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ABSTRACT

Trust is difficult to conceptualize and define because of its diverse applications in different disciplines. Historic mistrust between vulnerable communities and researchers based on past adverse experiences can negatively affect the ability to collaborate and conduct effective research with such populations. Community Based-Participatory Research (CBPR) is a collaborative approach to research that can reduce historic mistrust and health disparities among minority populations. Although how trust development occurs in CBPR partnerships has been explored, there is a need to determine how to move from one stage to the next in fostering and maintaining that trust. The present study contributes to this discussion by addressing the lack of a shared operational definition of partnership trust and of how to measure it in the CBPR literature. We modified Dietz and Den Hartog's (2006) Multi-dimensional Measure of Trust Model to investigate contextual factors that influence perceptions and development of trust in collaborative partnerships pursuing the reduction of health disparities. We conducted focus groups and key informant interviews with English and Spanish speaking stakeholders of a culturally relevant health promotion organization in the southeastern United States. Stakeholders reported experiencing different types of partnership trust depending on their role, and the length and nature of involvement with the organization. We identified determinants of partnership trust among stakeholders, including organizational, socio-economic, and cultural determinants. Most study participants agreed that trust with Hispanic communities is built slowly, with personal face-to-face contact and follow-up, and that engaging stakeholders throughout the process of working together in an intentional way is vital to building and maintaining trust. Findings of this study will inform the development of a culturally and linguistically relevant quantitative instrument to measure partnership trust in the context of CBPR.

Keywords: Partnership trust; Community-Engaged Research and Interventions; Community-Based Participatory Research; U.S.-Hispanics; Health Disparities

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INTRODUCTION

Trust is difficult to conceptualize and define because of its diverse applications in different disciplines. Mayer, Davis & Schoorman (1995) defined trust as ''a willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor'' (p. 712). Granovetter (1985) argued that historic mistrust between vulnerable communities and researchers based on past adverse experiences could negatively affect the ability to collaborate and conduct effective research with such populations. Community Based Participatory Research (CBPR) is an approach to research that can reduce historic mistrust (Minkler & Wallerstein, 2003).

Ahmed and Palermo (2010, pp. 1383) defined community engagement in research as "a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership of people affiliated with or self-identified by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the community of interest". Community engagement in research may enhance a community's ability to address its own health needs and health disparities issues while ensuring that researchers understand community priorities (Ahmed & Palermo, 2010). Israel and colleagues (2010) described CBPR, as a collaborative approach to research that has been useful in engaging disadvantaged communities to reduce health disparities. Through CBPR, communities have been directly engaged in culturally competent research (Sandoval, et al., 2012). However, a challenge for community engagement in this process has been the adverse experiences that disempowered communities have experienced historically with researchers and government authorities, resulting in mistrust and suspicion (Cook, & Jackson, 2012). Lucero and Wallerstein (2013) argued that underlying assumptions of academic research teams about communities' level of understanding and acceptance of a project may result in conflicts within community-academic partnerships, and consequently, the failure of the proposed research and intervention endeavors.

Public health programs aimed at reducing disparities among minority groups are a national priority (Koh, Graham, & Glied, 2011). Over the last two decades, the Hispanic population across the country experienced a boom (Krogstad & Lopez, 2015), growing to about 18% of the US population and making it the largest ethnic or racial minority (US Census, 2015). This increase is of public health relevance, as Hispanics are at greater risk than non-Hispanic Whites for certain diseases and conditions (Turner, Wildsmith, Guzman, & Alvira-Hammond, 2016). These disparities include diabetes (Beckles & Chou, 2013) and cardiovascular disease risks (Graham, 2014), among others. In addition, Hispanic communities continue to experience ongoing challenges such as anti-immigrant sentiment, immigration raids, racism and discrimination. These challenges result in increased mistrust among Hispanics in outside institutions, which may include government entities, hospitals, and universities (Martinez, Carter-Pokras, & Bohrer Brown, 2009).

Building capacity in Hispanic communities has been identified as a key strategy to eliminate health disparities (Michael, Farquhar, Wiggins, & Green, 2008), and utilizing culturally appropriate and community engaged research methods/approaches is one way to do so (Martinez, Carter-Pokras, & Bohrer Brown, 2009; de la Torre, et al., 2013). Ongoing reassessment and evaluation is necessary to ensure that community identified issues are being addressed in a culturally and linguistically appropriate manner and through a process based on trust (Tumiel-Berhalter, Kahn, Watkins, Goehle, & Meyer, 2011). It would be useful for researchers and their

teams to have reliable and valid instruments to measure trust between them and their target populations (Costa & Anderson, 2011); however, few studies measuring CBPR outcomes, such as trust, were found in the literature (Wallerstein et al., 2008).

Despite the relevance of trust for meaningful community engagement, gaps remain in its conceptualization, as well as on how the process of trust-building works or how it relates to community-engaged research (Department of Health and Human Services, 2013; Calnan & Rowe, 2006). This study used a qualitative approach with the aim of developing an item bank for the development of a quantitative instrument to assess partnership trust in the context of CBPR. Two researchers (academic partners) and a community partner worked with various stakeholders to assess and understand conceptualization, perceptions and determinants of partnership trust, as an outcome of CBPR, among stakeholders participating in a Hispanic-serving community health organization. The study built on an existing academic-community partnership between Clemson University (CU) and, a community-based organization (hereinto referred to as "PASOs") that fosters healthier Hispanic families and communities in a southeastern state.
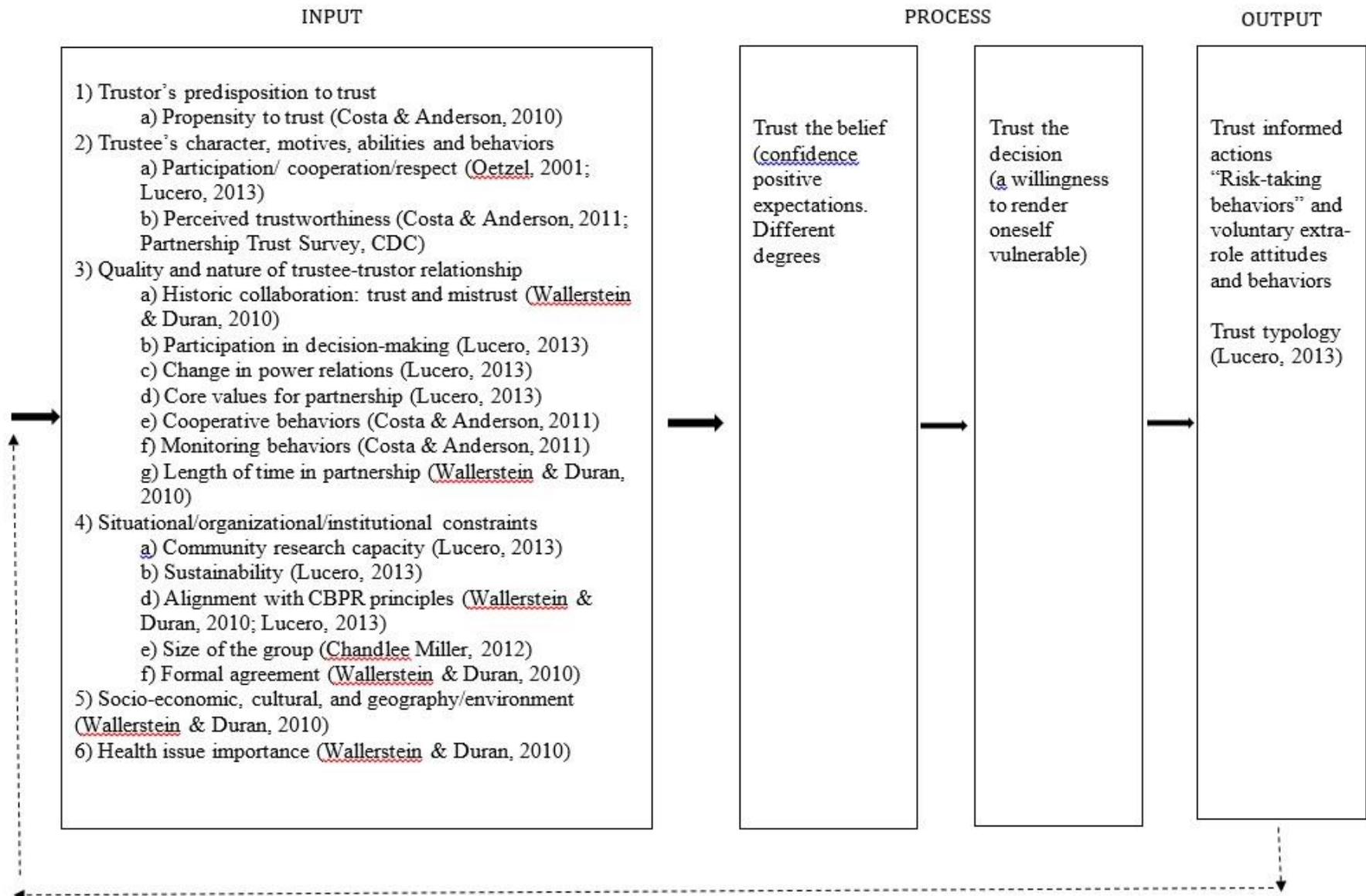
According to Dietz and Gillespie (2011), trust can be categorized in three forms, which are trust as a belief, trust as a decision, and trust as an action (Figure 1). In trust as a belief, through different stages, the trustor develops confidence and positive expectations regarding the trustee, as an initial step to make the decision to trust. In trust as a decision, the trustor actually trusts the other party. The trust as a decision level is the stage at which the belief in the others' trustworthiness is perceived as trust itself. This stage has been also referred as the ''willingness to render oneself vulnerable''. Trust as an action refers to the behavioral consequences of trust, which are the actions taken by the trustor based upon his/her own set of beliefs regarding the trustee (Costa & Anderson, 2011). Dietz and Den Hartog (2006) argued that a measure of trust should capture more than the trustor's belief about the other organization's trustworthiness, it also requires that the trustor exhibits associated trust-informed behaviors.

