RTI Press

Occasional Paper

ISSN 2378-7996

January 2023

Culturally Informed Community Engagement: Implications for Inclusive Science and Health Equity

Sula Hood, Brittany Campbell, and Katie Baker

RTI INTERNATIONAL

RTI Press publication OP-0083-2301

RTI International is an independent, nonprofit research organization dedicated to improving the human condition. The RTI Press mission is to disseminate information about RTI research, analytic tools, and technical expertise to a national and international audience. RTI Press publications are peer-reviewed by at least two independent substantive experts and one or more Press editors.

Suggested Citation

Hood, S., Campbell, B., and Baker, K. (2023). *Culturally Informed Community Engagement: Implications for Inclusive Science and Health Equity*. RTI Press Publication No. OP-0083-2301. Research Triangle Park, NC: RTI Press. https://doi.org/10.3768/rtipress.2023.op.0083.2301

This publication is part of the RTI Press Research Report series. Occasional Papers are scholarly essays on policy, methods, or other topics relevant to RTI areas of research or technical focus.

RTI International
3040 East Cornwallis Road
PO Box 12194
Research Triangle Park, NC
27709-2194 USA

Tel: +1.919.541.6000
E-mail: rtipress@rti.org
Website: www.rti.org

Contents

About the Authors

Sula Hood, PhD, is a senior research scientist at the RTI International Center for Communication and Engagement Research. *https://orcid.org/0000-0002-9607-5714*

Brittany Campbell, MPH, is a doctoral student at the University of California Berkeley School of Public Health.

Katie Baker, BA, is a communications analyst at the RTI International Center for Communication Strategy, Design, and Delivery. *https://orcid.org/0000-0002-6781-3562*

RTI Press Associate Editor

Laura Nyblade

Acknowledgments

We would like to thank Dr. Megan Lewis for her mentorship and guidance in the development of this manuscript.

Abstract

Public health efforts seeking to reduce disparities and promote equity must be inclusive to reach their full potential. Interventions, programs, and initiatives designed to promote health equity among Communities of Color must be *culturally informed*. Communities and the cultural values and practices that shape them are closely intertwined, creating opportunities for a more intentional approach to community engagement. Yosso's framework of Community Cultural Wealth (CCW) emphasizes six forms of capital that People and Communities of Color use to thrive and succeed: *social*, *navigational*, *linguistic*, *familial*, *resistant*, and *aspirational*. We anchor our approach—culturally informed community engagement—in the core tenets of CCW. This paper discusses CCW and its applicability and utility for facilitating culturally informed community engagement in health research. In our approach, asset-based frameworks intersect with community engagement, CCW, and principles of health equity. We discuss how applying CCW to conducting community-engaged research promotes health equity, inclusive science, and authentic relationships with community partners. Lastly, we provide applied examples of community-engaged interventions that leverage cultural assets in Communities of Color to reduce disparities and promote health equity.

Purpose

This article will discuss Yosso's (2005) Community Cultural Wealth (CCW) framework and its applicability and utility for facilitating *culturally informed community engagement* in health research. We discuss how including CCW in community-engaged research promotes health equity, inclusive science, and authentic relationships with diverse community partners. Lastly, we offer applied examples of community-engaged interventions that leverage cultural assets in Communities of Color to reduce disparities and promote health equity.

Key Points

- More public health programs and interventions need to employ the Community Cultural Wealth (CCW) framework to center the strengths and experiences of People of Color.
- Culturally informed community engagement is a collaborative process in which asset-based frameworks for community engagement intersect with CCW and principles of health equity.
- An inclusive science lens acknowledges and intentionally incorporates the cultural assets and processes that support health, growth, success, and resilience in populations that face inequities.
- Public health researchers should de-center ethnocentric perspectives and work to deepen their understanding of the various forms of cultural capital that Communities of Color use to thrive and succeed.

Introduction

Culture

The concept of "culture" is often ambiguous and lacks a concrete definition. In many instances, culture has been narrowly defined, with researchers using socioeconomic status or other demographic characteristics, such as race and ethnicity, as a proxy for culture. However, narrowly defining culture minimizes its complexity and functionality. In this article, we align ourselves with definitions used by Kagawa Singer et al. (2016), Hecht et al. (2003), and Yosso (2005). Kagawa Singer et al. (2016) define culture as follows:

> Culture is an internalized and shared schema or framework that is used by group (or subgroup) members as a refracted lens to 'see' reality, and in which both the individual and the collective experience the world. This framework is created by, exists in, and adapts to the cognitive, emotional, and material resources and constraints of the group's ecologic system to ensure the survival and well-being of its members, and to provide individual and communal meaning for and in life. (p. 242)

Hecht et al. (2003, p. 29) emphasize that "memberships in cultures are pluralistic and overlapping," reflecting the fact that individuals have multicultural identities and culture is dynamic, alive, and multidimensional rather than static and simplistic (Kagawa Singer et al., 2016; Yosso, 2005). Given this understanding of culture as a vital function, researchers should prioritize culture when engaging diverse populations, particularly People and Communities of Color.

