Planting the Seeds for Building Research Capacity in Communities: Experiences of a Community-Based Research Network

Rachelle Milner, MSSA, LISW West Side Community House, Cleveland, OH
Patricia Terstenyak, MPH University Hospitals, Cleveland, OH
Cyleste C. Collins, MA, Ph.D., LSW 0000-0002-0440-1536 School of Social Work, Cleveland State University, Cleveland, OH
Jacqueline Dolata, MBA 0000-0001-8159-2105 The MetroHealth System, Cleveland, OH
Varun Gosula, Case Western Reserve University, Cleveland, OH
Carey Gibbons, Northeast Ohio Coalition for the Homeless, Cleveland, OH
Yvonne Oliver, MA Stewart's Caring Place, Akron, OH
Kimberly Kiley, MA FrontLine Services, Cleveland, OH
J. Daryl Thornton, MPH, MD 0000-0002-1356-0280 The MetroHealth System, Cleveland, OH
Ashwini R. Sehgal, MD 0000-0002-7458-2731The MetroHealth System, Cleveland, OH

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Corresponding Author. Correspondence concerning this manuscript should be addressed to Cyleste Collins, School of Social Work, Cleveland State University, 2121 Euclid Ave, RT 1438, Cleveland, OH 44115, (216) 687-4571, email: c.c.collins44@csuohio.edu, ORCID: https://orcid.org/0000-0002-0440-1536

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ABSTRACT

Background: Nurturing academics' and communities' capacity to conduct community-engaged research holds great promise for effectively addressing health disparities. However, how to best support collaborations beyond individual projects and across an entire community is unclear. **Objectives:** This study describes the development and structure of a community-based research network in Cleveland, Ohio. It examines the experiences of academic investigators and community members with the CBRN and highlights lessons learned. **Methods:** The mixed-methods study employed surveys, observations, and focus group data to examine participants' experiences. **Results:** Academic investigators found the CBRN to be valuable across all phases of research. Community members gained knowledge and felt it was a safe space to share their expertise and experiences. Participants generally appreciated being in a space to connect with others who shared their interests. **Conclusion**: The findings suggest that community-level research support can help encourage and advance academic/community research partnerships while broadening members' knowledge and networks.

KEYWORDS: Community health partnerships, Health disparities, community-engaged research, academic/community partnerships, research networks

Introduction

Nurturing long-term partnerships between communities and academics in conducting and engaging in community-engaged research (CEnR) holds promise for appropriately addressing health disparities and responding to community needs. [1] However, many CEnR projects are supported by individual, short-term grants which limit long-term engagement in the work.[2] As a result, there is a lack of infrastructure to support sustained dialogue and collaborations between CEnR-interested community members and academics interested in a variety of health issues. This study describes the formation and structure of a community-based research network that has successfully engaged its members over the long-term, describe members' experiences, and highlight lessons learned.

Background

Public health increasingly recognizes community engagement as essential in health disparities research. [3,4] Community-based participatory research (CBPR) and CEnR have been lauded for fostering equitable partnerships between researchers and community members, producing relevant and actionable knowledge, and seeking to empower communities and promote social change. [5] CEnR frameworks guide active community involvement across diverse initiatives, ensuring research is tailored to specific health disparities and lived experiences. [6–8] The models' adaptability and commitment to community engagement exemplify their potential for ensuring interventions are effective and culturally congruent with a hope for positively affecting public health. CEnR principles thus offer a strong framework for conducting scientifically rigorous, socially meaningful, and community-centered research; however academic and community partners often lack clear guidance on a local level for implementing these principles and have limited institutional support for such efforts.[2]

The National Institute on Minority Health and Health Disparities (NIMHD) has emphasized the importance of CEnR, and collaborative research in its CBPR Program.[9] This initiative encourages projects to commit to engaging with communities as equal partners in the research process, focusing on diseases and conditions disproportionately affecting marginalized populations and ensuring research is scientifically valid, culturally relevant, and socially acceptable. [9] Such efforts suggest the prioritization of CEnR principles the national level and highlights the importance of ensuring those working on CEnR are well-supported.