Lucero (2013) developed a six-phase trust typology, in the context of CBPR, in an effort to advance the understanding of the development of trust in a partnership. This trust typology is built on prior theoretical contributions, and views trust as a dynamic construct. Lucero warned that the proposed trust typology should not be interpreted as being anchored at opposite poles, nor should it be assumed that partnerships begin at suspicion. Rather, a partnership can begin at any type/level of trust, and it is up to the partnership to determine the type of trust that is necessary for their project. The typology goes from Trust the Deficit to Critical Reflective Trust. The last is characterized as being at the place in a relationship where mistakes and other issues resulting from differences can be discussed and resolved; and it reflects interdependence between partners (For an expanded discussion on the CBPR partnership trust typology see Lucero, 2013).

Costa, Roe and Taillieu (2001) proposed that trust could be conceptualized as multifaceted, with distinct but related indicators. Given the dynamic and context-specific nature of trust, in this baseline study, we modified Dietz and Den Hartog's (2006) Multi-dimensional Measure of Trust Model (MMTM). With the objective of examining measures and operationalization of intra-organizational trust, Dietz and Hartog (2006) conceptualized trust as a process requiring inputs, which catalyze a progression, resulting in trust as the output (i.e. certain inputs allow for the development of trust). As our study focused on the role of CBPR in the development of partnership trust in community-engaged health research and interventions, the MMTM modification involved embedding selected CBPR-related determinants of partnership trust in the INPUT section of this

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framework (Figure 1). The research team conducted a review of the literature to identify the partnership trust determinants listed into the six INPUT categories. On the other hand, we shifted the MMTM original framework for intra-organizational focus, to explore determinants and perceptions of partnership trust between community stakeholders and health organizations with which they collaborate. This modified version of the MMTM was used to investigate contextual CBPR-related factors that influence partnership trust development, as well as perceptions of trust in the context of collaborative partnerships in community engaged health research and action aiming to reduce health disparities in U.S. Hispanic communities. The present study also incorporated in the proposed framework Lucero's (2013) partnership trust typology. CBPR principles were also incorporated in the design and implementation of this qualitative study. The next section offers a more detailed explanation on how some CBPR principles were incorporated.

Figure 1. Partnership Trust Process
Modified version of the Intra-organizational Trust Multi-dimensional Integrated Framework (Dietz & Den Hartog, 2006)

INPUT   PROCESS   OUTPUT

1) Trustor's predisposition to trust
    a) Propensity to trust (Costa & Anderson, 2010)
2) Trustee's character, motives, abilities and behaviors
    a) Participation/ cooperation/respect (Oetzel, 2001; Lucero, 2013)
    b) Perceived trustworthiness (Costa & Anderson, 2011; Partnership Trust Survey, CDC)
3) Quality and nature of trustee-trustor relationship
    a) Historic collaboration: trust and mistrust (Wallerstein & Duran, 2010)
    b) Participation in decision-making (Lucero, 2013)
    c) Change in power relations (Lucero, 2013)
    d) Core values for partnership (Lucero, 2013)
    e) Cooperative behaviors (Costa & Anderson, 2011)
    f) Monitoring behaviors (Costa & Anderson, 2011)
    g) Length of time in partnership (Wallerstein & Duran, 2010)
4) Situational/organizational/institutional constraints
    a) Community research capacity (Lucero, 2013)
    b) Sustainability (Lucero, 2013)
    d) Alignment with CBPR principles (Wallerstein & Duran, 2010; Lucero, 2013)
    e) Size of the group (Chandlee Miller, 2012)
    f) Formal agreement (Wallerstein & Duran, 2010)
5) Socio-economic, cultural, and geography/environment (Wallerstein & Duran, 2010)
6) Health issue importance (Wallerstein & Duran, 2010)

Trust the belief (confidence positive expectations. Different degrees

Trust the decision (a willingness to render oneself vulnerable)

Trust informed actions "Risk-taking behaviors" and voluntary extra-role attitudes and behaviors

Trust typology (Lucero, 2013)

Community-Based Participatory Research (CBPR) Principles

This qualitative study incorporated four of the nine CBPR principles developed by Minkler and Wallerstein (2008) in its design. The study builds on an existing academic-community partnership between a university and PASOs, which is a community-based organization, housed by the University of South Carolina's Arnold School of Public Health. PASOs delivers participatory health improvement programming among Hispanic families and communities in SC. a community based organization delivering participatory health improvement programming among Hispanic families and communities in a southeastern state. Burke and colleagues (2013) argued that the data gathered in CBPR belongs not only to academics but also to the community partner. Sharing CBPR data allows the information to be disseminated and implemented into practice in ways that are relevant and culturally sensitive to both participating partner groups (Burke et al., 2013). The [University] and PASOs community-academic partners incorporated some strategies into the project related with the following CBPR principles:

- Principle 2 "Build on strengths and resources within the community": this principle was incorporated through engaging some stakeholders at different stages of the research process including community participants' recruitment, instrument's pilot testing, and data collection. Community health workers' (CHWs) who participated in a pilot test of the focus group questionnaire provided feedback that informed the refinement of the questionnaire. The research team trained a volunteer CHW who conducted some of the interviews to organizational partners.
- Principle 3 "Facilitate collaborative, equitable partnership in all phases of the research:" this principle was incorporated through developing a planning and implementation process that included PASOs leadership and CHWs in the decision-making process related to research design.
- Principle 4 "Promote co-learning and capacity building among all partners:" both the academic and community partner were co-responsible for the study design, implementation and data-analysis through a process that fostered synergy and co-learning for both partners.
- Principle 8 "Disseminate findings and knowledge gained to all partners and involving all partners in the dissemination process:" this principle was achieved through a process of sharing study results and collecting participants' input through community forums.

