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Trust as an Ethical Construct in Community Based Participatory Research Partnerships.

Julie Ermalinda Lucero

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**TRUST AS AN ETHICAL CONSTRUCT IN COMMUNITY-BASED
PARTICIPATORY RESEARCH PARTNERSHIPS**

By

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B.S., Biology, University of New Mexico, 1999
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DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

**Doctor of Philosophy
Communication**

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Dedication

This dissertation is dedicated to those that came before me. I am the beneficiary of your sacrifice and vision. I stand upon your shoulders to achieve this degree and, in your honor, strive to contribute to a better place for those who will come up after me.

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I did not build this project by myself; I have several people to acknowledge. First and foremost, I am particularly grateful to my committee members. I want to express my appreciation to my mentors, Dr. Nina Wallerstein and Dr. John Oetzel. You both saw potential in and encouraged me to pursue an advanced degree. Your mentorship made all the difference in my life trajectory. Thank you for serving on my committee. Dr. Pamela Lutgen-Sandvik, thank you for graciously stepping into the role of committee chair after John left UNM. You provided constructive and supportive comments, guidance, and were patient with my slow pace. Dr. Janice Schuetz thank you for helping me make the theoretical connections in this project. Thank you to my committee for your kind words and gentle nudges.

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ABSTRACT

This study addressed the lack of attention to trust in Community Based Participatory Research (CBPR) partnerships. CBPR is a promising research orientation to reduce health inequities in communities of color. This research orientation has been deemed an ethical and trust building approach to health research. However, this claim has not been empirically investigated. Specifically this investigation explored trust development as a process of ethical communication.

Trust is important to all relationships and more attention to how trust develops is needed. In research relationships mistrust, which impacts CBPR, stems from historic events and institutional histories of collaboration. Trust and mistrust can be reinforced by researcher behavior and communication styles. Therefore, trust as a process required a reevaluation of the binary conceptualization; the choice to trust is influenced by many factors. For this reason, this project also proposed a trust typology to assist with the reconceptualization.

This study utilized a parallel mixed-methods design. Findings from 63 individual interviews (QUAL) and a community engaged web-based survey of 450 community and academic partners are presented. Data triangulation revealed complementarity between the two methodological strands. This trust study was part of the larger Research for Improved Health Study, a collaborative endeavor between the National Congress of American Indians, University of New Mexico, and the University of Washington, funded by the Native American Research Centers for Health.

Results provide a definition of trust that includes a sense of responsibility for the partnership, respect and safety, and shared goals and values. Results also provide support for the trusty typology to be used as a developmental model. Communication ethics, specifically listening, learning, participation and commitment were found to contribute to trust development. In addition, the concepts of time, funding, open communication, and partner turn over had an effect on trust development and change. These findings provide evidence to support and encourage partnership nurturing of the trust environment by attending to discursive space. This project advances the understanding of trust and an ethical construct as well as the impact of ethical communication on trust in CBPR partnerships.

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Chapter 1: Introduction

Trust is a value for collaborative health research partnerships. Nurturing the trust development process in health research partnerships will enhance relationships by encouraging the development of common ethical values. Research involving human subjects requires overt attention to ethics to ensure research activities are beneficial to participants and risk is minimized. Ethics are necessary rules of conduct that guide us away from doing harm and toward doing what is considered good and just in life. Ethics identifies what we “ought” to do to produce ethical “goods” or results that are “good, moral, and right” (Chesebro, 1969, p106). Ethical “goods” are abstract, dependent on values, and culturally rooted; ethical “goods” are not universal (Condon, 1981). The ethical “good” is the correct or highly valued conduct/behavior/action that produces favorable outcomes.

Health is an ethical “good” and is a source of moral issues. Health is determined by culture and values; a shared single definition or implication of health does not exist. Therefore, health research requires negotiation of what health means and which health topics require research attention. The topic of health also generates moral issues such as access to healthcare and availability of treatments for preventable illness and disease, as well as the concern of whose good is being privileged in research encounters. Consequently, consideration of ethical action in health research is necessary to produce a favorable outcome for participants, their community, and the scientific community.

In the traditional model of health research, the researcher was sole proprietor and the interest, values, and ethics of the researcher were the only ones that mattered to the research project. Today, this model is challenged by participatory approaches to research, like community-based participatory research (CBPR), that strive to democratize research

processes and acknowledge health issues important to community. Projects focused on improving health inequities are difficult to conduct, and significant reductions in inequities are difficult to achieve (Braveman, 2006), in part, because of multiplicity of values. CBPR is a promising approach to reduce health disparities in communities that suffer the greatest burden of disease.

With the CBPR approach, the project development process is complicated. Specifically, in addition to the actual research processes such as recruitment of research participants, data collection and analysis, there is a partnership development process that is focused on project partners and demands continuous negotiation of decision making, resource sharing, and partnership dynamics. Unlike the research process that is governed by bioethics, or Principlism¹ (Beauchamp & Childress, 2001), the partnership process is not guided by ethical process. For research participants, bioethics strives to protect autonomy, reduce risk, provide benefit, and ensure fairness, while participants involved with the partnership process are not officially protected from undermining of autonomy, coercion, power imbalances, and benefits or fairness are not ensured. The concept of trust is a protection remedy for the partnership process. Hosmer (1995) synthesized trust definitions from organizational and philosophical definitions and found they emphasized an explicit sense of moral duty based upon accepted ethical behavior. I proposed, therefore, to use a measure of trust to gauge ethical behavior and to align of values in the partnership process.

Trust is a communication-based phenomenon that plays a significant developmental role in interpersonal, small-group, and organizational relationships, as well as trust in society.

¹Bioethics/Principlism has four basic ethical principles: (a) autonomy and respect for persons to choose their own actions regarding life and health, (b) beneficence or obligation to help people in need while minimizing risk, (c) nonmaleficence or duty to do no harm, and (d) fair treatment for everyone or justice.

Trust has been referred to as the glue that holds relationships together; it provides a sense of security, gives meaning to relationships, and is largely responsible for cooperation (Deutsch 1958; Putnam, 1993; Seppanen, Blomqvist, & Sundqvist, 2007). Due to its value, trust has been studied from various disciplinary perspectives such as economics, sociology, psychology, business and communication. Each discipline has created its own theoretical framework that guides its understanding of trust (Misztal, 2011). These frameworks contribute to the “conceptual confusion regarding the meaning of trust” (Lewis & Weigert, 1985, p. 975). Many definitions condense into conceptions of benefit, risk, and justice, suggesting trust is a result of ethical action. Hosmer (1995) claimed a link between the definition of trust in organizational theory and the concept of the “good” society in moral philosophy. However, trust has remained a *result* of proper actions and not a *part* of the construction of proper actions.

Therefore, this dissertation project investigated trust as an extension of ethical communication actions within the context of CBPR partnerships. Investigating trust in CBPR partnerships can advance the understanding of the relationship between trust development and ethical communicative action and encourage disciplinary convergence in a shared conceptualization of trust. More importantly, studying trust in this context will benefit CBPR processes by mitigating conflict that comes with differences in perceptions, culture, and goals of members (Pondy, 1992), and this research will enable the measurement and monitoring of good community-academic research partnerships for reducing risks such as undermining of autonomy, coercion, and power imbalances. To this end, this chapter will (a) present a case study to illustrate risks associated with the traditional health research model, simultaneously making a case for why partnership processes should be developed and nurtured; (b) discuss

the importance of ethics and trust in research relationships; (c) present trust as an important variable within the context and process of CBPR; (d) provide a rationale for studying trust in CBPR; (e) provide definitions for the key terms: CBPR, community-academic partnership, Trust, Communication Ethics, and Bioethics; and (f) provide an overview of my dissertation proposal.

Case Study

From 1989 to 1997, three faculty members from Arizona State University (ASU) were engaged with the Havasupai Tribe of Arizona in a community-academic research partnership focusing on diabetes. After the research partnership dissolved around 1997, ASU faculty continued genetic research on blood samples intended for diabetes research without tribal members' or tribal government's knowledge or approval. In 2003 a Havasupai tribal member inadvertently learned about the continued research and informed Havaupai Tribal Government. After voicing concerns to university officials, ASU and the Havasupai Tribe selected Stephen Hart and Keith Sobraske to conduct a comprehensive investigation resulting in the "Investigative Report Concerning the Medical Genetics Project at Havasupai" (a.k.a. the Hart Report). This report uncovered several unauthorized studies and articles, prompting the 2004 civil lawsuit against ASU, the Arizona Board of Regents, and three ASU professors claiming research misconduct (Bommersbach, 2008). This case is important because it brings up moral issues related to health research even with bioethics oversight; it questions whose "good" is being privileged in research encounters; and it illustrates conflict inherent to differences in perceptions, culture, and goals of research partners.

The community-academic partnership began in 1989 when tribal leaders sought assistance from John Martin, an anthropologist who had been conducting research on the

Havasupai reservation for twenty years (Hart & Sobraske, 2003). Tribal leaders wanted to reduce the tribe's high rate of diabetes and hoped to learn if, like the Pima Indians, genetics predisposed them to the disease (Dalton, 2004). Due to the genetic and lifestyle components involved with diabetes, John Martin invited Therese Markow, a geneticist, and Linda Vaughn, a nutritionist, to be co-investigators on the research study, which came to be known as the Medical Genetics Project at Havasupai.

According to the Hart Report (Hart & Sobraske, 2003), the diabetes project began with three components. The first was an education initiative involving nutrition and exercise classes for tribal members to raise awareness of causes, prevention, and diabetes management. The second component involved diabetes screening used to identify those at risk and pre-diabetics for early intervention. The third component involved genetic research, specifically comparing Havasupai samples to determine if they had the same genetic predisposition as the Pima Indian Tribe (Williams et al., 1981). Researchers and the community agreed on these components. In fact, between 1991 and 1994, more than 200 tribal members provided blood samples to determine if a genetic link to diabetes could be identified. Although Markow had expressed her interest in genetic research of schizophrenia to her ASU colleagues, diabetes was presented as the key issue according to participants, Indian Health Service Personnel, and university researchers—both student and faculty researchers.

Research involving vulnerable populations and collection of specimens requires informed consent. The research community would expect signed consent forms to be required in this investigation. However, it is unclear if this was the case. It appears oral consent was obtained after an informed consent script specific to diabetes research was used

(Hart & Sobraske, 2003; Harmon, 2010). It is possible that this consent method was used because Havasupai participants were undereducated and spoke English as a second language (Harmon, 2010). Nevertheless, according to Harmon's (2010) report, Markow instructed her students to verbally explain the project and get written and verbal consent for a study to look at "the causes of behavioral/medical disorders." However, signed informed consents were never recovered and apparently misplaced during a move from one office to another (Hart & Sobraske, 2003). Whether or not participants were provided all the information to make an informed choice, otherwise known as autonomy, remains unknown.

Funding for the three project components was pieced together. The project proposals for start-up funds through ASU internal mechanisms were awarded during 1989–1990. These proposals for obtaining internal funds were presented to Havasupai Tribal Council for review and approval. Subsequently four grant applications proposing projects that focused on diabetes and education were submitted for federal or foundation funding. A letter of support from the Havasupai accompanied only one application and the tribal government was informed of two of the other three applications. From 1989–2002, twelve other applications were submitted to the various institutes housed in the National Institutes of Health (NIH) and the National Science Foundation (NSF) proposing non-diabetes genetic research. These twelve applications built on the Havasupai samples. It appears the broad consent to study "the causes of behavioral/medical disorders" was sufficient as all applications were awarded funding and ASU Human Protection applications were approved.

The Hart Report chronology stated that research findings showed the lack of association between genetics and diabetes among the Havasupai, which result was published in 1991 in a letter to *Lancet*, although it was not reported to the Havasupai Tribe until 1997.

At that time Martin wrote a letter to the tribe about the lack of evidence connecting genetics and diabetes in the Pima Indians. He did mention that some genetic work related to schizophrenia had been conducted but stated that it stopped because tribal members disclosed that they were not interested in “additional behavioral medicine research” (Hart & Sobraske, 2003, p. 28). Seemingly, this was the last communication between ASU and Havasupai about the diabetes project and status of biological samples until 2003 when additional research was revealed.

In 2003, a member of the Havasupai Tribe and ASU student, Carla Tilousi,² stopped by Martin’s office. He invited her to a doctoral student’s dissertation defense (Hart & Sobraske, 2003). During the dissertation presentation, the Ph.D. candidate discussed his ability to discern variations in Havasupai DNA using new technology (Harmon, 2010). Tilousi realized this research was not related to diabetes and asked if he had permission to use the blood samples for his research; he did not. This event caused Tilousi and the Havasupai to begin questioning research related to Havasupai blood samples.

At this point a research misconduct investigation was launched. The resulting Hart Report revealed that blood samples had been shared with fifteen researchers from five institutions, in and outside of Arizona, and investigations resulted in two dozen published research articles (Hart & Sobraske, 2003). Subsequent investigative journalism reports conveyed research participants’ feelings of hurt, anger, and outrage about the case. For example, Bommersbach (2008) reported feelings of vulnerability, compliance, and assault

² In 2003 Tilousi was a Justice Studies undergraduate student at ASU when she uncovered the misuse of blood samples. She became the lead plaintiff in the Havasupai versus Arizona State University case. As of 2011 she was the third Havasupai tribal member to graduate from college and has been a member of the Havasupai Tribal Council for the last eight years (Guttman, 2011).

from a tribal member who gave blood and, as a Havasupai clinic employee, helped ASU researchers collect blood from tribal adults:

“I wanted to better the tribe,” he explains. “Then I found they were using our blood for all these different things. To me, personally, it was raping me of my blood. It was using my blood for their own goals. They’re taking a part of my soul away from me. I feel stabbed in the back because I took blood from my own people for them.” (p. 134)

The Medical Genetics Project at Havasupai is an example of research from which mistrust, feelings of victimization, and risk resulted. In her testimony to the Presidential Commission for the Study of Bioethical Issues (Guttman, 2011), Tilousi stated that because of sample misuse and research misconduct “[t]he people’s trust in the institution was shattered” (p. 10) and refers to herself as a “victim of scientific research” (p. 8). At the conclusion of the lawsuit, the ASU Board of Regents acknowledged a desire to “remedy the wrong that was done” by providing a monetary settlement to plaintiffs (Harmon, 2010). The Havasupai tribal government took it further and approved a Banishment Order, an order of protection, which forever barred ASU, its professors, and employees from the reservation (Bommersbach, 2008; Guttman, 2011). Although settled, this case remains within the collective memory of the Havasupai tribal members and continues to influence research in Indian Country and in general.

Although there are numerous examples of solid, mutually beneficial community-academic research partnerships, this case study exemplifies the potential risk and vulnerability associated with health intervention research. Vulnerability, or feelings of defenselessness and insecurity, arise from stress, causing contingent events, uncertainty, and difficulty coping (Chambers, 2006). The tribe sought research as a tool to reduce the diabetes

problem, and the research process rendered them vulnerable. The research opportunity came with a risk of being humiliated, or psychologically harmed.

Bioethics, as a health policy, was institutionalized nationally to reduce vulnerability and risk from the research process, but bioethical principles are only as good as the people conducting the research. Aristotle supported this notion; he claimed that virtues are acquired in much the same way skills are acquired: through practice and iteration (Beauchamp & Childress, 2001). In this case, bioethics broke down; informed consent should have lessened risk and vulnerability.

Informed consent is central to bioethics. According to Beauchamp and Childress (2001), the focus has shifted from the obligation of a researcher to disclose information, to the obligation of the researcher to ensure a participant's understanding and quality of consent. Quality of the consent form is a product of the researcher, whether they can fully explain or gauge participant understanding. In this case, participants were not fully informed about planned research and researchers did not ensure participants understood research plans or research findings. The lack of community participation and communication about plans and outcomes resulted in researcher failure to foresee the unintended consequences. In addition to the misuse of blood samples and subsequent lawsuit, other harmful outcomes included stigmatizing articles suggesting inbreeding and articles on migration patterns that contradict the values of tribal culture.

Finally, an underlying culprit in this case is the misalignment of values, including health and knowledge. Because the Havasupai were concerned with diabetes, they reached out to a trusted ASU researcher. The primary researcher invited two other investigators to participate—a genetic researcher and nutritionist—in order to meet the research needs of the

community. Although both invited researchers were unknown to the tribe, the anthropologist, by bringing them in, was “vouching” for them. Given the twenty-year history between the anthropologist and the tribe, there was no reason to assume the tribe would be hurt by this research relationship. The tribe believed the researchers were helping to find the solution to the high diabetes rates. In actuality combating diabetes was the priority for the tribe, and advancing scientific knowledge was the priority for researchers.

Markow took the role of sole proprietor in research and moved forward in the “traditional” research way by pursuing her interest in schizophrenia research. Her values and interests were seemingly what mattered. This is not to say that she was the only one at fault; fifteen other researchers capitalized on having access to the biological samples. Despite the outcome of the lawsuit, Markow maintained she conducted research in an ethical manner and was “doing good science” (Harmon, 2010). Further, Markow disclosed, “Knowledge is power, and the more one knows the better off one is from a research perspective” (Hart & Sobraske, 2003, p. 83). This suggests that Markow’s goal was to advance science (her ethical “good”), whereas the Havasupai’s ethical “good” was to reduce the burden of diabetes in their community. Regardless of the ethical perspective—Rights approach, Common Good approach, Virtue approach, or Justice approach—the community and academic sides did not agree on the “good.”

This case has reignited discourse on the topics of health/medical research ethics, research accountability, research integrity, and research oversight (Gahlinger, 2006; Lunshof & Chadwick, 2011; Mello & Wolf, 2010; Santos, 2008). Rhodes and Strain (2000) advocated that the public must be able to rely on and have confidence in the professional integrity of physicians and researchers. Yet because of historical experience and cultural reasons, many

do not feel that health care professionals can be relied on (this will be more fully explained later in this chapter). Instead more and more scholars and community members are calling for increased community research oversight arguing that community review boards are better positioned to respond effectively to community values about research and knowledge (Reardon & Tallbear, 2012). However, many communities have neither the resources nor the capacity to develop additional oversight. I propose that paying attention to the trust development process in health research will enhance partnerships by encouraging the development of common ethical values.

Ethics and Trust

Ethical principles designed to protect human subjects have been developed and published in documents such as the *Belmont Report*, *Nuremberg Code*, and *Guidelines for Conduct of Research Involving Human Subjects at the National Institutes of Health*. Special-interest groups, such as the Public Health Leadership Society and National Communication Association, have developed their own code of ethics as a way to protect and promote the good, moral, and right by ensuring competent action and trustworthy behavior (Chesebro, 1969). The basic ethical principles for health researchers are (a) respect for persons and autonomy, (b) beneficence or efforts to minimize risk and increase benefits and nonmaleficence or duty to do no harm, and (c) justice and reduced burden (Beauchamp & Childress, 2001). These principles do not constitute a general moral theory; instead, they provide a framework for identifying and reflecting on moral problems (Beauchamp & Childress, 2001). This framework of common morality resulted from a deductivist approach. Bioethics provides mid-level principles deduced from an amalgamation of diverse theories such as Utilitarianism, Deontology, and Rawl's Theory of Justice (Beauchamp & Childress,

2001; Fox & Swazey, 2008; Turner, 2001). The common moral approach assumes the existence of a stable, shared, and comprehensive moral order. The notion of common morality has developed many opponents.

Critics assert that common morality may be too far removed from actual situations that elicit moral choices and do not reflect diversity in moral reasoning (Makau & Arnett, 1997). After many editions and iterations, Beauchamp and Childress (2001) relented; they stated “the framework is sparse, because prima facie principles do not contain sufficient content to address the nuances of many moral circumstances” (p. 15). In other words, the principles of bioethics should not be implemented on face value; instead, their application requires constant reflection because moral choices are complicated by specific situations. The principles are vulnerable, too, and at the same time, require interpretation. Dworkin (2011) suggested that the domain of interpretation roughly corresponds to the realm of value. Therefore, how are respect, beneficence, nonmaleficence, and justice interpreted? How does this interpretation match with the interpretations and perceptions of research participants? The creation of medical ethics and its subsequent institutionalization has sidestepped these questions as well as removed the need for researchers to position themselves ethically. The addition of communication ethics to health research is one way to redress the vulnerability of interpretation, strengthen current ethical principles, and position researchers within an ethical tradition.

Communication ethics are essential to the dialogic process of trust building. Although different ethical perspectives exist, they all strive to uncover ethical goods through communication. Flores and Solomon (1998) projected trust as the “central concept of ethics” (p. 208) and communication ethics views communicative acts from the standpoint of ethics

and morality (Cheney, May, Munshi, & Ortiz, 2011). Through communication, the “good,” or what is valued, is negotiated (Arnett, Arneson, & Bell, 2006). The “good” can result as the impetus (deontology) or outcome (teleontology) of action; two distinct ethical positions. Deontology starts every action with values and intended “good,” whereas teleontology is mainly concerned that the outcome is “good” by whatever means necessary. In the Havasupai example, Markow embraced a teleontologic position; she was concerned with advancing scientific knowledge by any means necessary. The institutionalization of bioethics has created an ethical blanket where researchers’ ethical positionality resides. Communication ethics has the potential to return us to the need of determining our ethical stance.

Communication ethics advance basic ethical principles by dialogically engaging difference. Since self exists only in relation to others, then engaging difference and learning from those different from self is an attempt to learn more about self and be open to ethical choices that emerge from communication. Difference, then, is shorthand for acknowledging a pluralistic, multicultural world (Cheney, May, & Munshi, 2011). In community-academic partnerships, partners must cooperate to overcome conflict stemming from differences like power, culture, experience, and values and goals. Cooperation recognizes difference as strength; it is individualism organized into a united whole to achieve higher-level outcomes (Byers, 1985).

Communication ethics also recognizes moral choices are complicated by situation specifics, therefore communication ethics is concerned with the interplay between the researcher, participant, and unknown third parties or the community (Arnett, Bell, & Harden-Fritz, 2010). Anderson (1984) referred to this as the 300% formula of responsibility in communication—100% for the speaker, 100% for the receiver, and 100% for

nonparticipants. Thus, attention to the ethical environment in health intervention projects is important because “interventions that are sensitive to ethical concerns are more likely to gain the trust and respect of intended populations and collaborators” (Guttman, 2011, p. 633).

Trust development is a dialogic activity that occurs through iteration; when achieved it maximizes cooperation, minimizes fears of exploitation and feelings of vulnerability. However, dialogue is a tensional ethical practice that requires participants to negotiate attitudes and actions during communication (Stewart & Zediker, 2000). In the Havasupai case trust was broken, both trust in the researchers and trust of the research enterprise. This case minimized cooperation, increased feelings of vulnerability and exploitation. It was also a good example of why the researcher as sole proprietor model is a poor and antiquated model for encouraging dialogue. Participatory action research is an alternative approach to research that encourages open communication.

Trust as a Variable in CBPR Partnership Context and Process

CBPR falls under the action research tradition, and this approach strives to equitably engage community and academics to embark upon research that concerns the priority health issues of communities (Minkler & Wallerstein, 2008). Health priorities of a community and nationally designated health disparities tend to parallel each other. These health concerns are often linked to a social component that is a cause or a mediating or compounding factor. These social components are commonly known as social determinants of health and include poverty, discrimination, lack of economic opportunities, poorly built environment, and poor education systems. It is well accepted that communities with few economic and social resources bear the burden of poor health as evidenced by higher morbidity and mortality rates (Krieger, 2005; Marmot & Wilkinson, 2006). CBPR is a promising approach to engage

community participation in research to improve health and improve or reduce associated social determinants while contributing to social justice, inclusive of justice based on redistribution and recognition of the distinctive perspectives of racial, ethnic, and sexual minorities, as well as of gender difference (Fraser, 1996). Furthermore, partnership development does not occur as an isolated event, rather it is an event that occurs within a system (Trickett et al., 2011) that is responsive to the historical as well as the current situation.

Context: Historical situation. Granovetter (1985) stated that trust exists in context and is shaped by the dynamics of social settings. Historical mistrust is an influential contextual construct in the CBPR partnership development process. Disadvantaged communities have had adverse experiences with researchers and government resulting in mistrust and suspicion of research and researchers as a consequence. Therefore, we must understand that researchers and policies of today will create the legacy for tomorrow.

The Havasupai experience is one among many examples of questionable ethical research in the United States. Other examples of research that contribute to mistrust range from attempts of genocide, forced sterilization, samples used for unauthorized investigations, artificial inoculation, sterilization and serology testing, medical procedures conducted on non-sedated persons to less severe, often inadvertent, but still harmful discriminatory treatment that contributes to poor educational or health outcomes (Bommersbach, 2008; Burhansstipanov, Bemi, & Petereit, 2008; Christopher, 2005; Cook & Jackson, 2012; Jones, 2001; Krieger, 2005; Marmot & Wilkinson, 2006; Thomas & Quinn, 2000; Walters, Beltran, Huh, & Evans-Campbell, 2011). There is no shortage of unethical research examples. Research practices that contribute to unethical research are not as commonly discussed.

Research practices that contribute to mistrust include outside researchers gaining access to communities, collecting data, and leaving without providing direct benefit to communities. Community-engaged researchers refer to this as “helicopter” or “drive-by” research (Greene-Moton, Palermo, Flicker & Travers, 2006). It has also been the case where data has been returned to the community without explanation of findings or how to use the information. In other cases, research data have been interpreted and reported in a way that resulted in community stigma and opposed cultural understanding. Historical mistrust is a challenge to partnerships that concentrate efforts on reducing health inequities.

As previously mentioned, today’s researchers are heirs of mistrust (Rhodes & Strain, 2000). I would be remiss to assign the creation of mistrust only to researchers. Government and institutional policymakers significantly engage in actions that continue to reinforce mistrust. I will demonstrate this assertion by using two examples from the Havasupai case. First, ASU Internal Review Board policy processes were not followed. Concern of research misconduct was relayed to the university government, who did not investigate the matter, and instead claimed issues of research misconduct were “matters to be dealt with by the individuals involved and/or at the department level” (Hart & Sobraske, 2003, p. 29). Second, after the ruling of the civil law case, the National Institutes of Health (NIH) rescinded Markow’s research funding. It is unclear if additional provisions were put in place such as required forfeiture of federal funding for a given time period. Markow took a faculty position at a different academic institution almost immediately after leaving ASU. Havasupai and other communities of color will continue to mistrust ASU, the other institution that houses Markow, and NIH for not issuing stronger punishment.

To further make my point, policymakers, as part of the social setting, can perpetuate the mistrust. For example the National Institutes of Health and the Alcohol, Drug and Mental Health Administration require grant applicants and cooperative agreement participants to include minorities in human subject research to assure that medical research outcomes are applicable to all members of society (National Institutes of Health, 1993). This mandate assumes that investigators take time to acquire an understanding and respect for the fears, barriers, impediments, cultural traditions, and beliefs that affect underrepresented communities. This understanding does not occur often. Funder time frames often do not allow for this process to take place. Poppo, Zhou, and Ryu (2008) argued that the past and the future are actually interdependent; the past only influences perceptions of trust indirectly through the shadow of the future. Partnership development and evaluation of the process could potentially reduce historical mistrust

Process: Importance of trust in partnership development. Trust is a socially embedded, dynamic and continuous construct. For these reasons, it is conceptually important to understand trust at different phases of partnership development. The extant CBPR literature has not paid much attention to the process of trust development, rather trust is conceptualized as a dichotomous outcome, leaving trust development under theorized. Literature from organizational research is useful in theorizing the components involved in trust development because community-academic partnerships and interorganizational partnerships have many characteristics in common (see description of community-academic partnerships in key terms). Organizational scholars have attempted to understand trust development.

Trust has been largely explored as a predictor and/or feature of partnerships (Cote & Latham, 2006; Doney, Cannon, & Mullen, 1998; Poppo, Zhou, & Ryu 2008; Zaheer, McEvily, & Perrone, 1998) as well as a partnership outcome (Bruneel, Spithoven, & Maesen 2007; Christopher, Watts, McCormick, & Young, 2008; Jones, Gray, Paleo, Branden & Lesser, 2008). As a predictor, trust is positioned as an independent variable to predict other outcomes such as job performance or commitment. As an outcome, trust is often measured as an interpersonal construct. For example respondents are asked if the person being trusted has trustworthy characteristics such as reliability, credibility, benevolence, honesty, integrity, dependability, likability, etc. However, this is only one way of conceptualizing trust.

The relationship parameters are rarely characterized in trust research, yet situations contain context-specific conditions that can foster collaboration and provide the opportunity to trust. Hardin (1993) exemplified the necessity of accounting for the situation when he stated, “[o]nly a small child, a lover, Abraham speaking to God, or a rabid follower of a charismatic leader might be able to say ‘I trust you’ without implicit modifier” (pp. 506-507). In community-academic research partnerships, context-specific variables include the severity or stigmatizing nature of the health issue, history and relationship parameters. Relationship parameters refer to how conflict is framed using three dimensions: competition-cooperation, affiliation-control, and trust-distrust (Oetzel, 2009). When framing emphasizes cooperation, affiliation and trust, relationships depend on conflict to advance and grow their partnership. Trust is often viewed as the single most important element of relationships, and communication fosters trust by assisting in resolving disputes and aligning perceptions and expectations (Etgar, 1979). Communication itself is not linear; instead, it is an ongoing

process of social interactions that converges on shared meaning. Thus trust is also a socially constructed process.

Although several models of trust development have been conceptualized (Boon & Holmes, 1991; Lewicki & Bunker, 1995; McAllister, 1995; Shapiro, Sheppard, & Cheraskin, 1992), there is a lack of extensive empirical testing. Research explicating this process stems from two fundamental interconnected problems: (a) lack of a shared definition of trust, and (b) lack of measurements. Some researchers argue that there must be a match between the conceptualization of trust and the measures used to collect data (Janowicz & Noorderhaven, 2006). The academic community involved with CBPR has not yet determined their definition of trust or ways to measure it, and this is a major gap both in CBPR and trust literature.

Rationale for Study

I began working on a research project “Research for Improved Health” in 2009. This project is a community-academic partnership among the National Congress of American Indians Policy Research Center (NCAI-PRC), the University of New Mexico Center for Participatory Research (UNM-CPR), and the University of Washington Indigenous Wellness Research Institute (UNM-IWRI). The purpose of the project was to determine the facilitators and barriers to successful CBPR partnerships and projects. In previous work the UNM-UW team determined that historical events that reside in collective memory resulted in historic mistrust; these events were identified as a major construct within the context of CBPR. Historical mistrust complicates partnership development and is a factor in how partnerships develop or determines if it continues to develop. In fact, the CBPR approach is thought to reduce historic mistrust, meaning that CBPR researchers acknowledge historic mistrust as an obstacle. In addition to reducing historic mistrust, CBPR is also touted as a trust-building

approach, even though it is an untested assertion. Trust in CBPR is undertheorized despite the fact proponents believe the approach fosters trust. Trust is assumed to be present or absent rather than directly examined; instead it is currently reported as an ad hoc perception of the researcher. Further, partnership development is a communication process, yet communication concepts are seemingly absent from CBPR investigations. Communication ethics provides a new analytic lens to understand trust development within CBPR relationships. As it stands the assumption in the CBPR literature is that CBPR builds trust has four limitations:

1. Trust related to CBPR research partnerships is not defined in the literature. This is a limitation because a definition identifies and informs the measures of what specifically is being studied. CBPR researchers and engaged community should agree on the meaning or meanings of trust because a common definition would enable researchers to sort out findings across studies. A common definition would also identify communication concepts necessary for trust development.
2. Trust is a more than an outcome; it is an outcome of a socially constructed process. CBPR researchers report trust as a binary outcome. However, trust is complex and dynamic. The complexity of trust is not considered in CBPR literature; instead, trust development is treated as a present or absent occurrence, therefore the process of trust development remains understudied.
3. Community voices are not represented in literature. Trust is a reciprocal dialogic phenomenon. Limiting the perspective to the academic partners privileges their worldview. This omission is contradictory to CBPR principles and communication ethics.

4. Many scholars agree that trust development is influenced by contextual and/or situational factors. This aspect of trust is also understudied. A major focus of trust investigation, to this point, is the influence of characteristics related to the trustee and the person trusting.

This dissertation project addressed these four gaps and strived to advance the study of trust in CBPR. In an attempt to address these limitations, this dissertation proposed to investigate trust in CBPR by exploring the relationship between communication ethics and trust. Specifically, I proposed to answer the general question: Does communication ethics contribute to trust development in CBPR projects? The following are specific research questions:

RQ1: How do members of community-academic partnerships define trust?

RQ2: Which types of trust exist in community-academic partnerships?

RQ3: Which communication ethics are related to trust development?

RQ4: What are other communication characteristics associated with trust development and change?

This project intends to contribute to the fields of Communication and CBPR by characterizing trust development based on communicative concepts such as learning, listening, attentiveness, and negotiation.

Definitions of Key Terms

Community-Based Participatory Research (CBPR). For this dissertation project I use the W. K. Kellogg Foundation's Community Health Scholars Program definition of CBPR: a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a

research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities (Minkler & Wallerstein, 2008 p. 6).

Community-academic partnerships. Community-academic partnerships are a type of community engagement relationship that forms to resolve issues requiring academic, technical, and theoretical knowledge as well as community indigenous and experiential knowledge. MacQueen and colleagues (2001) identified community as “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings” (p. 1936). For decades academics have partnered with communities to conduct health research relying on cooperation, iterative interaction, and equality for success (World Health Organization, 1997). Academics are “individuals who are generally located in academic, health, or related institutions and whose job descriptions usually include conducting research” (Mercer et al., 2008, p. 410). A wide range of community engagement models exist.

Community engagement spans a spectrum. At one end of the spectrum resides the model of sharing information with community, consultation is in the middle, and at the other end is active participation and community-driven research (Arnstein, 1969; Clinical Translational Science Center 2011; Queensland Government, 2005). Information sharing is a one-way relationship devoid of public participation. Shared information is determined by academics or government and then disseminated to community members through a range of media such as publications and websites, as well as education and awareness activities. Consultation is a relationship in which community views on programs or services are actively sought out. Effective consultation occurs when community members understand

how their input will be used and feedback is provided to participants about the final outcome. In a model of active participation, community members are sought out as collaborators, recognizing the role community has in shaping programs and services. Active participation enables communities to raise their own issues and contribute to solutions. This project concentrated on community-driven partnerships; although diverse, these partnerships share features with small groups and interorganizational collaborations.

From a birds-eye view, community-academic partnerships resemble small groups in four ways: (a) three or more people are small enough so that each member can be easily identified as being present or absent from meetings; (b) regular and ongoing interaction takes place in meetings and/or electronic correspondence; (c) a shared purpose occurs in intervention-oriented community-academic partnerships, which is research with project goals such as policy and/or behavior change; and (d) some form of interdependence exists (Gastil & Sprain, 2011). Interdependence refers to the extent to which one member's interactional outcomes influence and are influenced by other members' actions.

In addition to resembling small groups, these partnerships are interorganizational, meaning that representatives from two or more organizations/agencies work collaboratively to achieve a common goal. The benefit of establishing interorganizational partnerships is to incorporate different perspectives of an issue while exploring solutions, especially where innovation is needed (Newell & Swan, 2000). Innovation is necessary in community-academic collaborations to advance and disseminate knowledge while working with communities to reduce health inequities and achieve social justice.

Trust. Cummings and Bromiley (1996) reported that trust is derived from the German word *trost*, which means comfort. Although trust is used in day-to-day life, it has

been difficult for academics to develop a shared understanding of what trust is. This is due, in part, to varying disciplinary perspectives and contexts. Hosmer (1995) identified different definitions of trust in different contexts. In Psychology trust is studied as part of interpersonal relationships and is understood as the willingness of one person to increase their vulnerability based on optimistic expectations of another's promise, verbal or written statement, and actions (Barber, 1983; Rotter, 1967; Michalos, 1990; Gambetta, 1988). In interpersonal relationships, trust is often defined in terms of moral values, particularly benevolence, or duty to care for others, and goodwill, or intent to look after others' interests (Hosmer, 1995).

In Economics, definitions of trust focus on distrust and opportunism or "self-interest seeking with guile" (Williamson, quoted in Hosmer, 1995, p. 385). Opportunistic behavior was quickly regarded as the principal risk of interactions. Gambetta (1988) stated that trust was the "probability that one economic actor will make decisions and take actions that will be beneficial or at least not detrimental to another" (p. 217). This definition does not deviate much from interpersonal definitions though it presumes less control from the trusting party. In interpersonal relationships, both parties have direct oversight of the relationship; in economic transactions, one party has more oversight. For example, in a business relationship, my business partner takes my information like quantity of product and how much I want to pay. The purchase is at their discretion. Do they buy the cheapest product to maximize their profit knowing that the product will likely break sooner than a more expensive product? In later work, the notion of reputation was recognized as a risk to business. A poor reputation meant less people willing to conduct business with you and therefore less profit.

Sociology defined trust in terms of fiduciary obligation and responsibility of society. Barber (1983) conceptualized trust as fiduciary obligation "beyond technical competent

performance to the moral dimension of interaction.” In other words, trust was the choice and responsibility of interacting morally. He asserted that this type of trust is a social mechanism that controls power and is essential for relative order in society. In this proposal the term “truster” refers to the trusting person and “trustee” as the beneficiary of the truster.