Cultural Inclusivity in Health Equity Research

Culture is an integral component of human behavior (Kagawa Singer et al., 2016). However, health behavior as a field and its related theories have been primarily conceptualized through a monocultural lens—one of dominant white researchers, which perpetuates white supremacy culture. White supremacy culture is defined as "the idea (ideology) that white people and the ideas, thoughts, beliefs, and actions of white people are superior to People of Color and their ideas, thoughts, beliefs, and actions." (Dismantling Racism Works, 2021). It is the lens through which others (non-whites) are evaluated. Further, white supremacy culture embraces the notion that ideas, concepts, theories, and philosophies that are rooted in white origins are better and normal (Okun, 2021). Racial equity educator and activist Dr. Tema Okun developed a list of 18 characteristics of white supremacy culture, including "only one right way," "paternalism," "power hoarding," and "individualism" (Okun, 2021). White supremacy culture implicitly and explicitly devalues and invalidates the cultural perspectives of nondominant others. A consequence of this white supremacy cultural lens is viewing others as deficient and lacking in assets such as knowledge and skills.

https://doi.org/10.3768/rtipress.2023.op.0083.2301

Okun (2021) writes that "white supremacy tells us who has value, who doesn't, what has value, what doesn't" (p. 3), which directly translates to what research topics and approaches are perceived to have or lack value. The lack of consideration for cultural diversity in research has been attributed to underlying ethnocentric European-American ways of thinking that have persisted in the United States for centuries (Henrich et al., 2010). White supremacy culture is rooted in Eurocentrism, where European-descended (white) individuals are viewed as the standard against which other non-European-descended individuals (e.g., African Americans, Latinos/as) are judged (Okun, 2021). White supremacy culture exists with the expectation for others (non-whites) to assimilate and adapt to this Eurocentric culture, as opposed to embracing inclusivity and diversity (Okun, 2021). A growing body in literature focuses on the importance of decolonizing research (Datta, 2018; Keikelame & Swartz, 2019; Laird et al., 2021; Lopresti et al., 2022). An important step to decolonizing research is to foster inclusivity—embracing and accepting ideologies and approaches derived from a diverse variety of cultures, thus countering Eurocentrism (Godwin, 2020).

Health equity is "achieved when every person has the opportunity to attain [their] full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances" (National Center for Chronic Disease Prevention and Health Promotion, 2022). Recent health equity scholars have emphasized that culture needs to be operationalized in research to more effectively address inequities that People of Color experience (Kagawa Singer et al., 2016). Researchers lay the groundwork for equity when they include diverse community members' cultural perspectives, thereby dismantling the monocultural lens through which research is typically conceptualized and conducted. This inclusive science approach requires researchers to "de-center" and be intentional about understanding, acknowledging, and including the culture of the diverse community populations that they serve (Polk & Diver, 2020).

Culture and Community Engagement

Community-engaged research involving People of Color largely excludes cultural perspectives, despite the inclusion of cultural attitudes, beliefs, norms, values, and assumptions being recognized as critical to the success of community engagement (Palmer-Wackerly et al., 2014). The exclusion of the presence and voices of People of Color facilitates the absence of their authentic culture in the conceptualization and implementation of community-engaged research. This is especially problematic when much of health equity research is led by dominant white researchers who seek to engage Communities of Color. Kagawa Singer et al. (2016) note that "the assumed universality of the dominant culture's constructions of reality and salient domains, such as selfhood, family, fairness, and well-being, is problematic" (p.239).

In traditional theory-driven and evidence-based public health research, community-engaged researchers have assumed that incorporating cultural components into pre-existing dominant-created approaches is sufficient and acceptable—deeming these approaches rigorous and valuable. To this extent, many health interventions designed for Communities of Color are culturally *adapted*, where researchers adapt existing evidence-based programs while retaining core components of the original program (Bernal et al., 2009; Castro et al., 2010). Common cultural adaptations include changing the language, recruitment strategy, or setting in which an intervention is conducted. This approach of "culturally adapting" involves merely attaching a culture to something that was not initially rooted and developed in the context of that culture. In doing so, researchers attempt to "fit" culture into existing dominant models.

