

FULL-LENGTH ARTICLES

Adapting Citizens' Panels for Under-Resourced Rural Settings: A Community-Based Participatory Approach to Identify Feasible Health Policy

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Keywords: citizens' panels, community-based participatory research, rural health, health policy, promotora, community health worker

<https://doi.org/10.35844/001c.167179>

Journal of Participatory Research Methods

Vol. 7, Issue 5, 2026

Community-based participatory strategies can help academics and practitioners identify and prioritize health policies that are timely and responsive to local public health needs. These approaches may need to be adapted when used in rural or under-resourced communities due to contextual factors, resource availability, and communication needs that shape local health issues. In this article, we describe how we modified the citizens' panels approach to engage rural communities in policy formulation and feasibility in a rural region in California. We adapted a deliberative citizen panel approach to present viable policy options that were contextually feasible, considering local socio-political and demographic factors (i.e., predominantly Latino, rural population), to address key public health concerns identified by participants. Key adaptations included: (1) partnering with an established community network; (2) presenting culturally relevant policy options to address participant concerns; and (3) making it optional to rank-order policy options. We partnered with a group of *promotoras* (Community Health Workers or CHWs) from a local nonprofit organization in an under-resourced rural setting. Participants selected housing insecurity and behavioral health services as top public health priorities. In April and August 2024, we conducted two citizens' panel sessions with *promotoras* and presented three policy options for each public health priority, followed by small group discussions. Materials were created and presented in Spanish as this was the participants' dominant and preferred language. Regarding housing affordability, all presented policies were positively received by *promotoras*, although some expressed a preference for the right to legal representation. Participants noted that community members are frequently unaware of this right or of landlord regulations due to language barriers. Regarding mental health service shortages, Project Cal-Well and the Community Mental Health Equity Project received the most support—especially among mothers and grandmothers—with several stating that these initiatives complemented each other and could reduce disparities, promote cultural humility through more responsive and community-informed care, and improve access to mental health services. Adapting citizens' panels for rural communities demonstrates the portability and flexibility of deliberative approaches and highlights the need to adjust these approaches to local contexts and resource landscapes.

Introduction

In the United States (U.S.), people living in rural areas experience poorer health outcomes compared to those in urban settings. Contributing factors include lower socioeconomic levels, limited access to healthcare resources, and environmental and occupational hazard exposures (Weeks et al., 2023). These inequities are complex and interconnected, spanning multiple social systems (Cheney et al., 2018). Addressing such challenges requires innovative and collaborative approaches that actively include rural populations and center their perspectives.

Traditional policymaking approaches often fail to meaningfully engage those most affected by policy decisions (Welton & Mansfield, 2020). Community-based participatory strategies, which involve active collaboration from affected populations throughout the process, might better promote health equity. Individuals' lived experiences and community knowledge position them to anticipate and assess the potential impacts of interventions (Payán, Zawadzki, et al., 2022; Shalowitz et al., 2009; Welton & Mansfield, 2020). Moreover, partnering with local groups and populations can help identify health policies that are both responsive and relevant to the community's specific public health needs.

Community-based participatory strategies in public health include community-based participatory research (CBPR), which is a widely known approach that seeks to bridge the gap between research and practice by equitably engaging communities to reduce disparities in population health (Cyril et al., 2015; Wallerstein & Duran, 2010). An example of a CBPR approach is citizens' panels, which prioritize engaging stakeholders and community members to tailor research projects and interventions to address health inequities (Subica & Brown, 2020). Citizens' panels are meant to engage members of the community to tailor research and interventions with the goal of reducing health inequities (Subica & Brown, 2020) that are either created and/or exacerbated by structural racism (Oetzel et al., 2022).

Citizen panels aim to center the perspectives of local residents and prioritize their concerns. The approach also engages participants in a shared learning process and reflection about data on the scope of the issues identified. While citizens' panels have previously been adapted to an online modality to assist with cardiovascular research (Siira & Wolf, 2022) and for a variety of health burdens (i.e., those at risk of and affected by HIV/AIDS), this approach has largely been used with minoritized communities in predominantly urban or metropolitan settings and not in rural communities, which face unique intersecting challenges. The under-resourced nature of rural communities, including those in California, means that interventions must be adopted and implemented under severe resource constraints, including limited healthcare facilities and provider shortages. Despite their longstanding, multigenerational ties to place and demographic significance, rural communities continue to be treated as a monolithic population rather than active partners with distinct regional needs and priorities (Jensen et al.,

2020). Given these distinct contexts, modifications to deliberative approaches may be needed to foster dialogue and action. These modifications can lead to improved engagement and participation, and ultimately, to actionable policy ideas that are feasible in rural communities.

