NATIONAL INSTITUTES OF HEALTH
COMMUNITY ENGAGEMENT ALLIANCE

Community Engagement in Research: Precision Outreach and Planning (CERPOP) Tool

Introduction

This tool is intended for use by academic research teams who are new to community-engaged research and plan to conduct outreach within communities. Research teams should use this tool, in collaboration with community partners, to customize their **outreach strategy** based on a community's needs and preferences.

What Is a Community?

"Community" does not have a rigid definition because of the multifaceted factors that shape one's perception of community. This tool broadly defines "community" as "a group of people with [a broad range of] characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (MacQueen et al., 2001). People may also find community online, without meeting in person. In the context of research, one's definition of community usually includes those who have some form of relationship with the design, planning, implementation, and outcomes of the research; members of the research team may also be members of the community. Your research may engage several distinct communities or subgroups within one larger community. Each of these communities or subgroups may have different needs and preferences regarding outreach.

What Is Community-Engaged Research?

Community-engaged research "includes local people in the research process, especially people who could benefit from or be affected by the research. Research teams and communities work together as equal partners to create and carry out studies, analyze data, and share findings" (NIH CEAL).

What Are Engagement and Outreach in Research?

In community-engaged research, *engagement and outreach* are two different but related concepts.

The CDC and other U.S. federal agencies define community engagement as "...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues" that affect their well-being. Community engagement also serves as

> "...*a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices*" (CDC, 1997, as cited in Clinical and Translational Science Awards Consortium, 2011).

In the context of research, *engagement* refers to the collaborative partnership between a research team and a community (or multiple communities) to plan, design, and conduct research. The community is involved at every step, from design to dissemination. Resulting findings are responsive to specific community needs, and partnerships between the community and researchers continue to exist even after the research project ends.

Outreach is an intermediate step in community-engaged research, in which research teams implement measures to appropriately connect and work with the communities most impacted by the research. Through outreach, community members can share their needs, preferences, and ideas so the research team can refine their overall engagement approach.

Please note: A true community-engaged research project requires sustainable partnership, bidirectional communication, and shared decision-making with community members at every step of planning and conducting research. This tool does not encompass all necessary steps and components of community-engaged research, nor the aspects of establishing an academic-community partnership.

What Is Precision Outreach?

Precision outreach is the process of tailoring outreach activities within a community-engaged research project to a community's characteristics, needs, and preferences in a methodical and measurable way. This method is based on the concept of *precision medicine,* which is "an innovative approach that takes into account individual differences in patients' genes, environments, and lifestyles," to individualize and customize health care and move away from a "one-size-fits-all" approach.

Precision outreach is intended to help researchers recognize that there is no "one-size-fits-all" process to engaging a community. This tool is intended to center the needs and preferences of the community most impacted by research. This method will also prepare researchers to identify key components of outreach and communicate with community members about planning and tailoring outreach activities. In addition, precision outreach helps researchers to document their outreach, identify and evaluate effective strategies, and improve their approach.

Reflect on your research team's positionality. Members of your research team may also be members of the intended community related to your research. Before using this tool, consider asking each research team member to write a positionality statement, and share your statements as a group (Hamby, 2018; Curran & Randall, 2021).

Some research teams may be unable to complete this worksheet in full in one session, and that is okay. You may especially find domain 1 (the intended community) challenging to fully define at first. Any information you can define is valuable, and you can connect with the community to learn more. This tool is meant as a thought exercise to be completed over time, through an iterative process. Answers will become clearer through collaboration with community partners.

NIH**CEAL** | Consultative Resource
COMMUNITY ENGAGEMENT ALLIANCE

How to use this tool:

You will likely need two hours (or more) to walk through this entire tool once. You may wish to schedule two separate one-hour sessions. Record and transcribe your conversations with community partners if possible.

Bring your entire team to the session(s). Identify a facilitator to guide you through the tool. Ideally, the Primary Investigator should not be the facilitator. Also, identify a notetaker. The notetaker may wish to record notes as comments throughout this document or as color-coded text within each section of this document. After your team has walked through the entire tool, the notetaker should identify action items as next steps for your team. The notetaker should share the action plan as a separate document with the entire team.

Create a space free from distractions, so you can devote your full, undivided attention to reviewing this tool.

Begin the process of completing this tool by summarizing your work and your goals. Conduct a level-setting at the beginning of the session(s) to ensure that everyone has an equal opportunity to speak, regardless of their position on the research team. Encourage feedback and reflections, but don't require everyone to speak, to create a comfortable environment.

Step 1: Read the entire tool to gain an overview of topics and questions you will need to consider when planning outreach.

Step 2: Engage community partners to learn more about the community and answer Question 1 of each domain.

Step 3: Use Questions 2 and 3 within each domain to build your outreach plan.