More work is needed to understand in the context of health and everyday life *what* culture is and *how* it is operationalized from the perspectives of People and Communities of Color. Health researchers need to focus on understanding the existing cultural processes that support health and sustainability in populations that face inequities. By gaining this understanding, health researchers can authentically engage Communities of Color in truly meaningful ways.

 https://doi.org/10.3768/rtipress.2023.op.0083.2301

Community Cultural Wealth

Throughout history, marginalized Communities of Color have used and passed down shared cultural norms, beliefs, and behaviors to promote resilience, survival, and well-being in societies where these attributes are constantly threatened. Yosso (2005) developed the Community Cultural Wealth (CCW) framework to highlight the abundance of culturally derived resources that students of Color possess and use to support their success in higher education and science, technology, engineering, and mathematics (STEM) fields, where society assumes that students of Color are deficient compared with their white counterparts. Yosso's scholarship on CCW builds upon the work of sociologist Pierre Bourdieu, who introduced the concept of cultural capital (Bourdieu, 1986). Similar to Yosso, Bourdieu (1986) posits that cultural capital plays an important role in social mobility and is passed down across generations. Yosso's scholarship specifically focuses on highlighting the cultural capital that People of Color possess and use for social mobility.

Yosso's (2005) CCW framework is heavily grounded in critical race theory (CRT), which counters white supremacy culture and ethnocentrism by centering the experiences and perspectives of People of Color. One tenet of CRT that informs the CCW framework is the *centrality of voices and experiences of People of Color*, whereby the experiential knowledge of People of Color is acknowledged as legitimate (Delgado and Stefancic, 2017). By offering a CRT lens, CCW challenges theories that characterize People of Color as being deficient of valuable capital. Yosso (2005) asserts that through a CRT lens, one "can 'see' that Communities of Color nurture cultural wealth through at least 6 forms of capital" (p. 77). Thus, the CCW framework comprises six types of capital: *social, navigational, linguistic, resistant, familial,* and *aspirational*.

Social capital consists of the networks of people and community resources that People of Color rely upon to navigate and cope with society's institutions. *Navigational capital* encompasses the skills that People of Color employ to maneuver through social institutions that were not created with Communities of Color in mind, such as health care institutions, education institutions, and majority-white workplaces. *Linguistic capital* reflects the multiple language and communication skills that People of Color attain through communication experiences, including multilingual ability, storytelling, visual art, music, or poetry. *Resistant capital* is grounded in a longstanding history of People of Color's resistance to subordination and refers to the knowledges and skills that People of Color employ to challenge inequality. Resistant capital closely aligns with the CRT tenet of "commitment to social justice," which works toward "the empowerment of People of Color and other subordinated groups" (Yosso, 2005 p. 74). Like other forms of capital, resistant capital is passed down intergenerationally through methods such as parents consciously teaching their children to engage in behaviors and adopt attitudes that challenge the status quo (Yosso, 2005). *Familial capital* includes cultural knowledge gained from family, which comprises biological and fictive kin or extended family networks. The cultural knowledges nurtured by familial capital include a deep sense of communal connection that informs the caring, coping, and consciousness of People of Color. Familial capital embraces collectivism and connectedness to others, so isolation is minimized. *Aspirational capital* reflects the resilience that People of Color demonstrate and is nurtured by a culture that promotes the possibility of goal attainment, despite the presence of obstacles.

Table 1 presents a fictional example of how each of these types of capital are applied in a scenario where Christina, a Latina woman, has been recently diagnosed with breast cancer. The applied examples demonstrate how she uses CCW to navigate and cope with her breast cancer experience.

These various forms of capital are not typically used on their own but instead tend to overlap and interact synergistically to support the growth, well-being, and resilience of marginalized individuals within environments and institutions, such as education and health care, that historically were not created for them to succeed and thrive (Jaumot-Pascual et al., 2021).

CCW is the antithesis of deficit-focused approaches and thinking, as it pertains to engaging Communities of Color. Deficit approaches to community engagement take on the position that researchers are

Table 1. Community Cultural Wealth Definitions and Applied Health Behavior Examples

Type of Capital	Definition by Yosso (2005)	Applied Health Behavior Example
Social	"Networks of People and community resources" (p.79)	A few days after her diagnosis, *Christina reaches out to friends and church members* who are known breast cancer survivors, and she contacts a local breast cancer organization for support and guidance on next steps. Christina's reliance on these specific networks reflects collectivist, community-oriented cultural constructs.
Navigational	"Skills of maneuvering through social institutions" (p.80)	Christina relies upon her social network members to obtain a list of highly recommended oncologists who will treat her with respect and provide optimal care. Her contacts also *advise* her on which health care institutions and providers to avoid during her breast cancer treatment. An important aspect of Christina's navigational capital is gaining insight about who she could trust and how to engage them, drawing on the previous experiences of similar others.
Linguistic	"Intellectual and social skills attained through communication experiences in more than one language and or/style" (p.78)	Christina's mother, who primarily speaks Spanish, accompanies her to her initial oncology appointment. *Christina uses her bilingual abilities* to communicate her mother's questions to the doctor in English and translate the doctor's information to her mother in Spanish.
Resistant	"Knowledges and skills fostered through oppositional behavior that challenges inequality" (p.80)	To enhance the likelihood that she will be listened to and treated fairly, *Christina is intentional about presenting herself as intelligent, strong, and worthy of respect* during her doctor appointments. By modeling assertive behaviors learned from her mother and aunts, *Christina resists societal messages devaluing Latina women.*
Familial	"Cultural knowledges nurtured among kin [biological and fictive] that carry a sense of community, history, memory, and cultural intuition" (p. 79)	Christina copes with her cancer diagnosis using *prayer*, a religious ritual that was instilled in her at an early age and is widely practiced among her family.
Aspirational	"Ability to maintain hopes and dreams for the future, even in the face of real and perceived barriers" (p.77)	Despite her poor prognosis, Christina maintains an attitude of optimism that she will be healed, given her strong faith in God. Christina's outlook is positive, despite her circumstances. Her culture promotes *perseverance* and *resilience*, so she chooses to focus on the future and to not give up.

