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*We cannot live only for ourselves. A thousand
fibers connect us with our fellow men.*

Herman Melville

Interest in and popularity of community-engaged scholarship has increased significantly in the past several decades. Community engagement has become a popular “buzz” word in many academic and business settings, even though the term is not clearly defined or consistently applied. In both academic and business settings, community engagement is often considered a form of corporate social responsibility, in other words, a commitment of the industry to giving back to the community [1–3]. In academia, however, the process of engaging communities is increasingly expanding into a form of scholarly commitment of academic faculty members working together with communities to address challenging community and academic issues [4, 5]. In one study, over 85% and 90% of faculty respondents agreed that community involvement improved the quality and relevance of their research, respectively. Almost all respondents (97%) agreed that institutions should be more involved in the community [6].

The community engagement process, however, is not clearly defined and requires consideration of several important issues, including the following: (1) a clear definition of “community” and “stakeholders,” (2) clarification of what community engagement means and the approaches that will be used, (3) thinking through who is engaging whom and how, and (4) examining and addressing ethical issues in the engagement process.

Defining Community

Definitions of community are as diverse as the people or groups trying to define it. Community can be described as “a unit of identity, with various factors of commonality including a common interest or cause, or a shared geography, history, or set of values” [7]. Communities are often characterized by three factors: geography, interactions, and identity [3, 8]. Geography relates to people living in a given geographical location or space with or without reference to interactions among the people. Interactions convey the social relational aspects of a community that occur within a shared geographical space or without a defined physical space. Several online communities, for example, share no physical space but still meet some specific relational needs of individual members. Communities vary by scope, context, and time. Some definitions are limited in scope,

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for example, to a given, clearly defined geographical location, population, or cultural group, while others are broad and abstract such as virtual online communities. Communities also differ by context, for example; professional communities may differ from social or religious communities, although they may all meet key aspects of what makes a community. Moreover, communities may also differ by time and space. In one place at a given time, a person's community may be different from another time and place. Overall, these ambiguities in defining communities can be a challenge in the engagement process. A key basis of the engagement process is clearly identifying and describing the community.

Mbiti [9] sums a true sense of community using an African philosophical view that states "I am because we are, since we are, therefore I am." This view captures both the individual and relational aspects of a community. Communities share some "common" elements, its people "commune" (relate and communicate) with each other, and work towards "unity" in achieving desired goals. As such, an ideal community is the one in which individuals actively participate in developing and promoting the overall capacity, well-being, and cohesiveness of the entire community. Conversely, the community through its values, norms, culture, policies, and activities fosters individual and common good. The almost symbiotic relationship between community and the individuals who live in it highlights the close connection and inter-reliance of a "true" community, in which individuals are engaged in the overall health and social well-being of the community and conversely the community's health and social well-being is closely linked and supportive of the individual's health and well-being. This view reflects three important components of a true community: commonality, commune, and unity.

A clear definition of a community is therefore critical and helpful in identifying the key community stakeholders needed in the engagement process. According to Freedman and Reed (1983), stakeholders can be narrowly defined to include individuals or groups vital to the survival or success of a corporation, or widely defined as individuals or groups who influence or are influenced

Key Concepts

- *Community*: "a unit of identify, with various factors of commonality including a common interest or cause, or a shared geography, history, or set of values" [7].
- *Engagement*: "refers to the active involvement of people in any decisions that may affect the health of them, their families, and the communities they are linked to. Assumes community engagement will aim to give equal status to lay people in decision making and take seriously lay knowledge and expertise" [14].
- *Community engagement*: "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" [11].

by the corporation [10]. In community settings, stakeholders may include individuals, agencies, or groups that are directly or indirectly affected by a particular issue or who may have a stake (interest) in a given issue or community (narrowly defined). Primary community stakeholders can include community leaders, individual and agency advocates, and faith leaders with direct interest in a particular community issue. Other stakeholders include organizations or individuals who may not have a direct connection to the community issues but may have concerns about the impact of such issues on the broader community (widely defined) [10].