Communication ethics. This project refers to communication ethics as “negotiating communicative goods” through communicative action (Arnett, Arneson, & Bell, 2006, p. 63). Negotiation is necessary to identify goods and requires reflection, care, choice, and deliberation about how to respond because choices have implications for human lives (Arnett, Harden-Fritz, & Bell, 2009). This field of study posits that human beings live within an ongoing conversation that is never concluded; yet communication ethics invite, as well as prescribe, creativity to emerge between those with difference. In the work of Levinas (1996), engaging the Other opposes the same and is a way to respect difference. Therefore, ethical communication is fundamental to responsibility, critical thinking, decision making, and development of relationships within and across contexts, processes, and outcomes (Cheney, May, & Munshi, 2011). Moreover, ethical communication enhances human worth and dignity by increasing respect for self and others. In this sense communication ethics encourages interaction with the Other to learn, grow and create shared meaning.

Bioethics. Bioethics began as an academic theory of ethics known as “Principlism” and has evolved into a field of study referring to the ethical implications of biological and medical procedures (Beauchamp & Childress, 2001). Emergence of the word “bioethics” has been credited to Von Rensselaer Potter, who in 1970 used it to designate a new discipline that integrated knowledge of biology and human values to “help mankind toward a rational but cautious participation of biological and cultural evolution” (Reich, 1993, p. S6(2)).

Subsequently Andre Hellegers, a Dutch physician, used the term “bioethics” to mean the ethics of medicine and the biological sciences (Reich, 1993). This latter application is how bioethics is used today.

A single accepted history regarding the start of bioethics as a practice does not exist although its origin has been credited to the United States (Gracia, 2001). The widely accepted catalyst for the emergence of bioethics are uncovered hidden abuses in medical research, demand for patients’ rights, emerging technologies such as life-saving machinery and prescription drugs, and evolving organization and institutionalization of health care that occurred between 1950 and 1980 (Bayer & Fairchild, 2004; Bodenheimer & Grumbach, 2005; Fox & Swayze, 2008).

In the United States, bioethics was an intellectual pursuit that demanded social justice for all, and it was integrally connected to the Civil Rights Movement (Fox & Swazey, 2008). Until the mid 1990s, bioethics focused primarily on the individual, but interest in population health caused ethicists to rethink bioethics (Bayer & Fairchild, 2004). The principles of bioethics were not as clear-cut when applied to communities and populations. As a result, the Public Health Leadership Society built on the principles of bioethics and developed its own principles of the ethical practice that emphasized community voice, research to uncover the fundamental causes of disease, respect for people, values and beliefs, empowerment, “seek the information needed” for effective policy and programs, “provide communities with the information that is needed for decisions ... and should obtain the community’s consent,” do no harm, and invite collaboration (Public Health Leadership Society, 2002, p. 4). In essence public health ethical principles are not only centered on the individual but take into account the community and cultural considerations as well. Further they recognize that discourse is

necessary in order to understand potential harms, therefore communication is the bedrock of these principles.

At the point when bioethics was taken outside the patient-provider relationship, overt criticism of Principlism began. While approaches based on principles have clear appeal, criticisms arose when it was assumed that not all people have a common set of principles. Notions taken as universal “right” by one person under the influence of, for example, conscience, intuition, and/or religious beliefs may not be shared by all in society, let alone between cultures.

Purpose and Overview of Study

The purpose of this study was to advance the understanding of trust in CBPR partnerships by exploring the relationship between trust and communication ethics. This project contributed three innovations to trust research: (a) Consulting with academics and community members to determine what trust means to them, (b) Producing a trust typology model for trust measurement, and (c) Determining the relationship between trust and communication ethics. Using a mixed-methods approach, the study uncovered: (a) perceptions of trust by community members and academics; (b) understanding of the relationship between trust and communication ethics; and (c) understanding of the communication characteristics in trust development and change.

In the following chapter, a review of the literature addresses: (a) trust in interpersonal and interorganizational settings, (b) CBPR as context, and (c) communication ethics as a fundamental base to trust development. Figure 1 provides a visual depiction of this study. Identifying the meaning and components of trust development will assist partners engaging in CBPR to create shared meaning and understanding in order to produce action for reducing

health inequities. This first chapter provided an introduction with a case study, an overview of communication ethics, and the current understanding and limitations of trust in CBPR, including my rationale and study focus, followed by key terms.

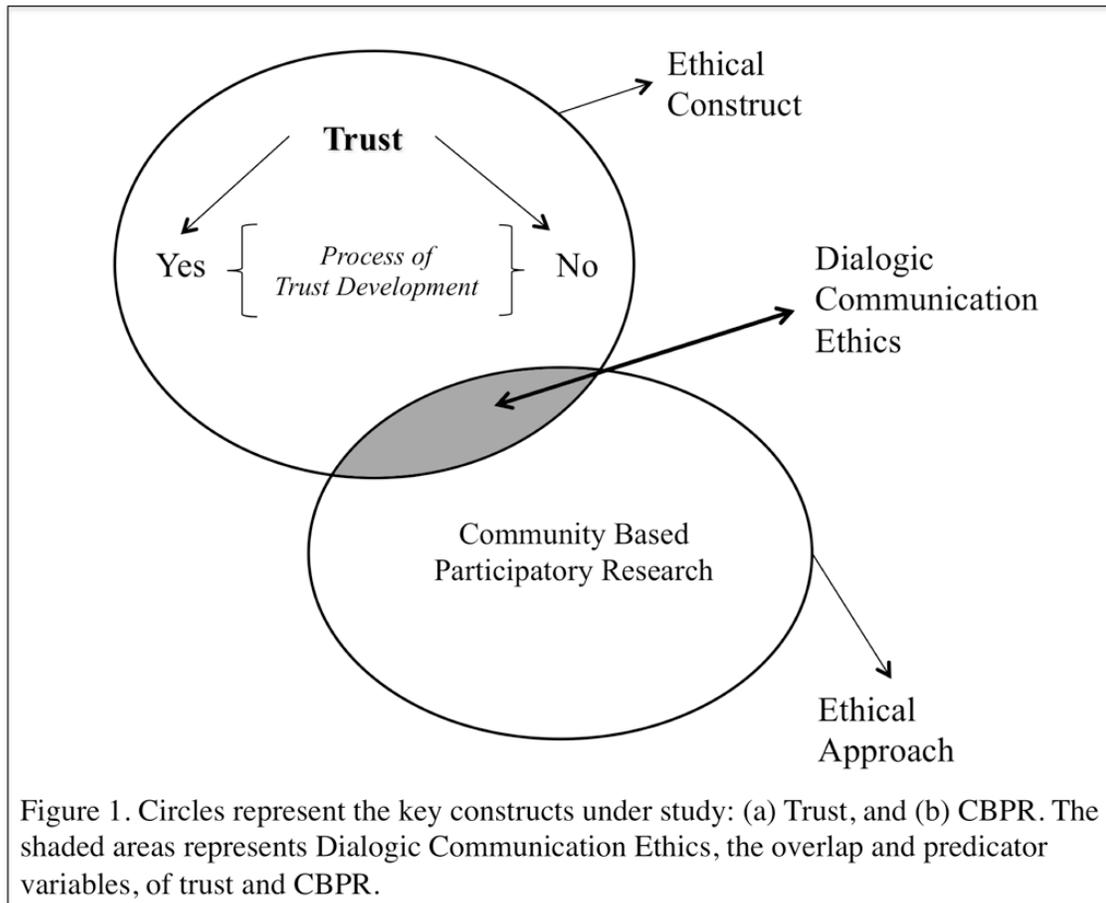


Figure 1. Visual Representation of Study Overview

Chapter 2: Literature Review

Trust is a necessary element for all human relationships as demonstrated by fifty years of research in Social Science disciplines. As a result we know that trust influences cooperation and conflict reduction and is a mediator for commitment and good feeling in the work place (Anderson & Narus, 1990; Deutsch, 1958). Despite the wealth of research two major gaps persist, trust scholars have not yet achieved (a) shared meaning(s) about trust, and (b) an understanding of how trust develops. This is a particularly difficult task given that trust is context-specific (Connell & Mannion, 2006). These gaps are not mutually exclusive; rather, there must be a match between the meaning(s) of trust and how it is measured (Janowicz & Noorderhaven, 2006). Developing a shared meaning and measure of trust allows scholars to investigate trust in different contexts in order to understand the fundamental basis of trust development.

Positioning trust as an ethical concept provides matching measures. Interestingly only a few scholars have explicitly situated trust as an ethical concept (Baier, 1986; Flores & Solomon, 1998; Hosmer, 1995). Baier (1986) suggested the need to distinguish different forms of trust, and to look for some morally relevant features they may possess. Thus this project investigated whether community and academic partners conceptualize trust in terms of ethical behavior within different trust types as well as attempted to measure trust as an outcome of ethical communication. This chapter reviews three distinct bodies of literature that inform the project's research underpinnings: Trust, CBPR and Communication Ethics.

This review of literature will (a) demonstrate the need for a shared definition or conceptualization and therefore identify trust as an ethical concept that is dependent on relationship parameters; (b) describe CBPR as a legitimate context for investigating trust as

an ethical concept; and (c) describe communication ethics to explain trust in the CBPR context. In this chapter, I discuss the theories and concepts that contribute to the construction of the current study concerning the role communication ethics play in the trust development process within the context of CBPR partnerships.

Trust

Trust is an important feature of relationships that has been a centerpiece of organizational research. In interorganizational relationships, researchers have identified trust as critical to organizational citizenship, defined as the voluntary behaviors that promote teamwork and are not part of the formal reward system (McAllister, 1995; Podsakoff, MacKenzie, Paine, & Bachrach, 2000), problem solving (Zand, 1972), and cooperation (Anderson & Narus, 1990; Gambetta, 2000). Rotter (1967) stated, “One of the most salient factors in the effectiveness of our present complex social organization is the willingness of one or more individuals in a social unit to trust others. The efficiency, adjustment, and even survival of any social group depends on the presence or absence of such trust” (p. 651). Trust is a key element in social organizations and to advance the study of trust, scholars must agree on a way to consistently describe it in order to compare across different contexts. The next three sections describe (a) features of trust including definitions and shared elements, (b) models of trust development, and (c) a new trust typology model.

Trust Features

Several definitions of trust exist in the literature resulting in a “confusing potpourri of definitions applied to a host of units and levels of analysis” (Bluhm, 1987, p. 334). To adduce support, Castaldo, Premazzi, and Zerbini (2010) found 96 ninety-six definitions of trust over a fifty-year period using quantitative content analysis of publications focusing on exchange

relationships. Having so many definitions makes it difficult to compare results across projects. The next section presents recent organizational studies that demonstrate this conceptual potpourri.

First, Thomas, Zolin, and Hartman (2009) set out to better understand the impact of trust and communication on employee involvement in organizational goals. The project setting was a multinational corporation in the oil field service industry. Using the International Communication Association (ICA) survey tool, data about communication and trust was collected from 218 employees holding various positions within the organization. Trust was not defined in this study and was measured by responses to statements such as “you trust your supervisor/co-worker/top management.” Agreement with statements was based on a 4-point Likert scale. In this study the definition and therefore interpretation of the measure statements were left up to the participant. Nonetheless, the final structural equation model showed that quality of information, defined as perceptions of shared information being accurate, timely, and useful, from top management led to trust of top management. Trust in top management resulted in organizational openness leading to increased employee ratings of their own level of involvement in the organization’s goals. This study demonstrated the interconnectedness of trust and communication. It also showed that trust is complex and, in this context, trust development appears to be dependent on the communication behaviors of top management.

Second, Zeffane, Tipu, and Rayan (2011) investigated the relationship and interplay among trust, commitment, and communication. The setting for this study was a medium-size food-processing organization in New South Wales, Australia. Survey data was collected from 244 employees at various levels of authority including staff, supervisors, and managers.

These authors adopted Rotter's (1967) definition of trust as an expectancy held by an individual or group that the word, promise, verbal or written statement of another individual or group can be relied upon. Consistent with their chosen definition, trust was measured by a six-item composite scale assessing overall beliefs in people's good intentions as well as the degree of faith/trust in promises made by various employee positions (i.e. co-workers, supervisors, managers). Correlation analysis found a strong, positive relationship between trust and communication. The relationship between trust and commitment was weaker as was the relationship between communication and commitment. The authors surmised that trust and commitment are developed and maintained through effective communication. These authors also suggested that mistrust develops when communication channels begin to disappear.

Third, Farndale, Van Ruiten, Kelliher, and Hope-Hailey (2011) set out to understand the relationships between employee voice, organizational commitment, employee-manager relationship, and trust in senior management. Data were collected from 2,291 employees from eight organizations undergoing significant change. The eight organizations were members of Change Management Consortium, a collaboration of practitioners and academics in the United Kingdom. Trust in senior management was measured using four items derived from Cook and Wall (1980). The four-item scale asked about employees' perceptions of senior management's sincerity, equity, and integrity. Farndale and colleagues (2011) do not define trust for their study. However the four-item interpersonal trust at work scale developed by Cook and Wall (1980) is based on two definitions of trust: "(i) faith in the trustworthy intentions of others, and (ii) confidence in the ability of others, yielding ascriptions of capability and reliability" (p. 40). Using multiple regression analysis the authors discovered

employee voice and organizational commitment were mediated by trust in senior leadership. Being able to voice opinions and offer suggestions assures employees that their views are considered and appreciated, in turn creating quality employee-manager relationships and more trust in senior management.

Fourth, Chory and Hubbell (2008) examined the relationships between employee perceptions of organizational justice, managerial trust, antisocial behavior of organizational employees, and communication. In this study of 144 adults from various organizations, trust was defined as “allowing oneself to become vulnerable to another, to risk harm from another person, due to the belief that the other will not act in a destructive manner” an adaptation of Rousseau, Sitkin, Burt, and Camerer’s definition (1998). To measure trust four components of the Managerial Trustworthy Behaviors scale developed by Whitener, Brodt, Korsgaard, and Werner (1998) were used. Managerial trust was measured by perceptions of managers’ behavioral consistency, behavioral integrity, quality of information, and demonstrated concern. Participants responded to the measure with a seven-point Likert scale indicating how they felt about their manager after their most recent performance evaluation. The results of this study showed that trust in management was protective against antisocial organizational behavior and communication. Managerial trust was most protective against hostility. Therefore the more trust management gains the less likely they will have to deal with antisocial behaviors like hostility, interpersonal aggressiveness, obstructionism, and deception.

Results from these four research investigations can be summarized as trust in management results from quality of information, open communication, and encouragement of employee voice; and in turn, trust promotes feelings of organizational openness,

organizational commitment, and reduced antisocial behaviors. These four studies clearly demonstrate the importance of trust, but is this summary accurate given that all four studies had different ways of measuring trust and three used different trust definitions? My answer is no, based on the research this summary is flawed. It is unclear if the research results would have changed if all four studies had used the same measure and definition. Herein lies the problem with current trust research; intuitively we know trust is important but trust scholars are unable to compare results across studies or contexts. These four studies presented three definitions of trust and many others exist.

Trust definitions. Other common definitions include trust as intuitive confidence, a sense of comfort, and expectations that moral social order will persist (Barber, 1983); calculated decisions to cooperate (Gambetta, 1988); and a set of expectations resulting in reliable interpersonal (Rotter, 1980), collaborative (Mayer, Davis, & Schoorman, 1995; Zucker, 1986), and professional (Johns, 1996; Mechanic & Schlesinger, 1996) performance with the best interest of the other in mind. Wicks, Berman, and Jones (1999) viewed trust as “affect-based belief in moral character” (p. 100), while Boon and Holmes (1991) claim trust is “a state involving confidence with respect to oneself in situations entailing risk” (p. 194), and Rotter (1967) stated that trust is “an expectancy held by an individual or group that the word, promise, verbal or written statement of another individual or group can be relied upon” (p. 651). Even though trust research is rich with definitions that make it difficult to compare across studies and contexts, commonalities do exist.

A common thread among these definitions focuses on expectations of the truster or who is expected to be trusting. Since humans have different expectations depending on situations, the challenge of developing one shared definition is understandable. Barber (1983)

defines expectation as “the meanings actors attribute to themselves and others as they make choices about which actions and reactions are rationally effective and emotionally and morally appropriate” (p. 9). In other words, expectations are an individual’s choice of action and reaction based on what “ought” or what is morally obligated to be done. Morality is “the effort to guide one’s conduct by reason, while giving equal weight to the interests of each individual who will be affected by one’s conduct” (Rachels, 1986, p. 11). This description connects Hosmer’s (1995) suggestion of an underlying assumption of moral duty with a strong ethical component owed by the trustee to the truster. Thus, expectations, and therefore trust, are products of the relationship parameters or the varieties of elements that contribute to the situation.

Contributing trust elements. Relationship parameters are, then, the interplay between the expectations of the person doing the trusting, his/her disposition or propensity to trust, the characteristics of the individual being trusted, and the risk/vulnerability associated with engaging in interaction and the various combinations of elements. As trust is a dynamic construct, it changes as a result of relationship parameters. Barber (1983) posited that trust is not generalizable; it is subject to the situational context. The next section presents three core elements that contribute to the situational context: trust disposition, characteristics of the trustee, and risk.

Trust disposition. Based on psychology research, the starting point for any relationship is determined by dispositional trust, a key characteristic of the truster, or who is trusting. Dispositional trust is based on early trust-related experiences and eventually becomes a relatively stable personality characteristic (Hardin, 1996; Rotter, 1971, 1980). Hardin stated, “[e]xperience molds the psychology of trust” (p. 27). Therefore positive

experience allows for a more optimistic view, whereas negative experience causes a more pessimistic view of interactants.

Attachment theory describes dispositional trust as the importance of emotional bonds between infant and primary caregiver (Bowlby, 1988). The strength of emotional bonds builds a foundation that individuals rely on, generalize, and apply to new relationships throughout life (Rotter, 1971). According to Armsden and Greenberg (1987), communication, trust, and alienation are three constructs affected by the strength of emotional bonds. The ability to openly communicate, trust others in relationships, and alienate are directly related to bond strength. In other words the stronger emotional bonds, the easier is it to trust others and build relationships. The implication is that individuals with a larger disposition toward trusting others will demonstrate greater levels of trust in the trustee upon initial contact. Though relatively stable because they reflect a lifetime of dealing with people, dispositions to trust and distrust are not entirely static (Mayer, Davis, & Schoorman, 1995). This element of trust is often excluded from trust investigations. For example, the Centers for Disease Control and Prevention (CDC) Prevention Research Centers (PRC) developed the *Partnership Trust Tool*. Development of this tool started with a literature review to understand common attributes and behaviors of trust associated with partnership development and maintenance. The authors of the trust tool purposively excluded literature on dispositional trust even though the focus was an interpersonal relationships (CDC PRC, n.d.). Therefore, one element of the situation was removed and only part of the trust situation was studied.

Trustee characteristics. Overwhelmingly research attention has been given to the characteristics of the trustee. McKnight and Chervany (2006) discuss these characteristics as

trust referents and found benevolence, integrity, competence, and predictability to be most referenced. In addition to benevolence, Larzelere and Huston (1980) found reliability, consistency and dependability to be among referents. Similarly, Butler and Cantrell (1984) focused on integrity, competence, consistency (included reliability, predictability), loyalty (included benevolence), and openness. Benevolence refers to how genuinely interested a person is in a truster's welfare, how willing to protect and support others, and how much motivated to seek maximum *joint* gain rather than acting opportunistically (Butler & Cantrell, 1984; Larzelere & Huston, 1980). Integrity is making good-faith agreements, telling the truth, and fulfilling promises (Mayer, Davis, & Schoorman, 1995). Competence is having the ability, power, or technical knowledge to do what one needs done (Butler & Cantrell, 1984; McKnight & Chervany, 2006). Predictability refers to trustee's actions (good or bad) that are consistent enough to be forecasted in a given situation (McKnight & Chervany, 2006). Reliability is the ability to perform and maintain meanings in routine circumstances (CDC PRC, n.d.; Larzeleve & Houston, 1980). Consistency is repeatedly witnessing performance and good judgment over time, and dependability is the demonstration of reliability to others because of moral traits such as honesty (Butler & Cantrell, 1984; CDC PRC, n.d.; Larzeleve & Huston, 1980). As a corollary, these characteristics are also traits used to determine ethical agents. Thomassen (1992) wrote ethics "also involves agents and their attitudes, such as honesty, truthfulness, compassion, courage, love, gratitude, integrity, and trust" (p. 4). Several research projects investigate the influence of perceived characteristics on trust development; for example, Jones and George (1998) viewed trust as an interaction among values, attitudes, and emotions or moods.

Risk. Participation in any relationship comes with risk, the fear of opportunistic action by potential partners (Ring & Van de Ven, 1994). Scholars have asserted that trust levels at the beginning of a relationship influence later stages in collaborative relationships (Vlaar, Van den Bosch, & Volberda, 2007). Similarly Boon and Holmes (1991) argued that relationship history is fundamental to behavioral expectations of the other party. Recall, from Chapter 1, that historical mistrust developed due to a history of research misconduct and fear a recurrence of events. Be that as it may, trust development is a mechanism to reduce risk. Das and Teng (1998) posited that trust leads to risk taking and if expectations are met, risk taking almost always reinforces trust. In essence, trust and risk are reciprocal concepts.

In community-academic partnership, risk can manifest on several levels. Ross et al. (2010) developed a risk taxonomy specific to community-engaged research. Risks specific to process, outcome, organization, individuals, and individuals as member of a group, and community are discussed. Individual risks are listed as the physical and psychosocial risks associated with being a research subject. As a member of a group, individuals risk threats to their reputation, moral agency, and autonomy. These risks apply to both community and academic partners. When a community member vouches for an outsider, she/he puts their reputation at risk. If the outsider does not perform as expected, the community member who brought in the outsider is held accountable. Similarly, academic partners face risks when initiating a research partnership. As an example, autonomy of the academic partner is at risk when “timely” approval is not received for project dissemination such as journal manuscripts or presentations (Minkler, 2004). Risks to community include risks to group structure and function, sociopolitical authority, disruption to reputation, and accountability to the community at large (Ross et al., 2010). For example, partnership development and research

processes must account for and be respectful of community processes like community research approvals (e.g. tribal research review boards), as well as internal grant approvals. In terms of group structure and function, if a community process dictates that administration must approve a grant application one month prior to submission, then this time frame must be respected. Delay in completing a process can create tension for both the community and academic partners.

The interplay exists between trust disposition, characteristics, and risk frame relationship parameters, as stated above. Investigating trust as an outcome of all potential interaction characteristics is overwhelming and impossible. For the sake of advancing trust research, trust should be examined using situational elements instead of as individual trust elements. Lewicki, Tomlinson, and Gillespie (2006) provided support for examining trust as situational by arguing that trust in one situation does not transfer to another situation. Therefore trust as an outcome, given the situation, is a new way to investigate the development of trust. The next section reviews models of trust development in interpersonal and organizational scholarship. These models theorize about trust development relative to trust disposition, trustee characteristics, and risk.

Models of Trust Development

In order to resolve organizational problems successfully, people need to collaborate and cooperate; both of which require trust (Webb, 1996). The decision to trust is a process, a product of time and iteration, rather than a spontaneous choice and when health, a valued good, is concerned, the process of trust development is extremely important. Trust scholars have not devoted enough attention to understanding the process of trust development. There are three theoretical trust development models most salient in the literature: trust

development in romantic relationships, trust development in interpersonal business relationships, and the three-stage trust development model for organizations. Although these models are theoretical, empirical evidence of their practical use is lacking. This section discusses the models and their similarities.

Boon and Holmes (1991) identified three phases of trust in romantic relationships: romantic love stage, evaluation stage, and accommodation stage. They described the romantic stage as early in the relationship and characterized by emotion that idealizes the flood of positive feeling for another person. As interdependence grows, the evaluative stage begins and “true colors” begin to emerge. When less charming behaviors are evaluated, the risk of the relationship dissolving increases because of interdependence. The next stage, accommodation, creates a “need for further compromise and adjustment” (p. 203). This stage identifies a necessity to actively “fit” into a partner’s needs and preferences. This model uniquely offers an evaluative component of trust development that occurs after each stage to determine whether the relationship should proceed. Evaluation assesses the risk, level of interdependence, and “fit.” Romantic relationships are similar to organizational or group relationship in that they require repeated interactions to determine partner “fit,” and value of advancing the relationship.

To understand development and functioning among interpersonal business relationships, McAllister (1995) proposed two types of trust: competency-based trust (cognitive) and emotional-based (affective) trust. Although cognitive trust and affective trust are distinct types, McAllister posits that affective trust can be an advancement of cognitive trust. In other words, competency-based trust over time can develop into affective trust. Cognitive trust is grounded in individual beliefs and subsequent observations about the

reliability, dependability, and consistency of personal actions and behavior. Some baseline amount of cognitive trust is necessary for affect-based trust to develop. When a baseline is not available, a person may defer to role-based performance trust as a reference. Affective trust is grounded in shared interpersonal care and emotional bonds, similar to the first stage in the Boon and Holmes (1991) model, which is characterized by emotion and caring.

To advance the understanding of how trust develops in organizations, Lewicki and Bunker (1995) developed a three-stage model for organizations based on the preliminary work of Shapiro, Sheppard, and Cheraskin (1992). These stages, called calculus-based, knowledge-based and identification-based, are useful when looking at academic-community collaborations. For each stage, the authors articulate clear conditions and factors necessary for creating and sustaining trust. The conditions are situational, relational, and risk-related.

Calculus-based trust (CBT) develops when potential loss of business outweighs the profit potential that results from distrustful behavior. Translating this to community-academic relationships emphasizes research as an economic opportunity. A researcher secures a grant, completes the aims and scope of work, but does not build trust with community partners. There is a risk that the community will not want to partner in the future and the researcher is back to finding another community partner (loss of business), rather than continuing the research trajectory by building on past accomplishments (profit potential). CBT also functions when each party understands the repercussions of betraying trust, such as withdrawal of benefits and gossip. From this angle, McAllister's (1995) competency-based trust is incorporated because all parties must be competent about the repercussions as well as benefits. Three forms of interactions contribute to calculus-based trust: repeated interactions, having many points of contact, and the threat of reputation loss.

Simply put, calculus-based trust depends on the fear that consequences will outweigh rewards in situations where consequences are real and possible. Trust is fragile at this stage and can dissolve quickly.

Knowledge-based trust (KBT) focuses on the belief that partner's dispositions are known well enough to predict behavior. Additional factors that help gain predictability are regular communication and being attentive so as to assess "interpersonal fit" (Shapiro, Sheppard, & Cheraskin, 1992, p. 370). "Fit" was also found in the Boon and Holmes (1991) model for romantic relationships. They made the point that "fit" is an active adjustment and compromise. For example, in community-academic partnerships, understanding partners' core values would determine whether a "fit" exists. Trust development has become more difficult at this stage and is directly proportional to level of communication. Communication creates understanding of the other parties that is necessary for aligning action necessary for continuing the partnership.

Identification-based trust (IBT) is where each party understands and agrees with the other's values often because of a relationship history. This level of trust is achieved by creation of joint products and goals, shared values, proximity, and shared identity. Shared identity can be created during the partnership, but it can also exist independent of the partnership; for example, partners who share particular views, share particular histories, and/or provide the similar types of service (Lasker, Weiss, & Miller, 2001). One could argue that this stage includes elements of McAllister's (1995) affective trust, grounded in reciprocated interpersonal care and interdependence. IBT is the highest stage, or level of trust, in this model.

This section illustrates similarities among interpersonal and organizational trust developmental models. Yet it is important to note that Lewicki (2006) revisited the stages of the trust development model by adding distrust as a healthy necessary element. He noted that trust and distrust are not anchored opposites but rather “distrust implies fear of the other, a tendency to attribute sinister intentions about the other, and desire to protect oneself from the effects of another’s conduct” (p. 97). Atkinson and Butcher (2003) agreed that total trust in the organizational context is inappropriate and may cause more harm than good. Bringing distrust into the conversation does not negate the value and need for trust, but rather it questions whether complete trust is ideal and realistic in partnerships. Luhmann (1979) asserted that the decision to trust or distrust results from the situation and, therefore, trust in all situations is unrealistic. This assertion supports exploring trust as situational instead of as individual characteristics.

These three models undoubtedly have advanced the understanding of trust development but work remains. Recently, Lucero and Wallerstein (2013) showed how CBPR guiding principles intersect with the different stages of trust development; calculus-, knowledge-, and identification-based trust (Lewicki & Bunker, 1995). Results showed that CBPR has more potential as a trust-building approach compared to “traditional” research because of its ability to reduce risk, negotiate conflict, increase “fit” with community needs and values, increase interdependence by building capacity, and account for mutual benefit of all parties. Although Lucero and Wallerstein (2013) theorized how trust development occurs in CBPR partnerships, it is still not known how to move from one stage to the next. Several trust types exist in the literature and warrant further investigation. I propose these trust types

are a missing component of current models and can help explain what happens between trust phases. The next section presents a trust typology model grounded in current literature.

Trust Types: A New Model

In an effort to advance the understanding of trust development, a six-phase trust typology was created by the UNM research team that is inclusive of prior theoretical contributions and views trust as a dynamic construct. This typology should not be interpreted as being anchored at opposite poles. It is not assumed that partnerships begin at suspicion. Rather, a partnership can begin at any type trust, and it is up to the partnership to determine the type of trust that is necessary for their project. Wicks, Berman, and Jones (1999) refer to this as optimal trust, modeling it after Aristotle's "golden mean" concept, which focuses on finding the optimal point between excess or "overinvestment" and deficiency or "underinvestment" in trust (p. 99). Further, Wicks, Berman and Jones (1999) proposed trust levels should be appropriate to the context and may fall anywhere on the spectrum, from minimal trust to high trust, depending on the person and situation. Although this new typology builds on previous scholarly work, the titles of trust types are unique to this model and can encourage further discussions about trust. Table 1 visually depicts the six-trust typology model, its key characteristics, and supporting literature.

Table 1. *Trust Typology Model*

Trust Types	Characteristics	Supporting Literature
Critical Reflective Trust	Trust is at the place where mistakes and other issues resulting from differences can be talked about and resolved	Lewicki & Bunker, 1995 McAllister, 1995 Mayer, Davis, & Schoorman, 1995 Organ, 1988 Rousseau, Sitkin, Burt, & Camerer, 1998
Proxy Trust	Partners are trusted because someone who is trusted invited them.	Deutsch, 1958 McKnight, Cummings, & Chervany, 1998 Webber, 2008
Functional Trust	Partners are working together for a specific purpose and timeframe, but mistrust may still present	Shapiro, 1987 Sitkin & Roth, 1993 Panteli & Sockalingam, 2006 Lewicki & Bunker, 1995
Neutral Trust	Partners are still getting to know each other; there is neither trust nor mistrust	Boon & Holmes, 1991 Lewicki & Bunker, 1995 Meyerson, Weick, & Kramer, 1996
Unearned trust	Trust is based on member's title or role with limited or no direct interaction	Webb, 1996 Barber, 1993
Trust Deficit (Suspicion)	Partnership members do not trust each other	Deutsch, 1958 Hardin, 1996 Lewicki, 2006 Luhmann, 1979 Rotter, 1971, 1980

Critical Reflective trust. This type of trust is characterized as being at the place in a relationship where mistakes and other issues resulting from differences can be discussed and resolved. Critical reflective trust is similar to Rousseau, Sitkin, Burt, & Camerer's (1998) relational trust. Relational trust develops over time and through repeated interactions. Repeated interactions provide evidence of reliability and dependability of partners and give

rise to positive expectations. Interdependence between partners increases over time as new opportunities and initiatives are pursued. Aspects of identification-based trust (Lewicki & Bunker, 1995) are also present in this trust type. In addition to repeated interactions, this type requires values and goals be shared by relationship partners. Critical reflective trust has aspects of affective trust as well as cognitive-based trust even though McAllister (1995) suggests that cognition-based trust precedes affect-based trust. In an effort to explain this distinction, consider the notion of citizenship behaviors in organizations. Organ (1988) explained citizenship behaviors as going above and beyond helping other team members and the team to be successful. These relationships share ethical values and interpersonal relationships. Organizational citizenship behavior is similar to benevolence where care and concern for partners is foundational (Mayer, Davis, & Schoorman, 1995). As with any trust type, the potential for growth or deterioration exists; partnership nurturing is ongoing and small mistakes do not critically impact the partnership. Critical reflective trust is thought to develop over time, with iterative interactions, reliable behavior from partners, and demonstrated care and concern for partners, community, and health issues.

Proxy trust. This type of trust occurs when members of the partnership are trusted because someone who is trusted invited them. In this type, a third party, which may be a person or a group, influences trust. Deutsch (1958) stated, “if two people are both in the same relationship to a third party, a bond may be established between them which might not otherwise exist” (p. 277). Further, early knowledge about partners or knowledge about a partner’s reputation is thought to effect trust in small group teams (McKnight, Cummings, & Chervany, 1998). Knowledge about team members can arise from prior personal experience working together or from other people’s prior experience with team members. Webber

(2008) found familiarity from prior experiences to be positively associated with early development of trust in a team environment, but it did not predict trust at later stages of team functioning. This suggests that proxy or familiarity with team members offers a probationary period.

Functional trust. This type of trust occurs when members of a partnership are working together for a specific function and timeframe. Co-alliance trust results when organizations make equal contributions of resources, competencies, and knowledge for specific projects and timeframes (Panteli & Socklingam, 2005). Additionally, Shapiro (1987) and Sitkin and Roth (1993) conceptualize a type of trust based on formal organizational and institutional arrangements such as legal agreements, formal rules, and memoranda of understanding/agreement. Formal agreements typically augment or “remedy” mistrust by articulating written roles and responsibilities, expectations of partner organizations, and decision-making processes as well as project governance. Aspects of knowledge-based trust (KBT) (Lewicki & Bunker, 1995) also fit within this trust type. In KBT, partners possess enough knowledge to understand and predict behavior partly due to the “fit” of partners. Functional trust depends on the function of the partnership. Therefore functional trust is task and time dependent, based on equitable contributions of resources, competencies, and knowledge, may include formal arrangements, and partners possess enough knowledge of each other to predict behavior and commitment.

Neutral trust. In this trust type, partners are still getting to know each other; neither trust nor mistrust exists at this point. In this stage, individuals rely on the purpose or task of the relationship to buttress interpersonal trust. Neutral trust resembles swift trust, a type of trust that needs to form very quickly for progress to be made (Meyerson, Weick, & Kramer,

1996). Swift trust is time, task, and goal dependent and is driven more by contextual cues than by personalities or interpersonal relations. Neutral trust, like swift trust, is fragile because situations requiring quick decisions about trust without the ability to weigh the risks might be more prone to conflict than relationships that grow together and develop shared goals and values along the way. Neutral trust is also similar to calculus-based trust (CBT) (Lewicki & Bunker, 1995). CBT is more of an economic opportunity based on competent knowledge of repercussions if either party acts opportunistically. The evaluative component brought forth by Boon and Holmes (1991) is critical in all trust types; however, in neutral trust evaluation is front and center. Once tasks are complete, individuals/organizations will evaluate the relationships and determine whether they dissolve or continue their relationships.

Unearned trust. This type of trust is based on members' titles or roles with limited or no direct interaction prior to the relationship. Examples of titles or roles may include: a community member, a physician, or community organizers. Presumptive trust, or role-based trust suggested by Webb (1996), occurs when performance roles function to reduce uncertainty. Roles facilitate unilateral acts of cooperation and coordination even when other trustee-associated characteristics are missing. Barber (1983) defined trust as a fiduciary duty meaning role occupants—such as business managers, politicians, physicians, lawyers, and others with positions of power—are trusted to fully use their knowledge and perform with the trusters' best intentions in mind. Role-based trust can be quite fragile and produce failures in cooperation and coordination because trust based on roles is short term; but as the relationship develops more is known about characteristics and predictability. This is also true when considering trust based on rules and regulations. Due to historical experience of

research in marginalized communities, trust based on the position a person holds is assumed to be absent during relationship development. In fact it is more likely that suspicion would be present.

Trust deficit (Suspicion). In this type of trust partnership members do not trust each other because of historical relationships or conduct. It is likely that trust will not develop. Deutsch (1958) introduced suspicion as an expectation of the trustee producing a malevolent event. Deutsch continued to argue for suspicion as a personality attribute. He stated, “‘suspicious’ subjects are more likely to have a low opinion of human nature, to be submissive to authority, to be punitive of deviant behavior, to be less interested in ‘feeling’” (p. 278). All trust types presented in this section require contributions from the truster, trustee, and trust situation. The trust deficit type is the most sensitive to the disposition of the truster and situation. As a reminder, trust disposition is based on early trust-related experiences and eventually becomes a stable personality characteristic (Hardin, 1996; Rotter, 1971, 1980). The implication is that individuals with a pessimistic disposition toward trusting others will demonstrate lower levels of trust in the trustee upon initial contact. The historical context contributes to past experiences and colors this trust type.

Until this point, trust has been studied as an outcome of its components: characteristics of the trustee and to a lesser extent as trust disposition. These investigations were a necessary step in understanding trust and its components, and now trust researchers should begin exploring trust in terms of the situation. Several scholars have advocated trust as a dynamic situational concept, yet few have investigated it in real-world settings. Trust models have begun to identify the complexity of relationship parameters; however, there is a lack of extensive empirical testing of any of these proposed models. The lack of empirical

evidence is concerning because it limits the advancement of trust research. Current models have too much variability and do not share a common trust framework.

