

## **Consolidating the Academic End of a Community-Based Participatory Research Venture to Address Health Disparities**

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### **Abstract**

Although there is strong support for community engagement and community-based participatory research (CBPR) from public health entities, medical organizations, and major grant-funding institutions, such endeavors often face challenges within academic institutions. Fostering the interest, skills, and partnerships to undertake participatory research projects and truly impact the community requires an interdisciplinary team with the competencies and values to engage in this type of research. Discussed in this article is how a CBPR-focused team evolved at a southern university, with emphasis on the activities that supported group identity, contributed to its evolution, and positioned the group to speak with authority in promoting CBPR as a tool for addressing health disparities.

*Keywords:* community-based participatory research, research team, health disparities, community-academic partnership

### **Introduction**

**A**ddressing health disparities is a major challenge for researchers and health care providers in the United States. The health status of all populations, but particularly those that are culturally diverse and economically vulnerable, can be impaired by barriers involving quality of health care, access to health services, health literacy, location, language, and reduced economic and educational attainment (Arrieta, Hanks, & Bryan, 2008). Inadequate progress toward eliminating health disparities makes it mandatory to use impactful approaches to disparities research (Allen, Culhane-Pera, Pergament, & Call, 2010).

Specifically, community-based participatory research (CBPR) integrates collaborative partnerships between community members, health care providers, and researchers in conceptualizing and effecting change (Israel, Eng, Schulz, & Parker, 2005). CBPR has

gained increased standing in health care and public health since the early 1990s because of its potential to facilitate understanding of individuals' health-related experiences and inform the creation of workable and appropriate services (Heslop, Elsom, & Parker, 2000). Emphasis on CBPR from funders such as the National Institutes of Health (NIH) has generated a more favorable climate for its practice, as well as developing credibility for researchers building partnerships with community organizations and creating a body of research based on a participatory process. However, challenges remain for those working in the academic end of community-institutional partnerships. These include discipline-based traditionalism dictating who decides what research is needed, how research is conducted, and how research results are implemented; promotion and tenure guidelines that encourage discipline-based publications and presentations; concerns about the rigor of participatory research; and the considerable investment of time and resources needed to cultivate community-academic partnerships (Kennedy, Vogel, Goldberg-Freeman, Kass, & Farfel, 2009; Nyden, 2003; Seifer, Shore, & Holmes, 2003).

The strong support of community engagement and CBPR by public health entities, medical organizations, and major grant-funding institutions has conferred clear acknowledgment of CBPR as a powerful tool to positively impact communities and achieve meaningful outcomes (CTSA Community Engagement Key Function Committee & the CTSA Community Engagement Workshop Planning Committee, 2009; CTSA Community Engagement Key Function Committee Task Force on the Principles of Community Engagement, 2011; Gebbie, Rosenstock, Hernandez, Institute of Medicine, Board on Health Promotion and Disease Prevention, & Committee on Educating Public Health Professionals for the 21st Century, 2003; Horowitz, Robinson, & Seifer, 2009; Institute of Medicine, Committee on Assuring the Health of the Public in the 21st Century, 2003; Michener et al., 2012; Seifer et al., 2003). Nonetheless, "conducting community-based research requires a team with a unique set of knowledge, values and competencies that need to be cultivated and supported" (Seifer et al., 2003, p. 39). In this article, we will discuss how a CBPR-focused team evolved at a southern university. We will outline and evaluate the activities that supported group identity, contributed to its evolution, and positioned the group to speak with authority in promoting CBPR as a tool for addressing health disparities.

## The University Research Group

A university research group, hereinafter referred to as URG, developed from the recognition that effectively addressing and impacting health disparities “requires a broad-based, multidisciplinary approach” (Arrieta *et al.*, 2008, p. 275). The purpose of URG is to enlighten faculty about health disparities and research methods used to address them, as well as connect faculty and staff from varied academic disciplines interested in finding solutions to health disparities. URG seeks to bring together a supportive group of researchers and community members that are capable of identifying and developing responses to the issues faced by health-disparate communities. The group’s approach involves fostering an understanding of and engagement in CBPR as a primary methodology for the promotion of health equity. The group’s members reflect its broad-based multidisciplinary character; they represent seven colleges within the university, incorporating the disciplines of public health, medicine, nursing, allied health, psychology, sociology, social work, political science, education, business, law, engineering, and library science. At the time of this writing, URG included 16 core members and 27 affiliates.