The purpose of this qualitative study was to explore conceptualization, perceptions and determinants of partnership trust as an outcome of CBPR, among English and Spanish speaking stakeholders participating in a culturally and linguistically relevant community-based health organization in South Carolina, United States. The research questions guiding this study were: (1) What are the perceptions of trust among PASOs stakeholders?; (2) Which determinants (INPUT as per the framework) of trust were identified by participant stakeholders?; (3) Which types of trust exist among PASOs stakeholders?; and, (4) How does trust differ among stakeholders related to the amount of time they have had relationship/contact with the organization?

METHODS
Sample

Participants were conveniently selected adults 18 years of age and older, both male and female, who were engaged stakeholders or staff of PASOs at the time of the study. Stakeholders

included community participants (i.e., clients or beneficiaries), volunteer community health workers (volunteer CHWs or "promotores"), organization staff (staff CHWs), and organizational partners. Professionals from various fields, who are trained as CHWs, employed, and paid by the organization represent PASOs staff CHWs. Organizational partners represent a broad range of disciplines such as health care services, schools, community centers, etc. PASOs partners with these organizations for resource sharing, referrals, and to help the organizations more effectively serve Hispanic communities.

Recruitment of participant stakeholders was facilitated by PASOs through a variety of strategies, using a study informational flyer and word of mouth. The organization CHW coordinator recruited the volunteer CHWs, whereas two volunteer CHWs assisted in recruiting community participants. The first author, using a contact list of potential participants provided by the organization's executive director, contacted organizational partners. The first author also contacted and recruited all of the PASOs central office staff CHWs.

In accounting for the dynamic nature of partnership trust, we used a purposive sample and selected two counties to conduct the study. These counties were selected because they offered two different pictures of the organizations' community interactions at the time of the study. Hereinafter "county I" refers to a county where PASOs had been successfully operational for about 11 years at the time of the study; and "county II" will refer to a county where PASOs had about one year of pilot, initial programming.

Data Collection Instruments

The focus group and interview guides were structured based on recommendations of Krueger and Casey (2009), incorporating 11 questions divided into: opening (1), introductory (2), transition (1), key (4) and ending (3) questions. Questions included in these instruments were developed through revision of published literature to identify how other researchers had explored perceptions and determinants of partnership trust in the context of CBPR and other related fields. We developed questions to explore most of the constructs of the selected theoretical framework.

Researchers decided to use a structured approach (Krueger & Casey, 2009; Morgan, 1996) to the development of data collection instruments by limiting the number of questions and prioritizing those questions that would allow exploration of selected constructs and at the same time covering as many MMTM constructs as possible. Table 1 includes instruments' questions and the MMTM constructs each question relates.

The focus group and interview guide contained 11 questions and was adapted for each type of stakeholder as follows: a focus group guide for volunteer CHWs and community participants; a focus group guide for PASOs staff CHWs; and an interview guide for organizational partners. For instance, question nine in the volunteer CHW and community members' instrument reads as follows, "Please share your thoughts about to what extent the community you have worked with has assumed responsibility of this organization." This question remained almost the same in the staff CHW focus group instrument and the organizational partner interview questionnaire, only changing the expression "the community you had work with" with "the community that you serve". An independent translator translated the focus group guide into Spanish by using a back-translation process to ensure accuracy and the use of culturally appropriate language (Bracken & Barona, 1991). This instrument was also subjected to a pilot test with a convenience sample of volunteer CHWs from a county different from the two included in this study. Pilot test results were used to modify the wording and formatting of the instruments.

Table 1. Data Collection instruments' questions according to conceptual framework (Multi-dimensional Measure of Trust Model [MMTM]; Modified from Dietz & Den Hartog, 2006)

Constructs	Focus group and interview questions
INPUT	
1) Trustor's predisposition to trust	1. What is the first thing that comes to mind when you hear the word PASOs? *[Probe: What kind of words come to your mind when you hear someone mention PASOs"? If you had to describe PASOs as an organization, what would you say?]*
2) Trustee's character, motives, abilities and behaviors	4. (a) What kinds of people do you work with in PASOs, including staff, other organizational partners, and community health workers? *[Probe: If any stakeholder is excluded from participants' responses, please mention it]* (b) What influences how you work with PASOs staff? With other organizational partners? And with community health workers?
3) Quality and nature of trustee-trustor relationship	2. How do you describe your relationship with the organization PASOs"? 10. (a) What new skills or abilities have you learned as a result of your partnership with PASOs? *[Probe: This question refers to what new talents or abilities you were not able to do before involving with PASOs and now you are able to do or to do it better]* (b) What has PASOs learned from you? *[Probe: This question refers to what do you think PASOs has learned from you?]*
4) Situational/organizational/institutional constraints	7. (a) Does it make a difference that some of the PASOs team members and coordinators either are Hispanics or had a lot of experience working with the Hispanic community? *[Probe: We refer to a difference in the effectiveness or reach of the program into the community]* (b) If so, why? *[Probe: If this question is answered in question a, jump to question 8]*
5) Socio-economic, cultural, and geography/ environment	11. Is there anything else you would like to share with us about your relationship with or your level of trust in PASOs?
6) Health issue importance	6. (a) Do you have an idea of what the organization PASOs does? (b) Is there any other health topics that you think are important and PASOs should be also addressing?*[Probe: This question refers to health topics like fetus, baby and children appropriate development, or disease prevention like diabetes and high blood pressure]*
PROCESS	

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Constructs	Focus group and interview questions
Trust the belief: confidence positive expectations.	3. In your own words, how do you define trust in what happens in your work with or participation in PASOs? *[Probe: Trust can be expressed in relation with the trust in your family, your bank, in your friends, etc. However, I would like that you refer in your trust in PASOs.]*
Trust the decision: (a willingness to render oneself vulnerable)	5. (a) In general, how would you describe your level of trust in PASOs staff you worked with? In other organizational partners, you worked with in PASOs? And, in community health workers you worked with in PASOs? *[Probe: This question refers to if you have trust in these stakeholder, and if this is the case, is this a total trust, some trust, or no trust?]* (b) How has your trust level changed over time? *[Probe: Your trust might have changed to having more trust, less trust, or no changes in your level of trust]* (c) What do you think made your trust change? [*If they answer c in question b, skip c*]
OUTPUT	
Trust informed actions: "Risk-taking behaviors" and voluntary extra-role attitudes and behaviors Trust Typology (Lucero, 2013)	8. (a) Have community health workers and/or other community members been involved in the work PASOs has done with your organization? *[Probe: We refer to involving them in planning/improving your work, methods, outreach]* (b) What do you think about this involvement? *[Probe: If this question is answered in question a, then jump to question 9]* 9. (a) Please share your thoughts about to which extent the community you had worked with had assumed responsibility of this organization? *[Probe 1: This question refers to the extent to which community perceived PASOs to be "their organization" or a sense of belonging to the organization]* *[Probe 2: If were necessary please add the following example: "For example when community members participate in a training offered by _____(name of a community health worker), do you believe many of the participants would see PASOs as an organization that provides a service, or on the contrary, many of them would see the organization as belonging to them or to their community"]* (b) What would it take for PASOs to make people feel they have active participation in the organization?

Data Collection Procedures

We conducted four focus group sessions with community participants, volunteer CHWs, and staff CHWs, 11 interviews with organizational partners, and one interview with the County II volunteer CHW, for 12 interviews in total. The type of focus group used was multiple-category design (Krueger & Casey, 2009), with the purpose of comparing and contrasting stakeholders' reactions. Six to nine stakeholders participated in each of the four focus groups. Two of the focus groups involved community participants, one in county I and one in county II. A third focus group involved volunteer CHWs and was held in county I. There was only one volunteer CHW in county

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II; for this reason her participation was accounted for through an in-person semi-structured interview with open-ended questions, as opposed to a focus group. The fourth focus group involved staff CHWs and was held in county I. Four focus groups were considered sufficient for reaching saturation by collecting the range of ideas from participants (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Realizing that organizational partners, who are in various professional fields, may have time and logistical constraints due to the nature of their employment, the research team decided to gauge their perceptions of trust through in-person semi-structured interviews with open-ended questions, as opposed to focus groups. Ten interviews were conducted, six in county I, and four in county II.