In an attempt to simplify trust as both a process and outcome, I advocate trust as an ethical situational concept and propose a new trust typology (see Table 1). These trust types result from varying communication processes. The next step is to investigate the ethical communicative actions that result in the particular trust types presented in the model (Table 1). Community-based participatory research partnerships are an ideal context for this investigation because the CBPR approach is considered to be inherently ethical and is concerned with health, which is a valued good. Baier (1986) suggested that health is a valued good because it is something that cannot single-handedly be created or sustained. Therefore others must be allowed into positions where they can help or injure. Community-academic partnerships are examples of situations where researchers are granted the position to help. The next section discusses the theoretical underpinnings of CBPR and its guiding principles and concludes with literature on CBPR and trust.

Community-Based Participatory Research

CBPR emerged within the last two decades as a research orientation to health equity that bridges the gap between science and practice in health intervention efforts. As an orientation or approach to research, it challenges historical roles of the researcher and researched that are preserved in historical positions of power, knowledge creation, and oppression (Chavez, Duran, Baker, Avila, & Wallerstein, 2008; Freeman, Brugge, Bennett-Bradley, Levy, & Carrasco, 2006). In the first chapter of this proposal, I presented a case study that illustrated opportunistic research that exploited vulnerable participants resulting in historical mistrust, and embedded within opportunistic research are issues of power,

knowledge creation, and oppression. CBPR is often considered to be “inherently more ethical” (Durham Community Research Team, 2011) because it takes greater account of issues of power, rights and responsibilities, and the roles all stakeholders compared to traditional research; it promotes ethical awareness. In fact, Trickett (2011) asserts that CBPR has developed into a “coherent worldview” (p. e1) or perspective that seeks out local influence, recognizes community as the unit of identity, sets out to create social justice by identifying and changing oppressive areas of the ecology, and sees strength and innovation in a partnership. The next section describes the theoretical roots of CBPR leading to the argument that CBPR partnerships are a valuable context for studying trust development, this section concludes with an explanation of guiding principles and lays the foundation for ethical considerations for trust development.

Theoretical Origins of CBPR

In addition to being a member of the community-academic partnership family, CBPR is also subsumed under the umbrella of Participatory Action Research (PAR) although it is distinguished by its focus on health research. PAR is a process that focuses on reflection and action and is carried out *with and by* local people rather than *on* them. While the approaches may differ slightly, what is common among members of this group is that “each is explicitly committed to conducting research that will benefit the participants either through direct intervention or by using the results to inform action for change” (Israel, Schulz, Parker, & Becker, 1998, p. 175). Due to this focus on social change, PAR is pragmatic and assumes research is initiated to effect real change paving the way for social justice.

CBPR is rooted in social justice. Scholars have suggested that the theoretical grounding of participatory research comes from: (a) Kurt Lewin’s work that action underpins

both learning and knowing; (b) Paulo Freire's articulation that reality is not an objective truth or facts to be discovered, but instead a construction of how people interact with their environment and create perceptions of what is true, and; (c) Jurgen Habermas's theory of communicative action that advanced the discourse on social construction of knowledge (Wallerstein & Duran, 2008; Kemmis & McTaggart, 2000; Tandon, 1996).

Kurt Lewin is credited as the originator of action research and has been dubbed a scientific pragmatist (Adelman, 1993). In his own words, action research "lead[s] to social action. Research that produces nothing but books will not suffice." (Lewin, 1946, p. 35). Lewin believed that studying intergroup relations was a way to bridge race differences and consequently raise the self-esteem of the disadvantaged. Self-esteem, he asserted, was the remedy to the effects of discrimination (Lewin, 1946). Through intergroup experimentation, Lewin provided evidence that democratic participation in organizations resulted in greater productivity and morale when compared to use of authoritarian power to gain compliance. He and his colleagues concluded that action research is a group commitment that must include active participation by those who do the work and explore and identify problems (Adelman, 1993). Lewin suggested that by giving participants decision-making ability, academics secured participants' commitment to social change. In turn participants become researchers along the way (Kemmis, 2008).

From his experience, Lewin developed the spiral of reflexivity, a model detailing the process of action research proposing that knowledge is learned, relearned, and reflected upon (Kemmis, 2008). Knowledge results from planning, action, and research. This model starts with a plan (idea), followed by research of the situation to determine resources needed to execute the plan. Next formative research is undertaken to evaluate the plan. Then based on

evaluation the plan is revised. This model encourages learning and reflection for everyone involved in the process. Research and evaluation are prerequisites for learning. Learning, in turn, promotes reflection of the process. A criticism of Lewin's work was that action research was too abstract for industrial laborers (Adelman, 1993). On the other hand, Lewin's work was counter-positioned to social norms of managerial power (Adelman, 1993). Action research remained on the fringes of social science but was later taken up by educators.

Paulo Freire, a Brazilian adult educator, recognized the historical and contemporary oppression and dehumanization of people. He witnessed the cycle of the oppressed embodying oppression and in turn becoming the oppressor. He promoted education as a way to end the cycle. Freire contributed many salient ideas, of which two are central to this discussion: the first is libertarian pedagogy and the second is critical consciousness.

Libertarian pedagogy is the transformation of the oppressor by revealing to them the world of oppression. In this process, knowledge is freed and becomes pedagogy for all in the quest for permanent liberation (Freire, 1993). Critical consciousness results from transformation and is a process developed from observing social, political, and economic contradictions and taking action against those oppressive elements. Like Lewin, Freire (1993) promoted action and reflection, both of which occur through dialogue. He stated "dialogue is the encounter between men, mediated by the world, in order to name the world" (p. 88), and he promoted the power of the word; "there is no true word that is not at the same time a praxis" (p. 87). Therefore, Freire's catalyst for libertarian pedagogy and critical consciousness is participation and dialogue.

Freire (1993) saw communication as dialogue and participation for creating cultural identity, trust, commitment, ownership, and empowerment. Freire conceptualized liberatory

dialogue as true dialogue that is created by love, humility, faith in people, hope, and critical thinking. Therefore, liberatory dialogue is a type of democratic communication that opposes domination and affirms freedom of participants to remake their identity and culture.

Although true dialogue is difficult to create, he expected trust to be the reward: “Trust is contingent on the evidence which one party provides the others of his true, concrete intentions; it cannot exist if the party’s words do not coincide with their actions” (Freire 1993, p. 91). In other words, conscious intention and action are necessary for partnership nurturing and creation of synergy. Lasker, Weiss, and Miller (2001) define synergy as the combination of perspectives, resources, and skills. Partnership synergy can be difficult to achieve in community-academic partnerships because of the inherent diversity in work experience among partners. Freire (1993) encouraged the meeting of diverse minds. He suggested that different ways of knowing contribute to a greater outcome than any one alone. One challenge rests on the side of the educated, Freire said that “experts” come to the table with information they know about a topic but they must be open to relearning. As a central tenet of CBPR, street knowledge is sought and encouraged for action as it is thought that the people who live the issue also have its solution. In summary, through dialogue, reflection, communication, and learning we can act critically to transform current oppressions.

Habermas’s (1987) theory of communicative action depends on a “cooperative process of interpretation” (p. 120). Communicative action is designed to promote common understanding in a group and to promote cooperation, as opposed to strategic action, to achieve one’s personal goals (Habermas, 1987). Promoting cooperation is difficult and must attend to differences in values, goals, and worldview. He asserted two worlds: the life world and systems world. The structural components of the life world are individuals, culture, and

society that share meaning. Communication participants use frames of reference or experience to work out common interpretations. Habermas (1987) referred to these frames of reference as the “horizon of the situation” (p. 123). These are segments of the life world that help give meaning to a situation in order to decide on the action that is to be taken.

Habermas categorized segments of the horizon that contribute to mutual understanding and decision making as knowledge. Thus reproduction of the life world is essentially the reproduction and continuation of cultural knowledge, tradition, social membership, and moral obligations. However, cultural knowledge is not valued as highly to those outside the life world; instead, cultural knowledge is subject to rationalization or “proving itself against the world” (Habermas, 1987, p. 137). In this theory it is the systems world that determines rationalization.

The systems world is made up from institutions, structures, and functions that have structural affect on the life world. For instance laws, policies, currency, media, and/or other features of society concerned with material production are structural components of the systems world. It is the systems world that challenges and rationalizes cultural knowledge. Habermas (1987) expressed concern about colonization of the life world by the systems world. Colonization would marginalize and minimize the life world, and laws would take the place of ethics. Competing imperatives of the systems and life worlds is called a “boundary crisis.” A boundary crisis is the space in which conflict, distrust, or suspicion results (Gaya Wicks & Reason, 2009), therefore opening communicative space for dialogue pertaining to conflicting issues is a necessary focus. Communicative space is thought to counter the boundary crisis by providing an opportunity to develop communicative action for dealing with situations.

The concept of communicative action highlights two aspects of situation management: the teleological aspects of realizing one's aims and the communicative aspect of interpreting situations and arriving at some agreement (Habermas, 1987). In communicative action participants pursue their plans cooperatively on the basis of a shared situational definition. To obtain a shared definition, Habermas advocated for widespread public participation, public sharing of information, reaching consensus through public dialogue rather than exercise of power, and avoidance of privileging experts and bureaucrats (Wilson, 1997). The concepts of communicative action explicitly address ethical issues of power, equality, and justice through discourse. Ethical communication is implicated by reflexive use of language that is reinforced through interaction and participation.

CBPR embraces Lewin, Freire, and Habermas' concepts of co-learning, reflexivity, life world, and cultural knowledge, displacing power and domination, encouraging participation, dialogue and communication, and critical consciousness for action and transformation. Additionally CBPR recognizes the potential for colonization and recolonization and promotes "re-making" of identity by promoting diversity in knowledge, assets, and participation. In theory, CBPR has the potential to construct liberatory dialogic space through its intentionality to redress power imbalances within partnerships, facilitate mutual benefit for community and academic partners, as well as promote reciprocal knowledge creation by incorporating indigenous theories and lived experience into the research process. Based on real-world application of CBPR, Israel, Schulz, Parker, and Becker (1998) developed a set of guiding principles to remind researchers of the theoretical foundations, value of participation, and codification values and ethics. These are explored in the next section.

CBPR Principles

It is important to remember that CBPR has two processes: (a) the research process, and (b) the partnership development and decision making process. The research process includes recruitment, data collection, data analysis and interpretation of data. The partnership development processes happen when project partners decide who should be invited into the partnership, roles of partners are determined, and decisions about the health research topic are made. Often the two processes overlap and decisions about the research population, recruitment strategy, and how data will be collected are both part of the partnership and research process. The research component is one outcome of partnership development; it is the science within the partnership. In other words, the research component is the implementation of decisions made during the partnership process. Human Research Protections Offices (HRPO) are responsible for overseeing ethical assurance of all research involving human subjects process. HRPOs were designed to protect research participants. Those involved in the partnership development and decision-making processes are not research participants and therefore not protected by HRPOs. Therefore, CBPR principles can be seen as a set of prescriptive ethics for the communication process of partnership development.

Israel, Schulz, Parker, Becker, Allen, and Guzman (2008) revisited the set of nine research principles that serve as a guide for conducting CBPR in academic community partnerships. During this reexamination they emphasize that the principles should be tailored to the particular group or project; and the principles, although initially prescriptive, should be contextualized for relevance. They state it is “crucial to recognize that numerous issues arise in every local context and research partnership and that these issues need to be considered

when developing and adhering to CBPR principles” (2008, p. 48). The nine principles and core issues are presented next.

1. Recognize community as the unit of identity. Each partnership must define its own community determining the boundary of the life world (Harbermas, 1987). Determining boundaries promotes learning the horizon of the community situation: its collective memory, its cultural characteristics, its health inequities, and its history with research. Being educated about these aspects promotes a culture-centered approach, which is concerned with the ways “subalternity is created, reiterated, and sustained by health promotion efforts, and seeks to interrupt the dominant paradigm of health promotion” (Dutta, 2007, p. 306). Dutta (2007) referred to subalternity as “being under,” being absent, and being silent to the dominant articulations (p. 310). Both CBPR and the culture-centered approach strive to uncover, invite, ask, and listen to create pragmatic community articulations of their own health and solutions.

2. Build on strengths and resources within the community. Each participant comes to the partnership with assets, skills, and strengths (Freire, 1983). “Resources may include skills and assets of individuals; networks of relationships characterized by trust, cooperation, and mutual commitment; and mediating structures such as organizations where community members come together” (Israel, Schulz, Parker, Becker, Allen, and Guzman, 2008, p. 50). Establishing a community advisory committee or community research team is another opportunity to build on community strengths by opening communicative space to create a context in which experience is shared. Creation of this context is a chance for authentic humanism, or recognition of people as knowledgeable contributing moral agents of society, as well as education that recognizes the experience and current situation of real people

(Freire, 1993, p. 93). Working together, sharing strengths and resources shifts the responsibility for situation management and trust building to the entire partnership.

3. Facilitate collaborative, equitable partnerships in all phases of the research.

This principle promotes an empowering and power-sharing process that attends to social inequalities (Freire, 1983) and overlaps with the previous principle to create partnership synergy. Creating collaborative and equitable partnerships requires that participants feel comfortable and respected when they voice their thoughts, opinions and perspectives. The combination of perspectives, resources, and skills in a partnership is called partnership synergy (Lasker, Weiss, & Miller, 2001). Partnership synergy, as described above, can be difficult to achieve in hierarchical partnerships where researchers have more power related to scientific knowledge than community partners. However, community partners have street knowledge necessary for research project momentum. Street knowledge is commonly considered as lay knowledge and is not as highly regarded as formal education; street knowledge is not privileged. Freire (1993) encouraged the meeting of these two minds. He suggested that both ways of knowing contribute to a greater outcome than any one alone. A major challenge rests on the side of the educated. Freire said that experts come to the table with information they know about a topic, but they must be open to relearning. This brings in Lewin's spiral of reflexivity that proposed knowledge is learned, relearned, and reflected upon (Kemmis, 2008). As a central tenet of CBPR, street knowledge is sought and encouraged for action as it is thought that the people who live the issue also have its solution. Therefore, a necessary exercise for research teams is to practice cultural humility, which is a "lifelong commitment to self-evaluation and self-critique to redress power imbalances" (Tervalon & Murray-Garcia, 1998, p. 123). The first step to adopting cultural humility is to

explore our own cultural lens and operating values and belief systems, reflecting on where our operating values and belief systems come from and how they manifest when working with culturally diverse communities. Exploring these assumptions within the research team can create an open and safe environment, while consciously aligning intentions to action. This context can only be achieved by creating communicative space requiring repeated interaction and iterative communication.

4. Promote co-learning and capacity building among all partners. Fundamental to co-learning is the recognition that every member of the partnership has knowledge and expertise to share. Capacity building is a “byproduct” of the partnership process (Viswanathan et al., 2004) and a significant community benefit (Jagosh et al., 2012), where research skills are learned or developed by being engaged in the research process. Co-learning and capacity building result from a cooperative process of interpretation in which participants simultaneously resolve situational definitions related to the life world and/or boundary crisis (Habermas, 1987). Interpreting and creating situational definitions entails open discussion throughout the research process, from research question development to dissemination, with stakeholders to achieve concrete improvements for the community. Recall that trust is directly proportional to the degree of interdependence. This principle builds relationships and reduces vulnerabilities because partners are learning and teaching together.

5. Integrate and achieve a balance between research and action for the mutual benefit of all partners. The CBPR approach incorporates a commitment to the translation and integration of research results with community priorities and values. Skills and knowledge of the overall partnership are assessed in order to set realistic goals and deliver

what is promised. Because values differ, partners may have different ideas of benefit thus engaging in conversations about research, expected outcomes of the research, and priorities. Additionally values of both community and academics should be discussed at the beginning and throughout the life of the project. Complete congruence of values, goals, and products is not necessary as long as partners can accept each other's agenda. This is a very important point because it emphasizes that membership bring different talents, views, and values, and yet a shared respect and understanding allow the project to move forward.

6. Emphasize local relevance of health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease. Health is a complex phenomenon that encompasses the totality of one's environment including individual behaviors and attitudes as well as those influences from family, social networks, community, and society. This is known as the ecological perspective (McLeroy, Bibeau, Steckler, & Glanz, 1988). This perspective challenges mainstream health disparities research that concentrates on one factor at a time instead of investigating complex interactions within multiple levels of the system. The focus on one cause of illness or disease ignores ecologic complexity and loses the ability to identify parts and functions of the whole system. Because health is dependent on interconnected determinants, the issue community members find important to investigate may differ from that of academics. Clark and McLeroy (1995) suggested that the topic should truly be relevant to the intended population and not just made to seem that way. The health issue has to be important for the community to participate (Etzioni, 1993).

The ecologic perspective is similar to Habermas's (1987) conceptualization of the horizon of the situation (p.123, vol. 2). He stated that situations always have a horizon that

shifts according to people's position; therefore, the importance of a health issue will vary depending on whose opinion is being given. The horizon of the situation is the segment of the life world relevant to the situation for which mutual understanding is required in view of the options for action that have been determined. Taken as a whole, action and options are otherwise referred to as the action situation, per Habermas (1987). It is through the action situation that the complexity of the issue is understood. It almost suggests a research paradox; that a partnership will not completely understand the ecology of the problem until the investigation has begun. Local relevance of a health problem will not be actualized without communicative space and multiple community members voicing their concerns.

7. Involve systems development through a cyclical and iterative process.

Development of a cyclical and iterative process creates the opportunity to revise decisions and ensures the research project and its evaluation is on the right track. In terms of situation management, it is necessary to know whether adjustments should or need to be made in order to maintain alignment with community needs. Development of this system is dependent on the partnership parameters and dynamics, such as partnership function and length of time. Therefore, constant revisiting will begin to create a "context of relevance" (Habermas, 1987, p. 124), which are connected situational elements that find their way into the life world. Consequently, interdependence grows, conflict is reduced, and trust becomes relational.

8. Disseminate findings and knowledge gained to all partners and involve all partners in the dissemination process. A function of ownership and production of shared products is dissemination of project outcomes. To determine stakeholders and ensure mutual benefit of dissemination a dissemination plan is required. Development of a dissemination plan should encourage widespread public participation, publicly sharing of information,

reaching consensus through public dialogue rather than exercise of power, and avoids privileging experts. This idea fits with Lewin, Habermas, and Freire because it encourages participation, reflection, co-learning; promotes equality and justice; and demonstrates authentic humanism.

9. Long-term process and commitment. The CBPR research process seeks to maintain long-term commitment to communities and sustainability to establish and maintain trust. In terms of intervention projects, long-term commitments are obligations and dedication that last beyond a grant cycle. They are necessary to successfully and responsibly carry out partnership and research endeavors, and to achieve the aims of addressing multiple determinants of health.

These nine principles are ethical standards. CBPR is considered to be a trust-building approach; however, trust is often assumed and not openly discussed. Luhmann (1979) asserted that attempting to discuss trust will lead to mistrust. Therefore in CBPR relationships communicative space must be created for true dialogue about trust, where communicative space is understood as constructive dialogue and creative problem-solving on issues of concern between partners. I assert that trust can be used during partnership development processes to assess whether the partnership is moving forward in an ethical manner.

Trust and CBPR

Trust and CBPR literature largely conceptualize trust as an outcome and note that research on trust development is lacking. Numerous CBPR scholars discuss the importance of trust and offer anecdotal suggestions, but very few systematically research it. CBPR scholars report trust as a result of the characteristics of the trustee such as authenticity,

action, listening, commitment, recognizing the expertise of community, getting to know the community, voicing expectations early in the partnership, and taking facilitator role (Christopher, Watts, McCoimick, & Young, 2008; Hora, Prochaska, Bolin, & Ory, 2007; Jones, Gray, Paleo, Branden, & Lesser, 2008). It is also important for the trustee to acknowledge the impact of historical context of communities and the need for cultural congruence (Frisby, Reid, Millar, & Hoerber, 2005; Johnson, Ali, & Shipp 2009; Kneipp, Lutz, & Means, 2009; Story, Hinton, & Wyatt, 2010). These characteristics are summarized as the communication concepts of listening, negotiation, and respecting community voice.

To encourage trust, CBPR researchers promote the use of community “insiders” (Christopher, Watts, McCoimick, & Young, 2008; Larkey, Gonzalez, Mar, & Glantz, 2009; Sadler et al, 2006). An insider is a member of the partnering community. This member likely has unique access to the group. Insiders, with their born membership, can serve as key informants to advise, teach, and direct outsiders in terms of community norms (Kauffman, 1994). In the literature cited (Christopher, Watts, McCoimick, & Young 2008; Larkey, Gonzalez, Mar, & Glantz, 2009; Sadler et al, 2006), insiders were community health workers, promotoras, tribal members, and opinion leaders. To sustain trust, researchers should embed themselves in the community whenever possible (Jones, Gray, Paleo, Branden, & Lesser, 2008; Pinto, McKay, & Escobar, 2008). Simply, these recommendations are consistent with learning about the partnering community.

This literature suggests that a process of trust development begins with encouraging trust by demonstrating trust-building behaviors and ends with sustaining trust. However, empirical evidence supporting this type of trust development model is lacking. To date, trust development in CBPR is assumed and reported as perceptions of the academic partners.

Molyneux, Peshu, and Marsh (2005) emphasized, “The voices of the people likely to be the subjects of research have been notably absent from the [trust] debate.” (p. 443). This is true in CBPR trust literature; community voices are not represented and therefore only half of the partnership is claiming whether trust has been established or not. The only way to bridge this gap is for CBPR partners to develop a process of communication. Community-orientated approaches like CBPR (Cortese, 1990; Robinson, 1999) emphasize the moral importance of maintaining relationships, attentiveness to needs, harmony and interdependence.

“Interventions that are sensitive to ethical concerns are more likely to gain trust and respect of intended populations and collaborators” (Guttman, 2003, p. 652). For this reason, investigating CBPR together with communication ethics, specifically dialogic communication ethics, may shed light on how trust develops.

Communication Ethics

Communication ethics are concerned with the “good” in human *interaction* and are deeply rooted in persuasion (Andersen, 1990). According to Andersen (1990), Aristotle stressed the importance of speaker’s *ethos* or the perceived moral character, wisdom, and good will. In this sense, ethics in communication stressed the role of moral character built by choices. Choices pertain to framing of the message, selection of information, organization, and style, so that messages are accurate and fully inform the audience as opposed to deceiving or misleading audience. Choice, according to Arnett (1997), is the cornerstone of communication ethics. Ethics in communication has always been a consideration, but scholars who pushed the envelope initiating the study of communication ethics emerged in the postmodern era (Arnett, Harden-Fritz, & Bell, 2009). Given advances in information and

technology and its affect on populations, choice has become increasingly complicated requiring more understanding and participation.

Postmodern culture, the time period extending from the mid-twentieth century through today, has witnessed social change stemming from an increase in diversity, a more educated and literate population, an increase in travel, and experiences. In the tradition of Gadamer, experience is the ongoing life process that challenges the typical conception of experience culminating in knowledge that emphasizes result, closure, and, effectively, the end of experience (Thomassen, 1992). These changes have increased the possibility of disagreements and decreased public agreement of what is right and wrong (Arnett, Harden-Fritz, & Bell, 2009). Postmodernity challenges “normative” and universal ways of being, advocating for realization of differences in values and worldview (Best & Kellner, 1991). Therefore, a multiplicity of “good” has replaced a universal “good” in this postmodern era of difference and disagreement (Arnett, 1997).

Currently, six perspectives in communication ethics exist. First, democratic communication ethics is a stance that positions communication ethics “after the political structure in society” (Chesboro, 1969, p. 106). From this perspective communication ethics “ought” to favor fact over opinion and finds ways to protect and promote those goods through participation in the public process of decision making. Second, universal-humanitarian communication ethics is grounded in obligation, responsibility and duty. This perspective assumes a built-in human ethic that guides good (Arnett, Arneson, & Bell, 2006) and encourages “a more universal, humanistic perspective of man ... consistent with the principles which ensure the development and expanded opportunities for the individual” (Chesboro 1969, p.106). This resembles a “one size fits all” perspective: an *a priori* set of

principles for all situations. A third perspective is built on codes, procedures, and standards. This approach positions codes, procedures, and standards as written consensus of ethics that “prescribe and publically proclaim communicative limits and constraints” (Arnett, Arneson, & Bell, 2006, p. 75). The thought behind this approach is that communication ethics should concentrate on the means used to attain an end. Having specific and prescriptive sets of standards is conducive to evaluation (Chesboro, 1969). Fourth is the perspective of contextual communication ethics. This perspective recognizes difference and privileges the situation or context to determine appropriate ethical principles. “A contextual communication ethic is responsive to culture and stand point” (Arnett, Arneson, & Bell, 2006, p. 78) and therefore the situation dictates “good” and associated behavior. The fifth perspective is narrative communication ethics. As expected, Walter Fisher’s (1987) Narrative Paradigm Theory (NPT) serves as the foundation for this ethical frame. NPT assumes that through discourse humans use good reasons, value-laden justification, for believing or acting. Arnett (1987) states “Narrative or story provides a community with a ... context for action and rhetoric of practice” (p. 53). Narratives host goods and guide ways to promote and protect them. The sixth and final perspective is dialogic communication ethics. This perspective acknowledges multiple goods and privileges choices that require learning. Arnett, Arneson, & Bell (2006) stated “a dialogic ethic assumes an embedded communicative agent, recognizing that a human being lives within an ongoing conversation that began well before a specific interpersonal interaction begins” (p. 79). Learning is central for a dialogic ethic, and meaning making starts with listening and encourages negotiation (Arnett, Bell, & Harden-Fritz, 2010).

These perspectives in communication ethics contribute to decision making and color our responses during discourse. Each ethical perspective uniquely moves us to think about how decisions influence others. Given the traditional role of research, researchers have developed a normative view of how research should be conducted and the role researchers and participants should play. The CBPR approach challenges us to rethink and reevaluate normative roles in research.

Given the diversity of CBPR partnerships and the theoretical grounding that encourages dialogue, there is a salient need for an application that encourages respect for a multiplicity of goods and communicative space to discuss how to protect and promote those goods. Dialogic communication ethics shares theoretical lineage and promotes the communicative acts of learning, negotiation, reflection, and listening. These communicative acts are central to CBPR as well and will be explored as mechanisms for trust development. The remainder of this review focuses on dialogic communication ethics.

Dialogic Communication Ethics

Dialogic communication ethics focuses on ethical characteristics of dialogue. Johannsen (1983) refers to these characteristics as attitudes participants in communication have toward each other. These communication ethics are not prescriptive but rather are generated from a genuine concern for the well-being of the “Other,” or those other than us, and conscious choice making in communication (Johannsen, 1983). Response and responsibility are embedded within conscious choice making (Lipari, 2009). From this perspective communication as dialogue is characterized by authenticity, inclusion, confirmation, presentness, spirit of mutual equality, and supportive psychological climate (Arnett, Arneson, & Bell, 2006; Johannsen, 1983). Dialogic communication ethics is

grounded in the work of Martin Buber, Hans Gadamer, Jürgen Habermas, and Paulo Freire. The next section discusses the contributions to communication ethics by Martin Buber and Hans Gadamer; contributions by Habermas and Freire were previously discussed.

Martin Buber. Buber (1970) asserted that dialogue—person communicating with person—promotes self-development, personality, and knowledge. Buber conceptualized two types of human relationships, I-Thou and I-It. In a dialogical relationship, I-Thou, the attitudes and behaviors of each communication participant are characterized by qualities such as lack of pretense, mutuality, open-heartedness, directedness, honesty, frankness, nonmanipulative intent, intensity, and love in the sense of responsibility for the other (Buber, 1970). In dialogue, each participant is recognized and accepted as a unique individual and meaning is constructed only in the realm of the “between” of relationships (Buber, 1966). The essential movement in dialogue, according to Buber, is turning toward and reaching for the other. Participants do not forego their own convictions and views but strive to understand those of others, while at the same time, striving to avoid imposing their own views. For Buber, the increasing difficulty of achieving genuine dialogue between humans of divergent beliefs represents the central problem for the fate of mankind.

The I-It conceptualization is impersonal monologue characterized by self-centeredness, deception, pretense, artifice, using, profit, unapproachability, domination, exploitation, and manipulation (Buber, 1970). In other words, risk is high and opportunity for trust low in an I-It relationship. In this type of relationship, the monologic communicator views the “Other” as an object or tool to achieve selfish ends. Choices are narrowed and consequences masked; “Others” are not seen as autonomous moral agents (Johannsen, 1983). The I-It relationship shuts out dialogue and is not interested in difference as a point of

learning. The I-It relationship represents prejudice, prejudgment, and bias. The It represents the “other” and the subaltern.

Hans Gadamer. Hans Gadamer contributed the idea of recognizing bias in order to invite dialogue. Gadamer positioned bias as a result of experience (Thomassen, 1992). Knowledge or expectation is created out of past experience and the only way to challenge that experience is to be open to new experience. Regarding trust, historical experience colors our disposition and willingness to experience new but similar situations. In fact, “distrust produces an aggregate of lost opportunities, each one regular and predictable” and “the more trusting person will have a greater opportunity to learn from experience than the less trusting person” (Hardin, 1993, pp. 507–508). New situations cause us to revisit expectations and bias and create an opportunity for wrong-doing. Gadamer asserted that experiences are dialectical and change consciousness in the sense that new experience generates new knowledge and thus creates a new horizon. Gadamer suggested three steps to invite dialogue. The first is an admission of bias. The second step is to respect the bias of the Other. The third, building on Habermas, is a willingness to permit the blending of horizons to shape dialogue (Thomassen, 1992).

Summary of Dialogic Ethics

These theoretical contributions as well as those from Habermas and Freire create a dialogic ethical perspective that serves as a converging agent for difference; it favors choice that requires learning, relearning, and motivation to invite dialogue for understanding diversity instead of condemning diversity (Arnett, 2011; Arnett, Arneson, & Bell, 2006). “Dialogic ethics *listens* to what is before one, *attends* to the historical moment, and seeks to *negotiate* new possibilities” (Arnett, Harden-Fritz, & Bell 2009, p. 95). These three

concepts—listening, attending, and negotiating—are required for the nurturing and trust building within CBPR partnerships.

Listening is the key to learning and a prerequisite to understanding and action. Lipari (2009) contends that ethics arises out of the process of listening that is “committed to receiving otherness” (p. 45). Lipari criticized Buber for lack of attention to the importance listening in dialogue. She contended that the failure to listen interrupts dialogic engagement (Lipari, 2004). Listening promotes reciprocity and attentiveness to coordinate meaning between partners (Arnett, 2011). Lipari (2004) makes a distinction between the listening and the heard. Listening is the responsible act of opening up and creating a space for the “Other” in order to pay attention “without judgment, without making your words and meanings, mine” (p. 138). In other words, listening is the act of meaning making without judgment for genuine understanding. The heard, by contrast, involves judgment and making your words and meaning mine. Similar to the monologic, I-It, position of Buber, the heard involves self-centeredness, appropriation, deceit, and risk. Listening is about intention and action, otherwise known as “walking the talk.” The listening and heard distinction is based on responsibility and response to the “Other” for inviting dialogue.

Dialogic ethics are about learning the grounding, being attentive of self and other as well as negotiating difference. Negotiation results in understanding that emerges between interactants. Dialogic ethics parallels the three phases of participatory action research: look, think, and act. Lowe, Riggs, and Henson (2011) identify the “look” phase by gathering information about community values and history in addition to the history of the health issue under investigation. This phase resembles listening. The “think” phase includes stakeholders’ perceptions of the problems that in turn create action plans. Finally the “act” phase includes

goal, objective, and task development. The think and act phases feature attention to the historical moment as well as negotiation. Dialogic ethics recognizes the importance of diversity in decision making as well as the importance of the response. In an era of difference, entering into a partnership requires critical reflection of oneself as well as learning the position of others for negotiation to work (Arnett, Bell, & Harden-Fritz, 2010). Negotiation, learning and listening are pivotal actors in the process of trust building as well as dialogic learning. Hence the exploration of relationship between dialogic communication ethics and trust is warranted.

Summary of Literature Review

In this chapter, (a) provided a description of trust in interorganizational relationships; (b) explored CBPR as an ethical and trust-building approach to health research; (c) discussed communication ethics; and (d) described dialogical ethics in order to explain trust development in community-academic partnerships. These four topics were explored in order to advance trust and CBPR research by investigating trust as an ethical concept. Studying trust in CBPR partnerships will advance the scholarship about trust development and its relationship to ethical communicative action. The goal is to encourage a shared conceptualization of trust within the context of CBPR. More importantly studying trust in this context will benefit the CBPR partnership processes by mitigating conflict that accompanies difference. Lastly this study makes a new measure available and with this the ability to monitor good community-academic research partnerships for risk reduction.

Methods of data collection and analysis are explained in the next chapter. The choices of data and methods discussed in the next chapter stem from my philosophical stand as well as the complexity related to trust and its development. A limited amount of previous research

explains the communication characteristics of trust building within community-academic partnerships, and the literature asserts the importance of communication ethics, suggesting an examination of dialogic communication ethics as necessary for trust development.

Chapter 3: Methods

The purpose of this study was to explore the relationship between communication ethics and trust within community-academic partnerships and in the context of health intervention projects. In order to address these complex issues, the study used mixed methods, an alternative orientation to the purely qualitative and quantitative traditions. It is a research design that utilizes both qualitative (QUAL) and quantitative (QUAN) approaches to answer a research question or set of questions (Teddlie & Tashakkori 2009). This chapter details the proposed methods to answer the following research questions:

RQ1: How do members of community-academic partnerships define trust?

RQ2: Which types of trust exist in community-academic partnerships?

RQ3: Which communication ethics are related to trust development?

RQ4: What are other communication characteristics associated with trust development and change?

The sections of this chapter include: (a) philosophical assumptions, (b) justification of methods, (c) research design, and (d) data collection and analysis plan for both the qualitative and quantitative strands of this research project.

Philosophical Assumptions

Hesse-Biber (2010) argued that mixed method projects are often driven by research techniques with little concern for theory. This is not the case with this proposed project. This dissertation project is grounded in theory and will use mixed methods to confirm and advance theory. This section provides an overview of the philosophical assumptions of mixed methods research and provide a link to this research project.

The primary philosophy of mixed methods is pragmatism (Johnson, Onwuegbuzie, & Turner, 2007; Morgan, 2007). Pragmatism uses an applied approach and places emphasis on language, shared meaning and joint action (Morgan, 2007). This project endorses the philosophical values of pragmatism and also embraces the use of the research process to create a more just and democratic society (Mertens, 2009). The interpretive and social justice perspective of CBPR and ethics position this study in the transformative tradition, an alternative philosophy of mixed methods.

The transformative philosophy builds on pragmatism. It also values an applied approach with a focus on shared understanding and adds a democratic filter. Creswell stated, “transformative theory is an umbrella term for research that is emancipatory, anti-discriminatory, participative, Freirian, feminist, racial/ethnic, for individuals with disabilities, and for all marginalized groups” (2003, p. 138). Transformative research should benefit the lives of those being researched, have practical outcomes that take culture and context into account as well as add to the larger body of research knowledge. Transformative research addresses issues of power, privilege, discrimination, and oppression much like CBPR.

This paradigm encourages community participation in the research process and expects the researcher to value social justice and transformation. I have seen, read and participated in community-based partnerships where community engagement happens in certain aspects of the research process like recruitment, data collection and dissemination. While other research aspects, such as budget allocation, preparing human subject protections applications, analyzing data, interpreting data, and manuscript writing, remain under the control of the researcher. In these cases, the voice of community remains silenced in the name of scientific knowledge; science as oppressive. The transformative perspective

identifies social justice as “politics of recognition” where assimilation to majority or dominant cultural norms is no longer the price for respect (Fraser, 1996, p. 3). The goal is a difference-friendly world.

As a part of the transformative perspective, research participants are acknowledged for being real people with real issues and skills that can contribute to the research process. Partnerships develop between communities and academics with the goal of working together for personal and social transformation. This investigation of trust is one of emancipation-- listening to the perspective of community members to know whether they are being heard and how. In order to conduct this investigation, a mixed methodological approach allowed a comprehensive analysis of data associated with trust, ethics and CBPR.

Justification of the Methods

Trust is a complex and multidirectional phenomenon involving the relational exchange of communicative action between the truster, trustee and situation. Mixed methods is appropriate for this investigation because it provides a mechanism for addressing the complexities of research in culturally involved settings in addition to allowing perspectives from diverse participants to be voiced equally (Creswell, 2003; Mertens, 2007). A mixed method approach allows for the use of qualitative (QUAL) and quantitative (QUAN) methods to answer different aspects of the same question. This mechanism, convergence of QUAL and QUAN data, allows for enhanced credibility of research findings and a fuller understanding of the research issue (Teddlie & Tashakkori, 2009). The QUAL strand is used to gather community and academic perspectives, while both the QUAL and QUAN strand provides the opportunity to demonstrate outcomes that have credibility for community members and scholars. Consistent with the transformative framework this project seeks to

understand how trust is developed within the context of health intervention community-academic partnerships.

This study used a parallel-mixed methods secondary analysis design. This description is assigned to mixed method studies that use QUAL and QUAN methods at or about the same time to address related aspects of research questions (Teddlie & Tashakkori, 2009). Figure 2 delivers a visual representation of a parallel mixed method triangulation design.

