Community engagement, partnerships and research into policy and practice: A literature review

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Community engagement is a term that has come to be associated with a broad range of activities involving the interaction of universities and researchers with communities. In the health field, there has been a particular recognition of the role of community engagement in research (establishing research objectives, jointly undertaking research, and sharing the roles in the reporting and dissemination of research findings). More broadly, universities and researchers have been engaged in building local, national and international partnerships with communities, community-based organisations, NGOs, social services and practitioners, other researchers/institutions and government to conduct research or community-based projects.

The purposes of community engagement and partnerships in research are generally to improve the quality of the research itself and, through this, to promote positive changes in people’s lives. The latter involves dissemination of results in a variety of formats to a range of stakeholders, and engagement/advocacy to effect changes in policy and practice.

The process, outcomes and impact of these sorts of research and activities are understood and described in a range of ways. The following paper presents a literature review with the aims of:

- defining the range of terms and concepts that describe the engagement of researchers with society, communities, social services and government,
- focusing on both the process and impact of these sorts of research, and
- investigating ways of measuring and valuing research that involves community engagement, partnerships and influences changes in policy and practice.

The review was based on a detailed literature search across several databases. This is not a systematic review but provides a broad overview of the international and local literature.

Search design and discussion

Records were retrieved for the period 2001-2011. Only peer-reviewed articles were included. Table 1 lists the search terms used in the review, and the number of results found for each search term across the five databases. The review was undertaken in two phases. Phase One focused primarily on the terms and concepts used across a broad range of fields. Phase Two involved a closer focus on the field of health and the relationship between research process and research impact both in terms of policy and practice. Both phases included a focus on the ways of measuring and valuing research with a focus on community engagement, partnerships or research into policy and practice.

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Table 1: Search terms and findings

<table>
<thead>
<tr>
<th>Phase One</th>
<th>Proquest</th>
<th>PubMed</th>
<th>CINAHL</th>
<th>Sociology Abstracts</th>
<th>Current Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>University AND Community Engagement</td>
<td>95 results</td>
<td>1074 results</td>
<td>21 results</td>
<td>5 results</td>
<td>43 results</td>
</tr>
<tr>
<td>University AND Civic Engagement</td>
<td>108 results</td>
<td>72 results</td>
<td>8 results</td>
<td>10 results</td>
<td>3 results</td>
</tr>
<tr>
<td>Community Engagement AND Research</td>
<td>177 results</td>
<td>1161 results</td>
<td>68 results</td>
<td>33 results</td>
<td>1 result</td>
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<tr>
<td>Community Liaison AND Research</td>
<td>4 results</td>
<td>161 results</td>
<td>2 results</td>
<td>NO results</td>
<td>NO results</td>
</tr>
<tr>
<td>Community based AND Participatory</td>
<td>492 results</td>
<td>1727 results</td>
<td>546 results</td>
<td>141 results</td>
<td>30 results</td>
</tr>
<tr>
<td>Participatory AND Research</td>
<td>2656 results</td>
<td>2972 results</td>
<td>1029 results</td>
<td>741 results</td>
<td>130 results</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase Two</th>
<th>Proquest</th>
<th>PubMed</th>
<th>CINAHL</th>
<th>Sociology Abstracts</th>
<th>Current Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence AND Health Policy</td>
<td>1343 results</td>
<td>6080 results</td>
<td>551 results</td>
<td>133 results</td>
<td>59 results</td>
</tr>
<tr>
<td>Evidence-based AND Health Policy/ Practice</td>
<td>555 results/ 154 results</td>
<td>2123 results - ignored/ 54177 results - ignored</td>
<td>172 results/ 209 results</td>
<td>22 results/ NO results</td>
<td>22 results/ 112 results</td>
</tr>
<tr>
<td>Health Research AND Policy/ Practice</td>
<td>553 results/ 632 results</td>
<td>35938 results- ignored/ 83571 results- ignored</td>
<td>1580 results/ 2258 results</td>
<td>119 results/ 88 results</td>
<td>22 results/ 20 results</td>
</tr>
<tr>
<td>Evidence Base AND Health Policy AND gap</td>
<td>12 results</td>
<td>420 results</td>
<td>2 results</td>
<td>1 result</td>
<td>No results</td>
</tr>
<tr>
<td>Research Translation AND Health</td>
<td>9 results</td>
<td>29323 results- ignored</td>
<td>160 results</td>
<td>1 result</td>
<td>No results</td>
</tr>
<tr>
<td>Knowledge Transfer AND Health</td>
<td>140 results</td>
<td>17820 results - ignored</td>
<td>204 results</td>
<td>12 result</td>
<td>3 results</td>
</tr>
<tr>
<td>Research Impact AND Health</td>
<td>18 results</td>
<td>124735 results - ignored</td>
<td>384 results</td>
<td>1 result</td>
<td>9 results</td>
</tr>
</tbody>
</table>