the experts and know best, even when it comes to the design and implementation of resources that are ultimately meant to benefit Communities of Color. From this perspective, the voices of People of Color are at best limited and are often missing in research planning and implementation. In contrast, the CCW framework *centers* the experiences of People of Color (Yosso, 2005). CCW embodies and emphasizes the value of the underacknowledged assets that People and Communities of Color possess as potential partners in community-engaged research efforts, challenging the implicit assumption that People of Color are deficient in valuable skills and knowledge.

CCW differs from traditional community engagement frameworks, such as Community-Based Participatory Research and Participatory Action Research, in both its origin and explicit focus on cultural assets. CCW intentionally centers the "cultural knowledge, skills, abilities, and contacts possessed by socially marginalized groups that often go unrecognized and underacknowledged" (Yosso, 2005, p. 69). Additionally, CCW specifically focuses on highlighting the strengths of Communities of Color and People of Color. With ideological origins in CRT and ethnic studies, CCW emerged as a comprehensive framework at the intersection of community and culture to elucidate sources of capital that generate cultural wealth (Yosso, 2005). CCW not only deepens our understanding of critical cultural assets but also encourages researchers and practitioners to align awareness with action, centering culture and integrating these insights at all phases of

program development. This focus on cultural wealth as an asset differs slightly from traditional community engagement frameworks, which often begin with a problem rather than existing assets.

To date, CCW has almost exclusively been applied in the context of research on education and STEM. Only two studies have been identified that discuss CCW as a framework for health research. Both of these studies are focused on Hispanic/Latino community engagement and outreach. Manzo et al. (2018) conducted a qualitative study with *promotoras* (community health workers) to understand how they use CCW as data collectors and to facilitate research with communities of Mexican origin. Fernández et al. (2020) applied the CCW framework to three case-study examples to highlight the culturally derived strengths and skills that *muxeres* (Latina women) who identify as *promotoras* (community health workers), *madres emprendedoras* (women undertaking struggles to support their families), and *mamás* (mothers of K–12 children) leverage to organize health equity efforts in their communities. We propose that the CCW framework is broadly applicable to health research and is particularly useful for scholars seeking to employ community-engaged research methods in health equity research with Communities of Color.

Culturally Informed Community Engagement

Recent public health scholarship calls on researchers and practitioners to focus on health equity, a perspective that centers inclusive practices, honors local and historical knowledge, and promotes equitable action (Robert Wood Johnson Foundation, 2017). A *culturally informed* approach to community engagement can advance health equity by centering the strengths of historically marginalized communities. This orientation makes space for innovative approaches to public health that use dimensions of CCW to disrupt systems that perpetuate cycles of harm (Yosso, 2005). Culturally informed community engagement leverages CCW to sustain and secure additional resources, thus shifting power back to the Communities of Color who have the solutions to improve health. This collaborative process can ensure that public health honors community members' knowledge and resources when engaging Communities of Color for health equity interventions. Culturally informed community engagement is a central force that lies at the intersection of asset-based frameworks for community engagement, CCW, and principles of health equity (Figure 1).

Figure 1. Conceptual Model of Culturally Informed Community Engagement

Here, we discuss operational definitions of the core constructs of culturally informed community engagement. Our definition of *health equity* is informed by the Robert Wood Johnson Foundation, which states that "health equity means that everyone has a fair and just opportunity to be as healthy as possible" (Robert Wood Johnson Foundation, 2017). Our culturally informed community engagement model expands this definition of health equity to also include *the removal of obstacles to health and their consequences, including powerlessness*. Within our culturally informed community engagement model, the intentional application of a *community cultural wealth* lens operates to counter and dismantle deficit-focused community engagement approaches by honoring and prioritizing existing communal assets. Finally, the construct of *community engagement* in our model involves using collaborative processes that enable stakeholders to work together to design, implement, and evaluate justice-oriented interventions with the communities and

populations most affected by inequities. Culturally informed community engagement is optimized when researchers and practitioners develop an understanding of existing assets (or capitals) and leverage these insights to intervene and generate positive health outcomes. This asset-based model brings together concepts of health equity, community cultural wealth, and community engagement to improve and sustain community health.

