Research Letter

Assessment of Engagement and Satisfaction Within a Community Advisory Board to Advance Cancer Prevention and Early Detection Research Among Latinos

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Abstract

Community advisory boards (CABs) are a key component of community-based participatory research, ensuring that community perspectives and priorities are meaningfully integrated into research studies. Despite their recognized importance, assessments of engagement within CABs remain limited. In 2018, we convened a CAB to advance cancer prevention and early detection research among Latinos. The CAB has supported multiple studies across the research continuum, including qualitative, feasibility, efficacy, and dissemination studies. These studies have promoted tobacco cessation and prevention, physical activity, and lung cancer screening. The purpose of this study was to assess engagement and satisfaction within the CAB. Engagement was assessed using the Partnering for Health Improvement and Research Equity scale, and satisfaction was assessed with 2 items evaluating members' experiences with the research team and their willingness to continue working with the CAB. CAB members reported high levels of engagement and satisfaction. Moreover, based on assessment results, CAB members and the research team identified new engagement initiatives, including co-developing infographics summarizing study findings. These findings highlight the value of assessing engagement to understand the dynamics of community-academic partnerships and identify strengths and areas for improvement.

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Keywords: community advisory board; community-based participatory research; community engagement; cancer prevention; Latinos

Introduction

Community advisory boards (CABs) are a key component of community-based participatory research, ensuring that community perspectives and priorities are meaningfully integrated into research [1]. Despite their recognized importance, assessment of engagement within CABs remains limited. When engagement is assumed rather than measured, it constrains understanding of the dynamics of community-academic partnerships and limits the identification of strengths and areas for improvement [2].

In 2018, APC and FC-B convened a CAB to advance cancer prevention and early detection research among Latinos. The CAB consists of 8 members (6 Latina women and 2 Latino men) representing diverse sectors, such as community-based organizations, education, and health care systems. CAB members are based in Chicago, New Jersey, New York, and Washington, DC. The CAB has supported multiple studies across the research continuum, ranging from qualitative studies informing intervention development [3,4] to feasibility [5,6], efficacy [7-9], and dissemination trials [10]. These studies have promoted tobacco cessation and prevention, physical activity, and lung cancer screening. Since convening, the CAB has played a significant role in the conceptualization of protocols, co-development of interventions, community-based recruitment, coauthorship of research publications, and dissemination of study findings. The CAB meets virtually 10 times per year, with each meeting lasting 1.5 hours, and convenes once annually for a full-day in-person meeting. CAB members receive a US $60 honorarium for each virtual meeting attended and US $300 for the full-day in-person meeting, payable either to them individually or to the organizations they represent. The purpose of this study was to assess engagement and satisfaction within the CAB.

Methods

Overview

From December 2025 to January 2026, CAB members were invited to complete an online survey assessing engagement and satisfaction. Engagement was assessed with the Partnering for Health Improvement and Research Equity (PHIRE) scale [10]. The PHIRE is a 30-item validated instrument that assesses engagement across 8 domains: partnership capacity, collective empowerment, governance and resource sharing, future outcomes, partnering, partnership synergy, community engagement in research actions, and benefits. All items were scored on a 1 to 5 scale, with higher scores indicating greater engagement, and included additional response options of “does not apply” and “prefer not to answer.” Satisfaction was assessed with two items: (1) How satisfied are you working with the research team? Response options ranged from “very unsatisfied” to “very satisfied.” (2) How likely are you to continue working with the CAB? Response options ranged from “not very likely” to “very likely.” Frequencies were calculated for categorical variables. Means and SDs were calculated for continuous variables. A complete-case approach was used for handling missing data, with “does not apply” and “prefer not to answer” responses treated as missing.

