Incorporating Community-Engaged Research Methods in the Federally Funded MIECHV COVID-19 Health Equity Project

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Introduction

In July 2021, the Health Resources and Services Administration (HRSA) contracted with Child Trends to conduct the MIECHV Advancing Health Equity in Response to the COVID-19 Public Health Emergency Project (hereafter called the "MIECHV COVID-19 Health Equity Project"). Given the increased recognition that community-engaged research methods strengthen the rigor and relevance of applied research, [1, 2, 3] HRSA and Child Trends saw the benefits of building such methods into the MIECHV COVID-19 Health Equity Project and worked to incorporate them from the beginning. Throughout the course of the project, we integrated the perspectives and lived experiences of multiple groups of home visiting community members as an innovative approach to federal home visiting research.

This research brief describes how the project team approached and implemented community-engaged research methods throughout the course of the project. We will discuss the groups of community members we engaged, the activities and approach we used to engage them, our experiences with facilitators, and challenges to community engagement within the context of a federally funded project; we also provide recommendations for other researchers. Throughout, we provide specific examples of ways that we engaged home visiting community members in hopes that these methods will be useful to others who aim to incorporate community engagement in federally funded projects.

The overarching goal of the MIECHV COVID-19 Health Equity Project was to better understand the role of home visiting in advancing health equity by examining the experiences of communties with MIECHV-funded home visiting programs during the COVID-19 pandemic. The project's research activities involved secondary data analysis on COVID-19 outcomes and social determinants of health from all counties in the United States to select five communities for in-depth case studies.[4] In each case study site, the team conducted interviews with

What is home visiting?

Home visiting is a voluntary support provided to pregnant people and new parents. Providers regularly come to the parent/child and provide information about prenatal and early childhood care and general socioemotional support. Home visiting aims to meet families where they are and provide support as identified by the families themselves. Home visitors are often connected to an extensive network of community supports and are seen as a trustworthy source of information.

The MIECHV Program.

The Health Resources and Services Administration (HRSA), in partnership with the Administration for Children and Families (ACF), administers home visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. MIECHV aims to provide support specifically to families and children who "live in communities that face greater barriers to achieving positive maternal and child health outcomes." MIECHV funds are administered to states and territories, many of whom contract with Local Implementing Agencies (LIAs) to implement evidence-based home visiting programs. The Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV) Program provides grants to Tribal organizations to implement home visiting programs in American Indian and Alaska Native (AIAN) communities.

HRSA Maternal & Child Health

community leaders; focus groups with families, home visitors, and other community providers; and surveys with home visitors and community service providers.[a]

To support a community-engaged approach to this work, the project team worked with three groups of home visiting community members: (1) an advisory group made up of parents,[b] home visiting staff, model developers, academics, and other experts; (2) local home visiting staff from each of the five case study sites; and (3) local community researchers with relevant lived experience from each of the five case study sites.

Goals for community engagement

Community-engaged research can enhance the rigor and quality of research in several ways.[5, 6, 7] For example, it can make the research more relevant to the communities involved by strengthening the research questions; improve the interpretation of findings; support more inclusive and culturally sensitive methods, which in turn improve the validity of results and research participants' experiences with research; and increase participant recruitment by reaching members of the community that research teams may not have been able to connect with on their own.

The primary method for carrying out this study was conducting in-depth case studies in five communities with MIECHV-funded home visiting programs, including state and Tribal MIECHV programs. From the project's inception, HRSA established the expectation that the inclusion of community, home visiting, and family representation would meaningfully contribute to all aspects of the project to support the rigor of these case studies. HRSA prioritized including community-engaged approaches in the initial project scope of work and sought out a research team with experience in carrying out these methods.

HRSA and the research team had the following goals for community engagement and input in this project:

- Understand community-specific experiences during the COVID-19 pandemic and whether MIECHV-funded local programs played a role in advancing health equity in communities.
- Encourage buy-in for the project among local case study communities and the national home visiting community.
- Ensure that the information gathered, as well as the methods used to compile information, were comprehensive, accurate, and responsive to community needs and experiences.
- Learn about historical and current context in case study communities that might inform data collection and dissemination approaches.
- Ensure that products developed from this study are useful to home visiting programs and reflect the perspectives of community members.
- Disseminate findings to appropriate audiences in accessible formats.

Community Research Team Members

Three groups representing various types of expertise from the broader home visiting community worked alongside the core research team in the MIECHV COVID-19 Health Equity Project: (1) an advisory group that included members from the national home visiting community, (2) local home visiting staff from the case study sites, and (3) community researchers from the case study communities (Figure 1). See the next section for a more thorough description of the core research team and each of the three community

[a] More information on the overall study design, activities, and findings can be found in the final report for this study.
[b] We use the term "parents" to refer to both parents and caregivers of young children.

groups, including the activities in which they were engaged. A timeline of the project's community engagement milestones appears in Figure 2.

Figure 1. MIECHV COVID-19 Health Equity Project Team Structure

Research team

The core research team included research staff with expertise in home visiting, health equity, community-based participatory research, and the impact of the COVID-19 pandemic on the lives of children and families. The team had experience engaging diverse partners, including home visiting model developers, other researchers, MIECHV awardees, state leaders, and family leaders. The team's longstanding presence in the fields of home visiting and health disparities allowed us to draw on a vast network of existing personal and professional relationships when identifying potential partners. The research team was supported by federal staff at HRSA and ACF, who collaborated and consulted on research design, methods, and federal requirements.