URG developed organically as relationships and partnerships between researchers and community members began to coalesce around shared concerns about health disparities and interest in CBPR. We present here a retrospective account of the group’s genesis and evolution, based on a review of all activities undertaken by URG (see Table 1) from its inception in July 2005 through August 2015. We catalogued the activities into four major categories: (a) promotion of group identity and permanence, (b) fostering research capacity, (c) engagement in participatory research, and (d) dissemination of CBPR principles and practice. Activities will be discussed in terms of their impact on URG’s development into a catalyst of CBPR activities on the university campus. Through each of these developmental steps the URG evolved into a cohesive force promoting the expansion of CBPR. An in-depth exploration of this process is instructive for reproducing similar multidisciplinary bodies in other similarly situated institutions of higher education.

**Table 1. University Research Group (URG) Activities and Their Impact on Consolidation**

Activity	Outcome	Impact on Consolidation
<b>Promotion of Group Identity and Permanence</b>		
<p>Monthly meetings during spring and fall semesters, with brief notes distributed to all URG affiliates</p>	<ul style="list-style-type: none"> <li>• Strong relationships among core group members</li> <li>• Space open for discussions around health disparities and CBR</li> <li>• Amicable forum for faculty and/or community organizations to introduce initiatives and discuss projects</li> </ul>	<ul style="list-style-type: none"> <li>• URG meetings are an established feature of the university's academic landscape</li> <li>• Meetings provide a venue for potential members to become acquainted with the group</li> </ul>
<p>Structured review of URG's vision, mission, and goals</p>	<ul style="list-style-type: none"> <li>• Vision and mission reaffirmed, streamlined goals</li> </ul>	<ul style="list-style-type: none"> <li>• A statement of the guiding principles of URG</li> </ul>
<b>Fostering Health Disparities Research Capacity</b>		
<p>Internal awards to fund pilot projects</p>	<ul style="list-style-type: none"> <li>• 7 pilot projects fully funded</li> <li>• 2 projects expanded into comprehensive independent proposals</li> </ul>	<ul style="list-style-type: none"> <li>• Increased capacity for health disparities research</li> <li>• Community members involved as advisers to community-based projects</li> </ul>
<p>Internal Research Forum</p>	<ul style="list-style-type: none"> <li>• Increased understanding of internal capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for Collaboration</li> </ul>
<p>Qualitative analysis of focus groups with residents in a disadvantaged area regarding barriers to health care access</p>	<ul style="list-style-type: none"> <li>• 12 URG members formed three interdisciplinary analysis groups</li> <li>• One publication disseminating the findings</li> </ul>	<ul style="list-style-type: none"> <li>• Practical experience working together</li> <li>• Demonstrated how cross-disciplinary connections can be fruitful</li> </ul>
<b>Engagement in Participatory Research</b>		
<p>Development &amp; implementation of a participatory research project in partnership with a grassroots organization (Coalition–URG collaboration)</p>	<ul style="list-style-type: none"> <li>• Strong partnership with a grassroots community organization</li> <li>• Neighborhood-specific health data obtained</li> <li>• Research apprenticeship approach developed and implemented</li> <li>• Improved understanding of the potential and importance of community–university partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Synergistic relationships benefiting both the community partner and URG faculty</li> <li>• Administrative university departments gained understanding of and appreciation for CBPR</li> </ul>