The search resulted in over 30,000 articles found across all data bases. After scanning titles for relevance, 6,541 references resulted and were downloaded into Endnote. After scanning these abstracts for relevance and deletion of duplicates, around 500 articles were found to be useful to this review. The majority of the Phase Two results for PubMed were ignored as too many articles were generated, and upon scanning most were found to be irrelevant to this review. All remaining articles were then sorted and reviewed.

**University-Community Engagement**

The literature included a consideration of universities as existing within a broader community. A common theme is the expectation that universities produce research and teaching that addresses the needs and desires of the broader community. A number of articles addressed the social and political expectations of publicly funded universities (Calleson et al. 2005; Bond and Paterson 2005; Caputo 2005; Furco 2010; Duke and Moss 2009). Bond and Paterson write that there is now increased political scrutiny from government and expectations of social and economic return.

Winter et al. (2006) argue that in Australia, university-community engagement and partnership became a focus in policy discussions early this century, driven by a concern with
social and economic development in rural and regional areas, as well as a focus on attracting university funding from non-government sources and collaborations. Overall, in a study of community engagement practices at universities in Victoria, Winter et al. (2005) noted that there are significant differences in terminologies, and in how universities have interpreted the idea of engagement and sought to integrate it with teaching and research. However, many have tended to view community engagement in terms of geographic location or partnerships predominantly in terms of funding (i.e. business).

The concept of engagement of universities with community also encompasses other ideas. In the United States of America, civic engagement is a term that has come to refer to the volunteerism habits and community involvement of students. Much has been written about civic engagement and college students and/or work placements between colleges and other organisations (Campbell and Lassiter 2010; Cress 2003; Caputo 2005; Hegeman et al. 2010). Civic engagement in this context aims to make well-rounded, socially connected graduates.

Only a small amount of literature was found addressing university-community engagement. However, it is important to note that in Australia and internationally a wider-reaching definition of university-community engagement has come to be recognised, moving beyond a view of a one-way transfer of knowledge and experience into the community, or of a public service done by an institution and/or its members. In particular, later definitions of university-community engagement have focused on mutual learning and benefit, developing real partnerships, and the integration and recognition of this within the structure of the university itself. One example of this is the concept promoted by the Australian Universities Community Engagement Alliance (http://www.aucea.org.au/) formed in 2005, of which many Victorian universities are members. AUCEA has drawn on two international frameworks to advocate for a national benchmarking system for community engagement: the Talloires Network Inventory Tool for Higher Education Civic Engagement, and the Carnegie Framework for Elective Classification, Community Engagement Foundation Indicators.

**Community-engaged research practices**

Community-engaged research practices are diverse. Many terms have been created and applied to discuss and label the processes and methods involved. Non-health or social-related entries are excluded to a large degree in the following discussion, but it is important to note the scale and diversity of community-engaged research practice taking place in areas such as environmental health (Ali et al. 2008; Mansoureh and Meredith 2006; Ballard and Belsky 2010), education (McLachlan and Arden 2009), archaeology (Atalay 2010) and business (Bowen et al. 2010).

**Terms and concepts used**

**Community Based Participatory Research**

The most common term is Community Based Participatory Research (CBPR). The majority of articles dealing with community engagement in research embrace this terminology.