In general, individual CEnR projects organize community advisory boards (CABs) or community-based research networks (CBRN), tools that are used to bridge communities and researchers and ensure research is conducted with community input. [10] Projects tend to focus on specific topics and recruit members associated with those interests, producing silos rather than widening academic/community partnerships. [11,12] Practice-based research networks (PBRNs) which tend to be broader than CABs and focus on improving clinical practice or healthcare services, [13] were the inspiration for the CBRN discussed here. The importance of having broader networks, as Rice et al. suggest, is that transformative innovations are more likely when individuals from different disciplines and "network spaces" come together, interact, and the transfer their ideas across networks.[14] This study presents findings from an innovative CBRN in Cleveland, Ohio that brings people together in just this way.

The Community-Based Research Network (CBRN)

The CBRN is based at the Center for Health Equity Engagement Education and Research (CHEEER). From 2013-2017, CHEEER led the Community-Based Research Scholars Initiative (CRSI), [15] a two-year research-immersive learning experience for professionals in health

disparities-focused community organizations. Its nine Scholars completed research projects on topics relevant to their organizations and disseminated the findings. During CRSI, the Scholars collaborated to develop supports for academic/community partnerships including the BRACE tool [16] and the CBRN, which launched in 2017.

CRSI Scholars and their organizations were founding, core CBRN members. They shape and lead the CBRN and recruit others to participate. The CBRN is a platform for academic researchers and community members in the Cleveland area to learn from one another and network. When CRSI ended, CHEEER developed a program which provided NIH funding to 18 early-stage academic investigators' (ESIs) pilot CEnR projects. An important component of the program required the ESIs (4-5 per year) to engage with the CBRN to support their projects and disseminate their results.[17,18] ESIs presented their progress to the group monthly and received feedback and resources. Unlike project or topic-specific CABs, other CBRNs or other academic/community partnerships, this CBRN ensures that community professionals have a permanent seat at the table and is a stable resource for academic investigators interested in engaging in CEnR. This stability has been identified as important in past research to increase and sustain collaboration and engagement.[2] Over time, local academic researchers (besides the ESIs) began requesting feedback from the CBRN.

CBRN: Structure and Logistics. Table 1 details the CBRN's structure, expectations, and rules of engagement. When the CBRN began, meetings were held monthly in person for 1.5 hours. The meetings shifted to Zoom in 2020 during the pandemic, consistently attracting about 30 attendees per meeting. Some community members (e.g., CBRN co-chairs, former CRSI Scholars, and other community partners) receive a stipend for attending. After the pandemic

lockdowns eased, the Zoom meetings continued and occasional hybrid meetings (in person and Zoom for those who could not attend in person) were held in community organizations' spaces.

[INSERT TABLE 1 ABOUT HERE]

The CBRN was originally funded by an NIH U54 grant, and recently transitioned to being funded by the Center's operating budget. A CHEEER staff member provides administrative support by emailing members agendas, leading the meetings with CRSI co-chairs, and distributing summaries, slides, and resources afterward. The tone of the meetings is professional and welcoming, with a structured agenda that ensures the meetings start and end on time. Each agenda typically includes a welcome, project updates and/or presentations from academic researchers, meeting participants, or community organizations, as well as programming updates, funding opportunities, budgetary items, and information on local events and resources. The staff and co-chairs maintain transparency and build relationships within the group, welcoming questions and celebrating successes. CBRN co-chairs encourage members to suggest discussion topics and speakers for future meetings, local research needs, and areas for improvement. Each spring, CHEEER hosts an annual in-person community dissemination day, to report on findings from local CEnR projects.

Methods

Design

The study's design was exploratory sequential mixed methods design [19] in which the qualitative portion (focus groups) came first followed by the quantitative portion, a survey. An external evaluator also sat in on most CBRN meetings as an observer.