Fostering the research capacity of community-based partner (Pilot 7)	<ul style="list-style-type: none"> <li>• Coalition demonstrated capacity to manage and field an experimental research project</li> <li>• Twenty patients benefited from care provided in the framework of a pilot research project</li> <li>• Funds procured through research contributed to the sustainability of a neighborhood clinic during its first year of operation</li> </ul>	<ul style="list-style-type: none"> <li>• Strong community–academia ties that support further partnership work</li> <li>• Administrative university departments gain experience in the management and support of community–academia initiatives</li> </ul>
Dissemination of CBPR Principles and Practice		
Implementation of a CBPR dissemination initiative for the university and region	<ul style="list-style-type: none"> <li>• Increased understanding of university-wide capacity for community-engagement and CBPR</li> <li>• Effective contribution by URG to the university's expanded focus on community-engagement</li> <li>• Capacity to catalyze the coalescence of community-engagement initiatives by university faculty</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional recognition of the value of URG</li> <li>• Direction, input, and collaboration from faculty to develop and execute a 5-year CBPR dissemination plan</li> </ul>

Since the activities and interactions described here align with the traditional mandates of higher education (in particular those of research and service), they are usual and customary and do not require Institutional Review Board (IRB) approval. However, all pilot research projects sponsored by URG were reviewed and approved by the university IRB.

## The Initial Process of URG

The formation and initial process for URG has been described (*Arrieta et al., 2008*). In brief, we (1) convened a steering committee, (2) raised awareness of health disparities research through a university-wide kickoff meeting, (3) fostered faculty interest and knowledge through travel awards to national conferences on health disparities and CBPR, (4) involved members in the formulation of the initial vision, mission, goals, and objectives of URG, (5) awarded funds for three pilot projects by university faculty, and (6) initiated structured review of best practices to reduce disparities in cardiovascular disease in African Americans (*Crook et al., 2009*).

URG's growth has been supported by a continuous funding stream beginning in 2004 with the award of a 3-year Project EXPORT grant (*Arrieta et al., 2008*). Subsequently (2007–2012), a 5-year Center of Excellence in Health Disparities Award from

the National Institute on Minority Health and Health Disparities (NIMHD) allowed URG to expand in number, develop its participatory focus, and undertake CBPR activities. By the time competitive renewal of the Center of Excellence Grant was due (2011), URG was poised to promote the dissemination of CBPR within the university and its service area. Once the continuation grant was awarded, URG initiated the implementation of its CBPR dissemination initiative, seeking to expand the university's capacity for community engagement and CBPR.

### **Activities Leading to the Promotion of Group Identity and Permanence**

Identity serves as a primary factor in developing group cohesion and fidelity to pursuing and achieving a goal (*Corley et al., 2006; Steffens, Haslam, Kerschreiter, Schuh, & van Dick, 2014*). For this reason, URG leadership initiated activities that would solidify the group's identity around the purpose of conducting health disparities research through the CBPR lens. In so doing, the leadership acknowledged the many (and at times conflicting) demands on faculty time. Activities were designed to minimize the costs and maximize the value of membership in this multidisciplinary group through a modus operandi characterized by making limited demands on faculty time, restricting interactions to those judged of close relevance to the faculty members' areas of interest, and proposing activities with potential to advance the professional standing of its constituents.

**Monthly meetings.** Only an hour long, the gatherings allow core members to discuss current URG initiatives, issues, and opportunities related to CBPR. They are open to any interested community members, university faculty, staff, and students. Therefore, meetings also provide a venue where potential members can evaluate the group's objectives and work in progress. Attendance remains between 15 and 25 participants. However, meeting notes are disseminated via e-mail to ensure that all members are kept abreast of developments and activities. Ad hoc e-mail communication is also used to provide information about relevant initiatives. Regular monthly meetings and ad hoc communications have fostered strong relationships between the core URG members and provide a venue for the formation of new partnerships as potential research projects and opportunities are discussed and expanded.

**Review of guiding principles.** In order to verify continued relevance 4 years from their initial formulation, URG members gath-

ered in a retreat to evaluate the group's vision, mission, and goals. Nineteen members reaffirmed the original vision and mission and streamlined the goals to better reflect URG's capacity and resources (see Table 2). Regarding identity formation, this work provided a focal point for relationship building and group cohesiveness, while also delineating a framework for planning future activities in pursuit of objectives that will enable the group to realize its mission.