Participation in the study was confidential, and we did not use participants' identifiers. The research team only requested information on type of stakeholder and county of residence for comparison purposes. The transcriptionist was asked to remove names, titles, organization names, or any other type of potential identifiers. In addition, co-investigators reviewed the transcriptions to ensure no names or potential identifiers were included. The study received Clemson University's IRB approval.

During the focus groups, a bilingual (Spanish/English) facilitator offered participants the choice of participating in the focus group in English or Spanish. By stakeholders' choice, we conducted all four focus groups in Spanish. Focus group participants were invited to proceed with reading the IRB approved verbal consent. Those participants who did not consent to participate in the focus group were given time to leave the room. None of the participants opted out. The facilitator asked for participants' consent to audio-record the conversation as well, and reminded them not to mention their or other people's names during the meeting. Participants were asked to complete a demographic survey without identifiers before the meeting started.

PASOs's organizational partners were recruited for a specific day and time for an interview. This interview was held in a private room at a private location accessible to and chosen by the interviewee. All interviews were held in English as per participants' preference, with the exception of the county II volunteer CHW who preferred to be interviewed in Spanish. The first author, who is an epidemiologist and social scientist with experience in qualitative research, conducted six of the 12 interviews. The other six interviews were administered by a PASOs volunteer CHW, who is a bilingual nurse of Hispanic origin, and who was trained by the first author to administer the interviews, including the CITI training. Both interviewers asked participants to complete a demographic survey without identifiers before beginning the interview. Upon completion, the facilitator read the verbal consent and after participant verbally agreed to participate in the interview, the facilitator asked again if they were confortable with utilization of an audio recorder during the interview, and also reminded them not to mention their or other people's names during the inteview. All participants (in both focus groups and interviews) were offered an incentive in the form of a $20.00 gift card. In addition, a $50.00 gift card incentive was offered to the CHW who participated as interviewer in the study for each interview completed.

Researchers' positionality

My role as a principal investigator in this study stems from my experience as a social epidemiologist coordinating public health projects and programs at the national level in my home country, the Dominican Republic; as well as coordinator of family strengthening programs and services for Latino immigrant families in the US. Observing the many challenges low-income minorities face to sustain healthy lifestyles and to access good quality health care and preventative

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services changed her perspective on community engagement and participation in public health research and programs design and implementation. In particular, working with primarily undocumented and low-income Latino families in the US, showed the PI the importance of making sure families' voices are heard, through capacity building and collaborations. As we framed this study as participatory and community-based, my role varied, depending on the context, between participant as observer and observer as participant (Holmes, 2010). As such, I was careful to remain objective in my observations and analysis (i.e., management of marginality).

The integration of more participatory elements encouraged greater subjective participation and engagement than what is typical for most qualitative studies. It required involving the people and/or community of study (for this study stakeholders of PASOs, as well as the research team) to be part of the research process in as many ways as possible by incorporating some CBPR principles in the study. The research goal was to help participants to give us their own accounts of their interactions and collaborations with PASOs. Having a research team that is composed of bilingual Latinas (first and third author) and a bilingual, mainstream practitioner with multiple decades of experience working with the target population (second author) increased our capacity to make cultural interpretation of participants' accounts to increase the likelihood of respecting study participants' views of their reality (Fetterman, 2010). In this effort, as a research team, we made efforts to frame ourselves as study facilitators and not experts, allowing participants to take on the roles of educating, sharing, and discovering. This perspective allowed us to limit issues of power imbalance to the greatest degree possible, through a co-learning process.

Data Analysis

The research team submitted focus group and interview recordings for transcription to an independent provider. Spanish-language voice recordings were transcribed into Spanish first, and then translated to English, with the purpose of better capturing participants' linguistic and cultural meaning for phrases and terms. Recommendations from Bradley, Curry, and Devers (2007) were incorporated, and constructivist grounded theory (Charmaz, 2014) guided the data analysis approach used in this study. The data analysis process incorporated a deductive approach as it was informed by the CBPR and partnership trust constructs embedded in the MTMM framework. The research team also used an inductive approach to identify emergent codes, in accordance with constructivist grounded theory, which assisted the team with building a theory on the influence of CBPR for partnership trust building between community health organizations and their stakeholders. The data analysis was enriched by the interpretations and actions of the research participants in their daily reality and interactions with the organization (Maher, Hadfield, Hutchings & de Eyto, 2018). For this end, the analysis included constant comparison of data with data, and data with codes. The data analysis process followed an interpretative model of research on which the researcher was considered an active element of the research process through a creative analysis component (Maher, Hadfield, Hutchings & de Eyto, 2018).

The third author, an epidemiologist of Hispanic origin and with experience in qualitative research, completed the first cycle of qualitative data analysis by reading for overall understanding, and development of a code structure, including both inductive (ground-up) and a deductive organizing framework for code types. Subsequently, the first author, an epidemiologist and social scientist of Hispanic origin and with experience in mixed-methods research, and the second author who is a social worker and community health worker, and the founder of PASOs participated in a research team meeting with the third author to review the codes and code structure. In addition, a

community forum was held in both counties to share study results and to review codes with study participants. We incorporated minor changes and additions in the data report because of these two second data analysis iterations. The codes and code structure were considered finalized at the point of theoretical saturation (Patton, 2002). This data analysis process generated emerging themes that allowed us to articulate a coherent understanding of conceptualization and determinants of partnership trust, as an outcome of community engaged research and programming with the Hispanic communities served by PASOs.

Guba and Lincoln's (1989) four criteria framework guided researchers' efforts to ensure academic rigor. These criteria include credibility, transferability, dependability, and confirmability. To ensure credibility (i.e., that the study constructs were a true reflection of the social reality of the participants), focus group and interview instruments development were informed by the modified MMTM. To modify the MMTM, the research team embedded CBPR constructs, identified through a review of the literature, into the INPUT section of the framework, representing determinants of partnership trust. The validity (i.e., face validity and acceptability) of the CBPR constructs selected for inclusion into the framework was stablished by previous research (Belone et al., 2014, Reese, et al., 2019). Another process-related action that increased study credibility was that all three-research team members were engaged in the study process from conceptualization to data analysis and interpretation.

Regarding the transferability criteria, the context on which this study was conducted corresponds to a southeastern state (South Carolina) where, as per Census Bureau estimates, in 2018, Hispanics represented 5.8% of the total population, of which approximately 65% are of Mexican origin, who have an estimated poverty rate of 33.3 %. The study methods are described in detail in this section to facilitate readers' assessment of dependability for future studies. Lastly, confirmability was addressed by efforts to minimize researcher bias with a three-step coding process (i.e., first the third author alone, second the entire research team to review codes, and third research participants to review codes). All four criteria guided researchers' efforts to ensure a rigorous qualitative research process (Belone et al., 2014; Maher, Hadfield, Hutchings & de Eyto, 2018).

RESULTS

Table 2 summarizes the socio-demographic characteristics of focus group (n=26) and interview (n=12) participants. The mean age of focus group participants was 38 years of age. From the 26 stakeholders who participated in the four focus groups, 15 were community participants or clients of PASOs; six were volunteer Community Health Workers (CHWs); and five were staff CHWs or employees of PASOs. Almost half (46%) of the focus group participants reported having had been involved with PASOs for three years or more, and 23% had been involved for less than a year. All 15 (81%) community participants and volunteer CHWs identified themselves as Hispanic and most were female (92%) and married (54%). Thirty-one percent were working full-time and 15% were working part-time at the time of the study. Thirty-one percent identified as homemakers. Seventy seven percent of focus group participants were making less than $50,000, with 19% making less than $10,000. Regarding level of formal education, 38% reported completing levels up to 8th grade and 15% some high school. Only 19% of participants reported having completed a college degree.