This article describes how we adapted this approach (citizens' panels) as part of an academic-community collaboration to prioritize local perspectives, cultural alignment, and policy feedback in a rural California setting (Merced County). We begin with a concise overview of the original Subica and Brown's Citizen Panels for Health Equity framework and method (Subica & Brown, 2020). Next, we provide details for each step of the citizens' panels. We describe specific adaptations to tailor the process to foster alignment with the community partner and to be responsive to regional concerns and needs. Finally, we highlight key lessons learned, which may guide others seeking to replicate or adapt the citizens' panel approach in their own communities to address health equity through participatory approaches.

Study Setting: Merced County, California

The study setting is Merced County, a rural, agricultural region in California's San Joaquin Valley (SJV) with notable demographic and economic diversity, where the economy depends heavily on a farmworker labor force that faces significant hardships. The population size is 282,447, predominantly Hispanic or Latino (63.9%), with 26.1% of residents being foreign-born (United States Census Bureau, 2019–2024). Economically, the county faces greater challenges relative to the state of California as a whole. The county's median household income is \$64,044, approximately \$31,000 below the state average of \$96,334, and 16% of the population lives in poverty (United States Census Bureau, 2019–2024). Merced County is among the most medically underserved areas in California (Coffman, 2017) and about 8% of those under the age of 65 lack health insurance (United States Census Bureau, 2019–2024). Housing costs are also relatively high, with median monthly rent (including estimated utilities) averaging \$1,284, creating affordability challenges. The availability of rental properties in Merced County is also decreasing each year (ABC30, 2018), compounding housing pressures. Further, Merced, like other SJV areas, has a history of policies that have contributed to unequal neighborhoods, including racial segregation (Central Valley Health Policy Institute, n.d.).

Academic-Community Partnership

The academic-community partnership consists of a rural academic research institution, a policy translation center, and a local community-based organization (CBO). The CBO, Cultiva Central Valley, has deep roots in the region and a high level of awareness and familiarity with their county's socio-political landscape, thus positioning them to engage in meaningful dialogue. Cultiva Central Valley is a nonprofit organization that engages with community residents in creating policy, systems, and environmental changes. The organization focuses on supporting health equity initiatives for

low-income Latino immigrant farmworker communities throughout Merced County. Through these efforts, they have established strong partnerships with a broad range of community groups and earned the trust of community residents, including their large network of *promotoras* — a Spanish term for a community health worker (CHW), who are residents from Latino immigrant farmworker families and communities, living in the same neighborhoods and facing the same conditions as those they serve. This dual role as both community members and health educators meaningfully shifts the dynamic from top-down information delivery to peer-led knowledge exchange.

Cultiva Central Valley's *promotoras* complete a 12-week training, Powerful People, which introduces participants to local government, including the roles of different departments (e.g., parks and recreation), the city councils, the board of supervisors, budgets, policy enforcement, and how public meetings and agendas work. The training culminates in hands-on civic engagement — participants attend a city council meeting and sign up to speak. *Promotoras* have worked on various community initiatives, including advocating for smoke-free policies in public parks, securing a crosswalk installation near a school to improve student safety, and participating in city council meetings to engage with local governance processes.

Adapting Citizens' Panels for Deliberation and Policy Assessment in Rural Settings

Subica and Brown introduce citizens' panels, an approach to engage community members to review evidence on interventions addressing local health concerns and to discuss which approaches may be most effective given citizens' knowledge of local circumstances (Subica & Brown, 2020). They describe the following steps for conducting citizen panels: "(1) identify community partner, (2) establish community sample and recruitment plan, (3) identify decisions requiring community input, (4) prepare content for panel deliberation, and (5) facilitate citizens' panels" (Subica & Brown, 2020). The objective of this project was to adapt the citizens' panel approach for rural communities and settings. [Figure 1](#) details the steps we used to implement citizens' panels.