**Table 2. University Research Group: Review of Vision, Mission, and Goals**

Item	Original (2006)	Revised (2010)
Vision	To become an integral facilitator in eliminating health disparities thorough partnerships with our community	Reaffirmed without modifications
Mission	To foster interdisciplinary, collaborative research toward eliminating health disparities. URG will realize its mission through the strengthening of faculty capabilities, the garnering of resources, the provision of an intellectual forum for disparities research, the engagement of the community as a partner in its endeavors, and the establishment of an interface with policymakers.	Reaffirmed without modifications
Goals	<ol style="list-style-type: none"> <li>1. Conduct and support health disparities research</li> <li>2. Garner adequate esources for the URG to become self-sustaining</li> <li>3. Engage community stakeholders in the process of developing research and collaboration</li> <li>4. Strengthen faculty capabilities to conduct health disparities research</li> <li>5. Translate and disseminate research findings related to health disparities</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct research on health disparities</li> <li>2. Support research on health disparities</li> <li>3. Engage the community with URG</li> <li>4. Disseminate findings and activities</li> </ol>

## Activities to Foster Health Disparities Research Capacity

With a view to furthering faculty's capacity for health disparities research and multidisciplinary collaborations, URG leadership sought to impact individual faculty through the award of pilot project grants, to catalyze collaborations among faculty through an internal research forum, and to engage its members in collaborative projects through a multidisciplinary secondary data analysis project.

**Pilot projects.** A key mechanism for university faculty and staff to develop concrete experience with health disparities research and CBPR was the internal grant competition for pilot projects

that emphasized community engagement in the research design. The internal awards program was possible with funding streams provided by the Project EXPORT grant and the initial Center of Excellence in Health Disparities award. Seed funding supported seven pilot projects (see Table 3). Notably, two of the projects evolved into independent research proposals, and they were submitted as such at the time of competitive renewal of the Center of Excellence grant (Projects 3 and 4, Table 3).

**Table 3. Internally Funded Pilot Research Projects**

Project Title	PI/Co-PI*: Academic Field
1. A Family Based Approach to the Treatment of Obesity	Medicine: Pediatrics
2. Community Based Asthma Intervention Consortium	Medicine: Pediatrics
3. The Impact of Family Labor Force/Labor Market Status on Family Access to Health Care in a Southern City**	Sociology
4. Heat Shock Protein 27 (HSP27) as a Marker for Atherosclerosis**	Medicine: Biochemistry/ Cardiology
5. Uncovering Health Literacy: Developing a Remotely Administered Questionnaire for Determining Health Literacy Levels in Health Disparate Populations	Political Science
6. Family Meal Barriers and Strategies That Promote Healthy Frequent Family Meals in African-American Families	Nursing
7. Cultural and Spiritual Sensitivity as a Model for Individualized Diabetic Management	Nursing***/Public Health

\*PI: Principal investigator

\*\*Evolved into comprehensive research projects funded within the continuation of the Center of Excellence Award

\*\*\*Principal investigator was nurse practitioner from community-based organization; coinvestigators were two URG faculty from nursing and public health respectively

**Research forum.** Twenty-four participants from a variety of disciplines attended the event consisting of research presentations followed by dialogue focusing on research interests, expertise, and potential avenues for collaboration. The forum provided an opportunity for university faculty to learn about the health disparities research undertaken by others and to build new relationships for future interdisciplinary research partnerships.

**Qualitative analysis project.** It is important to faculty, in particular junior faculty, that opportunities for academic productivity are available. To address the needs of its members while also expanding health disparities research competence, URG sought to exercise its multidisciplinary capacity by collaborating in the analysis of data from 43 focus groups originally conducted in 2006 to investigate and understand patients' perceptions of health prob-



lems, health care needs, the primary health care infrastructure, and barriers to health care access. Three data analysis teams were organized to analyze each of the central themes explored with the focus groups. Results of analysis related to community members' perceptions of the primary care infrastructure have been published (Freed, Hansberry, & Arrieta, 2013).