Step 4: Implement the outreach plan within your overall engagement strategy, in collaboration with community partners.

After you have initiated outreach, hold a debrief session for your team to reflect on new information you have learned and iterate your plans. Consider the effectiveness of your initial approach, the fidelity of your outreach compared with your plan, and any missing information you still need to seek. Add notes, additional questions, or modifications to this tool, even if they are specific to your

team's work. Please share any modified versions of this tool with the Community Engagement Alliance Consultative Resource (CEACR), so that other research teams may learn from your progress!

Please begin with the first domain on the following page.

Domain 1: Intended Community of Outreach

Intended Community of Outreach Definition:

The Intended Community of Outreach comprises people to whom you intend to offer opportunities to participate in research. This community's unique characteristics may affect their approach to participating in research and health care. Please note: No community is a monolith. Your research may engage several subcommunities that have their distinct characteristics.

Please note: This tool broadly defines "community" as "a group of people with [a broad range of] characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (MacQueen et al., 2001). People may also find community online, without meeting in person.

Intended Community Example:

A research team is exploring differences in health care access. The research team wants to engage immigrant communities because they typically experience higher uninsured rates. The research team defines the Intended Community as immigrants residing in City A, which has a sizable immigrant community. The research team hires study coordinators who are fluent in the languages spoken by the immigrants. The team establishes a community engagement board of representatives from the immigrant communities, who advise on the best ways to conduct outreach.

Intended Community Q1:

A: Please consider each of the community characteristics below. Select the factors that are relevant to your engagement and outreach efforts:

- ☐ Primary language(s) spoken

- ☐ Identity (such as ancestry)

- ☐ Geographic location (such as rural, urban)

- ☐ Customary beliefs, social practices, and values

☐ Faith

☐ Housing status

☐ Economic status

☐ Accommodations requirements

☐ Technology access

☐ Transportation

☐ Literacy

☐ Other (please list:)

B: Please describe the Intended Community's characteristics, the rationale for choosing this community, and how you will engage the Intended Community, from design to dissemination:

Key Considerations:

■ Does your research team have an existing relationship with the Intended Community?

- Does your research team include members of the community? Is there concordance in key demographic traits between the research team members and community members?

- Are members of the Intended Community involved in decision-making? At what stages?

Intended Community Q2:

How will your team ensure that your outreach prioritizes the Intended Community and their needs and preferences?

Intended Community Q3:

If your initial outreach does not reach the Intended Community, what is your group's process for pivoting?

Domain 2: Best Delivery Mode

Best Delivery Mode Definition:

The Best Delivery Mode is the most appropriate way for your team to communicate and connect with the Intended Community, based on their characteristics and preferences, throughout the research cycle from design to dissemination. The research may use multiple delivery modes to connect with different key subcommunities (such as older adults and younger adults). Please note: The "best" mode of delivery may change over time and as communities evolve in their needs and assets. Researchers should continue assessing the Intended Community's preferred and feasible delivery mode throughout the research process.

Best Delivery Mode Example:

A research team is working with a rural community where many people do not have Internet access. The researchers post printed flyers at local businesses and hold an in-person town hall at a local library. They learn that the community prefers to communicate via phone call rather than e-mail or text messages. The team updates their outreach protocol to accommodate this preference. They continue using these delivery methods throughout the study and when disseminating the results throughout the community.

Best Delivery Mode Q1:

A: Please consider each of the methods below, which are related to delivery mode. Select the methods that are relevant to your outreach efforts:

- [ ] Flyers

- [ ] Bus ads

- [ ] Newspapers

- [ ] Radio

- [ ] Television

☐ Social media

☐ Smartphone app

☐ News blasts

☐ Phone calls

☐ Text messages

☐ One-on-one communication

☐ In-person events

☐ Virtual events

☐ Communication via content experts

☐ Communication via speakers who are representative of the community

☐ Communication via a trusted messenger (e.g., clergyperson, community leader, doctor, elder, auntie, community health worker)

☐ Other (please list:)

B: Please describe the best delivery mode for outreach with the Intended Community, the rationale for choosing this delivery mode, and how you will implement the best delivery mode, from design to dissemination:

Key Consideration: How and when will you involve members of the Intended Community in determining the best delivery mode?

Best Delivery Mode Q2:

How will your team evaluate whether the delivery mode prioritizes the Intended Community's needs and preferences?

Best Delivery Mode Q3:

If the initial delivery mode does not prioritize the Intended Community's needs and preferences, how will your team adjust the delivery mode of outreach while balancing community and research interests?