Step 1. First, we identified a community partner in Merced County. We invited Cultiva Central Valley, a community-based organization (CBO), to collaborate since we had an established partnership through previous collaborations, and the project goal was aligned with their organizational mission. We consolidated steps from the original citizens' panels by working with the organization's leadership to recruit their *promotoras*. In this case, we selected the community partner's *promotoras* as the primary participants or 'citizens' instead of recruiting additional community members from a broad range of organizations. Our justification was to collectively prioritize the *promotoras*' knowledge and experiences, including *their* interactions and relationships with community members in the region.

Step 1. Identify community partner and recruitment plan	The team identified a community partner to recruit participants.
Step 2. Identify decisions requiring community input	Community partner shared priority topics: 1) housing affordability, and 2) limited mental health services.
Step 3. Prepare content for panel deliberation	The team summarized public health data, conducted rapid literature scan, and identified 2-3 policies, considering context and socio-cultural factors.
Step 4. Facilitate citizens' panels	The team presented public health information and policy options in participants' preferred language.
Step 5. Facilitate breakout groups	Collaborators used breakout groups to discuss each policy and their acceptability and feasibility.
Step 6. Complete citizens' panels debrief	Group reflection and discussion to present breakout results and optional activity to rank order policy options.

Figure 1. Adapted Steps to Conduct Citizens' Panels in Rural, Under-resourced Communities (Merced County, California, USA)

Step 2. Subica and Brown specify that once the target population is selected, researchers must identify the specific decisions for which they need community input, which generally include (1) designing future research and (2) tailoring interventions. To address the first item, the team informally conversed with Cultiva Central Valley's leadership and *promotoras* to identify their top health-related concerns. *Promotoras* identified two issues to prioritize: 1) housing affordability and related matters (e.g., eviction, not getting deposits back), and 2) limited mental health services (e.g., recognition of mental health needs, access to culturally responsive services). They shared that community members frequently reported difficulty finding affordable housing and noted an observed rise in depression and anxiety among Merced County residents since the COVID-19 pandemic.

Step 3. The team summarized relevant public health surveillance data, conducted a rapid scan of existing relevant literature, and identified evidence-based policies and programs to address housing and mental health crises. We prioritized local policies in U.S. cities and towns that were both potentially salient (i.e., implemented in rural communities) and culturally relevant to increase their feasibility and relevance. The goal was to present evidence-based policies that were also, at least partially, aligned with the local socio-economic context and cultural context of the region. For example, in selecting behavioral health policies, we focused on policy initiatives in California jurisdictions with a high percentage of Latino residents since *promotoras* had shared that it was important to identify culturally responsive solutions, including a higher quantity of bilingual, bicultural services. Merced County is designated as a Mental Health Professional Shortage Area. In 2021, there

Table 1. Policy options to address housing affordability issues

Policy Option	Policy Description and Setting/s
Protecting tenants during and after severe weather events	Heat Ordinance (City of Chicago, 2022) (Chicago, Illinois) - Requires new and existing residential buildings to install air conditioning equipment in indoor common gathering areas. Applies to new and existing residential buildings, within the City of Chicago that: - Are over 80 feet in height (high-rise buildings) or - Have more than 100 residential units or - Are operated as "housing for older persons" under the Federal Fair Housing Act (usually, housing primarily intended for those 55 years of age or older) - Cooling center areas must be available to building residents when the outdoor heat index exceeds 80°F
	Ban on Winter Evictions (An Ordinance Relating to Termination of Residential Rental Tenancies; Prohibiting Evictions in Winter Months; and Amending Section 22.206.160 of the Seattle Municipal Code., CB 119726, 2020) (Seattle, Washington) - Bans residential evictions between December 1st -March 1st - A rent mitigation fund is created to provide funds to eligible low-income tenant households at risk of residential eviction during the period and the policy includes financial assistance for landlords - Does not apply to landlords who own four or fewer rental units within Seattle - Cannot be used with higher-earning tenants
The right to legal representation	Proposition F - No Eviction Without Representation Act (San Francisco Mayor's Office of Housing and Community Development (MOHCD), 2018) (San Francisco, California) - All residential tenants facing eviction have the right to full-scope legal defense 30 days after the tenant is served with an eviction notice or upon service of an unlawful detainer complaint - Tenant Right to Counsel (TRC), was created to ensure that tenants receive legal representation in the case of an eviction - Representation includes filing responsive pleadings, appearing on behalf of a tenant in court proceedings, and providing legal advice
Incentives and rewards for property owners	Gold Star Landlord Program (City of Tulsa, 2022) (Tulsa, Oklahoma) - Provides incentives and rewards for landlords and property managers who engage in rental practices To participate, landlords and property managers must meet the following requirements: - Participate in Tulsa Health Department's Safe and Healthy Homes Program - List available rental units on the City of Tulsa and Housing Solutions' Affordable Housing Listing Website - Use the Early Settlement Mediation Program prior to filing an eviction for a reason other than criminal activity - Participate in the Abode initiative - Comply with federal, state and local laws

