

# Early Career Academic Researchers and Community-Based Participatory Research: Wrestling Match or Dancing Partners?

Kelly Walker Lowry, Ph.D.<sup>1,2</sup>, and Rebecca Ford-Paz, Ph.D.<sup>1,2</sup>

## Abstract

Early career faculty members at academic medical centers face unique obstacles when engaging in community-based participatory research (CBPR). Challenges and opportunities for solutions pertaining to mentorship, time demands, unfamiliarity of colleagues with CBPR approaches, ethical review regulations, funding, and publication and promotion are discussed. *Clin Trans Sci* 2013; Volume 6: 490–492

**Keywords:** translational research, population, phase II clinical trials < phase II

Succeeding as a new faculty member at an academic medical center is challenging. Like many early career faculty, we found clinical productivity pressures, supervisory and teaching duties, and research responsibilities all competed for limited time and resources and that our pursuit of community-based or community-participatory research (CBPR) provided additional challenges. Common obstacles in the general practice of CBPR and potential solutions at the institutional level have been detailed elsewhere.<sup>1</sup> The objective of our commentary is to describe the specific challenges and benefits likely to be encountered by early career faculty at academic medical centers with suggestions for potential solutions that can be pursued at the individual level.

Unlike traditional bench and clinical research, CBPR is “a collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process.”<sup>1</sup> This type of research requires significantly more time in building partnerships, creating shared goals, and constructing research projects. It takes time to reconcile the inherent cultural differences between academia and community, to recognize what each collaborator can and cannot bring to the partnership table, to understand expectations for grant funding, to resolve ethical considerations, and to acknowledge power differentials between the “doctor/professor” and the community-based staff. Unfortunately, these activities are typically unfunded and may take years of meetings and collaboration before trust is earned. After all this, obtaining funding, recruiting participants, collecting data, and collaboratively interpreting results require even more time. Traditional academic products, such as publications in peer-reviewed journals, can be years in the making, when early career faculty have only a few years to meet benchmarks for promotion and tenure.

In the face of these obstacles, early career faculty may wonder if CBPR is worth the effort. We believe the answer is yes. First, in an era when bench to bedside translational research is necessary but not sufficient, CBPR provides an opportunity to bring science from bedside to the practice and the community<sup>2</sup> and to improve directly the lives of people in targeted communities. Second, CBPR methodology ensures that the products of the research are generalizable to the unique cultural and social needs of the community.<sup>3</sup> Third, CBPR allows researchers to gain a richer understanding of the complexity of illness and healthcare outside tightly controlled laboratory settings.<sup>4</sup> Fourth, CBPR provides an

exceptional opportunity for engaging under-represented groups through a participatory, mutually beneficial process. Finally, for early career faculty, academic-community partnerships may become long-standing relationships that evolve over time as the research moves forward, providing a career path with a unique understanding of the “next-steps” needed to move dissemination forward.

In light of these benefits, the remainder of this paper provides creative solutions to challenges that junior faculty in university-affiliated medical centers commonly face in conducting CBPR research (*Table 1*).

## Challenge #1: Isolation and Lack of Role Models

### *Solution: Seek out mentorship*

Perhaps the most important step for a young faculty member who wishes to participate in CBPR is to select a mentor(s). In addition to the individual growth that comes from successful mentorship, the visible presence of middle- to senior-level faculty helps to validate the importance and unique needs of CBPR within the institution. Senior faculty with experience in CBPR should also be included in the promotion and tenure process. Ahmed and colleagues provide an insightful list of potential strategies to incorporate CBPR into medical schools.<sup>5</sup> In the absence of such faculty at one's medical center, many young faculty members can find such mentorship in the surrounding community at other universities or institutions that have a longer track record performing CBPR research. Additionally, one can contact resources such as the Community Campus Partnerships for Health (<http://www.ccph.info/>) to take advantage of the Consultancy Network service.

## Challenge #2: Multiple time demands for faculty at academic medical centers

### *Solutions: Involvement of students and protecting research time*

As previously mentioned, the time that early career faculty spend building clinical and training programs often present a challenge to those interested in doing CBPR. As clinical emergencies arise, faculty must triage what they are doing to ensure the well-being of their patients and adequate supervision of their trainees. Although faculty at medical centers may be

<sup>1</sup>Ann & Robert H. Lurie Children's Hospital of Chicago, Child and Adolescent Psychiatry, Chicago, Illinois, USA; <sup>2</sup>Northwestern University, Psychiatry and Behavioral Sciences, Chicago, Illinois, USA.

Correspondence: Kelly Walker Lowry (klowry@luriechildrens.org)

DOI: 10.1111/cts.12045

Challenge	Solution
Isolation and lack of role models	Seek out mentorship
Multiple time demands for faculty at academic medical centers	Involvement of students and protecting research time
Unfamiliarity of community-based partners with research protocols	Communication and capacity-building
IRBs unfamiliar with CBPR	Capacity-building with IRB
Limited funding opportunities	Alternatives to government grants
Publication	Target CBPR-friendly journals
Promotion	Seek consultation and peer review of research products other than publications

*Note.* CBPR = community-based participatory research; IRB = institutional review board.