The central theme of CBPR is community empowerment through community and researcher collaboration (Gehlert and Coleman 2010; Fernández-Peña and Moore 2010; Jones et al. 2009; Mance et al. 2010; Hergenrather et al. 2010; Ross et al. 2010; Kobeissi et al. 2011;
Examples of how this is described include the following:

The potential strength of CBPR in addressing health disparities comes from its hallmark of combining scientific rigor with community wisdom, reality, and action for change. The challenge is in finding the best possible balance between the academic and community perspectives and attributes, which can only be achieved through trust and communication. (Gehlert and Coleman 2010: 2)

And:

...a partnership approach to research that equitably involves community members, practitioners, and academic researchers in all aspects of the process, enabling all partners to contribute their expertise and share responsibility and ownership. Its purpose is to enhance understanding of a given phenomenon and to integrate knowledge gained with actions to improve health in the communities involved. (Israel et al. 2010: 1)

Participatory Action Research

The second most common term is Participatory Action Research (PAR). PAR has wide appeal and is extensively utilised in health and social work research (Campbell 2010; Dickson and Green 2001; Balcazar et al. 2009; Blomqvist et al. 2010; Chiu 2008; Cook et al. 2010; George et al. 2006; Khanlou and Peter 2005; Li et al. 2010; Ritchie et al. 2003; Walmsley and Mannan 2009; Smith et al. 2010; Yoshihama and Carr 2002). (See Khanlou and Peter (2005) for a detailed history of PAR and the required ethical considerations of the practice.) Definitions include:

PAR focuses on developing partnerships and collaborations to increase the relevance of research for the researcher, consumers and stakeholders. The PAR framework involves research that is (a) Community-based, (b) Action-oriented, and (c) Collaborative. This approach provides understanding about an issue within the context of the community while increasing the community’s understanding of the issue. PAR is rooted in the cultural tradition of the participants and builds on strengths and resources in the community. (Garwick and Auger 2003: 262)

Less utilised terms

Other terms have developed around the same principles as CBPR or PAR. Wright et al. (2010) use the term ‘participatory health research’ to discuss the importance of strengthening the status of health research that utilises the ideas and methods of PAR. ‘Action research’ is also a common term (Walsh et al. 2008; Whitehead et al. 2003). Other more specific terms have been applied, such as ‘faith based approach’, which is used to discuss the engagement of religious communities (Davis et al. 2011; Rodriguez et al. 2009). These approaches tend to look at health promotion methods and interventions within faith communities only.

Defining community

Central to community-engaged research is the implied concept of ‘community’. Community is a term that is often used with little discussion on the ways it is being defined or utilised. The fluidity of the term allows a broad application to geographically defined communities (Kegler et al. 2009; Rink et al. 2009; Lane et al. 2007), communities defined by health needs
(Lovell and Rosenberg 2011; Cook et al. 2010), or communities defined by social signifiers including age, sex, gender, sexuality or race/ethnicity (Kim et al. 2005; Rhodes et al. 2006; Stacciarini 2009; Harper et al. 2007). However, very few of the communities with which researchers engage are simply defined or isolated, and many researchers are working with several definitions of community simultaneously. For example, Reece and Dodge (2004) in their research explore the ‘cruising’ habits of men who have sex with men within a specific geographically located campus environment.

A small number of researchers have critiqued the term community and its application (Stephens 2007; Marsh et al. 2011; Marsh et al. 2011; Kennedy et al. 2009; Dempsey 2010). Yoshihama and Carr (2002: 99) argue that the term community is unstable and constantly requires researchers to negotiate for the interests for participants:

Definitions of ‘community’ in the PAR literature vary, but often assume ‘shared’ interests and needs and commitment to meeting them. We came to see the concept of ‘community’ as a convenient but dangerous catch-all trope that obscured important differences within a locality. Assumption of shared interests obscures power-laden relations of class, gender, clan, and age. Thus, an essential part of the process of the project came to be the negotiation of interests that such talk about ‘community’ implicitly entailed.

Building partnerships

Partnerships are a common conceptualisation for framing research within a community context, with researchers actively partnering with communities or community-based organisations to undertake research (Ross et al. 2001; Baiardi et al. 2010; Barnidge et al. 2010; Heiselt 2010; Joubert 2006; Johnson et al. 2009; Reutter et al. 2005; Downie 2001; Brush, et al. 2011; Andrews et al. 2011). Partnerships are seen as central to community-engaged research, including Community Based Participatory Research and Participatory Action Research.

Some authors have addressed the processes involved in partnerships. Corbie-Smith et al. (2011) explore the phases involved in establishing and maintaining a partnership with African-American communities in addressing HIV issues: initial mobilisation, establishment of organisational structure, capacity building for action, and planning for action. Reutter et al. (2005) argue that researchers require adequate funding to establish partnerships with communities as well as maintain them. They created partnerships by including community members in the research team, by establishing a community advisory committee, involving community agencies in recruitment and research processes, and also obtaining stakeholder opinions based on the research findings.