As the conceptual model (Figure 1) shows, culturally informed community engagement exists as a centralized construct resulting from the *synergistic influence* of community cultural wealth, community engagement, and health equity. Culturally informed community engagement exemplifies that communities are rich in resources and assets that can be leveraged through intentional, authentic collaboration. Community-driven strategies that are inclusive of the community's culture advance health equity efforts. Core health equity principles include helping people with the greatest needs; collaborating with community members; and understanding the historical, social, cultural, and economic context of communities (American Cancer Society, 2020). When community engagement incorporates principles of health equity and existing assets (i.e., CCW), it begins to embody a culturally informed approach to community engagement.

Benefits of Culturally Informed Community Engagement

Substantial scholarship highlights the importance and benefits of centering cultural values and traditions when designing and evaluating interventions (Natasi & Hitchcock, 2016a, 2016b; Marsiglia & Booth, 2015). Researchers who use culturally informed community engagement approaches intentionally center cultural values such as respect, family, and time to foster authentic connections with the communities they serve. Additionally, public health researchers who work *with* community members of Color to center cultural values in the design of their protocols and interventions can strengthen the connective tissue in communities with shared histories of marginalization and oppression. When applied with genuine intent and compassion, a culturally informed approach to community engagement can build a bridge between researchers and communities with a history of "othering" (powell & Menendian, 2017) and anchor efforts to strengthen social cohesion and collective efficacy.

A culturally informed approach to community engagement can also increase the *sustainability* of programs among communities with a history of marginalization. Research suggests a positive correlation between the incorporation of cultural values, norms, and practices and prolonged engagement in health promoting activities (Li et al., 2012; Lindau et al., 2011; Pei & Nardi, 2019). Thomas et al. (2004) notes that centering cultural characteristics in public health interventions "may enhance receptivity to, acceptance of, and salience of health information and programs" (p. 2050). Research suggests that public health programs and interventions are most effective when employing a multilevel ecological approach (Paskett et al., 2016; Alegria et al., 2021). We encourage public health researchers to ground health equity efforts in culture and engage CCW on multiple levels to improve health outcomes among historically marginalized populations.

Community Cultural Wealth in Community Engaged Research

Asset-based approaches for developing culturally informed community health interventions often use multiple forms of existing CCW, as Yosso's (2005) framework shows. Here, we present selected applied examples of culturally informed community engagement interventions that leverage various types of capital that comprise CCW to promote health equity among populations of Color. We prioritized the selection of exemplary studies that demonstrate the applicability of CCW constructs across different cultural contexts and health topics. Additionally, we ensured that selected examples illustrate how multiple types of capital can be leveraged within a single program or intervention, thus highlighting the various cultural capitals that People and Communities of Color use simultaneously and synergistically. These examples demonstrate the importance and impacts of

leveraging existing cultural assets within community-engaged health equity efforts.

Applied Example 1: The Use of *Familial* and *Social Capital* in a Culturally Tailored Diabetes Self-Management Program for Chinese Americans

Interventions using aspects of CCW are typically designed in collaboration with the Communities of Color they serve, creating partnerships and shared ownership of the program between researchers and community members. In some interventions, researchers may also be community members. *Social capital* uses community networks to provide individual and group support, particularly when navigating through society's institutions (Yosso, 2005). The Chinese Community Health Resource Center (CCHRC), a nonprofit community center in San Francisco, initiated and directed a diabetes self-management and education (DSME) program for Chinese Americans, with investigators comprising CCHRC staff and researchers who have experience working with the Chinese American community (Sun et al., 2012). The DSME program shared knowledge from community physicians and health educators, framing diabetes educators as "knowledge holders," who are revered in Chinese culture. It also provided face-to-face peer support group sessions for participants, addressing issues like medication compliance; monitoring and control of blood glucose, blood pressure, and cholesterol; and eye and foot care. Group support sessions bring community members out of isolation and connect them with others around common issues, creating kinship. *Familial capital* uses a broad definition of kinship, which includes family, friends, and community members, to "engage a commitment to community well being" and model lessons of caring, coping, and providing, which kin carry with them (Yosso, 2005). This kinship between researchers, community organizations, and Chinese American community members in the DSME program leverages *familial* and *social capital* powered by a network of cultural knowledge, creating connection to community resources that facilitate trust, receptivity to, and sustainability of the DSME program (Yosso, 2005; Fernández et al., 2020).

Applied Example 2: The Use of *Navigational Capital* in a Church-Based Intervention to Increase HIV Testing Among African Americans

Partnerships may also include community advisory boards that consist of respected community members and cultural leaders who develop and/or provide input on the intervention throughout the study process. To increase HIV testing and education in the African American community, the Taking It to the Pews (TIPS) trial partnered with African American churches. A community advisory board consisting of community faith leaders was involved with all aspects of the intervention, from assisting with the development of religiously and culturally tailored materials and activities, to implementation and evaluation of the intervention, to coordination of community meetings to discuss results from the study (Berkley-Patton et al. 2019). The engagement of African American churches as trusted community spaces also involved using *navigational capital*, providing linkage to culturally informed health care from HIV testing and education events.

