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## Using Mixed-Methods to Measure the Perception of Community Capacity In an Academic-Community Partnership for a Walking Intervention

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## Using Mixed Methods to Measure the Perception of Community Capacity in an Academic-Community Partnership for a Walking Intervention

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## Abstract

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H.U.B. City Steps is a five year community-based participatory research walking intervention designed to help lower blood pressure in a majority African-American population in southern Mississippi via community collaboration and capacity building, increased walking, culturally tailored health education sessions, and motivational interviewing. Building community capacity for physical activity is a key component of this intervention. Qualitative and quantitative methods have been used to assess how project stakeholders perceive the community capacity building efforts of the project. This paper illustrates the baseline results of this mixed methods approach from the perspective of three groups of stakeholders: Project researchers and staff (RS); Community Advisory Board (CAB) and intervention walking coaches (WC). Eight constructs were examined including leadership, resources, external networking, visibility and recognition, personnel sustainability, ability and commitment to organize, communication with community members, and relationships with influential others. Quantitative results indicated significant differences among stakeholder groups for project leadership and personnel sustainability. Qualitative perspectives provided an opportunity to examine possible reasons for these differences. Overall findings provide direction related to improving intervention outcomes and sustainability.

### Keywords

Community-Based Participatory Research; Evaluation Design; College / Community Partnerships; Quantitative Evaluation; Qualitative Evaluation

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Community based participatory research (CBPR) has commonly been utilized in low income communities and communities of color to address the complex health issues they face (Minkler, 2004). The Federal Agency for Healthcare Research and Quality defines CBPR as “a collaborative ... approach designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and well-being through taking action...” (AHRQ, 2009). A core attribute of CBPR is the academic-community partnership in which both collaborate in an equal partnership to identify and address community health issues (Israel, Eng, Schulz, & Parker, 2005) and to share knowledge and expertise with one another to further action and change within a community (Israel, Schultz, Parker, & Becker, 2001). This partnership must cross social, economic, political and cultural barriers to reach goals and become sustainable (Israel, Schultz, Parker, & Becker, 2001).

CBPR has been commended as a process that facilitates community capacity building in terms of health promotion (Shediac-Rizkallah & Bone, 1998). Poole (1997) indicated that “the purpose of capacity building is to foster conditions that strengthen the characteristics of communities that enable them to plan, develop, implement, and maintain effective community programs.” Capacity building encourages community members to address their own health issues and allows health practitioners and organizations to assist in the process (Labonte & Laverack, 2001), thus promoting sustainable solutions through community empowerment and leading to improved health outcomes (Israel et al., 2010; Smith, Littlejohns, & Roy, 2003).

Evaluation and measurement of capacity building within community projects has posed challenges to researchers which include, but are not limited to, a lack of valid and reliable instrumentation, ever evolving community capacity constructs, and length of time required for community capacity building (Ebbesen, Heath, Naylor, & Anderson, 2004). However, evaluation and measurement of capacity are critical in order to better define constructs of and track progress toward building community capacity and consequent health outcomes, as well as to understand elements and processes that contribute to capacity building. Various community capacity frameworks have been described which include a number of common

constructs, among them resources, leadership, asking why, communication with community members, partnerships, and social or external networks (Goodman, 1998; Lempa, Goodman, Rice & Becker, 2008; Minkler, Breckwich Vasquez, Tajik, & Petersen, 2008). Qualitative methods, including semi-structured interviews and focus groups with academic representatives, community leaders and members, in addition to the case study approach, have been extensively used to assess community capacity (Gibbon, Labonte & Laverack, 2002; Jackson et al., 2003; Labonte & Laverack, 2001; Minkler et al., 2008). A few studies have employed a mixed methods approach to evaluate community capacity, an approach that is considered to offer promise in better understanding its role in health promotion (Gibbon et al., 2002; Labonte & Laverack, 2001; Smith et al., 2003).