Participants

Focus Groups. Eight focus groups with 29 participants were held between 2020 and 2024 (six academic partner (ESI) focus groups (n=14), two community partner focus groups (in 2020; n=6), and two community member focus groups (in late 2023 and early 2024; n=9). All ESI focus group participants except one were women; one was a man. Two (14%) identified as Black, one was Asian, one was Middle Eastern, and the remainder (71%) were White. All participants in the community focus groups identified as women, five (27%) identified as African American/Black, one as Middle Eastern, and one as South Asian. The remainder (60%) identified as White. The average age of all community focus group participants was 49.7 (*SD*=10.3). (The 2020 community partner focus group had an average age of 49.5 (*SD*=20.7), and the 2023 community focus group participants' average age was 49.9 (*SD*=10.8)).

Surveys. The anonymous one-time anonymous survey was completed by 26 respondents in the spring of 2024. Table 2 contains the demographic information for survey respondents. Nearly 90% of the respondents self-identified as women/female, one as non-binary, and two as men/male. Participants self-identified their race; half identified as African American or Black, more than one-third as White, two as bi-or multi-racial, and one as Middle Eastern. Participants' average age was 46.2 (*SD*=10.8). More than half identified as academics.

Materials

Focus Group Interviews. The focus group guide was developed as part of a larger evaluation of the pilot program. [17] In the ESI and community partner focus groups, we asked participants three questions about their CBRN experiences, including, "How many CBRN sessions did you attend?" "How helpful were they?" and "What topics should be covered in the future?". CBRN community participants' focus group questions were generated by authors #3 and #4 based on findings from the pilot program, observations of and experiences with the CBRN, and feedback

over time. Sample questions included "What would you want people to know about the CBRN?" "Why should a journal want to publish about the CBRN experience?" "What makes the CBRN unique?" and "What is important to share, and what would you want others to know about the CBRN?"

Survey. The 12-question Qualtrics survey was co-developed by authors #3 and #4 based on data from the focus groups, CBRN discussions, brainstorming sessions at CBRN meetings, informal conversations with community partners, observations of CBRN meetings, and input from CBRN co-chairs. The survey included questions on demographics (age, race, gender identity), their role (academic or community stakeholder), and their CBRN experiences. Questions explored the CBRN meetings' relevance to their work, how safe the CBRN was for discussing CEnR, CBRN presenters' trustworthiness, feeling their feedback is valued, expansion of their professional network, interest in the presentations/discussions, and learning about local CEnR. Example questions included "To what extent do you feel the CBRN participants are trustworthy regarding true engagement in community research?" and "In the CBRN, I feel like my feedback is valued." Response choices ranged from 1 (Not at all) to 5 (A great deal).

Procedures

Human subjects protocols for the CBRN interviews and survey were reviewed and determined exempt by the MetroHealth institutional review board, and ESI data collection protocols were approved by a university institutional review board. All participants were provided with informed consents.

Focus Groups. Focus groups lasted about one hour on Zoom, were recorded, notes compiled, and the interviews were professionally transcribed. Two participants could not attend either

focus group, but wanted to contribute, so responded to questions via email. All interested CBRN members were invited to contribute to this paper.

Survey. The survey was distributed after the CBRN had been in existence for seven years. As it was being developed, the survey was announced at CRBN meetings, and the link was both emailed to CBRN members and posted in the Zoom chat box during meetings. The survey was distributed to 86 individuals on the CBRN's roster, yielding about a 30% response rate. However, given that between 30-40 individuals regularly attended the meetings, the response rate might be closer to between 65% and 87%.

Analyses

Qualitative data from the focus groups were analyzed using a thematic analysis approach. [20] Two coders independently reviewed the transcripts line by line, identifying significant passages and applying open codes. The coding process was iterative; discrepancies were discussed and resolved through discussion and consensus. A team of four analysts then refined the codes into broader categories, identifying the themes that captured patterns in the data. Coding and theme development were guided by both inductive and deductive approaches, ensuring that findings emerged organically while also aligning with the study's research questions. Notes, emails, and focus group transcripts were examined to triangulate data sources. To enhance the qualitative data's trustworthiness, we conducted member checking with the CBRN participants to verify the analysts' interpretations. Prolonged engagement further strengthened credibility; all authors had been involved in Center CEnR efforts for between 8-12 years and had deep knowledge of the context and history of the CBRN. Negative case analysis was also employed to identify divergent perspectives and avoid focusing solely on positive feedback.