**Table 1.** Challenges and solutions in the conduct of CBPR by early career academic researchers.

at a relative disadvantage to their peers at graduate school or liberal arts and sciences-focused university settings because they may not have a lab of graduate research assistants assigned to them, many trainees at academic medical centers have research interests and program requirements to participate in research. Additionally, surrounding universities with training emphases on community-engaged research may have fieldwork courses for graduate students that require that they partner with someone in the community on research/grant-writing. By involving trainees, the early career faculty person can build a research team and delegate some responsibilities (e.g., recruitment, consenting, data collection, literature reviews) to other team members in order to free up time to work on overseeing the grant, communication with the institutional review board (IRB), manuscript preparation, and grant writing. These partnerships are also beneficial in that involving graduate students, interns, residents, and fellows in the research provides an invaluable chance to train the next generation of faculty in CBPR.

Another strategy to manage multiple time demands is to schedule a block of time that is “protected” for research (i.e., patient care, whenever possible, should not be scheduled at this time). Although clinical emergencies may require attention during this time, that will be the exception to the rule. Usually faculty find that having this time block allows them to do things crucial to relationship-building in CBPR (e.g., schedule meetings in the community with community-based partners, attend partner agencies’ events to build trust and demonstrate long-term commitment to the partnership). Enlisting a senior faculty member or department chair to help advocate for this time may also be beneficial when early career faculty feel themselves pulled in multiple directions by senior staff.

### Challenge #3: Unfamiliarity of community-based partners with research protocols

#### **Solution: Communication and capacity-building**

Open communication between academic and community partners will help to prevent misunderstandings and correct inaccurate beliefs regarding the use of grant funding, IRB regulations, timeline constraints, and differences in expectations for dissemination (press releases vs. medical publication). An online toolkit (<http://www.cbprcurriculum.info/>)<sup>6</sup> provides helpful lessons and suggestions for learning more about CBPR and topics to discuss in the initial stages of partnership building.

Working with community-based partners in the relationship-building phase to discuss and formulate a Memorandum of Understanding (MOU) will help document agreements and outline goals and responsibilities for data and dissemination guidelines, provide clear documentation of partnership progress and decision making, and ensure adherence to grant proposal activities and timelines as well as IRB regulations.

### Challenge #4: IRBs unfamiliar with CBPR

#### **Solution: Capacity-building with IRB**

Institutions unfamiliar with CBPR will have IRBs that are unfamiliar with CBPR.

Frequent communication and face-to-face contact with IRB staff will help new faculty members understand the requirements that community-based organizations will face in research. Flicker and colleagues<sup>7</sup> provide specific recommendations for enhancing the IRB review process, including providing IRB staff with basic training on CBPR. Community partners will also benefit from basic education on the role of the IRB. The Community-Campus Partnerships for Health (CCPH) has also developed a series on CBPR and IRBs (<http://depts.washington.edu/ccph/irbcalls2.html>).<sup>8</sup> Institutions with Clinical and Translational Science Awards centers (CTSAs; <https://www.ctsacentral.org>) may also be helpful in providing such training to IRB staff.

### Challenge #5: Limited funding opportunities

#### **Solution: Alternatives to government grants**

Junior faculty at medical centers interested in doing CBPR may struggle to find funding sources to cover adequately the more intensive demands of partnership building and shared agenda setting. CTSAs are mandated to promote translational research and community health. Many centers also have multiple seed grant mechanisms to promote new partnerships and training programs for young faculty. Nonfederal funding resources, such as the Robert Wood Johnson Foundation, Centers for Disease Control and Prevention, and national and local foundations also have promising opportunities for initial collaborations and pilot research.

### Challenge #6: Publication

#### **Solution: Target CBPR-friendly journals**

Scholarship remains a primary benchmark for progress/promotion in academia and medical center faculty are not immune. Publication of CBPR compared with bench science is complicated by longer timelines for research and the possibility for extended manuscript preparation time when working with community partners who may be unfamiliar with writing in the academic medical journal style. Because many journals are accustomed to publishing quantitative research focusing on randomized-controlled clinical trials, the design and methods employed by CBPR may be perceived as foreign and less scientifically rigorous. As a result, many journals with high impact factors may be unfriendly to CBPR. A comprehensive list of journals that publish CBPR is provided at <http://depts.washington.edu/ccph/links2>.

html#Journals.<sup>8</sup> CBPR faculty members have previously reported difficulties in documenting their work especially if the research results in manuals, community newsletters, training programs, or other products that do not typically “count” in traditional peer-reviewed journals. A new journal, CES4Health.info, is a peer-reviewed journal that provides academic and community peer review for a variety of products, provided the products are 1MG or less in size.

### Challenge #7: Promotion

#### ***Solution: Seek consultation regarding promotion and peer review of research products other than publications***

Learning about your institution's expectations and process for promotion is a critical first step. Next, successful promotion will build upon communication with and educating department administrators about the process of CBPR and may also include mentorship with CBPR faculty (in or outside of your institution) prior to review for promotion and tenure. The Community-Campus Partnerships for Health (CCPH) in partnership with the University of Minnesota and the University of North Carolina at Chapel Hill created an online resource, Faculty for the Engaged Campus (at <http://depts.washington.edu/ccph/faculty-engaged.html>),<sup>8</sup> to assist young faculty in creating a pathway for successful promotion, complete with a list of mentors who will assist with portfolio reviews.

### Conclusion

In conclusion, CBPR is a valuable approach to improve public health with numerous benefits to the community and academic researcher. Common obstacles for the early career academic researcher can be minimized with awareness of potential barriers, upfront communication, and effective mentorship, thus avoiding years of wrestling and ensuring a career of successful dancing.

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