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PASOs organizational partners were the interview participants. Organizations represented by these partners included: an elementary school, a non-profit that advocates for Hispanic immigrants, two non-profits that provide technical and financial assistance to other non-profits in conducting family programming, a community health and pediatric center, and five non-profits conducting family and community development programming. The 12th interview corresponds to the County II volunteer CHW, which was the only CHW in this county at the time, and who therefore participated in the study through an interview. More than half (59%) of the interview participants reported having been involved with PASOs for three years or more. Most interview participants were female (83%) and married (83%), and their mean age was 47 years of age. Forty-two percent of the interview participants identified themselves as Hispanics; ninety-two percent were working full-time at the time of the study. Most interviewees (91%) reported earning more than $50,000 a year, and 83% reported having achieved a graduate level.

Table 2: Socio-demographic characteristics of focus groups and interview participants.

Data Collection Method	Focus Groups		Interviews	
Variables	**# (n=26)**	**%**	**# (n=12)**	**%**
Mean Age (years)	38		47	
Stakeholder Role				
Community Participant (client)	15	58	0	0
Volunteer Community Health Worker (CHW)/Promotores	6	23	1	8
Organizational Partner	0	0	11	92
Staff CHW (Employees)	5	19	0	0
Years with, or in contact with the organization				
Less than 1 year	6	23	0	0
1 year	3	12	4	33
2 years	5	19	1	8
3 years	3	12	2	17
5 or more years	9	35	5	42
Gender				
Male	2	8	2	17
Female	24	92	10	83
Marital Status				
Married	14	54	10	83
Widow	1	4	1	8
Divorced	3	12	1	8
Separated	2	8	0	0
Never been married	6	23	0	0
Education				

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Data Collection Method	Focus Groups		Interviews	
Variables	# (n=26)	%	# (n=12)	%
Less than High School (1º a 8º grade)	10	38	0	0
Some High School	4	15	0	0
High School graduated or equivalent degree (GED)	3	12	0	0
Some university or technical school, but without degree	1	4	0	0
Two years university degree	0	0	0	0
Four years university degree	5	19	2	17
Graduate school (Doctorate, Master, etc.)	3	12	10	83
Work Status				
Working full-time	8	31	11	92
Working part-time	4	15	0	0
Self-employment	3	12	0	0
Housewife	8	31	0	0
Student	0	0	0	0
I have not worked for more than one year	0	0	0	0
I have not worked for less than one year	2	8	0	0
Retired	0	0	0	0
Disabled	1	4	1	8
Household Income				
Less than $10,000	5	19	0	0
$10,000 a $19,999	9	35	1	8
$20,000 a $29,999	6	23	0	0
$30,000 a $39,999	2	8	0	0
$40,000 a $49,999	2	8	0	0
$50,000 to $99,999	0	0	4	33
More than $100,000	0	0	7	58
I chose not to answer	2	8	0	0
Race/Ethnicity				
Black or African-American	1	4	2	17
Asian-American/Asian from the Pacific Islands	0	0	0	0
Native-American	0	0	0	0
White/Caucasian	4	15	5	42
Latino/Hispanic	21	81	5	42
Country of origin for non-US born Hispanics (n=21)				
Mexico	12	46	0	0
Cuba	3	12	1	8

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Data Collection Method	Focus Groups		Interviews	
Variables	**# (n=26)**	**%**	**# (n=12)**	**%**
Colombia	1	4	2	17
Puerto Rico	2	8	1	8
Venezuela	0	0	1	8
Ecuador	1	4	0	0
US Born Hispanic	2	8	0	0
Guatemala	1	4	0	0
United States	2	8	8	67
Not Specified	2	8	0	0

Qualitative data analysis findings were organized based on the four research questions that guided the study, as well as by integrating selected constructs of the proposed framework (Figure 1). In addition, findings were categorized across participant stakeholders including community participants, volunteer CHWs, organizational partners and staff CHWs.

Research question 1: "What are the perceptions of trust among PASOs stakeholders?"

Participant's perceptions of trust are described in the section below, organized by stakeholder categories (i.e., community participants, volunteer CHWs, organizational partners, and staff CHWs).

Community Participants. All community participants agreed that they trust PASOs. Some participants commented that this trust was vital in the work with PASOs. The level of trust was characterized by as "*excellent*", "*complete*" or "*total trust.*" Community participants in County II (about a year of organizational programmatic implementation) defined trust as the "*self-confidence*" that the volunteer CHW, who is of Hispanic origin, has helped them build, and the trust she deposits in them. They added that she teaches them to work towards solving their own problems. Community participants said that what the volunteer CHW teaches them "… *is particularly helpful when having to reach out to Americans.*" One participant mentioned, "*Americans can be warm and friendly, but one sees them as distant."*

Volunteer CHWs. Volunteer CHWs perceived trust as the action of providing follow-up to and long-term commitment with community participants. In the volunteer CHWs' own words, they defined trust as *"the action of providing follow-up when we help Latino persons."* Hence, this volunteer CHW portrayed trust as a concept defined by the trustor's (i.e., community participants) perception of their compliance and accountability when they assist them. Volunteer CHWs informed that the community has expectations on their following up on behalf of the organization, and that when they comply with this follow up, the level of community participants' trust in the organization grows. A volunteer CHW emphasized that *"…helping people just once, does not feed that trust."* Several participants agreed that trust takes a long time and investment in communities, and for that reason, as CHWs, they try to foster long-term relationships with the communities in which they work.

Organizational partners. Most organizational partners reported their level of trust in PASOs as "*very high.*" When talking about their relationship with PASOs, they reported that

PASOs helped their organization bridge a gap that had existed between them and the Hispanic communities they had served for years, and therefore, a solution to a challenge. One organizational partner in county II perceived the volunteer CHW as the organization itself, by answering the question with: "*I think of [*the CHW*], and about how much the Latino population has learned from her.*"

 PASOs staff CHWs. The staff CHWs perceived what they have learned through their involvement with the organization as important, and that the learning opportunities they get contribute to their trust in PASOs, including *"learning to listen when working with the community, to be more confident, to speak in public,* and *to talk about what the organization offers."*

Research question 2: Which determinants (INPUT as per the framework) of trust were identified by participant stakeholders?"

 Research question 2 is presented in the following section. The determinants of trust identified by participant stakeholders are listed under the six categories included in the INPUT section of the MMTM, and arranged according to type of stakeholder.

 Trustor's predisposition to trust. The types of services offered by the organization influenced community participants' predisposition to trust. Most community participants agreed that PASOs is an organization that helps Hispanic families in different capacities including, among others, the provision of information, parenting classes, and health resources. Community participants perceived that PASOs: "*trusts them;*" for instance, "*to improve the programs that help us. Because you don't know what we need* [until talking to us] *because those are our needs."*

 Trustee's character, motives, abilities and behaviors. Community Participants. Community participants perceived their opinions were taken into account by the organization. However, a community participant from County II reported that she has not been involved in planning yet, and another participant from this county claimed that the county's volunteer CHW requires more support from PASOs. In general, participants perceived that PASOs does a lot for Hispanic communities. In both counties, some community participants said PASOs needs more publicity so the community can learn more about the programs offered by the organization.

 Volunteer CHWs. A volunteer CHW commented about the importance of PASOs asking the community about what they want to receive from the organization. This volunteer CHW added that *'the information PASOs gathers from us helps to create new programs that reflect our needs and our preferences.*" and mentioned as an example the needs assessments PASOs conducts before starting programs. Another volunteer CHW stated "*I value that PASOs staff and leaders take my opinions into account.*" A volunteer CHW also mentioned, "*I value that the staff invites us to meet with organizational partners, and when I cannot attend, they brief me on any agreements arrived at those meetings.*" Two volunteer CHWs stated that they perceived themselves as part of a team with the staff.