The survey data were analyzed using descriptive statistics, primarily frequency distributions to summarize participant responses.

Results

The integrated analyses revealed four key themes, including the CBRN's role in fostering inclusivity and collaborative learning, its effectiveness in bridging gaps between research and practice, its support for academic and community partnerships, and challenges in meeting members' needs. Below, we discuss the qualitative themes together with survey findings to shed light on members' experiences with the CBRN.

The CBRN Supports Inclusivity & Collaborative Learning

Participants in the focus groups noted that the CBRN was an inclusive space that encouraged collaborative learning. One ESI noted that she had found the CBRN meetings to be "really helpful" after she had gotten less helpful feedback from more NIH-focused colleagues.

> It's been really nice to have the opportunity to kind of learn from people about how they've made this work as a career. … I …got some helpful feedback that wasn't "well what about the stats?", which is nice to know beyond that sometimes.

One community partner who had only been to a single CBRN meeting shared her initial impressions. "I love the …sharing of information and the learning. …It was awesome. I love the collaboration." [Community Partner, 2020] Another talked about how the group brought research "to the layperson" and said she learned something at each meeting. [Community Partner, 2020] The survey findings (see Table 2) also indicated that 81% of respondents felt they had learned a lot or a great deal about local CEnR. This was confirmed by an unsolicited email from a community member who expressed gratitude after a meeting, saying they felt "awe and partial speechlessness" and appreciation for the inclusive environment. They wrote that they felt valued,

despite feeling "the odd one out–uneducated, and really just an everyday person" and appreciated the opportunity to learn and be compensated for it. "You've done me a great service in giving me an opportunity at inclusion and to be heard. I thank you and …all of the CBRN members." [Community Member_08, Jan 2024]

[INSERT TABLE 2 ABOUT HERE]

The data indicated the CBRN is seen as a safe, trustworthy place for both community and academics. One CRSI Scholar said the feedback given in the CBRN is "not sugarcoated, honest, real" and the CBRN's culture allows its members to constructively challenge each other. [CRSI Scholar_02, Dec 2023]. The survey findings confirmed this; nearly 85% of respondents felt their feedback was valued "a lot" or "a great deal", more than three-quarters felt the meetings were a safe space to discuss CEnR, and nearly 85% felt the presenters were trustworthy regarding CEnR.

The CBRN Bridges Gaps Between Research and Practice & Expands Networks

The survey findings indicated that nearly all (92%) of respondents found the presentations' content and discussions very interesting, and nearly two-thirds found the CBRN meetings highly ("a lot" or "a great deal") relevant to their work. Community members said the CRSI Scholars' regular attendance, contribution, and ability to "stand in both worlds" (i.e., community and academic) was an important element of the CBRN. This dual perspective helped bridge gaps between community and academia.

The community focus group members talked about their interest in the information and how just listening had given them ideas for their agencies. Others learned something new from each presentation and said, "I'm definitely gonna be using that at some point, so I always found them very helpful." [Community Partner, 2020] Another said the meetings were "phenomenal."

One community partner said the meetings helped her see how to break out of silos, stay up to date on research, focus on patient needs, and consider how to apply research in everyday work to improve practice. This feedback suggests the CBRN effectively shared information applicable to practice, an important goal.

Part of how the CBRN bridged research and practice was through supporting academic/community partnerships and networks, as ESI project updates were a mainstay of the meetings. One community partner talked about how they appreciated the CRBN as a place to stay connected to their research partnership. "Those monthly meeting check-ins where they require the researcher to be there and to provide the updates. It was sort of like a built-in checkpoint for us…I really appreciated that." [Community Partner, 2020] This component helped partners keep tabs on their pilot project's progress.