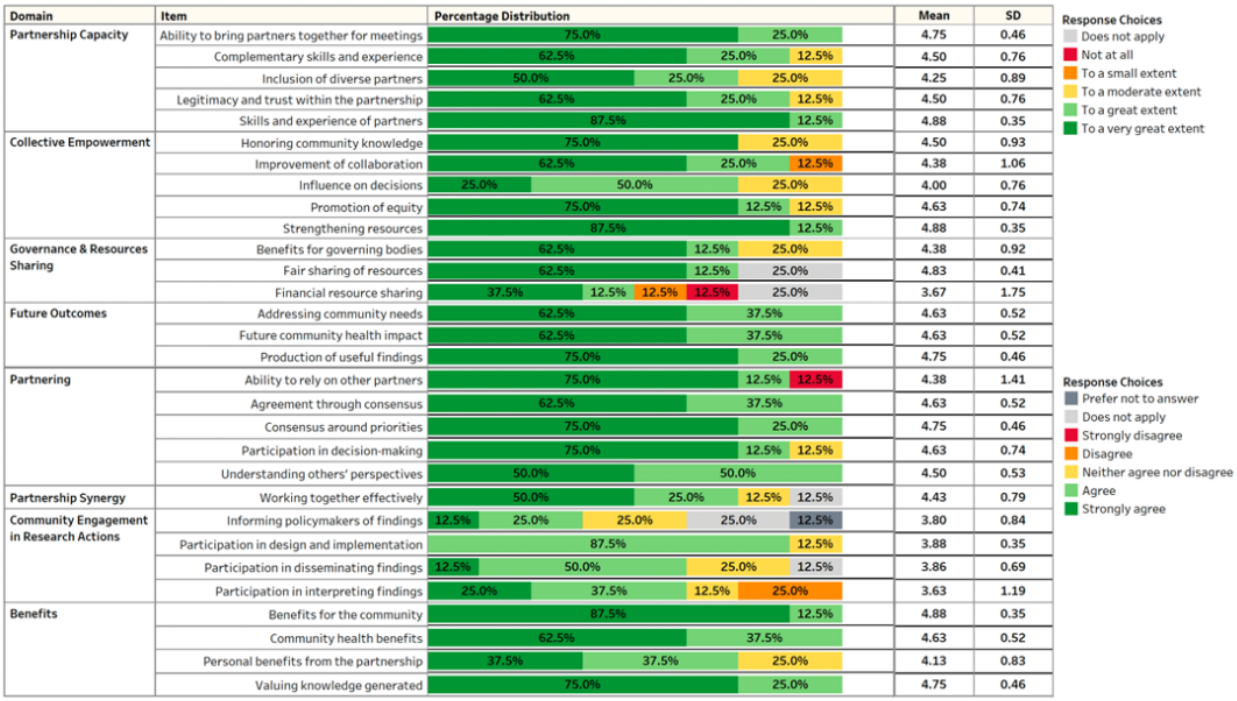
Ethical Considerations

This study was classified as nonhuman research by the University of Rochester Medical Center Institutional Review Board (protocol STUDY00011173). Informed consent was not required. CAB members received US $30 for completing the survey.

Results

All 8 CAB members (100%) completed the survey. Mean scores and SDs for the 8 domains of the PHIRE were as follows: partnership capacity 4.58 (SD 0.45); collective empowerment 4.48 (SD 0.61); governance and resource sharing 4.17 (SD 0.98); future outcomes 4.67 (SD 0.31); partnering 4.58 (SD 0.59); partnership synergy 4.43 (SD 0.79); community engagement in research actions 3.82 (SD 0.69); and benefits 4.59 (SD 0.30). Figure 1 presents the item-level percentage distribution, as well as the means and SDs. All CAB members (100%) reported being “very satisfied” working with the research team and “very likely” to continue working with the CAB.

Figure 1. Item-level percentage distribution, means, and SDs on the Partnering for Health Improvement and Research Equity scale (N=8).



Discussion

The CAB, convened in 2018 to advance cancer prevention and early detection research among Latinos, reported high levels of engagement and satisfaction. This study contributes to the limited literature on assessments of engagement within CABs [2].

This assessment was conducted during a period marked by considerable uncertainty and instability. Health equity research initiatives faced increasing challenges, including the termination of critical grant funding [11]. At the same time, the Latino community experienced intensified sociopolitical stressors [12]. Despite these conditions, our partnership and commitment remained steadfast. The CAB has continued to play a central role in informing new research initiatives and ensuring that research activities remain responsive to community needs. To illustrate, this sustained engagement directly contributed to the successful award of a career development grant to JWR-S. The award supports the development and pilot testing of a group-based intervention for smoking cessation among Latinos, a proposal informed by recommendations from the CAB.

