

Appendix A: Search Terms Used

Used in original search (in addition to family planning terms used across systematic reviews in this series)

Pubmed

“Consumer Participation”[Mesh] OR “Community Health Planning”[Mesh] OR “Public relations”[Mesh] OR “Community Networks”[Mesh] OR “Community-institutional relations”[Mesh] OR “Cooperative Behavior”[Mesh] OR (“Consumer Participation”) OR (“Community Health Planning”) OR (“Public relations”) OR (“Community-institutional relations”) OR (“Cooperative Behavior”) OR (“Community Collaboration”) OR (“Community Mobilization”) OR (“Community Feedback”) OR (“Community Input”) OR (“Community Review”) OR (“Participatory”) OR (engagement) OR (committee) OR (advisory board) OR (advisory panel)

CINAHL

((MH "Community Networks") OR (MH "Consumer Participation") OR consumer participation) or (“Community Collaboration” OR “Community Mobilization” OR “Community Feedback” OR “Community Input” OR “Community Review” OR “Participatory” OR “Engagement”)

PsychInfo

((DE "Participation" OR DE "Client Participation" OR DE "Group Participation" OR DE "Participative Management") OR (DE "Involvement" OR DE "Community Involvement" OR DE "Parental Involvement")) OR (DE "Empowerment")) or “Community Collaboration” or “Community Mobilization” or “Community Feedback” or “Community Input” or “Community Review” or Participatory or Engagement

Popline

Community participation

Supplementary search (additional search of community engagement articles in other health services fields, without the family planning-related limits):

Pubmed

“Consumer Participation” [Mesh] AND (“Pamphlets” [Mesh] OR “Program Development” [Mesh])

Appendix B. Electronic Databases Searched for Systematic Review

Database	URL for Search Platform
Cumulative Index to Nursing and Allied Health Literature	http://ebSCOhost.com/
The Campbell Library	http://www.campbellcollaboration.org/library.php
The Cochrane Library	www.thecochranelibrary.com
Database of Abstracts of Reviews of Effects	http://www.crd.york.ac.uk/crdweb/
EMBASE	http://ebSCOhost.com/
MEDLINE	http://ebSCOhost.com/
PsycINFO	www.apa.org/psychinfo
PubMed (pre MEDLINE)	http://ebSCOhost.com/
U.K. National Health Service Economic Evaluation Database	http://www.crd.york.ac.uk/crdweb/
U.S. National Guideline Clearinghouse	www.guidelines.gov
HealthSTAR	http://www.kfinder.com/newweb/Products/hstar.html
POPLINE	http://www.popline.org/
Education Resource Information Center	http://www.eric.ed.gov/
UK National Institute of Clinical Excellence	http://www.nice.org.uk/
Evidence for Policy and Practice Information and Coordinating Centre	http://eppi.ioe.ac.uk/cms/
TRIP	http://tripdatabase.com/

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Appendix C. Descriptive Studies of Community Engagement in Family Planning Services

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
Studies of the development of educational or promotional materials				
Alstead et al., 1999, U.S.	Descriptive study of the process of developing a condom campaign for adolescents	<p>92 youth ages 11-21 years, recruited from youth service organizations in 3 communities in and around Seattle, WA</p> <p>34% African American, 6% Latino; 66% female</p> <p>Community leaders were also engaged</p> <p>Community members including youth, parents, health professionals, youth service organization staff were involved in an advisory group</p>	<p>During the project mobilization phase, they sent mailings to community leaders about program, held meetings with local organizations, requested letters of endorsement from community leaders, formed an advisory council, and held 10 focus groups with youth.</p> <p>During the materials assessment phase, they conducted 4 focus groups with youth and held meetings with the project advisory council, media vendors, and public health officials</p>	<p>Project staff obtained new information on teen sexuality and preferences for condom-related messaging.</p> <p>Program staff learned the threshold of acceptability for the campaign.</p> <p>Campaign tone, messages, and style was successfully adapted to address community concerns, particularly related to being too sexually-explicit or controversial. Some partners still refused to collaborate.</p> <p>Good will toward the project was generated.</p> <p>Community members liked being provided a forum for discussing important, controversial issues.</p> <p><u>Barriers and facilitators</u></p> <p>Developing the campaign took considerable time and effort, including pro bono resources from an advertising agency.</p>
Bull et al., 2002, U.S.	Descriptive study of the process of developing materials to	89 women aged 14-25 years living in Denver area	Project staff held 12 focus groups to discuss knowledge, attitudes, and practices related to male and female	Focus group participants revealed a lack of familiarity with female condoms and various barriers to using them.