In addition to supporting specific partnerships, members also reported generally that their networks expanded. One ESI noted, "I guess each month I would have one additional person to potentially make contact with outside of the meeting. Each time, the people that were coming and presenting had a lot of interesting ideas." The survey findings support this finding; most survey respondents (84%) reported that their professional network had expanded moderately or more due to the CBRN.

Challenges in Meeting Members' Needs

The ESIs mentioned the monthly Thursday meeting day/time was not always the best fit for their schedules, especially those in clinical practice. One said, "I think it's so hard to have the regularly scheduled meetings at a time that works for everyone, and I know I was trying to block off time to make it work, but Thursday is one of my busiest clinic days at work." Early in the CBRN, ESIs felt that the meetings were not always beneficial for their community partners and

stopped inviting them to reduce their burden. In response to this feedback, the CBRN co-chairs adjusted its agenda to be more relevant to community members, and later ESIs did not report the same concern. In fact, community members are now the most consistent attendees. As one CRSI Scholar said, community members "feel valued at an intrinsic level, by having the monthly meeting (whether we can attend or not). This is important and making a difference." [CRSI Scholar_07, Dec 2023] However, focus group data also suggested having the CBRN space was more important than the specific dates and times of the meetings. Notably, once their projects ended and their attendance was no longer mandatory, most ESIs stopped attending the CBRN meetings. While some community partners also disengaged, they were more likely than ESIs to stay engaged long-term.

Communication was another challenge early in the program. One community partner said she did not know about the CBRN (but said there was probably someone above them who did), and another was not invited because their executive director was the official contact (but was too busy to attend the meetings). This highlights the importance of ensuring the right person is informed and engaged even considering inevitable staff transitions.

Although the majority of the data we collected about the CBRN were positive, we now turn to a negative case analysis of one community member's experience. This individual expressed frustration with systemic barriers, unrealized ambitions, infrastructure, and especially the fact that research grants prioritize academic over community expertise. This individual had hoped the CBRN would drive transformative change in healthcare, and was frustrated tby their inability to secure large grants as a community-based primary investigator.

> I have also seen/heard young investigators having similar difficulties as I have…, the current infrastructure is a barrier to success: small/short-term pilot funding [is] not

> realistic to develop meaningful relationships, implement programs, and have meaningful dissemination. Many things still come top down. [CRSI Scholar_03 Dec 2023]

To explore whether others shared this perspective, we asked the community members if they agreed. While they acknowledged that the CBRN is a work in progress, they did not express this same frustration. One community member said, "There is feedback to, among, and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes." [CRSI Scholar_03, 2023] Most responses indicated that the CBRN's flexibility and willingness to consider various perspectives were important strengths.

Most Helpful CBRN Sessions. In their focus groups, the ESIs discussed which CBRN meetings were most helpful (see Table 3), including practical sessions covering local community organizations and their needs, CEnR logistics, and how to effectively disseminate findings. The ESIs also appreciated sessions discussing career development, such as how to target articles, write and submit manuscripts, and access resources.

[INSERT TABLE 3 ABOUT HERE]

Discussion

The mixed-methods findings indicate that the CBRN has created a safe, equitable space where community organizations and academics learn, co-create research strategies, strengthen community/academic partnerships, and expand networks. While the CBRN at times faced challenges in meeting members' needs (e.g., meeting times), and one was frustrated that the group did not aim high enough to transform healthcare and ideas about health, overall, participants felt the CBRN was a valuable, inclusive, and collaborative space that helps bridge research and practice to tackle health disparities.

The CBRN's members recognize its role in uplifting community perspectives and bringing new ideas to ESIs. CRSI Scholars, who are knowledgeable about both research and community, serve as trusted bridges between academics and community members. Trust is a major factor in CEnR partnerships, [21] and CRSI Scholars help close gaps between the groups. The CRBN encourages mutual respect and integrity and provides a safe space for learning and growth. It also inspires researchers to ensure designs are grounded in people's lived experiences and health disparities, aspects important in past work. [6–8] CBRN meetings are vibrant, robust dialogues where professionals share insights, exchange information, and support one another. The network provides an essential pathway for CEnR researchers to gain support, access expert community feedback, find interested partners, identify new, community-appropriate recruitment methods, and encourage multidisciplinary collaboration and new networking opportunities.