 Organizational Partners. An organizational partner mentioned the value of the fact that "*PASOs always responds to my requests when I contact them.*" Another partner valued the *"honest communication between us."* PASOs acts as a resource for many stakeholders by teaching them about "*Latino cultures*' and assisting organizations in sharing information with "*Latino communities.*" One interview participant labeled the organization as the "*premier connection to the Spanish-speaking community in the state."* The ability to appropriately serve Hispanics depends on how well organizations can effectively communicate and know their Hispanic communities' backgrounds and specific needs. Organizational partners perceived their relationship

with PASOs as "*essential.*" A participant stated that, *"partnering with a Hispanic-based community organization is crucial."*

　　Quality and nature of trustee-trustor relationship. Community Participants. Most community participants affirmed that they have a good relationship with PASOs. The relationship was described by some as "*full of trust,*" "*very good*" and "*very close.*" In relation to the length of time in partnership as a component of a quality relationship, a community participant said, "*PASOs should bring back those people who were trained years ago… These people are really the life of the organization.*" This sentiment underscores the importance of long-term relationships and the need for any staff turnovers or transitions to be handled with care.

　　Volunteer CHWs. Volunteer CHWs from County I expressed how valuable it was that PASOs staff CHWs "*had a personal relationship with them.*" CHWs felt their opinions were taken into consideration by the organization. Participation was defined by a volunteer CHW as "*the community solving their problems based on guidance provided by PASOs.*" A volunteer CHW expressed "*The more I trust PASOs, the more I speak on behalf of the organization,*" which reflects a sense of pride on speaking on behalf of an organization they trust.

　　A volunteer CHW provided a warning on the need of not fostering community participants' dependence on PASOs to solve their problems as evidenced by the following quote: "*It is important to teach the community how to solve their problems and not solving those for them.*" One volunteer CHW complained about staff asking them to meet with VIPs [from partner organizations], as he/she felt that should be done by the staff. However, another volunteer CHW commented that to establish relationships with organizations they need to attend meetings and to take time to get to know the staff. This sentiment demonstrates the importance given by this volunteer CHW to relationships as key for building mutual trust. In terms of the relevance of cooperative behaviors in building trust, a volunteer CHW perceived that "*I feel that my coordinator does not support me, and for that reason I do not trust her.*"

　　Organizational Partners. Mutual expectation is one of the core values of partnerships. Trust arises from mutual reliance. An organizational partner described PASOs as "*an organization that wants the same things we do,*" and continued to add, "*We are mutually trying to assist the same population.*" Another organizational partner said, "W*e understand each other…we provide services to the community and they help us do it.*" Most participants saw PASOs as a liaison between Latino communities and partner organizations. An organizational partner said "*PASOs helps us to interact with Latino communities in a way that increases community trust in us, and as a result, community members keep coming back for services. I think they are less afraid.*" A stakeholder noted that PASOs *"… taught us how to interact with Latino communities so they keep coming back."* However, an organizational partner in county II, where the programs has been implemented for less than one year, expressed that "*there is a need for better coordination with and involvement by partner organizations with PASOs.*"

　　PASOs Staff CHWs. A staff CHW emphasized it was important that" *the organization's leadership has a policy of open doors, and a welcoming attitude.*" Other staff CHW participating in the focus group agreed to this claim. A staff CHW added that the welcoming attitude of PASOs' leadership "*has contributed to make the organization a successful one.*" Regarding power dynamics, a staff CHW said, "*PASOs is flexible in allowing staff CHWs to make decisions and be creative in their work with communities.*" The staff CHWs expressed the importance of honesty

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and a close relationship among them. A staff CHW said [They] "…*try to get to know each other and to forge friendships that foster and sustain trust.*"

   Situational/organizational/institutional constraints. <u>Community Participants.</u> There was a perception of more organizational support needed for the county II volunteer CHW. Participants in county II said they would like to see PASOs providing more help to their CHW.

   <u>Volunteer CHWs.</u> The volunteer CHWs in county I mentioned that there is a need to re-energize PASOs. In this regard, they talked about past programming and activities that kept them closer to each other in an ongoing basis; reflecting the importance given to ongoing contact, such as regular meetings and gatherings, to sustain trust. Volunteer CHWs also expressed interest in the organization making certain programmatic efforts to re-energize the partnership including holding meetings at more flexible times, and increasing the amount of social activities. The county II volunteer CHW said it is important for PASOs to open an office in this county. Regarding sustainability of the partnership, a volunteer CHW mentioned, "*I value what I learn from staff, particularly the trainings. I think that it helps me to sustain the trust of my community*".
A volunteer CHW identified staff turnover as a relevant organizational determinant of trust. This volunteer CHW said, "…*there was a big change in the level of trust due to staff turnovers."* As a result, *"...there is a need to start establishing relationships with the new staff and to create new levels of trust."* Regarding alignment with CBPR principles as a determinant, participating volunteer CHWs reflected on the partnership as a co-learning process, and specifically referred to those skills they have learned because of their collaboration with PASOs. A volunteer CHW mentioned they have learned about breastfeeding, prenatal education, family planning, and on how to raise their children without spanking them. A volunteer CHW mentioned as important the fact they also "…*have learned how to teach others about all these topics.*" A CHW felt that "*...what we learn is more than enough, so we don't need to be paid for it.*" This claim is related to the potential of partnership sustainability, to the extent motivations for CHWs work with PASOs and the communities they serve is not determined solely by receiving a monetary compensation.

   <u>Organizational Partners.</u> An organizational partner stated there are common goals between PASOs and his/her organization. This partner also mentioned that it is important for PASOs to continue to grow and to increase their programming. Another organizational partner reflected on the importance of PASOs approach to work with staff and community partners by saying, "*Trust is reflected in the way the organization leadership has been flexible, letting team members* [staff CHWs and volunteer CHWs] *be creative in their community outreach, and knowing the importance of having a healthy team to be successful as an organization.*"

   <u>PASOs Staff CHWs.</u> In exploring the community's research capacity and alignment with CBPR principles, we asked to what extent the community has assumed responsibility for PASOs. The question explored was "Please share your thoughts about to which extent the community that you serve had assumed responsibility of programs and services delivered by PASOs." The research team acknowledged in the instrument design phase that this question would be difficult to grasp by participants, and as such, added the following probe: "This question refers to the extent to which community perceived PASOs to be 'their organization' or a sense of belonging to the organization." Despite the use of the probe, the staff CHWs did not reach consensus about the ideas of communities assuming responsibility for PASOs. A staff CHW said, "*I think that the community assumes responsibility for PASOs through the volunteer CHWs, and the amazing work they do within the communities we serve.*" Another staff member said that she thinks, "….*the*

community takes responsibility for PASOs when they take responsibility to find solutions based on the information provided by the organization." The staff CHWs also referred to the extent organizational partners have taken responsibility for PASOs. A staff CHW perceived that "….*partners have not taken responsibility for PASOs.*" This staff member saw the need for better coordination among partners, staff CHWs, and volunteer CHWs.

Socio-economic, cultural, and geography/environment. Community Participants. Community participants considered working with Hispanic personnel in the organization as an important factor. All participants agreed that having Hispanics as part of PASOs's staff CHWs was important mainly due to the language and culture. A community participant made a claim that alludes to *familism* as an important cultural value for Hispanic communities. This participant said that, "*It is important to have more activities to integrate the community and social activities to become a family again.*" Community members also referred to the role of *personalism* as a cultural value in their collaboration with PASOs. A participant said, "*I trust more the staff because they have a personal relationship with us.*" This participant mentioned specific examples including that the staff call them by their names when they visit and look them in the eyes when talking to them.