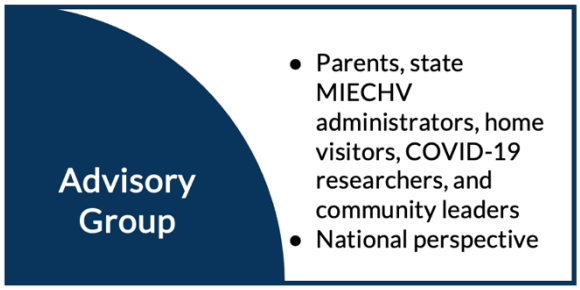
To be responsive to the individual needs of each case study community, the research team divided into five different site teams so that dedicated staff worked with each community. We were deliberate about which team members were assigned to each community, considering staff's prior knowledge of the community, expertise, and skills. This approach allowed us to quickly build rapport and trust in order to complete our research activities in a way that was both respectful of each community and aligned with our project timeline.

One of our case studies was with a Tribal MIECHV program. A significant facilitator to successfully working with the Tribal case study site was having a Native researcher with extensive experience working with Native communities, internal to the research team, lead this case study. While from a different Tribal

community, the researcher's familiarity with the geographical region and context, as well as Tribal research ethics and approval processes, helped prepare the team to engage in a respectful and culturally appropriate manner.

Advisory group members

Purpose and importance



The purpose of the advisory group was to gather and incorporate expertise beyond that held by the research team in the project activities. We included advisors with a variety of expertise and lived experience in the three main areas of interest for the project: COVID-19, home visiting, and health equity. Advisors came from 14 states, providing a national perspective on these topics. Advisory group members included home visitors, parents with experience in home visiting, state MIECHV administrators, Tribal and community leaders, home visiting model developers, COVID-19 researchers, equity experts, and home visiting program staff. Each advisor brought a unique perspective to the project. For example, parents brought lived experience as recipients of home visiting services in the past and were able to advise on family needs and how local programming could help advance health equity. Likewise, equity experts brought their lived and professional experiences and could advise on equity-related issues, such as implications for highlighting certain community characteristics and the importance of framing and context throughout research and dissemination activities. In this way, advisors contributed to the relevance and rigor of the research by serving as external sources of expertise and feedback throughout the entirety of the project.