While traditional CEnR partnerships bring essential community perspectives, they often remain within the partnership; wider community-focused dissemination has only recently been considered. [22] Networking through the CBRN has enabled Cleveland's community members to engage in research, learn about CEnR, and make valuable connections. The CBRN's vision has been realized; its members report increased awareness and learning about research while also expanding their networks. Notably, five years after the CRSI program's end, many Scholars remain engaged with the CBRN, continuing to expand their research networks by actively partnering with new academic investigators and community agencies. CRSI Scholars' and other community members provide feedback on the CBRN's shape, feel, and outcomes which strengthens their sense of belonging within the group and as researchers. The CBRN provides a way for the CRSI Scholars to remain engaged, continue their education, and offer their expertise,

regardless of specific grant cycles. As a result, the CBRN has become a local model for supporting a wider understanding of academic/community research partnerships.

A CBRN is a novel way to break CEnR out of traditional academic research silos [23]. Our data indicate that the CBRN was very helpful for the ESIs during their pilot projects, [17] but since most stopped attending after projects concluded, they might have seen the CBRN as an early part of their CEnR development and less useful/necessary as their careers evolved. Importantly, the CBRN has also created a network of research-savvy community partners who are increasingly confident about participating in research activities, expanding the pool of academic researchers' potential community partners.

Since the inception of the CBRN, many successful collaborations have emerged. For example, a consulting company has been formed through collaboration with key partners, and new NIH-funded projects have been initiated, expanding research efforts in areas such as gun violence and trauma. Mentorship through the Clinical and Translational Science Collaborative in Cleveland and expert panelists has led to trust-building, power-sharing, and the development of working groups and co-learning modules, which are helping to establish norms for engagement across academic and community partnerships. Additionally, collaborations have led to involvement in multiple grants, and CBRN community organization and academic members have been key participants in these initiatives, contributing their CEnR insights and helping to shape dissemination efforts. The result has been expanded networks and partnerships have enhanced the reach and impact of the CBRN, further supporting both community-based and academic research goals.

Academic partners have also greatly benefited from participation in the CBRN. Regular community feedback on has been recognized as a valuable asset for academic researchers,

particularly in shaping new projects. Letters of support for new initiatives and the sharing of work across sectors have fostered stronger collaborations with community members. The academic research institute's support for CBRN signals its recognition of the added value of community engagement for enhancing academic work. CHEEER's annual Dissemination Day where personal stories of CEnR are shared encourage academic/community bridges and serve as a recruitment tool for additional CBRN members.

While this study was based in Cleveland, the CBRN model has broader applicability. Because the model is disease-agnostic and operates outside of individual funding silos (a rarity), [2] it encourages sustained collaboration beyond individual grants or projects and provides a replicable framework for other communities. In their review, Stoecker and colleagues' noted "Making the most of a network's potential requires increased strength, visibility, and capacity" [2(p54)] which our CBRN has achieved. We have also received strong positive feedback and interest in our work through presentations at the American Public Health Association, the world's oldest and largest public health organization. The work has also resulted in inclusive research partnerships, pilot grant development, and creative community-focused dissemination strategies. The structured approach we outline here offers valuable insights for other regions seeking to build and support sustainable, community-driven research partnerships.

Limitations

Some limitations should be considered before generalizing these findings. First, the relatively small number of survey respondents might not be representative of the CBRN population. It is possible that those who chose to participate in the survey and focus groups were those with more positive experiences and were more motivated to participate. Additionally, the focus group participants knew one another, so their responses could have been motivated by social

desirability. The addition of the anonymous survey, however, offered participants opportunities to respond without that pressure. Another potential limitation involves the presence of a program staff member in the 2023/2024 focus groups. This, too, could have led to socially desirable response bias. However, it is important to note that the participants had long-term relationships with and trusted this staff member, found in previous research, [15] which could have encouraged a more open and robust conversation. Additionally, because other focus groups in which the staff member was not present yielded similar results, we believe this is not a major limitation.