Beyond partnering with communities, researchers have focused on partnerships with a range of other organisations to conduct research, and improve process and outcomes. For example, Lindamer and Labowitz (2008), in discussing community mental health needs, urge researchers to partner with other public institutions (such as health services) to improve health outcomes for patients. A small number of articles also addressed the processes involved. Baiardi et al. (2010) explore common issues in the establishment and maintenance of relationships within a partnership between an academic nursing school and a social service agency.
Partnerships with government are also promoted as a way to improve the impact of research. Mitchell et al. (2009) write about how Australian researchers are increasingly looking at the objectives of policy makers, proposing research that is more likely to receive funding and have an impact on policy. They focus specifically on building two-way ‘knowledge exchange’ and partnerships with decision-makers at all stages of research to ensure its usefulness and impact:

*Decision-maker involvement in research is only one potentially useful mechanism for supporting productive partnerships. However, it requires certain conditions to be met to be successful. This form of partnership needs to be complemented by strategies for supporting researcher involvement in decision-making around policy and practice. Focus on discrete projects, or even programs of research, is insufficient. Start-stop funding programs do not enable research centres to build a critical mass of research expertise in particular fields or develop the careers of researchers.* (p 110)

Kerner (2008) expands on this to argue for partnerships between those engaged in research, practice and policy:

*... partnerships between research, practice, and policy can help inform decisions in all three sectors to help achieve a better balance between evidence based on science and evidence based on personal experience.*

**Outcomes and impact**

There were very few articles found in this review that address the link between research generation and its broader impact or implementation. Within those that did, a range of terms were used to discuss the ‘transfer’, ‘application’ or ‘impact’ of ‘knowledge’ or ‘evidence’ in terms of changes in the real world. It also varied as to whether the changes sought were within community or within policy and practice. The gap between findings and dissemination and uptake by policy makers, practitioners and communities is a common concern.

**Community-level**

Some articles address the practical or community outcomes of the research (Barnidge et al. 2010; Garwick and Auger 2003; Kobeissi, Nakkash et al. 2011). These articles explain the material and practical legacy of their engagement for the community. Co-learning was a key feature of the Barnidge et al. (2010) research. However, many argue that important knowledge does not make it back to the communities that need it. Advocacy for the community is also discussed as important. It is argued by many that engagement with communities is the best approach to practically addressing many health needs (Garwick and Auger 2003; Horn et al. 2008; Katz et al. 2011; Ramsden et al. 2010; Wallerstein and Duran 2010). However, there is real diversity in views on how this is to be achieved.

**Policy and practice**

A small number of articles offered a critique of the gap between evidence and practice (Brownson and Jones 2009; Kim 2006). Kerner (2008) writes that many researchers do not see it as their role to bridge this gap. Kerner and Hall (2009: 524) explore the different aspects of dissemination among healthcare practitioners, suggesting different approaches to increasing uptake or implementation:
Dissemination of research evidence about new approaches to promote health and prevent disease to public health practitioners should take into account:

(a) the level of training of most public health practitioners (e.g., masters or bachelors trained) so as to translate information into practical knowledge that can be applied in public health practice contexts

(b) the variation in resources in international, national, state, and local public health practice contexts that make possible or make difficult the implementation of public health interventions based on new health promotion information, and

(c) the extent to which public health practitioners working in resource-limited practice contexts may or may not be amenable to change.

Knowledge transfer and research into practice is explored by a range of authors (Jolley et al. 2007; Satterfield et al. 2009; McCormack et al. 2002; Adams and McCarthy 2007; Lin et al. 2008; Petch 2006; Claxton et al. 2005; Perry 2006; Eisnberg 2001; Dearing 2008).

Discussions have also centred on the translation between research and policy (Israel et al. 2010; Izumi et al. 2010; Jesse et al. 2009; Jolley et al. 2007; Kerner 2008). Gong et al. (2009: 537) write that the translation of community-engaged research to policy is understudied:

Only after successful policy formulation, when community and research partners appropriately analyse problems, jointly develop strategies, actively implement organizational changes, and build support for ongoing advocacy, can broader policy impact be achieved.