## Background

H.U.B City Steps is a CBPR walking intervention involving a collaboration among a public university, a local city government, and community members in a southern small city. A primary aim of this intervention is to lower blood pressure in participants who are drawn primarily from the African-American population of the community. Elements of the intervention include empowerment, culturally tailored health education, and motivational interviewing to identify and track progress toward personal health goals.

As a CBPR project, a primary aim is to build community capacity to promote health through physical activity and nutrition. Aspects of the project that foster community capacity and therefore attainment of this aim include: 1) inclusion of staff and faculty with a vested interest in the community; 2) involvement of project staff, a community advisory board (CAB), local city government, local agencies, and project participants in program development, implementation, evaluation, and overall guidance of project activities; and 3) development of participants' skills and knowledge of health promotion to attain individual and community change. These are accomplished via core activities including 1) recruiting and training community walking coaches (WCs) a) to serve as role models and champions who will motivate their fellow residents to engage in physical activity and choose better eating habits and b) to establish walking groups which will provide social support to program participants for healthy lifestyle changes; 2) conducting monthly nutrition education and physical activity sessions focused on making more health-conscious choices; 3) providing health screenings for program participants; 4) using motivational interviewing to encourage participants to identify lifestyle change priorities; and 5) promoting local community walking tracks to increase their visibility and use by residents.

The H.U.B. City Steps intervention also aims to assess community capacity for health promotion through the life of this CBPR project. The first step in this process was to engage the CAB in a collaborative process to identify and define a framework for assessing community capacity, through workshops conducted by research staff during the first project year. Having adopted the community capacity framework of Lempa et al. (2008) and its constructs, project staff guided the CAB in developing a working definition of each construct, from a community perspective. The CAB also developed a project mission statement and action plan for each community capacity construct. The H.U.B. City Steps community capacity framework and constructs then formed the basis for assessing perceptions of community capacity over the life of the project. This paper describes perceptions early in the life of this CBPR community intervention, after intervention planning and walking coach recruitment and training but before intervention kick-off, across three groups of project stakeholders, using a mixed methods design.

## Methods

This assessment included two components, described in more detail below. The quantitative component assessed community capacity perceptions using a questionnaire adapted from an instrument developed and empirically tested by Lempa and colleagues (2008) with participants from community initiatives across the U.S. The qualitative component involved focus group type listening sessions in which responses to the quantitative questionnaire were elaborated further.

## Participants

Three stakeholder groups were sampled for both components (Table 1). Project researchers and professional staff (RS) comprised a multidisciplinary team of researchers from nutrition, human performance, community health, and psychology, as well as the intervention, community, and recruitment coordinators who were all from the community. The CAB included members representing community based and civic organizations, city government, and local healthcare agencies. WCs were volunteer community members who had been nominated by self, peers or the CAB to serve as intervention walking group leaders. Approval was obtained from the Institutional Review Board prior to data collection.

## Community Capacity Questionnaire

Community capacity scales developed by Lempa and colleagues (2008) were utilized, asking representatives of each stakeholder group to rate the H.U.B. City Steps collaboration and its performance relative to selected community capacity constructs from a total of eight: leadership, resources, external networking, visibility and recognition, personnel sustainability, ability and commitment to organize action, communication with community members, and relationships with influential others. Item response was an 11-point Likert scale, with 0 denoting strongly disagree and 10 denoting strongly agree. Lempa and colleagues' 44-item, six-factor scale for leaders was administered to the RS and CAB, and included items on leadership (10), resources (5), external networking (7), visibility/recognition (5), ability and commitment to organize action (10), and personnel sustainability (7). The 38-item, five-factor scale for non-leaders was administered to the WC and included items on leadership (10), resources (4), ability and commitment to organize action (10), relationships with influential others (6), and communication with community members (8). Three scales - leadership, resources, and ability and commitment to organize action- termed universal constructs, were common to all groups. Questionnaires were distributed to RS through office mailboxes, to CAB members at a regular meeting, and to walking coaches at a training meeting. Respondents were asked to complete the anonymous questionnaires at their convenience and return to research staff.