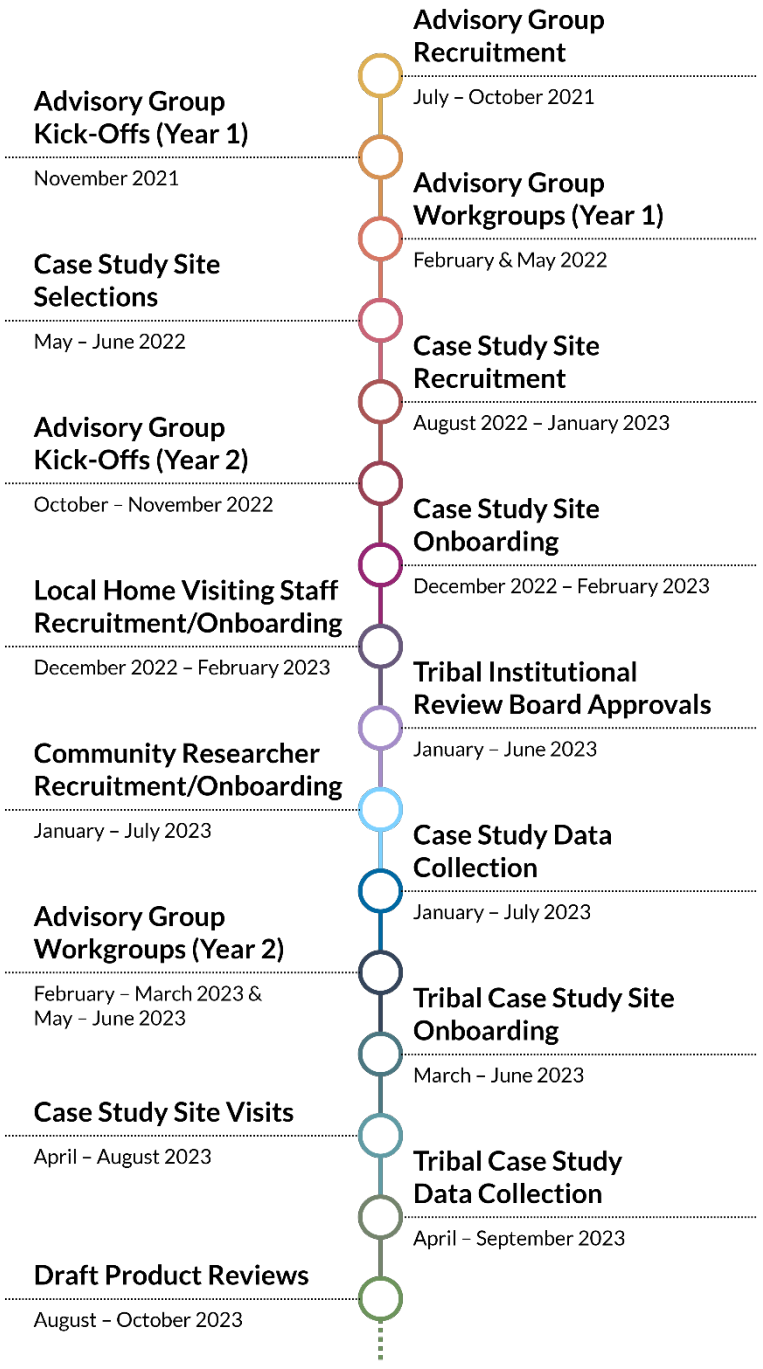
Advisory group formation

We used various approaches to identify and invite advisory group members. Members of the research team used their personal and professional networks to recruit home visiting model developers, COVID-19 researchers, equity experts, and leaders from communities disproportionately impacted by COVID-19 to the advisory group. We partnered with HRSA to reach out to state and Tribal MIECHV administrators and selected a subset of interested awardees to participate, based on the impacts of COVID-19 in their communities and HRSA's recommendations. To recruit home visiting staff, we asked MIECHV awardees to identify staff members who might have interest in the project and insight into the intersection of COVID-19 and home visiting. To recruit families who had received home visiting services we reached out to organizations with existing parent advisory committees (e.g., National Home Visiting Network and Start Early) to solicit recommendations for parents and caregivers interested in advising the project. Overall, 21 individuals participated as advisory group members, though the number of members varied slightly between the first and second project years.

Activities and approach

Our advisory group was formed early in the project and thus was engaged for the longest time period of all engaged groups (Figure 2). Advisors provided feedback on many aspects of the project—from preliminary data collection efforts and case study site selection decisions to review of products. Our primary method of engaging advisors was through virtual meetings that occurred three to four times per year.

Figure 2. Timeline of Community Engagement Project Milestones



In the first year of the project, we engaged advisors in three virtual meetings: a kick-off with all advisors and two workgroup meetings. For the two workgroup meetings, we divided advisors into three groups based on their interest and expertise: one group focused on health equity, another focused on home visiting practice, and the last focused on research methods. In the first year, we employed a co-lead structure for these meetings, inviting interested advisors to co-facilitate discussions alongside the core

research team. At the end of the first year, we solicited feedback from advisors about their involvement with the project, including areas for improvement.

In the second year of the project, we again held three virtual meetings. In response to advisor feedback, we sent out monthly project updates and added an engagement activity, reviewing draft products about case study findings and providing feedback.[c] Because research activities were faster paced in the second year, we restructured engagement meetings to include the full advisory group rather than dividing into smaller groups. We also discontinued the co-lead structure due to challenges with our timeline (i.e., the work was shifting so rapidly that we did not have adequate time to prepare co-leads before meetings). At the end of the project, we again solicited feedback from advisors to gather any final thoughts on their experiences.

> *"My experience as a public health practitioner offered a different perspective than most of my team members. I was able to honestly share the challenges and frustrations as a home visitor working within a health department. We all had different experiences, but we were able to share our learning and give and take when needed."*
>
> **-Advisory Group Member**

Local home visiting staff

Purpose and importance

Local home visiting staff consisted of the LIA or Tribal grantee program directors from the five case study sites, as well as other program staff the program directors brought in to support the study. These staff were our initial points of contact within each case study site and were essential to the success of this study. They served as a bridge to both the home visiting program and the community at large, and it would not have been possible to conduct in-depth case studies with home visiting programs without their support.

Recruitment

Once we identified a short list of counties to consider for possible participation in the case studies,[d] we approached the LIA and Tribal grantee administrators within those counties to gauge their interest in participating. We held follow-up meetings with administrators and other staff to discuss the feasibility of the site's participation and any outreach necessary to gain community approval for the study. If the

[c] At the time of this engagement activity, four of five case study site community spotlights had been drafted. Data collection for the Tribal site, the fifth case study site, was ongoing and advisory group members were invited to review the spotlight once it was drafted if interested. Because this review was outside the timeline of the advisors' original commitment, it was not a requirement for all advisors to provide feedback on that draft community spotlight.

[d] The team identified potential communities for case studies via an extensive process that involved county-level secondary data analysis of COVID-19 statistics and demographic characteristics as well as the creation of the County Response Index to Support Equity in Home Visiting (County RISE-HV), which was made up of social determinants of health indicators (more details on this process are available in the final report for this study). At the completion of this analysis, we considered several characteristics to narrow down our list of potential counties to approach for case study recruitment with the goal of including a diverse group of communities in the study. We considered characteristics like whether the counties were urban or rural, the county size and location, racial and ethnic disparities in COVID-19 statistics and social determinants of health indicators, whether similar research was ongoing or had previously been conducted in the county, the home visiting model the program used, and whether the community was experiencing any ongoing events that would make participation burdensome or challenging (e.g., major staffing transitions, natural disasters) at the time of recruitment. We also prioritized including at least one Tribal community as a case study site.

administrators and staff were interested in participating and received approval where necessary (e.g., from their state or program model), the research team began collaborating with the LIA/Tribal grantee staff to prepare for study activities.

For the Tribal site, after confirming administrator interest, we also obtained approval to conduct the study from the Tribe's Institutional Review Board (IRB), an important step in conducting research with Tribal communities (for more information on Tribal IRBs, see here).[8] With approval from the Tribal IRB, we began collaborating with the Tribal grantee staff to begin the study.[e]

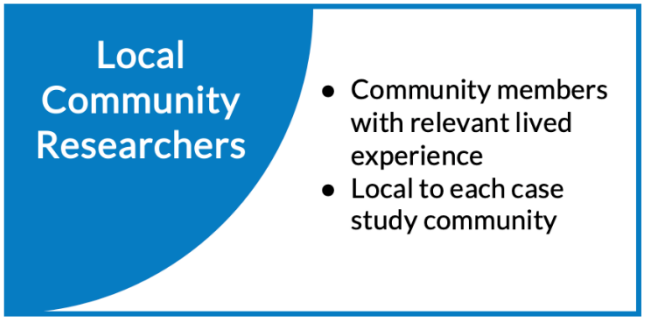
Activities and approach

Local home visiting staff supported this study in multiple ways. First, they helped connect study teams with potential community researchers. Second, local home visiting staff supported recruitment for data collection activities by connecting the research team with families and home visitors, and by advising teams on recruitment strategies to reach other potential participants. Third, some staff participated in data collection activities, including key informant interviews and focus groups. Fourth, local home visiting staff helped to coordinate one- to two-day site visits conducted by the research team, including scheduling data collection activities and managing other logistics. Lastly, they reviewed research findings and provided feedback on research products.

