Community-based participatory research (CBPR) is a collaborative approach that equitably involves partners in the research process and recognizes the unique strengths that each partner brings. CBPR begins with a research topic of importance to a community, combining knowledge construction, education, and action for social change towards improving community health. Over the last decade and a half, CBPR has gained traction for its approach to eliminate racial/ethnic health disparities and to improve health equity, within communities, agencies, and clinical practice-based settings. To advance the science of CBPR and community-engaged research, investigators from the Universities of New Mexico and Washington, in collaboration with a National Advisory Board of academic and community experts,* crafted a conceptual logic model of CBPR processes and outcomes. Details on the creation of this model are found in Wallerstein et al. (2008).

The model identifies four dimensions of CBPR characteristics and suggests relationships between each category. First, contextual factors shape the nature of the research and the conditions under which partnerships can develop and be sustained. Next, group dynamics, consisting of three sub-dimensions, structural factors (such as collaborative agreements), individual partner characteristics, and relational dynamics (such as group decision-making), interact with contextual factors to co-produce the intervention and its research design. Finally, CBPR system changes and health outcomes result directly from the intervention research.
In order to facilitate research of CBPR, the next step was to inventory instruments and measures associated with each of the constructs in the model. We identified instruments in a thorough review of the literature (detailed in Wallerstein et al., 2008), a Google search of key CBPR terms, and contributions from our national advisory board of experts in CBPR. The instruments were categorized into a matrix according to the CBPR model at two levels: a) What is the domain (context, group dynamics, outcomes)?, and b) What is the specific characteristic within the domain? The instrument matrix is available at (http://hsc.unm.edu/SOM/fcm/cpr/cbprmodel.shtml), and a full explanation of its development and potential usefulness for CBPR research is currently under review for publication.

To develop a matrix of variables and measures of their relationship to the CBPR model, two coders reviewed and coded each instrument. Coding consisted of: a) clarifying definitions of the model characteristics and how to code the instruments; b) coding 10% of the total instruments together to established intercoder reliability, and c) coding the remaining instruments independently. When there were difficulties determining the appropriate categorizations, the coders worked together and one other member of the research team to determine the best category. Intercoder reliability for the project was .90 (Cohen’s kappa).

Some instruments were not classified as a whole. In these cases, the subscales or even several items became the coding unit. Our goal was to provide the most accurate and thorough inventory possible as it relates to the CBPR model. Thus, we were not concerned with retaining the intention of the original instrument, but rather what instruments measure characteristics in the CBPR model (and thus some instruments are listed multiple times).

The matrix is organized in the following manner. First, the primary domain and specific construct of the CBPR model is the established. Second, the number of measures and items for
each particular measure are listed. Third, the response category for these items is included. Finally, the source for the measure is listed. In some cases, we do not have the individual items listed even though we have established that the measure is appropriate for a construct. In places where we could not locate a measure, the construct is highlighted yellow.

**Context**

The context section includes measures of six different construct in the model: national/local trends (n = 1), historical context of collaboration (n = 4), community capacity (n = 11), organizational capacity (n = 5), and perceived severity of health issues (n = 5)

**Group Dynamics**

The group dynamics section includes measures of relational dynamics, structural dynamics, and individual dynamics. For relational dynamics, there are measures of nine constructs: dialogue/mutual learning (n = 20), leadership (n = 19), influence/power (n = 7), self and collective reflection (n = 11), participation decision-making and negotiation (n = 22), integration of local beliefs (n = 1), task communication and action (n = 17), congruence of core values (n = 1), and conflict (n = 3). For structural dynamics, there are measures of five constructs: diversity (n = 7), complexity (n = 16), agreements (n = 8), alignment with CBPR principles (n = 1), length of time in the partnership (n = 7). For individual dynamics, there are measures of four constructs: core values (n = 1), individual beliefs (n = 11), cultural identities (n = 1) and community reputation of the PI (n = 1).

**Outcomes**

The outcome section includes measures for five constructs: change in policy/practice (n = 10), culture-based sustainability (n = 1), empowerment/community capacity (n = 27), unintended consequences (n = 1), and health outcomes (n = 8).

*National Advisory Board of the CBPR Research and Evaluation Community of Practice:* Margarita Alegria, Magdalena Avila, Elizabeth Baker, Beverly Becenti-Pigman, Charlotte Chung, Eugenia Eng, Shelley Frazier, Ella Greene-Morton, Lyndon Haviland, Jeffrey Henderson, Sarah Hicks, Barbara Israel, Loretta Jones, Michele Kelley, Paul Koegel, Laurie Lachance, Diane Martin, Marjorie Mau, Meredith Minkler, Naeema Muhammad, Lynn Palmanteer-Holder, Tassy Parker, Cynthia Pearson, Victoria Sanchez, Amy Schulz, Lauro Silva, Edison Trickett, Jesus Ramirez-Valles, Kenneth Wells, Earnestine Willis, and Kalvin White.