it can be driven by standardization. Yet at no point is it critical for the community to vet the CBO and community members tend not to disrupt the process, an unhealthy meal is a great meal to someone who is starving.

A CBO can determine community needs from epidemiological information and data external to the community but they would not understand the intricacies of how to address the issues effectively. The arguably most important data may be the factors that are unique to their particular community, the hidden resources, and other local variables that impact the issue being addressed, the variables related to gaining trust, creating open and bilateral communication channels, and, for the CBO itself, being transparent of their values and intentions with community members. Community members have to be engaged in order for that to be accomplished.

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. Such initiatives argue for such engagement, for instance, in university-based research processes and agendas in an attempt to increase community representation in collaboratively addressing health disparities (Viswanathan, 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). 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 within CBPR, equality of all community stakeholders, 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, & Lapides, 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 proxies for geographic communities. Why choose CBPR as the model to base criteria for community engagement by CBOs? A systematic review by De Las Nueces, Hacker, DiGirolamo, and Hicks (2012) found that a CBPR approach was successful in securing high rates of minority recruitment and retention in clinical trials. Since CBOs tend to be located in communities of color, an approach that demonstrated success in engaging community members in research with a history of community abuses seems like a good candidate for CBOs to use. 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 are accepted regarding theories of empowerment. This is true particularly if CBPR-type practices are to have depth and breadth impacts within communities. 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 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 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. Funding dictates whether an HIV abstinence-only policy or a harm reduction policy is promoted that has many implications for the activities and programs provided to a community (Editorial: "HIV prevention", 2006; 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 that 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. Superficial use, and use that wastes the time of community members, 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 a possible literal interpretation of input (what is put in, taken in, or operated on by any process or system). Funders could use research that clarifies what type of community input is effective, the extent necessary to assure representation, and the necessity of community input for creating efficient and effective programs. Further along the process, CBOs have little guidance

into the type of input they should seek. Input could be interpreted as input regarding needs, into program design and/or implementation, related to overall advising, or in backend evaluation results. Interesting, the desire to get community input by funders could become an iterative process between CBOs and funders that can lead to clarity. Evidenced based guidance is needed to assure that the input is of value, effective, and efficient. As the premise of this study, repeated throughout, genuine and empowering input seeking processes can lead to a sharing of power with community instead of superficial tokenism.

Proposed Service Delivery CBO Community Engagement Criteria

To summarize, a variety of factors can promote community engagement and 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, particularly where the partners are to represent 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.

Service delivery CBOs have tended to function *within* communities and less *with* communities. Yet effective organization-community relationships might require, for instance, higher standard lengths of involvement. They might require greater opportunities for community members and increased impact (broader and deeper), from a more enduring and invested collaborative approach. Full involvement might 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 seem to need to be actively engaged with community members, implying a greater and deeper commitment of action by the CBO.

Fully engaged would also seem to 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 the initial model for community engagement by CBOs, it was 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 believed 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 initial six proposed areas of CBPR based criteria were to measure level of community engagement. Even though a pilot study (Rivera, 2016) indicated that these six criteria collapse into two components, the content of the initial dimensions are critical to demonstrate possible categorical or continuous dimensions to community engagement. Each area: needs assessment, listening, program development, external proxy representation, internal representation, and leadership development was needed to provide a picture of a fully engaged CBO (see Table 1). Taken together a CBO can use the content of 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 community engagement metric can help guide research in the area of community representation, much in the same manner that CBPR principles are used to evaluate CBPR work. Such metrics 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.

Table 1

Content Areas and Level of Engagement

Item	Content Area	Level of Engagement
1. The organization conducts needs assessments of the community by involving a variety of community members.	needs assessment	Involvement – information gathering
2. If the organization receives requests from community members regarding community needs, the organization takes those requests seriously.		
3. The organization conducts community meetings to discuss and seek input towards upcoming needs assessments.		
4. Community members are encouraged to inform the organization of issues of importance to them.	listening	Involvement – information gathering, validating, community "Voice"
5. The organization provides a variety of settings for community members to discuss community issues with staff.		
6. Community members can request meetings with, and requests are acted on, the organization's leadership to voice concerns over community issues.		
7. The organization creates opportunities for community members to have input into what programs and services are provided.	program development	Involvement – information use, community voice impacting CBO operations
8. I am able to inform the organization's leadership of what community members would like to see the organization offer.		
9. The organization has a process (formal or informal) in which community members are part of the service or program development team.		
10. The organization is a representative "voice" of the community.	external proxy representation	Involvement/Engagement - accurately represent the broader community outside the community
11. The organization, as a community-based organization, fully represents the goals of the community.		
12. Community members are in agreement with how the organization represents them.		
13. The organization has an active community advisory board.	internal representation	Engagement - internal representation of community within CBO
14. There is a strong community member presence within the Board of Directors.		
15. Community members are encouraged to volunteer within the organization.		
16. The organization actively recruits community members for positions within the organization.		
17. The organization provides leadership development opportunities for community members.	leadership development	Engagement - power sharing
18. There is a formal leadership development program		

within the organization for community members.		
19. There are community members in leadership roles within the organization.		
20. The organization fully represents the identity of the community.		

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 and the previous pilot study, only service organizations were 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 explores the properties of the Perceived Community Engagement Survey (PCES) using a set of similar analyses from a pilot study that is now extended with a larger sample. The PCES is a new measure that attempts to establish criteria for authentic community engagement by CBOs. The goal of this study is to further understand the reliability, validity, and component structure of the measure. This study explores the psychometric properties of the Perceived Community Engagement Survey (PCES) tool. Staff perceptions of the service delivery CBOs [Substance Use Disorders (SUDs) treatment, mental health counseling, and other social services] were used as a proxy for organizational levels of

engagement with the broader community. The current study was not limited to specific identified direct service non-profit organizations.

It is proposed that community members within underrepresented communities who are fully engaged with CBOs may feel a heighted 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 in which local community members are active participants 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.

Due to a lack of literature related to community engagement, perceptions of CBO staff who provide, supervise, manage, and support direct services can provide an initial slice of the community engagement picture. Community members and their perceptions would provide another slice, and comparison of staff to community member perceptions would provide another. This study maintains the focus on staff perceptions and the psychometric properties associated with the PCES.

The previous pilot study, conducted by Rivera (2016), found that the PCES, with a smaller sample, was a reliable scale. Construct validity, based on convergent and discriminant validity, with four items pulled from a well-known scale of Organizational Climate, was acceptable. Also two clear components were found. This expanded sample (initial pilot sample + new sample) will allow for further validation of these two constructs: *Community Engagement* and *Community Involvement*.

While the pilot sample was invited by employers within specific non-profits, the extended (new) sample is slightly different, invited by the researcher, allowing potential participants to self-identify as working for the appropriate community-based organizations. This

staff identification instead of organization-based may increase variability, which arguably can increase the robustness of the results across different samples.

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 for community engagement. An initial pilot study of the survey conducted within several service delivery CBOs revealed that the tool has good reliability and validity. A principle component analysis disconfirmed the existence of the original hypothesized six dimensions and presented two robust components named Community Engagement and Community Involvement. The difference between the two components was mainly the type of engagement activities, one measured use of community provided information while the other measured the integration of community into the CBOs internal operations.