Local home visiting staff's primary points of contact were the research team members working on the case study in their community. Teams communicated approximately weekly, primarily using email. Some teams also held video calls when necessary and as scheduling permitted, though in most cases asynchronous communication was used to respect the varied schedules and demands of the local home visiting staff.

Local community researchers

Purpose and importance



We partnered with community members from each case study site to serve as community researchers, or local partners with lived experience relevant to the project, to support study activities. We had four primary aims in engaging these community researchers: 1) ensure that community context was accurately represented in participant recruitment and interpretation and presentation of findings; 2) support trust-building between researchers and communities; 3) present opportunities for community members and organizations to have a voice in the research process and build research skills; and 4) facilitate recruitment for data collection.

[e] Honoring the sovereignty of Tribal Nations regarding approval and oversight of research had to be factored into the research team's planning. In addition to gaining initial approval from the Tribe's IRB, written products mentioning the Tribe also had to undergo IRB editorial review. While all sites prioritized relationship building and sensitivity to local context and cultures, the team working with the Tribal site was particularly mindful of the ways unethical research with Tribal Nations have affected trust. We responded to these needs by pushing back our timeline for the Tribal site by a few months to allow for all IRB approvals to take place.

Recruitment and training[f]

In each case study community, we engaged one to three community researchers with lived or professional experience relevant to the project, including experience living or working in the community and experience working and/or receiving services from a program that supports families with young children.[g] Additional required qualifications included availability to work approximately 1-2 hours per week throughout the duration of the case study (approximately 4-6 months); access to a computer and internet for training, team meetings, and helping with research activities; interest in developing knowledge and skills related to research, evaluation, and/or community development; and fluency in written or spoken English. Preferred qualifications included current or recent experience or familiarity with home visiting, experience as a community advocate or organizer, previous experience with other research, community development, or evaluation projects, and/or proficiency in other languages(s) spoken in the community.

Local home visiting staff aided in the identification of potential community researchers by sharing information about the opportunity with families and community service providers (including home visitors) who they thought may be interested in the position. Given the varied types of expertise and likely busy schedules of people who would be a fit for the community researcher role, identifying interested candidates required multiple rounds of outreach and in some cases resulted in main points of contact within the participating home visiting program taking on the role.

People interested in the community researcher role were asked to complete a short application process, which included filling out an initial interest form to share their contact information, a brief questionnaire about their relevant experience (11 questions, mostly multiple choice), and a 30-minute video call that allowed members of the research team to share more about the position and learn about candidates' experiences and interests. Across the five case study sites, nine people completed the process and accepted the offer to be a community researcher for the project.

After accepting the position, community researchers completed two asynchronous virtual trainings. One training provided an overview of the project and the other summarized key components of ethical research. The research ethics training was developed by the project team to be accessible to people new to research and was approved by the research team's IRB. After completing the training, the research team met with community researchers to review questions and reflections from the trainings, and community researchers electronically signed an "Ethical Researcher Pledge" which indicated they would uphold the principles of ethical research (i.e., respect for persons, beneficence, and justice).

Activities and approach

After community researchers completed training, their primary points of contact were the research team members working on the case study in their community. At initial site "kick-off" meetings, teams reviewed study procedures, identified key activities of interest to community researchers, and clarified preferences for communication and engagement. Teams communicated approximately weekly, primarily using text messages and emails as preferred by community researchers. Some teams also held video calls when necessary and as scheduling permitted, though in most cases asynchronous communication was preferred, given community researchers' often busy schedules. One community researcher preferred to communicate in Spanish, which the team accommodated.

[f] Our approach to recruiting, training, and engaging community researchers was adapted from the Tufts Interdisciplinary Evaluation Research Community Evaluator Model. For more information, see: https://sites.tufts.edu/tier/tier-community-evaluator-model-approach/

[g] These services included, for example, home visiting, the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), food banks, and child care.