Community Engagement

Ideas regarding community engagement vary within and across disciplines. Community engagement has been understood as:

...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those

people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices. [11]

Ideally, community engagement is a process characterized by intentional inclusive and collaborative partnership towards a mutual goal [11–13]. In health, engagement

refers to the active involvement of people in any decisions that may affect the health of them, their families, and the communities they are linked to. Assumes community engagement will aim to give equal status to lay people in decision making and take seriously lay knowledge and expertise. [14]

Table 32.1 presents an outline of the nine principles of community engagement outlined by Centers for Disease Control and Prevention, with some suggested tips for each principle. The engagement process involves the application of institutional resources, such as the knowledge and expertise of students, faculty, and staff; the institution’s political position; campus buildings and land to a community issue or need, through community service, service learning, community-based participatory research, training and technical assistance, coalition building, capacity building, and economic development [15, 16].

This definition from the CDC, however, does not fully capture the engagement process because it is unidirectional; it assumes engagement to be an institutional resource that is applied to communities and vice versa. True engagement is a bidirectional and even multidirectional process in which institutional and community resources are brought to bear in a mutually beneficial manner to address community needs and challenges. Communities have needs and so do academic institutions. Collaborative engagement indicates working *with* rather than *for*, *on*, or *to* communities. This definition of community engagement may also suggest a “charity” basis rather than a justice base. Charity engagement focuses on institutions or individual resources or surplus being given to communities to address areas of need. Justice models of community engagement

focus on mutual sharing of resources among community members and institutions [4, 17].

Community Engagement Models

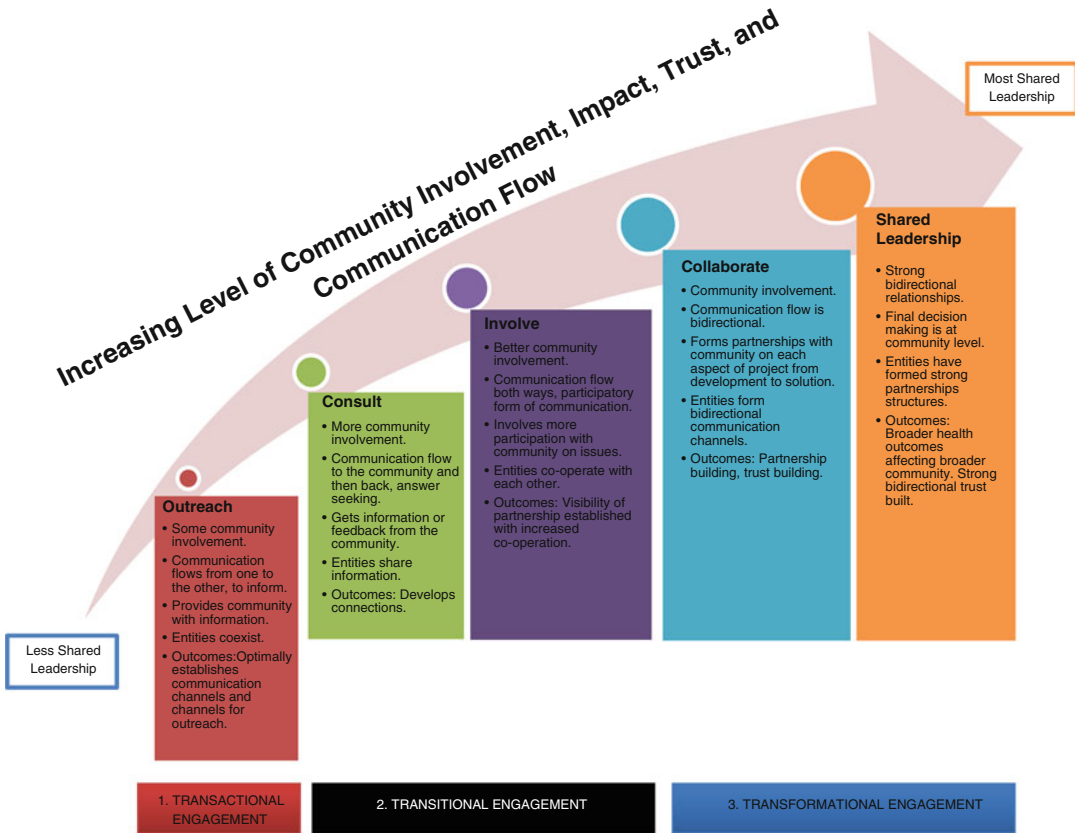
Bowen and colleagues [18] outlined three stages in the engagement continuum: (1) transactional engagement, (2) transitional engagement, and (3) transformational engagement. These three are shown at the bottom level of Fig. 32.1, with the corresponding levels of engagement outlined by the International Association of Public Participation [19]. The key difference in these three processes can be summed as the level of collaboration in decision-making and leadership. Briefly, *transactional engagement*, as the name implies, is largely a consultative form of engagement, a form of charity engagement characterized by “giving back to the community.” It is a one-way process of interaction, with limited contacts among many people. Learning is assumed to be top-down, from academia to community. This approach has a very limited level of co-learning or community participation. Community acts as a passive recipient of information with limited or nonexistent participation. Decisions are usually paternalistic, made by academia or agencies “for” the community and not “with” the community.