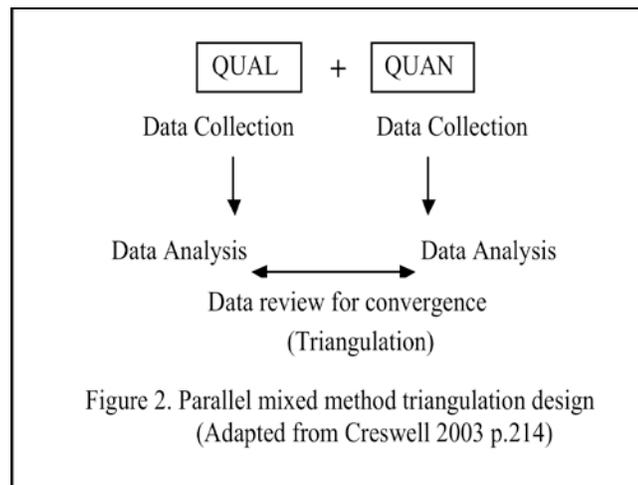


Figure 2. Parallel Mixed Methods Triangulation Design

Seemingly, these are two separate studies within the same research project (Hesse-Biber, 2010). However, a parallel mixed methods design allows researchers to use QUAL and QUAN strands independently to answer exploratory (inductive) and confirmatory (deductive) questions in the same study. The two strands rarely mix except during data interpretation when the researcher compares and contrasts findings from both datasets, which is as a form of data triangulation. The purpose of triangulation is to test consistency in results generated by different data sources (Patton, 2002). Further, ability to confirm conclusions and trustworthiness of data analysis may best be achieved via triangulation of multiple sources of data (Lincoln & Guba, 1985). Using parallel mixed method data collection and

analyses can provide a richer understanding of the relationships and variables under investigation.

In this dissertation project, a parallel mixed methods design was appropriate because it is embedded within a larger study that had its own aims and time line. The parallel design allowed me to develop survey (QUAN) and interview (QUAL) questions that independently answered similar questions. I utilized secondary data from five in-depth case studies and a quantitative web based survey. The two strands did not inform each other and will come together only during data interpretation.

The larger project is a Native American Research Centers for Health (NARCH)-National Institutes of Health (NIH) federally funded project. Project partners are the University of New Mexico Center for Participatory Research (UNM CPR), University of Washington Indigenous Wellness Research Institute (UW IWRI) and the National Congress of American Indians Policy Research Center (NCAI PRC). The purpose of this four-year project is to study diverse Community Based Participatory Research (CBPR) partnerships across the United States to assess facilitators and barriers of effective CBPR. This project moves forward with approval from both the UNM Human Research Protections Office and the UW Human Research Protections Office (HRPO).

Research Methods

The CBPR universe was determined by querying the NIH RePORTER (<http://projectreporter.nih.gov/reporter.cfm>) for extramural research projects within the United States, funded in 2009 and using the search terms community-based participatory research; tribal participatory research; participatory research; participatory action research; action research; tribally driven; CBPR community partner; community research; community-

based. The resulting projects were reduced based on grant duration, allowable mechanisms included R01, R03, R15, R18, R21, R24, R33, R34, RC1, RC2, RL1, RL2, U01, U19, U48, U54 resulting in single site projects with at least 3 years of funding. This list was then combed through manually for duplicates and exclusion criteria including evaluation projects, epidemiology projects, and secondary analysis projects. These procedures resulted in 294 CBPR projects. These projects became the recruitment pool for both the qualitative and quantitative strands. Figure 3 illustrates the sample decisions that resulted in the pool of 294 potential projects.

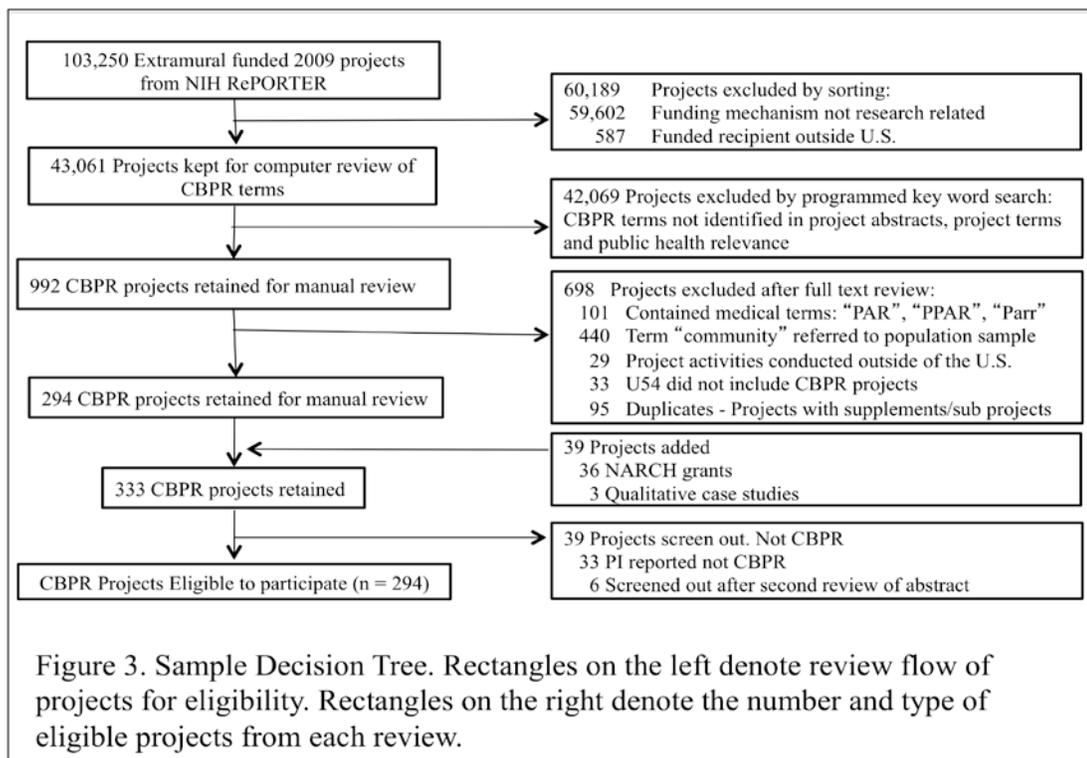


Figure 3. Sample Decision Tree

The next section delineates the methods and tools used to collect, analyze and interpret data. The first subsection describes the case studies, while the second subsection discusses the survey questionnaire.

Case Studies

Sampling of cases. In the larger project a multiple case study design was selected since evidence from multiple sites is considered more robust than one case and provides the ability to compare across cases (Herriott & Firestone, 1983). According to Yin (2009), in order for case studies to be compared, sites must be carefully selected to determine if the data (a) predicts similar results, or (b) predicts different results that were anticipated. Therefore, a set of inclusion criteria were used to select cases. As this was an investigation of CBPR, the overarching sample framework was purposeful (Lindoff & Taylor, 2011), limiting the universe to self-identified CBPR community-academic partnerships. Other inclusion criteria included cases with: (a) an existing community advisory council (CAC) involvement with the research project since inception, (b) projects in different ethnic communities, (c) minimum of three year partnership history, (d) evidence of research based funding and, (e) health or health policy intervention focus. Projects meeting these criteria were organized according to racial/ethnic categories, health issues being addressed, and geographical location. These criteria also emphasized successful partnerships given that they were funded projects with a reasonably long history. This selection was purposeful in order to examine the development of partnerships within various contexts.

Potential case study sites (referred to as ‘CBPR projects’ from here) were further reviewed and identified based on health issue, specifically the dominant health issue being studied within the racial/ethnic population. For example, among the Asian-American population, colorectal cancer has the highest number of research projects within RePORTER followed by liver cancer. Therefore, a colon cancer project was selected. Next CBPR projects were chosen based on geography, location in terms of state but also rural or urban. These

steps were used to identify seven cases to obtain a representative sample of CBPR projects in the United States. According to Yin (2009) the ability to have 6-10 case studies is equivalent to “the ability to conduct 6-10 experiments on related topics” (p. 54). Each case study involved interviews with approximately 10-15 individuals so that data collection was comprehensive.

Recruitment of cases. Once potential CBPR projects were identified, the Principal Investigator (PI) invited the CBPR project to participate by sending the academic PI an invitation letter and project fact sheet by e-mail. The CBPR projects were sent follow up e-mails one and two weeks after the initial invitation. Non-responding CBPR projects were not contacted again after the three attempts. On the other hand, interested CBPR projects were set up to have a conference call with the UNM team to discuss each project and ask any outstanding questions. During the phone conversation each CBPR project was told about the formal Memorandum of Understanding (MOU) that the NARCH project required for every case study. The MOU, a formal agreement, detailed the roles and responsibilities of the UNM-NARCH project and the CBPR project. The MOU was developed so each party explicitly understood the process and expectations of their participation and data ownership. Upon completion of the phone conversation, the CBPR project received an electronic copy of the MOU. All projects took the MOU back to their full partnership team to review and discuss the content and ultimately decide if they wanted to participate in the NARCH project. In some cases the CBPR project negotiated the terms of the MOU. Once the signed MOU was returned to the UNM PI, the UNM NARCH project coordinator worked with a designated individual from the CBPR project to set up site visit dates. Each site visit was scheduled around a CBPR project’s partnership meeting. The planning process, on average,

took two months to complete. The following table shows five case study locations, population, and health issues. Two additional case studies were completed with American Indian (AI) communities and these are excluded from this proposed study. The first AI case occurred prior to developing the trust interview questions and the second case was not a partnership project. This case study focused on development, governance, and procedures of a tribal Research Review Board.

Table 2. Case Study Location and Population

Site Location	Population	Health issue
Missouri	African American	Cardiovascular disease
California	Chinese American	Colorectal cancer
New Mexico	Hispanic	Environmental health
New York	Hispanic/African American	Obesity and Social determinants of health
Washington D.C	American Indian	Social determinants of health

Interview sampling within case study sites. A project coordinator from each CBPR project was identified and responsible for recruitment of informants for interviews as part of the MOU. An informant is a person who is knowledgeable about project specifics including history, identities, and roles of key actors (Lindlof & Taylor 2011). Project coordinators were instructed to recruit people who were actively involved in the CBPR project as a faculty/staff member, volunteer, or advisory board member for individual interviews. The UNM project team felt that recruitment by someone familiar to the project partners, instead of a “cold call” from unknown researchers, would facilitate willingness to join a research activity. To date,

63 interviews from the five case studies have been conducted; I conducted 21 or 33% of these interviews. Data saturation, or the point at which no new information arises from additional data, within a case study was reached with 10-12 interviews. The selection process for interviews was using a purposive sampling strategy as well as aspects of criterion (explicitly stated criterion), maximum variation (range of project involvement), and snowball sampling (recruitment through the partnership network) (Lindlof & Taylor 2011).

Data collection: Interview protocol. The interviews were semi-structured with an emphasis on allowing participants to share their experiences and views in their own words. In semi-structured interviews, questions are pre-established; however, a researcher is not limited or bound by the questions. This type of interview structure gives the researcher flexibility to amend, rephrase or ignore questions depending on the participant responses to previous questions. Semi-structured interviews are best used when an individual interviewee is unlikely to be revisited and when several interviewers will be collecting data (Lindlof & Taylor 2011). The interview guide is comprised of 40 questions pertaining to the CBPR conceptual model (Wallerstein, Oetzel, Duran, Tafoya, Belone, & Rae, 2008). A complete list of interview questions is provided in Appendix A. Questions specific to this proposal include:

1. In your own words, how do you define trust for this kind of partnership? Have there been any trust issues that have affected your partnership, ie., examples of disagreements between university and community team members that might have affected trust among members?

This question directly relates to RQ1 (how members define trust), RQ3 (trust as acts of ethical communication), and RQ4 (communication characteristics in trust development).

2. In general, how would you describe the level of trust at the beginning of your partnership and how has it changed over time? What do you think made it change?

This question directly relates to RQ2 (trust types), and RQ3 (acts of ethical communication), and RQ4 (communication characteristics in trust development). These questions, combined with the QUAN analysis will provide a more nuanced understanding of the communication characteristics in the developmental phases.

Data collection: Interview procedures. Each individual interview took place in a private setting (i.e., conference room or office) at the case study site. Most often interviews took place within the interviewee's office building for convenience to the interviewee. In some cases participants preferred to meet outside their regular workspace in which case alternative arrangements were made to locate a quiet private location. Each participant received a \$50 gift card for time and effort. Interviews lasted approximately 60-90 minutes. Each interview was audio recorded and transcribed into Microsoft Word.

Prior to asking questions from the interview guide, interviewers introduced themselves as members of the UNM research team and participants were asked to make themselves comfortable. This was an opportunity to develop rapport with the research participant. Lindlof and Taylor (2011) claimed that rapport "means that while we may not always agree with each other's viewpoint, our viewpoints are worthy of respect" (p. 184). Participants were asked if they have any questions prior to continuing to the consent process. The interviewer informed the participants that the UNM Health Science Center Human Research Protections Office (HRPO) approved the study and informed consent is required. Each interview participant was provided his/her own copy of the consent form. The one page

consent form was read over by the interviewee with frequent pauses for questions. This is a minimal risk confidential study and signatures were not required. Interviewees were asked if they consent to participate. If they choose to continue, the interviewer then asked for consent to audiotape. Once the answer was received the interview began. Table 3 illustrates the sample population for the individual interviews.

Table 3. Interview Participant Demographics

	Missouri	California	New Mexico	New York	Washington DC
N = 63	12	11	11	16	13
Sex					
Male	5	4	5	6	2
Female	7	7	9	10	11
Community	8	6	9	8	3
Academic	4	5	5	8	10

Role of the researcher. I have been involved in the larger research project since conceptualization. I assisted with grant design, budget preparation and grant submission. Once funding was received, I have acted in the role of project manager including HRPO submission and continuation reports. I have also contributed significantly to the development of both the QUAL and QUAN aspects of this project. I have coordinated and attended four of the five case study visits. Of the 63 interviews, I have conducted 21 for a total of 33.0%.

As a researcher, I become a research instrument (Guba & Lincoln, 1981) and engage with participants as an individual containing a worldview. Although each case study site has been in contact with the UNM research team, little is known about us personally; the research

team arrives as outsiders. During phone conversations, we try to connect with the project coordinator but time availability limits interaction. Upon arriving at the site, a meeting is scheduled with the project coordinator and other team members to try to limit the distance and difference between us; an attempt to gain emic, or insider, status (Lindlof & Taylor, 2011; Punch, 1998). Since we do not live in the same location as our research participants, it is important that our interaction is accompanied by constant reflection and awareness of others' worldviews and the ability to resolve those differences.

In agreement with Trickett (2011), I see CBPR as a worldview that recognizes local influence, and community as the unit of identity. CBPR also sets out to create social justice by identifying and changing oppressive areas of the ecology, and sees strength and innovation in a partnership. Therefore each site visit was an opportunity to uncover influences of the partnership on the larger community, oppressive forces, and opportunities to restore justice. Each case study has made me reflect about the way I conduct research and how I can improve my approach. Consistent with CBPR and Freire, I was required to be open to learning and re-learning.

Data Analysis

The qualitative strand of this project is the lead method used to answer all four research questions:

RQ1: How do members of community-academic partnerships define trust?

RQ2: Which types of trust exist in community-academic partnerships?

RQ3: Which communication ethics are related to trust development?

RQ4: What are other communication characteristics associated with trust development and change?

This proposal will follow the analytic steps for qualitative data provided by Creswell (2003). First, *organize and prepare data for analysis*. The larger project relied on one transcriptionist who has professionally transcribed a digital recording of each interview. Transcripts are returned as password protected documents. Each interview was assigned into a numbered system to remove personal identifiers.

Second, *read through all the data*. All transcripts will be reviewed for accuracy. For example, the transcriptionist was not familiar with some terms like *acequia* or used *bootheel* instead of *bootheel*. These inaccuracies have been cleaned and utterances such as “yeah” and “ok” were removed as they break coherent thought. In addition, each transcript was send back to the interviewee for verification; transcripts were shared for comments and corrections where necessary. Once transcripts were read, returned by participants and cleaned, they were uploaded into Atlas.ti, a qualitative data software package. At this point transcripts are read and segments of the interview transcripts will be coded and categorized by trust as a text topic.

Lindof and Taylor refer to topic categorization as asking the key question of the text “what is this *about?*” (2011, p. 247). Categorization refers to the process of organizing data with respect to common properties (Lindof & Taylor, 2011). *Begin the coding process*. All segments categorized as trust will be pulled from transcripts and reread for second level coding. The purpose of codes is to distinguish the fundamental units of the category (Lindof & Taylor, 2011). A list of codes will be created and the segments will be organized based on developed codes. This process will use inductive coding, open coding as well as in-vivo coding, or using terms provided by the interviewee. The process of coding will use the constant comparative method or “comparing each incident of a code to other incidents”

(Lindof & Taylor, 2011, p. 251). The constant comparative method ensures that data are coded the same way with the same boundary. Initial deductive codes include listening, negotiating, learning. At the same time, an inductive approach will allow for other codes to emerge from the data. I will look for other communication acts as well as ethical modifiers such as good and bad or right and wrong. Inductive codes will develop in-vivo. All codes will be added to Atlas.ti and queries will be done to pull all codes. At this point, coded segments will be transferred from Atlas.ti into to a Word document organized by codes to determine new categories. These categories will be reviewed for grouping topics or interrelationships (Creswell, 2003). This iterative process will continue until a manageable amount of categories are reached, about 5-7 (Creswell, 2003).

Survey Questionnaire

The research team from the University of Washington Indigenous Wellness Research Institute has collected cross sectional data. I had input on the entire survey and constructed/selected the questions about trust. The survey went through two phases 1) pilot survey which was conducted October 16-October 23, 2011, and 2) web based survey which went 'live' on November 3, 2011, and remained open until August 31, 2012. Both phases were completed in full accordance with the UW HRPO. Both the pilot and finalized survey were created and run by DatStat Illume™ software. DatStat is an automated data entry system with a web-based option for on-line data collection. This software package allows for automated messaging and data entry.

Web based Pilot Survey. The pilot survey was designed to pilot the process as well as the survey. The QUAN team identified two CBPR partnerships that were not identified in the NIH RePORTER database. These two projects were either unfunded or had funding for a

pilot project. The UW PI contacted academic principal investigators via e-mail. The e-mail contained a recruitment flyer and provided an official request to “help us pilot the survey for “Research for Improved Health: A National Study of Community Academic Partnerships.”

Upon agreeing to participate, pilot sites were:

1. Sent a letter with instructions for the upcoming web-based survey and a \$20 incentive (Day 1)
2. On day six, the pilot site’s academic PI received an e-mail with instructions and pin number to log on to the Community-Engaged Research key informant survey using an embedded link. The key informant survey takes approximately ten minutes to complete. At the end of the survey, the PI was asked to identify and provide e-mail and US postal contact information for one additional academic and up to three community partners.
3. If the survey was not completed immediately or remains unfinished, an e-mail follow up/reminder was sent on day 11, 14, and 18. Final reminder was conducted by telephone on day 23.
4. The academic and community partners identified by the PI were sent a letter of invitation to participate in a 30 minute Community Engaged web based survey; each letter contained a \$20 incentive.
5. The process continues as outlined above for each of the three identified partners.

This procedure piloted the process of getting instructions out to participants, in order to pilot the survey a cognitive debriefing session occurred with the PI, the identified academic and one community partner. Those who agreed to participate in the cognitive debriefing session received \$50 reimbursement for their time and effort. Cognitive debriefing

is a technique used to understand how a participant is interpreting information; to assess the ease of completion, relevance and clarity of the items within the questionnaires (Clarke & Schober, 1992). The cognitive debrief interview guide systematically goes through each section of the survey and asks if items were confusing, if items “fully captured” the concept, if items were missing (demographics), and if questions were clear. In addition the interview guide asked how long it took to complete the survey, how easy/difficult it was to take the survey on-line, if the survey asked important or relevant questions about community-academic partnership, if there were there any problems understanding words or questions, and finally asked for final comments. The web based survey was modified based on the pilot feedback.

Web-based Survey. The general process was followed with the pilot survey with a few minor differences. This section details the sampling, recruitment, and instruments for the Web-based survey.

Sampling of cases. The 294 CBPR projects identified from the RePORTER database were included in the sample and a 60% minimum response rate was expected. Up to five respondents (two academic and three community partners) were recruited from partnerships; the resulting database included 450 individuals. Figure 4 illustrates the final participant sample.

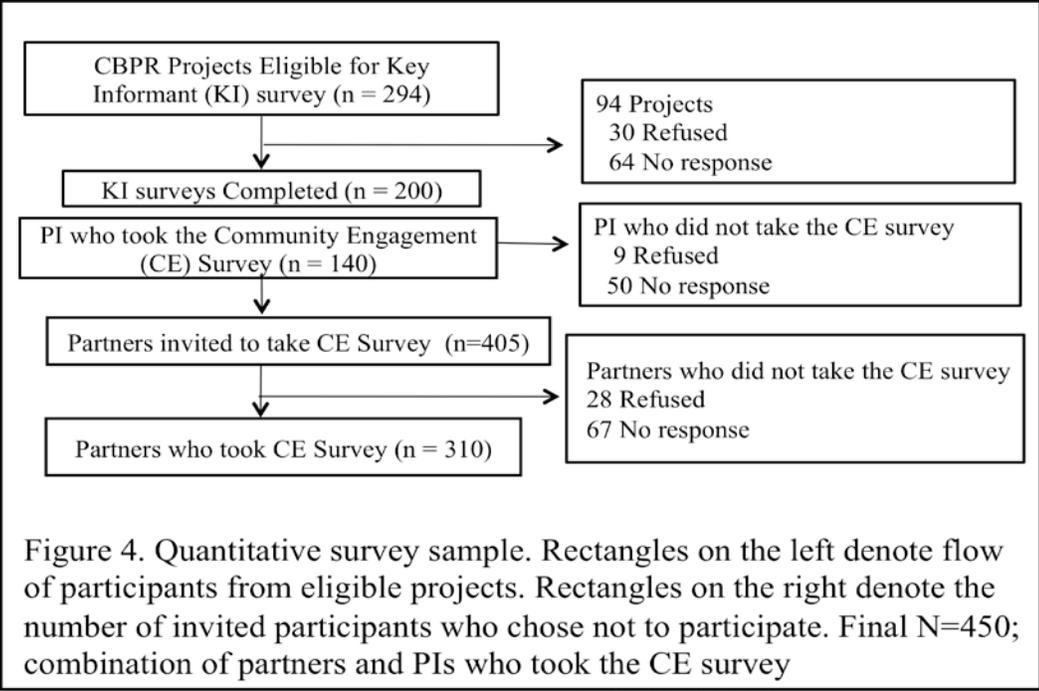


Figure 4. Quantitative Survey Sample

Recruitment of cases. Similar to the pilot survey, academic PIs from the 294 cases received US postal mail correspondence from the UW PI with an invitation to participate and \$20 incentive. On day 6, the pilot site’s academic PI received an e-mail with instructions and pin number to log on to the Community-Engaged Research key informant (KI) survey using an embedded link. At the end of the survey, the PI was asked to identify and provide e-mail and US postal contact information for academic and community partners. If the survey was not completed immediately or remained unfinished, an e-mail follow up/reminder was sent on day 11, 14, and 18. The final reminder was conducted by telephone on day 23. Partners identified by the PI were sent a letter of invitation to participate in a 30 minute Community Engaged (CE) web based survey with a \$20 incentive. The process continued as outlined

above for each of the identified partners. The final database consisted on 450 participants; 140 PIs and 310 community or academic contacts.

Instruments. The web based survey contained 115 questions that were pulled from measures related to a recent CBPR conceptual model (Sandoval et al., 2012; Wallerstein, Oetzel, Duran, Tafoya, Belone, & Rae, 2008) and included topics such as community research capacity, trust and participatory decision making, sustainability, change in power relations and change in community-level health outcomes. Specific measures to be used in this dissertation project are two trust scales and three communication related scales: (a) alignment with CBPR principles, (b) core values, and (c) participation, cooperation and respect.

The *Social Trust* scale is a 4-item forced choice measure designed to assess the general confidence that one has in the integrity, ability and character of others (Figuroa, Kincaid, Rani, & Lewis, 2002). The items are statements measured by five-point likert-type scale with responses ranging from strongly agree (5) to strongly disagree (1). Higher scores indicate higher levels of trust. Reliability and validity information has not been completed on this scale. This project will provide factorial validity through confirmatory factor analysis and reliability through Cronbach's alpha.

The *Trust Typology* is a three item forced choice measure designed to assess the change of trust over time. Reliability and validity information has not been completed on this scale as it was created for this study. Instead this project will see if the scale discriminates between different types of communication behaviors to provide evidence of validity. For example I expect more cooperation with high trust groups. The items are questions measured by 7-point likert-type scale with responses ranging from critical reflexive trust to no trust.

The *Alignment with CBPR Principles* measure was developed specifically for this survey using the CBPR principles; it was developed by Israel, Schulz, Parker, and Becker (1998). The 9-items are statements measured by a 5-point Likert-type scale with responses ranging from a great extent to not at all. Sample items are “this partnership facilitates equitable partnerships in all phases of the research,” “this partnership promotes co-learning and capacity building for all partners,” “this partnership balances research and action for mutual benefit of all partners,” and “this project involves systems development in a cyclical and iterative process.” Reliability and validity information has not been completed on this scale. This project will provide factorial validity through confirmatory factor analysis and reliability through Cronbach’s alpha.

The 4-items measuring *Core Values* were adapted from the Allies Against Asthma context survey (Kenney & Sofaer, 2003). The items are statements measured by 5-point likert-type scale with responses ranging from strongly agree (5) to strongly disagree (1); higher scores estimate a stronger congruence of core values. Reliability and validity information has not been completed on this scale. This project will provide factorial validity through confirmatory factor analysis and reliability through Cronbach’s alpha.

Participation, Cooperation and Respect are measured using the scales developed by Oetzel (2001), scales showed internal consistency with Cronbach alphas ranging from .71-85 over three time periods. Factorial validity of these scales was established in prior research. Participants are asked to “think about your experience in the most recent meeting with your community/academic partners, please indicate your perception of the quality of dialogue or conversation” All questions are measured on a 5-point likert-type scale ranging from strongly agree (5) to strongly disagree (1). The original *participation* scale included five items; three

of the five original items are included in this survey: (a) We showed positive attitudes toward one another; (b) Everyone in our partnership participated in our meetings; and (c) We listened to each other. Similarly three of four items from the *cooperation* scale are included in this survey. The cooperation survey measures the degree to which members work together on tasks. Items included are: (a) We had constructive arguments during our meeting; (b) When disagreements occurred we worked together to resolve them; and (c) Even though we didn't have total agreement, we did reach a kind of consensus that we all accept. Finally the *respect* scale measures the amount of rude and inappropriate remarks during the group's interaction. Of the four original items, three are included: (a) There were rude remarks made during the conversation; (b) There was conflict and hostility among the members; and (c) The way some of the members said some of their remarks was inappropriate.

Data Collection Procedures. Participation in the questionnaire was confidential; however, links to projects are maintained. In other words, each individual receives an access pin to participate in the survey and the access pins are linked to the CBPR project therefore participants' responses are confidential yet they are linked to the project. Participation is voluntary and \$20 incentives are provided. The questionnaire was conducted on a web-based platform. The first page of the survey provided the name of the research study and participating organizations (UNM CPR, UW IWRI, and NCAI PRC) and prompted for the access pin. The second page of the survey was the consent form that explained the purpose of the study, example questions, length of time, benefits, participant's rights and the UW PI and Institutional Review Board's contact information for concerns related to the study. An option to print the consent form resides at the bottom of the page. Following the consent page, are 115 questions related to context, group dynamics, intervention and research design, and

outcomes. Participants were able to stop the survey at any time and resume at a later date. Once participants completed the survey they click the “completed” button. The final page thanked participants for their time and said the data had been transferred.

Data Analysis. To analyze the statistical data from the web-based survey, SPSS and AMOS software programs will be used. Several types of statistical analyses will be implemented in order to properly determine the hypotheses and answer the research questions purported by this project. More specifically, (a) confirmatory factor analyses (CFA) will be used to confirm the factorial validity of all scales; and (b) logistic a regression analysis is proposed to model the dependent variables and their relationships with the independent variables. A brief overview of the function of each analysis is provided below.

CFA is a used to confirm a hypothesis about measurement. The majority of the scales used in this project currently do not have evidence of factorial validity and the one that does (Oetzel, 2001) has been modified. Prior to continuing with logistic regression, confirmatory factor analysis will be conducted to ensure that each scale is measuring what it is thought to measure. CFA is a form of structural equation modeling that tests the factorial structure of the instruments (Mertler & Vannatta, 2005). The assumptions of CFA are easily met with the large sample achieved. Once the scales are confirmed, internal consistency and descriptive statistics are provided.

Logistic regression analysis is used when a dependent variable is categorical and may have as few as two values. I propose to evaluate the trust typology as six distinct yes/no variables. Logistic regression will allow me to uncover the probability of each trust type for each case. The use of logistic regression provides some advantages. First, it requires no assumptions about the predictor variable distributions. Second, logistic regression has the

capability to handle all types of predictor variables. Finally, this method can be particularly useful when the dependent variables are expected to be non linear with any of the predictor variables (Mertler & Vannatta, 2005). This analysis will address the third research question.

Summary

Using a mixed methods approach; qualitative semi-structured individual interviews and quantitative confirmatory factor analyses (CFA) and regression analysis are used to answer the three research questions. Mixed methods are used to answer different aspects of the same question; triangulation will be used to interpret data for RQ 2-4. Logistic regression provides evidence about whether the trust typology discriminates communication characteristics central to the development of trust. RQ2-4 has qualitative data to help interpret and support QUAN findings.

Chapter 4: Results

The purpose of this project was to explore trust as an ethical concept and to understand its development in community-academic partnerships. This dissertation set out to accomplish the following: (a) develop a definition of trust for community-academic partnerships; (b) understand if various trust types exist in community-academic partnerships; (c) expose whether community and academic members talk about trust as a result of ethical communication acts; and (d) understand other communication characteristics that are associated with trust development and change. This chapter presents results of the current study. It first presents preliminary analysis of quantitative data beginning with confirmatory factor analysis of four scales, internal reliabilities, and scale descriptive analysis. This is followed by descriptive information of the dependent variables and assumption tests. The second section presents the main qualitative and quantitative results that test each proposed research question.

Preliminary Analysis of Quantitative Data

Confirmatory Factor Analysis. The first step was to confirm the measurement quality of constructs in the current study. Confirmatory factor analysis (CFA) is analysis driven by existing theoretical relationships among items in scales. The theoretical models for each scale used in this project were obtained from the extant literature and described in the previous chapter. CFA was used to confirm factorial structures and loadings of items on each scale or latent variable. Several criteria were employed to determine the inclusion of the items. First, components with at least four items require loading values of 0.50 or greater. Components with at least three items require loading values of 0.60 or greater for items to remain in the model (Stevens, 2009). Second, items had to be a unidimensional measure

meaning that each indicator loads on a single factor and the error terms are independent (Kline, 2010). Items were removed from the model if modification indices suggested a direct path to another factor or covariance of error terms. Third, items needed to have adequate internal reliability (i.e., Cronbach's alpha).

Several criteria were used to determine model fit. The χ^2 test is widely recognized to be sensitive to sample size (Joreskog, 1993; Maruyama, 1998); with larger sample sizes it becomes increasingly difficult to retain the null. Therefore, the chi-square to degrees of freedom ratio is considered a more meaningful summary than chi-square alone; Kline (2010) suggests a ratio as high as 3 to 1 indicates a good fit. The expected ratio of chi-square to degrees of freedom is 1 and the smaller the ratio, the better the fit. Multiple fit indices are available for evaluating the goodness-of-fit of the model. The following fit indices were used: chi-square, the comparative fit index (CFI), root mean square error of approximation (RMSEA) with 90% confidence interval, and root mean square residual (RMR). Values $> .90$ were indicative of good model fit using the CFI; RMSEA close to .06 or less, and RMR close to .08 or less also indicate good fit (Kline, 2010; Mancini & Marek, 2004).

Four separate CFAs were conducted on the following scales: *Participation, Cooperation, and Respect* (Oetzel, 2001), *Alignment with CBPR Principles* (Israel, Schulz, Parker, & Becker, 1998), *Core Values* (Kenney & Sofaer, 2003), and *Social Trust* (Figueroa, Kincaid, Rani, & Lewis, 2002). All analyses were done using the IBM SPSS version 20 and AMOS IBM SPSS version 20 structural equation modeling software, with maximum likelihood estimation. A limitation of the AMOS software package is that CFA will not compute model estimates with missing data in the working data set. For this reason, all

missing data were replaced with median values. The next sections provide the CFA model results.

Alignment with CBPR principles. The CBPR principles scale had eight items that fell into two distinct factors: *community focus* and *partner focus*. Therefore, a two-factor model was tested, $\chi^2 (19, N = 450) = 54.91, p < .000, GFI = 0.970, CFI = 0.979, RMR = 0.017,$ and $RMSEA = 0.065.$ The χ^2/df ratio in this model was 2.89 suggesting an adequate fit. Overall, the model fit statistics showed a good fit with all five model fit indicators. All eight items remained in the model with four measuring *community focus* and four measuring *partner focus*. See table 5 for factor loadings. The Alignment with CBPR Principles scale resulted in an overall Cronbach's alpha of 0.90, the community focus factor had an internal reliability of $\alpha = 0.82$ and partner focus resulted in $\alpha = 0.85$

Table 4. Items and Factor Loadings for Factor Loading for *Alignment with CBPR*

Principles

Item	Factor loadings
<i>Community focus</i>	
5.1 This project builds on resources and strengths in the community	0.69
5.5 This project emphasizes what is important to the community (environmental and social factors) that affect well-being	0.79
5.7 This project views community-engaged research as a long-term process and a long-term commitment	0.68
5.8 This project fits local/cultural beliefs, norms, and practices	0.73
<i>Partner focus</i>	
5.2 This project facilitates equitable partnerships in all phases of the research	0.77
5.3 This project helps all partners involved to grow and learn from one another	0.81
5.4 This project balances research and social action for the mutual benefit of all partners	0.76
5.6 This project disseminates knowledge and findings to all partners and involves all partners in the dissemination process	0.70

Participation, cooperation, and respect. Second, the three-factor scale (participation, cooperation, and respect) was examined. Upon computing the three-factor model estimate, $\chi^2 (24, N = 450) = 71.01, p < .000, GFI = 0.965, CFI = 0.976, RMR = 0.035, RMSEA = 0.066$. The χ^2 / df ratio in this model was 2.96, suggesting an adequate fit. Overall, the model fit statistics showed a good fit with all five model fit indicators. All original items remained in the model with three measuring *participation*, three measuring *cooperation*, and three measuring *respect*. See table 6 for factor loadings. The Participation, Cooperation, and

Respect scale resulted in an overall Cronbach's alpha of 0.83. The Participation factor presented an internal reliability of $\alpha = 0.78$ the Cooperation factor resulted in $\alpha = 0.83$ and Respect resulted in $\alpha = 0.83$.

Table 5. Factor Loading for *Participation, Cooperation and Respect*

Item	Factor loading
<i>Participation</i>	
13.1 We showed positive attitudes towards one another	0.80
13.2 Everyone in our partnership participated in our meetings	0.63
13.3 We listened to each other	0.88
<i>Cooperation</i>	
14.1 Arguments that occurred during our meetings were constructive	0.72
14.2 When disagreements occurred, we worked together to resolve them	0.88
14.3 Even though we didn't have total agreement, we did reach a kind of consensus that we all accept	0.76
<i>Respect</i>	
15.1 There were disrespectful remarks made during the conversation	0.65
15.2 There was hidden or open conflict and hostility among the members	0.85
15.3 The way the other members said some of their remarks was inappropriate	0.91

Core values. Third, the core values scale was examined. Upon computing the initial one-factor model estimate, $\chi^2 (2, N = 450) = 27.95, p < .000$, the χ^2 / df ratio in this model was 13.98, and RMSEA = 0.170, suggesting a poor fit. However the GFI = 0.972, CFI = 0.975, RMR = 0.011 support model fit. Due to conflicting information provided by the fit

statistics the modification indices were consulted. The covariance of error terms associated with items 6.1 and 6.3 had a modification index of 12.72 and the covariance of error terms associated with items 6.2 and 6.4 had a modification index of 11.38. Drawing covariance between the error terms would go against the unidimensionality criteria, and attempts at modification resulted in an unidentifiable model. Consequently the scale will be used in its original form in the main analysis. See table 7 for factor loadings. Since there is no single clear standard for what qualifies as good fit, Kline (2010) suggested that when the model satisfies a number of fit index criteria a good fit is achieved. The core values model satisfies three of the five fit indices.

Table 6. Factor Loading for *Core Values*

Item	Factor loading
6.1 Members of our partnership have a clear and shared understanding of the problems we are trying to address	0.76
6.2 There is a general agreement with respect to the mission of the partnership	0.86
6.3 There is general agreement with respect to the priorities of the partnership	0.87
6.4 Members agree on the strategies the partnership should use in pursuing its priorities	0.80

Social trust. The social trust scale resulting in the following single factor model estimate: $\chi^2(2, N = 450) = 8.989, p < .012$. The χ^2/df ratio in this model, 4.42, is higher than preferred but is less than 5, which is sometimes permissible (Hair, Black, Babin, & Anderson, 2010). Remaining fit statistics indicate a good model fit: GFI = 0.991, CFI = 0.992, RMR = 0.010, RMSEA = 0.087. All four original items remained in the model. See

table 8 for factor loadings. Based on the confirmatory factor analysis, this scale resulted in an overall Cronbach's alpha of 0.87.