Another potential limitation is related to the staffing of the CBRN. The network is led by a long-time CHEEER staff member whose exceptional dedication to both CRSI and the CBRN has been instrumental in its success. Our previous research has emphasized this person's responsiveness, advocacy, and support. [15,17] Research indicates the importance of strong leadership in sustaining CEnR initiatives, suggesting that they might be key to at least some of the CBRN's success.[2]

Implications

The findings of this study have important implications for future research and practice in community-engaged research (CEnR). One important implication is the necessity of providing a consistent, ongoing space to allow partnerships between academic researchers and community organizations to be sustained. When academic researchers engage community perspectives early in the research process, they are more likely to have "true" community engagement. Currently, academic researchers hoping to get feedback from the CBRN request to be added to the meeting's agenda months in advance, suggesting high demand for the network, an issue past research has also found.[2] This has meant that only local researchers who are serious about

community feedback and collaboration and want to integrate community priorities into their research design present to the group.

Future CBRNs should address the challenges included finding meeting times and spaces that work for all members and balancing session topics, a difficulty noted by Stoecker et al. who noted the challenge of balancing community and academic needs.[2] While participants preferred in-person meetings at community-based organizations,[2] busy professionals found it difficult to attend. Attendance increased when meetings shifted to Zoom[1] during the pandemic, leading the CBRN's co-chairs to alternate between holding meetings on Zoom and in person three times annually to support face-to-face networking. Programs should carefully consider their session topics to balance the interests, focus, and expertise of academics and community organizations.[2] Meeting the needs of both groups in a joint forum can be challenging, and not all sessions will appeal equally to both groups. The CBRN continually seeks new ways to integrate and hear community and academic voices and perspectives.

Institutional support has also played a vital role in sustaining the CBRN. As a result of this work, the hospital that houses the CBRN committed to maintaining and supporting the group after the original grant funds that supported it ran out. This is a testament to the institution's recognizing the added value the CBRN has in providing a structured mechanism for researchers to receive regular, meaningful feedback from community partners. Institutional investment in CEnR is important to sustaining these collaborations over time.

[1] The pandemic highlighted the need for innovative approaches to maintain and enhance community engagement, especially in under-resourced areas [24] Developing and implementing virtual engagement strategies are now essential for ensuring research activities' inclusivity. The CBRN focused on supporting communities during the pandemic recognized this issue and gap.[25]

By emphasizing the integration of community priorities into the research process, future work can build upon this study's findings to advance both the science and practice of CEnR. Future research should further explore the long-term value of a CBRN to academic researchers and develop strategies to sustain their engagement over time. Research should also explore the extent to which qualities of a specific staff person enhance CBRNs' structure, function, and sustainability.[2]

Conclusion

The CBRN discussed in this study, led by community members trained in research, is innovative in bridging the expertise of academic researchers and community organizations to collaborate, expand networks, get advice, and create meaningful research to improve community health. What sets this CBRN apart is its community-wide partnership platform, its broad focus on health disparities without being tied to a specific disease, and its openness to various community partners and research interests. This study highlights how a CBRN can serve as a pathway for enhancing academic-community partnerships, addressing health disparities, and promoting community well-being. By valuing community perspectives in CEnR, the CBRN has created a sustainable and equitable bidirectional research network. Investing in and building capacity for CEnR efforts not only strengthens partnerships but also increases the likelihood that study results are translated into action in the community. The strategies outlined in this study offer a roadmap for strengthening researcher-community collaborations, promoting equity in research, and ensuring the sustained CeEnR partnerships.

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Table 1.

