A Physician Team’s Experiences in Community-Based Participatory Research
Insights into Effective Group Collaborations
Mehul Dalal, MD, MSc, MHS, Rachel Skeete, MD, MHS, Heather L. Yeo, MD, MHS, Georgina I. Lucas, MSW, Marjorie S. Rosenthal, MD, MPH

Background: Postdoctoral fellows from the Robert Wood Johnson Clinical Scholars Program are among a growing number of physician–researchers training in community-based participatory research (CBPR). These fellows are uniquely positioned to observe and evaluate CBPR training needs and the experience of collaboratively conducting a CBPR project.

Purpose: To describe, from the perspective of physician-researchers, experiences in intragroup and intergroup collaborations while conducting CBPR.

Methods: During a 2-year fellowship, a group of seven fellows received 6 months of didactic training and then spent 18 months conducting a mentored CBPR project. The CBPR project was complemented by a 2-year facilitated leadership seminar, which allowed for reflection on intragroup (among fellows) and intergroup (fellows/community members) relationships throughout the CBPR process.

Results: Seven core principles of CBPR were found to apply to not only intergroup but also intragroup relationships: (1) building trust, (2) finding a shared interest, (3) power-sharing, (4) fostering co-learning and capacity building among partners, (5) building on existing strengths, (6) employing an iterative process, and (7) finding a balance between research and action for the mutual benefit of all partners.

Conclusions: Establishing and maintaining relationships is at the core of CBPR. The development of intragroup relationships paralleled the development of intergroup relationships with community members. Applying the core principles of CBPR to the development of intragroup relationships provided experience that may have enhanced relationships with community partners. An a priori acknowledgement of the importance of relationships and the time needed to develop and manage those relationships may add to the CBPR training experience and assist in successfully executing collaborative projects.

Introduction
Community-based participatory research (CBPR), an innovative approach to addressing community health, is being increasingly incorporated into academic health-teaching curricula. In 2005, the Robert Wood Johnson Foundation expanded the Robert Wood Johnson Clinical Scholars Program (RWJCSP), its postdoctoral research fellowship for physicians, to include CBPR. Community-based participatory research initiatives could be enhanced by understanding the experience of trainees. The aim here is to discuss the experience of CBPR from the perspective of the cohort at the Yale RWJCSP. The discussion is focused on how CBPR principles were applied to the parallel development of both intragroup (among fellows) and intergroup (fellows/community members) relationships (Table 1).

Methods
Developing and Implementing the CBPR Project
The current CBPR project, aiming to determine how local data on social determinants of health could improve the health of New Haven, was developed with extensive community input and faculty guidance (Figure 1). In all, 280 community leaders were surveyed, and in-depth, key-informant
interviews were performed with 30 of them. Their views were elicited through open-ended, structured interviews on how to translate local data into action. Interviews were transcribed, coded, and analyzed, and findings were confirmed with community representatives and summarized in a community report. The current report targets municipal agencies, local funders, nonprofit organizations, and researchers seeking to engage in local data initiatives.

During project development, the cohort had recurring meetings. First, weekly intragroup meetings were held to discuss design and operational aspects. Second, monthly intergroup meetings were held with the RWJCSP Steering Committee on Community Projects, which provided community guidance.

Third, the team participated in a biweekly leadership seminar facilitated by an organizational-behavioral psychologist. The sessions centered on the experiences of individual fellows as a means to understanding organizational leadership. The facilitated seminar allowed for reflection and better understanding of the intragroup and intergroup processes experienced.

Results

Intergroup Relationships: Conducting CBPR Within a Limited Time Frame

Cognizant of the time restraints fellows face during their fellowship, the program leadership developed enabling structures to facilitate relationships among fellows and community members. First, a full-time faculty position was created to build and nurture relationships among community members. Second, monthly intergroup meetings were held with the RWJCSP Steering Committee on Community Projects, which provided community guidance.

Third, the team participated in a biweekly leadership seminar facilitated by an organizational-behavioral psychologist. The sessions centered on the experiences of individual fellows as a means to understanding organizational leadership. The facilitated seminar allowed for reflection and better understanding of the intragroup and intergroup processes experienced.

Table 1. A summary of team experiences applying CBPR principles

<table>
<thead>
<tr>
<th>Community</th>
<th>Scholar team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building trust</td>
<td>Through formal and informal meetings with community groups</td>
</tr>
<tr>
<td>Finding shared interest</td>
<td>Through conversations with community members</td>
</tr>
<tr>
<td>Power-sharing</td>
<td>Through agreeing to work under the Community Solutions umbrella group</td>
</tr>
<tr>
<td>Fostering co-learning</td>
<td>Through learning about the community and building community capacity</td>
</tr>
<tr>
<td>Building on existing strengths</td>
<td>Through involving existing structures as community partners (City of New Haven and health department)</td>
</tr>
<tr>
<td>Employing an iterative process</td>
<td>Through participant confirmation and open dialog with Steering Committee</td>
</tr>
<tr>
<td>Finding balance between research and action</td>
<td>Through the development of a policy report</td>
</tr>
</tbody>
</table>

*CBPR Principles adapted*¹⁰

![Figure 1. Academic and community entities involved in the development of the Yale RWJ Scholar Community Project](image-url)
understood. From this process, a choice was made to focus
the project on the social determinants of health, and to
partner with both a high-level city administrator and the
health department director.