Table 7. Factor Loading for *Social Trust*

Item	Factor loading
26.1 I trust the decisions others make about issues that are important to our project	0.76
26.2 I am comfortable asking other people to take responsibility for project tasks even when I am not present to oversee what they do	0.77
26.3 I can rely on the people that I work with on this project	0.86
26.4 People in this group/community have confidence in one another	0.76

Descriptives

To determine the relationship between ethical communication and trust, four scales were used; the Alignment with CBPR scale fell out into two subscales (CBPR community focus and CBPR partner focus), the Participation, Cooperation, and Respect scale, and the Core values scale. The social trust scale was used as a dependent variable in different analysis. Therefore seven scales were used in the main analysis. Table 8 shows aggregate means and standard deviations. Then table 10 provides the correlation matrix.

Table 8. Means and Standard Deviations

	Mean	Std. Deviation
Alignment with CBPR Principles: Community Focus	4.51	0.58
Alignment with CBPR Principles: Partner focus	4.30	0.67
Participation	4.44	0.58
Cooperation	4.15	0.67
Respect	4.26	0.89
Core values	4.40	0.60
Social trust	4.35	0.62

Table 9. Correlation Matrix

	Comm. focus	Partner focus	Participation	Cooperation	Respect	Core values	Social trust
Community focus	1						
Partner focus	0.736**	1					
Participation	0.425**	0.504**	1				
Cooperation	0.322**	0.387**	0.527**	1			
Respect	0.235**	0.260**	0.433**	0.247**	1		
Core values	0.631**	0.630**	0.546**	0.414**	0.372**	1	
Social trust	0.539**	0.572**	0.512**	0.405**	0.338**	0.631**	1

**Correlation is significant at the 0.01 level (2-tailed)

The analysis of the correlation matrix indicates that several of the observed relationships are correlated. The strongest relationship was between community focus and partner focus indicating that if the partnership has a strong community focus then the partnership was more likely to also have a strong partnership focus. The correlation matrix also shows a strong positive relationship between community focus and core values and partner focus and core values, indicating that having a strong community focus or partnership focus in a partnership was more likely to have shared core values. Strong relationships also exist between trust and core values, cooperation and participation, and participation and core values. In this project, these measures are expected to explain trust. Therefore they should be related to each other. The correlations for scale pairings are very high, providing evidence for convergent validity.

Dependent Variables

This dissertation project included two trust measures in the quantitative survey: the Trust typology and the social trust scale (Figueroa, Kincaid, Rani, & Lewis, 2002). The Trust typology is a nominal variable, and Figure 5 shows the response distribution.

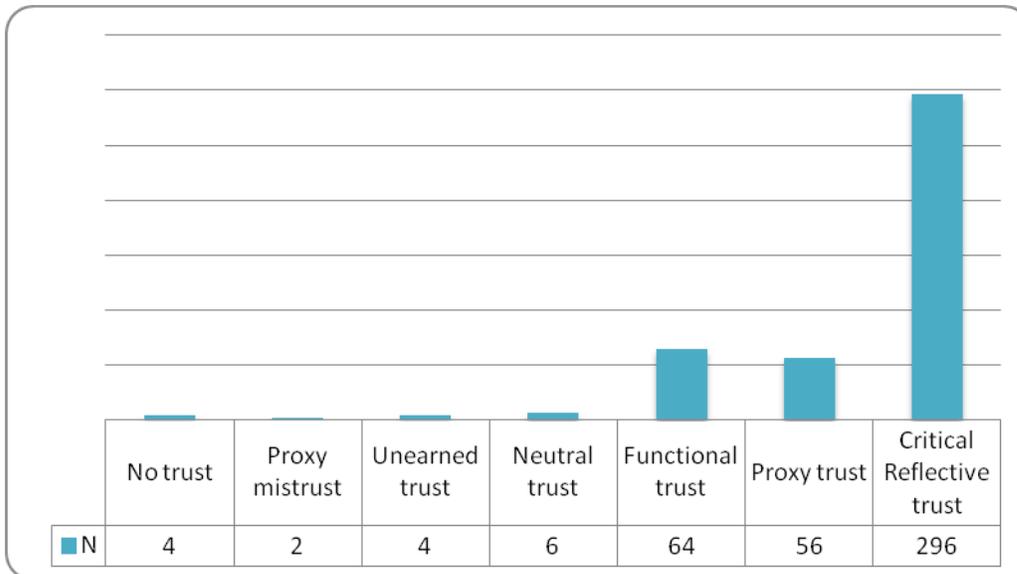


Figure 5. Count of Original Current Trust Types

Overwhelmingly, survey participants reported critical reflective trust in partnerships. Although this is a tremendous accomplishment for the partnerships, it does create a problem for analysis. In order to have enough data in each cell for analysis, the less trusting types were combined to create a four-level typology (see figure 6). Conceptually this makes sense since the categories of no trust, proxy mistrust, unearned trust, and neutral trust all suggest suspicion.

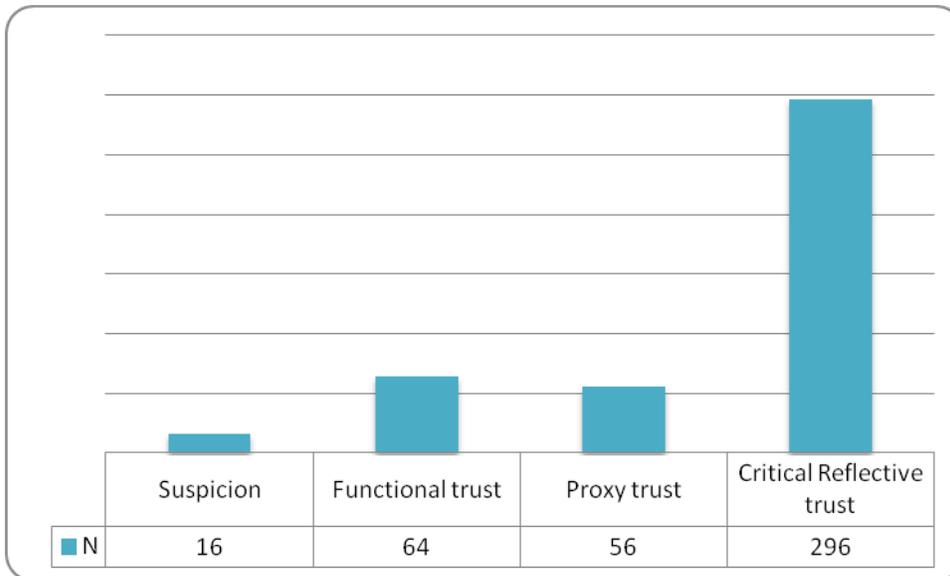


Figure 6. Count of Current Trust Types: Combined Categories

The social trust scale was included in the quantitative survey to offer an analysis alternative since the Trust typology was theoretical. It is theoretically impossible to create a comparable variable from the social trust scale as respondents were asked to choose their level of agreement from a five-point forced choice option. The options ranged from strongly disagree to strongly agree with the midpoint being neither agree nor disagree. As a result the scale must remain continuous. A continuous variable allows for linear regression testing.

Since the Trust typology is a new a new scale, it is important to know if it is comparable to the social trust scale. A one-way analysis of variance (ANOVA) was conducted to investigate differences in the two trust measures. The frequency distribution was checked; the mean scores for these scales are shown in Table 11. The means plot in Figure 7 shows the means of the two scales plotted against each other. It reveals higher scores for the social trust scale corresponds with critical reflective trust. Similarly low scores on the social trust scale correspond with suspicion. This provides some validity for the Trust typology measure.

The social trust score differed significantly across the four trust types $F(3, 417) = 38.98$, $p < .000$. Tukey post-hoc comparisons of the four groups indicate that critical reflective trust ($M = 4.57$, 95% CI [4.51, 4.62]) was significantly different than proxy trust ($M = 4.15$, 95% CI [4.01, 4.28]), $p < .000$, functional trust ($M = 3.91$, 95% CI [3.75, 4.07]), $p = .000$, and suspicion ($M = 3.68$, 95% CI [3.12, 4.24]), $p = .000$. Comparisons between proxy trust and suspicion were also significantly different, $p = .041$. The other two groups were not statistically significant at $p < .05$. These ANOVA results confirm that the three of the four types of trust from the new Trust typology are comparable to the social trust scale further providing validity for the typology.

Table 10. Means and Standard Deviations for Trust Typology and Social Trust

	N	Mean	Std. deviation
Trust typology: Current trust	422	3.49	.843
Social trust	430	4.38	.598

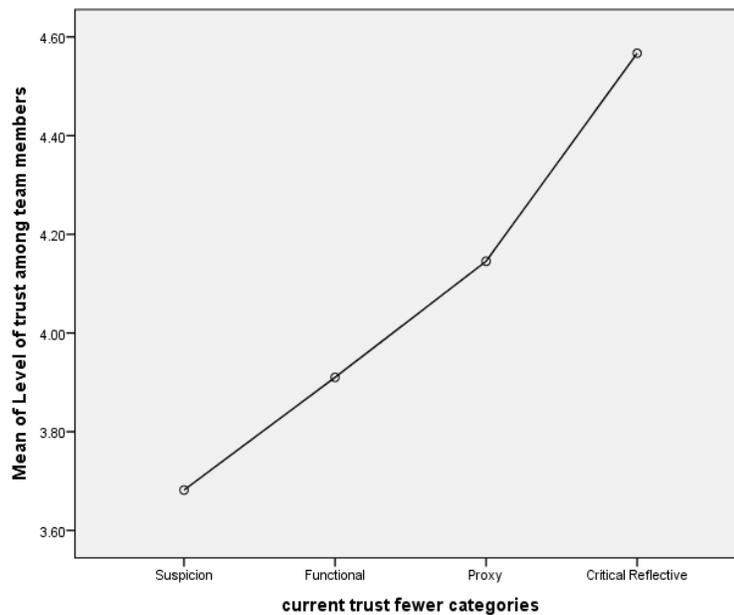
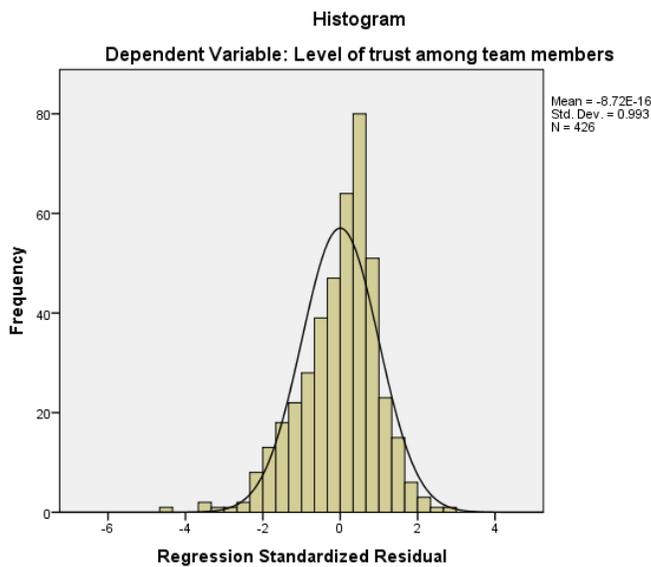


Figure 7. Means Plot of Social Trust and Trust Types

Often Likert-type data is skewed toward the high or low end of the scale depending on survey statements. Therefore, assumptions of normality, linearity, and homoscedasticity were tested. Skewed data is problematic and can limit analysis. For this project, data were negatively skewed. The sample population was from highly successful CBPR partnerships. Accordingly these data have a feature of self-selection bias. Standardized residuals were reviewed for assumptions of normality, linearity, and homoscedasticity. Removing about ten outliers helped improve linearity and normality between the dependent and independent variables and as seen in SPSS output for Normal P-P Plot and histogram. Further these data are homoscedastic. The scatterplot is roughly rectangular; the scatter in Y is about the same, regardless of where you take a vertical slice, the scatter is about the same (Figure 8).



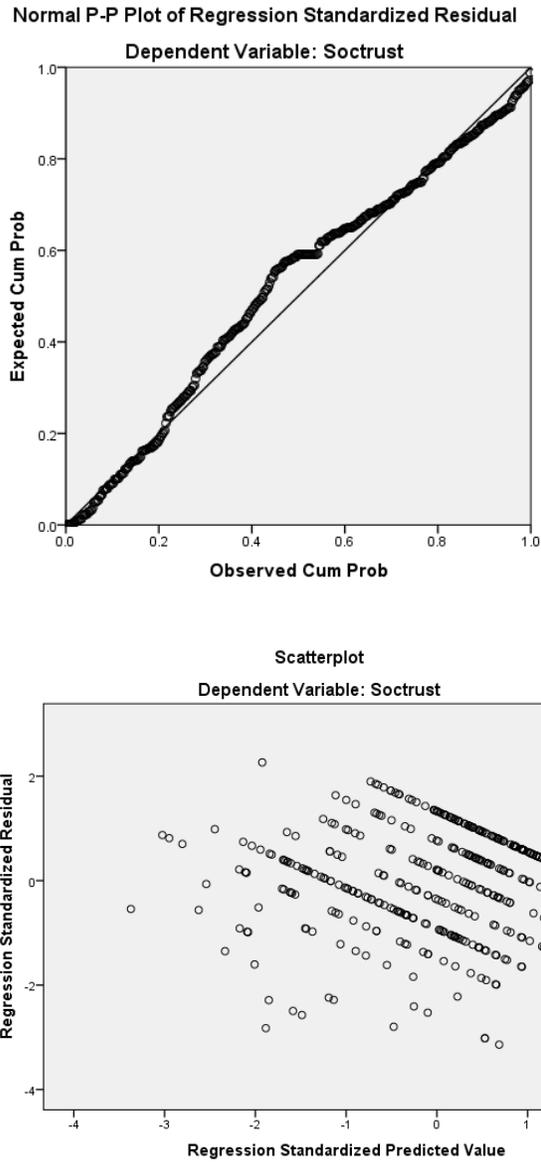


Figure 8. Social Trust: Histogram, P-P Plot and Scatterplot

Main Analysis

This section reports the results of the main analysis as it relates to the four main research questions and three sub-questions proposed in previous chapters. This study utilized a parallel mixed methods approach. For that reason, the analysis section are presented as the

qualitative and quantitative strand by research question. In other words, the research questions are the main heading with methodological strand the subheading. Although mixed methods aims to answer different aspects of the same research question, quantitative data in this study contributed to three research questions (RQ 2, 3 and 4) and the qualitative data from the primary data. Therefore, this projects places priority on the qualitative component (QUAL + quan).

RQ1. How do members of community-academic partnerships define trust?

In the extant literature, several definitions of trust exist, though a meaning of trust for community-academic partnerships has been overlooked. CBPR scholars who identify trust as being important have not been concerned with pinpointing meanings of trust. Understanding meanings are a necessary step in order to build trust in partnerships as well as to measure trust.

Although explicitly asked about trust, many interviewees declared that they did not know how to answer the question. Those that did find the words to describe trust did so in a straightforward fashion. Only qualitative responses to the question “In your own words, define trust in this type of partnership” were analyzed. All other interview data were used to answer research questions two through four. Quantitative data did not contribute to answering this first research question. Definitions of trust were fairly clear-cut and three themes were abstracted: (a) sense of responsibility to the partnership, (b) respect and safety, and (c) shared goals and values.

Sense of responsibility to the partnership. In this study, some members of community-academic partnerships saw trust as responsibility, where responsibility is a virtue or valued characteristic that supports the work of the partnership. Responsibility is

demonstrated as being able to complete tasks, dependable, reliable, and accountable. In total, responsibility to the partnership is contributing in meaningful ways so that as a whole the partnership moves forward.

Maggie, a female academic team member from California, had project activities and tasks in mind when she articulated her trust definition. Trust is having confidence that a partnership member will have the ability to complete tasks he/she set out to complete:

[B]eing able to let go of control. So, for me, if I trust somebody, I don't worry about what they're doing. I don't ... I just trust them that they'll do something or I'll trust that I can go to them.

For Maggie, trust is proportional to the amount of time she spends managing activities. The less time she spends tracking process the more she trusts partnership member's ability. The more she trusts in other's ability the more she trusts that she can go to them when she needs assistance. Therefore, trust increased when Maggie observes responsible behavior from partners. Similarly Kevin, a male community member from Missouri, characterized trust as dependability and willingness to contribute, he stated:

If I have to see you, I have to trust you. Everybody has flaws. I'm not going to look at that [flaws] because I know you who you are. I know all that. I can count on him or I can count on her. They say they're going to try to do their best. Hey, I can understand that ... as an adult that they can understand that well ... as long as you're doing your best. And people know you're doing your best and when you're really trying.

Kevin viewed dependability, trying, and doing one's best as contributing to the partnership. He recognized that partnership members make mistakes but mistakes are a human trait. He sees trying and doing one's best as the most important piece because if

members are trying then members are contributing. Trying is accepting responsibility. Continuing to try translates to dependability; Kevin trusts that he can rely on partnership members to continue trying. Emele, a female community member from California, shares Kevin and Maggie's view of trust. She aligned partner contribution, dedication, and results with trust.

Let me think ... trust is ... in the partnership [trust] is when each partner contributes and each partner values the other partner's contribution, and believes that the other partner is doing the best that they can, partner's are just as dedicated as themselves are. But I agree with what [another partnership member] said the other day that performance has something to do with it. Because if you don't perform, after a while you don't see the result; and that definitely will affect the trust.

For Emele performance is evidence of dedication and doing one's best. Therefore, seeing results contributes to having a sense of responsibility to the partnership. By witnessing partner contribution each partner then trusts that others are equally dedicated, and they value each other's work. This view of trust as responsibility was evident in the New York partnership too.

Esther, a female academic member from New York, defined trust as "Being reliable ... don't say you're going to do something and you don't get it done." Harold, a male academic member from New York, had a similar definition. He stated, "I would say dependable, knowing that we can count on you to do what we asked you to do, or what the requirements are." Similar to other participants, Esther and Harold defined trust in terms of contribution, commitment, and performance. Being reliable or dependable means that an

individual will complete something that he/she has committed to achieving. Achieving commitments contributes to partnership progress.

Harold, like Maggie, expected that partnership members would have the competence necessary to carry out task. Harold spoke of competence as the notion of requirements or expectations that must be satisfied for the partnership to move forward. This is similar to how Omar sees trust. Omar, a male community member from New Mexico, stated “I define trust as that you feel comfortable with what’s expected of you and what’s expected of the other organization and person.” The way he described expectation suggests responsibility of collaboration partners. Being comfortable with expectation is the ability and willingness to accept responsibility and have the commitment and competence to complete tasks successfully.

In sum, trust in community-academic partnerships occurs when partnership members have a sense of responsibility to the partnership. Responsibility was an outcome of dedication, commitment, ability, and follow through. When partnership members observed the performance of responsibility they also witnessed trust increase. Performance of responsibility adds to partnership advancement.

Respect and safety. The second theme to emerge was trust as feeling respected and emotionally safe. Respect is defined as providing particular attention to a partnership member’s thoughts and opinions. Safety is defined as being emotionally safe to voice thoughts and opinions. Respect and safety are influenced by how partners feel they are positioned within the partnership. Here I use position in terms of positionality, a concept recognizing that aspects of our social identities are markers of relational positions (Alcoff,

1988). Knowledge and voice are often privileges of positionality. Respect and safety mitigate this privilege and contribute to trust.

Eva, a female academic from New Mexico, defined trust by stating “I think trust has something to do with feeling positionally safe in a relationship relative to everybody involved in the partnership.” Eva’s quote features safety in relation to the risk and fear of positionality and whether privilege is being moderated. The composition of CBPR partnerships ranges from highly educated Ph.D. level researchers, both junior and senior level, to partners that have completed high school. Thus there is a natural difference in knowledge related to research design and methods. It is common for partnership members with less research knowledge to be uncomfortable sharing their thoughts and opinions about the research process. However, CBPR strives to democratize the research process so feeling safe given relational positions “ought” to apply to all partners.

Gloria, a female community member from California, recalled her feelings when she first joined the partnership. She remembers sitting at the table with medical doctors, PhDs, and other professionals and not wanting to speak up for fear that she would not be heard. As she became more comfortable with her position in the partnership she began to engage with risk taking by voicing her opinions. Partnership members listened to her opinions and made her feel valued and respected. Gloria stated:

I feel like, “OK I took some risks. I felt like, OK, they seemed to accept it.” Then I felt braver. I felt more encouraged. Then I will take another risk, right? Yeah, I thought that if they don’t ... maybe if my opinions were not valued, then to me it’s like a message that, “Oh, I shouldn’t take so many risks for speaking up.” But

because this process has been quite positive, I think it encourage[s] me to speak up and as part of that trust is being developed.

For Gloria the ability to speak up and feel safe while doing so was connected to respect. The feelings of respect and safety foster trust. Amy, a female academic from Washington, saw trust in the same light as Gloria, she indicated that trust is having a space where partners are able to speak freely while the speaker's personal worth is valued:

You don't feel a sense of ... a lack of fear and being able to speak freely, and that being respected, working, and honoring the individual, and really working towards the overall goal. Putting that in the forefront without losing sight of the individual ... also having a space where people can speak freely without it being guarded.

Both Amy and Gloria talked about safety as freedom from risk of emotional vulnerability. Emotional vulnerability is expressed as fear that concerns, opinions, and thoughts will fall on deaf ears, be contradicted, or attacked. This fear creates a feeling of being emotionally threatened or at risk. In Gloria's case she felt encouraged to voice her thoughts and opinions. She was left with feelings of contribution, value, and respect.

Geoff, a male academic from the Washington partnership, candidly articulated the importance of respectful attitudes in building trust in community-academic partnerships. He stated, "When people show respect, that's the easiest way to get sort of ... the easiest way to understand trust is when you feel respected. And it's really as simple as that. To me, this is street knowledge." Showing respect, per the definition provided in this section, is offering particular regard to a fellow member's thoughts and opinions regardless of his/her relational position.

In sum, the theme of respect and safety is based on feelings of being a valuable and respected member of the partnership. Feelings of value and respect arise by being able to express opinion and thoughts and have these expressions be highly regarded and considered. The feeling of being able to freely express oneself is the cornerstone of safety. Safety is the feeling that you can contribute without the risk of ridicule or being ignored, and risk stems from feelings of vulnerability. Trust reduces risk and vulnerability and creates the environment of respect and safety.

Shared goals and values. The third theme to emerge was trust as shared goals and values. Having shared goals and values creates camaraderie and solidarity; confidently knowing that each partnership member will strive to achieve the same goals. Shared values are fundamental to developing shared goals. The following quote from Elizabeth, a female academic member from New York, defined trust as setting out to achieve a mutually beneficial goal. She stated:

[S]hared vision and really believing that what I want is what you want. We're really on the same side here. There's nothing that's going to benefit me, but not you, or benefit me more or whatever. Yeah, so it's really a shared goal, and also a sense of people having your back. You really sense that we're in this together.

This excerpt from Elizabeth's interview exemplifies the camaraderie that develops from working toward a shared goal. The feeling of "people having your back" provides support to partnership members and to the overall cause of the partnership. The sense of unity is based on shared interests, responsibility, and values. Having a shared goal and the sense that "we're in this together" builds trust.

Elba, a female community member from New Mexico, also defined trust as having sharing goals. She agreed with Elizabeth on the need for solidarity; knowing that everyone is committed to the same goals and partners will work toward those goals without question promotes trust. Elba stated:

I guess I would say confident that we have mutual goals ... that the hidden agendas aren't there, that we're both on the same page; we're going after the same thing. [Trust is], I think, having confidence that we are aimed for the same goal and that hidden agendas are not part of that.

Elba uses “being on the same page” as a metaphor for having the same information, and understanding. Counter to “being on the same page” is having hidden agendas, or ulterior motives. Hidden agendas undermine mutual goals, hinder trust development, and increase suspicion. Therefore, it is also necessary to have shared values. Having shared values across partnership members makes carrying out hidden agendas very difficult because values are fundamental beliefs of a person or organization.

Mark, a male academic from New York, clarified this idea of values being fundamental beliefs. He determined that trust begins to arise when shared values are determined. He stated, “Well, trust has to do with the understanding that you set down some basic understandings of values that are shared, and that people will play out those values consistently when presented with many different scenarios.” Helen, a female community member from Washington, echoed Mark’s sentiments about shared values. Instead of using the term shared values she used the word “intention.” Intention is a philosophical concept meaning a “good” or valued commitment to action and successful completion of that action

(Emmanuel, 2013). She also extended the idea of shared goals to include fulfilling promises.

She stated:

I think trust is about believing that you have the same intentions in the work that you're doing. It's trusting that people are bought into the same thing; they're trying to accomplish the same thing. And I think it's working together, even through difficult times, to accomplish what you set out to do. But I think there's an intention behind it; and then I think there's a kind of aspect of making good on your word of fulfilling what you said you were going to do.

In this quote, Helen's use of intention conflates shared goals and values. This is made clear when she says, "It's trusting that people are brought into the same thing." This quote suggests that being a member of the partnership is more than choice; it is valuing the vision and goals of the partnership. It is being drawn to the work because of similar values and worldview.

In sum, a third theme of shared goals and values emerged from the data. Developing shared goals creates a sense of unity and shared purpose. Shared values are the building blocks of developing shared goals. Values are the central principles that individual's attitudes and behaviors are based. Interview participants expressed trust as having shared goals and values.

Summary. The definition of trust in community-academic partnerships is a mix of behavior, attitude, and praxis. Responsibility is the demonstration of behaviors that show care for partnership members and the partnership's progress. The theme of responsibility aligns with responsibility in communication ethics. Responsibility in ethics mandates care for others through autonomous moral action (Bivins, 2006). Responsibility to the partnership by

members is demonstrated by behaviors such as being competent to complete tasks, dependable and reliable, able to contribute, and accountable. These behaviors ensure care for partnership members so that the onus is not put on one person; instead, everyone is responsible.

Respect and safety are attitudes or feelings of value, contribution, and worth. Keller and Brown (1968) claimed that a person could fail an ethical test solely on the grounds of his/her attitude toward the other. Some interview participants reflected this sentiment as they defined trust as feeling safe while communicating thoughts, concerns, and opinions. Being able to share without fear of ridicule or being ignored is a marker of mutual respect. Respect was described as treating a partnership member like a valued contributor to both the partnership and scientific process.

The behavioral and attitudinal components culminate in praxis or the process of enacting responsibility, respect, and safety to realize shared values and develop shared goals. Using the above themes, a definition of trust is presented. According to members of community-academic partnerships *trust is having an emotionally safe and respectful environment based on shared values to promote a sense of responsibility to the partnership while working toward shared goals.*

RQ2: Which types of trust exist in community-academic partnerships?

The purpose of this research question is twofold. First, I seek to expose if trust types exist in community-academic partnerships. Second, I seek to know if the trust types presented in the Trust typology are plausible for both community and academic respondents. If the types are acceptable then the trust typology can be used to explain trust development in

research question three. If these types are not acceptable then only the social trust measure will be used.

A current limitation of trust research is that trust is often investigated and measured as a binary variable even though scholars have documented several types of observed trust (Connell & Mannion, 2006; Lucero & Wallerstein, 2013; McKnight & Chervany, 2006). The conceptualization of trust as present or absent limits the understanding of trust as a complex and multidimensional construct. Prior to this study a Trust typology was developed (described in Chapter 2) and this research question sought to reveal different forms or types of trust that exist in community-academic partnerships. In the following analysis, the definitions of the trust types presented in the typology will be used to determine which, if any, trust types exist within the qualitative data. Both qualitative and quantitative data were used to answer this research question.

Qualitative strand. Qualitative data were analyzed to discover congruent trust types. Responses to one of the interview inquiries were particularly useful in this effort; “Describe trust at the beginning of your partnership and how has it changed over time?” This particular analysis is not necessarily concerned with time, as a theme of time emerged in research question four. Rather this research question is concerned with identifying trust types in practice that are congruent with proposed theoretical types. Trust types that emerged were proxy trust and proxy mistrust/suspicion. These trust types were brought up specifically in response to describing trust at the beginning of a partnership. Responses to “how has it changed” did not result in any other trust types.

Proxy trust. Proxy trust was defined in the Trust typology as members of this partnership are trusted, because someone whom we trust invited them, therefore we trust

them. For example Maggie, a female academic from California, recalled when she joined the partnership. She had known the project Principal Investigator (PI) from past projects and she stated, “I trusted the PI. He was the one that I actually knew best of all the partners, ‘cause I had a longer history of working with him. But he trusts the partners; and so naturally I trust the partners.” In this case, proxy trust occurred between people. Maggie trusted the PI and the PI trusted other members of the partnership; trust in individuals was transferred from the PI to Maggie. The next quote shows that proxy trust can also occur between person(s) and organizations.

In New York, Larry, a male academic, commented on the trust earned by two community liaisons that were outsiders to the community and how that trust benefitted and translated to the academic organization He said, “So I think having a few trusted connections like that is sort of what the key is. So they became very trusted in the community; and, through them, we’re trusted.” In this partnership the academic institution engages in clinical care as well as research and has multiple locations and employees. Because community members could not possibly know each individual employee, trust was not transferred from individual to individual but rather from individual to the organization. In other words, community members trusted the organization name because the two liaisons were associated with the academic institution and the community trusted the liaisons.

In another situation the trusted person was an established member of the community. Eliza, a female academic in New York, commented on how trusted and highly regarded Gayle, community partner, is in her community. Eliza believed that because Gayle was involved with the research initiative other community members also valued the research initiative. In this quote, Eliza provides a conjecture about how Gayle’s participation was

viewed by her fellow community members. Eliza begins this quote speaking, as she is the fellow community member:

“Hey, it’s Gayle who’s a part of that. So [project name] must be OK because Gayle would not align herself with an effort that was not OK.” That’s when you have advocates who will speak for you. That’s when you have people who are trusted in the community, who are sort of your ambassadors, your champions, who whatever their community is—however they define the community—are so respected and they’re sort of considered leaders that when they advocate and champion for you they bring others along.

In this case trust was transferred from an individual to a research initiative. Eliza suggested that other community members became involved in the research initiative because Gayle was involved. Gayle is known in the community; she is trusted and highly regarded therefore other community members will align themselves with the same initiative. The willingness to join a partnership based on the reputation of one person implies an alignment of goals and values between Gayle, the other community members and the research initiative.

These three quotes show variability within proxy trust. In these examples, proxy trust occurs between individuals, individuals and organizations, and individuals and research initiatives. In the research literature proxy trust is more commonly presented as trust between individuals. Proxy trust was a common theme through the majority of interviews and appears to be a common starting point for community-academic partnerships.

Mistrust. The second type of trust that was observed throughout the qualitative data was mistrust. Mistrust is made up of two arms (a) proxy mistrust, and (b) suspicion. Proxy mistrust was defined in the Trust typology as members of a partnership are not trusted

because someone who is not trusted invited them; therefore they are mistrusted. In line with proxy mistrust, and prevalent within the data, was suspicion. Suspicion was assumed under the No Trust type in the Trust typology and is based on historical experience. As a reminder, Deutsch (1958) introduced suspicion as an expectation that the trustee will produce a malevolent event. Similar to proxy trust, variability within mistrust also exists. The following quote explains proxy mistrust between individuals.

Sandra, a female academic from New Mexico, recalled joining a funded research partnership as a member of the academic team. Community members of this particular partnership developed mistrust for the academic team PI. After the PI resigned, the academic team was still engaged in the research project, this is when Sandra joined the project to help with some very specific tasks. Once she began to understand the partnership climate and the mistrust associated with the PI, she decided to withdraw from the research project. With this quote Sandra described proxy mistrust: “But I was part of [academic PI] group; so that really did not make it ... I think people didn’t feel safe. So that’s why I backed out.” Since the community mistrusted the PI and Sandra was a member of that team, the community transferred mistrust to her. Sandra understood that if people did not feel safe the partnership would not move forward; communication would be stifled. Shortly after her recognition of the partnership climate and mistrust she withdrew her participation.

Sandra also spoke about proxy mistrust in relation to the academic institution. She explored the idea that mistrust of the academic institution was partly the reason why mistrust toward the academic team PI existed. She said, “I think that there are sometimes historical reputations that an institution builds; and sometimes there are very good academic partners within that institution who could be strong allies, but we might discount because of the

institutional reputation.” In this situation, the mistrust of the institution was transferred to the academic PI.

In communities of color, mistrust and suspicion often stems from historic events and institutional histories of collaboration. The following data strongly support this assertion. Norma, a female academic from Missouri, recalled a situation where individual identity impacted and continues to influence trust. Norma described a situation where a new academic team member was introduced to the partnership.

I think that because of who we are sometimes, depending on, maybe it’s a trust issue, but when one of our newest members was introduced, there’s something about her ... I don’t know if it’s her social identity or something else, or her age or whatever ... seems to put some people on edge. And I don’t know what that’s about, but I think interpersonal dynamics sometimes are difficult to sort through; and there is a level of trust that they’re willing to work through those problems, but it does seem to come up again.

In this case mistrust can be attributed to the positionality of the new member. The possibility that she represents a historical figure could explain partnership member’s mistrust or suspicion toward her. This is a remarkable example of the past influencing the present. In this next excerpt, Hannah, a female academic from Missouri, spoke about the historic legacy of mistrust in the community. She stated:

On the one hand, there’s this huge legacy of mistrust that has all the things ... this notion of hidden transcripts; and I would say there’s a huge amount of that that still goes on. We hear certain conversations and not others. So we’ve had to overcome the mistrust, I’d say. There are some blatant things, a lot of anger, a lot of conversations

around that explicitly that we have had to work with. We also have had layer upon layer of working through those things.

In this partnership, mistrust is expressed through hidden transcripts (Scott, 1990). Hidden transcripts or private discourses are used by the less powerful to sidestep the powerful. Hidden transcripts in community-academic partnerships occur when partners do not feel respected or engage in safe expression themselves. Instead conversations are held outside partnership meetings and with a select group of individuals. Hidden transcripts could be likened to gossip. Mistrust challenged the Missouri partnership and caused them to repeatedly hold discourse in attempts to overcome this barrier.

Kenny, a community member from New York, candidly confessed the deep-rooted suspicion caused by historic events. On being approached by researchers to collaborate, Kenny stated, “I sometimes admit that I wonder if people have a hidden agenda that they’re not sharing with us ... I think it’s a habit. I think it’s ingrained.” For Kenny, and other members of marginalized communities, suspicion is a common reaction. Suspicion arises when outsiders want to help, because of the historical context their intentions are under scrutiny.

In sum, the qualitative data revealed that three types of trust were found to be congruent with the theoretical trust types. Proxy trust, mistrust and suspicion were abstracted from the data. These three types were descriptions of trust at the beginning of partnerships. I was unable to garner current trust types from the qualitative data. A large portion of participants claimed trust to be high at the beginning of their partnerships and had not experienced any change.

Quantitative strand. Survey participants were asked to select the trust type they experienced at the beginning of their partnership and the type they currently experience. Examination of the quantitative data signified that community and academic members understood the trust types from the trust typology. Figure 8 shows that most partnerships began in proxy trust, suspicion, or functional trust. Functional trust was defined as when members of a partnership work together for a specific purpose and timeframe, but mistrust may still present. Suspicion and proxy trust were defined in the qualitative section above.

Responding to current state of trust, survey participants reported movement in trust levels. Overwhelmingly, partnership members reported currently residing in the critical reflective trust type. Critical reflective trust is characterized by being able to talk and resolve mistakes and other issues resulting from differences (in culture; power). In line with this claim, suspicion and proxy trust dramatically dropped; though functional trust remained the second most common type of trust that partnerships currently work under.