Transitional engagement can be summed up as engagement that seeks to build bridges. It moves further than transactional engagement by seeking cooperative work with the community that allows two-way communication, consultation, and some collaboration. This form of engagement, however, falls short by not fully engaging communities in power sharing and control of resources, or the process of leadership and decision-making found in transformational engagement approaches.

Transformational engagement is marked by high levels of collaborative and participatory decision-making, leadership, and empowerment among partners [18]. This form of engagement involves an interactive process involving critical thinking and reflections to address community issues. I have used an arrow in Fig. 32.1 to illustrate the increasing levels of shared leadership and ownership ranging from narrow-focused

Table 32.1 Principles and tips for academic–community-engaged research and practice

Principles of community engagement	Tips
1. Be clear about the population/communities to be engaged and the goals of the effort	<ul style="list-style-type: none"> • Do your homework, define community of interest, and clarify the goals of the engagement process • Remember that the engagement process is a collaborative process; be flexible and prepared to work with community partners to revise and clarify goals. (Ideally, engagement goals should be developed in partnership with the community)
2. Know the community, including its economics, demographics, norms, history, experience with engagement efforts, and perception of those initiating the engagement activities	<ul style="list-style-type: none"> • Invest in knowing the community • Commit and take time to know the community; drive and walk in the community; attend events; meet people; evaluate your own perceptions, stereotypes, and concerns; and identify colleagues, leaders, and community members who can orient you to the community networks
3. To create community mobilization process, build trust and relationships and get commitments from formal and informal leadership	<ul style="list-style-type: none"> • Building community trust takes time; invest in building community relationships before any projects; know, value, and respect the people in the community • Remember that community partners are also evaluating you
4. Remember that community self-determination is the responsibility and right of all people who comprise a community	<ul style="list-style-type: none"> • Recognize power differentials and dynamics within a community • Community empowerment comes from within-partners and must have ownership of the process • Identify, recognize, and discuss external forces that may influence community self-determination and the engagement process
5. Collaborating with the community is necessary to create change and improve health	<ul style="list-style-type: none"> • Remember to always treat, communicate, and relate to community as partners and not research subjects • Consider the broader contextual factors—social determinants of health approach that incorporates broader socioeconomic, housing, and economic development—and political issues may appeal more to community partners than a narrow health issue
6. Recognize and respect the various cultures of a community and other factors that indicate its diversity in all aspects of designing and implementing community engagement approaches	<ul style="list-style-type: none"> • Cultivate and nurture “cultural humility” • Remember your ways on knowing and dealing with issues, may not be the community way of knowing and dealing with issues • Learn to listen and identify differences and experiences in community understanding, interpretation, and approaches • Learn to adapt, adopt, and advance culturally appropriate community engagement approaches
7. Sustainability results from identifying and mobilizing community assets and from developing capacities and resources	<ul style="list-style-type: none"> • Focus on being a catalyst for change and build on community assets to better understand community deficits
8. Be prepared to release control to the community and be flexible enough to meet the changing needs of the community	<ul style="list-style-type: none"> • Meet in venues convenient and accessible to community members • Learn to relinquish control • Be flexible with your time; academic time and schedules may not work in the community • Be adaptive, creative, and flexible with your time, skills, and timelines
9. Community collaboration requires long-term commitment	<ul style="list-style-type: none"> • Plan to be there for the long haul, commit to being engaged and engaging others, and focus on building relationships beyond the project aims and timelines • Give constructive feedback and expect the same • Always remember to value and respect community partner’s time as you value your time