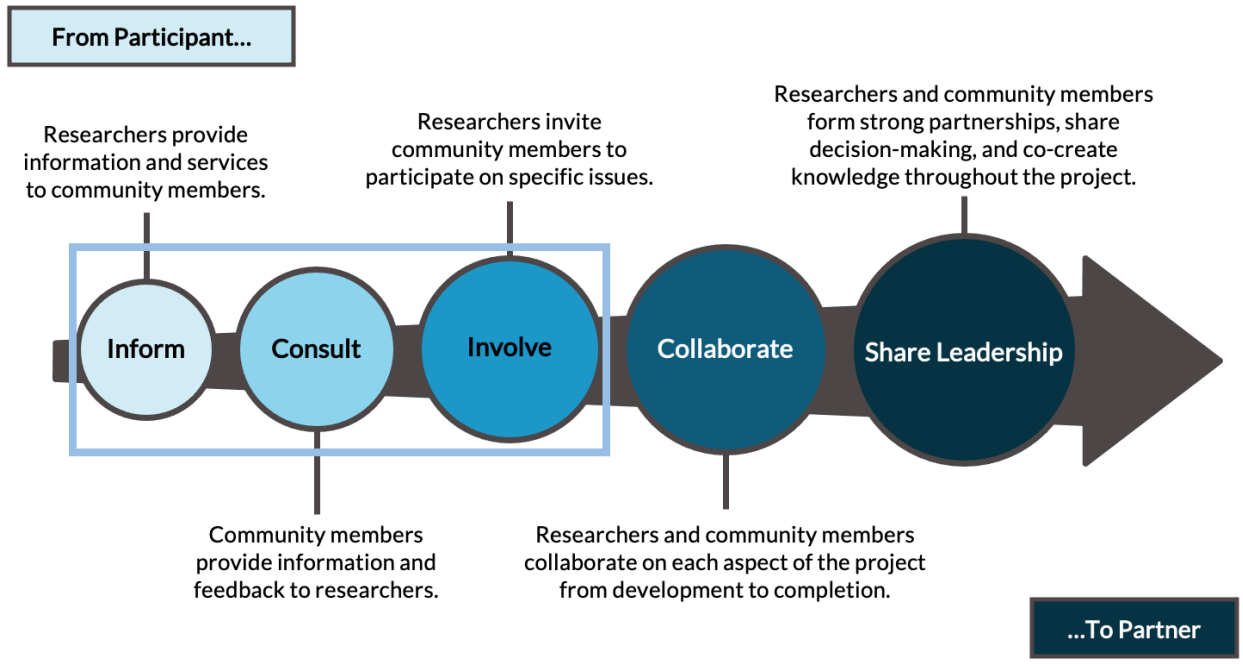
Community researchers had the opportunity to choose which study activities they participated in, based on their availability and interest. All community researchers supported recruitment for data collection activities, for example, by advising on recruitment materials and outreach approaches and distributing materials in their communities. In some cases, community researchers advised study teams on the best way to frame specific questions based on community context, and most participated in site visits that the research team conducted in each community. Community researchers were not involved in data analysis, but most provided feedback to the research team on research findings and reviewed community spotlights drafted by the research team to ensure the spotlights accurately reflected findings and their communities' experiences. All community researchers were invited to participate in the project's advisory group meetings as well as a video documenting their experiences, though only some elected to participate.

> *"The most meaningful part of being a part of this project was being able to be out in my community in ways that I haven't been in a few years, being able to utilize knowledge of Family Resource Centers and really just being able to feel like I'm making a difference in the lives of young children and their families."*
>
> **-Community Researcher**

Our Approach to Community-Engaged Research

We use the term "community-engaged research" throughout this brief to encompass our process of engaging multiple groups of home visiting community members throughout the course of the MIECHV COVID-19 Health Equity Project. Community engagement in research occurs along a continuum, ranging from community members being informed about the research process, findings, and/or activities through increasing levels of involvement and power-sharing until engagement reaches the level of shared leadership, where researchers and community members share decision-making and power around aspects like the project plan, activities, and analysis (Figure 3). Our project engaged community members primarily at three levels of this continuum: *inform*, *consult*, and *involve*. Because this project required specific milestones and requirements established in the federal project agreements, we were not able to engage community members at the *collaborate* and *share leadership* levels of this continuum (for examples, see the Facilitators & Challenges to Community Engagement section below). However, the funders and research team agreed that a community-engaged approach was essential for meeting the project goals.

Figure 3. Continuum of community engagement

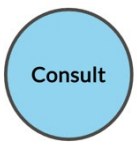


Source: Figure adapted from The Home Visiting Applied Research Collaborative. (2018). *The importance of participatory approaches in precision home visiting research*. Child Trends and James Bell Associates.

Strengthening This Study Through Community-Engaged Methods

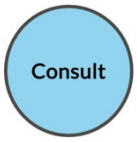
It was important to intentionally incorporate community perspectives into our research activities from the beginning, and all three groups of home visiting community members that we engaged significantly contributed to the project. Below we provide examples of how community-engaged methods strengthened the study. These examples are taken exclusively from the *consult* and *involve* levels of the continuum described in Figure 3. We did also *inform* community members throughout the project (e.g., about the research questions, methods, and instruments), but do not include those examples below because at the *inform* level, communication is one-way, leaving little opportunity for community members to strengthen the study.

Questioning and shaping project assumptions to be more explicitly rooted in equity



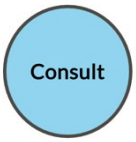
When introducing the project to the **advisory group**, advisors encouraged the research team to be clearer and more explicit around the project's assumptions. Specifically, they pushed us to emphasize the role of structural racism in creating health inequities, clarify the types of families affected by health disparities, and define "community" in the context of the project. In general, there were several instances throughout the project in which the research team understood implicitly that structural racism causes health inequities, but many advisors pushed us to make that assumption explicit in written materials. In this way, the community advisors were able to act as external sounding boards and point out when the research team was not communicating our assumptions around equity clearly.

Suggesting additional indicators to use as part of site selection process



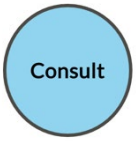
As part of the process of selecting the case study sites, the research team created a national index made up of social determinants of health indicators to gather information on the resources that communities had going into the pandemic. During this process, the research team shared the indicators we were planning to use in this index with the **advisory group**, which made suggestions for additional indicators and data sources to include. The team searched for available data and, wherever possible, added in suggested indicators. In cases where the research team was not able to add an indicator that an advisor suggested, the team communicated the reason why it was not possible with the advisory group (e.g., lack of national data on that indicator, substantial missing data in data sources). The advisors' additions made the information contained in the index richer and more comprehensive.