Applied Example 3: The Use of *Linguistic*, *Navigational*, and *Resistant Capital* in an Opioid Prevention Intervention for Urban Native Americans

Linguistic capital—which encompasses communication through art, dance, music, poetry, and theater, as well as storytelling traditions, like oral histories, parables, stories, and proverbs (Yosso, 2005; Fernández et al., 2020)—is often incorporated into programs' curricula for Communities of Color. Dickerson et al. (2022) developed a program for American Indian/Alaska Native (AI/AN) adults 18 to 25 years of age centering tribal and community traditions, like spirituality, food, and storytelling, to prevent opioid use. *Resistant capital* encompasses not only "the knowledges and skills fostered through oppositional behavior that challenges inequality" but also "maintaining and passing on the multiple dimensions of [CCW]" to develop a cultural knowledge base (Yosso, 2005, p.80). Participants in the opioid prevention intervention discussed the importance of addressing cultural identity, reporting discomfort with their AI/AN identities caused by public ridicule and intimidation. Adults within the AI/AN community shared stories with participants

through video showing how they are overcoming the effects of historical trauma and reclaiming presence as AI/AN individuals, leveraging forms of *navigational* and *resistant capital*. Encouraged and modeled by facilitators, participants shared stories of their own cultural journeys and used traditional storytelling practices to do so. By sharing their stories, these AI/AN adults helped program participants *build* resilience, *oppose* the ridicule of AI/AN identities, and *navigate* a society that has historically devalued the presence of AI/AN communities.

Future Research Needs

Although CCW concepts can be observed in the previous examples, there is a dearth of research that intentionally applies the CCW framework to health and community engagement. In particular, more studies are needed that employ CCW as an underlying framework to inform the conceptualization, design, and implementation of community-engaged health equity programs and interventions created to reach and benefit Communities of Color.

To date, few community engagement measures exist. The CCW framework has tremendous potential to inform the development of future measures to rigorously evaluate community engagement, especially regarding inclusivity of cultural assets. Goodman et al. (2017) developed a 96-item quantitative measure of community engagement. The instrument domains include an assessment of 11 community engagement principles, several of which closely align with the CCW framework, including "Seek and use the input of community partners" and "Build on strengths and resources within the community." We recommend that future community engagement measures also include item domains that assess the six capitals that comprise CCW (i.e., social capital, navigational capital, linguistic capital, resistant capital, familial capital, and aspirational capital). Greater intentionality about evaluating the quality and extent of CCW in community-engaged research would foster a more-explicit focus on the specific culturally derived strengths and assets that community members possess that are often overlooked.

Closely related, the field of public health needs more studies that use asset-based approaches, rather than deficit approaches, to engage Communities of Color. Thus, we implore public health researchers to invest the necessary time and effort to enhance their understanding of the cultural assets and processes that support health, growth, success, and resilience in populations that face inequities. To inform culturally rooted strategies that leverage these assets, researchers seeking to engage People and Communities of Color should deepen their understanding of the vital forms of cultural capital that populations of Color use to thrive and succeed. By gaining this understanding, health researchers can authentically engage Communities of Color in truly meaningful ways.

Finally, researchers seeking to use culturally informed community engagement approaches should center the cultural perspectives and experiences of Communities of Color throughout *all* phases of the research. When engaging with Communities of Color, researchers should release their attachment to ethnocentric thoughts and patterns of doing that may unintentionally silence perspectives that differ from their own, based on perceived competence and expertise (Sutherland, 2002). Researchers can engage in reflective practices such as mindfulness exercises (e.g., meditation, writing reflection, visualization); hold think-pair-share discussions centered around culture, power, or community engagement; analyze institutional policies and/or practices that foster or deter culturally informed community engagement; or perform community-building activities that leverage existing assets to strengthen ties between historically marginalized populations and researchers. Intentional application of culturally informed community engagement could improve study recruitment, participant satisfaction, and connections between researchers and historically marginalized communities, and ultimately build a foundation for effective health equity efforts that embody inclusive science.

 https://doi.org/10.3768/rtipress.2023.op.0083.2301

References

Alegria, M., Lloyd, J. J., Ali, N., & DiMarzio, K. (2021). Improving equity in healthcare through multilevel interventions. In I. Dankwa-Mullan, E. J. Pérez-Stable, K. L. Gardner, X. Zhang, & A. M. Rosario (Eds.), *The science of health disparities research* (pp. 257–287). Wiley Online Library. https://doi.org/10.1002/9781119374855.ch16

American Cancer Society. (2020). *Health equity principles.* https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/health-equity-principles.pdf

Berkley-Patton, J., Bowe Thompson, C., Goggin, K., Catley, D., Berman, M., Bradley-Ewing, A., Derose, K. P., Resnicow, K., Allsworth, J., & Simon, S. (2019). A religiously-tailored, multilevel intervention in African American churches to increase HIV testing: Rationale and design of the Taking It to the Pews cluster randomized trial. *Contemporary Clinical Trials*, *86*, 105848. https://doi.org/10.1016/j.cct.2019.105848

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology, Research and Practice*, *40*(4), 361–368. https://doi.org/10.1037/a0016401

Bourdieu, P. (1986). The forms of capital. In J. G. Richardson (Ed.), *Handbook of Theory and Research for the Sociology Of Education* (pp. 241–258). Greenwood.