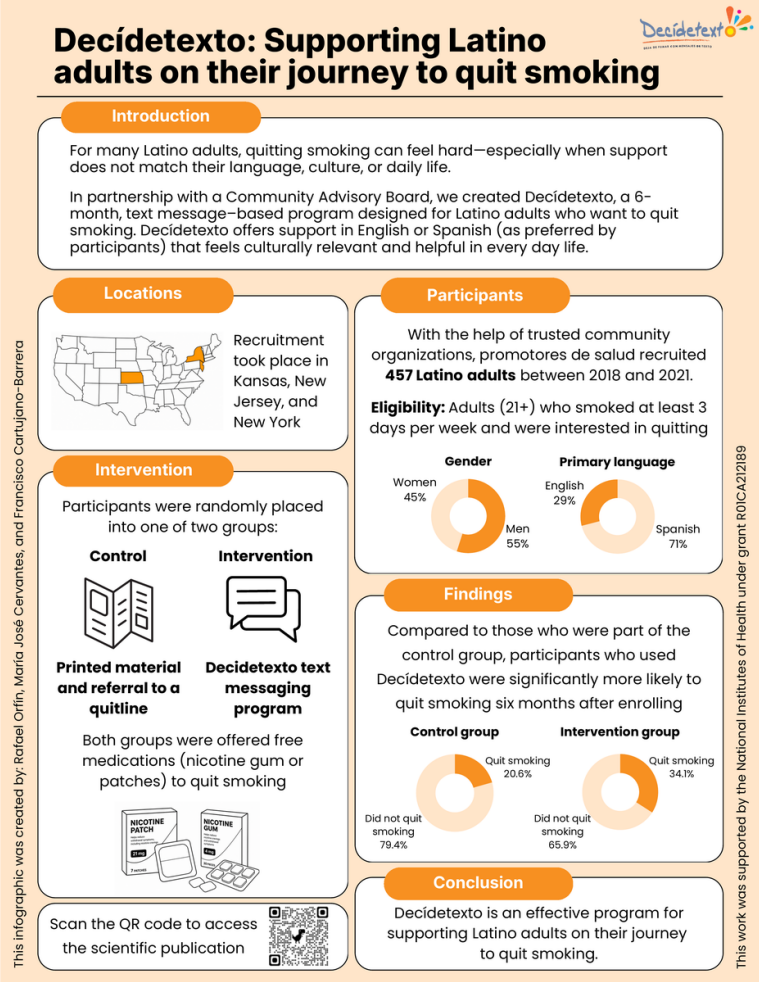
A key step in leveraging the insights generated by the PHIRE scale involved reviewing findings with the CAB. Lower scores did not necessarily indicate priority areas for improvement. One example of how this assessment informed new engagement initiatives was the co-development of infographics summarizing study findings. This approach was based on the identification of "informing the community of findings" as one of the lowest-scoring items. Although findings had been disseminated through traditional scientific venues (eg, conferences, peer-reviewed articles), as well as some community venues (eg, presentations in community-based organizations, community news outlets), the CAB noted that efforts should be strengthened, particularly amid increasing challenges of health equity research initiatives. Thus, we are co-developing community-friendly infographics for completed studies and plan to adopt this approach as a standard dissemination practice in future research. Figure 2 provides an example of these infographics. A second example relates to the item "financial resource sharing." We had not previously shared detailed information on budgets or expenditures. However, consistent with our commitment to transparency, we identified this as an area for improvement, and we will share annual reporting of the budget moving forward.

Two important limitations should be acknowledged. First, there is the potential for socially desirable responses. However, this was mitigated by assurances of confidentiality with aggregate reporting and the survey being administered by EP, who had no prior established relationships with CAB members. Second, the study used a cross-sectional design. The assessment will be implemented on a recurring basis to monitor engagement and satisfaction over time, with the goal of sustaining or improving both. Lastly, results may not be generalizable to other CABs, even those with similar structures and stages of development. Further research is needed to assess engagement and satisfaction across different CABs.

In conclusion, the CAB reported high levels of engagement and satisfaction. Moreover, based on assessment results, CAB members and the research team identified new engagement initiatives, including co-developing infographics summarizing study findings. These findings highlight the value of assessing engagement to understand the dynamics of

community-academic partnerships and identify strengths and areas for improvement.

Figure 2. Example of a community-friendly infographic developed to disseminate study findings.



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Data Availability

The dataset for this study is available upon request to the corresponding author.

Authors' Contributions

Conceptualization: EP, FCB
Data curation: EP
Formal analysis: EP
Investigation: EP, RO, JWR-S, AP, CAT, DB, ED, IV, JLM, MG, MDS, AC-I, VC-U, EH, CK, APC, FC-B
Methodology: EP, FCB
Supervision: FCB
Visualization: EH, RO
Writing – original draft: EP, FCB
Writing – review & editing: EP, RO, JWR-S, AP, CAT, DB, ED, IV, JLM, MG, MDS, AC-I, VC-U, EH, CK, APC, FC-B

Conflicts of Interest

None declared.

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Abbreviations

CAB: community advisory board
PHIRE: Partnering for Health Improvement and Research Equity

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