The project included a quantitative survey of com-
community leaders and selected follow-up qualitative inter-
views. The qualitative component represented the core
of the project. To create a power-sharing mechanism
and avoid duplication of local data collection efforts,
the community–academic partnership spurred a multi-
stakeholder umbrella workgroup chaired by the direc-
tor of the health department, tasked with coordinating
New Haven health data collection efforts. Co-learning
and capacity building were fostered: knowledge was
gained about local health issues from experienced
community members, and community partners learned
to conduct qualitative research.

Balance was sought between research and action: a
directive from community members was that data col-
clected from community members be disseminated to the
community, and that findings lead to action. Open-ended
questions about data collection and actionability were
thus incorporated into the interviews. As suggested by
community partners, a community report was developed,
focused on how to translate data into actionable items.

Intragroup Relationships: Implications for
Collaborative Work

With the program directive to conduct a CBPR project
as a group, efforts were made to forge trusting relation-
ships with the cohort. The interests and goals of those
involved were diverse. In order to find a shared interest
in a project, a fellows-only retreat was held. Using group
brainstorming, project proposals were discussed, as well
as methodologic approaches and goals for the end
product. In this way, the groundwork was provided for
shared ownership of the project.

Regular discussions about individual goals allowed
trust to develop. A leadership seminar enhanced un-
derstanding of tools necessary for navigating relation-
ships. It was discovered that whereas some team mem-
bbers wanted to work with existing health indicators to
construct a New Haven health profile, others wanted to
work more directly with the community. The more the
groups engaged one another, the more comfortable
everyone became in voicing positions and working
toward a shared interest.

It was decided that power-sharing would be em-
ployed: each team member would lead different aspects
of the project. In adopting this open-leadership struc-
ture, it was possible to build on the strengths and
interests of team members because it provided the
opportunity for each member to lead in areas in which
they were most skilled. For example, three fellows
chose to document the experience of the cohort in this
manuscript, while others worked on a policy report.

Another rationale for power-sharing was to avoid hav-
ing one person in a group of peers dictate tasks,
maintaining a nonhierarchic relationship. Team mem-
bers provided each other with task-oriented updates
and remained vigilant about sharing responsibilities. In
recognition of the fact that the nonhierarchic approach
of power-sharing leaves accountability unclear, it was
agreed that weekly meeting proceedings would be
documented and circulated.

At various times the project required skills in inter-
viewing, qualitative analysis, facilitation, presentation,
and writing. Co-learning and capacity building were
fostered within the group. For example, two fellows
with experience with key-informant interviews provided
individualized feedback on interview style and tech-
niques to inexperienced fellows.

Discussion

Building and maintaining relationships is a core prin-
ciple of CBPR. It was understood initially that relation-
ships between community members and those in aca-
demia are important. However, given that the New
Haven community was unfamiliar to the group, as were
group members to one another, and yet the group was
expected to develop and execute a CBPR project
during a 2-year fellowship, the work of building and
maintaining relationships was found to be at the core of
the success achieved as a physician research team.

While conducting the current CBPR project, it was
found that the core principles of CBPR apply not only
to the development of intergroup relationships be-
tween academia and community members, but also to
intragroup relationships. The group found itself con-
sciously incorporating CBPR principles, learned from
the classroom and the project, into developing a well-
functioning team. The leadership seminar provided
specific tools to navigate intergroup and intragroup
relationships and proved invaluable in the ability of the
team to successfully carry out the CBPR project.

As research training programs consider the tools nec-
essary for conducting CBPR, it is recommended that they
consider the elements that were found necessary for the
fellowship in the current project: a curriculum grounded
in CBPR principles, faculty with established relationships
in the community serving to mentor and facilitate rela-
tionships for fellows, and a forum to discuss group inter-
actions among diverse groups.

No financial disclosures were reported by the authors of this
paper.

References

1. Green LW, George MA, Daniel M, et al. Study of participatory research in
2. Kellogg Health Scholars Program Community Track: background and
history. www.sph.umich.edu/cdtrack/about/history.html.


---

Did you know?
You can access back issues of *American Journal of Preventive Medicine* online. Visit [www.ajpm-online.net](http://www.ajpm-online.net) today to see what’s new online!