For analysis purposes, a construct score was calculated for each construct by averaging all items under the construct and transforming to a 10 point scale. Total community capacity scores were calculated by averaging the construct scores (six for the RS and CAB leader scale, five for the WC non-leader scale, and three for comparisons across the three groups). SPSS 17.0 was used for all analyses. Total community capacity scores were compared between RS and CAB groups using an independent t-test and across groups for the three universal constructs using an ANOVA. MANOVA was used to examine differences: 1) between the RS and CAB for the six constructs in the leader scale and 2) among the three groups for the three universal constructs. For the MANOVAs, the Pillai's trace test was interpreted to examine model significance ( $p < .05$ ) due to the negative skew of the data. This test is robust to such violations of multivariate analysis assumptions (Field, 2005). Games-Howell post-hoc tests were utilized to examine differences between groups due to unequal group sizes (Field, 2005).

## Listening Sessions

Separate listening sessions were conducted with volunteers from the RS, CAB, and WC groups. Questions were developed based on the results of the quantitative analysis. The listening session question guide included a total of 27 questions divided across 8 constructs. Special attention was given to the constructs for which there were significant quantitative differences between groups. The same listening session questions were used across all three groups to elicit more detailed information about why the differences existed and how to address differences. Listening sessions were audio recorded and transcribed verbatim.

Themes elicited from the transcripts were used to develop a qualitative analysis codebook, which contained descriptions or definitions for each of the codes. The codebook was developed by a team of two researchers, one project staff, and one CAB member (qualitative analysis team).

The qualitative analysis team determined meaning and context using the eight constructs to help guide the interpretation. This method was utilized in order to increase internal consistency of code assignment. Once there was agreement across team members on context and meaning for each construct, quotes were extracted from the transcripts to provide examples for the interpretation. The team compared interpretations across groups and identified any notable differences between groups.

## Results

### Community Capacity Questionnaire

Table 1 indicates the number of stakeholders from each group whose data were used in the analyses. Three CAB and three WC questionnaires were excluded from the analysis due to missing data on more than one construct.

### Researchers and Staff and Community Advisory Board: Six constructs

Table 2 indicates the mean total score and construct scores for the RS and the CAB. The CAB scored total community capacity ( $M = 8.54$ ;  $SD = 1.04$ ) slightly higher than the RS ( $M = 7.98$ ;  $SD = .85$ ; n.s.). The CAB scored five of the six constructs higher than the RS. Visibility/recognition was scored lowest and ability and commitment to organize highest by both the RS and the CAB. Based on MANOVA, the model examining the differences in construct scores between the RS and the CAB was significant at  $F(6, 20) = 5.65$ ,  $p = .03$ . As shown in Table 2, perception of leadership ( $p = .01$ ) and personnel sustainability ( $p = .01$ ) differed between the RS and the CAB, with the CAB scoring these constructs higher than the RS.

**Walking Coaches: Five constructs**—The total community capacity score for the WC calculated from the five constructs rated by this group was  $8.70(SD = .84)$ . Among the constructs, communication with community members had the lowest score ( $M = 6.68$ ,  $SD=2.20$ ); leadership, resources, and ability and commitment to organize all reached a mean score of 9 out of 10. Relationships with influential others was scored as  $8.34\pm 1.93$  out of 10.

**RS, CAB and WC: Three universal constructs**—The total community capacity score for the three universal constructs was  $8.27\pm 0.93$  for the RS,  $8.36\pm 1.20$  for the CAB, and  $8.76\pm 0.76$  for the WC (n.s.; Table 3). MANOVA analyses indicated a significant difference across the groups for the three universal constructs at  $F(6, 39) = 3.60$ ,  $p = .04$ . Post hoc analyses indicated differences between the RS and the CAB ( $p = .02$ ) and the RS and the WC ( $p = .01$ ) for leadership, with the RS scoring leadership significantly lower than the CAB and the WC.