Shaping data collection protocols



We shared initial drafts of case study data collection materials (i.e., interviews, focus groups, and surveys) with the **advisory group**, who provided input and suggestions for additional topics to include. Suggestions for additional topics included father engagement, community strengths and resiliency, changes in home visiting outreach and enrollment practices during the pandemic, and state- and community-level pandemic policies. Advisors also made recommendations that helped the research team more clearly communicate with study participants about how their data would be used and who would have access to it.

Strengthening recruitment planning and supporting recruitment efforts



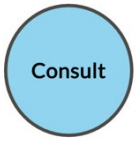
Before we recruited the case study sites and the community researchers, the **advisory group** made suggestions that strengthened our plan for recruiting and engaging community researchers and pushed the team to communicate more clearly about both the types of prior experiences we hoped community researchers would have and the types of activities they might support given potential time limitations and the amount of compensation offered. Once onboarded, **community researchers** themselves supported recruitment planning for study participants by offering suggestions to make recruitment flyers more appealing to potential participants and suggesting specific outreach approaches to reach interested families. Community researchers also played a hands-on role in recruitment by distributing materials in their communities and actively seeking out families to participate in the study.

Acting as a bridge from the research team to the case study communities

Local home visiting staff and **community researchers** provided invaluable context and background about their communities that supported the research team's interactions with home visitors, other community service providers, and families during data collection. They also facilitated in-person site visits by supporting planning and by showing the research team (and in one case, HRSA and ACF staff) around the community, which greatly supported the research team's understanding of the community's landscape and culture. At the Tribal case study site visit, staff from the Tribal grantee agency volunteered to guide the research team through the Tribe's cultural center, which supported the research team's learning about the Tribe's history and culture.

> *"Being from Logan County, WV, our options are limited, and it's been meaningful to be a part of this project to know that my voice and my stories and encouraging other people to share their stories can positively impact Logan County… and I'm so glad that I've been able to be a part of it."*
>
> **-Community Researcher**

Providing feedback that strengthened dissemination products



In addition to a more traditional report summarizing study findings, we also developed "community spotlights" for each case study site. These spotlights are intended to be a resource that case study sites can use to showcase their community's experiences during the pandemic. All **advisory group members** and **community researchers** had the opportunity to review drafts of these community spotlights, and they provided extensive feedback that greatly strengthened each one. This feedback included suggestions related to the use of infographics and data visualizations, comparing county data to state trends when possible, and using plain and strengths-based language.

Facilitators & Challenges to Community Engagement

Throughout the MIECHV COVID-19 Health Equity Project we encountered several facilitators and challenges to carrying out community-engaged research. Some of these facilitators and challenges are specific to federally funded projects while others are applicable to all projects that incorporate community-engaged methods, regardless of funding source.

Navigating federal requirements

One significant challenge was complying with federal requirements and timelines, which were sometimes in conflict with community-engaged methods. To navigate this challenge, the research team actively considered where we had flexibility and where we did not, and then we were transparent about the level of flexibility in our communication and decision-making with the various community members we engaged. For example, ideally, community members would have been involved in developing research questions and data collection tools. However, the research questions were established at the start of the project with HRSA before case study sites were selected and community members were onboarded. Additionally, because we had to submit all data collection materials to OMB for approval many months before we could recruit case study sites, the community researchers were unable to support the development of these tools or even suggest changes after they became involved in the project. We were also somewhat limited in how we could solicit feedback from community advisors about the project. For example, the Paperwork Reduction Act and OMB guidance exists to avoid placing excessive burden on members of the public who participate in data collection activities. To comply with the associated requirements, the research team had to limit making open-ended requests for feedback and ask for feedback in connection to meetings to avoid placing excessive burden on community members. While limiting burden on community members was a good thing and facilitated the receipt of relevant feedback, sometimes these requirements stifled the research team's ability to involve community members more actively in the project activities on an ongoing basis. We sought to mitigate the impact of this challenge in two ways. First, we worked closely with federal staff to ensure timelines and expectations were aligned, share community input as we received it, and identify opportunities to incorporate this feedback. Second, we were transparent with community members about our limitations. For example, we disclosed from the outset of the study that the project's research questions could not be modified, and shared with community researchers early on that we could not revise data collection instruments.

Providing transparency

In addition to being transparent with community members about limitations related to federal requirements, we also sought to be transparent when they provided feedback that we were not able to

incorporate. For example, community advisors recommended adding indicators to our secondary data analysis as part of the site selection process—some of which the team was able to include and some which we could not, due to data limitations. In both instances we reported back to the advisors which indicators were added, which were not, and why. When it was possible to respond to feedback, including feedback related to the nature of community members' engagement with the project, we sought to do so. For example, after advisors requested additional opportunities to engage with the project after the first project year, we planned an additional engagement activity in the second year in which advisors reviewed draft dissemination products and offered feedback to study teams. We also began sending monthly study updates. This transparency in decision making and responsiveness to feedback increased accountability for the research team, and enhanced trust between community members and the research team.

Compensating community members

It is important to compensate community members fairly for their time and expertise. HRSA anticipated the benefits and importance of fair compensation and therefore provided an adequate budget for this project that allowed the research team to compensate community members fairly. The research team offered honoraria to advisors, community researchers, and local home visiting staff at the same rate as we would other types of experts, which is aligned with best practices for expert compensation.[9] Specifically, advisory group members were offered $500 in compensation for their preparation and participation in three virtual meetings in the first year of the project, and $750 in compensation for three virtual meetings and an additional engagement activity in the second year. Community researchers were offered $1,500 for their involvement in the case studies over the course of 4-6 months.[h] Participating LIAs and Tribal grantees were each offered an $800 site payment in recognition of their time and collaboration. Not all sites were able to accept this payment.