However, there has been increased attention to ‘evidence-based’ policy in the literature, particularly in the field of health. A search on the Proquest database using the terms ‘evidence’ and ‘health policy’ before 2001 found only 280; the same search for the years 2001-2011 found 1,320 articles. Knowledge transfer and research into policy is explored by a range of authors (Broner et al. 2001; Kim 2006; Lavis et al. 2003; Arrington et al. 2008; Ruzek and Rosen 2009). Lavis et al. (2003: 222) start with some important questions:

Five questions provide an organizing framework for a knowledge-transfer strategy: What should be transferred to decision makers (the message)? To whom should research knowledge be transferred (the target audience)? By whom should research knowledge be transferred (the messenger)? How should research knowledge be transferred (the knowledge-transfer processes and supporting communications infrastructure)? With what effect should research knowledge be transferred (evaluation)? The details of these elements vary according to the target audience. We distinguish among four audiences for applied health and economic/social research: general public/service recipients (e.g., citizens, patients, and clients), service providers (e.g., clinicians) managerial decision makers (e.g., managers in hospitals, community organizations, and private businesses), and policy decision makers at the federal, state/provincial, and local levels.

Again, there is a focus on the format for disseminating results. Jacobson et al. (2005) write that policy makers do not necessarily value the ways in which research is traditionally presented, requiring researcher to think about how they present their findings, and they suggested that consultations might be the best method.
**Evaluating, measuring and valuing**

Increasingly, researchers in these fields have been pushing for more value to be placed on community-engaged research. The literature from 2009 onwards places a much greater focus on valuing and recognising this research.

*Evaluation and measurement*

The nature of a literature review based on academic publication has limited a focus on the dissemination of results and outcomes of community-engaged research. However, a small number of articles were found addressing the issues involved in evaluating and measuring community-engaged research and its impact.

There are many articles recording or evaluating community-engaged research based on single projects or a collection of case studies (Alvarez and Gutierrez 2001; Arden et al. 2009; Chung et al. 2006; de Silva-Sanigorski et al. 2010; Hart and Northmore 2011; Kegler et al. 2009; Sánchez et al. 2011). Beyond this, it is difficult to quantify the practical effects of engagement. A few researchers have sought to establish a set of evaluation tools to help assess the merits of engagement (Jacob et al. 2011; Hart and Northmore 2011; Jagosh et al. 2011). One unique approach for trying to bring value to community-engaged research is the establishment of a website to provide peer review for practical projects – ces4health.info. This website explains:

> Peer-reviewed journal articles are essential for communicating the results of scholarship to academic audiences, but they are not sufficient and are often not the most important mechanism for disseminating the results of community-engaged scholarship (CES) – scholarship that is developed in partnership with communities. Service-learning, community-based participatory research and other community-engaged activities require diverse pathways and products for dissemination in order to reach and benefit community members, practitioners and policy makers. These products include, for example, training manuals, policy briefs, presentations, instructional DVDs and online curricula.

However, fewer than 60 projects have been listed to date.

No articles were found measuring or tracking changes in policy as a result of community-engaged research. As noted above, a few articles outlined the importance of the research and the practical outcomes, but there is a scarcity of articles that attempt to measure or track the translation into policy in any particular area.

*Valuing community-engaged research*

A range of problems have been identified in the literature in terms of valuing the process and impact of community-engaged research and partnership. The key issues frequently discussed by researchers in the field of community-engaged research are the difficulties in receiving funding, the perceived detriment to researchers’ careers, the amount of time involved in conducting the research, and the lack of recognition or status given to the research and findings (Ahmed and Palermo 2010; Walsh et al, 2008; MacLean et al. 2009; Blumenthal 2011; Bomar 2010; Kennedy et al. 2009).

In research conducted in Melbourne, Australia, MacLean et al. (2009: 409-10) interviewed 23 researchers in the field of community-engaged research and ‘practical’ research and found that:
Closely related to concerns over the time-consuming nature of non-academic CPR activities was concern among researchers about lost opportunity to produce peer-reviewed academic publications and lack of recognition of CPR activities within their workloads. Anxiety about the impact on academic careers of time spent on community engagement or writing community reports was frequently raised through interviews conducted for this study. Although researchers often felt that CPR was valued within their research centres, they were keenly aware that outputs from this research were not counted in academic performance metrics, are often difficult to publish in prestigious ‘high impact’ journals and, as some perceived, are poorly valued within the university.