Castro, F. G., Barrera, M., Jr., & Holleran Steiker, L. K. (2010). Issues and challenges in the design of culturally adapted evidence-based interventions. [PubMed]. *Annual Review of Clinical Psychology*, *6*(1), 213–239. https://doi.org/10.1146/annurev-clinpsy-033109-132032

Datta, R. (2018). Decolonizing both researcher and research and its effectiveness in Indigenous research. *Research Ethics Review*, *14*(2), 1–24. https://doi.org/10.1177/1747016117733296

Delgado, R., & Stefancic, J. (2017). *Critical Race Theory: An Introduction* (*Vol. 20*). New York University Press.

Dickerson, D. L., D'Amico, E. J., Palimaru, A., Brown, R., Kennedy, D., Johnson, C. L., & Schweigman, K. (2022). Traditions and connections for urban Native Americans (TACUNA): Utilizing community-based input to develop an opioid prevention intervention for urban American Indian/Alaska Native emerging adults. *Journal of Substance Abuse Treatment*, *139*, 108764. https://doi.org/10.1016/j.jsat.2022.108764

Dismantling Racism Works. (2021). *(Divorcing) White Supremacy Culture*. https://www.dismantlingracism.org/White-supremacy-culture.html

Fernández, J. S., Guzmán, B. L., Bernal, I., & Flores, Y. G. (2020). Muxeres en Acción: The power of community cultural wealth in Latinas organizing for health equity. [PubMed]. *American Journal of Community Psychology*, *66*(3-4), 314–324. https://doi.org/10.1002/ajcp.12442

Godwin, A. (2020). Sitting in the tensions: Challenging whiteness in quantitative research. *Studies in Engineering Education*, *1*(1), 78–82. https://doi.org/10.21061/see.64

Goodman, M. S., Sanders Thompson, V. L., Arroyo Johnson, C., Gennarelli, R., Drake, B. F., Bajwa, P., Witherspoon, M., & Bowen, D. (2017). Evaluating community engagement in research: Quantitative measure development. *Journal of Community Psychology*, *45*(1), 17–32. https://doi.org/10.1002/jcop.21828

Hecht, M. L., Hecht, M., Jackson, R. L., & Ribeau, S. A. (2003). *African American Communication*. Routledge. https://doi.org/10.4324/9781410606358

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? [PubMed]. *Behavioral and Brain Sciences*, *33*(2-3), 61–83. https://doi.org/10.1017/S0140525X0999152X

Jaumot-Pascual, N. J., Ong, M., Silva, C., & Martínez-Gudapakkam, A. (2021). Women of Color leveraging community cultural wealth to persist in computing and tech graduate education: A qualitative meta-synthesis. *Education Sciences*, *11*(12), 797. https://doi.org/10.3390/educsci11120797

Kagawa Singer, M., Dressler, W., George, S., & the NIH Expert Panel. (2016). Culture: The missing link in health research. [PubMed]. *Social Science & Medicine*, *170*, 237–246. https://doi.org/10.1016/j.socscimed.2016.07.015

Keikelame, M. J., & Swartz, L. (2019). Decolonising research methodologies: Lessons from a qualitative research project, Cape Town, South Africa. *Global Health Action*, *12*(1), 1561175. Advance online publication. https://doi.org/10.1080/16549716.2018.1561175

Laird, P., Chang, A. B., Jacky, J., Lane, M., Schultz, A., & Walker, R. (2021). Conducting decolonizing research and practice with Australian First Nations to close the health gap. *Health Research Policy and Systems*, *19*(1), 127. Advance online publication. https://doi.org/10.1186/s12961-021-00773-3

Li, S. T. T., Sterba, E. M., Miller, E., Pan, R. J., Gogo, A., & Philipps, A. F. (2012). Community health and advocacy training in pediatrics: Using asset-based community development for sustainability. [PubMed]. *The Journal of Pediatrics*, *160*(2), 183–184.e1. https://doi.org/10.1016/j.jpeds.2011.10.032

Lindau, S. T., Makelarski, J. A., Chin, M. H., Desautels, S., Johnson, D., Johnson, W. E., Jr., Miller, D., Peters, S., Robinson, C., Schneider, J., Thicklin, F., Watson, N. P., Wolfe, M., & Whitaker, E. (2011). Building community-engaged health research and discovery infrastructure on the South Side of Chicago: Science in service to community priorities. [PubMed]. *Preventive Medicine*, *52*(3-4), 200–207.