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
	promote male and female condoms	35% African American; 31% Latina Recruited from schools and community sites	condoms, and to discuss preferences for a local campaign Most focus groups also critiqued draft campaign materials and messages.	Field testing resulted in substantial changes to the materials, rendering them more comprehensible and appropriate for these clients. Project staff affirmed the need for localized message and campaign development.
Colarossi et al., 2010, U.S.	Descriptive study of the process of developing and testing materials promoting emergency contraception (EC)	Women aged 20-49 born in Mexico or English-speaking Caribbean; living in New York City; had lived in the U.S. for less than 10 years Women recruited from community-based organizations (CBOs), restaurants, and beauty parlors that served those populations Staff from CBOs that served those populations were also interviewed	3 focus groups to inform the development of the materials (posters and messages): 1 each with Spanish-speaking and English-speaking women; 1 with CBO staff members. After development, an additional 2 focus groups were held to pilot the materials with Caribbean and Mexican women (different women than in formative round).	Focus group participants revealed a lack of knowledge about EC and various barriers to accessing and using it. CBO staff revealed various barriers to discussing EC with program clients. Women expressed positive views of EC after learning more about it. Field testing resulted in substantial changes to the materials, rendering them more comprehensible and appropriate for these clients. <u>Barriers</u> The process was resource intensive, for staff time and other support.
Denny-Garamendi et al., 2007, U.S.	Descriptive study of the process of developing Spanish-language	Women aged 18-50 years old whose primary language was Spanish and had not graduated from high school	Focus groups and individual interviews with [# not cited] women to identify acceptable vocabulary, images, and layout for materials, prior to developing the materials.	Field testing resulted in substantial changes to the materials' design, messaging, and wording, rendering them more comprehensible and appropriate for these clients.

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
	educational pamphlets on 5 contraceptive methods	Recruited from 5 family planning clinics in Contra Costa County, California	After development, a survey was conducted with 304 women, to assess their response to the draft materials.	<u>Barriers</u> The process was resource intensive, for staff time and other support.
Roye and Hudson, 2003, U.S.	Descriptive study of the process of developing an educational video promoting dual method use (condom and other contraceptive) among urban teens	39 women (all aged 15-21 years, 56% African American) who were using or had used hormonal contraception (convenience sample) were interviewed. Interviews were also conducted with 22 young men aged 15-21 4 peer educators (2 young men, 2 young women) were interviewed and participated in video development 12 additional young women (50% Latina, 45% black; all teens or young adults) were engaged in focus groups	Semi-structured interviews with young women and men were conducted as part of formative research to identify themes Youth were involved in making the educational video, as the main characters 2 focus groups with youth were consulted prior to final editing to assess their response to the video and make last changes.	Key themes related to condom and contraceptive use and to STD/HIV risk were identified and incorporated into messaging. Video content was affirmed, and some aspects of its content were re-organized or deleted, in response to feedback.
Studies of program development or evaluation				
Baraister et al. 2003, UK	Descriptive study to examine the feasibility of	4 interviewers were recruited from among	Peer interviewers were trained to conduct interviews using interactive techniques,	Peer interviews generated detailed information on the clinic's services and experiences of clients