Reference: Adapted by the author from the International Association for Public Participation (TOP) and Bowen et al (2010) Three engagement strategies.

Fig. 32.1 The community engagement continuum

outreach and transactional engagement efforts to transformational engagement characterized by more shared leadership relationships [20].

Community Engagement Interest

Several factors have contributed to the increased interest in community engagement efforts in academic settings. First, there is a desire and need for experiential and active learning that includes hands-on experiences in real-world environments rather than classroom settings. This experiential learning can include community internships and service learning projects [4]. Second, policies and resources have also been directed to community engagement initiatives from community, state, and national sources to encourage collaborative

campus–community-engaged projects. The National Institutes of Health road map plan includes community engagement as a core component of the Clinical and Translational Science Institute (CTSI) funding mechanism and continues to fund, encourage, and support community participatory research and other health learning collaborative projects [21, 22], especially in the areas of health disparities, in which traditional research and intervention approaches have had limited success. Third, there is an emerging shift in the academic scholarship process towards more acceptance and valuing of community-engaged research, training, and service. Fagnan and colleagues observe:

it is increasingly important for academic health centers to reach beyond clinic walls and to develop collaborations and expertise in population-based

medicine. Optimizing the delivery of preventive health services and chronic illness care requires strong community linkages and will benefit from academic partnerships. [22]

This broader appreciation and vision of academic scholarship that values the community collaborative work allow faculty and researchers the freedom to pursue community engagement without the concerns that such endeavors will hamper or not be rewarded in the promotion and tenure process. Note, however, that while there is some shift in this direction in some institutions, the traditional approaches that place little value of community-engaged research in the rank and tenure process continue to persist. Indeed, an important challenge in community engagement relates to the intrinsic complexity of cultural orientation and differences in perceived ways of knowing between academia and community [4].

The cultural norms, values, and incentives in academia often differ from those of the communities, particularly racial and ethnic communities. For example, while academia places much value on scholarship and publications in peer-reviewed journals, thus the mantra “publish or perish,” more and more communities are starting to question this values system, since much of what is reviewed and published is published in journals in a format that is inaccessible or too technical for communities to clearly understand. Communities often are interested in seeking practical approaches to address general or very specific community issues. Finally, there is increasing awareness in academic settings of the public relation value and benefits of academic–community engagement scholarship [4].

Regardless of the definition used, at core, community engagement involves an active, relational, and collaborative working together towards a common or shared interest or goal. Ideally, it should be a dynamic participatory process of working “with” others rather than “for” or “on” to effect change or seek solutions to community relevant issues [18].

Who Is Engaging Whom and What Community?

Another issue to consider relates to the issue of who is engaging whom. Often, community engagement is considered in the context of academia or an agency engaging the community in some activities. Such engagement may be motivated by an agency’s perceived social responsibility to the community or society. Engagement, however, can also originate from the community, for example, a community’s approach to academia to assist in an issue of importance to the community. Knowing who is engaging whom and why is therefore important, because it may reflect the success of the engagement process and overall group dynamics. According to Fagnan “advancing these collaborations will require recognizing the complementary nature of ‘top-down’ (university-initiated) and ‘bottom-up’ (community-initiated) approaches to community-based clinical research” [22]. When communities seek to engage academic faculty members on an issue, some vetting process may have occurred as the community tries to decide who is best suited to be their partner and what that person would bring to the process.