were 80.7 mental health providers for every 100,000 population (Professional Research Consultants, 2022), which is well below the statewide and recommended levels. Beyond the shortage, there is additional evidence of local concerns regarding whether existing services adequately address the cultural contexts, beliefs, and practices of Latino communities (Magaña, 2021). This was not feasible for all policies, so the team also included policies with high salience and potential to address the identified public health priority.

Policy Options to Address Housing Affordability

The team surveyed local housing policies currently in effect in the U.S. to address housing affordability issues. [Table 1](#) provides a description of each policy with the corresponding jurisdiction. These policy options included the following three policy topics: (1) protecting tenants during and after severe weather events, (2) the right to legal representation, and (3) incentives and rewards for property owners. In selecting and evaluating these options, it was important to consider how Merced County's rural characteristics — including geographic isolation, a predominantly outdoor agricultural workforce, limited public transportation, broadband gaps, and a scarcity of legal professionals — may shape how each policy would function in practice.

Table 2. Policy options to address mental health shortages

Policy Option	Policy Description and Setting/s
Universal Basic Income (UBI) (Stockton Economic Empowerment Demonstration, 2021)	Setting: Stockton, California - Includes a monthly frequent form of payment for two years - The payment is available to anyone not just specific populations, and has no requirements - Designed to reduce income inequality, make education more accessible, improve physical and mental health, and protect workers from economic crises
Promoting mental health in children and youth: Project Cal-Well (California Department of Education, 2025)	Setting: Multiple Counties, California - Designed to raise awareness of mental health - Expand access to school and community-based mental health services for youth and families - Create sustainable student mental health infrastructure through leveraged resources
Assembly Bill 74: Community Mental Health Equity Project (CMHEP)	Setting: Multiple Counties, California - Statewide initiative to reduce mental health disparities by increasing access to culturally and linguistically responsive mental health care in California - Provides no-cost training and technical consultation to county behavioral health departments and community-based organizations working to achieve mental health equity statewide

Policy Options to Address Mental Health Shortages

The team surveyed policies to address mental health shortages, particularly culturally responsive providers and/or treatment, currently in place in California to address the mental health shortage issues. [Table 2](#) provides a description of each policy with the corresponding setting. Policy options included: (1) Universal Basic Income (UBI), (2) Project Cal-Well, and (3) Community Mental Health Equity Project from funding (Assembly Bill or AB 74).

Steps 4-6. Steps 4-6 occurred during the citizens' panels. Overall, we conducted two citizens' panels. The first occurred in April 2024 and the second in August 2024, with ~25 participants each time. Facilitation strategies emphasized creating an inclusive and respectful environment, encouraging open dialogue, and centering *promotoras* lived experiences as essential forms of knowledge. To mitigate potential power dynamics that could inhibit open and authentic participation only *promotoras* were present during the panels — no representatives from the partnering CBO attended.

Both citizens' panels were about two hours in duration and included lunch. [Figure 2](#) provides an example of how the team presented relevant public health data and policy options to address concerns. Then, participants were divided into breakout groups to discuss each public health problem further and to rank each policy option by feasibility for adoption in the county. Presentation slides and materials were prepared and presented in Spanish since a majority of *promotoras* from the partner group were monolingual Spanish speakers. During the breakout session, the team asked the following questions:

1. How can we make the policies and initiatives presented work in Merced County?

2. How can access to housing/mental health be improved?
3. What types of elements or changes would you like to see to make services culturally appropriate or understandable to you?
4. What types of services would you like to see to ensure housing services/mental health services are culturally appropriate?
5. What services or resources are needed to increase access to housing/mental health services in your communities and with your neighbors/families?