## Activities Leading to Engagement in Participatory Research

Once a base of interested faculty had been cultivated and the principles of CBPR as an effective approach to health disparities had been recognized by URG members, the group was poised to engage in participatory research practice. An opportunity presented itself through the National Institutes of Health Partners in Research request for applications (2007), which stipulated that proposals should emanate from community-academia partnerships.

**The Coalition-URG collaboration.** URG sought a partnership with a grassroots community organization, herein referred to as the Coalition, for the purpose of responding to the request for applications. The partnership was formalized around the Coalition's articulated necessity to gather neighborhood health information that would be used to substantiate the need for a health clinic in their community. URG agreed to instruct Coalition members in basic health research methodology and to support them in the design, implementation, and analysis of a home environment survey and family respiratory health history in a local neighborhood. This work sought to test the hypothesis that the knowledge and attitudes of a health-disparate population regarding health science and medical research would be favorably influenced when community apprentices trained in research methods (i.e., research apprentices) conducted a research project relevant to their community.

The multidisciplinary capacity of URG was a cornerstone of the project, and all URG core members were invested as trainers and facilitators of a proposed curriculum including computing literacy, basic research methodology, and the ethics of research with human subjects. Training on survey design, implementation, and analysis were also included.

Even though this first CBPR proposal did not attain funding on two successive competitive submissions, URG members enthusiastically embraced the project and eventually implemented it on a smaller scale, based strictly on volunteer commitment from both URG and Coalition members. Although at a slow pace, the evolving

Coalition–URG collaboration grew strong and was ultimately successful in fielding a health status and access to care survey among local neighborhood residents. Details of the process and outcomes of the Coalition–URG collaboration (which ultimately spanned 3 years, from 2007 through 2010) have been published (Bryan *et al.*, 2014). Through the partnership URG built a strong synergistic relationship with the Coalition while positively contributing to a neighborhood within the university's service area. Moreover, URG's CBPR competencies strengthened significantly.

**Promoting research capacity of community partner.** Once the Coalition–URG collaboration completed the health survey of local neighborhood residents, URG actively sought to strengthen the Coalition's research capacity by involving its leadership in presentations at national participatory research conferences (Arrieta *et al.*, 2012a; Arrieta *et al.*, 2012b; Arrieta *et al.*, 2014; Fisher *et al.*, 2012; Hudson *et al.*, 2010), by supporting the Coalition in the submission of a successful grant proposal to foster heart health in their community, and by producing a short promotional video for the group (Aggen, 2012). In January 2012, the Coalition realized its long-sought objective of establishing a neighborhood clinic to provide low-cost or free services to residents. Shortly thereafter, URG awarded the Coalition funds to conduct its own pilot research project testing a culturally and spiritually sensitive approach to the management of diabetes patients in the clinic (Washington-Lewis *et al.*, 2014). A member of the Coalition was the principal investigator, with two URG members as coinvestigators (see Table 3, Project 7).

## **Activities Leading to the Dissemination of CBPR Principles and Practice**

Once URG had exercised its CBPR capacity and had seen the actual impact of the approach for the promotion of health equity, it moved to begin dissemination efforts in order to expand understanding of these concepts and practices throughout the university and its service area. At this point (early 2012) we believed that a larger group of faculty and community organizations stood to benefit from a broader effort. To that end, two initial dissemination activities were conducted in 2013–2014: (1) conversations around the value of community engagement in general and CBPR in particular between URG leadership and college deans, university vice presidents, and the university president and (2) a university-wide faculty and staff survey inquiring about knowledge, participation, and interest in CBPR that garnered 232 respondents (P. Dagenais, *personal communication*, June 18, 2014).

Insight from the aforementioned activities led to the preparation of a report by URG to the vice president for academic affairs on the value of community engagement (*S. Shelley-Tremblay, personal communication, September 24, 2015*). It also led to the convening of the 2015 Faculty Forum on Engaged Scholarship, which was aimed at creating connections between university faculty engaged in CBPR and other community-engaged research activities but not formally connected to URG, and at eliciting input about a framework for CBPR dissemination within the university and its service area. The forum generated great interest among several researchers at the university, with an attendance of 57 persons representing all but two of the nine university colleges and schools.