Although an effective engagement process is participatory in nature with a willingness to share power, many academic–community engagement projects are not usually transformational and collaborative. A major assumption in community engagement is that by engaging community, we have an active, collaborative participatory process started. Unfortunately, this may simply indicate that the engagement “gears” have been shifted in place but may not be engaged. Academic and community partners need to identify what “kicks” and “sustains” the community engagement “gears” in motion (process). The partners will need to develop ways of identifying problems or malfunctions in the engagement process and strategies to address such problems. Paying attention to these processes in the initial phases of the engagement process can reduce frustration and dysfunctions in latter phases of the engagement process.



Fig. 32.2 Key ingredients in effective community engagement process

Three essential ingredients in effective community engagement process include establishing and maintaining effective communication, building and sustaining trust, and cultural humility (Fig. 32.2).

First, purposeful, effective, and bidirectional *communication* is critical in the community engagement process. Indeed, effective communication can be considered the oil that keeps the engagement gears lubricated and working efficiently. The process requires bi- and multidirectional horizontal and vertical integration in communication, between staff as peers and the leadership/management structure of the partners involved in the engagement process. The process requires development of monitoring and identifying early warnings signs of communication breakdown, awareness of communication failures, and ongoing purposefully designed strategies to correct and improve intra and extra communication among partners.

The second ingredient in the engagement process is *trust*. Trust is possibly the most important and perhaps the most challenging issue in the academic–community engagement process. This is especially so when the engagement process involves collaboration of academic institutions and historically marginalized populations such as racial/ethnic groups and people living with stigmatized conditions such as mental illness. Historical

and ongoing insults associated with racism, discrimination, and sexism perpetuated against these groups have created a level of mistrust of certain established systems that need to be taken into account in the engagement process. These insults cannot be ignored or assumed not to exist because they may often be hidden just below the surface waiting to emerge at the opportune time.

The effective community engagement process involves not only awareness of these issues and how they can influence the process but also purposeful approaches to acknowledge them and work together to overcome any barriers they may cause in the communication and overall community engagement process. Indeed, although communities may not have issues with the academic partner, they may have issues with what, how, and whom the partner represents. Their views and attitudes may have been influenced by their individual and collective experiences and understanding over time. As such, building a strong engagement with communities may involve dismantling pre-conceived ideas to forge trusting relationships. This process may also entail managing and navigating historical landmines that may have nothing to do with the task or purpose of the current community engagement process.

Academic settings tend to emphasize and value narrowly focused research and interventions. Such focus, while critical in career development and funding opportunities, may not fit well with community interests, which are often broader, interrelated, and multifactorial. Academic faculty members must learn how to interact with communities within this broader contextual framework of interests and adapt their own or their institutional narrow focus while preserving or broadening their own interests. The traditional narrow academic interests can be pursued within the broader community context in which evaluation of the effectiveness of the engagement process includes assessment of established relations (e.g., communication, trust, and collaborative spirit).

Third, *cultural humility* and understanding are also critical when working with marginalized or stigmatized groups. Cultural humility has been defined as a “lifelong commitment to self-evaluation, to redressing the power imbalances in the

patient–physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities” [23]. The community engagement process often questions the establishment, the “ivory tower,” and top-down approaches and solutions to community problems that often mark traditional academic relationships with communities. Community engagement may question the power structures, resource allocations, and strategies used by academia and funding agencies. Effective community engagement requires humility and respect of different viewpoints and approaches and especially the willingness to question and be questioned without feeling degraded or humiliated. Indeed, for community engagement to be transformational, it has to address some of these imbalances that result in inequalities. Effective dynamism in community engagement involves humility and a willingness of community and academic partners to extend their comfort zones in dealing with community stereotypes, power, and resource differences.