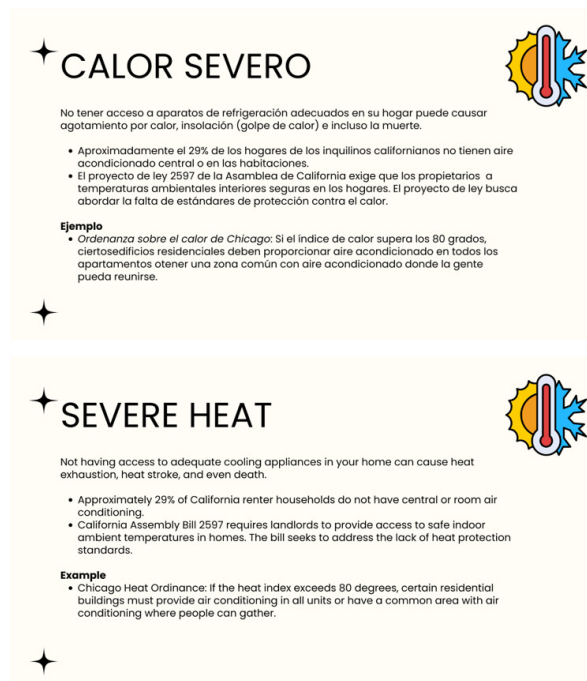


Figure 2. Example of a slide in Spanish and English presented during the housing citizens' panel.

The final step was to regroup with all participants after breakout groups and to ask participants to rank-order policy options based on the policies presented and discussions. We made the rank-order instruction optional after participants expressed difficulty rank ordering the policy options and said they preferred to continue to learn and discuss items. Thus, the additional modification in Step 6 was to make it optional to rank-order policy options and instead, extend the time for reflection and discussion. As a result, rather than relying on a formal ranking, the team drew on a fieldnotes and post-panel debriefing session to identify which policy options generated the most discussion, recurrence, and expressed urgency among the *promotoras*. These patterns of emphasis across the deliberation served as the basis for understanding prioritization. Below are detailed descriptions of policy

options and discussions for each session on housing affordability and limited mental health services, respectively. We illustrate key concerns and discussion points from participants in a rural region.

***Promotoras* Perspectives on Policy Options**

All the policies presented to address regional housing affordability and related matters were positively received by *promotoras* in the breakout rooms and in the large discussion, without a strong preference expressed for one option. There was a slight preference expressed by some for the right to legal representation, as *promotoras* shared that community members are not aware that they have the right to legal representation or of regulations that apply to landlords due to language barriers. Specifically, several shared that this information was not often provided in Spanish. They also shared many personal and community members' stories about landlords not keeping their homes maintained and how renters receive backlash if they report an issue such as mold, a gas leak, or problems with the air conditioning and heating unit. *Promotoras* expressed how this leaves tenants feeling stuck and forced to live in unsafe conditions because of the affordability and availability of rental properties in the area.

Of the policies presented to address regional mental health shortages, *promotoras* did not express a strong preference for any single option. However, Project Cal-Well and the Community Mental Health Equity Project received the most support, especially among *promotoras* with school-aged children and grandchildren. Several said Project Cal-Well and the Community Mental Health Equity Project would complement one another and could potentially reduce disparities, increase cultural humility, and improve access to mental health services among families and children in Merced County. Discussions reflected that participants perceived school, community, and health resources to be limited resources that were part of a larger interconnected safety net of behavioral health services. All were key access points for families to access mental health services. Participants expressed concern with a UBI program, specifically that residents might become dependent on these new funds long-term. Some said it was also less feasible to pursue as a policy option among policymakers.

Lessons Learned

Adapting participatory approaches is an important area of focus and inquiry in order to promote cultural relevance, legitimacy, and responsiveness of interventions and policy recommendations. This work describes key adaptations we made to the process of conducting citizens' panels in response to what our team and community partner learned about implementing citizens' panels in this specific context and what participatory researchers more broadly might take from our experience to extend existing knowledge about this methodology.