## Listening Sessions

Two listening sessions were conducted with the RS (n = 8), one with the CAB (n=8), and one with the WC (n=12). Notable quotes for each construct from all groups are listed in Table 4. Data from the listening sessions on project leadership was examined closely because the CAB and the WC scored this construct significantly higher than the RS in the quantitative assessment. Of the nine questions asked concerning project leadership, one was “How do you think we can make the leadership more visible to people in our community?”. There were several similar themes identified in the data analysis, including project members could attend community events outside of the project to build relationships with other community people and organizations (participation in community events) and they could make people aware of the project activities through networks such as faith-based, community organizations, sororities, and fraternities (awareness through visibility). Another theme viewed by project staff as a capacity building opportunity was that the community does not participate and understand the research aspect of the project (communicating knowledge about research with community members). Another question asked related to the leadership construct was “In what ways or areas could the leadership increase their follow through on commitments that have been made?”. The CAB felt that the leadership was doing a great job, although the RS expressed reservations. One theme elicited from the RS reflected the need for more collaboration in the action plan (ability and commitment to organizing a collaborative plan). Like the WC, the RS felt that the community may not understand the research aspect of the project (communicating knowledge about research with community members). The CAB also expressed concerns in the area of leadership. One question was “In what ways or areas does the leadership need to show more compassion?”. This elicited the theme that project members are not flexible by allowing the community to guide the project (flexibility in personnel sustainability). Conversely, another theme was that staff and community share openly and staff gives clear direction (leadership communication). When asked “In what ways or areas could the leadership increase their follow-through on commitments that have been made?”, walking coaches viewed themselves as the leadership indicating that project and community members working with the project may not motivate others in the community to adopt or maintain healthy physical lifestyle because they themselves did not display sufficient motivation (leadership not motivated).

The qualitative data focused on personnel sustainability was also examined closely since the CAB scored this construct significantly higher than the RS in the quantitative assessment. The first question asked concerning this construct was “If H.U.B. City Steps leaders left today, what do you think would happen with the project?”. Themes elicited for the RS and the CAB included such things as all involved agree and understand the project (shared vision); all people are present that are needed to carry out the goals and objective of the project (human resources); training for community members to take on leadership roles and be effective in those roles (training community members); community and staff input in action plan (ability and commitment to organizing action); and personnel preparation for sustaining project (training of staff). Conversely the RS expressed the sentiment that project and community members would not continue to actively participate over the length of the project (non ability and commitment to organizing action for sustainability), perhaps explaining the quantitative difference between the RS and CAB. A similar question asked “If H.U.B. City Steps leaders left today, what would need to happen for the goals of the project to be achieved?”. Themes elicited from the RS and the CAB suggested opportunities for building capacity. The CAB noted availability of such things as money, people, community groups and organizations to carry out the goals and objectives of the project (financial, human, and social resources), and that the project allows individuals to take on leadership roles (providing opportunities). Themes elicited from the RS reflected different



perceptions of needs or limitations, and included such things as all people are not present that are needed to carry out the goals and objectives of the project (not enough human resources) and the project is not connected with all needed community groups and organizations to help carry out the goals and objectives (not enough social resources).

As previously stated, of the five constructs assessed quantitatively for the WC, four were rated 8 out of 10 or above. The fifth construct, communication with community members, had the lowest score among the constructs. The elicited themes related to this construct were that the community does not participate and understand the research aspect of the project (communicating knowledge about research with community members) and that information diffusion to the community may not be as effective as it could be (audience not reached).

## Discussion and Conclusion

The assessment of perceptions of community capacity for health promotion associated with the H.U.B. City Steps project described here was a baseline assessment before implementation of the walking intervention phase, but after considerable planning and training of walking coaches had been completed. This mixed methods assessment will be implemented annually to monitor changes in perceptions of capacity over the life of the project and to identify areas that need additional targeting for capacity building. The results suggest that the project is strong in its ability and commitment to organize; however, communication with community members and visibility/recognition of the project needs to improve. We are hopeful that this construct will be scored higher in the next round of data collection because we have taken suggestions from the listening sessions on the best ways to communicate and also better ways to make the project more visible. The project is naturally becoming more visible the longer it is in the community.

