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The WE Project Partnership: The Role and Scope of Community Researchers

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ABSTRACT

Background: Academic-community partnerships form the backbone of community-based participatory research. This partnership often supports the hiring and training of community members in the role of community researcher. A community researcher's role is extensive, ranging from specific research tasks to various planned and unplanned community outreach and engagement activities. This paper seeks to expand current insights about engaging community members in the role of community researcher within the context of an academic-community partnership.

Objectives: The purpose of this qualitative study is to explore community member motivations to serve in this role and more fully understand the varied tasks, both planned and opportunistic, that may be associated with their embedded, insider role.

Method: Conducted thematic qualitative data analysis using three data sources: 1) community researcher applications, 2) meetings, and 3) bi-monthly reports.

Results: Community researchers (N = 24) demonstrated a strong personal passion and interest in both the research content area of obesity and improving community health outcomes. The bi-monthly report data documents their wide range of administrative, research, and outreach activities. The meeting notes provide in-depth insights into the complexities and challenges associated with research and outreach tasks.

Conclusion: The role of the community researcher traverses well beyond prescribed data collection and research functions. Academic-community partnerships need to be intentional to ensure that policies and practices are inclusive and appropriately demonstrate the community researcher's valuable role.

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INTRODUCTION

Academic-community partnerships are a fundamental pillar of and conduit for community-based participatory research (CBPR) (Roche et al., 2010). Further, within CBPR studies, the community researcher's role is central to the research process especially within the context of academic-community partnerships (Mosavel et al., 2011). Community researchers are community members without any formal research training hired to assist with various aspects of the research, including design, data collection, and dissemination. Various terms are used to refer to the community member in the researcher role—for example, peer researcher (Arrieta et al., 2018; Eaton et al., 2018; Ryan et al., 2011), co-researcher (Vaughn et al., 2018), community research worker, or peer recruiter (Bean & Silva, 2010; Richman et al., 2012; Simon & Mosavel, 2010). A core distinction of community researchers is their shared physical, social, and emotional proximity (Gustafson et al., 2018; Richman et al., 2012) with the study population. It is precisely these shared proximities that are invaluable as social capital, especially in communities with justifiably high levels of mistrust of researchers or academic institutions (Corbie-Smith et al., 2003; Stewart et al., 2020).

The community researcher's role is of significant benefit to the research and the credibility of the partnership due to their implicit endorsement and affiliation with the research and direct engagement with research participants. In addition, the community researcher role enhances study validity (Damon et al., 2017; Roche et al., 2010), builds trust, and creates an open space where power imbalances in academic research can be addressed (Guta et al., 2013; Wallerstein & Duran, 2006). Indeed, community researchers are specifically selected because of their interests or experience with the issue as well as their community proximity, and they serve as important front-line ambassadors (Greene, 2013; Mosavel et al., 2011; Roche et al., 2010; Ryan et al., 2011). Thus, their local proximity or embeddedness provides accessibility in ways that would likely take an "outsider" researcher considerably longer to establish (Greene, 2013).

In addition to clear benefit for the research project, data indicates there are numerous reported benefits for the community researcher, such as being inspired to seek higher levels of education (Flicker, 2008), increased self-esteem (Vaughn et al., 2018), or in some cases, increased motivation towards improved personal health (Damon et al., 2017; Mosavel et al., 2011; Newell & South, 2009). However, there has been less focus on the burdens experienced by community researchers due to proximity to and similarity with study participants (Mosavel et al., 2011). Recently, more research has emerged on the intended and unintended effects of this physical and emotional proximity of the community researcher to the population or issue of focus (Greene et al., 2009; Mistry et al., 2015; Richman et al., 2012). One notable gap within the literature surrounds the factors that might influence individuals' decision to become engaged as a community researcher. Moreover, few studies have reported on the breadth of activities in which community researchers are involved within the context of these studies, or the extent to which their embeddedness and social ties within the community might lead to new insights which shape the direction of the research project.

To that end, the purpose of this paper is to examine the personal motivations for being a community researcher, and to more fully understand the scope of work and range of influence associated with the community researcher role. This study was informed by a strengths-based approach which promotes a focus on the strengths of communities rather than only focusing on deficits or gaps (Kretzman & McKnight, 1993; Rubin et al., 2012). Implicit in applying a strengths-based approach is the belief that community researchers, although not trained in research methods, contribute a substantial amount of social capital and relevant expertise to an academic-community partnership, especially within the context of a CBPR project. Drawing on rich process and qualitative data, this study aims to contribute to the community-engaged research literature by examining the scope and breadth of community researchers' tasks and their implications for research practices. Finally, this paper seeks to expand current insights about how community researchers' location in the community can expand the scope of research and provide an opportunity to the academic-community partnership to be responsive and adaptable to community needs.

METHODS

COMMUNITY SETTING

The WE (Wellness Engagement) project used a CBPR approach to address obesity in Petersburg, VA. Community meetings were held to determine the research area of focus and decided on obesity, citing its pathway to other chronic diseases (Mosavel et al., 2018). Petersburg is a city with a population of approximately 32,000, of whom the majority are African American (77%) (University of Wisconsin Population Health Institute, 2020). The city ranks as having amongst the poorest health factors and health outcomes in the Commonwealth of Virginia. In Petersburg, the most salient factors contributing to poor health outcomes include premature death, obesity, drug-related overdose deaths, and an elevated presence of sexually transmitted infections (University of Wisconsin Population Health Institute, 2020). For example, statewide life expectancy is 80 years; however, in Petersburg the average life expectancy is 67.9 years. Similarly, when comparing socio-economic data, the median income for residents across the state is $76,500 compared to $40,200 in Petersburg. In addition, 99% of

children in Petersburg qualify for free or reduced-price lunch compared to 44% statewide. Similarly, 35% of Petersburg children are living in poverty compare to 13% across the state. Despite these dismal health factors and outcomes, the city has a diverse network of community, health, and academic partners, and city officials work tirelessly to address these disparate conditions and outcomes.