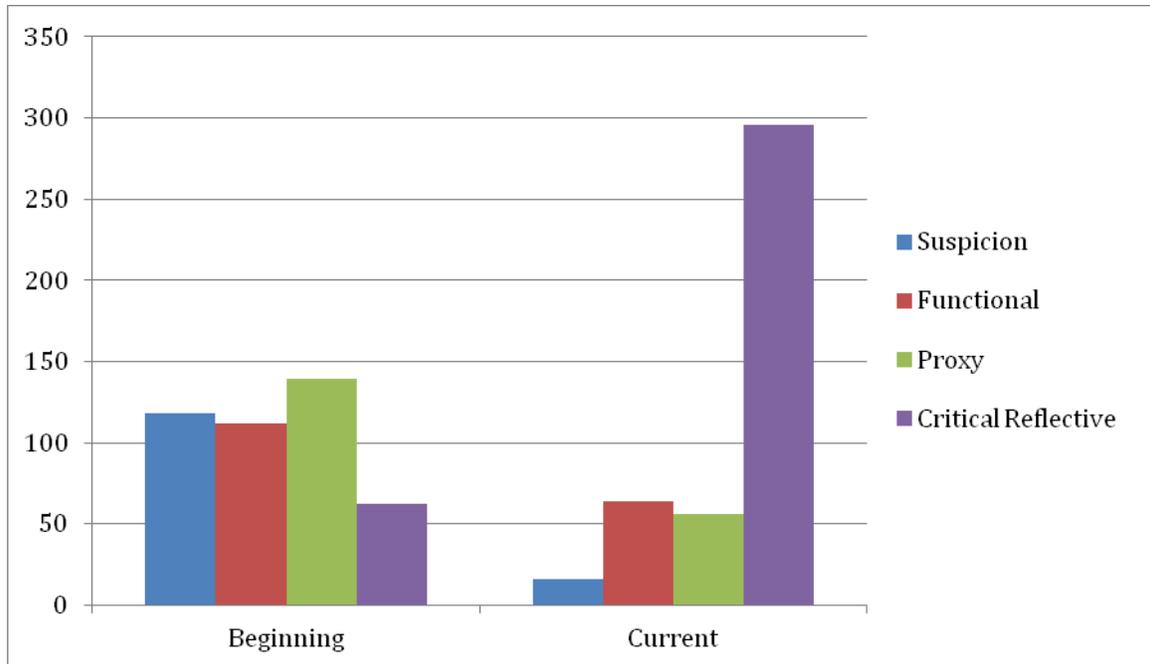


Figure 9. Count of Trust Types: Beginning of Partnership and Current

Data triangulation. Qualitative and quantitative data converge to show that trust types do exist in practical situations. From the qualitative data, proxy trust and mistrust/suspicion emerged. The characterization from interview participants was consistent with the definition provided in the Trust typology. This was consistent in the quantitative data; partnerships began collaborations in proxy trust or suspicion. The quantitative data also offered nuanced variability of both proxy trust and mistrust that are uncommon in the literature. Proxy trust in the literature describes trust between people, and in this data, proxy trust is transferred between people, people and organizations, and people and initiatives.

Using the qualitative data, I was unable to distinguish current trust types. The quantitative data filled this gap. Analysis of survey responses showed the majority of partnerships were currently functioning at critical reflective trust or functional trust. The variability and shift of responses between the two time periods provide evidence that

members of community-academic partnerships identify with the trust types. From the data used in this research question, it is impossible to know what caused the shift. In part, this will be undertaken in research question three. However these data provide evidence that the trust types are compatible with real life situations.

RQ3: Which communication ethics are related to trust development?

Dialogic communication ethics shares theoretical lineage with CBPR and promotes the communicative acts of learning, negotiation, reflection, and listening. These communicative acts are central to CBPR were proposed as mechanisms for trust development. Both qualitative and quantitative data sought to understand the influence of dialogic communication ethics on trust.

Qualitative strand. As an exploratory study, both inductive and deductive approaches were used to elucidate the effect of communication ethics on trust development. Dialogic communication ethics such as listening, negotiation, reflection, and learning were deductively sought. Other acts of ethical communication as they relate to trust were sought inductively. As expected, listening and learning were found. Inductively the theme of participation and commitment did result. These three themes listening, learning, and participation and commitment will be discussed next.

Listening. Lipari (2009) contends that ethics arises out of the process of listening that is “committed to receiving otherness” (p. 45). Listening is the act of meaning making without judgment for genuine understanding. Listening was a major theme to emerge from the data. Partnership members identified the role of listening in trust development.

Eva, a female academic member from New Mexico, connected repeated interactions and listening as key elements in getting to know each other; building familiarity in order for

trust to increase. This partnership had a difficult time building trust, so Eva decided to host a get-together for partnership members. She credits this event as the first step in trust development. She stated, “I think breaking bread together. That is always a good thing: listening to each other’s stories, actually gaining some ... listening, having people be empathetic. But that takes time. It [trust development] is really time, patience, and listening.”

Eva positions listening as an important feature related to becoming familiar with each other. Listening is also a prerequisite for understanding the values and worldview of other partners. Based on the trust definition, partners should share some values and listening helps to uncover that information. Martina, a female community member from New York, shared this view of listening. She created a parallel between listening, respect, and value.

What has made this project successful is the same thing that happened from the beginning is the fact that you are working with people who are open to listening and to hearing, and that you feel valued, heard, and appreciated, so that your voice counts and that the decision is not ... oftentimes, people come into these kinds of communities ... and they often come with their own agenda.

With this quote Martina insinuated that listening and hearing provide a voice in the decision making process. Contributing to decision-making provides feelings value and appreciation. Having a voice in decision-making can offset other people’s agendas.

Similarly, Mary, a female community member from New York City, recalled a meeting where genuine listening resulted in a positive decision-making and the feeling of value this discourse elicited.

And I watched the discussion take place, and everyone in the room participated: they listened to each other, there were pastors who spoke, there were community residents

who spoke, there were staff member who spoke, and there were people who I didn't even know who spoke. And at the end I thought we reached a really smart, really good decision that everyone agreed on. And [another community member] said ... she said, "This was a spectacular discussion." And she and I were just both commenting on the kind of quality of the discussion and the multi-level nature of it, and the fact that everyone could speak and be heard, but not in a patronizing way. And this was just ... everyone was respected.

Mary, as a member of this partnership, exuded pride in the fact that this partnership worked together in a respectful way to make good decisions and move the partnership activities forward. This outcome would not have been possible without the willingness of people to listen. Active listening promoted voice and allowed partnership members to gain a shared understanding for positive decision-making. The next participant shared the view of listening for better understanding.

Nathan, a male community member from Missouri, was asked to describe elements of trust that contribute to long-lasting partnerships. He responded that listening is critical. He said:

[T]ry to understand. Like I said, it's a good thing to understand the history of the area before you come in and try to make decisions ... or influence policy, because it's difficult if you don't have the background. And so I think having a willingness to listen and the willingness to do the research to understand what situation you're coming in to is really what benefits some of the folks that we have [had] come here from [the city].

Nathan emphasizes the role of listening in understanding. He clearly makes the point that systems or policy change is difficult if a contextual understanding is absent. Systems and policy change is imperative in community-academic partnerships that are addressing health disparities. Thus listening is an element of trust that contributes to long-term relationships.

In sum, listening for the purpose of genuine understanding is a response informed by a concern for responsible relationships. Attentiveness to historical context and surroundings is crucial for community-academic partnerships that are working toward improving the health of a community and reducing health disparities in communities of color. Listening in these partnerships requires that listening be centered away from self so that information can be attached to the situation (Gehrke, 2009). Interview participants have made this point clear. A situated understanding of information will then promote learning.

Learning. Freire (1993) introduced learning and re-learning as a process of acknowledging historical moments and being open to receiving information and knowledge about difference. The learning process is shaped through understanding, discussion, and reflection. In this study interview participants appreciated one's willingness to learn about each other and openness to re-learn. Learning and re-learning act as building blocks in trust development.

When talking about the project manager's personal qualities, Mary, a female academic, praised the project manager's willingness to learn about other members' culture. Upon reflection, Mary expanded her scope and complimented many members of the partnership on their willingness to learn.

But we all come from different cultures, and she was learning about and really interested in learning about kind of this different culture from her culture. So I think

the other characteristic for [the project manager] and for many of the staff members is just a real eagerness to learn, a willingness to learn. I think many of us feel just really privileged to be having this opportunity to learn.

In this instance Mary equated learning to closing the gap of difference. Learning, in dialogic ethics, is gaining knowledge of another person's grounding and attending to the historical moment. Culture, a system of shared meaning, combined with historical moments creates a frame of complexity that shapes perceptions. Therefore, Mary's statement does not imply a one-time conversation to learn about culture; instead learning is a long-term commitment. It is a long-term commitment because a multitude of factors influence one's grounding that learning about these factors can only occur over time.

As an example, Isabelle, a female community member in New York, recalled a time when she was invited to visit a church different from her own. She was nervous because she was not familiar with the social protocol. She prepared for the visit by conducting some preliminary research about the church, learning basic information about this other culture before arriving at the church. Although Isabelle was nervous she knew she still had much to learn and she approached difference with respect.

I didn't know anything about Seventh Day Adventists. Of course, I went on the Internet, because you want to walk into their house and respect their house and so forth and so on. So I knew I couldn't wear this and I couldn't wear that; and they welcomed me with open arms. I went in and did whatever it was to do, and we left, and we have a really good relationship now. So trust is a big piece. There was never anything about "in my religion we don't do that" or, "I don't do this" or ... We were just there.

Isabelle was concerned about going into an unknown space. Her approach to learning was based on respecting difference for authentic interaction. She and members of the church continue their relationship and learning continues.

Instead of going to a, unknown space, Hale, a male community member from New York, was apprehensive about unfamiliar people entering his space. Hale was initially concerned about working with a new group of people. The concern resided in the perceived ability to work together given their different racial/ethnic and religious backgrounds. Over time Hale and academic institution were able to build trust largely due to learning about each other.

But they [academics] were both able to convince me that they were willing to learn who I am and what motivates me, what makes me tick, what my passions are. And they were both willing to make room for me at the table and make me feel like an equal partner, and allow me to vision and dream with them, and to respect that. They, therefore, forced me to respect them.

Hale felt respected because the academic and other community partners were willing to learn about his grounding; his motivations and passions. In turn, Hale learned about other partners and they were able to vision and dream together. Visioning can result in a more robust understanding of partnership needs and concerns because visioning requires reflection. Taking time to reflect on learnings and lessons provides an unadulterated lens to reevaluate the learning for parts of that may have been missed while in the moment.

In the next quote Daniel, a male community member from Missouri, reflected on his fortune to be able to work and learn from partnership members. The lessons he gained helped shape him personally.

I never thought I'd be working with two mayors in two different towns. I never thought I'd be working with a Ph.D type people. That's not something that ever even crossed my mind; and to be doing it and learning from them in the same breath ... I'm learning from [first Mayor's name]; I'm learning from [second Mayor's name]; I'm learning from [the academic team]; and I'm learning from all these different people. And then I'm learning more about myself as a person in how I feel about my community and my future in [it]. I think it's through working together and getting to know each other, and starting to trust each other. I think that's something that's going to work to everybody's benefit.

In community-academic partnerships, learning requires participation from everyone. Daniel stated that he learned from various individuals, on the other side of that statement, are individuals who had to be open to sharing and teaching. Reflection offers a reevaluation of events and, like Daniel, can influence self perception.

In sum, learning intervenes on difference. In his statement, Daniel stated his difference from mayors and "Ph.D. type people," yet they are able to work together for mutual benefit. In part because he felt the partnership welcomed him and his difference. They learned together. This was also true for Mary, Isabelle and Hale. Learning is also a reflection tool for reevaluation and re-learning. Learning is critical to trust development, implementing action that comes along with learning is equally important. An action associated with both listening and learning that encourages partnership members to participate. This ensures partnership members that their views are welcome, considered, and appreciated.

Participation and commitment. This theme established the requirement of taking part in activities as proof of commitment. There was widespread agreement among interviewees

that participation in and commitment to the community, health topic, and partnership is necessary for trust development. This theme provides the action associated with sense of responsibility to the partnership and shared goals and values (research question one).

When discussing the beginning of the partnership, Gayle, a female community member from New York City, reflected on the importance of showing up, participating, and being committed to action.

Not only did they [academic partner] bring the talent and skills and the dollars and everything else, but they also brought themselves, where we had hands-on. We did see them. They didn't come and leave. They were there. They've been studied. When you study with some people, you get to know them better. They get to know you better.

Participation, according to Gayle, is experiencing activities together. Familiarity is gained through experiential occasions. Participation is also sharing knowledge and resources. It requires physically showing up but also being present mentally so that shared experience is meaningful and contributes to the partnership.

Yan, a male community member from New York City, was asked a follow-up question about how trust had changed in his partnership. He was asked to describe what the academic partner did in order to earn his trust. His response was that it involved follow-through and commitment.

They deliver on everything that they set out to do. If they say they're going to have a meeting, that meeting takes place. They come thoroughly prepared with resource information. It's their commitment and it's their perseverance. This is now almost 13

years, right? '99? They have not faulted. The same energy with which they began is still there to this day. You have to be impressed with that.

In addition to follow-through and commitment, Yan, similar to Gayle, believed providing or sharing resource information demonstrates care for the partnership. It shows commitment to partnership goals. George, a male academic from California, believed commitment to be the driver of partnership success partnership longevity.

The reason why it works and why people work so hard is I think that there's a commitment to the community. I think it's pretty clear to me that everyone here is committed to improving the health of the community, and doing it in a way that feels not just put together. We want to approach it in a formal, structured way accounting for all the possible issues. And the commitment allows us to work harder, I think. But trust is important, but I think commitment is what drives a lot, what keeps people at the table too, I think. Sometimes when things are hard, knowing that the other person is committed to almost exactly the same thing I'm committed to helps me stay there.

In this excerpt George speaks about commitment as the action associated with shared values. He states that partnership members are committed to improving the health of the community; therefore partnership members must value the community and its health. Similarly this commitment or shared values fuels them to work harder. I assert that commitment and participation are the performance of shared values and responsibility. Commitment is an expectation in CBPR partnerships.

As an example, Eliza, a female academic from New York, recalled being questioned about her commitment to the community from a community member. This challenge happened immediately when she joined the partnership as a new staff person.

And two community partners—one in particular—challenged me and said, “How long are you planning to be here?” That one person actually asked me that. She said, “Because if you’re not committed to being here for a long time, don’t bother to come and meet with me.” ... And I had to persuade her that I was here for the long haul before she would be willing to be a part of this [intervention project].

Health research initiatives and intervention projects are time and emotionally intensive endeavors. George credited the partner’s commitment for helping him stay connected with things got difficult. Hence, in Eliza’s quote it is understandable that the community partner had to be convinced of commitment before she would participate.

In sum, participation and commitment were concepts thought to influence trust. Participation requires both physical and cognitive presence. It shows care for the partnership by sharing knowledge, skill, and resources. Commitment is the action associated with shared values. It is the actual demonstration of “being in this together.” Participation and commitment are necessary for trust development.

The qualitative data revealed that listening, learning, and participation and commitment are critical to trust building in community-academic partnerships. Both academic and community partners discuss listening as a facilitator of respect and understanding, learning as a facilitator of bridging difference by creating shared meaning, and participation and commitment as a facilitators to familiarity, and performance of shared values. These data provide evidence that support trust as a construct whose development partly relies on ethical communication.

Quantitative strand. To support the qualitative finding from research question 3, quantitative regression analysis was conducted. In these analyses, six independent variables

(IV) were chosen and used as proxies for communication ethics. Similar to the qualitative strand, the purpose of these analyses is to test which acts of communication ethics predict trust development. These IVs are described next.

The CBPR community and partnership focus are two scales that emerged from the prescriptive CBPR principles, an ethical guide for engaging with community in research; the participation scale assessed listening, positive attitudes, and participation; the cooperation scale assessed ability to resolve disputes; the respect scale assessed level of hostility and inappropriate comments, and; the core values scale was concerned with shared understanding of the partnership mission and the strategies. These proxy variables will be used to predict trust.

Multivariate linear regression and multinomial logistic regression statistical techniques were used to determine the relationship between communication ethics and trust. These are similar techniques that create models to describe the impact of multiple predictors on a single response variable. There are two important distinctions relevant to this project. First, in logistic regression the predictor variables do not need to be linearly related, normally distributed, or have equal variance within each group. This stands in contrast to multivariate linear regression that assumes a linear relationship between the predictor and outcome variables (Mertler & Vannatta, 2005; Szklo & Nieto, 2000). Second, in logistic regression the measure of association between the outcome and the predictor variables is represented by an odds ratio (OR), permitting researchers to estimate the magnitude of the effect of explanatory variables on the outcome variable. Linear regression provides a predictive outcome. In other words linear regression predicts a response will increase or decrease at a constant ratio to the

predictor. Therefore, both linear and logistic regression methods are necessary in investigating the relationship between communication ethics and trust.

Multivariate linear regression. A simultaneous entry multiple regression was conducted to determine which independent variables (IV; CBPR community focus, CBPR partner focus, participation, cooperation, respect, core values) were predictors of social trust. In this analysis, social trust, a measure of trust in partnerships, was used as the dependent variable because its composite score is continuous whereas the Trust typology is nominal. Regression results indicate an overall model of four predictors (CBPR partner focus, participation, cooperation, and core values) that significantly predict social trust, $F(6,419) = 54.44$, $p < .001$, $R^2 = 0.438$, $R^2_{adj} = 0.430$. Multicollinearity was not violated since tolerance statistics for the six independent variables were greater than 0.1. A summary of the regression coefficients is presented in table 11 and indicates that four (core values, CBPR partner focus, participation, and cooperation) of the six variables significantly contributed to the model.

This model assessed the association between social trust and the six independent variables and accounted for 43% of variance of social trust in community-academic partnerships. The significance of the F statistic p-value indicates that the final model is significant in predicting the DV. The standardized regression coefficient shows that the core values variable is associated with the largest change in social trust, followed by CBPR partner focus, and participation. Cooperation had the least influence on social trust of the four significant predictor variables. The outcome of the linear regression model conclusively showed that the four proxies for communication ethics do predict social trust in community-academic partnerships.

Table 11. Coefficients for Linear Regression Model Variables for Social Trust

Model	B	β	t	Sign.	Bivariate r	Partial r	Tolerance
Core values	.332	.319	6.211	.000	.595	.290	.510
CBPR community focus	.106	.096	1.752	.081	.485	.085	.442
CBPR partner focus	.141	.150	2.611	.009	.527	.127	.407
Respect	.044	.064	1.585	.114	.297	.077	.812
Participation	.146	.142	2.802	.005	.493	.136	.524
Cooperation	.079	.088	1.998	.046	.384	.097	.693

Multinomial logistic regression. The previous analysis revealed predictors for a continuous measure of trust. Since research question two supports the existence of trust types, a multinomial logistic regression was conducted to determine which ethical communication proxy variables (CBPR community focus, CBPR partner focus, respect, core values, participation, and cooperation) are predictors of trust types (critical reflective, proxy, functional, and suspicion). Logistic regression analysis also allows an estimation of the magnitude of the predictor's effect.

The final model, using suspicion as the referent category, resulted with three predictors. Regression results indicated a three-predictor model (respect, CBPR partner focus, and participation) with a good overall fit. The -2 log Likelihood value for this model was = 519.05, generally the smaller the -2 log Likelihood value represented a better fit; a value of zero represents a perfect fit. However, the final model was a statistically better fit than the intercept only model $\chi^2(9) = 132.19, p < .000$, and accounted for approximately

31% of the model variance (Nagelkerke pseudo R^2). Another indicator of model fit is the percent of subjects correctly classified. This model accurately predicted 71.9% of the cases. Regression coefficients are presented in table 12.

This model shows an additive effect of predictors on trust types. Functional trust had only one predictor (CBPR partner focus), proxy trust had two predictors (respect and CBPR partner focus), and critical reflective trust had all three predictors (respect, CBPR partner focus, and participation). The Wald statistic represents the significance of each variable in its ability to contribute to the model (Mertler & Vannatta, 2005). In table 12, the Wald statistic and its associated p-values are significant. This suggests that the independent variables are strong predictors of trust types. The odds ratio for CBPR partner focus (2.963) revealed a large increase in the likelihood of developing functional trust when the predictor increases by 1. The odds ratio for CBPR partner focus (3.00) and respect (1.90) revealed a large increase in the likelihood of developing proxy trust when the predictors increase by 1. The odds ratio for CBPR partner focus (6.81), respect (2.45), and participation (3.39) revealed a large increase in the likelihood of developing critical reflective trust when the predictors increase by 1.

Table 12. Coefficients for Nominal Logistic Regression Model Variables for Trust Types

		B	Std. Error	Wald	Sig.	Exp (B)
Functional	Respect	.367	.293	1.569	.210	--
	CBPR partner focus	1.086	.404	7.234	.007	2.963
	Participation	-.023	.489	.002	.963	--
Proxy	Respect	.644	.314	4.209	.040	1.903
	CBPR partner focus	1.099	.424	6.722	.010	3.000
	Participation	.558	.527	1.122	.289	--
Critical Reflective	Respect	.895	.296	9.153	.002	2.447
	CBPR partner focus	1.919	.414	21.467	.000	6.811
	Participation	1.220	.503	5.886	.015	3.388

In sum, the two quantitative models show communication ethics results in higher levels of trust. The multinomial model provides evidence of the additive relational effect of ethical communication and trust type. Both models used suspicion as the referent category with the assumption that the predictor variables would not influence suspicion. These outcomes support the conceptualization of trust as an ethical construct.

Data triangulation. Qualitative and quantitative data aligned to answer research question 3. The qualitative data revealed that listening, learning, and participation and commitment are essential to trust building in community-academic partnerships. Quantitative proxy variables were comparable to the qualitative themes of listening, participation, respect, and shared values. The CBPR partnership focus variable is similar to having a sense of responsibility for the partnership. This measure assessed equity, growth and learning, balance of research, and social action in the partnership. Quantitative data analysis resulted in comparable outcomes.

The liner regression model found that four predictor variables were significantly associated with social trust; CBPR partner focus, core values, participation and cooperation, while the logistic regression model identified three significant predictors; CBPR partner focus, participation, and respect. Consistent across the two models was the finding that trust increased with higher amounts of ethical communication. These data converge nicely with the qualitative results of listening, learning, and participation.

The qualitative data provided rich descriptions of ethical communication concepts. Because the majority of interview participants were members of highly trusting partnerships disentangling which communication ethics were most important became difficult. The quantitative data made this undertaking manageable. These data suggest that CBPR partner focus and participation are the most influential acts of communication ethics for trust development. However, respect and core values were also significant in their respective models. Triangulation of the QUAL and QUAN strands support trust development as a process of ethical communication. Of course, trust development is influenced by situational factors as well. Next, I attempt to uncover communication related situation factors that contribute to trust development and change.

RQ4: What are other communication characteristics associated with trust development and change?

Trust is not static; in any relationship trust is affected by situational factors as described in Chapter 2. The fact that the quantitative models in research question three accounted for approximately 40% and 30% of trust variance, respectively, advocates that other situational factors play an important role in trust development. This research question

sought to uncover other situational communication characteristics associated with trust development and change.

Qualitative strand. Situational factors identified from the data were placed into one of three categories: (a) context, (b), interaction between people, and (c) critical events. Several factors emerged from the data. Time and funding were placed within context. Open communication was placed within interactions between people. Staff turnover was placed under critical events. Although not all of these themes are communication related, per se, they do influence partnership communication and trust development. Qualitative and quantitative data relating to context will be presented first, followed by the qualitative data pertaining to interactions between people, and ending with qualitative data about critical events.

Context. Granovetter (1985) stated that trust exists in context and is shaped by the dynamics of social settings. Research partnerships exist within a complex system that is influenced by parameters of the partnership relationship and the context of the environment. Relationship parameters are rarely characterized in trust research yet situations contain context-specific conditions that can foster collaboration and the opportunity to trust. Data were reviewed inductively for context-specific conditions and factors that contribute to partnership trust. The themes of time and funding emerged as trust-influencing aspects of context.

Time. Trust develops over time and through repeated interactions. The more time a partnership spends working together, the more opportunity those involved have for repeated interactions. Repeated interactions provide evidence of good behavior and intentions and give rise to positive expectations. Time also fosters interdependence among partners. Natalie,

a new junior academic researcher member from California, summarized the lengthy process of developing trust in a partnership. She stated:

For me, for me personally, I found it takes a long time actually to set up community trust and partnership. So for me I feel like in the future in my work I would like to continue this partnership for my future research.

For Natalie the idea of starting the trust building process over again is a bit daunting. However, there is no way to circumvent the time component. Ingrid, a female academic from Missouri, underscored the importance of time to the trust-building process. She concluded that the time element is inescapable. Time is necessary to build authentic, trusting relationships that will stand the test of challenges.

If you're going to have any foundation of trust ... shared power, shared decision-making, it's going to take time to build up that relationship; and kind of what that looks like or how you do that is what is not the easy answer. But just that that, kind of, really has to be the basis of it, 'cause without that [trust] you're not going to get through the challenges and all the struggles and all the questions and bumps in the road that are going to come up, which inevitably will, and you have to be willing to learn and grow and really be committed. You have to learn and grow yourself and with other people. It's very important for CBPR.

Ingrid eloquently summarized the importance of trust. She also stated that a truly trusting relationship develops with time, learning, and conflict management. With time and trust, interdependence also develops. Yan, a male community member from New York City, spoke about the 13-year research relationship in which he is involved. Over these years expectations and interdependence was developed. Yan had the opportunity to repeatedly

interact with the academic team and came to expect positive things from their work. He stated:

See ... they depend on us. We depend on them to keep us abreast, to keep us informed, to keep giving us our sense of direction and where we need to be as we endeavor to help our congregants and the folks in our community who benefit from what we're trying to do. But it's because of them, their sacrifices, and their labors of love, concern and care, and commitment. As I said before, it's kind of contagious.

With time and repeated interactions, Yan was able to witness commitment and care by the academic team. Similarly, Evaline, a female community member from Missouri, recalled the time it took to create the long-lasting partnership and intervention project she works with. In this quote, she suggests that a "solid foundation" is established with time and interaction.

You build that house one brick at a time. And you have to have a good, solid foundation; and I think that they have started there. They've got some good leadership. I think getting some of the faith community local pastors here involved I think has been helpful and getting all of them at the same table.

Evaline recognizes that trust and solid partnerships are not rushed. The metaphor of "one brick at a time" represents partnership activities that bring members to the tables but also recognizing when important positions are missing. For this partnership the pastors represent key stakeholders. By engaging their participation the partnership became stronger. This all happened over time and, similar to Ingrid, it came about through learning and growth.

In sum, time is a contextual factor that is inescapable. In these excerpts time is referred to a chronological time. Communication scholars have broadened the conceptualization of time known as chronemics. Chronemics recognizes that many perceptions of time exist. Perceptions are based in one's grounding and influence communicative interaction. Time and understanding perceptions of time emerged from the data, a factor that warrants its own investigation.

Funding. Research funding is a unique feature of CBPR partnerships as it is an economic opportunity for both community and academics. In communities research funding creates new jobs whereas in academics it may create new jobs but it also maintains job positions. Funding is a significant point of conflict for community-academic partnerships because both parties are competing for resources (Oetzel, 2009). Funding and/or budgets were presented in the data as impacting trust because of the lack of transparency of project budgets and competing for resources.

For example, Gloria, a female community member from California, was concerned with the lack of transparency of project budgets.

I'm involved in other projects. So sometimes I feel like these researchers ... well, I guess on the surface we hear, "Oh, they got money." Like so much money, right? \$900 ... I thought. For this five years. I don't know with this project. I forgot. Sometimes I wonder, "Oh ... " I don't see that much [money]. Where it comes to my community level. I feel like, "Wow. We are doing the actual implementation work." But I also recognize that there's a whole team ... there's a biostatistician, there's a psychologist, there's a ... all these specialized [people].

The appears from Gloria's statement that the impetus for this concern was that the community partner was largely responsible for project implementation and perhaps needed more of the budget than the academic side who was not responsible for as much of the intervention activities. She suggests that the specialized partnership members have substantial salaries and therefore the community partner does not see as much as they would like. She did admit of not knowing an ideal way to be transparent.

Another view of funding came from Omar, a male community member from New Mexico, who recalled how the academic partners reacted to the end of the grant funding cycle. The partnership lasted ten years but had a difficult time building trust. Due to the partnerships contentious relationship nether side expected to continue working together so the end of the funding cycle meant the end of project funds. Omar stated:

So the situation ended up being a situation where it was people were having one foot out the door... especially the [academic partners]. The grant was there and it's probably not going to happen again; so it's kind of just like going through the motions, maintaining what needs to be maintained to wrap up the grant type of thing.

This perceived attitude by the academic partner reinforced suspicion in this partnership. It also confirmed a lack of commitment to the partnership and community. In this partnership much of the conflict came from a lack of shared values. The community partners believed money should be spent on one things and the academic partner concentrated funds to accomplish research objectives. From the academic perspective, losing research funding meant not having to justify research activities to either the community partner or the funding agency.

Having research funding also means having a funding agency and a project officer to look after grant progress. The funding agency is part of the situational context. Eliza, a female community member from New York City, emphasized the role of the funding agency and how it plays a part of the context that makes trust development difficult. The funding agency can inject unneeded tension into the partnership.

And our fear is that [funding agency]—maybe the new leadership or the people making the decisions—are also people who are a little bit more biased towards not seeing [the] community based approach as real science, as work that doesn't have real effect and impact, that they—for whatever reason—have not been convinced. And the data is there. We contend the data's there that [can] actually convince them ... they are not convinced ... and people coming with all kind of biases.

These biases that Eliza eludes to can impact partnerships by rejecting or reducing funding. Amy, a female community member from Washington, described the partnership effect funding agencies cut her project's budget.

I think that the fact that there were such a major cut to this grant at the very beginning really challenged the partnership and the administration of the grant very early on, and probably ignited and raised several tensions that many of the partners didn't necessarily have any control over; I'm encouraged that our communications around the administration and the finance side have really improved, at least since when I first came on, I felt like there was a lot of tension around financing and needing to go out and get other kinds of support, and not knowing how that was being managed.

In this partnership, experiencing significant cuts to the budget was a trust-impacting event. In this partnership the competition for resources significantly ignited tensions as

partners were positioning themselves for more money instead of trying to figure out a way that all partners would have what they need to achieve goals. The tensions were reduced when discourse about the tensions occurred.

In sum, funding for research in community-academic partnerships is an important contextual variable. Funding created or maintains jobs and the lack of funding creates tensions. Funding related tensions impact partnership communication. For example, Gloria does not feel comfortable talking with her partnership about the budget. Instead she raises her concern by using hidden transcripts. Similarly, Amy could tell there were tensions related to budget cuts when she joined the partnership. She had to help create communicative space in order to resolve the tension. Funding is a unique trust factor impacting situational factor for community-academic partnerships.

Quantitative strand. Quantitative data related to time are presented next. Funding information was not available in the dataset. A multinomial regression model was run to analyze if trust type at the *beginning* of a partnership could predict the *current* type of trust. The overall regression model resulted with a good fit. The -2 log Likelihood value for this model was = 44.77 and $\chi^2(9) = 71.61$, $p < .000$ and accounted for approximately 18.1% of the model variance (Nagelkerke pseudo R^2). Another indicator of model fit is the percent of subjects correctly classified. This model accurately classified 68.4% of cases. Regression coefficients are presented in Table 13.

In Table 13, using suspicion as the referent category, the Wald statistic and associated P-value for beginning trust types suggests that the beginning trust is a moderate predictor of current trust type. The odds ratio for suspicion (9.0) revealed a large increase in the likelihood of developing functional trust when the predictor increases by 1. The odds ratio

for functional trust (8.00) revealed a large increase in the likelihood of developing proxy trust when the predictors increase by 1. Surprisingly, no beginning trust types increased the likelihood of developing critical reflective trust. Essentially this analysis shows that trust develops incrementally from one type to another over time.

Table 13. Coefficients for Multinomial Logistic Regression Model: Beginning Trust Types Predicting Current Trust Types

Current Trust	Beginning Trust	B	Std. Error	Wald	Sig.	Exp (B)
Functional	Suspicion	1.297	1.00	4.828	.028	9.0
	Functional	1.792	1.118	2.568	.109	--
	Proxy	1.386	1.137	1.488	.223	--
Proxy	Suspicion	0.619	.942	.432	.511	--
	Functional	2.079	1.021	4.151	.042	8.00
	Proxy	1.674	1.031	2.637	.104	--
Critical Reflective	Suspicion	-.811	.716	1.283	.257	--
	Functional	.301	.836	.130	.718	--
	Proxy	.730	.833	.767	.381	--

The next step was to determine if current trust types increased the likelihood of predicting future trust. Using critical reflective trust as the referent category, a multinomial regression model was run to analyze if current trust type of a partnership could predict future trust type. The overall regression model resulted with a good fit. The -2 log Likelihood value for this model was = 31.96 and $\chi^2(9) = 221.82$, $p < .000$ and accounted for approximately 54.3% of the model variance (Nagelkerke pseudo R^2). Another indicator of model fit is the percent of subjects correctly classified. This model accurately classified 82.1% of cases. Regression coefficients are presented in Table 14.

In Table 14, using critical reflective trust as the referent category, the Wald statistic and associated P-value for current trust types suggests that the current trust is a strong predictor of future trust type. Results show if current level of trust is suspicion then future trust is very likely to remain in suspicion. When the current trust type is functional trust then the likelihood of going into suspicion in the future increases ($\exp^B = 34.32$). The current state of proxy trust was negatively associated with suspicion. Therefore, suspicion would not develop in the future if the current state of trust at proxy trust. On the other hand, being in a current state of suspicion or functional trust increases the likelihood of achieving functional trust in the future. However, being in a current state of functional trust is associated with staying in functional ($\exp^B = 106.773$). Regarding proxy trust, the data show that current state of functional trust and proxy trust increase the likelihood of developing proxy trust in the future.

Table 14. Coefficients for Multinomial Logistic Regression Model: Current Trust Types Predicting Future Trust Types

Future Trust	Current Trust	B	Std. Error	Wald	Sig.	Exp (B)
	Suspicion	5.992	1.160	26.672	.000	400.400
Suspicion	Functional	3.536	1.173	9.080	.003	34.320
	Proxy	-6.598	79.745	.007	.934	--
Functional	Suspicion	4.334	.887	23.875	.000	76.267
	Functional	4.671	.642	52.880	.000	106.773
	Proxy	1.061	1.169	.823	.364	--
Proxy	Suspicion	-16.275	.000	--	--	--
	Functional	2.907	.607	22.935	.000	18.304
	Proxy	3.641	.528	47.475	.000	38.133

In sum, the current state of trust predicts either maintaining the same level of trust or experiencing a decrease in trust in the future. In this analysis critical reflective trust was used as the referent category because the overlap (critical reflective current overlapping with critical reflective future) caused an error in SPSS. The error resulted in the inability to calculate outcome statistics for critical reflective trust. Therefore this category was used as the referent. Although it does make theoretical sense to use critical reflective trust as the referent category because the definition of this trust type states that the partnership will endure events that will impact trust. In any case, this analysis showed trust to be influenced by time.

Data triangulation. Time and funding as situational factors emerged from the qualitative data. This section will triangulate qualitative and quantitative data relative to time. Quantitative data regarding funding was not available.

The significance of time to the trust development process for community-academic partnerships was exposed. Time is important to creating a foundation of trust development. Interview participants concurred that time is an inescapable element of relationship building. In committed partnerships that share values and goals, time is met with growth and learning. Through participation and shared experience time allows partners familiar with each other. The quantitative data supports findings from the qualitative data. Community-academic survey respondents were asked to report trust at the beginning, current and future stages of their partnerships. Results from a multinomial regression showed trust does change with time. Beginning trust type does not predict current trust types as much as current types influence future trust.

Interactions with people. This section presents interpersonal communication characteristics associated with trust development and change. Open communication was the only major theme that emerged from the data. Interview participants defined open communication as being able to talk, as a team, about difficult topics. The willingness to discuss and resolve or attempt to resolve difficult topics increases trust. Interview data made it clear that the ability or inability to discuss difficult things can enhance or destroy a partnership. For example, Dominic, a male community member from New Mexico, credits the lack of communication to the demise of his partnership. He stated, “The partnership began to fall apart [because of] lack of communication between partners.” Dominic does not literally mean that partners stopped talking to each other. Instead he means partners engaged in hidden discourse. Partners also talked past each other without trying to understand one another. The notion of hidden discourse in this partnership also came from Sandra.

Sandra, a female academic from New Mexico, believed that the inability to have open communication led to partners being concerned that they were being talked about. This concern considerably reduced trust in this partnership, Sandra stated:

Trust issues have really affected the partnership. If you can't raise an issue with the people whom you work with and tiptoe around instead, that really can undermine trust, because people start questioning whether what you say to their face is actually what you're saying when you go to the next room.

In this quote, Sandra explicitly linked trust to open communication. Similarly, Yalena, a female community member from Washington, drew a direct correlation between open communication and trust. Here she was asked about the level of trust in her partnership and what caused trust to change. She stated, “I think it's the inability to have a conversation

about it. I think probably a clear way is where there has been communication, the trust has increased; and where there hasn't been clear communication, the trust has decreased." Clear and open communication gives members the chance to air concerns and get back on track with project activities.

In sum, the ability of partnership members to openly communicate about difficult things was linked to trust building between partnership members in community-academic partnerships. Yalena's comment also suggested that simply keeping lines of communication open or encouraging communication builds trust. Again this boils down to increased interaction and familiarity. Open communication is one example of personal interaction that can facilitate or challenge trust. In the next section, critical events that influence trust development or change will be addressed.

Critical events. As previously mentioned participating community and academic study participants reported high levels of trust within their partnerships. Therefore, very few participants provided examples of events that caused a decrease in trust. Staff turnover was the only theme to inductively emerge from the data. When key members of the partnership leave, there is a period of recovery. If the person who left is a key member, then that person had certain responsibilities that need to be redistributed and completed. When a replacement is identified the incumbent has to fit in with the existing members. Part of that fit is whether they can be trusted or not.

Staff turnover occurred in two of the five partnerships. Helen, a female community partner from Washington, described staff turnover as a critical event. She explains that bringing in new people presents challenges to the dynamic of the partnership.

I think another challenge was turnover. So I think on the [academic team] there's a fair amount of turnover, both faculty and students. On the [community] side there was sure a significant amount of turnover. So I think that's a challenge too, when you're having new people join the team and trying to integrate them into something that's been going on for a number of years. Yeah, that can be a real challenge.