In the quantitative analysis, leadership was viewed significantly lower among researchers and staff compared to the other two groups. The researchers and staff also perceived personnel sustainability significantly lower when compared to the CAB members. Neither of these differences was apparent in the qualitative analysis. This may have occurred because the researchers and staff may not have felt as comfortable sharing their thoughts in the listening sessions because they were not anonymous as was the case with the self-administered questionnaire. Alternatively, this group may not have felt as confident about its own leadership role and performance on the project prior to the implementation of the intervention.

As stated previously, there have been few quantitative instruments measuring community capacity that have been developed and empirically tested. Community capacity is an abstract concept and difficult to measure quantitatively, therefore it seems helpful to use a mixed methods approach in order to obtain more comprehensive information as a basis for evaluation and future action. A limitation of this study is the small sample size, therefore decreasing the power to detect differences across groups. Thus, additional areas that needed to be addressed to increase the capacity may have been missed.

In this mixed methods assessment, the quantitative assessment allowed objective identification of specific areas where there were differences in group perceptions. The qualitative component then allowed further assessment of the reasons for these differences and ways to address them. This assessment has been a useful evaluation tool for this project in that it provides indications of strengths that are in place as well as weaknesses that need to be addressed to assure adequate community capacity for sustainability of project aims and accomplishments. Developing, identifying, and utilizing methods to evaluate community

capacity is an important adjunct to CBPR due to its importance in promoting sustainable community change.

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**Table 1**

Participation in baseline assessment of perceptions of community capacity by H.U.B. City Steps stakeholder groups

	Stakeholder groups		Assessment participants (n)	
	Total N	Percent African American	Quantitative Survey	Listening Sessions
Researchers and Research Staff	14	36%	12	8
Community Advisory Board	24	71%	10	8
Walking Coaches	26	96%	17	12

**Table 2**  
Community Capacity Total Scores and Construct Scores for Researchers/Staff and Community Advisory Board

Construct	Researchers and Staff (N = 12)		Community Advisory Board (N = 10)		F	p
	M*	SD	M*	SD		
Leadership	8.13	.87	9.15	.77	8.30	.01
Resources	8.73	.75	8.50	2.72	.08	.78
External	8.11	1.27	8.98	.89	3.31	.08
Visibility	6.06	2.45	6.22	2.44	.03	.88
Ability	8.88	.65	9.23	.57	1.38	.26
Personnel	7.93	.82	9.14	.68	13.78	<.01
Total Community Capacity**	7.98	.85	8.54	1.04		.17

\* total possible score is 10

\*\* mean score averaged from the six component construct scores; p value based on independent samples t-test

**Table 3**  
Community Capacity Total and Construct Scores for Constructs Measured for All Groups

Construct	Researchers and Staff (N = 12)	Community Advisory Board (N = 10)	Walking Coaches (N = 17)	SD	M*	SD	F	p
Leadership	M*	SD	M*	.87	9.15	.77	9.94	<.01
Resources	8.13	.87	9.15	.75	8.50	2.72	.99	.38
Ability	8.73	.75	9.23	.65	9.23	.57	.34	.71
Total community capacity**	8.88	.93	8.36	.93	8.36	1.20	3.60	.04