For this study, the focus is on conducting the same analyses expanding the subject pool using a different sampling method. The initial method of collecting the sample was to approach service delivery, (i.e., addiction treatment and/or treatment of mental illnesses, domestic violence services, family counseling, and counseling/therapy for specific issues, non-profit organizations) in a large metropolitan city and have them distribute the survey to all their staff. Three large non-profit CBOs participated. The sample consisted of staff from all levels of the three organizations responding to a SurveyMonkey link of the PCES, M4SI, and other questions.

The current study used a snowball sampling technique, where SurveyMonkey links were sent to individuals whom are known to work for non-profit CBOs, beginning with 82 email

addresses from across the country. The email also requests that the link be forwarded to five people they know working at a service delivery CBO, using a specific definition of a "service delivery CBO". The link brings the participant to a SurveyMonkey page reinforcing the definition of a service delivery CBO as the participation criteria. Those that respond in the negative will end the survey process at that point, positives will continue to the consent page. Upon consenting to be part of the study, participants will be asked to respond to all the questions in the survey defining *community* as the geographic community surrounding the CBO where they work.

Instruments/Materials

  PCES: The instrument is based on general Community-Based Participatory Research (CBPR) principles, adjusting these principles beyond "research" to organizational, practice-based 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. There was no change to this tool from the pilot study. Conceptually the current hypothesis has changed from a 6 component model to a principle components-based 2 component model.

  Moos Four Selected Items (M4SI): In addition to the PCES, selected items from Moos' *Community Oriented Programs Environment Scale* third edition Real Form were included. The four items chosen come from the Involvement, Spontaneity, and Autonomy sub-scales. 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 initially added to clarify meaning, find examples of community engagement in mission statements, and as potential additions to PCES items from staff perspectives.

Participants

The current study participants expanded sample is made up of two independent samples. The pilot study sample will be added to a new sample gathered using a snowball sampling technique. The snowball sample consists of anyone who receives the SurveyMonkey link, responds in the positive to the opening criteria and consents to be part of the study will be allowed to proceed and answer any of the questions in the survey. Eighty-two original email addresses provided the potential start-up sample. Of those that respond and decided to forward

the SurveyMonkey link, the potential for a large sample size exists. A response rate of 25% is expected from the original email, somewhat higher than the usual 10% due to the original email consisting of known associates of this researcher. Beyond the initial expected response rate, it is unclear how many other responses will be received since email can expand the geographic limitations of other means.

Procedure

A survey link was created in SurveyMonkey and sent to 82 email addresses. No remuneration was offered for participation. The survey link remained active for six months to allow for the snowball sample to gain momentum. A reminder email was sent to the initial emails after 30 days. The researcher did not request to be included in the forwarding of the survey link.

Those who responded to the email link were brought to the SurveyMonkey service delivery CBO criterion page, confirming employment at an appropriate organization. Individuals who matched the criteria were directed to the consent page. Upon consent, participants were directed to the hosted battery. At the end of all data collection, the SurveyMonkey link was closed, and the data was downloaded and stripped of any identifying information. To determine issues of reliability and validity, Pearson product-moment correlations and Cronbach's alpha were run for items within scales, between scales, and between scales and ordinal demographic data. Principle Axis Factoring Analyses were run on the PCES to explore if the original six hypothesized subscales appeared using the current study sample or if the two components found in the pilot study were confirmed. Linear multiple and stepwise regressions and further reliability analyses were also run to find the best fitting model.

<div align="center">**Results**</div>

The Perceived Community Engagement Scale (PCES), Moos Four 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. These results differ to some degree from the pilot study on reliability and validity. This may be due to a larger sample size and a different sampling process used to collect data. For this study, an expanded sample was collected, not filtered by specific organization affiliation, and through a snowball sampling process. The pilot study presented expected and unexpected results, which led to the current hypotheses for this expanded study:

- PCES is made up of two or more components which measure levels or different aspects of community engagement;

- the positive association between the PCES or its components and the M4SI (perceived community engagement and internal organizational climate towards clients) will remain strong;

- the relationship between the PCES, the M4SI and staff beliefs in the value and impact of community engagement will remain positive; and

- the association between staff beliefs in the value and impact of community engagement will remain high.

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 significantly associated with PCES items as confirmation that the PCES measured perceived broader geographic community engagement and not just patient/client/consumer engagement. M4SI items would be expected to

have a lesser degree of association with CE-Impact and CE-Value since M4SI is focused only on 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 degrees of engagement. Because the PCES items are worded/anchored towards positive levels of engagement and anecdotal experiential knowledge about the service delivery field foretells little community engagement activities, low-range PCES item scores are predicted. Even though it may be a possible source of bias, job satisfaction (low satisfaction driving negative perceptions of CBO community engagement) was not measured. Also there may be a positive bias due to the non-profit nature of the CBOs; staff may have a positive bias since they identify as working within a social service organization and as such an assumed socially conscious organization. Length of employment was expected to 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 (race/ethnicity and job title) was not expected to differentiate between staff perceptions of community engagement on any variable.

Analysis

Similar analysis to the pilot study on the PCES were run. 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 Axis Factoring Analysis was run on the PCES to explore if there is enough difference between the items developed to continue supporting the two component result

scales or if another set of factors will present themselves with changes in the sampling process and expansion in the diversity of the sample. Linear regressions were then run to examine the convergent and discriminant validity of the scales.

Demographics

SPSS was used for the analyses. Of the total expanded sample of 187 service delivery CBO staff that clicked on the link to get to the survey only 2 individuals (or 1% did) not consent (1 individual did not attempt qualification criteria). Five individuals (2.7%) consented but did not complete qualification criteria. Five individuals (2.7%) consented but did not qualify, 37 individuals (19.8%) consented and qualified but did not attempt the survey, and 138 final participants (73.8%) consented and responded to most of the survey questions. Of the approximately 130 respondents, most were European American at 39.1%, then Hispanic/Latino at 32%, 25.8% African American, 1.6% Asian, and 1.6% Other. In terms of Length of Employment, 49.6% were employed for three years or less and 26.7% employed 10 years or more (see Figure1). These were similar to the distributions found in the pilot study.
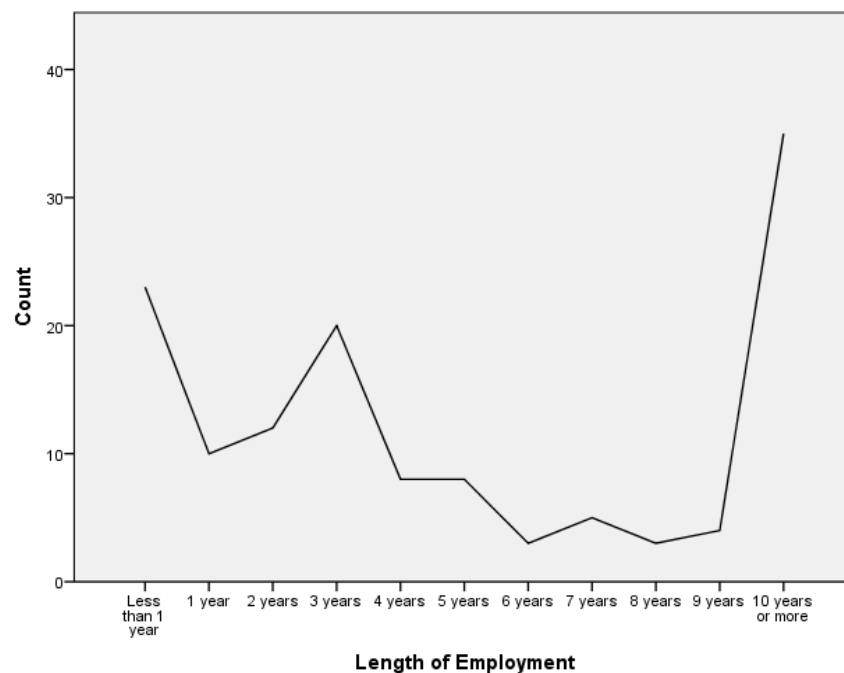
Figure 1 Length of Employment