Individual and Institutional Level Engagement

Community engagement must distinguish between individual community engagement and institutional engagement. Individual engagement occurs when academic faculty members reach out to work with communities on issues of mutual benefit. Institutional engagement is often a broader engagement process in which the institution rather than the individual academic is involved in the engagement process with the inclusion of individual members. Historical perceptions of institutions by community members can at times influence their views of new researchers who may have nothing to do with that history. Evaluation of the engagement process must also include the historical lens of how the institution has worked or engaged the community. The “engagement presence,” not “footprint,” of the institution can foster or hinder effectiveness of the community engagement process. I define “engagement presence” as the ongoing “here and now” participatory process of working together

with communities that is informed by historical levels of institutions investments, respect, trust, and power sharing with a community. I use “engagement presence” rather than “engagement footprint” to distinguish what is left, “footprints,” from what is “active and ongoing” in the community. Conversely, the effectiveness of individual community engagement efforts may be the bar that community and other academic faculty members use to measure future engagement efforts.

Community Engagement Ethics

The community engagement process must adhere to the highest ethical standards. Given that the engagement process often involves multiple individuals and agencies in a given community or communities, the ethical responsibility and accountability in the process can become diffused, with no one taking the responsibility for the conduct of the community-engaged activities or research. The community engagement process must keenly monitor and track the ethical conduct of the engagement process and the project activities. Stigmatized and disenfranchised community members’ views, concerns, and voices must be included at the table of decision-making and at best, be presented not by a proxy but as much as possible by the people themselves. Part of the community engagement process often neglected relates to representation of marginalized groups. Academic–community partnerships, particularly those related to health inequalities, must intentionally foster engagement of marginalized groups within the community.

The Belmont Report of 1979 outlined several critical ethical principles to guide the conduct of human subject research. Critiques of these principles observe that they focus more on individual rights with little or no emphasis on community rights. In 2001, the National Bioethics Advisory Commission proposed the addition of “protection of social groups” to the regulatory oversight of human subject research, while others [24] have called for the additional principle of “respect for communities” to those outlined in the Belmont report. The use of the Belmont principles and

other safeguards, while important in protecting individuals, can collectively contribute to community protection. It is, however, critical that population level ethical standards that focus on the whole community, not just the individual, be developed and applied in the community engagement. These ethical standards would ensure that community level protections are developed through a participatory process that involves diverse community members.

The *beneficence* principle calls for the analysis of risk and benefits with the goal of minimizing risks and maximizing benefits [25]. In community engagement, this applies not only to the individuals but also to the community involved. Participatory collaborative engagement process, like gears in a machine, is a process of shared responsibility. Efficiency is achieved when all the gears are fully engaged, lubricated, and running smoothly or as intended. Regular inspection and maintenance of the engaged parts is critical for sustained efficiency and benefits. Too much strain on one gear can result in added strain on the others and eventual system failure. *Justice* calls for shared responsibility, accountability, and equitable distribution of burdens and benefits. Community engagement should not place undue burden on either academic or community partners; it must strive to do minimal or no harm, maximize benefits, and minimize harm to individuals and the community and always seek justice.

The academic–community engagement process must be governed by strong ethical and regulatory standards similar to those required by regular human subject research but should also include community voices. Ideally, a community IRB should be established to review community-engaged research protocols. The IRB review should address at minimum both the individual and community risks and benefits and ethical concerns. It is important to note that in the United States, historical and intergenerational research abuses and unethical behaviors have contributed to the ongoing mistrust and lack of confidence with biomedical research and health-care systems among racial/ethnic groups and other marginalized populations.