The CBRN Charter

Elements of the CBRN Charter	**Details**
Goals and Purpose of the CBRN	- Establish and maintain a community of practice - Help create a platform for expanding networks - Maintain a consistent, established sounding board - Create space for community partners to present project ideas
Structure of the CBRN	- Monthly, 2nd Thursday 9-10:30, 3 times a year in person - Co-chairs: two, rotating 3rd member, one-year duration - Balancing academic and community presentations - Funding opportunities, Carey's Community Corner - Members suggest additional speakers & topics
CBRN Code of Conduct & Expectations	- Active listening - Reflecting before reacting - Openness to learning - Coming to the table with earnestness - Equity among members - Respect the vibe - Contribute to a safe(r)/brave(r) space - Understanding others' perspectives in this space, disease agnostic, goal to learn, understand, share resources, vs. transactional - Academic researchers need to attend minimum 3 CBRN meetings/year when requesting a letter of support

Future of the CBRN	- Growing/sustaining the group – what are the benefits? - Community: referrals for new members, who is missing at the table (e.g., Latinx, AAPI) - Stipend, chance to lend insight on current/upcoming research, promote the happenings in community - Chance to get real-time feedback from community - Soft skills about learning how to receive questions, important for emerging researchers - Engage in shared learning, learn from others – mistakes, timing, flow of community-engaged research

Table 2.

CBRN Survey Findings (N=26) Aligned with Qualitative Themes

Question	**n**	**%**
My primary association with the CBRN is as		
Academic	14	54
Community Member	12	46
Gender Identity (self-identified)		
Woman/Female	23	89
Man/Male	2	8
Non-binary	1	4
Race (self-identified)		
African American or Black	13	50
White	10	39
Bi- or multi-racial	2	8
Middle Eastern	1	4
The CBRN Bridges Gaps Between Research and Practice		
How relevant would you say the CBRN meetings are to you/your work?		
A great deal	9	35
A lot	8	31
A moderate amount	5	19
A little	4	15
Not at all	0	0
By being a part of the CRBN, I feel like my professional network has expanded:		
A great deal	5	19
A lot	9	35
A moderate amount	8	31
A little	2	8
Not at all	1	4

Question	n	%
Applicable Qualitative Theme: The CBRN Supports Inclusivity & Collaborative Learning		
To what extent do you think CBRN meetings are a safe place to engage about community-engaged research?		
A great deal	17	65
A lot	3	12
A moderate amount	4	15
A little	1	4
Not at all	0	0
To what extent do you feel the CBRN participants are trustworthy regarding true engagement in community research?		
A great deal	13	50
A lot	7	35
A moderate amount	4	15
A little	1	4
Not at all	0	0
To what extent do you feel the CBRN presenters are trustworthy regarding true engagement in community research?		
A great deal	12	46
A lot	9	35
A moderate amount	4	15
A little	1	4
Not at all	0	0
In the CBRN, I feel like my feedback is valued		
A great deal	17	65
A lot	5	19
A moderate amount	4	15
A little	0	0
Not at all	0	0

Table 3.

General Survey Feedback (N=26) & Most Helpful CBRN Meetings

General Feedback		
The content of the CBRN presentations and/or discussions is interesting.		
A great deal	13	50
A lot	11	42
A moderate amount	2	8
A little	0	0
Not at all	0	0
Through the CBRN, I have learned about community-engaged research happenings in the Northeast Ohio area:		
A great deal	13	50
A lot	8	31
A moderate amount	4	15
A little	1	4
Not at all	0	0

ESI Feedback: Helpful CBRN Meetings	**Representative Quotations**
How to conduct community-based research	"Topics that talked about how to conduct community-based research was really helpful."
Learning about community organizations	"There was one place where they talked about all the different community organizations that were on the grant, and that was really helpful for me to learn what was out there, …to know what other organizations that I could partner with for future studies."
Career development: targeting articles, writing manuscripts, accessing resources	"I found [CBRN sessions] very useful personally about targeting article-writing, or how to access diverse resources for marketing and stuff." "I remember one session where they talked about manuscripts, and I feel like that was really helpful." "The more specific the advice, the more helpful it is, for the most part."
Dissemination	"I thought the dissemination topic was really helpful

because everybody was pretty creative about how they disseminated their work."