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 (i.e. PCES and M4SI). Social service job titles broke up into the following categories: 16.8% support staff, 38.2% direct service staff, 10.7% supervisors, 20.6% managerial, and 13.7% executive level staff out of 131 responses (see Figure 2). These distributions were also similar to the pilot with some increased representation at the executive level.
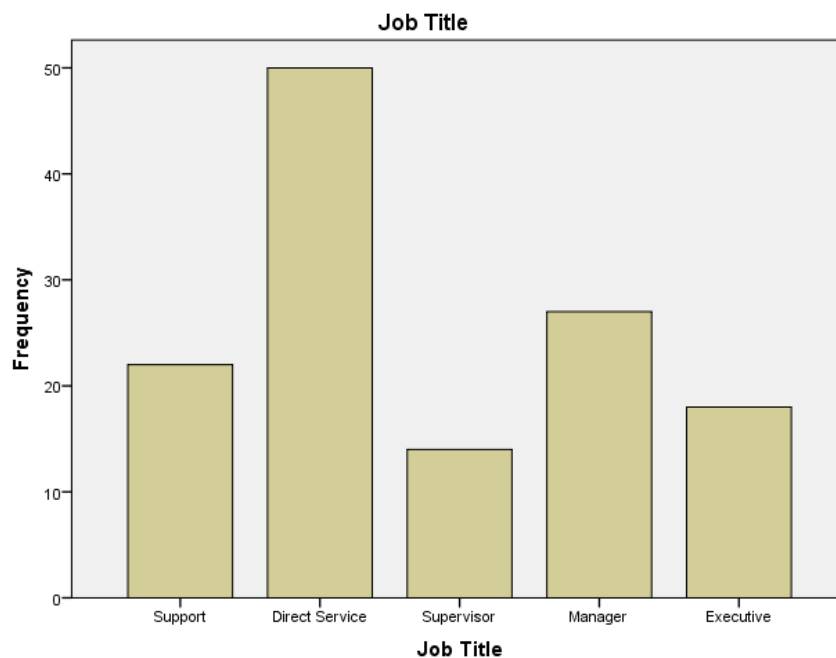
Figure 2 Frequency of Job Titles

Interestingly, what visually appeared in the data to be a relationship between length of employment and job =title was not found [χ^2 (40, N=131) = 51.96, p=.098]. The same non-significant result was found between Job Title and Race/Ethnicity, χ^2 (16, N=128) = 24.96, p=.070.

To assure the appropriateness of the expanded sample, the two samples were explored demographically and in how they responded to the tools used. A chi-square test of independence

was performed to examine the relationship between samples and job classification. Even though there are a higher number of executive level responses in the second sample (16 vs 2, see Figure 3), there was no significant relationship between the two samples, X^2 (4, N = 131) = 7.35, p=.118.
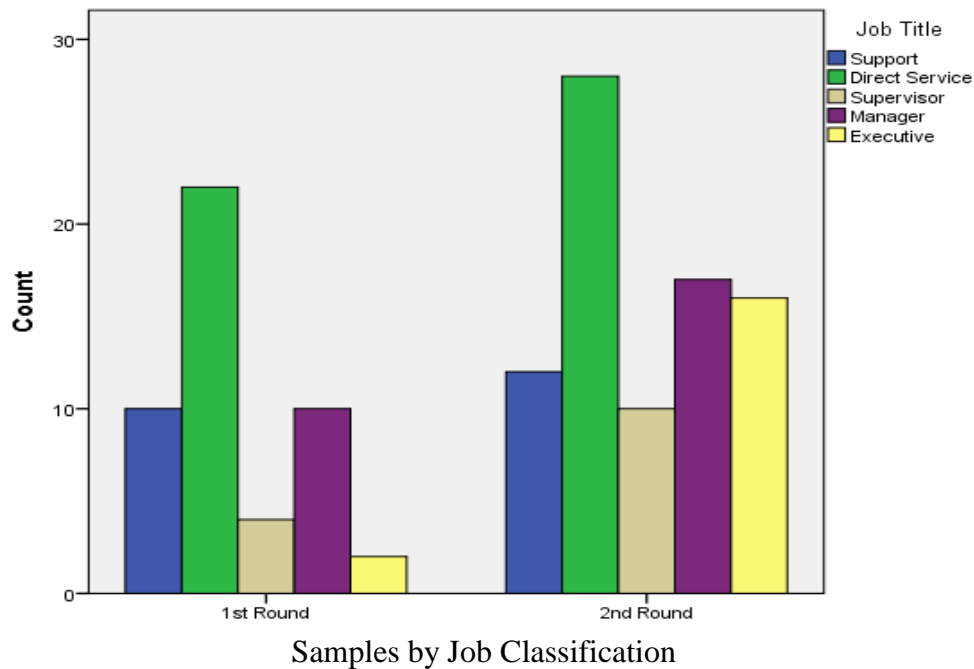
Samples by Job Classification
Figure 3