Volunteer CHWs. Volunteer CHWs reflected on preconditions or important things to consider when trying fostering trust when collaborating with Hispanic communities. A volunteer CHW said, "*...trust with the Latino community is built slowly, with a great deal of personal face-to-face and follow-up.*" Volunteer CHWs also mentioned the ability to speak Spanish and having the experience of being an immigrant as two characteristics that are very important to have in order to build trust with Hispanic populations. CHWs also reflected on particular characteristics of the Hispanic communities they work with by saying, "*Latino community members are simple people like us, humble and hardworking*". CHWs considered it important that PASOs includes Hispanic staff CHWs and volunteer CHWs for collaborating with the communities they serve. One volunteer CHW believed that having Hispanic personnel "… *helps to develop trust.*"

Organizational Partners. An organizational partner from county II, with less than one year of programmatic implementation, mentioned that, *"the CHW is great but no formal collaboration exits between PASOs and my organization at this time."*

PASOs Staff CHWs. PASOs staff CHWs overwhelmingly agreed that being Hispanic is a definite asset to the organization. They commented that being culturally and linguistically competent and from the same population is important and that being an immigrant staff CHW or volunteer CHW helps because they can understand and share the same experiences. A staff said, "*…it builds trust and relatability when one can understand where others have been from experience and expertise.*" Mainstream staff values working with Hispanic staff CHWs to learn more about the culture. Staff CHWs of Hispanic origin or descent commented on the role of acculturation in the work they do, by saying, "PASOs *helps us to learn about the U.S., allowing us to help other people."* A staff CHW stated that being of Hispanic origin should not make a difference in approaching communities. This staff CHW referred to the importance of PASOs' director, who "….*is not Hispanic, but is very fluent in Spanish and knows the Hispanic culture and community very well.*"

Health issue importance. Community Participants. Community participants agreed that PASOs does "*many things,*" "*does a lot,*" and some even said, "*what is there that* PASOs *doesn't do?*" Very few of the participants were able to list specifically what PASOs does, and at least one

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County II participant said she/he did not know all the programs PASOs has. In general, participants said that PASOs has the answers, in term of resources, especially to questions related to health.

       <u>Volunteer CHWs.</u> Volunteer CHWs mentioned several public health issues or programs they believe PASOs should be working on including mental health and stress, domestic violence (which they said is very prevalent), English language classes, immigration help, rights of immigrants, and sexuality for kids. Volunteer CHWs also said PASOs should try to include men in its programs. The county II volunteer CHW mentioned she has been focusing primarily on parenting programs. She also referred to her interest in having PASOs develop agreements with hospitals so volunteer CHWs could refer the population to hospitals directly.

<u>Research question 3, "Which types of trust exist among PASOs stakeholders?"</u>
<u>Research question 4, how does trust differ among stakeholders related to the length of the relationship/contact with the organization?</u>

       Data collected in this study allowed us to identify different types of trust that reflect the dynamic and developmental nature of trust in CBPR partnerships. Stages of trust development among stakeholders were described by comparing and contrasting perceptions between stakeholders involved at two different stages of organizational programming development (i.e., approximately one year [county II], and compared with a site that has experienced 11 years of development [county I]). (See table 3 for definitions of each type of trust and related findings). Findings of our study showed that stakeholders in county II reported more neutral and functional types of trust, as well as proxy trust, through their volunteer CHW. In proxy trust, partners are trusted because someone who is trusted invited them (Lucero, 2013).We only found critical reflective trust in county I, and neutral trust was associated with relationships with new staff in county I.

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Table 3. Types of trust reported by Partnership Trust Study participants according to CBPR Trust Typology by Lucero (2013), and the duration of PASOs programmatic efforts, by county.		
Trust Types	**Characteristics**	**Partnership Trust Study Findings by County** (County I, 11 years of organizational programming; County II, less than one year)
Critical Reflective Trust	Trust is at the place where mistakes and other issues resulting from differences can be talked about and resolved	Volunteer CHWs and community members in county I expressed having strong relationships with the staff CHWs, which has resulted in a great deal of trust. Participants expressed they are willing to work with the "new" staff CHWs to re-establish that trust. Participants agreed that trust with Latino communities is built slowly, with personal face-to-face contact and follow-up.
Proxy Trust	Partners are trusted because someone who is trusted invited them.	In county II, trust in PASOs means trust in the volunteer CHW. As one county II stakeholder described, *"... doesn't really see themselves as having a relationship with the organization, but with the volunteer CHW",* and described the volunteer CHW as "*...reliable ...approachable...and flexible*". PASOs staff CHWs were mentioned by their names by the volunteer CHWs and community members in county I. All of them agreed they were treated with respect and emphasized how well they could relate to them because they spoke Spanish and had shared cultural identities or expertise.
Functional Trust	Partners are working together for a specific purpose and timeframe, but mistrust may still be present	Trust arises from mutual reliance. Depending on others to obtain the things that are valued and/or needed increases trust. Many participants described PASOs as an organization that wants the same things they do. *"We are mutually trying to assist the same population"* (county II), and another, *"We understand each other…we provide services to the community and they help us do it".*
Neutral Trust	Partners are still getting to know each other; there is neither trust nor mistrust	A volunteer CHW mentioned there was *"a big change in the level of trust due to staff turnovers in county I"*, and that *"...they need to start establishing relationships with the new staff and create new levels of trust".* In county II, an organizational partner reported that the volunteer CHW *".... was great but that no formal collaboration between PASOs and their organization exists at this time".*
Unearned trust	Trust is based on member's title or role with limited or no direct interaction	Other reasons county II participants gave for influencing their trust in PASOs consisted of PASOs *"....positive and informative emails, social media messages, health fairs, and website."* They also mentioned previous contacts and meetings with PASOs leadership.
Trust Deficit (Suspicion)	Partnership members do not trust each other	We did not identify evidence reflecting this type of trust among stakeholders participating in this study.

DISCUSSION

The southeastern United States is experiencing a rapid growth in its Hispanic population (Stepler & Lopez, 2016). As a result, the number of Hispanics needing healthcare and social services in the region has increased. The ability to appropriately serve Hispanics depends on how

well organizations can effectively communicate and understand their Hispanic communities' backgrounds and specific needs. Collaborating with a Hispanic-based community organization is important for other mainstream organizations to be able to serve Hispanic immigrant communities more effectively.

Lucero and Wallerstein (2013) argued that CBPR has more potential as a trust-building approach compared to traditional research, because of its ability to increase interdependence by building capacity, and account for mutual benefit of all parties. The authors added that although how trust development occurs in CBPR partnerships has been explored, there is a need to determine how to move from one stage to the next in fostering and maintaining that trust. The present study contributes to this discussion by addressing the lack of a shared operational definition of partnership trust and of how to measure it in the CBPR literature (Lucero, 2013). This study builds on previous research on partnership trust (See Lucero, 2013) and represents the authors' first attempt to explore conceptualization and determinants of partnership trust among stakeholders participating in community-engaged programming in partnership with a community-based organization focused on health promotion in collaboration with Hispanic communities.

The first research question guiding this study was related with perceptions of partnership trust among PASOs stakeholders. In this study, we explored participants' perceptions of partnership trust by analyzing the dyadic nature of trust (Trustee and Trustor), and by including an exploration of context-specific conditions (CBPR constructs) that foster collaboration and provide the opportunity to trust (Oetzel, 2009) and that were listed under the INPUT section of the MMTM framework (Dietz & Den Hartog, 2006) (Figure 1). The construct labeled as trustor's predisposition to trust, included in the MMTM, is related with participants' perceptions of the trustee's trustworthiness, and it has been considered a dispositional trait referred to as a general willingness to trust others (Costa & Anderson, 2011).

Costa and Anderson (2011) argued that propensity to trust should be also viewed as a more situational specific trait, affected by team members' and situational factors (e.g., life experiences, personality types, cultural backgrounds, education, etc.). The factors identified by participant stakeholders as their reason to trust PASOs differed according to type of stakeholder. Stakeholders' socio-economic and educational make-up might have influenced participants' reported differences of reasons to trust PASOs. For instance, according to the socio-economic data gathered in this study (table 1), community participants and volunteer CHWs felt into lower socioeconomic strata as compared with organizational partners who felt into higher socio-economic strata. The factor identified by community participants and volunteers CHWs as their reason to trust PASOs was the type of services offered by PASOs, and stated these services to be influential in their decision to trust the organization. Whereas organizational partners valued aspects such as the existence of an honest communication with the organization, as well as the help they receive to assist Hispanic clients.