\* total possible score is 10

\*\* mean score averaged from the three universal construct scores

Table 4

## Notable Quotes From Listening Sessions

Community Capacity Constructs	Notable Quotes
Leadership	<p>RS: "I think project's community coordinator did a really good job of training the coaches so that they are leaders ... like some of them might not have been leaders before but some of them now feel comfortable..."</p> <p>CAB: "If we didn't want to lose H.U.B City Steps...since it's such a wonderful program, we could incorporate and become our own 501(c)(3) and board of directors and make sure every year we rotate on and then the information won't just evaporate and we could just put it into place and keep rolling."</p> <p>WC: "Well, as I said about the walking coaches just because we're the ones that are in the leadership role, helping change... Because if you didn't have us..."</p>
Resources	<p>RS: "I think we have great human resources in term of our faculty and staff.... I mean the people that were picked by some of the community advisory board and some of our faculty members ... things have just lined up in the community...and just the physical resources in terms of walking trails..."</p> <p>CAB: "If the program ends...I would say the program would communicate with the participants about other resources that they could use in their community."</p> <p>WC: "Well the resources I think is ... human resources... they respond promptly. And they are knowledgeable... and plenty of parks to walk at."</p>
Networking	<p>RS: "I think just the fact that a local church is letting us in to do our data collection is external networking cause they trust us and think we are doing something good for the community."</p> <p>CAB: "A coalition between the university and the community in helping the underserved."</p> <p>WC: "I think its just going to take time ...It takes time to build relationships... the proof is in the pudding."</p>
Visibility/ Recognition	<p>RS: "People have started bringing their teenagers to learn because the word has gotten out that it is educational so they bring friends and family."</p> <p>CAB: "And so the program is kind of saying we are taking these average Joes in the community and taking these average Joe coaches... and we're doing this. I think creating awareness that people can be responsible for their own health. The first step and how they can involve their friends and other communities."</p> <p>WC: "Like I said its word of mouth cause when people see you out walking and with the t-shirt on... they are curious and want to know what kind of program is this and how can they be a part of it."</p>
Ability and Commitment to Organize Action	<p>RS: "Originally as the CAB we were supposed to have them review the procedures and other things more thoroughly and then we were supposed to teach them more of the research aspects of things. I'm not sure how much follow through has transpired with that and I think that is something we need to strive for."</p> <p>CAB: "Or if we didn't want to lose Hub City Steps... since its such as wonderful program, we could incorporate and become our own 501c3 and board of directors and make sure every year we rotate on and then the information won't just evaporate and we could just put it into place and keep rolling!"</p> <p>WC: "Realistically if the project leadership left today you will not have that much cause some people are motivated by what we get... incentives and so forth but I do think a high percentage of the people will move on... 'cause I'm not turning back."</p>
Personnel Sustainability	<p>RS: "I think it's always a good thing no matter who is doing it... whether it be us more on the research end or the community end just making sure we reaffirm we want the feedback so we can improve things for participants, coaches and community."</p> <p>CAB: "Keeping the program interactive...Most people are working so and taking time out of their busy schedules so making it interactive so it doesn't feel like work."</p> <p>WC: "And another thing is like the thing... people just knowing that you've lost weight that opens the door for you being able to talk about it you know. You know saying I've been walking, 'cause I find myself saying that. People say you know it looks like you've been losing weight and I say 'yeah I'm in a group'"</p>
Communication with Community Members	<p>RS: "I know one of the goals was to help the community to understand research. That's one of the goals of CBPR and then...sustainability. So, I think that's something that needs a little follow up... maybe showing them some of the reports we're coming out with so they understand some of our procedural aspects..."</p> <p>CAB: "Cause I was at a housing meeting and when I brought up the information and I had the little shoes and letting them know and she was saying how she was turned down but it made her more aware of her health cause she was a diabetic... but she wasn't taking care of herself... and her saying just because I couldn't participate in this program, I started anyways... that's a testimony."</p> <p>WC "And the t.v. has been good and the media but the main thing is sharing the success stories. One of the things I mentioned to the project's community coordinator and I hope she can do and</p>

Community Capacity Constructs	Notable Quotes
Relationship with Influential others	<p>I recognize the idea of confidentiality in giving those numbers. But at our next assessment, if she could provide us as a walking coach with stats not by name. If participant one cholesterol went down overall or if blood pressure went down, so there I could go and say this is my team and we lost overall this amount of pounds...if we could get this type of data similar and we could share this type of data.</p> <p>RS: "...and with the mayor, I think it's been a big deal having him involved because he reaches way outside out community. You know he took some of our pedometers to meet with Michelle Obama."</p> <p>CAB: "Bonding with the city was a huge move. The biggest thing was partnering with the city."</p> <p>WC: "I say that one avenue would be the churches... if you could get the churches involved, get the preachers involved. They follow them quite well and I think that would be a way to say basically be healthy, this is how we're going to serve the Lord."</p>