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
	using peer interviewers in a family planning clinic setting to help evaluate access to services and clinic environment	clients in waiting room (2 were youth) 46 clinic users (40 female; all 25 years or younger) were interviewed 11/22 clinic staff from 1 clinic provided feedback	and then conducted interviews with clients in waiting room Staff later were presented with results and provided anonymous feedback on the results of the peer interviews	Clients reported largely positive experiences with providers but less positive feelings about the clinic environment Staff were largely responsive to the input from clients. Staff viewed clinical services as more important than environment, contrary to client perspective. Peer interviews represented a practical way to obtain concrete suggestions for improvement.
Baraitser et al., 2005, UK	Descriptive study of the feasibility of obtaining rapid feedback from clients and using that information for program improvement	10 recruitment sessions held in the waiting rooms of Genito-Urinary Medicine and family planning clinics in the area identified 200 potential participants 93 of those recruited participated in focus groups (61% women; 47% black African or Caribbean; 64% over age 25 years)	Research teams approached clients in waiting rooms to invite them to focus groups to discuss clinic experiences; contact information was collected for those agreeing to participate Focus groups were then held, and an evaluation form was provided to participants	Clients were happy with the focus group experiences. Feedback from clients generated numerous ideas for clinic improvement, particularly in the areas of waiting room environment, wait time, and staff attitudes. Recruitment involved substantial resources but focus groups still had relatively low turn-out rate. Method used facilitated rapid analysis of qualitative data from a large number of participants.
Bertrand et al., 1987, U.S.	Descriptive study of market research performed to	Females aged 15-35 living in New Orleans	Telephone survey conducted with random sample of 1,000 women from	Researchers learned that the population most interested in the new service was young, low-income black women.

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
	inform the establishment and advertising for new family planning clinic	59% Black, mean age 25.6 years, 49% with high school education or less	households in the anticipated catchment area for the new clinic Information sought on need for the service and how to make it most accessible	Process likely involved response bias due to phone-based sampling. Results helped target limited resources for advertising and promotion. <u>Facilitators</u> Process was relatively low-cost and feasible for a small organization.
Flores et al., 2005, U.S.	Descriptive study of the process of identifying ways to increase parental involvement in a teen pregnancy prevention program	18 Black youth aged 10-16 years; 60% male; all were involved in a pregnancy prevention program 18 Hispanic and black parents/guardians of youth Program staff (recreation site managers) and their supervisor City in southern California	Three phases of engagement: 1) 1 focus group and 2 individual interviews with youth; and 1 focus group and 5 individual interviews with parents 2) Group meetings with program staff and their supervisor 3) Individual interviews with program staff and their supervisor	Organizational barriers were main reasons for low parental involvement: Staff were not adequately trained or incentivized to conduct outreach to parents and lacked sufficient opportunities to reach out to parents Parental attitudes were not a key barrier; they wanted opportunities to attend appropriate activities at convenient times/locations
Schwartz et al., 2007, U.S.	Descriptive study to investigate the value of using Photovoice to better assess a Hispanic community's attitudes	7 Hispanic individuals living in a Missouri town, recruited through a specialty clinic 4 women Mean age 32 years	Participants were asked to take photos that represented their community's views on family planning and what it is like to obtain family planning services in the city. They participated in two rounds of critical reflection discussion sessions.	Participants expressed that there was a lack of promotion of family planning in their city. The process identified language, literacy, and other barriers to using services. Engagement helped allay concerns about exclusion from area family planning research, by local Hispanic immigrant populations.

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
	towards family planning services	6 from Mexico	Select photos were put into an exhibit, which was used for staff cultural competence training.	<p>Health services most used by Hispanics made changes to better address barriers to care (e.g. adding a welcome kiosk), in response to information gained.</p> <p><u>Barriers</u></p> <p>The project required substantial time from participants and limited who could participate.</p> <p>Project staff were not proficient in Spanish.</p>
Swartwout and Russell, 1999, U.S.	Descriptive study of the process of obtaining community feedback on the possibility of adding contraceptive services to a school-based health clinic	<p>Families of students at the school with the school health center</p> <p>Families of all 8th grade students in the school district</p> <p>School faculty</p> <p>Local religious leaders</p> <p>School board</p> <p>Suburb of large metropolitan area</p>	<p>Families of all students in the school district were sent surveys about attitudes towards providing condoms and contraception in the school clinic</p> <p>Surveys were provided to all faculty at the school in question, and open focus groups were held with faculty</p> <p>Presentations were made to local clergy groups, including completion of survey provided to faculty</p> <p>Two open community forums were advertised and held, in addition to school board meeting</p>	<p>Process identified largely broad support for contraceptive services among families and faculty. Mixed views were expressed among religious leaders and at community events.</p> <p>Program was implemented but was available only to students with parental consent, in response to concerns from those opposed to service.</p> <p><u>Facilitators</u></p> <p>Survey data and secondary research findings that were collated were helpful in refuting common claims made against family planning services (e.g. that offering it promotes sexual activity).</p> <p><u>Barriers</u></p>