In conclusion, the community engagement process is more of an art than a science; for some people, it may come easy, while for others, it might take time and much trepidation. It is important to realize that engaging community stakeholders does not necessarily indicate community engagement. An effective process of community engagement requires seeking to engage stakeholders who have the pulse of the community. These stakeholders may not be the “career gatekeepers” (the same community members who tend to be included in almost all engagement activities in a given community) but, rather, other nontraditional stakeholders. We note that while community stakeholders are critical in the engagement process, we cannot assume that one or two community members speak for the entire community. This is particularly important in racial/ethnic groups and other stigmatized populations. Who speaks for whom? Often individuals from racial/ethnic communities are asked to speak on behalf of an entire community, yet this same approach is not usually used for the majority populations. Those involved in the engagement process must be cognizant of the diversity and complexity of communities and realize that people in the same community, whether defined by locality, socioeconomic status, race/ethnicity, or gender, may have very diverse assumptions, perspectives, and experiences that cannot be adequately articulated by one or two individuals [26].

Although developing effective and lasting community engagement remains a daunting task, it is a fundamental process of establishing trust and effective working relationships with communities. Community engagement is increasingly being valued and encouraged in academic scholarship and funding, as exemplified by the ongoing emphasis on community engagement by NIH and other funding agencies. It is considered an important process of research, community interventions, and building trust between academia and communities [6]. Engagement can enhance research designs, data analysis, translation of research into practices and effective community intervention strategies and promotion of research based on real-world problems. Effective

Words to the Wise

- Clarify and be honest regarding your reasons for community engagement
- Consider and utilize a justice-based approach to community engagement
- Do not underestimate community skills, assets, and “ways on knowing”
- Community views and approaches may differ from your ways, but they can provide valuable insights
- Avoid using communities as means to an end
- Community perspectives may be informed by historical experiences and cultural understanding
- Every community has some assets, they may be hidden, but they are there waiting to be identified, developed, and applied
- Build on assets and community strengths rather than weakness or failures
- Value and respect working “with” communities
- There is no substitute for “boots on the ground” (walk the talk); visit, know, and interact with the community from within rather than “fly over”
- Focus on community strengths and asset rather than deficit and problems only
- Respect diversity and wisdom in the different “ways of knowing”
- Remember: Community gatekeepers may not always be at the “gate” or be your best fit in the engagement process; seek and find other people with a better fit
- Beware and avoid engagement efforts that disempower rather than empower communities
- Learn and develop relationships in the community beyond your projects or community engagement focus. Attend community events, volunteer, assist in identifying resources, and seek to “walk the talk” as an advocate. You will be surprised how much these efforts break

barriers, mend relationships, and build trust

- Community engagement is complex and challenging, be committed and flexible, and learn from past mistakes. You only fail when you do not try
- Apply and practice the principles of respect of communities, benevolence, and doing no harm

Ask Your Mentor or Colleagues

- What motivates their desire for community-engaged work?
- What suggestions do they have for establishing effective community engagement process?
- How does your institution value and reward community-engaged scholarship and collaborations?
- What are some of the lessons learned from past community-engaged research or collaborations?
- Who are the community stakeholders and why are they considered stakeholders?
- Who designated them as community stakeholders and based on what criteria?
- Why do I need community stakeholders?
- Are community stakeholders critical or simply an end or means to an end? (This is a critical question. If your interest is getting opinions of community stakeholders rather than the broader community members, the engagement process may be different.)
- What benefits do you derive from engaging the community?
- Are their benefits to the community stakeholder?
- Who will you assess whether the views and opinions presented by community stakeholders are congruent with those of the broader community?

community engagement skills and expertise, however, are honed in the trenches of community experiences, culture, and history and not in academic offices or libraries. The engagement process requires a “boots on the ground” approach, a commitment to go to the community, meet, share, learn, and experience the community from within. This process, while somewhat challenging and unnerving, is also possibly one of the most rewarding scholarly endeavors.