Histograms of Length of Employment across the two samples clearly demonstrate that they are not normally distributed (See Figure 4 Pilot Sample, Figure 5 Snowball Sample). A Mann-Whitney test was conducted comparing Length of Employment across the two samples. The test indicated that there was no statistically significant difference between the two samples, pilot sample ($M = 59.17$) and snowball sample ($M = 69.95$), U = 1664, p =.112, for the Length of Employment variable.
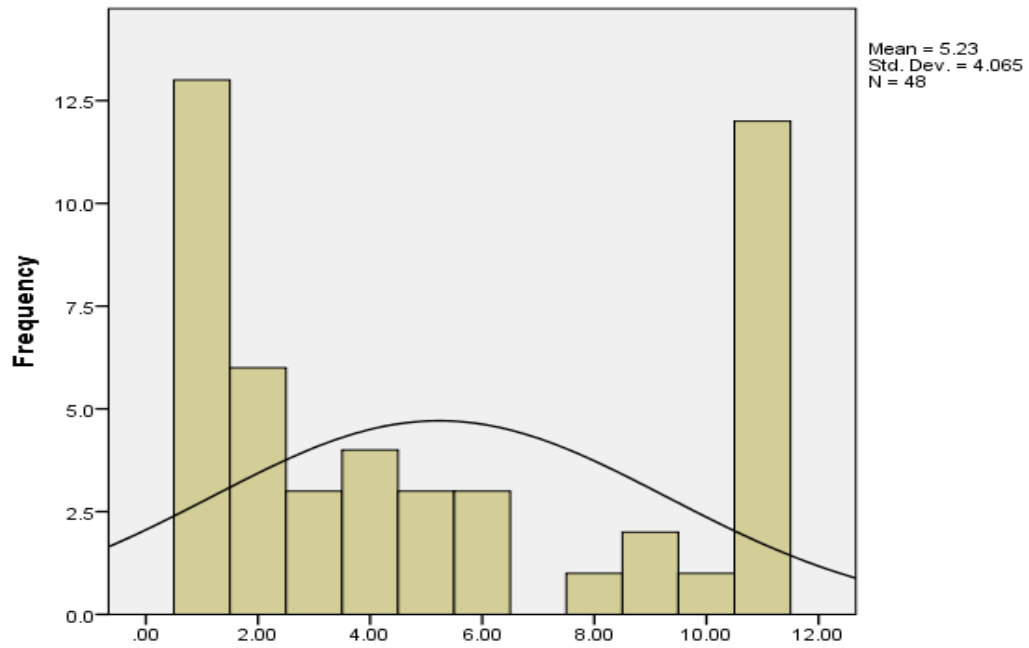
Pilot Sample by Length of Employment
Figure 4
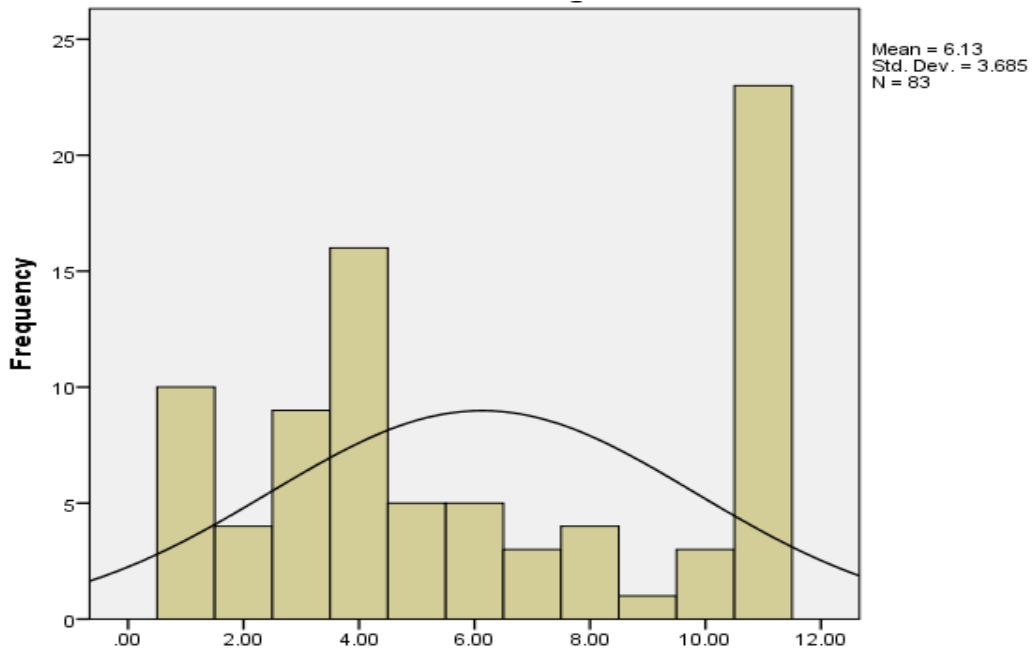
Snowball Sample by Length of Employment
Figure 5

Of the measures used, PCES and M4SI, the M4SI demonstrated a statistically significant

difference across samples, equal variances not assumed since Levene's Test for Equality of

Variances was found to be violated for the present analysis, $F(1,136) = 2.41$, $p = .123$. The pilot sample had lower M4SI scores ($M = 4.33$, $SD = .72$) than did the snowball sample ($M = 4.62$, $SD = .87$), $t(125.48) = -2.15$, $p = .033$. This difference between samples in measures does not negate analyses done on the expanded sample. Difference across samples on measures can be expected and contribute to the robustness of the overall factor analysis.

Moos Four Selected Items (M4SI)

It was expected, since the basic premise of the study had not changed, that variables in the expanded data would show similar relationships with the M4SI scale. Organizational climate toward clients was similarly expected to continue to be related to external community engagement. After all, while not previously examined in the literature, organizational culture that fosters a positive climate for the clients/participants/customers they directly-serve should foster positive relationships with their local, geographic community.

The correlation matrix for the M4SI indicates that the items are associated with each other, with r's ranging from .40 to .65. 100% of the six correlations are highly associated with each other ($p < .01$, df = 137, 2-tailed Pearson). Means for items scored on a six point Likert scale ranged from 3.82 to 4.86 with standard deviations ranging from .87 to 1.29. Cronbach's Alpha for the M4SI is .79, indicating fairly high reliability among the items, exactly the same as found in the pilot study. Cronbach's Alpha varied slightly from .68 to .79 if any single item was deleted. Overall the M4SI remains a reliable scale.

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. All of the 190 correlations were found to be highly significant ($p < .01$, df = 137, 2-tailed Pearson). Means for items scored on a one to six point Likert scale

ranged from 3.40 to 4.90 with standard deviations ranging from 1.01 to 1.43. The mean for the overall PCES scale is 4.26, *SD* = .94 indicating that approximately 68% of responses fell between 3.32 and 5.20. While many of the scores were quite high, they are not so high as to show a ceiling effect.

The scale analysis Cronbach's Alpha for the 20 item PCES was .96, indicating high reliability among the items and stability across samples. Cronbach's Alpha did not vary (.96 to .96) if any single item was deleted from the PCES as expected from the large correlation coefficients and again very stable across study results. Split half reliability model analysis indicates the PCES items remain reliable, Cronbach's Alphas of .94 and .93 for parts 1 and 2 respectively, .85 correlation between forms, .92 Spearman-Brown Coefficient for both equal and unequal length, and .92 Guttman Split-Half Coefficient. Overall the items of the PCES "hang" well together and results across the two studies are very consistent.

The PCES was originally developed under the expectation of six subscales in mind (needs assessment, input, program development, vetted representation, internal engagement, leadership development). Due to the high association between items, the pilot component analysis resulted in two components, as initially suspected from the Sums of Squared loadings prior to rotation and the amount of variance accounted for, 67.24%. Exploring the expanded sample data for confirmation of the components and distribution of items found in the pilot study results, a Principle Axis Factoring Analysis was run on the PCES items, without forcing a specific number of factors, and using varimax rotation with Kaiser normalization. The analysis took 14 iterations to arrive at a solution, and instead of the two components found in the pilot, three factors were revealed. The three components/factors were found whether Principle Axis Factoring Analysis or Principle Components Analyses was used.