The main issues outlined by most of the researchers within community-engaged research are, essentially, the lack of academic merit given to the findings of community-engaged research. Resnik and Kennedy (2010) argue that there is a perceived conflict between a CBPR approach and a scientific approach. Walsh et al. (2008) argue for a greater respect within the science community for action-based research, highlighting that there is a direct practical outcome of action research.

Peer recognition is an essential form of validation for researchers due to funding and career advancement requirements. In light of this, Chen et al. (2010) detail several issues with dissemination and the ways in which CBPR requires this be undertaken, in order for it to be targeted to communities. This creates problems when the main requirement of an academic is to produce additional grant income and academic publications. They conclude that:

*Despite the importance of dissemination as a fundamental component of research using the CBPR approach, the results of the present study suggest that substantial challenges to dissemination remain. Even among studies meeting strict criteria for CBPR, there is great variability in the application of CBPR principles, particularly with regards to dissemination.* (p. 377)

In Australia, this is particularly relevant given the context of the Excellence in Research Initiative (ERA). The focus on research output in scholarly journals as a measure for performance and a basis for funding, both at a national level and within universities, risks missing the broader context and contribution of community engagement, partnerships and research into policy and practice. This is acknowledged in the *La Trobe University Research Plan 2009-2012:*

*Given the complexity of measuring applied research – traditional measures such as quality of publication source, citations by academic peers, volume of refereed publications do not assess the impact on society, government or industry – measurement of strength at La Trobe will accommodate a variety of disciplinary, inter-disciplinary and multi-disciplinary approaches.* (p. 7)

This has led some universities, including La Trobe, to consider additional ways of measuring research outputs and impact in these areas in addition to ERA.

Beyond this, Horowitz et al. (2009) argue that to make community-engaged research more mainstream, an additional investment is needed to allow the field to provide what is seen as more rigorous research. Funding for community-engaged research or research with a focus on policy and practice often comes from outside of traditional academic funding streams, i.e. from government agencies or NGOs that require their own non-academic outputs.
Increasing investment in these sorts of research, and rewarding this research with an additional investment to allow for academic outputs, are potentially important measures to support this research and its impact.

**Conclusion**

Overall, a growing body of research is resulting from community engagement methods and practices. However, the use of different terms and concepts, and the range of fields involved, means that discussion and dialogue across areas is limited. There is also an increasing focus on the process and impact of community-engaged research – particularly in the health field. However, there is very little research on evaluating or measuring process and impact – beyond an individual research project.

There is some recognition in the literature of the challenges facing researchers involved in research which aims to engage communities, build partnerships or create positive changes in policy and practice. Foremost among these is the lack of value placed on these sorts of research activities within a scholarly framework. This has flow-on effects in terms of recognition of the workload involved, funding required and differences in the sorts of outputs and impacts involved (beyond scholarly publication).

Drawing together researchers and others working in these areas may be an important step in finding commonalities – perhaps with a view to building a network across fields rather than a field in and of itself. This could assist researchers to advocate within their own fields for value to be placed on this research. It is also important to share ideas across universities in terms of how to measure quality and impact of these sorts of research, and how to advocate for data to be included in university quality frameworks. This argument is strengthened by the increasing interest of government in Australia and other countries on the impact of research funding in terms of national priorities (e.g. health), and the fact that research involving communities, services and policy is often commissioned or funded by different branches of government.

Overall, building partnerships and understanding between communities, universities, practitioners and government appears to be an important way of ensuring dialogue and exchange to support research initiation, progress and impact.

**Further notes on key journals and existing literature reviews**

Three main journals have been most relevant in the database searches, and all three journals have sought to promote further community-engaged research. These are the *Journal of Community Practice*, *Journal of Community Engagement*, and *Scholarship and Progress in Community Health Partnerships*. There are also several existing literature and field reviews that were uncovered in this review: Shalowitz et al. 2009; Mason et al. 2008; Kennedy et al. 2009; Adily et al. 2009. MacLean et al. (2009) is one small Australian study that outlines the issues faced by community-engaged research practitioners. The vast majority of studies and research is in these fields are located in the United States of America.
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