References

- Dharamsi S, Espinoza N, Cramer C, Amin M, Bainbridge L, Poole G. Nurturing social responsibility through community service-learning: lessons learned from a pilot project. *Med Teach*. 2010; 32(11):905–11.
- Jongbloed B, Enders J, Salerno C. Higher education and its communities: interconnections, interdependencies and a research agenda. *High Educ*. 2008;56(3):303–24.
- Bowen F, Newenham-Kahindi A, Herremans I. When suits meet roots: the antecedents and consequences of community engagement strategy. *J Bus Ethics*. 2010;95(2):297–318.
- Bringle RG, Hatcher JA. Campus-community partnerships: the terms of engagement. *J Soc Issues*. 2002;58(3):503–16.
- Lindau ST, Makelarski JA, Chin MH, et al. Building community-engaged health research and discovery infrastructure on the south side of Chicago: science in service to community priorities. *Prev Med*. 2011;52(3–4):200–7.
- Goldberg-Freeman C, Kass N, Gielen A, Tracey P, Bates-Hopkins B, Farfel M. Faculty beliefs, perceptions, and level of community involvement in their research: a survey at one urban academic institution. *J Empir Res Hum Res Ethics*. 2010;5(4):65–76.
- Mc Namara KP, George J, O’Reilly SL, et al. Engaging community pharmacists in the primary prevention of cardiovascular disease: protocol for the Pharmacist Assessment of Adherence, Risk and Treatment in Cardiovascular Disease (PAART CVD) pilot study. *BMC Health Serv Res*. 2010;10:264.
- Lee D, Newby H. *The problem of sociology: an introduction to the discipline*. London: Unwin Hyman; 1983.
- Mbiti JS. *African religion and philosophy*. London: Heineman Educational Books; 1969.
- Freeman ER. D. Stockholders and stakeholders: a new perspective on corporate governance. In: Huizinga C, editor. *Corporate governance: a definitive exploration of the issues*. Los Angeles, CA: UCLA Extension Press; 1983.
- Fawcett SB, Paine-Andrews A, Francisco VT, et al. Using empowerment theory in collaborative partnerships for community health and development. *Am J Community Psychol*. 1995;23(5):677–97.
- Rimsza ME, Schackner RA, Bowen KA, Marshall W. Can child deaths be prevented? The Arizona child fatality review program experience. *Pediatrics*. 2002;110(1):e11.
- Jones L, Wells K. Strategies for academic and clinician engagement in community-participatory partnered research. *JAMA*. 2007;297(4):407–10.
- National Collaborating Centre for Community Engagement. *Community engagement for health: a preliminary review of training and development needs and existing provision for public sector organisations and their workers*. London: Health Development Agency; 2005.
- Westfall JM, Fagnan LJ, Handley M, et al. Practice-based research is community engagement. *J Am Board Fam Med*. 2009;22(4):423–7.
- Commission on Community-Engaged Scholarship in the Health Professions. *Linking scholarship and communities. The Report of the Commission on Community-Engaged Scholarship in the Health Professions*. Seattle: Community-Campus Partnerships for Health; 2005
- Marullo S, Edwards B. From charity to justice. *Am Behav Sci*. 2000;43(5):895–912.
- Bowen F, Newenham-Kahindi A, Herremans I. When suits meet roots: the antecedents and consequences of community engagement strategy. *J Bus Ethics*. 2010;95(2):297–318.
- CDC. *Principles of community engagement*. 2nd ed. Atlanta, GA: CDC/ATSDR Committee on Community Engagement; 2011.
- Brown RE, Reed CS, Bates LV, Knaggs D, Casey KM, Barnes JV. The transformative engagement process: foundations and supports for university-community partnerships. *J High Educ Outreach Engagem*. 2006;11(1):9–23.
- Zerhouni E. The NIH, roadmap. *Science*. 2003; 302(5642):63–72.
- Fagnan LJ, Davis M, Deyo RA, Werner JJ, Stange KC. Linking practice-based research networks and Clinical and Translational Science Awards: new opportunities for community engagement by academic health centers. *Acad Med*. 2010;85(3):476–83.
- Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *J Health Care Poor Underserved*. 1998;9(2): 117–25.
- Weijer C. Protecting communities in research: philosophical and pragmatic challenges. *Camb Q Healthc Ethics*. 1999;8(4):501–13.
- Brody BA. *The ethics of biomedical research: an international perspective*. New York: Oxford University Press Inc; 1998.
- Dempsey SE. Critiquing community engagement. *Manage Commun Q*. 2010;24(3):359–90.