Based on the comments by forum participants, URG leadership formulated a 5-year plan to disseminate CBPR throughout the university and its service area. URG is currently implementing the plan. The major objectives of the URG dissemination initiative are outlined in Figure 1.

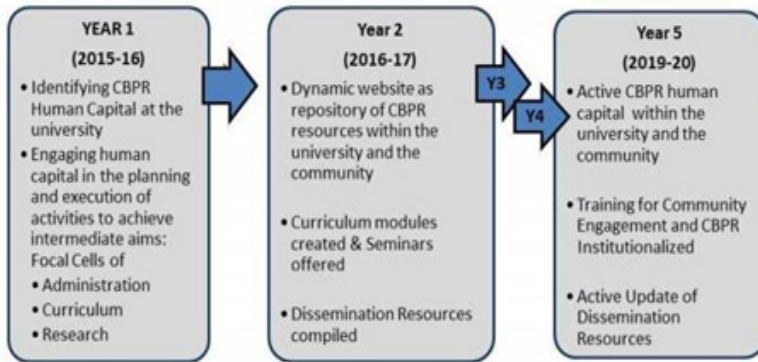


Figure 1. University Research Group CBPR dissemination initiative objectives

## Keys to Success in the Consolidation of URG

In narrating the evolution of URG, we realize that similarly situated groups will not necessarily have to progress through all the stages that constituted our experience. Most notably, the sustained promotion and endorsement by funding bodies, major public health and medical institutions, and other influential health stakeholders has moved community-academia partnerships, community engagement, and CBPR to the mainstream (*CTSA Committee & CTSA Committee, 2009; CTSA Committee Task Force, 2011; Gebbie et al., 2003; Horowitz et al., 2009; Institute of Medicine Committee on Assuring the Health of the Public in the 21st Century, 2003; Michener et al., 2012;*

Seifer et al., 2003). Therefore, other groups seeking to establish a core of participatory research practice may need to invest substantially less time than did URG in promoting knowledge of both community engagement and CBPR as well as attaining buy-in from faculty and university administrators.

However, based on the URG experience, we have identified five elements that we believe were key to its evolution and consolidation and that may be prominent in the evolution of multidisciplinary participatory research groups: (1) unequivocal focus on participatory research, (2) sustained interaction with the community, (3) commitment to the partnership, (4) focusing on CBPR practice, and (5) adequate funding to support CBPR projects.

**Focus on participatory research.** As stated in its vision statement, URG's explicit approach to the elimination of health disparities through "partnerships with our community" attracted faculty inclined toward interaction with community members. Seifer et al. (2003) stressed the need to invest in the preparation of researchers "who have the knowledge, attitudes, values and competencies to successfully conduct community-based research" (p. 39). By clearly defining an approach centered on academia–community partnerships, URG engendered a core membership open to the reality of participatory research, with requisite flexibility to understand that "you need to give up control, be flexible with your methodologies, cultural sensitivity, and even unlearn the old ways of doing research" (p. 39).

**Sustained interaction with the community.** Sustained community presence by the overall Project EXPORT team initially and the nascent Center of Excellence subsequently was also important to the evolution of URG. Both of the competitive applications required community engagement activities and provided funds for academia–community interactions aimed at the promotion of health equity. Through such interactions, community organizations and their leaders were identified. They eventually became participatory research partners. Moreover, continuous university presence in the community (through health disparity awareness events and health promotion activities, as well as community-placed research projects) promoted acceptance of academic partners and contributed to the development of trust by community stakeholders and community members, leading to a favorable environment for participatory research.

Important lessons were learned through continued engagement with faculty and community. For example, we became aware

of the effort required to build the relationships with community partners in order to conduct CBPR. We learned how to address the academic needs of faculty to keep them invested in CBPR. Also, we learned that community members have the capacity to participate from beginning to end in research focused on their neighborhoods.