As a reminder, the two component solution in the pilot reflected *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"*), and the second reflected *community involvement in organizational programs and services*. The expanded sample data showed reflected two similar factors that distinguished between the CBOs internal and external processes in relation to the community. Involvement is found to be further clarified in this analysis, clearly indicating how the organization is informed by the community. The factors are named according to the degree of authentic engagement, moving from external involvement to full internal engagement. The *Initial Engagement* variable is driven by CBO structures that provide vehicles (meetings and program development) for collecting community information that may or may not influence internal changes. The *Moderate Engagement* factor is driven by internal CBO mechanisms that provide vehicles for the community to provide information that will influence change within the CBO. Factor three, from here on called *Full Internalized Engagement*, is clearly associated to one of the pilot components that seemed to measure full community engagement and not involvement. This new factor is driven by fuller, internalized CBO structures and practices that work toward the CBO being deeply influenced by the surrounding geographic community, in a wide variety of areas: recruitment of community members, community members as leaders, and formal leadership development for community members. The average scores for the 7-item Initial Engagement factor ($M = 4.29$, $SD = .96$), the 7-item Moderate Engagement factor ($M = 4.45$, $SD = 1.00$), and the 6 item Full Internalized Engagement factor ($M = 4.00$, $SD = 1.06$) indicate that the three factors have similar means and standard deviations. The three factors are also highly correlated with each other, r =.83, .79, and .79 (see Table 2). The results of the analysis continue to be parsimonious and clearly tap into the intent of the scale.

Inferential Comparisons

In order to determine the convergent and discriminant validity of the PCES, the overall

PCES average and the three subscales were examined in relation to the M4SI. The relationship of

the M4SI and the PCES subscales --initial engagement, moderate engagement, full internalized

engagement—were also used in this construct validity process. Using one-tailed correlations (see

Table 2) significant associations were found between all scaled variables. In ways consistent

with the pilot sample, the three factors from the PCES are significantly associated with the

M4SI, as well as the beliefs in the Value and Impact of community engagement items. The M4SI

was associated to a greater degree with CE-Value and CE-Impact than the PCES factors, except

for Moderate Engagement.

Table 2
Bivariate Correlations Among Selected Variables

Variable	PCES Avg (n=138)	IE (n=138)	ME (n=138)	FIE (n=138)	CE-Value (n=131)	CE-Impact (n=131)	M4SI (n=138)
PCES Avg	-	.936**	.940**	.918**	.428**	.438**	.579**
IE		-	.827**	.786**	.372**	.386**	.511**
ME			-	.790**	.498**	.505**	.518**
FIE				-	.318**	.324**	.594**
CE-Value					-	.925**	.396**
CE-Impact						-	.417**

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

In order to explore the relationship between the new PCES subscales: *initial engagement*

(IE), *moderate engagement* (ME), and *full internalized engagement* (FIE) and the other

convergent and discriminant validity items, several linear regressions were run. Initial regression

analyses used the CE-Value or CE-Impact items as the outcome variables and the M4SI and the

new three PCES components as the predictors. The results of both regressions indicate that both

the M4SI scale and the PCES subscales account for significant variance in engagement impact

and value. Compared to the pilot, the results from these regression analyses provided what might

be seen as even more consistency.

The linear combination of M4SI, Initial Engagement, Moderate Engagement, and Full

Internalized Engagement was significantly related to CE-Value, $F(4,126) = 13.98$, $p < .000$ (see

Table 3). R^2 was .31, indicating that approximately 28.5% (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 = .263 x M4SI - .059 x Initial

Engagement + .639 x Moderate Engagement - .294 x Full Internalized Engagement, but only the

M4SI, Moderate Engagement, and Full Internalized Engagement were significant coefficients (t

$= 2.85$, $p = .005$; $t = 4.42$, $p = .000$; and $t = -2.16$, $p = .033$, respectively). Using the same model

but replacing CE-Value with CE-Impact as the outcome variable resulted in a significant model:

$F(4,126) = 15.01$, $p < .000$, $R^2 = .32$ indicating approximately 30.1% (adjusted) of the variance

accounted for and three variables: M4SI ($\beta = .29$, $t = 3.16$, $p = .002$), Moderate Engagement ($\beta =$

.62, $t = 4.37$, $p = .000$), and Full Internalized Engagement ($\beta = -.31$, t = -2.33, p = .022) were

significantly related to CE-Impact.

Table 3
Linear Multiple Regression Results

Model	b	*SE-b*	β	Pearson *r*	sr^2	Structure Coefficient
1 Constant	2.710	.427				
1 IE	-.057	.137	-.059	.372	.001	.589
1 ME**	.593	.134	.639	.498	.107	.899
1 FIE*	-.255	.118	-.294	.318	.026	.681
1 M4SI**	.305	.107	.263	.396	.045	.717
2 Constant	2.554	.421				
2 IE	-.029	.135	-.030	.386	.000	.689
2 ME**	.577	.132	.624	.505	.102	.889

2 FIE*	-.271	.117	-.313	.324	.029	.587
2 M4SI**	.334	.106	.289	.417	.054	.738

Notes. Model 1 - The dependent variable was CE-Value. $R^2 = .307$, adjusted $R^2 = .285$. sr^2 is the squared semi-partial correlation.

Model 2 - The dependent variable was CE - Impact. $R^2 = .323$, adjusted $R^2 = .301$. sr^2 is the squared semi-partial correlation.

*$p < .05$, **$p < .01$

Two stepwise multiple regressions were conducted to evaluate which of four independent variables (M4SI, Initial Engagement, Moderate Engagement, and Full Internalized Engagement) could predict and account for CE-Value or CE-Impact variance. For CE-Value as the criterion variable, at step 1 of the analysis, Moderate Engagement was entered into the regression equation and was significantly predictive of CE-Value scores $F(1,129) = 42.53$, $p < .000$. R^2 was .25 indicating approximately 24.2% (adjusted) of the variance of the CE-Value scores could be accounted for by Moderate Engagement. In step 2 M4SI entered into the regression equation and accounted for an increase of 2.0% of the variance explained. Moderate Engagement and M4SI were significantly related to CE-Value scores $F(2,128) = 24.04$, $p < .000$. In step 3 Full Internalized Engagement entered into the regression equation and accounted for an increase of 2.8% of the variance explained. Moderate Engagement, M4SI, and Full Internalized Engagement were significantly related to CE-Value scores $F(3,127) = 18.71$, $p < .000$ (see Table 4). Initial Engagement did not enter into the equation ($t = -.41$, $p = .680$). Thus the stepwise regression equation for predicting CE-Value score was: Predicted CE-Value = .607 x Moderate Engagement + .263 x M4SI - .314 x Full Internalized Engagement ($t = 5.04$, $p = .000$; $t = 2.86$, $p = .005$; and $t = -2.48$, $p = .015$, respectively).

Switching CE-Value with CE-Impact in the same model resulted in a significant step 1 model: $F(1,129) = 44.19$, $p < .000$, $R^2 = .26$, indicating approximately 24.9% (adjusted) of the variance accounted for by Moderate Engagement ($\beta = .51$, $t = 6.65$, p = .000). In step 2 M4SI entered into the regression equation and accounted for an increase of 2.7% of the variance

explained. Moderate Engagement and M4SI were significantly related to CE-Impact scores

$F(2,128) = 25.77$, $p < .000$ (see Table 3). In step 3 Full Internalized Engagement entered into the

regression equation and accounted for an increase of 3.1% of the variance explained. Moderate

Engagement, M4SI, and Full Internalized Engagement were significantly related to CE-Impact

scores $F(3,127) = 20.15$, $p < .000$ (see Table 3). Initial Engagement did not enter into the

equation ($t = -.21$, $p = .831$). Thus the stepwise regression equation for predicting CE-Impact

score was: Predicted CE-Impact = .608 x Moderate Engagement + .289 x M4SI - .323 x Full

Internalized Engagement ($t = 5.11$, $p = .000$; $t = 3.17$, $p = .002$; and $t = -2.58$, $p = .011$,

respectively).