First, we recognized the importance of taking into consideration and being responsive to cultural factors mentioned by community participants, particularly with regard to mental health service needs. Through our engagement, we heard about considerable stigma that still exists around seeking formal mental health services in the Latino community, in addition to the severe mental health provider shortages in this rural region. When preparing citizens' panels materials and identifying policy alternatives, we emphasized and searched for culturally-responsive policy options. Doing so helped to foster a responsive, supportive, and open dialogue around mental health and to integrate cultural sensitivity into policy design.

Next, the process of formulating and facilitating citizens' panels—i.e., to bring together community members for structured deliberation and discussion—has inherent value beyond the conclusions or recommendations that emerge from them. The process and act of involving *promotoras* in policy discussions, particularly in a rural and under-resourced region, can lead to increased awareness of the scope of public health issues (beyond anecdotes) and be the initial step in policy awareness, learning, and discussion, and reflect broader community development, democratic participation, and serve as the foundation for future collaborative policy work (Payán, Lewis, et al., 2022). We learned that participants may express a preference for additional reflection and discussion, instead of the rank-order process, as they process new information. Some *promotoras* said they viewed health challenges as deeply interconnected, recognizing that mental health and housing are not separate issues, but intertwined aspects of community well-being. Their hesitation to prioritize policies reflects a sophisticated perspective that may view social challenges as complex, systemic problems requiring comprehensive, holistic interventions. Rather than viewing policies as isolated solutions, they understand that effective community support must address the intricate web of social, economic, and cultural barriers that impact individual and collective health.

This work reveals several key insights on the use of citizens' panel methods for communities in rural settings. First, existing guidance on citizens' panels utilizes rank-ordering as a voting process to identify community members' policy priorities (Abelson et al., 2003; Subica & Brown, 2020). Our experience suggests that, with communities navigating multiple systemic challenges, using a rank-order voting process may be misaligned with community members' values and preferences. When 'citizens' view social problems as deeply interconnected, asking them to isolate and rank discrete policy solutions may feel reductive or even contradict their lived understanding of how policy change works. Importantly, the *promotoras* in this study were familiar with civic and policy processes — they had completed a structured civic engagement training prior to participating in the panels. Their preference for deliberation over rank-ordering should not be attributed to limited policy literacy. Rather, it points to a methodological insight: the nature of the concerns themselves may demand more flexible

prioritization approaches. Future research using citizens' panels methods might use more flexible voting structures or benefit from multiple phases with iterative learning components.

Culturally responsive adaptation of citizens' panels is underexplored in the methodological literature. While participatory research frameworks broadly call for cultural humility and community responsiveness (Collins et al., 2018), specific guidance on how to adapt citizens' panel material, facilitation, and policy option framing for rural Latino immigrant communities — or other communities with distinct minimal relationships to health and government is limited. Researchers should treat cultural adaption not as a preliminary step but as an ongoing, iterative process as attending to stigma, language, and the cultural framing of policy options.

Partnering with a *promotora* group and network offered several advantages, including partnering with established and trusted individuals with deep ties to the community, facilitating recruitment through established relationships, and creating a space where participants shared common experiences and engaged in open dialogue. However, a limitation of this decision is the exclusion of a wider set of community perspectives, such as participants from other CBOs or community members with different lived experiences.

Conclusion

Citizens' panels, when thoughtfully adapted to a community, generate value that extends beyond policy recommendations. Throughout this engagement, *promotoras* gained strategic knowledge about locally feasible policy options and identified critical cultural considerations, particularly the need to address mental health stigma within rural, Latino communities. Most significantly, their difficulty in ranking housing and mental health policies reflected not confusion but sophisticated insight: these challenges are deeply interconnected for Latino communities facing multiple systemic barriers simultaneously. This holistic understanding suggests that meaningful progress requires integrated, culturally responsive approaches that honor the complexity of lived experience rather than isolated interventions. By adapting citizens' panels to embrace this complexity and centering community advocates' wisdom, we create pathways for more effective, democratically grounded policy solutions that address the intricate web of social, economic, and cultural factors shaping community well-being.

Submitted: February 27, 2026 EDT. Accepted: May 28, 2026 EDT. Published: September 18, 2026 EDT.



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