All stakeholders, reflecting a common or shared perception of PASOs' trustworthiness, rated PASOs character, motives, abilities and behaviors positively. Community participants valued that their opinions were considered by the organization, as well as the type of services and programs PASOs provides to them. Volunteer CHWs valued that PASOs asked the community about what they want to receive from the organization, as well as the organization's ongoing practice of asking for the volunteer CHWs' opinion for program planning and implementation. Organizational partners acknowledged the organization's prompt and efficient response to their

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requests, and valued all that PASOs taught them about the Hispanic culture and about how to serve these communities more efficiently.

The second research question referred to which determinants (INPUT as per the framework) of trust were identified by participant stakeholders. All participants consistently described the quality and nature of trustee-trustor relationship as positive and beneficial. Community participants affirmed that they had a good relationship with PASOs. Most volunteer CHWs emphasized the importance of PASOs taking into consideration their opinions and commented on how, as their level of trust in the organization increased, the more confident they felt in speaking on behalf of the organization. A volunteer CHW related trust to the level of support received from her supervisor (i.e., cooperative behaviors). Organizational partners provided information that reflected the importance given by them to mutual expectation and reliance to sustain a good quality partnership. Openness and receptiveness of PASOs' leadership and their freedom to act on behalf of the organization were mentioned by the staff CHWs as important determinants of a productive, collaborative relationship with the organization.

Situational/organizational/institutional constraints represent one of the four contextual components or determinants of trust in the original Dietz and Den Hartog (2006) MMTM. This determinant considers those organization-related processes and methods that influence the trustor's decision to trust or not to trust the organization. Some community participants expressed nostalgia or desire to bring back former staff and volunteer CHWs, with whom they developed a positive relationship in the past. Staff CHWs and volunteer CHWs turnover was described, in our findings, as a relevant organizational constraint-related factor to be dealt with in order to sustain trust among stakeholders.

Socio-economic, cultural and environmental factors present in a community could influence the community's capacity to develop partnerships based on trust. Wallerstein and Duran (2010) stated that the widening socioeconomic and racial/ethnic health disparities documented in the past 20 years have affected communities' capacity to engage in research partnerships. Community participants identified as relevant the presence of Hispanic personnel in the organization, as well as the continuous offers of activities and services that reinforce Hispanic cultural values such as *familism* and *personalism*. Volunteer CHWs also identified the presence of Hispanic personnel as an important factor towards building trust, and shared information on the importance of knowing the cultural characteristics of the communities they serve to be more effective.

The existence of a formal agreement has been cited as an important factor in fostering trust between organizations and the communities they are collaborating with (Wallerstein & Duran, 2010). Organizational partners mentioned the importance of having a formal agreement with PASOs to sustain the partnership. Staff CHWs also commented on the importance of having staff CHWs and volunteer CHWs that share a similar cultural and socio-economic background as the communities they serve. However, a staff CHW of Hispanic origin also mentioned the importance of sharing cultural knowledge, as they have the opportunity to learn about the U.S. culture with the organization. In addition, the non-Hispanic staff learn from the Hispanic staff, which improves everyone's effectiveness in helping community members to connect with services and helping organizations offer culturally appropriate services and programs.

The third research question was related with the types of trust that exist among PASOs stakeholders and our fourth research question concerned how trust differ among stakeholders

related to the amount of time they have had a relationship/contact with the organization. Den Hartog, Schippers & Koopman (2002) found that employees' trust in their supervisor was related to their trust in management in general. Thus, given that employees can distinguish between different referents and may have different relationships with each of them, it needs to be clear to respondents to whom the items refer (i.e. who is the referent). Our findings showed that participant stakeholders referred specifically to particular staff CHWs and volunteer CHWs of PASOs by names when providing their responses. In county II, where the organization programming only has been in effect for about one year at the time of the study, participants referred to PASOs by mentioning the volunteer CHW's name, more than they mentioned the organization's name, reflecting a type of Proxy Trust. Whereas Critical Reflective Trust was identified in County I, where the organization has been in operation for about 11 years at the time of the study. Critical Reflective Trust reflects a relationship characterized by interdependence between partners (Table 3).

Trust is an important outcome of CBPR that results from all levels of stakeholders working successfully together (Minkler, Garcia, Rubin, & Wallerstein, 2006). A relevant characteristic of this study was the inclusion of some CBPR principles in its design, by involving PASOs stakeholders at different stages and capacities in the research process, as well as by strengthening an ongoing community-academic partnership between PASOs and Clemson University. This academic-community partnership pursues promoting collaborative and culturally specific research and interventions to increase the health and well-being of the fast-growing Hispanic immigrant communities in South Carolina (SC).

Some of the limitations of this study included its cross-sectional design, and as such, assessment of the temporal relationships among variables was not examined. However, as the purpose of the study was to assess current stakeholders' perceptions of partnership trust in the context of CBPR, and not hypotheses' testing, temporality among variables was not an element that factored into the study design. It is possible that self-report by Hispanic participants would have been biased and influenced by a cultural inclination to appear cooperative, or "*simpatia*" (i.e, social desirability)*,* which has been described as a characteristic of Hispanic cultures (Arredondo, Pollack, & Constanzo, 2008; Suarez, 1994; Marin & Triandis, 1985). This social desirability bias may have been minimized by the flexibility offered by focus groups where participants are able to choose whether to answer a given question, or to contribute to a particular topic. We recruited participants in two purposively selected SC counties; thus, participants in this organization who live in other counties, as well as Hispanic residents in other states, may have different beliefs and perceptions of partnership trust that are not represented by the sample's responses. Nonetheless, the study sample represents both low-income Hispanic immigrants to the US, and organizational stakeholders who are interested in providing effective and culturally tailored services to Hispanic families.

CONCLUSION

Trust is as a highly complex, multidimensional, and abstract phenomenon containing distinct but related components (Costa & Anderson, 2011). There is a need in the CBPR literature to address the lack of valid and reliable measurements of partnership trust in the context of CBPR, and in particular, to find ways to measure partnership trust beyond binary outcome measurements (Lucero, 2013). The present study represented an initial effort to develop a theoretically driven

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exploration of concepts and determinants related with partnership trust in the context of community-engaged research and interventions targeting Hispanic communities in the U.S.

CBPR has emerged as an alternative to academic-based traditional research (de la Torre, et al., 2013; Martinez, Carter-Pokras, & Bohrer Brown, 2009; Sifer & Sisco, 2006), due to its strong partner-centric orientation to drive social change (Stacciarini et al., 2011; Minkler & Wallerstein, 2003). This study incorporated CBPR principles to gauge perspectives of Hispanic community members and stakeholders about their conceptualization of, and socio-cultural determinants of trust in the context of CBPR partnerships aimed at improving their health and well-being.

The present study allowed the research team to explore individual, organizational and community conditions that foster collaboration in health prevention and thus, provide greater opportunity to facilitate trust among partners. It addressed the limited research available on partnership trust, and on how to measure it in the context of CBPR (Lucero, 2013). Partnership trust differed among participants depending on the length and nature of involvement with the organization. The volunteer CHWs and community members in the county where PASOs has been operational for 11 years (i.e., county I) expressed ideas that suggested they are experiencing more interdependent forms of partnership trust (i.e, Critical Reflective Trust). Whereas, participants from county II provided evidence suggesting proxy trust, through the identification of their volunteer CHW as PASOs. Most study participants agreed that trust with Hispanic communities is built slowly, with personal face-to-face contact and follow-up and that engaging stakeholders throughout the process of working together in an intentional way is vital to building and maintaining trust.

The study also contributed by offering the research team a base of knowledge for further development of a quantitative instrument to measure partnership trust in community-engaged research and interventions (Tumiel-Berhalter, Kahn, Watkins, Goehle, & Meyer, 2011). Findings of this study are also relevant to other community-based organizations looking to build and maintain trust with the Hispanic populations they serve, by sharing concrete strategies and ideas to build on their programmatic efforts.

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