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
				Some members of a vocal opposition misrepresented the project's intent through local media.
Studies identified after the original systematic review, as part of the supplementary search done for 2011-2014 time period				
Mollen et al. 2013, U.S.	Descriptive study of the process of obtaining feedback on developing educational approaches for emergency contraception in emergency departments	Adolescent females aged 15-19 seen in emergency departments	A survey was administered to 223 adolescent patients, using adaptive conjoint analysis approaches that help identify preferences of the target population	<p>The results found that adolescents preferred education delivered by a person (vs. via computer), ideally from a doctor or nurse. They preferred a slightly longer education session and education directed at patients seeking care for complaints potentially related to sexual activity.</p> <p><u>Barriers</u></p> <p>50% of eligible patients declined to participate in the survey.</p>
French et al., 2014, UK	Descriptive study of the process of developing an online decision-aid for people choosing a contraceptive method ("My Contraceptive Tool")	Clients/ service users Health care providers	<p>Program staff established user panel groups involving 15 women and 5 men recruited through family planning services to identify the aspects of contraceptive method and use that the tool should emphasize. The user groups also piloted the decision aid online.</p> <p>Volunteers from a family planning service organization tested the pilot tool online and provided comments. A total of 78 individuals submitted comments.</p>	<p>Process identified user-defined aspects of contraceptive use to emphasize within the tool, which were used along with those identified in academic literature, to inform content development.</p> <p>Comments submitted on the pilot tool directed various changes to improve clarity and flow through the tool.</p>

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
Cheng and Patel, 2011, U.S.	Descriptive study of implementing a broader scope of women's health services at Title-X funded health centers in Maryland	<p>Potential clients of those services</p> <p>Existing clients of those services</p> <p>Local health care providers</p> <p>Providers at those services</p>	<p><u>Program development</u></p> <p>120 family planning clients were surveyed</p> <p>In-depth interviews/ focus groups (not clarified) with 20 women residing in the pilot area, recruited from clinical and community sites by flyer</p> <p>In-depth interviews with 10 local health care providers who were a part of the local referral resource network</p> <p>4 patients also participated in a task force to guide the program changes, along with local program staff and interested community organizations.</p> <p><u>Program evaluation</u></p> <p>11 family planning staff persons and 44 clinic users provided feedback on program changes after implementation via survey</p>	<p>Process guided which services to include in the expanded suite of services offered by those health centers.</p> <p>Process helped document satisfaction on the part of clients and health care workers about the expanded services and identify some ongoing concerns.</p> <p><u>Facilitators</u></p> <p>Local university involvement made this extent of community engagement more possible to implement than otherwise.</p>
Baraitser et al., 2011, UK	Descriptive study of patient experiences using a new self-management service for	Clients of a high volume sexual health service in a large city	<p>24 in-depth interviews with users</p> <p>19 mystery shoppers (including clinicians in-training, peer educators, LBGT youth who were a part of a support group, and interested clients) who used the services and wrote detailed notes on experience</p>	<p>Users appreciated the opportunity to obtain services privately and confidentially.</p> <p>Some users preferred to receive additional clinical support, in addition to the self-management service.</p>

Appendix
Community Engagement in Family Planning in the U.S.: A Systematic Review
Carter et al.

Publication	Study design and aim	Population engaged	Process of engagement	Lessons learned, barriers, and facilitators
	select sexual health services		40 hours of direct observation of clients using the new self-management service center Study also analyzed clinic records on use and services obtained during program implementation period	Users often needed assistance using the self-management system.