Whenever possible, we gave community members a choice of how they would like to be compensated. For example, some parent advisors preferred to be paid via gift card rather than direct deposit to a bank account. While providing flexibility in the way payments were administered added administrative tasks for the research team and organization, we aimed to be responsive to advisors' needs and preferences. Some community members also appreciated having a choice in when they received their payments—for example, community researchers could choose between receiving their full payment at the end of the project or half at the beginning and half at the end.

While this compensation and flexible approach to payment were essential facilitators of our community engagement, we did encounter some logistical, administrative, and equity challenges for this strategy. One challenge was that payments from an organization to an individual of more than $600 are eligible to be taxed by the IRS. This has several implications that may have affected community members' comfort with engaging in the project, including the need to disclose personal information for tax purposes (e.g., Social Security numbers) or changing their overall income determination for any means-tested programs in which they were enrolled. To mitigate the impact of this challenge, we communicated these rules to advisors and were prepared to support those with concerns in opting out of any activities that might put them over that $600 limit. A related challenge was that community members and organizations had to provide documentation including tax forms and bank documents and be able to accept payment via Automatic Clearing House (i.e., electronic funds transfer or direct deposit). This often required additional follow-up

[h] Regardless of the activities in which community researchers chose to participate, they were each offered a $1,500 honorarium for their contributions to the project. This payment structure was intended to facilitate adaptation and flexibility of the community researcher role based on the needs of each case study site and the strengths and interests of each community researcher, and to minimize administrative burden (i.e., the need to submit regular invoices for hours worked) for the community researchers. Payments were issued via direct deposit, and community researchers had the choice of either receiving the full amount at the end of the project, or half at the beginning and half at the end.

and coordination, and again may have precluded people from participating who either did not have the required information (e.g., a Social Security number), or did not use a bank.

There were some related challenges when compensating the local home visiting staff and community researchers. Local home visiting staff from our case study sites were compensated in the form of a payment to their site (rather than directly to individuals) and navigating how sites could receive the payment and what it could be used for was sometimes challenging for both the sites and the research team. All community researchers were compensated a flat amount regardless of how many hours they worked, in part to minimize further administrative burden on community researchers and in part because each case study site had different needs. While this eliminated the need for community researchers to track and invoice hours, variation in their involvement across and within sites meant that compensation per hour worked was not equivalent across community researchers.

An additional challenge was that in some cases the research team was precluded from compensating some community members. Some advisors and case study sites declined honoraria/site payments because they engaged in the project in a professional capacity and could not accept outside payment or risked a conflict of interest, and we had no other way to compensate them for their contributions. Together, these challenges around compensation required significant staff time to navigate and careful attention from the research team.

Beyond providing fair financial compensation for community members, we also wanted to support them in leveraging their experience on the project for future opportunities. This helped us to ensure reciprocity so that in addition to benefiting the project, community members also benefited from their role in this work. After receiving a suggestion from one of our advisors, we developed and shared sample resume/CV text that advisors and community researchers could use to describe their role on and contributions to the project. To further support parent advisors' career development, we also offered parents from the advisory group the opportunity to present with the research team on the project at a professional early childhood conference with all expenses paid as well as an additional honorarium.[i] Finally, community researchers who contributed to their site's community spotlight had their contributions acknowledged on these products.

Providing flexibility to meet community members' needs and preferences

Community members brought distinct skills and experience to the project, in addition to varying levels of availability to engage in the work. The project required significant time and effort from many individuals across the country, and coordinating across time zones, work hours, and busy schedules represented a challenge, particularly as we continued to experience and respond to challenges associated with the COVID-19 pandemic. To mitigate these challenges, the project team was mindful about the constraints on community members' abilities to participate and be responsive. We knew that while some advisors and community researchers contributed to this project as part of their jobs, others took on their roles in addition to their full-time jobs and/or caregiving roles, and we attempted to prioritize flexibility to minimize the burden we placed on them. We were also very sensitive to any challenges that any research team or community member was experiencing related to the pandemic (e.g., choosing ice breakers that would not risk potentially bringing up difficult situations, making it clear that mental and physical health should be prioritized above participating in engagement activities).

[i] Due to circumstances out of our control, this conference was postponed, and the parent advisor who was originally going to attend the conference was not able to attend the rescheduled date. However, we were still able to incorporate this parent's involvement in the conference by pre-recording a video with them and playing it during the conference session.

One of the areas where we sought to offer flexibility was around scheduling and communication. When coordinating engagement activities, we offered a range of potential dates and times and asked attendees to share their availability. We typically scheduled multiple occurrences of advisor workgroup meetings so attendees could choose the option that worked best for them; if they were unable to attend these sessions, we also offered the option to schedule separate calls so they could still offer feedback and receive the associated honorarium. When working with local home visiting staff and community researchers we were as flexible as possible, including offering meeting times outside of the research team's typical working hours and a variety of modes of communication (i.e., text, video call, phone call), and always deferred to community members' preferences.

We also sought to offer flexibility in modes of participation. For example, community researchers had different levels of availability to support the project and preferences for their involvement. To be responsive to these, we sought to learn what their goals were in becoming a community researcher and supported their involvement in activities that would advance these goals. Similarly, our engagement activities with the advisor group were typically broad, giving advisors the chance to choose what they wanted to weigh in on. We also gave advisors flexibility in how they participated in workgroup meetings (e.g., by video or phone, by voice or chat) and how they provided feedback on written materials (e.g., how many and which community spotlights they reviewed, whether they wanted to provide written and/or verbal feedback). Offering this flexibility allowed community members to contribute in ways that worked for them.