Helen was not the only partnership member who expressed turnover as a tension.

Constance, a female academic from Washington, also spoke about turnover being a challenge to trust. She stated:

So we had to develop trust and familiarity, plus the two people at [community organization], they were new to the organization as well; so it's been a real growth process, and the staff turnover has ... I think that that affected the trust, because we needed to get a start to get to know each other all over again.

The notion of needing to get to know they new staff is inclusive of understanding their sense of responsibility to the partnership, if they will be respectful and encourage a safe place, if they share the same values and buy into set goals; if they are capable of being trusted. Elba, a community member from New Mexico, considered turnover of the academic PI at the start of the second grant cycle. The loss of the PI, as she recalled, changed the dynamic of the partnership and trust declined. The person who replaced the PI was never able to rebuild trust.

I would say the level of trust after the first four years was such that we worked like dogs to get that second proposal in, trusting that we all had this very same purpose. And I would say when [the academic PI] dropped out, she no longer felt that was true; so that was a marker of not trusting the process or where we were going. I think

it affected the level of credibility. But it certainly affected the relationship with the university. She was very strong, and she commands a great deal of respect, and at the university, at least from my perspective. I think her replacement simply was unable to muster the same level of participation and involvement. So then it just ... it changed the dynamic.

When the original PI left the partnership her commitment to the community and health issues were questioned. Therefore the commitment of the replacement was also questioned. The replacement's inability to participate was detrimental to partnership trust.

In sum, partner member turnover is a critical event that affects trust in community-academic partnerships. Not only does turnover affect productivity of partnership activities, but it also brings into question the commitment of the leaving member. The question to commitment is not limited to the partnership but also their commitment and responsibility to the community and health topic. The insight provided by Elba also shows that the person filling the vacated position may not be able to rebuild trust. Staff turnover is a critical event that significantly effects partnership trust.

Summary of Results

This chapter reported the thematic findings with respect to each of the four research questions. The chapter included: (a) preliminary finding from the quantitative analysis; (b) findings on how community and academics define trust; (c) findings on type of trust that exist within community-academic partnerships; (d) findings on acts of ethical communication that contribute to trust development; and (e) findings on communication related contextual, interpersonal and critical factors that contribute to trust development and change.

First, this study was able to discern a working definition of trust for community-academic partnerships. Explanations of trust by study participants resulted in three themes: (a) sense of responsibility to the partnership; (b) respect and safety; and (c) share goals and values. Together these themes create the following definition of trust: *trust is having an emotionally safe and respectful environment based on shared values to promote a sense of responsibility to the partnership while working toward shared goals.*

Second, this study found evidence of types of trust, proposed in chapter two, existing in real life CBPR projects. In the qualitative analysis, proxy trust, mistrust and suspicion were found in descriptions of trust at the beginning of partnerships. Responses to qualitative questions paralleled the qualitative finding. Qualitative analysis also showed that trust increased between beginning trust and current trust. This suggested that survey respondents were able to make sense out the trust types and selected the appropriate option. This provided support for the existence of trust types.

Third, this study identified acts of ethical communication that influence trust. These were listening, learning, and participation and commitment. Both academic and community partners discuss listening as a facilitator of respect and understanding, learning as a facilitator creating shared meaning thereby bridging difference, and participation and commitment as a facilitators to familiarity, and performance of shared values. The two most influential trust building ethical concepts, identified in the quantitative data, were care for the partnership and participation.

Finally, this study identified contextual, interpersonal and critical situational factors that influenced trust development and change. Contextual factors were time and funding. The interpersonal factor was open communication. The critical event was staff turnover.

Although not all the resulting themes were communication concepts they are concepts that influence communication. Therefore these concepts were important to include in this findings chapter. The next chapter will provide a discussion of the results.

Chapter 5: Discussion

In this dissertation, I investigated trust development as a process of ethical communication. In the context of community-academic partnerships, the current project uncovered the meaning of trust and explored trust development. Since trust is foundational to all relationships, this investigation empirically revealed attributes necessary for trust development as well as operative types of trust. By weaving theoretical strands from CBPR, interorganizational literature, and communication ethics, this project investigated the following four aspects: (a) trust definition, (b) trust types, (c) communication ethics related to trust, and (d) contextual, interpersonal, and critical events related to trust development. To my knowledge, this is the first mixed-methods investigation of trust in this context.

Qualitative data were used to answer specific aspects of each research question, specifically, the definition of trust; trust types that emerge from the data; ethical communication that contributes to trust development; and interpersonal, contextual, and critical events associated with trust development and decline. The answers to these questions were explored using transcribed data from in-person interviews conducted during five case study site visits.

Quantitative data were collected from a sample of community-academic partnerships using a web-based survey. Aspects of research questions two, three, and four were answered by the quantitative data. The second research question inquired about frequencies of trust types. The third question assessed ethical communication predictors and estimated the predictors' magnitude of effect on trust as an outcome. The fourth research question measured the association between trust at the beginning of the partnership, current trust, and

expected trust in the future. Qualitative and quantitative data were triangulated to determine congruence of findings.

This chapter contains three sections. The first section presents findings for each research question from the quantitative and qualitative data strands in terms of contributions, extensions, and contradictions to the existing literature on trust development and decline. The second section includes theoretical and practical implications of the findings. The third and final section presents study limitations, ideas for future research, and concluding comments.

Findings

RQ1. The first question this study sought to address was how members of community-academic partnerships define trust. Interview participants defined trust in community-academic partnerships as being composed of three elements. The first element was having a sense of responsibility to the partnership so that work is completed with the best effort and accountability for any shortfalls. Trust was also defined as feeling respected and emotionally safe while communicating thoughts and opinions to the group. Lastly, trust was conceptualized as sharing goals and values vis-à-vis work of the partnership. Therefore, trust was identified as having an emotionally safe and respectful environment based on shared values to promote responsibility to the partnership while working toward shared goals.

This resulting definition is consistent with the current literature in three ways: (a) trust is based on expectations of the person doing the trusting; and (b) trust is based on trustee characteristics; and (c) trust is based on risk. In Chapter 2, several definitions of trust were presented, such as calculated decisions to cooperate (Gambetta, 1988), and a set of expectations resulting in reliable interpersonal (Rotter, 1980), and collaborative performance

(Mayer, Davis, & Shoorman, 1995; Zucker, 1986) with the best interest of the other in mind. Boon and Holmes (1991) claimed trust is “a state involving confidence with respect to oneself in situations entailing risk” (p. 194) and Rotter (1967) stated that trust is “an expectancy held by an individual or group that the word, promise, verbal or written statement of another individual or group can be relied upon” (p. 651). The common focus of these and other definitions rests on the expectations of the person who is trusting. These expectations are rooted in fair, good, and responsible treatment. The community-academic specific definition is compatible with existing definitions by focusing on expectations of the trusting person (sense of responsibility to the partnership, respect and safety, shared goals and values).

Competence, reliability, and dependability are often used to describe trustworthy behaviors (Butler & Cantrell, 1984; Connell & Mannion, 2006; Larzeleve & Huston, 1980). These same characteristics were described by interview participants resulting in the theme of sense of responsibility for the partnership. Interview participants identified these characteristics as necessary to move partnerships forward. For example, competence is needed to know how to correctly complete a task, and reliability and dependability are necessary to ensure that the task will be completed in a timely fashion. Study participants articulated these characteristics as favorable for the benefit of the partnership goals.

Trust scholars also agree that risk must be present in order to necessitate trust. Risk is the fear of opportunistic action guided by self-interest (Das & Teng, 2001; Ring & Van de Ven, 1994). The perceived risk in this group of community-academic partners was associated with emotional harm, fear of ridicule, and loss or oppression of voice. Risk as part of the

context was positioned as very important as denoted by the need for safety in the theme respect and safety.

The theme of respect and safety is a paradox, and trust and risk have a reciprocal relationship (Vangen & Huxham, 2003). Trust leads to risk taking and, if expectations are met, risk taking strengthens trust. Similarly, the voice of partnership members creates the safe environment for open communication and fosters respect. In addition, the safe space is not a gift presented by other members but rather a demand of the partnership. This demand is present in order for risk to be minimized. This paradox boils down to members must speak up to minimize risk and garner respect and yet speaking up is an emotional risk.

This definition of trust for community-academic partnerships extends current trust scholarship in three ways. First, this description supports the notion of trust as an ethical concept that only a few scholars have supported (i.e., Baier, 1986; Flores & Solomon, 1998; Hosmer, 1995). As a reminder ethics identifies what we “ought” to do in order to produce results that are “good, moral, and right” (Chesebro, 1969, p.106). In this case sharing values leads to having a sense of responsibility for the partnership (“ought”) leading to the development of safe place and shared goals. Further, this definition suggests an explicit sense of moral duty making it congruent with Hosmer’s (1995) review and synthesis of organizational and philosophical definitions. Hosmer concluded trust to be based on accepted ethical principles and a sense of implicit moral duty.

Second, it develops a meaning of trust for partnerships engaged in CBPR endeavors. CBPR has been declared as both an ethical and trust-building approach to health research in minority communities (Durham Community Research Team, 2011; Minkler & Wallerstein, 2008). However, this declaration was largely an assumption based on experience and not

necessarily validated with systematic research. The definition from this current study is the first step in determining if these assertions are true. It also suggested that trust is an outcome of ethical action. The uncovered concepts will contribute to metric creation to determine trust development.

Third, the constructs or components of this definition (responsibility, respect, safety, and shared goals and values) create the opportunity of developing measures that match the resulting meaning. This has been a persistent problem with trust research; measures and meanings do not always coincide. With this concept CBPR partnerships will be able to measure trust and ethical action to determine if changes in process and protocol are needed. Even though qualitative data did expose a clear definition of trust, this project sought to determine if several types or levels of trust exist and what situational factors are necessary for trust development in these partnerships. These issues are the subject of the following research question.

RQ2. The second research question sought to understand if various trust types exist in community-academic partnerships. Several trust development models and types of trust were reported in the literature as described in Chapter 2 (on pages 41–50). In the second chapter I summarized three trust development models. These models included a three-stage model in romantic relationships (Boon & Holmes, 1991), a two-stage model in interpersonal business relationships (McAllister, 1995), and a three-stage model in organizational relationships (Lewicki & Bunker, 1995). Several trust types were also reported.

Various trust types containing similar concepts were combined to create the trust typology categories (Table 1). Critical reflective trust included aspects from relational trust, (Rousseau, Sitkin, Burt, & Camerer, 1998), identification-based trust (Lewicki & Bunker,

1995), affective and cognitive based trust (McAllister, 1995), and organizational citizenship behavior (Organ, 1988). Proxy trust included third-party influences (Deutsch, 1958), reputation (McKnight, Cummings, & Chervany, 1998), and familiarity from prior experience (Webber (2008). Functional trust included co-alliance trust (Panteli & Socklingam, 2005), trust based on formal institutional arrangements (Shapiro, 1987; Sitkin & Roth, 1993), and aspect of knowledge-based trust (Lewicki & Bunker, 1995). Neutral trust included swift trust (Meyerson, Weick, & Kramer, 1996) and aspects of calculus-based trust (Lewicki & Bunker, 1995). Unearned trust included presumptive trust, or role-based trust (Barber 1983; Webb, 1996). Trust deficit included conceptualizations including suspicion as the expectation of malevolent behavior (Deutsch, 1958), and pessimistic disposition (Hardin, 1996; Rotter, 1971, 1980). There is no shortage of trust conceptualizations.

For this project, compatible trust types were aligned from the literature to create support for a trust typology. The categories in the trust typology were given unambiguous names and assigned a definition. Results from the data analysis support the theoretical notion that various types of trust exist in practice. As previously discussed, trust development and discussion of trust types has remained at the theoretical level. This project, to my knowledge, is the first to study whether trust types exist in practice.

Interview participants described three types of trust that matched types from the typology. A majority of participants described proxy trust, proxy mistrust, and no trust or suspicion at the beginning of their partnerships. Quantitative data supported the qualitative data by showing that partnerships began their relationships in either suspicion, proxy trust or to a lesser extent functional trust. There was clear agreement about trust types at partnership beginning.

When asked about contemporary trust, the majority of quantitative participants selected either critical reflective trust or functional trust. In the qualitative data no trust types were clearly explained. This suggested a discrepancy between the two datasets. Upon further consideration, I deduce that the majority of qualitative partnerships were indeed functioning at critical reflective trust as supported by comments about how to build trust. These comments were reflections of experience. By way of explanation, participants declared high levels of trust at the time of data collection in both data sets. When interview participants described what was working well in their partnerships they were talking from the standpoint of already achieving critical reflective trust. Although they did not use the words “functional” or “critical reflective,” their accounts were closely related with associated definitions of these trust types. Therefore, these two types need to be revisited and revised based on how interview participants described it in real world settings. In any case, this research question did find support for multiple types of trust existing in practice.

The finding from this research question extends the trust scholarship by summarizing trust types from the literature and situating it in one place—the trust typology. The trust typology then becomes an alternative to binary trust measurement and continuous scale measures. As we know there are multiple contributing factors in the decision to trust. Therefore, the trust typology may be what happens between the binary “yes” and “no” explanation that some scholars take toward understanding the existence of trust (Chory & Hubbell, 2008; Cook & Wall, 1980; Farndale, Van Riten, Kelliher, & Hope-Hailey, 2011; Thomas, Zolin, & Harman, 2009; Lewicki, Tomlinson & Gillespie, 2006; Whitener, Brodt, Korsgaard, & Werner, 1998; Zeffane, Tipu, & Ryan, 2011). Research question three used the

trust typology to determine if it can be used as an alternative to existing measurements, and to investigate the causes of movement between trust types.

RQ3. The third research question sought to expose whether community and academic members talk about trust as a process of ethical communication acts. This research question addresses Baier's (1986) suggestion of finding morally relevant features of trust and applying these features to the different trust types. This research question builds on both research question one and two.

From research question one, it was already determined that the definition of trust for this population suggested ethical inputs for trust to develop. For this current research question, I wanted to determine which acts of ethical communication were most influential to trust building. As discussed in Chapter 1, ethical communication acts are communicative behaviors that facilitate "good and right" interaction outcomes. The trust typology from research question two was used to determine if the categories in the trust typology explain what occurs between the "yes" and "no" of binary measures.

This question was answered by both qualitative and quantitative data. Qualitative results showed that listening, learning, and participation and commitment are ethical communication acts that predict trust development in community-academic partnerships. The quantitative data explored whether ethical communication acts explained trust using two comparable measures: social trust and the trust typology. Quantitative regression models resulted in acts of ethical communication accounting for 43% and 31% of trust variance, respectively. Specifically, core values, CBPR partner focus, participation, respect, and cooperation (IV) were positively associated with social trust and higher categories of trust in

the trust typology. The IV variables were proxies for communication ethics as they are factors that are identified in the CBPR literature as “ought” practices.

These findings are consistent with current trust development and decline models. Current models theorized that trust development occurs incrementally as a result of repeated interactions, regular communication, active adjustment and compromise (“fit”), shared products and goals, and shared values (Boon & Holmes, 1991; Lewicki & Bunker, 1995; McAllister, 1995). The acts of ethical communication identified in this study are upstream from the actions of other models. I am adopting the upstream metaphor from public health. In public health upstream is described as:

People are drowning in a river. Rescue workers are pulling them out but soon realize that no matter how hard they work, there are always more people floating downstream. [Rescuers] decide to take a walk upstream, to see why people are falling into the river in the first place (Bournhonesque & Mosbaek, 2007, p. 7).

Variables contributing to trust in existing models include assessing fit and regular communication, as examples (Lewicki & Bunker, 1995). I assert that assessing fit is a result of listening and learning; listening and learning are upstream of fit. Similarly, shared values and participation and commitment are upstream to regular communication.

These findings provide evidence of trust being the product of ethical action. Barber (1983) talked about trust in terms of moral judgments; this study is one of the few that looked at and provided evidence of the contribution of ethical communication to trust development. Given the breadth of potential contextual, interpersonal, and situational factors, these amounts of variability being accounted by quantitative models provide evidence that acts of ethical communication significantly contribute to the development of trust.

Trust is always valued in relationships yet how trust emerges has always been elusive. Listening, learning, and participation and commitment help to clarify the important factors for trust development. There are several factors that contribute to whether trust develops or not, these are just a few. The results from this study will bring trust scholars one step closer to having a shared understanding that contributes to measures that match a meaning.

RQ4. Research question four sought to identify situational communication characteristics associated with trust development and change. Participants were asked to identify how trust changed in their partnerships and what caused that change. Characteristics were found at the context level, interpersonal level, and one event critical event that challenged trust was identified. Although not all of the factors identified in this section were communication characteristics, they do have implications for communication.

At the context level the themes of time and funding emerged. Scholars often treat trust as a static phenomenon. In actuality trust changes over time. Fairly recently, Vlaar, Van den Bosch, and Volberda (2007) asserted that trust levels at the beginning of a relationship have influence over later stages of collaborative relationships. This assertion was supported by the project's results. This is a main contribution to the existing literature.

It was found that being in a state of suspicion at the beginning of a partnership increased the likelihood of developing functional trust. Whereas being in the state of functional trust at the beginning of a partnership increased in the likelihood of developing proxy trust. Quantitative models showed a predictive change in current trust types based on beginning trust type.

Current trust also influenced future-based trust. Results show that future-based trust will more than likely stay at the same type as contemporary trust or it will decrease. Since

many trust studies measure trust at one point in time (Chory & Hubbell, 2008; Cook & Wall, 1980; Farndale, Van Ruiten, Kelliher, & Hope-Hailey, 2011; Thomas, Zolin, & Harman, 2009; Lewicki, Tomlinson & Gillespie, 2006; Whitener, Brodt, Korsgaard, & Werner, 1998; Zeffane, Tipu, & Rayan, 2011) this may be the first study to show that trust levels at the beginning of a relationship have influence over later stages of collaborative relationships.

These results also support viewing the trust typology as developmental, especially when limited movement occurred between current trust and future-based trust. Limited movement could be explained as partnerships already having identified their optimal trust (Wicks, Berman, & Jones, 1999) and not expecting any changes. This provides a clear message that it is unrealistic to assume every partnership will function at the critical reflective type. Wicks and colleagues (1999) proposed trust levels should be appropriate to the context and may fall anywhere on the spectrum, from minimal trust to high trust, depending on the person and situation. Outcomes from this research strongly suggest that the trust types can be used as a nonhierarchical scale.

Perceptions of time influence communication and interactions (Hall, 1983). The perception of time can influence communication (e.g., interruptions, and/or how long people are willing to listen) and interactions (e.g., punctuality and ease of canceling meetings or appointments). The favorable and unfavorable communication and interaction behaviors that result from perceptions of time have influence over optimal trust types and movement between types.

In sum, this finding conveys the importance of nurturing the partnership and paying attention to ethical communication throughout the stages of partnership development. It also highlights the importance of performing ethical communication acts during partnership

startup since trust at the beginning of a relationship has influence over later stages. Similarly, inattention to trust at the beginning of a relationship can reinforce mistrust. All in all the theme of time emerged from the data and has implications for the development of funding opportunities.

The second theme to emerge within the context level was funding. Partnerships are created for a variety of reasons, and individuals agree to participate with motivations such as the possibility of grant funding thereby increasing existing resources, carrying out the mission of their home organization, personal interest about the issue under investigation, or personal desire to learn new skills. This theme is consistent with interorganizational and CBPR literature that declares trust and commitment are built when equal contributions of resources are provided by partnering organizations (Israel et al., 2008; Mercer, MacDonald, & Green, 2004; Panteli & Socklingam, 2005). Let us not forget that CBPR promotes resource sharing for partnership equality and synergy (Israel et al., 2008). Synergy itself is the combination of perspectives, resources, and skills (Lasker, Weiss, & Miller, 2001). Thus, the equity and positioning of resources where they are needed makes the entire partnership responsible for project activity.

Research is an economic opportunity for communities; it creates and sustains jobs. In saying that, it is easy to see how the inequity of funding distribution can affect communication and thus trust. Scarce resources are a source of conflict (Oetzel, 2009). Those who hold the purse strings have control of the resources. Historically, academics have had sole control and power to distribute resources. Inequality in resource distribution provokes conflict with community partners especially if community members feel they are doing the majority of the work. This is a usual practice; often community members are allocated the

responsibility of participant recruitment, intervention facilitation, and data collection, three of the most time-intensive aspects in the research process (Wallerstein & Duran, 2006). It becomes an expectation to appropriately share the budget.

When the budget is shared, partnership conflict is reduced except the funding agency may see equitable sharing as a weakness of the grant application. The funding agency may see equitable budget sharing as a weakness because they are concerned with the science not the partnership. The values between the partnership and the funding agency do not align; power imbalance and conflict is back on the table (Mercer & Green, 2008; Mercer, MacDonald, & Green, 2004; Wallerstein & Duran, 2008). Issues with funding require open communication.

In sum, it is difficult to develop trust when conflict is looming. Resource sharing is a delicate matter that requires extensive discourse about the culture of funding agencies related to power and knowledge. The conversation must also include expectation, responsibility, and resource requirements to effectively complete tasks.

Open communication was the one theme that emerged in the interpersonal level. Das and Teng (1998) positioned communication as the centerpiece of trust building. The natural evolution of partnerships leads to changes in scope, purpose, and participation with dialogue being the only way to work through those changes. The discursive process is central to democratic ideology and CBPR promotes democracy of the research process (Schaefer, Conrad, Cheney, May, & Ganesh, 2011). Therefore, theoretically discourse is central to the process of CBPR.

Study participants described open communication as being able to talk about difficult topics. The ability to discuss difficult topics implies dialogic interaction that is responsible, responsive, and opens “the possibilities of constructive engagement across

differences, enabling participants to hear and be heard, to understand and be understood” (Makau, 2011, p. 512). The goal is not necessarily agreement; rather open communication is what allows us to be concerned with the individual other. By engaging in dialogue rather than shying away from it, community-academic partners take steps toward learning about each other and engaging with difference. Learning is central for a dialogic ethic (Arnett, Bell, & Harden-Fritz, 2010). Thus, open communication is the starting point for trust. Open communication is the starting point for determining shared values and goals, risk, respect and expectations.

In sum, open communication is an act of ethical communication. When partners decide to engage with each other to in a partnership they have “decid[ed] to focus on another, responding to others as a means of affirming their presence and value, and listening and observing carefully in order to discern what the other means by her or his behavior” (Wood 1994, p.107). This ethic in communication requires partners to be vulnerable to each other even as disagreement about procedures, practices, and other difficult topics develop (Sussin, 1999). When open communication fulfills its potential, decision-making becomes the responsibility of the partnership and partners feel respected and supported. Staff turnover occurs when feelings of respect and support are absent.

Partner turnover was the one theme that emerged as a critical event that challenged trust. According to Kanter (1993), trust evolves from a mutual understanding based on shared values and is essential for employee loyalty and commitment. It is expected that staff turnover results from lack of commitment, trust, and loyalty. In this theme participants did not explain why staff turn over occurred but rather focused on the impact it had on the partnership. Turnover disrupted partnerships.

The loss of members and addition of new members required partnerships to experience change and adaptation. In these instances, managing instability is recommended (Vangen & Huxham, 2003). Although partnerships had disruptive experience with turnover, instability helps create the dynamical nature of the partnership system. In partnerships instability can produce both positive and negative outcomes. Instability forces partnerships to review processes and procedures.

Negative outcomes include damage to the relationship. For example, in one partnership, the Principle Investigator is the one who left and no one was able to manage the instability. In this case, the partnership dissolved. Positive outcomes advance partnerships. Instability could cause partnerships to review to material and procedural elements, of which communication is central (Seeger & Kuhn, 2011). Review of communication processes and materials may uncover authorial power and other forms of control. Evaluations can identify contradictions in decision-making, job functions, and between written materials and how those materials are carried out in application (Seeger & Kuhn, 2011).

In summary, this project was able to situate trust as an ethical construct. The emergent definition of trust was based in expectation, reduced risk, and fair treatment; all relate to morality and ethics. Morality is “the effort to guide one’s conduct by reason, while giving equal weight to the interests of each individual who will be affected by one’s conduct” (Rachels, 1986, p. 11). Listening, learning, participation and commitment, respect, and alignment with CBPR Partner focus principles emerged as guides for trust building. These trust antecedents provide further evidence of an ethical construct. Since trust is a complex, multidimensional, and dependent on many interpersonal, and contextual factors, developing a model that accounts for all variance is unreasonable. However, the models presented in this

project were able to account for over 30% or 1/3 of trust variance. Maintaining open and ethical communication will assist in resolving tensions and instability; for example, funding issues and staff turnover. In community-academic partnerships, ethical communication is a solid foundation on which to develop a positive mutually beneficial collaboration.

This project was also able to shed some light on trust development in term of trust types. As previously mentioned the trust typology presented in chapter two was built on existing literature and has the potential to contribute to trust development and provide an alternative to beyond binary and continuous scale measures. Results of this mixed method study provided evidence that different trust types represent a developmental process of trust development. Specifically, there was a perceived leveling effect of trust growth—trust increased incrementally from the beginning to the current state and then was perceived to remain at the same level as current. Perhaps this leveling is the “optimal trust” for the partnership. Wicks, Berman, and Jones (1999) modeled the concept of optimal trust after Aristotle’s “golden mean” concept which focuses on finding the optimal point between excess or “overinvestment” and deficiency or “underinvestment” in trust (p. 99). Results showed optimal trust varies; some partnerships functioned optimally at proxy trust, others at functional trust and others at critical reflective trust.

Theoretical and Practical Implications

Beyond being the first study to examine trust processes in CBPR, there are several important implications for theory and practice. Theoretical implications include (a) applying communication theory to strengthen CBPR practice, (b) extending trust as an ethical construct, (c) recognizing trust as imperative to health intervention research, and (d) offering an expanded view of trust. Practical implications include (a) producing a measure for

assessing trust development, (b) applying mixed methods for complex phenomena, and (c) providing evidence of the impact of ethical action on trust. The next two sections discuss these implications.

Theoretical implications. This section discusses of four theoretical contributions: (a) application of communication theory to strengthen CBPR practice, (b) extension of trust as an ethical construct, (c) recognition of trust as imperative to health intervention research, and (d) adoption of an expanded view of trust.

First, this project applied the theory of dialogic ethics to CBPR and trust development. CBPR is a process of communication and yet there is very little communication research that specifically addresses the communication process, and impact of CBPR on partnership trust. Gaining community and academic perception on what trust produced a working definition that explicitly expresses what is important to trust development in these partnerships. Values, safety, expectations and goals all contribute to partnership trust which in turn contributes to effective dynamics and synergy.

Before this project, the assertion that CBPR builds trust was based on anecdotal and experiential knowledge (Christopher, Watts, McCoimick, & Young, 2008; Frisbey, Reid, Millar, & Hoeber, 2005; Hora, Prochaska, Bolin, & Ory, 2007; Jones, Gray, Paleo, Branden, & Lesser, 2008; Johnson, Ali, & Shipp 2009; Kneipp, Lutz, & Means, 2009; Larkey, Gonzalez, Mar, & Glantz, 2009; Sadler et al, 2006; Story, Hinton, & Wyatt, 2010). This study provided evidence that the CBPR partner focused principles does in fact contribute to trust development especially at the beginning of partnership development. The four principles that contribute to trust relate to partnership equity, co-learning, mutual benefit, and

commitment. All of these concepts came from the qualitative data and align with dialogic communication ethics.

These findings contribute to practice based theory and advancement of the participatory worldview. A participatory worldview privileges experiential creation and co-creation of knowledge and meaning (Trickett, 2011). Participation is the cognitive process of CBPR. In other words, partnership members have to show-up and listen, learn, demonstrate commitment, create safety, respect, develop shared values and goals. Partners have to be physically and mentally present to engage in meaningful discourse. It is communication that fosters trust by assisting in resolving disputes and aligning perceptions and expectations. It is unreasonable to theorize about trust in collaborations without paying attention to communication.

Second this project extends trust as an ethical construct and contributes to the vision of trust scholars who married trust and ethics (Baier, 1986; Flores & Solomon, 1998; Hosmer, 1995). To my knowledge, this study is one of the first to empirically demonstrate the contribution of ethical behavior to trust and contributes to creating a shared meaning of trust across contexts. Positioning trust as an ethical concept also provides an opportunity to create matching measures that can be used across contexts contributing to the opportunity to conduct meta-analysis.

Meta-analysis would allow communication scholars to combine results from different studies of trust across different context. Through meta-analysis researchers are able to identify patterns, disagreements, and other factors that may not arise in a single study (Szklo & Nieto, 2000). Trust research benefits from identifying contextual factors, a current limitation. Outcomes of meta-analysis allow scholars to focus on effect size instead of the

statistical significance. Focusing on effect size will allow us to determine how much trust really matters (Coe, 2002) as opposed to concentrating on sample size.

Third, this project distinguishes risk and time, both necessary for trust, as imperative to health intervention research. This point raises consciousness about ethical implications of risk and time for those planning to engage in community-academic partnerships. Risk is a very particular part of trust that should be addressed. Historic mistrust is ubiquitous in communities of color and other disenfranchised groups. In community-academic partnership, risk can manifest on several levels cutting across the partnership and research process. Risk can be specific to processes, outcomes, organizations, individuals, individuals as member of a group, and communities (Ross, 2010). Thus, partners need to understand and to express the risks involved with proposed research and agreements in order to reduce those risks. Admitting to risk and fear is very personal; participants will require time in order to overcome feelings of fear and vulnerability. Given the paradox of risk and trust, the topic should be addressed more in order to nurture the partnership over time.

Time is also a requirement of trust and, as a consequence, of intervention projects. As previously mentioned, chronemics, or the way time is perceived, is a part of the communication process and varies from culture to culture (Hall, 1983). As I argue earlier community and academics partners function as distinctive cultures. The perception of time can influence interactions (e.g. willingness to wait, punctuality, and ease of canceling meetings or appointments), and communication (e.g. interruptions, speed of speech, and/or how long people are willing to listen). In these partnerships, at least three perceptions of time need to be negotiated; community, academic and funding agency.

The need to negotiate suggests tension or conflict. As mentioned earlier funding was a source of power (Mercer & Green, 2008; Mercer, MacDonald, & Green, 2004; Wallerstein & Duran, 2008). Funding agencies are a peripheral partner and they are seen as having ultimate control of funding and their perception of time is most important. The funding agency's perception of time puts pressure on the academic and the academic transfers the pressure to the community (Mercer, MacDonald, & Green, 2004). The community partner is often responsible for tasks such as recruitment, data collection, and intervention facilitation. Members of the community team have to follow cultural norms when they carry out recruitment and data collection that may require time that is unanticipated by both the academic partner and funding agency (Wallerstein & Duran, 2006).

Another tension arises when time use is related to status or power. It is understood that academic and community partnership members have other projects or obligations to schedule meetings around. However, a tension arises when time is perceived as a power mechanism, for example, providing limited choice for meeting availability, arriving late to meetings, and regularly cancelling meetings (Condon, 1981; Hall, 1983). Tensions transfer to communication practices by increasing interruptions and reduced willingness to listen. Time in community-academic partnerships means much more than simple project years. Long-term commitment to communities is the ninth principle of CBPR (Israel, Schulz, Parker, & Becker, 1998; Isreal et al., 2008). Time, in terms of years and chronemics, must be effectively negotiated, maintained, and sustained for trust development and stability.

Finally, this project offered an expanded view of trust development. Specifically it responded to Baier's (1986) call to action: the need to distinguish different forms of trust, and to look for some morally relevant features they may possess. This project investigated

different trust types and looked for common features of ethical communication. The trust typology is not presented to rebut previous trust investigations; rather it tries to transform existing binary limitations.

Binary measurements of trust are contrary to reality. The addition of the trust typology to the literature challenges how we think about trust. It creates movement to extend what already exists for greater understanding. Increased understanding and advancing knowledge will provide insight into the realm of trust and departs from how things now stand and emphasizes further possibilities. This alternative view lines up with the reality of trust being a highly context-specific construct.

Practical implications. This research also provides three practical implications, it (a) produced a measure for assessing trust development, (b) used mixed methods for a complex phenomoena, and (c) provided evidence of the impact of ethical action on trust.

First, the measures used in this study—alignment with CBPR principles; core values, and; participation, cooperation, and respect—can help determine the type of trust a partnership is working under without directly asking about trust. Conflict in community-academic partnerships is inherent; therefore, it is difficult to engage in trust discourse for fear that it raises suspicion. In fact, Luhmann (1979) claimed that attempting to discuss trust will lead to mistrust. This trust investigation moves trust scholarship in the direction of identifying or understanding elements that contribute to trust origination and development beyond just identifying the characteristics of the trustee.

The trust scale must be viewed as a process—a cycle, of learning, listening, and participating. Anytime the cycle is disrupted or a mechanics violated then trust is disrupted also. Trust will move from one type to another depending on group dynamics and current

events. Each partnership will strive for its own optimal trust type (Wicks, Berman, & Jones, 1999). This typology is a tool to determine the amount of instability an event has created and is the first step to reestablishing balance.

Second, this project is an example of mixed-methods research and practice. Trust is a complex construct and CBPR partnerships are complex systems. Therefore, a mixed-methods approach was enable scholars to fully understand the influence of ethical communication on trust. This was especially clear to me when participants responded to research question 3. The qualitative data in this study uncovered the themes of listening, learning, and participation and commitment, but this method alone could not determine the effect of these communication concepts on trust. The quantitative data complimented the qualitative data by statistically demonstrating that ethical communication acts did influence trust and provided a statistical measure of influence.

The use of a parallel mixed-method design demonstrated that the common sequential construction is not always necessary (Hesse-Biber, 2010; Teddlie & Tashakkori, 2009). Hesse-Biber (2010) argued that mixed-method projects are often driven by research technique with little concern for theory. In contrast, this project was heavily ground in theory providing a solid foundation of measurement constructs. The parallel design allowed for a shorter research process as compared to the sequential design, which uses only one method to inform the other. This design lengthens the research process.

Third, this study provided evidence that trust is influenced by ethical behaviors. Hosmer (1995) stated, “If researchers can show empirically that there is a connection—through trust—between the moral duty of managers and the output performance of organizations there would be an obvious impact upon philosophical ethics and upon

organizational theory as well.” (p. 400). The definition provided by community and academic participants creates a link between moral duty and trust. Interview participants linked performance, communication ethics, and trust, while proxies of communication ethics provide evidence of an additive effect on trust. As Hosmer suggested, this empirical evidence will impact communication ethics theory and CBPR practice.

CBPR is an ethical trust-building approach. This research showed the connection between trust and performance in CBPR partnerships. The three situational factors shed light on other communication factors that require further investigation that will contribute to ethical communication theory. CBPR researchers will nurture the partnership process, paying particular attention to ethical communication practices and civility.

Limitations, Future Directions, and Conclusions

This project contributes to the fields of communication, trust, and CBPR and offered theoretical and practical implications, but limitations do exist. This section reports on five limitations, concerned with research design, sample population, data collection, and project scope. Then it presents a future research agenda for further advancing the understanding of the trust development process in community-academic partnerships and closes with study conclusions.

Limitations. There are five limitations of the current study that concern research design, sample population, data collection, and project scope. First, the current study was susceptible to one of the most common criticisms of trust research. Empirical research on trust is characterized by static studies that measure trust at one point in time (Koza & Lewin, 1998; Lewicki, Tomlinson & Gillespie 2006). This is problematic since the decision to trust another person or persons occurs over time. Therefore, determining concepts and constructs

that contribute to trust development and decline ideally should be collected using a longitudinal design rather than a cross-sectional design. Longitudinal designs involve repeated observations and measurement of the same variables over long periods of time. This project studied trust at one point in time and, in an attempt to salvage the time component, participants were asked to recollect events at the beginning of their partnership.

Participants in this study were asked to recall events that challenged trust. With retrospective interviews, people may find it difficult to remember events. According to Green (2009), as people recall an event, they tend to add details to newer versions while leaving out details from earlier description. Accuracy declines and feelings are forgotten. For that reason, if an event caused strife within a community-academic partnership, with reconciliation and time, the event becomes less powerful and perhaps not worth mentioning. If the event can be captured at the time it occurs, the more accurate the information will be. Repeated observations and measures have the potential to identify significant communication behavior that was not captured in this particular study. Retrospective inquiry can also be helpful; people are able to see the event through a more analytic lens. They are able to reflect on the event from beginning to end rather than just in the intensity of the moment. This limitation was lessened by the use of the mixed-method design. Quantitative data complemented the qualitative data to show that recall bias was minimal.

The second limitation is lack of representation from various subpopulations in the qualitative data. Historical mistrust is prevalent in communities of color and other marginalized populations. This study was unsuccessful in securing perceptions of trust from community-academic partnerships serving American Indian, Lesbian/Gay/Transgender/Queer, undocumented immigrants, or populations whose health

issue are highly stigmatized such as HIV/AIDS or mental health largely due to recruitment and timing. A project that served male immigrants who are living with HIV/AIDS was invited to participate; however the timing of our visit made it unmanageable for that partnership to participate. The larger study included two case studies that were serving American Indians, but these cases were not included in this dissertation project because of timing and focus. In one case, the trust interview questions were not developed in time for the case-study visit; and in the second case the focus was on the development of the tribal Internal Review Board and not a community-academic partnership. This second case was an artifact of poor coordination and planning. In light of excluding these populations, this study generated preliminary outcomes that can be tested with a variety of populations.