**Commitment to partnership.** As previously described, a turning point in the evolution of URG was the opportunity provided by the NIH Partners in Research Program. It afforded the group an opening to actually conceive and plan a participatory research project, thus testing its capacity for CBPR. Moreover, when no funds were garnered through the competitive process, it verified URG's commitment to its community partner. The fact that URG proceeded to complete the project, even in the face of a funding shortfall, solidified its partnership with the Coalition and demonstrated academia's allegiance to community objectives.

Moreover, the implementation of the Coalition-URG collaboration project served as a training ground by helping URG members and Coalition members understand the inner workings of a community-university partnership while furthering knowledge and expertise in CBPR to address health disparities. The focus on a specific community in the beginning proved important in building the tools and experiences necessary for URG members to expand their activities to other communities in our service area going forward.

**Focus on CBPR practice.** Through the actual practice of CBPR, URG experienced organic, grassroots development. It also had an impact on the university administrative structure. A favorable overall shift toward engaged research for the promotion of health equity at the national level had softened administrative barriers to CBPR at our institution. However, direct knowledge of project objectives and firsthand experience of the dedication and commitment of URG faculty to their community partners went a long way in promoting acceptance of CBPR-specific practices by the university research administration. As a result, URG was able to avoid one challenge that often affects community-academic partnerships: the lack of an institutional review board (IRB) covering research activities by community-based organizations. To implement Pilot Project 7 (see Table 3) the university IRB extended an unaffiliated investigator agreement to the community-based principal investigator. This was possible due to the credibility and trust built through URG's interaction with the IRB in previous projects and the strength of URG's relationship with the community partner.

Relatively quick progression to actual CBPR practice was critical to URG's evolution from a group aspiring to address health disparities through participatory research to a team with built-in, tangible CBPR capacity and accomplishments, capable of both influencing and supporting the university's shift toward community engagement. URG's CBPR expertise is now a recognized asset of the institution. In URG's experience, the practice of CBPR has generated both understanding and acceptance of participatory research by university administration. Traditional challenges to the value of CBPR, such as promotion and tenure guidelines favoring discipline-based publications, and the concerns about the rigor of participatory research (Kennedy *et al.*, 2009) may be more easily overcome if institutional skepticism is confronted with the results of CBPR projects.

**Adequate funding to support CBPR projects.** Finally, funding played a key role in fostering URG's growth. The ongoing support from 2004 to the present—through continued funding from NIMHD—has provided URG leadership with resources to promote health disparities research and CBPR expertise within the university, most notably through seed funding for pilot projects (see Table 3). The importance of pilot project funding on the progression from learning about CBPR to the practice of participatory research cannot be overlooked. Seed funding has been shown to encourage faculty to undertake research in new areas, such as through community engagement (Zuiches, 2013). Funding also provided resources for the cultivation of community partners and the promotion of research capacity in the community.

## **Challenges Encountered and Responses Devised**

**Limited time and competing responsibilities of faculty.** Although the group has grown its capacity to exercise broader influence, the path to consolidation and maturity has not been without its challenges. Perhaps the most difficult one relates to faculty responsibilities limiting available time for working on CBPR projects. The Coalition-URG partnership has been strong, but competing priorities among URG faculty members and leadership resulted in stop-and-start engagement in some aspects of implementing the Coalition-URG collaboration activities (Bryan *et al.*, 2014). This kind of slow progress can create strain in the relationships with community partners and hinder the implementation of research projects. The need for a dedicated advocate with the responsibility of furthering the vision, maintaining partnerships, and seeking ways to smooth over some of the challenges and road-

blocks peculiar to CBPR has been stressed (*Seifer et al., 2003*). We too have learned that it is important to have dedicated staff members, trained in CBPR, to cultivate the community relationships and push projects forward.

**Administrative delays.** Administrative delays in approval of federal grant funding caused projects to stall and risked the disengagement of community partners. There is little that can be done at the local level to expedite federal grant procedures. However, URG exercised discreet pressure by contacting national program officers to explain how delays in approval would put pressure on the participatory research relationship. Given the present focus on community-engaged research by federal institutes and major foundations, streamlined grant procedures may be formulated that address the highly time-sensitive nature of academia–community interactions, while also taking into consideration the limited structural and organizational resources of many community-based partners.