Table 4
Stepwise Regression Results

Model	b	SE-b	β	Pearson r	sr^2	Structure Coefficient
1 Constant	3.408	.323				
1 ME**	.562	.111	.607	.498	.139	.899
1 M4SI**	.304	.107	.263	.396	.045	.720
1 FIE *	-.273	.110	-.314	.318	.033	.590
2 Constant	3.345	.321				
2 ME**	.562	.110	.608	.505	.139	.889
2 M4SI**	.333	.105	.289	.417	.054	.739
2 FIE *	-.280	.109	-.323	.324	.035	.704

Notes. Model 1 - The dependent variable was CE-Value. Initial Engagement was excluded. $R^2 = .307$, adjusted $R^2 = .290$. sr^2 is the squared semi-partial correlation.
Model 2 - The dependent variable was CE-Impact. Initial Engagement was excluded. $R^2 = .323$, adjusted $R^2 = .307$. sr^2 is the squared semi-partial correlation.
* p < .05, ** p < .01

The overall results indicate collinearity between CE-Value and CE-Impact due to their

very high association ($r = .93$). 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 two of the factors found. The factors seem to be variables for two

similar but different constructs, one that accounts for most of the variance in the regression

analyses (the community informs the organization on internal processes/matters) and one that

differentiates more intensive engagement with the geographic community (the community is engaged in internal processes/matters of the organization). Interestingly, one of the factors that does not predict staff beliefs in the value and impact of community engagement is the lowest order factor, the community informs the organization from an external stance (more informational than procedural). This factor is considered lower order in that the development of the PCES was as a gold standard of engagement but it contains levels of engagement. The three levels found in this study build upon each other, from lower to higher order levels.

Discussion

The results of the internal factor structure, reliability, and validity analyses of the Perceived Community Engagement Survey (PCES) and its subscales suggest a strong and unique measure with good internal consistency. Expanding the sample through the use of an adjusted snowball sampling technique led to similar results in reliability, and convergent, and discriminant validity with the M4SI tool and belief in impact and value of community engagement variables. The two samples had similar demographics on: job title, race/ethnicity, and length of employment. The difference between the variables was the extent or depth of engagement with the geographic communities that surround CBOs. The larger, final sample resulted in a three-factor model, reflecting the staff perceptions of the extent and depth of CBO engagement with their local, geographic communities. The results suggest the PCES measures a set of ascending, or staged, ordering of CBO community engagement; a continuum ranging from less to more significant engagement. Far more relevant than the order in which the factors emerged is this theoretical ordering of the PCES components on the staged continuum, described here:

The Initial Engagement (IE). In general, items on the IE factor seem to be more congruent with an CBO that has an openness to community members informing the organization

on a variety of issues. The IE factor includes two items that directly speak to ways in which the organization permits community input. Some of these items represent ways in which the organization seeks specific information and others are more general:

- *Community members can request meetings with, and requests are acted on by, the organization's leadership to voice concerns over community issues;*

- *I am able to inform the organization's leadership of what community members would like to see the organization offer;*

- *The organization creates opportunities for community members to have input into what programs and services are provided;*

- *The organization provides a variety of settings for community members to discuss community issues with staff;*

- *The organization conducts community meetings to discuss and seek input towards upcoming needs assessments;* and

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

With increased sensitivity and power, the IE component is a combination of items driven by general information and overall information gathering activities. High IE scores are indicative of an CBO that sees community members as being *"part of"*, or a presence in, the work, while falling far short of true power sharing.

A face validity assessment of the items, one of the items: *The organization has a process (formal or informal) in which community members are part of the service or program development team*, seems to belong to a stronger component, but this item has the highest factor loading on IE. Other items on the IE component seem more congruent with community members informing the organization on a variety of issues, but overall the IE factor, structurally and from a face validity perspective, remains strong.

Moderate Engagement (ME). The ME factor, or Moderate Engagement, is the bridge between initial and full engagement. ME teases out those areas where information provided by community members appears to have greater intention to be used by the CBO to change internal CBO processes. ME, compared to IE, shows a clear increase in commitment level, "listening", and involvement of the community. With more statistical power from the expanded sample, ME and its placement on a continuum of community engagement more clearly emerged.

The two highest ME factor loadings, this bridge between initial and full engagement, were:

- *The organization has an active community advisory board;* and,

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

From a face validity perspective, the items are different from and yet show continuity with the next factor on the continuum, the full internalized engagement factor. The items, compared to IE, reflect more significant informational vehicles for the voice of community members, and movement away from stagnant hierarchical organizational relations toward equality-based interactions.

Other ME items include items that reflect the CBO listening to the community but also with a serious intent to use the information:

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

- *Community members are encouraged to inform the organization of issues of importance to them;*

- *The organization conducts needs assessments of the community by involving a variety of community members;*

- *If the organization receives requests from community members regarding community needs, the organization takes those requests seriously,* and

- *The organization is a representative "voice" of the community.*

ME items demonstrate a much more active approach to community engagement than EI. This factor is qualitatively differentiated from the EI in the intention to action of the items.

Full Internalized Engagement (FIE). The FIE, or full internalized engagement, factor focuses on those aspects of local community engagement in which staff perceives the CBOs authentic intentional engagement of community members as significant to the ways in which the CBO is run, and in every way reflects a power sharing CBO. The two items with the highest factor loadings include:

- *There are community members in leadership roles within the organization;* and

- *The organization actively recruits community members for positions within the organization.*

These items show direct and intentional engagement of community members in the CBO. The other items under this factor are:

- *The organization provides leadership development opportunities for community members;*

- *The organization fully represents the identity of the community;*

- *There is a formal leadership development program within the organization for community members;* and

- *Community members are encouraged to volunteer within the organization.*

Each of these items speak to CBO structures and principles that assure community views are equal drivers of the organization. The prior two factors in the continuum, IE and ME, can be

viewed as degrees of listening to community input, from general to significant process input while FIE clearly demonstrates intentionality in power sharing and representation.

The FIE factor stands out as the genuine geographic community engagement principle consistent with a CBPR implementation in which full engagement is critical and power sharing central. This principle of genuine power sharing, as exemplified by community members having input and driving decisions, is consistent with a late stage CBPR project where community members have been fully involved in the research and have the control to drive the actions and policies suggested by those results.

Convergent and Discriminant Validity. The PCES is a good tool with a strong Cronbach's Alpha and other good reliability and validity. To examine the construct validity of the PCES, the Moos (1972) Community Oriented Programs Environment Scale, an extensively studied measure of social climate, was shortened to create the M4SI. A primary goal of this approach was to ensure the PCES was not statistically redundant with the only other potentially related measure in existence. Therefore, while a shortened measure, the items chosen for the M4SI were the ones most likely associated with (redundant with) the PCES, therefore challenging the discriminant validity of PCES results.

Another important consideration in this construct validity process is that, given the nature of Principle Axis Factoring Analysis, the three-factor structure of the PCES reflects at least as much qualitative as quantitative differences. There is an arguably justifiable attempt to articulate IE, ME, and FIE on a staged continuum, a quantitative set of stages. While again, justifiable, this simple conception is incomplete. The orthogonal rotation of a Principle Axis Factoring Analysis ensures qualitative independence of the three subscales, consistent with the theoretical articulation of categorical factors above.