The third limitation also pertains to the sample population. Both qualitative and quantitative participants were members of highly successful partnerships. Therefore, variations within responses to the trust questions were minimal; the majority of cases reported high levels of trust in their partnerships. Participation from successful partnerships were able to express what builds trust but were not able to shed light on critical events that challenge trust. This limitation goes hand in hand with limitation of self-report measures in quantitative surveys. When self-reporting, people are asked to remark on their own personalities and behaviors. This can result in inaccurate data as “good” behavior may be inflated and “bad” behavior underreported. This phenomenon is also known as social desirability (Holbrook, Green, & Krosnick, 2003). In this study, respondents may have over reported high levels of trust if they felt they were being evaluated. Similarly, if respondents were familiar with the study Principle Investigators they may have been concerned with confidentiality. Conversely social desirability bias occurs less frequently when distance is

greater (i.e. phone survey, web-based survey as opposed to in person). In other words, participants seem to be more honest in their responses when the interviewer is further away. Given that, this study will be a useful comparison for future trust investigations.

The fourth limitation is related to the data collection process. Trust questions were near the end of the interview guide and therefore were subject to being cut or abbreviated. The larger study utilized approximately nine interviewers. Each interviewer had a substantial amount of experience, and because of that, each had his/her own interview style. For example, approximately half of interviewers adhered to the protocol and did not deviate; others stuck to the script yet followed interview participants down varying paths; still others diverged from the protocol asking questions that loosely pertained to the project's purpose. The combination of trust questions at the end and a divergent interview style resulted in questions being combined or skipped altogether. This modification occurred because time was a factor in every interview; interviews were limited to one hour in most cases.

Finally, the fifth limitation pertained to the scope of the project. This project looked solely at trust even though other studies suggest that power is closely related to trust (Das & Teng, 1998; Luhmann, 1979; Rousseau, Sitkin, Burt, & Camerer, 1998). Collins (2000) articulated power as "the intangible entity that circulates within a particular matrix of domination and to which individuals stand in varying relationships" (p. 274). In community-academic partnerships, issues concerned with power relationships are vast. In this study alone, I found power to be associated with funding distribution. Academics have research knowledge and the power of privilege that comes with their academic position. Community members often do not have advanced degrees or professor positions. Therefore, by societal rules and norms, within these partnerships academics have more power than community.

This power is exerted in the control of the research process and project direction. Issues of power can impede trust. When power is exerted for self-benefit or as opportunism, there is no reason to take other interests into account. Adding power to the scope of this research would have created a massive project, therefore the scope was limited to trust only.

The limitations noted above—research design, sample population, data collection, and project scope—were largely artifacts of being embedded in a larger study. While there were limitations to this study, findings brought to light the importance of ethical communication, time, and funding on trust development. Findings also offered partner turnover as a contributor to trust deterioration in community-academic partnerships. Project limitations will guide stronger investigations, and findings can be used to inform a future research agenda as discussed in the next section.

Future research. Given the results and limitations of this research project, future investigations should focus on securing data from various populations including racial/ethnic populations as well as populations based on sociocultural identity and health topics. To increase the variability in trust measures, new or recently formed partnerships should be recruited in order to gain more information about critical events that challenge trust, and research designs should be longitudinal instead of cross-sectional.

Interview participants identified time and joint control or transparency of funding as contributing to building trust. Interestingly, the National Institute of Minority Health and Health Disparities (NIMHD), a proponent of CBPR, has a unique funding opportunity that promoted time and transparent funding. This NIMHD opportunity is an eleven-year research trajectory for community-academic partnerships; a three-year planning phase, a five-year implementation phase, and a three-year dissemination phase. The funding opportunity

announcement also mandates a portion of the overall budget for the community partner. Partnerships that successfully obtain this grant award would be ideal longitudinal community-academic partnerships to investigate trust. This trust investigation would be able to follow partnerships through trust growth and decline, confirm findings from this study as well as identify other constructs not identified by this project, and link trust to community outcomes. In addition, a project such as the one described would contribute to policy change within the National Institutes of Health by creating cause to rethink the way funding opportunities are structured.

Qualitative data revealed turnover in partnership members as a critical event that challenged trust. Therefore, it may be important to investigate trust using innovative approaches including Social Network Analysis (SNA). The application of SNA could be useful in identifying critical nodes or people who represent critical points of connection, influence, and communication. Knowing points of connection and communication could inform how partnerships go about leveraging points of influence in order to increase connection and communication to promote participation. In addition, the application of SNA could address trust and communication gaps in the network while limiting the impact in the event of partner turnover. Networks can also identify disconnections where interventions or training can increase knowledge, change attitudes and perceptions.

Another potential direction for this research is to apply it to a different context. I expect that the acts of ethical communication contributing to trust identified in this study would transfer to trust development in another context that involves partnership development. Other partnership development contexts could include state legislatures, nonprofit organizations, coalitions, and student work groups. Overall, this project could

advance new and innovative directions that progress the understanding and interplay of communication, trust, and partnership development.

Conclusion. The issue of trust has been reported repeatedly to be significant and hence important to the nurturing of community-academic partnerships. However, the nurturing of trust within these partnerships has not always occurred. This dissertation project began with a description of the Havasupai versus Arizona State University (ASU) civil lawsuit. In this case the Havaupai tribe of Arizona sought out a longtime research partner and ASU faculty member to assist with the problem of diabetes. In turn, this researcher brought in two other ASU researchers to help achieve the goals of the Havasupai tribal leaders.

This case illustrated the problem associated with the misalignment of values and goals. The Havasupai wanted to reduce diabetes among tribal members through improving education and nutrition. Additionally, they wanted to know if tribal members possessed biomarkers that increased the risk for developing diabetes. ASU researcher Markow wanted to investigate schizophrenia and contribute to scientific knowledge, and for these purposes used the biological samples provided by tribal members without their permission or knowledge. Markow's values were not bad, per se, but they were counter to the Havasupai and, therefore not "good, moral, and right" (Chesebro, 1969, p.106). The lawsuit was filed when a tribal member discovered the unauthorized use of blood samples.

The opportunity to align goals and values was not an option because the ASU researchers failed to participate, according to the Hart report (Hart & Sobraske, 2003). The failure to participate removed the researchers from developing a sense of moral duty and obligation to the community. The actions of the researchers, the university, and the federal government reinforced mistrust in this community and throughout communities of color.

Bioethics, as a health policy, was institutionalized nationally to reduce vulnerability and risk from the research process. Bioethics does not protect participants during the partnership process. Communication ethics reinforces and strengthens the protection offered by bioethics by developing trust. When community-academic partners develop trust they develop a sense of responsibility for the partnership, create a respectful and safe space, and develop shared goals and values.

This mixed-methods study answered four research questions: (a) How do members of community-academic partnerships define trust?, (b) Which types of trust exist in community-academic partnerships?, (c) Which communication ethics are related to trust development?, and (d) What are other communication characteristics associated with trust development and change? Qualitative and quantitative data were used to complement results, with priority being given to qualitative data.

The results from this study are significant. They shed light on the role of communication ethics in the development of trust in community-academic partnerships. The results also provide evidence for a new and innovative trust measurement tool. This study also contribute to closing the gap by identifying three situational factors that influence trust and communication.

In addition to meeting the research goals of this project, I was able to grow and learn. Many of the stories that individuals shared with me during the interview process left me reevaluating how I work with community and academic partners. A specific interviewee provided the most significant definition of trust: “Simply doesn’t lie to us. Don’t lie to us.” I concluded that transparency in every aspect of the research process should be a tenth principle of CBPR.

More importantly, this project made me realize the legacy of research that I have inherited. I stood on the shoulders of all the researchers referenced in this study to accomplish a significant project. As a Hispanic female entering communities of color, I had the privilege of hearing the hidden discourse and reflecting on those stories for my own personal and professional growth.

I also realize being able to conduct a study of this magnitude I have benefitted from amazing mentorship. Being a university student and researcher I am building upon the accomplishments of those that made it possible for me to be in the academe. I strive to make a similar contribution of communities and future researchers. These lessons will be inscribed in my emerging toolbox to be used in all future endeavors.

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Appendix A

Case Study Interview Guide

I. Introduction

Thank you so much for participating in this interview. The purpose of this study is to take an in-depth look at participatory research **projects** and **partnerships** from diverse communities around the country. We are not here to “evaluate” this partnership but rather to learn from your experience. We hope to better understand what makes for “successful” projects that involve partnering between communities and universities to reduce health disparities. We are interested in your experience with this participatory research project and partnership. We’d like to hear from you in your own words about the challenges and successes in this process and about any outcomes that you feel may have come from this partnership.

You were chosen as a participant in this study because you are a partner in the **Bronx Faith-Based Initiative to Eliminate Racial Disparities in Health project** (or partnership). We appreciate you taking the time to speak with us, as your experience will help us to better how these kinds of partnerships work together to address challenges and make things better in our communities. We expect this interview to take up to about 60-90 minutes of your time.

II. Individual and Project Background *(keep this section brief)*

1. I’d like to begin by asking you how you came to be involved in this partnership. How and why did you start?
2. *(If appropriate)*: Can you help me understand how the community and Institute for Family Health came together on this partnership?
3. When you talk about the work of the Bronx Faith-Based Initiative to Eliminate Racial Disparities in Health project how do you describe it?
4. Can you describe your role and the work you are doing in the partnership? *(Probe: Are you representing an institution/agency or are you participating as yourself? If yes, what does it mean for you to represent an organization or group?)*

III. Context for All Communities

It’s our understanding that the **Institute for Family Health and the faith-based communities in the Bronx** (are) involved in this partnership:

5. What do you think we need to know about the community(s) that would help us understand your partnership? *PROBE: History or current organizing for health issues? Other issues? Strategies for addressing socio-economic conditions? (for tribes: history of self-determination? Starting new programs in health? Language/cultural programs?)*
6. To your knowledge, has the Institute for Family Health or other Universities partnered with the community on different research projects before your project? If yes, what was that experience like?

7. ****For PI's**** Can you tell us about the relationship between Institute for Family Health and other academic partners (Universities or individuals)?

We'd like to ask you to talk a little about the community process for working with the university including getting research approvals and agreements to work with your community (if you were involved in this).

8. If you were involved, can you describe the approval or agreement processes that you were a part of, or that you knew about? *PROBE: Multiple levels of approval/specific conditions, i.e. requiring community benefits, data agreements, joint publication, accountability, etc.*
9. Do you have a Community Advisory Board or boards? Can you describe them?
10. When thinking about the Community Advisory Board(s) (or council, committee etc) what role do they take? What power (or authority) do they have with this project?
11. Are you involved with the intervention projects or policy? If both which are you more active with?

IV. Intervention Research Questions **For Intervention Projects Only**

Since your research project is focusing on an intervention, we'd like to ask you more here about the process of developing and implementing your program or intervention. **What project do you want to talk about?**

First, we want to ask you how the intervention has been developed:

12. In what ways have knowledge and experience from the community (or cultural beliefs, values and practices) influenced your project?
13. In what ways has knowledge from professional articles or "evidence" and "best practices" from around the country influenced your project/intervention?
14. Have local programs or agencies contributed to the development and implementation of the project? If yes, how? *PROBE: Were resources provided to support the intervention? Was local staff given time off and allowed to participate? Was local staff expertise incorporated in to the intervention?*
15. What outcomes or benefits have you seen or expect to see as a result of the intervention?
16. Do you think the community perceives these benefits or intended benefits of the project?
17. (If you are a Community partner): Do you think this project/partnership has contributed or has the potential to contribute to any policy or practices changes at the community level?
18. (If you are a University partner): Do you think this project/partnership has changed the way the University does business, ie., any of its policies or practices in doing research with communities?
19. What are your plans for sharing project findings in the community? *PROBE: For example, will there be newspaper articles, pamphlets, videos, websites, toolkits? Will there be presentations at community events, dinners, staff meetings, etc.?*

20. Could you please describe how the community (or tribe) will be identified in published project reports? And who decided how the community or tribe would be identified?
PROBE: Did the Community or Tribal Advisory Committee place any restrictions on how the tribe could be identified in published reports? And if so, what kinds of restrictions were placed?

V. Policy Research Questions *For Policy Projects Only*

Since your partnership is focusing on policy (and legal) changes and using “research data to influence this change,” we now want to talk more about the policy change strategies and actions you’ve used. **What policy target(s) do you want to talk about?**

21. Was the policy change you are seeking an initial goal or did it become relevant during the course of the project? If so, why or what happened to make it a pressing issue?
22. We’d like to ask you about the steps your partnership might have taken to bring about policy change. How would you describe your involvement in making your policy issue important or in setting a policy agenda with policymakers?.
23. Could you describe how you think data or evidence was used in working towards policy change? (When and how was data used? What was the role of the different partners in gathering or presenting the data or evidence? Was data presented in a way that was understood by community members?)
24. Could you describe the role of advocacy and people telling their stories or providing personal testimony to create policy change?
25. (if appropriate) If the partnership has not yet been successful at promoting the policy/legal change you want, do you think the partnership’s work improved the policy environment for this issue? If so, how? If not, is there a plan to re-initiate work towards this change again in the future? (*probes: new mechanisms to support political partnerships, new structures for community voices at the table, policy-makers more inclined to consider impact of decisions on communities in future*)

VI. Partnership/Group Dynamics

If people are not fully engaged in the full partnership refer them to talk about the committees they are involved with. We’re interested in understanding more about how you believe your partnership works together as a group:

26. Can you describe what is working **well** in your partnership and give some examples?
PROBE: Can you describe what happens in meetings when the partners come together? Where do you meet? Who leads the meetings? If translation is needed, is it provided? Who does the translation? Who prepares the handouts? Is there collaborative decision-making?
27. Can you describe some of the challenges in your partnership, ie what might not be working so well and give some examples of what could be improved? *PROBE: Are there things hard to discuss as a group? What happens if an individual disagrees with the community’s decision about aspects of a research project?*

Now we want to ask you specifically about power relations. While one goal in a CBPR partnership is to make sure everyone can contribute equally, the reality is that this is difficult or sometimes impossible.

28. Can you share some thoughts on how power between the university and community might work in this partnership, ie., can you provide an example of a conflict or power issue that you've had? (*Probe: Has anything ever put this partnership in jeopardy? What happened?*)

We are interested in learning more about how trust works between researchers and community members. We'd like for you to think about where your partnership started in terms of levels of trust between partners, and where you think your partnership is now.

29. Prior to this project, what was your experience with health intervention research? How did **you** feel about research before you were involved and how has your involvement affected your viewpoint?
30. In your own words, how do you define trust for this kind of partnership? Have there been any trust issues that have affected your partnership, ie., examples of disagreements between university and community team members that might have affected trust among members?
31. In general, how would you describe the level of trust at the beginning of your partnership and how has it changed over time? What do you think made it change?

VI. Individual Level Issues

Now we'd like to ask a few questions about individuals in the partnership to help understand what kinds of qualities you think are important.

32. Thinking about your experience in this group, what sorts of personal qualities should someone have to be involved?
33. How about for the project leaders? academic PI? community PI or community coordinator? Main community leaders?

We would also like to hear your views about some of the cultural issues that may come up in this kind of partnership.

34. We've observed that some of your university research team members share a similar racial, ethnic or cultural background to your community members. Do you think this makes a difference in terms of the partnership or in terms of the research? If so, how?
35. What about when people share the same gender? Does this make a difference in terms of the partnership and of the research?

VII. Partnership Outcomes

We now want to dig a little deeper into partnership outcomes that you are hoping to achieve through your work together. In thinking about the whole or big picture your partnership is dealing with:

36. What would you say have been successes for your partnership? *PROBE: Community ownership of the program? Sustainability? Community Capacities? Greater trust between partners, new skills for intervention work, new abilities to start other programs or obtain more grants, resources or take on other issues?*
37. What are the different kind of benefits or successes you have been able to acheive working together that you may not have been able to achieve alone?
38. In what ways do you feel individual community members have benefitted from serving as part of the project team?

VIII. Research Design

39. How would you describe your research approach? How do you think using a CBPR approach in your partnership has influenced this project in how it is working, or has worked, towards achieving its goal of addressing community issues?

IX. Summary

We're coming to the end now and just wanted to ask you for some concluding remarks.

40. If another group were going to start this kind of partnership, what kinds of things would you tell them in order to help them be successful?
41. Is there anything else you'd like to add?

We would like to express our sincerest gratitude for sharing your thoughts and experiences with us here today. Your time and devotion is truly appreciated. Many Thanks!!

Appendix B

Community Engagement Web Based Survey

Community-Engaged (CE) Research Survey Instrument/Data Matrix

Concept	Item	Survey Question	Response	Variable Label	Reference
		Welcome to the survey of [insert study name]....			
I		This study has been explained to me. I have had a chance to ask questions. I volunteer to take part in this research. If I have questions later about the research, I can ask one of the researchers listed above. If I have questions about my rights as a research subject, I can call the University of Washington Human Subjects Division at (206) 543-0098. I will receive a copy of this informational statement.	1. I accept . I want to participate. 0. I do not accept . (If you wish to return and participate later, simply close this window)	ACCEPT	
II		You have indicated that you DO NOT want to participate in the Research for Improved Health: A National Study of Community-Academic Partnerships survey. If this is correct, please select the button below, and select NEXT . If you would like to participate , return to the previous page by selecting PREVIOUS on the bottom of this screen. If you would like to think about it some more, please just close your browser. You can then decide later if you would like to participate, and use the same URL and PIN to log in.	1. I DO NOT want to participate. (By clicking here you will be permanently removed from the participant list) <i>Show if: (ACCEPT=0){ do not accept. (If you wish to return and participate later, simply close this window.)}</i>	DECLINE	
<p>Note: This select series of questions shaded in peach are asked of participants who completed KI survey but did not provide academic or community partner information in the KI survey, and have agreed to be invited to take the CE survey. These questions are not included in the CE survey for the community and academic partners.</p>					
III		Thank you for completing the Community-Engaged survey (Part 2) for the Research for Improved Health study. Some Principal Investigators or key personnel did not provide contact information for their community or academic partners in the Key Informant survey (Part 1). Because this study is about partnerships, we would like to invite your research partners to participate in a brief 30 minute survey. Can you take a few minutes to provide their contact information?	0. No, I cannot provide further contact information for my community and/or academic partners. 1. Yes, I can provide further contact information for my community and/or academic partners	NO_PARTNER1	
IV	1:	There are other Principal Investigators or key personnel who also could not provide contact information for their academic research partners . We would like to know more: can you tell us why you are unable to provide this information?	open-ended	NO_PARTNERA	
	2:	There are other Principal Investigators or key personnel who also could not provide contact information for their community research partners . We would like to know more: can you tell us why you are unable to provide this information?	open-ended	NO_PARTNERC	
	3:	There are other Principal Investigators or key personnel who also could not provide contact information for their community and/or academic research partners . We would like to know more: can you tell us why you are unable to provide this information?	open-ended	NO_PARTNER2	
	4:	There are other Principal Investigators or key personnel who also could not provide contact information for their community and/or academic research partners . We would like to know more: can you tell us why you are unable to provide this information?	open-ended	NO_PARTNER3	
V	1	Unique customid of academic partner	research staff-constructed	APARID	
	2	Unique customid of community partner 1	research staff-constructed	CPAR1ID	
	3	Unique customid of community partner 1	research staff-constructed	CPAR2ID	
	4	Unique customid of community partner 1	research staff-constructed	CPAR3ID	

THE CBPR QUESTIONS START ON THE NEXT PAGE.

Community-Engaged (CE) Research Survey Instrument/Data Matrix

Concept	Item	Survey Question	Response	Variable Label	Reference
SECTION A: CONTEXT					
		STEM: In this section we have a few questions about community and academic capacity . By capacity, we mean the talent, abilities, and resources needed to work in partnership.		CONTEXT	
1		Based on your experiences in the (insert project name), please tell us how confident you are that your project will achieve its primary aims .	1. Not confident 2. A little confident 3. Somewhat confident 4. Fairly confident 5. Extremely confident	CONTEXT1	
2		Including (insert project name), on how many community-engaged research projects have you served as a community or academic partner?	_____ Project(s)	CONTEXT2	
Community capacity					
3		We are interested in community and academic capacity for effective partnership. To what extent does/did this partnered project have what it needs to work effectively towards its aims?		CAPCTY1	Rand, Khodyakov
	1	Skills and expertise	1. Not at all	CAPCTY1A	
	2	Data and information	2. Very little	CAPCTY1B	
	3	Diverse membership	3. Somewhat	CAPCTY1C	
	4	Legitimacy and credibility	4. Mostly	CAPCTY1D	
	5	Ability to bring people together for meetings and activities	5. To a great extent	CAPCTY1E	
	6	Connections to political decision-makers, government agencies, other organizations/groups	Show if: (CAPACTY1H=5:[To a great extent]) or	CAPCTY1F	
	7	Connections to relevant stakeholders.	(CAPACTY1H=4:[Mostly]) or	CAPCTY1G	
	8	Other	(CAPACTY1H=3:[Somewhat])	CAPCTY1H	
	9:	On the previous page, you indicated the partnered project needs some 'other' element to work effectively towards its aims. Please explain what you meant by 'other.'	open-ended	CAPCTY1_OT	
SECTION B: GROUP DYNAMICS					
Bridging					
4		To what extent, would you say, do members of the community and the academic research teams in your (insert partnership name) partnership interact effectively? By community partners we mean agencies, organizations, tribal communities, health departments, individuals, or other entities representing communities. By academic partners we mean university or research institutions.		BRIDGING	
	1	Does the community research team have the knowledge, skills, and confidence to interact effectively with the academic researcher team?	1. Not at all 2. Very little 3. Somewhat 4. Mostly 5. To a great extent	BRIDG1A	
	2	Does the academic research team have members who are from a similar cultural background as the community research team?		BRIDG1B	
	3	Overall, does the academic research team have the knowledge, skills, and confidence to interact effectively with the community research team?		BRIDG1C	
Alignment with principles					
5		Below is a list of principles for community-engaged research . Please indicate the extent to which your partnership uses the following principles.		ALIGNMENT_WITH_PRINCIPLES	
	1	This project builds on resources and strengths in the community	1. Not at all	PRINCP2A	2002 Israel et al, Principles of CBPR
	2	This project facilitates equitable partnerships in all phases of the research	2. Very little	PRINCP2B	
	3	This project helps all partners involved to grow and learn from one another	3. Somewhat	PRINCP2C	
	4	This project balances research and social action for the mutual benefit of all partners	4. Usually	PRINCP2D	
	5	This project emphasizes what is important to the community (environmental and social factors) that affect well-being	5. To a great extent	PRINCP2E	
	6	This project disseminates knowledge and findings to all partners and involves all partners in the dissemination process		PRINCP2F	
	7	This project views community-engaged research as a long term process and a long term commitment		PRINCP2G	
	8	This project fits local/cultural beliefs, norms, and practices		PRINCP2H	

Community-Engaged (CE) Research Survey Instrument/Data Matrix

Concept	Item	Survey Question	Response	Variable Label	Reference
Core values					
6		Thinking about the <u>shared understanding of the missions and the strategies</u> of [insert partnership name], to what extent do you agree or disagree with the following statements?		CORE_VALUES	
	1	Members of our partnership have a clear and shared understanding of the problems we are trying to address	1. Strongly Disagree 2. Disagree	VALUE1A	Allies Against Asthma
	2	There is a general agreement with respect to the mission of the partnership	3. Neither agree nor disagree 4. Agree	VALUE1B	
	3	There is general agreement with respect to the priorities of the partnership	5. Strongly Agree	VALUE1C	
	4	Members agree on the strategies the partnership should use in pursuing its priorities		VALUE1D	
Task roles and communication					
7		Please think about the community partners' involvement in research and <u>indicate the community partners' level of involvement</u> at each of the following stages of the research process.		TASK_ROLES_AND_COMMUNICATION	
	1	Developing community-based theories of the problem or intervention	1. Community partners DID NOT/DO NOT participate in this activity	TASK1A	Rand, Khodyakov
	2	Grant proposal writing		TASK1B	
	3	Background research	2. Community partners were/are CONSULTED on this activity	TASK1C	
	4	Choosing research methods		TASK1D	
	5	Developing sampling procedures	3. Community partners were/are ACTIVELY ENGAGED in this activity	TASK1E	
	6	Recruiting study participants		TASK1F	
	7	Implementing the intervention	4. Not at this stage of research 5. Does not apply	TASK1G	
8					
8		Please think about the community partners' involvement in research and <u>in the community partners' level of involvement</u> at each of the following of the research process.		TASK_ROLES_AND_COMMUNICATION_2	Rand, Khodyakov
	1	Designing interview and/or survey questions	1. Community partners DID NOT/DO NOT participate in this activity	TASK1H	
	2	Collecting primary data		TASK1I	
	3	Analyzing collected data	2. Community partners were/are CONSULTED on this activity	TASK1J	
	4	Interpreting study findings		TASK1K	
	5	Writing reports and journal articles	3. Community partners were/are ACTIVELY ENGAGED in this activity	TASK1L	
	6	Giving presentations at meetings and conferences	4. Not at this stage of research 5. Does not apply	TASK1M	
9	1	Who initiated the study?	1. The community partner(s) 2. The academic partner(s) 3. Both 4. Other	TASK2	
	2	On the last page, you indicated that an 'other' entity initiated the study. Please describe this entity.	Open-ended	TASK2_OTH	
Influence & power dynamics					
		STEM: Thinking about the current partnership, [insert name of research project], please indicate your <u>views on influence and power dynamics</u> in the partnership.		INFLUENCE_AND_POWER_DYNAMICS	
10		All partners had equal voice in deciding which funding opportunities were sought for this project	1. Strongly disagree 2. Disagree	INFLU1	
	1	I have influence over decisions that this partnership makes	3. Neither agree nor disagree 4. Agree	INFLU2	Israel, 1994
	2	Overall, I am satisfied with the amount of influence that each partner has over decisions that this partnership makes	5. Strongly agree	INFLU3	Israel, 1994

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Concept	Item	Survey Question	Response	Variable Label	Reference
11		Thinking about the way <u>decisions in this partnered project were made</u> . How often did you...		PARTICIPATORY DECISION_MAKI	Rand, Khodyakov a = .681 a = .790
	1	Feel comfortable with the way decisions are made in the project	1. Never	DECIS1A	
	2	Support the decisions made by the project team members	2. Rarely	DECIS1B	
	3	Feel that your opinion is taken into consideration by other project team members	3. Sometimes	DECIS1C	
	4	Feel that you have been left out of the decision making process	4. Often	DECIS1D	
	5	Feel pressured to go along with decisions of the project team even though you might not agree	5. Always	DECIS1E	
12		Whether or not I agree, overall I <u>feel committed to the decisions</u> that are made by the partnership.	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree	DECIS2	Becker, et al, 2003
Dialogue, listening, and mutual learning					
		Thinking about your experiences in the most recent meetings with your community/academic partner in [insert name of organization], please indicate your perception of the <u>quality of dialogue or conversation</u> .		DIALOG_LISTENI NG_MUTUAL_LE ARN	
13	1	We showed positive attitudes towards one another	1. Strongly disagree	PARTIC1	Oetzel, 2001, Oetzel, 2001
	2	Everyone in our partnership participated in our meetings	2. Disagree	PARTIC2	
	3	We listened to each other	3. Neither agree nor disagree 4. Agree 5. Strongly agree	PARTIC3	
14	1	Arguments that occurred during our meetings were constructive		COOP1	
	2	When disagreements occurred, we worked together to resolve them		COOP2	
	3	Even though we didn't have total agreement, we did reach a kind of consensus that we all accept		COOP3	
15	1	There were disrespectful remarks made during the conversation		RESPEC1	
	2	There was hidden or open conflict and hostility among the members		RESPEC2	
	3	The way the other members said some of their remarks was inappropriate		RESPEC3	
Leadership/stewardship					
16		Please think about all of the people who provided either formal or informal leadership in this partnered project and rate the <u>overall effectiveness of your project's leadership</u> in each of the following areas...		LEADERSHIP	
	1	Taking responsibility for moving the project forward	1. Very ineffective	LEADR1A	
	2	Inspiring or motivating people involved in the project	2. Ineffective	LEADR1B	
	3	Encouraging active participation of academic and community partners in the decision-making	3. Somewhat effective	LEADR1C	
	4	Communicating the goals of the project	4. Effective	LEADR1D	
	5	Working to develop a common language	5. Very effective	LEADR1E	
	6	Fostering respect between partners		LEADR1F	
	7	Developing trust between partners		LEADR1G	
	8	Creating an environment where differences of opinion can be voiced		LEADR1H	
	9	Resolving conflict among partners		LEADR1I	
	10	Helping the partners be creative and look at things differently		LEADR1J	
	11	Recruiting diverse people and organizations into the project		LEADR1K	
	12	Providing orientation to new partners as they join the project		LEADR1L	
17		Please choose the statement that best describes <u>how well your project</u> used...		STEWARDSHIP	Rand, Khodyakov
	1	The team's financial resources	1. Makes poor use	LEADR2A	
	2	The team's in-kind resources	2. Makes fair use	LEADR2B	
	3	The team's time	3. Makes average use 4. Makes good use 5. Makes excellent use	LEADR2C	

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Concept	Item	Survey Question	Response	Variable Label	Reference
SECTION C: INTERVENTION/RESEARCH, PROXIMAL OUTCOMES					
Partnership Synergy					
18		Please think about the people and organizations that are/were partners in [insert name of project] and answer the following questions. By working together, how well are/were you and your partners able to...		PARTNERSHIP_SYNERGY	
	1	Develop goals that are widely understood and supported in this partnership	1. Not at all 2. A little	SYNGY1A	Cronbach
	2	Develop strategies that are most likely to work for your community or stakeholders as a whole	3. Sometimes 4. Mostly	SYNGY1B	
	3	Recognize challenges and come up with good solutions	5. To a great extent	SYNGY1C	
	4	Respond to the needs and problems of your stakeholders or community as a whole		SYNGY1D	
	5	Work together as a team		SYNGY1E	
SECTION D: OUTCOMES					
		STEM: In this section, we are interested to learn how participating in [insert name of research project] has influenced broader contexts and the capacity of all research partners.			
Systems and capacity changes					
19		Please indicate to what extent you think your project:		SYSTEMS_AND_CAPACITY_CHANGES	
	1	Improved the access, delivery, and quality of health services (broadly defined) in the community	1. Not at all 2. To a small extent	OUTCM1A	Rand, Khodyakov
	2	Resulted in sustained partnerships among agencies	3. To a moderate extent 4. To a great extent	OUTCM1B	
	3	Resulted in policy changes	5. To a very great extent 6. Not applicable	OUTCM1C	
	4	Improved the overall health status of individuals in the community		OUTCM1D	
	5	Received public recognition or acknowledgment from local policy makers and/or government officials		OUTCM1E	
	6	Resulted in acquisition of additional financial support		OUTCM1F	
	7	Improved the overall environment in the community		OUTCM1G	
	8:	Please list/explain any other important outcomes of [insert name of research project]	open-ended (250 characters)	OUTCM1H	
20		Please indicate the extent to which you think you enjoyed/are likely to enjoy the following benefits as a result of participating in this partnered project:		OUTCOME_BENEFITS_PERSONAL	
	1	Enhanced my own reputation	1. Not at all	OUTCM2A	Rand, Khodyakov
	2	Enhanced my ability to affect public policy	2. To a small extent	OUTCM2B	
	3	Increased utilization of my expertise or services	3. To a moderate extent	OUTCM2C	
	4	Increased my ability to acquire additional financial support	4. To a great extent 5. To a very great extent	OUTCM2D	
21		Please indicate the extent to which you think the community partners/agencies enjoyed/are likely to enjoy the following benefits as a result of participating in this partnered project.		OUTCOME_BENEFITS_AGENCY	
	1	Enhanced the agencies' reputation	1. Not at all	OUTCM3A	Rand, Khodyakov
	2	Enhanced the agencies' ability to affect public policy	2. To a small extent	OUTCM3B	
	3	Increased utilization of agencies' expertise or services	3. To a moderate extent	OUTCM3C	
	4	Increased agencies' ability to acquire additional financial support	4. To a great extent 5. To a very great extent	OUTCM3D	
Changes in power relations					
		STEM: In this section, we are interested to learn how participating in [insert name of research project] has influenced relations, sustainability, and health outcomes.			
22		Thinking about power relations between the community and academic team members of [insert name of research project], please indicate the extent to which you agree or disagree with each statement below.		POWER_RELATIONS_SUSTAIN	
	1	Community team members have increased participation in the research process	1. Strongly disagree 2. Disagree	POWR1A	Rand, Khodyakov
	2	Community team members can talk about the project in other settings such as a community or political meeting	3. Neither agree nor disagree 4. Agree	POWR1B	
	3	Community team members can apply the findings of the research	5. Strongly agree	POWR1C	
	4	Community team members can voice their opinions about research in front of researchers		POWR1D	
	5	Community team members have sought continuing formal or informal education		POWR1E	

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Concept	Item	Survey Question	Response	Variable Label	Reference
Sustainability					
23		Thinking about the sustainability of [insert name of research project], please indicate the extent to which you agree or disagree with the following statements.		SUSTAINABILITY	
	1	I am committed to sustaining the community-academic relationship with no or low funding	1. Strongly disagree 2. Disagree	SUSTN1	
	2	This project is likely to continue forward after this funding is over	3. Neither agree nor disagree 4. Agree	SUSTN2	
	3	Our partnership carefully evaluates funding opportunities to make sure they meet both community and academic partners' needs	5. Strongly agree	SUSTN3	SH create
Health outcomes					
24		In your opinion, how much did or will your research project [insert name of research project] improve the health of the community?	1. Not at all 2. A little 3. Somewhat 4. Quite a bit 5. A lot	HEALTH	
Trust					
		STEM: Finally, the last section in this survey is about trust in the research partnership. We are interested to learn your views on <u>how the type and level of trust has evolved</u> during the course of the project. For these questions, we are asking about the 7 types of trust defined below.		TRUST	Lucero -new measure
		<p>1. Critical Reflective Trust: Trust, in this partnership, is at the place where mistakes and other issues resulting from differences (in culture; power) can be talked about and resolved in a good way.</p> <p>2. Proxy Trust: Members of this partnership are trusted, because someone who we trust invited them, therefore we trust them.</p> <p>3. Functional Trust: Members of this partnership are working together for a specific purpose and timeframe, but mistrust may still be present.</p> <p>4. Neutral Trust: We are still getting to know each other; there is neither trust nor mistrust.</p> <p>5. Unearned Trust: Trust, is based on member's title or role with limited or no direct interaction prior to this project. Examples of title or roles may include: a community outsider, a physician, or community organizers.</p> <p>6. Proxy Mistrust: Members of this partnership are not trusted because someone who we do not trust invited them, therefore we mistrust them.</p> <p>7. No Trust Members of this partnership do not trust each other. It is likely that trust will not develop</p>			
25		Using the definitions of trust provided above, please indicate your views on trust in the [insert project name] for each question below.		TRUST1	Lucero -new measure
	1	At the beginning of your partnership, what type of trust did you have?	1.No trust 2.Proxy Mistrust	TRUST1A	
	2	What type of trust do you think you have now?	3.Unearned Trust	TRUST1B	
	3	What type of trust do you think you will achieve in the future?	4.Neutral Trust 5.Functional Trust 6.Proxy Trust 7. Critical Reflective	TRUST1C	Luxury items
26		Thinking about the level of trust between team members , please indicate the extent to which you agree with the following statements		TRUST_CONT	
	1	I trust the decisions others to make about issues that are important to our projects	1. Strongly disagree 2. Disagree	TRUST2	Figuroa et. al, 2002
	2	I am comfortable asking other people to take responsibility for project tasks even when I am not present to oversee what they do	3. Neither agree nor disagree 4. Agree	TRUST3	
	3	I can rely on the people that I work with on this project	5. Strongly agree	TRUST4	
	4	People in this group/community have confidence in one another		TRUST5	

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Concept	Item	Survey Question	Response	Variable Label	Reference
27		What is your role in the project? Please choose one response for each line.		ROLE1	NW, new item
	1	Member of Community team	1. Principal Investigator	ROLE1A	
	2	Member of Academic Team	2. Key personnel 3. Staff 4. Other 5. Not a member of this team	ROLE1B	
	3:	You marked 'other' as your project role. What is your role in the project?	Open-ended Show if: (ROLE1A=4:[Other]) or (ROLE1B=4:[Other])	ROLE1_OT	
28		Please describe your role in the project	open-ended	ROLE2	NW, new item
SECTION E: DEMOGRAPHICS					
29	1	How would you describe your gender?	0. Female 1. Male 2. Transgender 3. Other (if other gender, please specify)	GENDER	
	2:	(if other gender, please specify)	open-ended	GENDER.TEXT	
30	1	What is your racial/ethnic origin?	1. American Indian 2. Alaska Native 3. Hispanic 4. Asian 5. Pacific Islander 6. White 7. Black 8. Mixed Race 9. Some other race (if other race, please print the name of the race)	CERACE	
	2:	(if other race, please print the name of the race)	open-ended	CERACE.TEXT	
Feedback				FEEDBCK	
		Finally, we would like your general comments on [insert project name].			
31		Can you tell us anything else about the positive or negative outcomes of [insert project name] not captured in this survey?	open-ended (250 characters)	FEEDBCK	

Thank you for participating in the Research for Improved Health: A National Study of Community-Academic Partnerships survey.