Domain 3: Best Dose

Best Dose Definition:

The Best Dose is the level of outreach that matches the Intended Community's interest and achieves the intended outcome, without burdening or underserving the community. The level of outreach may vary by the number of people, materials, explanation, and direct contact involved. Please note: Although "dose" is not a commonly used term in community-engaged research, this toolkit uses the term "dose" in the context of precision outreach. The purpose of defining the best dose is to assess the amount of input and effort needed from **both** the research team and the community to engage in a bidirectional process. As such, the best dose is not a predetermined level of outreach. Instead, this level is determined collaboratively via an iterative assessment, as research teams continue to communicate with the community.

Best Dose Example:

Example A: A research team is studying the relationship between cancer and air pollution in one county. During an initial event to promote the study, the researchers learn the community wants to be highly involved. The researchers update their study design to add a study planning committee of five community members. The team schedules monthly town halls with the larger community group, per request of the community planning committee.

Example B: A research team is holding a spaghetti dinner to share information about their study in a small community of 400 people. The research team could hold one spaghetti dinner at each of the community's 12 churches, or they could hold one spaghetti dinner at the local fire hall. Based on a conversation with the mayor, the team chooses to initially hold one dinner at the fire hall, because this community might consider 12 events to be burdensome. The team will reassess and determine the need for additional events at the churches by talking with people at the fire hall event.

Best Dose Q1:

A: Please consider each of the factors below, which are related to the dose of outreach. Select the factors that are relevant to your outreach efforts:

☐ Number of events and other engagement opportunities

☐ Length of time per event

☐ Number of people from the research team that the community will interact with

☐ Amount of materials (i.e., flyers and other documents) the community receives

☐ Amount of direct contact involved between the research team and the community

☐ Other (please list:)

B: Please describe the best dose for the Intended Community, the rationale for choosing this dose, and how you will implement the best dose, from design to dissemination:

Key Consideration: How and when will you involve members of the Intended Community in determining the best dose?

NIH**CEAL** | Consultative Resource   Community-Campus Partnerships for Health   Pitt CTSI

Best Dose Q2:

How will your team evaluate whether you are achieving research goals while not burdening the community and whether the dose prioritizes the Intended Community's needs and preferences?

Best Dose Q3:

If initial efforts do not prioritize the Intended Community's needs and preferences, how would your team adjust the outreach dose while balancing community and research interests?

Domain 4: Best Frequency

Best Frequency Definition:

The Best Frequency refers to the most appropriate level of repeated outreach with the Intended Community before, during, and after the study.

Best Frequency Example:

A research team is engaging participants within an existing registry and recruiting new participants from the community. The new registrants may need more frequent communications to introduce them to concepts of research and explain the study in more detail. The existing registrants are more familiar with research and may need fewer communications. The researchers consider what frequency of outreach would become noise to each group and cause them to tune out, based on the number of research studies seeking the registrants' attention. The team wishes to reach a frequency of outreach that provides an appropriate signal to participate.

Best Frequency Q1:

A: Please consider each of the factors below, which are related to frequency of outreach. Select the factors that are relevant to your outreach efforts:

☐ Frequency of meetings

☐ Frequency of one-way communications (e.g., e-mails, text messages, phone calls, mailed materials)

☐ Frequency of other requests for the community's time and attention (e.g., document reviews)

☐ Any difference in frequency of sending digital and physical messages (e.g., text messages and e-mails vs. postcards and letters)

☐ Frequency of intervention (e.g., how often to update a poster or advertisement placed in community)

NIHCEAL | Consultative Resource   COMMUNITY ENGAGEMENT ALLIANCE

Community-Campus Partnerships for Health
Promoting Health Equity and Social Justice

Pitt CTSI
Clinical and Translational Science Institute

☐ Frequency of data collection (e.g., surveys)

☐ Availability of research team and engagement team resources

☐ Other (please list:)

B: Please describe the best frequency of outreach for the Intended Community, the rationale for choosing this frequency, and how you will implement the best frequency, from design to dissemination:

```


```

Key Consideration: How and when will you involve members of the Intended Community in determining the best frequency?

```


```

Best Frequency Q2:

How will your team evaluate whether the outreach frequency prioritizes the Intended Community's needs and preferences?

```


```

Best Frequency Q3:

If the initial frequency does not prioritize the Intended Community's needs and preferences, how will your team adjust the frequency of outreach while balancing community and research interests?

Domain 5: Best Time

Best Time Definition:

The Best Time respects the time-specific factors that affect the Intended Community, including their schedule, routines, holidays, and other environmental factors.

Best Time Example:

A research team is collaborating with Hispanic parents who work in agriculture. The researchers offer flexible hours for synchronous engagement. They plan around cultural holidays and request the parents' input on times of day for scheduling meetings. The team conducts outreach in winter, as this is the least busy time for the parents' work.