Additionally, we attempted to be responsive to the specific needs of parents in the advisor group. We recognized that they might be more comfortable contributing to large group discussions with some additional support. Thus, our team held "prep" and "debrief" calls exclusively for parents for each engagement activity to help ensure they felt supported to share their experiences and expertise during larger workgroup activities. We also reminded them about upcoming meetings via text message one hour prior to start time to further facilitate their participation.

Offering this amount of flexibility was important for reducing burden and facilitating participation for community members, but it did increase the amount of effort and time required for the research team. This trade-off was worth it for the research team given the project's goals and commitment to community engagement but may not be possible for all research teams depending on logistics like budget and research team capacity.

Recommendations for Researchers Interested in Engaging Communities in Federally Funded Research

These recommendations draw from lessons the research team learned while engaging home visiting community members throughout the course of this project.

Intentionally build community-engaged methods into your project plan from the beginning. For community engagement to be successful, it cannot be an afterthought. Rather, researchers should be intentional about planning for how and when they will engage community members so that engagement is built in to as many project activities as possible. Ideally, as with this project, the funder's commitment to including community members as meaningful contributors to the research can help increase initial buy-in. When timelines permit, researchers on federally funded projects should plan to secure OMB approval *after* bringing on key community members so that they can meaningfully shape all aspects of the research, including, when possible, developing research questions, shaping data collection protocols, and analyzing and interpreting findings. When timelines allow for community members to engage in these activities,

research teams are more likely to be able to reach the *collaborate* and *share leadership* ends of the continuum of community engagement (Figure 3). Relatedly, extended time to engage community members requires a substantial effort and budget to support these activities. Researchers and funders need to plan for appropriate budget expectations when incorporating community-engaged methods into research.

Compensate community members fairly. Compensation for community members should be on par with what an organization would pay other experts in the field (e.g., academics, subject matter experts) in recognition of the expertise that community members bring to a research project. Compensation should also align with what is being asked of advisors (i.e., greater time commitments should come with greater payment). This could take the form of an hourly payment consistent with consultants' hourly rates, or some other system.

Offer as much payment flexibility as possible. It is important to offer community partners as much flexibility as possible regarding payments so that they can be compensated in a way that works best for them. We recommend that researchers work with their organization's accounting departments to understand their options for paying community members (e.g., direct deposit, paper check, gift card). Researchers should clearly communicate these options to community members and, when multiple options are available, ask them to choose which options would be best for them. Researchers should set aside time to present and discuss these payment options with participants, handle any paperwork requirements, and offer general support so that payment is a smooth process. When holding time to discuss payment options, any limitations that the organization has related to payment should be communicated. For example, if the organization is only able to offer gift cards as payment, this should be communicated to community members before they join the project.

Offer flexibility regarding how community members want to engage with the project. Researchers should recognize that community members will have different levels of interest and availability to engage with the project, and that engagement might shift over time. To allow for community members to engage with the project in ways that meet their goals and align with their availability and comfort, researchers should offer multiple opportunities for engagement (e.g., multiple opportunities to provide feedback), multiple methods for engagement (e.g., ability to provide written or verbal feedback), and flexibility and understanding when community members' availability changes.

Communicate with community members in easy and accessible ways. Researchers may be used to communicating in certain ways (e.g., via Microsoft Teams, email, Microsoft Outlook Calendars) that are not intuitive or commonplace for community partners. It is important to ask about community members' communication preferences and to adapt to the method that works best for them (e.g., email, phone, text). Researchers should also hold virtual gatherings on platforms that are accessible by computer or phone and provide instructions for using technology and software with which individuals may not be familiar. Additionally, it is important to communicate with community members in their preferred language when possible. Research teams should be up front with both community members and themselves about their capacity to accommodate community members' language needs and preferences to facilitate their full participation in the project. This may include reflecting on the composition of the study team, and whether team members speak community partners' preferred languages, in addition to the project's budgetary and logistical capacity to hire bilingual team members and/or engage translators and interpreters. Finally, ensuring that communication is open, friendly, and positive is vital for building trust and ensuring that community members feel respected and comfortable sharing their thoughts, opinions, and experiences candidly.

Be transparent with community members. An important part of any relationship is trust. Earning and preserving community members' trust requires transparency about all aspects of the project by the research team—including what community members' level of involvement will be (see Figure 3) and what their decision-making power will entail. When things do not go as planned or the researchers cannot incorporate a community member's input or ideas, the researchers need to be honest and transparent about why that was and what happened as a result.

Conclusions

The use of community-based research methods on this project significantly contributed to and strengthened our work across all phases of the study. Community members offered new perspectives that in turn made our overall approach more robust. Their input and expertise also improved the relevance and accessibility of our research findings and products. Key facilitators of community engagement included flexibility across multiple realms, including communication, scheduling, methods of engagement, and overall approach; fair compensation; building trust; and ensuring reciprocity. Key challenges included navigating scheduling constraints, overcoming administrative barriers to compensation, and complying with federal requirements and timelines. These challenges represent areas for continued learning and improvement. In the future, researchers and federal partners should explore additional opportunities to employ community-based research methods in home visiting and consider how to more fully employ these methods, including reaching the *collaborate* and *share leadership* levels of the Continuum of Community Engagement (Figure 3).

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