The M4SI was associated with all factors of the PCES, but strongest with the FIE ($r =$ .59). This correlation is relatively strong, suggesting good convergent validity, but also allowing the FIE to have enough unique variance from the M4SI to remain useful. The IE and ME are more moderately related to the M4SI, and, again, this suggests qualitative differences as much as quantitative ones. Focusing on the good balance of convergent and discriminant between the M4SI and the FIE alone, suggests there is perhaps a commonality between organizations with a good social climate (i.e., M4SI) and their commitment to the voices of the outside community (i.e., PCES). This relationship may reflect that good internal organizational processes relate to authentic appreciation of the voice of the broader community.

Again, while high PCES is likely to be most connected to high M4SI on the quantitative dimension of being a good organization, the significant but lower correlations M4SI has with IE and ME is not simply due to these PCES dimensions reflecting earlier stages of external engagement. There is a qualitative difference between IE, ME and M4SI reflected in the difference between a positive social climate that encourages autonomy, spontaneity, and involvement compared to the use of information. Information gathered to provide a snapshot of needs or to drive potential change still remains an information gathering process in intent. Community engagement at the client or at the geographic level defines a qualitative shift away from informing processes to creating them.

Interestingly, the association between the three PCES factors and the two items measuring belief and value of community engagement do not follow the same pattern. Value and Belief in community engagement and the PCES factors do not follow any expected pattern. The association between beliefs in community engagement having an impact on CBO services and being of value to the CBO were higher with the ME factor compared to the FIE and the IE factors. The weak association between Value and Impact compared to Full Internalized

Engagement is a decrease in the association from comparable component pilot results. Increased

accuracy in staff perceptions within the expanded sample may predict that staff who believe in

the value and impact of community engagement may have higher standards for what full

internalized engagement entails. In other words, it is harder to find a stronger association

between beliefs and a rare occurrence (FIE) than with a more common and yet relatively positive

occurrence (ME). Conversely, IE results which increased to a moderate association compared to

pilot results (weak and not significant), may indicate that the two items measuring belief in value

and impact of community engagement on services are unreliable measures. Value and Impact

may be unreliable items since the variance measured by single item scales is very limited. A

corresponding decrease in the strength of associations between the M4SI measure and Value and

Impact items, from strong to weak, seems to corroborate the instability of these items.

   The mean of each item in the PCES was higher than expected. The expectation of lower

community engagement by service delivery CBOs as measured by staff perception is due to the

shift from local philanthropic funding to primarily government funding, increasing the focus on

funding priorities instead of community needs. These higher than expected results may be due to

an inherent bias found within the non-profit world in which mission driven work is seen as

inherently good. This may support the overall perception that local CBOs exist, and are by their

nature, for the good of the communities surrounding them. Alternatively, there may be a personal

bias in staff who work within CBOs. Self-selection employment bias within CBOs may reinforce

the inherently good perception of non-profits and the inherently good self-perception of staff

who work for non-profits. There is also the possibility that the researcher has a bias towards

community integration within community institutions, or that the instrument measures a

potentially different construct such as staff desires of a community integrated work environment.

Regardless of a possible positive response bias, the need remains within Community Psychology for greater empirical understanding of the relationship between CBOs and the geographic communities in which they are located. To capture the promise of the Community Mental Health Act as Murphy and Rigg (2014) elegantly describe, clarity is needed to disentangle how the Act was implemented with the knowledge and resources available in 1963 and with what is known at this point. Community-based interventions designed and driven by community knowledge, culture, and community norms of what is healthy, and how to achieve health, needed and still needs the voice of the community. Adding or transferring the locus of services to communities did not capture the promise of the Act. Community institutions have moved further away from community driven care as funding shifts create stakeholders that are not part of communities served and that allow for population control through funding and social policy.

Commnuty Focused Frameworks. There are frameworks and models that exist which have pushed back and moved certain systems towards community control and community "voice". Community-Based Participatory Research (CBPR) as a community integrated research frame has moved University research programs towards community involvement and holds the promise of research that is driven by community needs. CBPR is being used to understand and tackle health disparities and social determinants of health. In some forms, CBPR has been used from a public health perspective to move towards integration between an individual illness-driven health system to a population health driven health system.

Another framework that started in the Substance Use Disorder treatment and recovery services arena and that has grown to incorporate recovery in Behavioral Health overall is Recovery Oriented Systems of Care (ROSC). This framework is based on values and principles that guide the transformation of systems towards a recovery orientation. The systems can range

from local community-based to state-wide or national systems. ROSC is consistent with the intent of the Community Health Act since it aligns concepts, practices, and contexts to support individual, family, and community recovery by demanding that the voice of those impacted be central to all planning and transformation. Principals such as: recovery has cultural dimensions, recovery involves (re)joining and (re)building a life in the community, and elements such as: person-centered, inclusive of family and other ally involvement, systems anchored in the community, culturally responsive, and inclusion of the voices and experiences of recovering individuals and their families are consistent with community driven and integrated care.

There are a number of state-based ROSC implementation examples across the United States which, similar to CBPR, may be examples of the application of some components (additive approach) or systems transformation (transformative approach). As with the implementation of the Community Health Act of 1963, the intent of a ROSC and CBPR is the transformation of approaches and not the addition of services. The promise of the Community Health Act and Murphy and Rigg's (2014) call to action to redirect implementation from a shift in location to a transformation of how services are driven is conceptualized within CBPR and ROSC type models and frameworks. This study brings forward a concrete measure to guide how Community-Based Organizations can bring forth community driven and integrated principles at the local level.

A continuum model of community engagement as measured by the PCES is clearly consistent with advocacy models such as Arnstein's Ladder of Participation (1969) in which the intent is to measure levels of citizen's power, Guo's (2007) model of CBO Board Participation as a means of assuring community driven CBOs instead of government funding driven CBOs, and Murphy and Rigg's (2014) model of community based services as driven by the intent of the Community Mental Health Act. The continuum is also consistent with changes in Mental Health

and Substance Use Disorders treatment towards services driven by the participation of Recovery Movements advocating for a focus on long-term recovery instead of stability and/or sobriety. The current expansion of peer recovery supports as a means of guiding the recovery experience from either a life time of dependency on treatment or a short term response to a chronic disease brings forth the power of communities to how people recover from substance use and mental health symptoms and conditions. There is a growing appreciation that service delivery is impacted by experiences that happen within CBOs and in the community. This provides a context for CBOs to bring community into how they function, increase the impact of their services, and benefit from the power of the community that surrounds them.

CBO Decisions. Community-Based Organizations do not have to involve the surrounding community in order to provide services. Many CBOs are located within communities of high need, driven by poverty and other social determinants of health. Many decided to locate specifically within a community due to high needs, driven by a strong desire to help. A CBO can provide services, and many do, without ever involving community members since high need communities tend to remain high need areas for long periods of time. Poverty and its concomitant issues will create issues that need ongoing service delivery. The hypothesis brought forth by this study is that CBOs can increase their impact on the issues they are addressing by becoming partners with the communities in which they are located. The PCES is a tool to measure the extent of community engagement as perceived by CBO staff. The intent is to provide an empirically based measure for CBOs to use in deciding how they will function within a community. Will they continue providing services that are desperately needed, maintaining power over funds that are intended for the community? Will they decide that gathering information directly from community members increases their ability to meet community needs and direct funding towards possibly changing needs or drivers of needs?