Best Time Q1:

A: Please consider each of the factors below, which are related to timing. Select the factors that are relevant to your outreach efforts:

☐ Time zone

☐ Time of year

☐ Time of day

☐ Time relative to sociopolitical events

☐ Other environmental influences (e.g., seasons, weather patterns)

☐ Community's schedule and routines

☐ Holidays and religious observances

☐ Other (please list:)

B: Please describe the best time for outreach with the Intended Community, the rationale for choosing this time, and how you will implement the best time, from design to dissemination:

Key Consideration: How and when will you involve members of the Intended Community in determining the best time?

Best Time Q2:

How will your team evaluate whether the timing prioritizes the Intended Community's needs and preferences?

Best Time Q3:

If the initial timing does not prioritize the Intended Community's needs and preferences, how will your team adjust the timing of outreach while balancing community and research interests?

Domain 6: Best Place

Best Place Definition:

The Best Place for outreach is convenient and accessible to the Intended Community, so research teams can meet people where they are.

Best Place Example:

Example A: A research team is exploring differences in food access in a community. They visit a farmer's market and a food bank in the community, where they can speak with people who are interested in improving food access. The community can access these locations by walking or via public transportation. The research team posts flyers about their work at these locations and at libraries, nonprofits, and local businesses. To disseminate the study results at these locations, the research team makes copies of summaries or briefs of the study findings and an associated infographic available and holds several town halls with the community.

Example B: A research team intends to work with people living with HIV who are under- or uninsured. The team is focusing on a community that has two primary health care facilities: a primary care office within a large private health care system and a federally qualified health center (FQHC). The team chooses to connect with people through the FQHC because this clinic serves a greater proportion of patients who are under- or uninsured. The team is more likely to reach the Intended Community at the FQHC.

Best Place Q1:

A: Please consider each of the types of places below. Select the categories that are relevant to your outreach efforts:

- [ ] Health care (e.g., primary care, specialist office, hospital)
- [ ] Community (e.g., library, farmer's market, local business)
- [ ] Life stage-related setting (e.g., school, senior center)

☐ Faith-based organizations

☐ Community events (e.g., a county fair, fish fry, health fair)

☐ Social service offices (e.g., WIC, Social Security)

☐ Virtual events

☐ Parks or other outdoor locations

☐ Walkable locations and locations accessible via public transportation

☐ Locations that people with disabilities can visit

☐ Other (please list:)

B: Please describe the best place(s) for outreach with the Intended Community, the rationale for choosing these places, and how you will implement the best place(s), from design to dissemination:

Key Consideration: How and when will you involve members of the Intended Community in determining the best place?

Best Place Q2:

How will your team evaluate whether the place(s) for outreach prioritizes the Intended Community's needs and preferences?

Best Place Q3:

If the initial place(s) do not prioritize the Intended Community's needs and preferences, how will your team adjust the place(s) for outreach, while balancing community and research interests?

Thank you for using the CERPOP Tool. Please complete the CERPOP Tool Satisfaction Form*, managed by University of Pittsburgh CTSI, to provide feedback that will inform CEACR's future product development. Access the form by clicking the link below or scanning the QR code with a smartphone camera.

https://pitt.co1.qualtrics.com/jfe/form/SV_7PxBrBEf7wAaE74*

References

Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee Task Force on the Principles of Community Engagement. Principles of community engagement. 2nd ed. National Institutes of Health. https://stacks.cdc.gov/view/cdc/11699.* Published June 2011. Accessed June 16, 2025.

Curran M, Randall AK. Positionality statements. Wiley. https://onlinelibrary.wiley.com/pb-assets/assets/14756811/Positionality-Statements-1621354517813.pdf.* Published May 6, 2021. Accessed June 16, 2025.

Hamby S. Know thyself: How to write a positionality statement. Psychology Today. https://www.psychologytoday.com/us/blog/the-web-of-violence/201805/know-thyself-how-to-write-a-reflexivity-statement.* Published May 22, 2018. Accessed June 16, 2025.

MacQueen KM, McLellan E, Metzger DS, Kegeles S, Strauss RP, Scotti R, Blanchard L, Trotter RT 2nd. What is community? An evidence-based definition for participatory public health. *Am J Pub Health*. 2001 Dec;91(12):1929–38. https://doi.org/10.2105/ajph.91.12.1929*

NIH CEAL. About community-engaged research and CEAL. Community Engagement Alliance. https://nihceal.org/about-community-engaged-research-and-ceal. Updated April 2025. Accessed June 16, 2025.

About This Tool and the Community Engagement Alliance Consultative Resource (CEACR)

An asterisk (*) indicates a link to an external, nonfederal site. CETAC cannot guarantee the accuracy of external sites or their resources. Linking to a nonfederal site does not imply endorsement by NIH, CETAC, or their employees of the site's sponsors, information, or products. Although we adhere to Section 508 accessibility regulations, we are not responsible for the accessibility compliance of external federal or private websites.