There were instances of university bureaucracy delaying much-needed payments to community partners, which resulted in financial hardship for the organizations involved. To meet this challenge, a dedicated staff member was tasked with monitoring the progression of partner invoices through the various offices involved. In many cases, it was feasible to expedite paperwork through avoidance of simple delays. In other instances, we were able to provide advance notice to community partners of interruptions in the procedure as well as an estimate of when the payment would clear. There is a real cost to community-based organizations when delays in payment occur. Ensuring timely transfer of funds is key to the strengthening of partnerships.

**Sustainability.** A challenge unique to the URG experience has been the paucity of sustained engagement with local university students. We have been able to place some students in summer research experiences within URG's community-engaged research projects. Recently, the group has invited students and their mentors to present on community-based projects. Going forward, a major objective of URG's CBPR dissemination initiative is the establishment of CBPR seminars or curriculum modules that could be offered to students. URG faculty and other participatory researchers at the university will play a major role in curricular activities aimed at shaping students versed in community engagement and participatory research. We anticipate that student involvement will generate enthusiasm and momentum to expand



CBPR theory and practice at our university, thus contributing to the development of new researchers with a CBPR orientation.

## Discussion

In conducting this retrospective review of the URG's genesis and development, we illustrate how a multidisciplinary group of faculty and staff from a southern university met the challenge of creating a supportive environment for CBPR as a mechanism for increasing the institutional focus on the study of health disparities.

In describing the activities undertaken by URG, we show a clear progression from identity formation to evolutionary development to maturity. In reality, the group's identity transcended disciplinary lines by the intentional focus on community engagement and health disparities. The development of a vision, mission, and goals, as well as the exchange of experiences through regular meetings and a faculty research forum, all served to strengthen URG's identity.

With the foundation of identity firmly in place, URG quickly evolved into a group ready to undertake community-engaged research projects and tackle health disparities research. In terms of evolution, URG expanded to develop relationships with a strong community organization that held a similar vision of addressing health disparities and a willingness to partner with an academic institution. One impact of this evolutionary growth is the support URG provided to the Coalition to collect health data specific to their neighborhood. Concurrently, the seven pilot projects funded by URG's internal awards program added to the expansion of knowledge and expertise within the university while increasing the group's credibility.

Its evolutionary growth has resulted in URG's establishing a respected reputation throughout the university. This positions the group as a resource whose expertise and advocacy has fostered and encouraged the implementation of CBPR as a tool for addressing health disparities. The group's maturity is evident through its CBPR dissemination activities, particularly its advocacy for engagement activities as a core mission of the university.

URG is in a good position to move its objectives forward due to national and local factors. The national focus on community engagement by many funding agencies has sparked a renewed interest in engaged research. Within the university, the personal commitment to the promotion of community engagement by a newly inaugurated (2014) university president lends credibility to



URG's work. Consequently, other academic institutions may use our experience as a blueprint to build their capacity for community-engaged efforts focused on enhancing the resources of communities toward achieving health equity.

## Conclusion

As a result of years of focused work, URG occupies a unique place on the university campus. It provides a nexus of communication and partnership for faculty and staff who desire to see improvement in health disparities through engagement with community partners. As the grassroots, organic development of URG suggests, commitment to imagining, designing, and implementing impactful research in partnership with community members is a key ingredient to the group's evolutionary process and current positioning to disseminate CBPR.

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## Methodological Addendum

In describing the consolidation of a University Research Group (URG) focused on Community-Based Participatory Research to address health disparities, this work sought to offer insight on both the challenges and the possibilities inherent in promoting and disseminating engaged research scholarship at an academic institution. In a retrospective manner, information was gathered from notes, minutes, administrative, and scholarly records of URG activities and projects. Existence of such detailed records was critical to the construction of the narrative. Concurrent and systematic collection of perspectives and accounts from URG members would have further enriched it.

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