A CBO may decide to gather community information from community members that will change how they provide services, driven by changes in cultural community norms. Or a CBO may decide that they are a community institution and as such that they are guardians of community funds in which community members should have a say in the use of those funds. That community members should be equal partners in deciding how to address needs within the community. That community members have unique perspectives and have knowledge that is as critical to provide services as specialized knowledge gained through education. CBOs have many ways of being within a community and the PCES provides a starting point for measuring how staff (including leadership) perceive their current engagement of community members. A decision to not involve community members in services does not discount the services a CBO conducts since there are many critical unmet needs within underrepresented communities. Even when a CBO decides that it wants to become a fully engaged commnity institution, the level of engagement must be negotiated between community members and the CBO to demonstrate respect for each other's competencies.

Future Recommendations. As the need for a reliable and valid measure of community engagement becomes ever more present within CBO funding, the potential for using variations of the PCES may grow over time. The PCES was developed as a proxy scale, measuring CBO staff perceptions at all levels of community engagement. The potential of the scale lies in the wording of the items within the scale. The scale can be used to measure degrees of compliance with each item as an objective measure of CBO community engagement. It can also be adjusted to measure community members' perceptions of CBO engagement as a comparison tool between internal and external perceptions of the CBO. Degrees of discrepancy within items and across the PCES can lead to specific strategic or action planning to explore why the discrepanies exist. Over the two studies of the PCES, it remains useful as an assessment and decision tool for

CBOs. What initially was found analyzing the PCES, a two-stage model of community engagement, now demonstrates more subtlety and the potential for a continuum of community engagement. It remains a good tool for measuring staff perception of community engagement and so can be used by CBOs as a decision tool of the degree or type of engagement they want with the community. The questions themselves are a guide for steps towards community engagement if so chosen to be interpreted by a CBO. Differences between types of staff within a CBO can provide indicators that can be explored by a CBO. Are the differences due to problems with communication channels? Can the differences indicate the unfulfilled intent of a community engaged mission? The PCES was developed with the assumption, based on CBPR research, that full and genuine community engagement is the gold standard for CBOs that want to become community institutions.

   Study Limitations. There are a number of limitations to the current study. The purpose of the study was to explore the reliability and validity of a tool that is hypothesized to measure community engagement by service delivery Community-Based Organizations through the lens of staff perception. There are many details and concomitant constructs that this study either addresses superficially or not at all. There is reference to Citizen Empowerment models and the PCES is seen as adding to this body of governance and social policy literature. Due to the specificity of the tool, the lack of literature within this area, and the decision to base the PCES on CBPR principles, other potential models may not have been explored which may provide a better fit for exploring CBO community engagement. Unelected representation is another area within the political science literature that is touched on but not explored in depth. This study assumes that this type of representation by proxy is less than ideal when community engagement and representation is possible. The assumption is that democratic processes are superior to others without consideration to a host of other variables.

One such variable is sense of community, an integral principle of Community Psychology. Does sense of community determine the extent that community members define and want to get involved within their community institutions? On the other hand, can CBOs who focus on full internalized engagement create trust with their surrounding communities since transparency would naturally increase? And within this process, could CBOs that fully engage community members become platforms for community action, becoming the needed space or stability that can increase or solidify sense of community? The assumption that full internalized engagement is preferred to other forms of community member involvement needs to be tested since there is no current body of literature on the subject. Also there is little consideration for the differences between the professional service delivery staff and community members who are part of underrepresented communities. The social service workforce is dominated by professional middle-aged Caucasian women which leads to cultural intersections at the point of service delivery. So how do community-based organizations approach underrepresented communities?

There are a number of other theories that can provide vehicles and/or approaches to be considered when engaging community members. Co-Cultural Communication provides a succinct and clear theory to assist in creating communication spaces (Orbe & Spellers, 2005). Addresssing negative attitudes and perceptions of the community is also critical. Allison and Hibbler (2004) found, in recreational organizations, that barriers created for disenfranchised groups were attributable to staff perceptions of the groups. Bartel (2001) demonstrated how the practice of community outreach, which has been lost within many service delivery CBOs, could help combat limiting situational contexts and in turn negative perceptions. Community outreach used to be part of community service delivery but over time the use of outreach 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.

As pointed out, there are a number of areas that can be explored when it comes to CBO engagement of its surrounding community. The most critical area in particular is the definition of community. For the purposes of this study, the construct of community was defined as the surrounding geographical area due to the focus on the location of Community-Based Organizations and their potential to become community institutions. There are many different definitions of community, from pre-determined geographic areas, to digital platforms, to ethnically or racially defined, etc. Even within the current study's geographic definition, there is an implied group of people that can be engaged and can benefit from increased engagement. Whether this is relevant or not to individuals within a geographic area needs to be defined by the individuals that are by definition being forced in a category of community.

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 it lacks mechanisms based on research that could promote community engagement.

Conclusion. The current government and philanthropic initiatives to designate CBOs as unelected representatives has created significant assumptions fundamental to community work. Are community members truly and genuinely 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 policy makers 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 point to a staged continuum model for measuring community engagement as well as unique qualitative differences between factors. This model 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.

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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. 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

3. 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

4. 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

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.

Appendix B: Informed Consent Form
INFORMED CONSENT

You are being asked to participate in a research study conducted by Rafael Rivera, doctoral student at National Louis University, Chicago, Illinois. The study is entitled The Perceived Community Engagement Survey: Further Exploration of Its Reliability and Validity. The purpose of the study is to expand on the initial study of the survey and expand our understanding of community engagement by community-based organizations.

With your consent, you will be asked a number of questions through a survey which should take approximately **fifteen 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 staff who work within service delivery community-based organizations perceive the level of community engagement efforts of 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 co-chairs of NLU's Institutional Research Review Board: Shaunti Knauth; email: shaunti.knauth@nl.edu; phone: 312-261-3526; or Wendy Gardiner; email: wendy.gardiner@nl.edu; phone: 312-261-3112. Co-chairs are located at National Louis University, 122 South Michigan Avenue, Chicago, IL 60603.

☐   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: IRRB Approval Letter

IRRB Response Approved_Rafael Rivera
IRRB Mailbox <IRRBmailbox@nl.edu>
Wed 5/4/2016 2:44 PM
Inbox
To:Student: Rafael Rivera (rrivera10) <rrivera10@my.nl.edu>;
Cc:IRRB Mailbox <IRRBmailbox@nl.edu>; Shaunti Knauth <Shaunti.Knauth@nl.edu>;
Bradley Olson <Bradley.Olson@nl.edu>;

Dear Rafael Rivera:

The Institutional Research Review Board (IRRB) has received your application for your research study "The Perceived Community Engagement Survey: Further Exploration of Its Reliability and Validity". IRRB has noted that your application is complete and that your study has been approved by your primary advisor and an 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 May 4, 2016 to May 4, 2017. 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.

Best,
Shaunti Knauth

Shaunti Knauth, Ph.D.|Director of Engaged Research| National Louis University
122 S. Michigan Avenue, Chicago IL 60603 | p/f: | 312.261.3526