Lopresti, S., Willows, N. D., Storey, K. E., McHugh, T. F., & the IYMP National Team. (2022). Indigenous Youth Mentorship Program: Essential characteristics of a Canadian multi-site community-university partnership with Indigenous communities. *Health Promotion International*, *37*(1), daab039. Advance online publication. https://doi.org/10.1093/heapro/daab039

Manzo, R. D., Rangel, M. I., Flores, Y. G., & de la Torre, A. (2018). A community cultural wealth model to train promotoras as data collectors. [PubMed]. *Health Promotion Practice*, *19*(3), 341–348. https://doi.org/10.1177/1524839917703980

Marsiglia, F. F., & Booth, J. M. (2015). Cultural adaptation of interventions in real practice settings. [PubMed]. *Research on Social Work Practice*, *25*(4), 423–432. https://doi.org/10.1177/1049731514535989

Nastasi, B. K., & Hitchcock, J. H. (2016a). *Mixed Methods Research and Culture-Specific Interventions: Program Design and Evaluation*. SAGE Publications, Inc. https://doi.org/10.4135/9781483399959

Nastasi, B. K., & Hitchcock, J. H. (2016b). Introduction: The role of culture and context in developing intervention and prevention programs. In B. K. Nastasi & J. H. Hitchcock (Eds.), *Mixed Methods Research and Culture-Specific Interventions: Program Design and Evaluation*. SAGE Publications, Inc. https://doi.org/10.4135/9781483399959.n5

National Center for Chronic Disease Prevention and Health Promotion. (2022, March 3). *Health equity*. Centers for Disease Control and Prevention. https://www.cdc.gov/chronicdisease/healthequity/index.htm

Okun, T. (2021). *White supremacy culture – Still here*. https://www.dismantlingracism.org/uploads/4/3/5/7/43579015/white_supremacy_culture_-_still_here.pdf

Palmer-Wackerly, A. L., Krok, J. L., Dailey, P. M., Kight, L., & Krieger, J. L. (2014). Community engagement as a process and an outcome of developing culturally grounded health communication interventions: An example from the DECIDE project. [PubMed]. *American Journal of Community Psychology*, *53*(3-4), 261–274. https://doi.org/10.1007/s10464-013-9615-1

Paskett, E., Thompson, B., Ammerman, A. S., Ortega, A. N., Marsteller, J., & Richardson, D. (2016). Multilevel interventions to address health disparities show promise in improving population health. [PubMed]. *Health Affairs (Project Hope)*, *35*(8), 1429–1434. https://doi.org/10.1377/hlthaff.2015.1360

Pei L. and Nardi B. (2019, May). We did it right, but it was still wrong: Toward assets-based design. In *Extended abstracts of the 2019 CHI Conference on Human Factors in Computing Systems* (pp. 1–11). https://doi.org/10.1145/3290607.3310434

Polk, E., & Diver, S. (2020). Situating the scientist: Creating inclusive science communication through equity framing and environmental justice. *Frontiers in Communication*, *5*(6), 6. Advance online publication. https://doi.org/10.3389/fcomm.2020.00006

powell, j. a., & Menendian, S. (2017, June 29). The problem of othering: Towards inclusiveness and belonging. *Othering and Belonging*. http://www.otheringandbelonging.org/the-problem-of-othering/

Robert Wood Johnson Foundation (2017, May). *What is health equity? And what difference does a definition make?* https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf437393

Sun, A. C., Tsoh, J. Y., Saw, A., Chan, J. L., & Cheng, J. W. (2012). Effectiveness of a culturally tailored diabetes self-management program for Chinese Americans. [PubMed]. *The Diabetes Educator*, *38*(5), 685–694. https://doi.org/10.1177/0145721712450922

Sutherland, L. L. (2002). Ethnocentrism in a pluralistic society: A concept analysis. [PubMed]. *Journal of Transcultural Nursing*, *13*(4), 274–281. https://doi.org/10.1177/104365902236701

Thomas, S. B., Fine, M. J., & Ibrahim, S. A. (2004). Health disparities: The importance of culture and health communication. [PubMed]. *American Journal of Public Health*, *94*(12), 2050. https://doi.org/10.2105/AJPH.94.12.2050

Yosso, T. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race, Ethnicity and Education*, *8*(1), 69–91. https://doi.org/10.1080/1361332052000341006

RTI International is an independent, nonprofit research institute dedicated to improving the human condition. We combine scientific rigor and technical expertise in social and laboratory sciences, engineering, and international development to deliver solutions to the critical needs of clients worldwide.

www.rti.org/rtipress **RTI Press publication OP-0083-2301**