ACADEMIC-COMMUNITY PARTNERSHIP

An academic-community partnership was established in 2012 between Virginia Commonwealth University and Pathways, Inc., a private, non-profit community development organization. The partnership collaboratively applied to a National Institutes of Minority Health and Health Disparities grant using a CBPR approach to conduct a needs assessment focusing on obesity in Petersburg (LaRose et al., 2021; Mosavel et al., 2020). This partnership, jointly led by an academic and community leader, became known as the Wellness Engagement (WE) project, and was supported by a Community Health Leadership Council (CHLC). The CHLC advisory council consisted of 10 individuals representing various organizations, including the YMCA, Cameron Foundation, Crater Health District, Parks and Leisure, Mama Ruth's Dialysis, Black Nurses Association, La Casa de Salud, and Virginia State Cooperative Extension Services. All research decisions were made collaboratively and this partnership was central to the research activities. Consistent with the CBPR framework, community members living within the city limits were hired as community researchers and became hourly university employees. These community researchers were known as Wellness Ambassadors (hereafter referred to as Ambassadors). They were involved in a range of tasks including outreach activities, data collection, recruitment, data analysis, and data dissemination.

Sustainability is often a concern in research projects. Thus, the partnership established the Petersburg Wellness Consortium (PWC), a community-based coalition to address health disparities more broadly in Petersburg (Mosavel et al., 2019). During the nascent stages of establishing the PWC, Ambassadors, as part of the academic-community partnership, assisted with various joint initiatives, such as the Million Mile Challenge, which was designed to promote regular walking and endorsed by the City Council. Today, the PWC is an independent, community-led coalition.

The partnership conducted an extensive needs assessment to understand the community's perceptions and challenges related to managing a healthy lifestyle. We used diverse research methods including asset mapping (Mosavel et al., 2018), house chats (Mosavel et al., 2016), focus groups, key informant interviews, and a community survey (Mosavel et al., 2020), which resulted in the development and pilot testing of a peer-led, community-based intervention to increase physical activity and nutrient-rich foods (LaRose et al., 2021). Ethics approval was received from the Virginia Commonwealth University institutional review board for all aspects of the research (HM14742). Ambassadors completed written informed consent and indicated how they wanted to be identified in public reports. Options included: "use my full name in reporting, use only my first name, use my first and the first letter of my last name, and do not use my real name." Consequently, Ambassador names are referenced based on consent choices identified during the informed consent process. One of the Ambassadors contributed to this manuscript as a co-author.

RECRUITMENT

Ambassadors were recruited using multiple methods, including community events, flyers, and word of mouth by community partners. Eligibility criteria included: Petersburg resident, 18 years or older, high school diploma, computer literate, self-diagnosed as overweight, commitment to improving personal health, and ability to work at least 20 hours per month. Interested applicants completed an online screening application using a web-based (Qualtrics) survey tool or a paper-pencil application. Everyone who completed the application received a $5 gift card. Applications were received on a rolling basis and were reviewed by the academic and community investigators. Qualified candidates met with the investigators and a reference check was completed, whereafter informed consent was obtained. Ambassadors were hired as part-time hourly staff and paid $10 per hour. As hourly university employees, Ambassadors were required to complete a background check. They worked approximately five hours per week, though some weeks more hours were available based on project activities. Hours worked were entirely based on Ambassador availability and most welcomed additional hours. Ambassadors logged hours electronically or in writing to the study coordinator.

AMBASSADOR TRAINING

Training consisted of six interactive modules. Topics included: an overview of the WE Project and community researcher role; obesity prevalence at local, state, and national levels; relevant frameworks such as the socio-ecological model and CBPR; human subjects training approved by the IRB, research protocol, data collection, community considerations related to privacy and confidentiality, study rigor, and accountability (Andersen, 2015). Each of the six sessions was two hours in duration. The study team and Ambassadors held weekly meetings for the duration of the study. Once onboarding was completed, ongoing training was provided either at regular weekly meetings or at additional training meetings associated with the specific study protocol.

DATA SOURCES

This paper draws upon three data sources: community researcher applications, meeting minutes, and bi-monthly reports completed between 2013–2014. The 31-item screening application included close-ended questions about demographics, availability to work, community networks, computer literacy, and writing skills. Open-ended questions explored applicant motivation for being an Ambassador and self-identified contributions to the WE project. Weekly team meetings were held to plan research and outreach tasks, assess implementation progress and challenges, and address any community or Ambassador feedback. Meeting notes were electronically documented by either a research team member or Ambassador. In addition, each week, the previous minutes were reviewed and verified. The bi-monthly activity report corresponds with hours worked and captured Ambassador activities such as administration, research, and outreach. For details of the many tasks performed, see ***Tables 1*** and ***2***.

RESEARCH STEPS	RANGE OF WELLNESS AMBASSADOR ACTIVITIES
Design Input	Provided input for house chat questions Assisted with training guides Tailored implementation protocol Community context Recruitment strategies Community surveys Intervention development
Recruitment	Conducted informed consent Recruited for the key informant interviews, focus groups, house chats, and community surveys Townhall meetings Data dissemination
Data Collection	Facilitated house chats Assisted with identification of key informants Assisted with asset mapping as community experts Walking Club documentation and miles Focus group notetakers Conducted community surveys
Data Analysis	Key informant data analysis Focus group data analysis
Dissemination	Provided input on all data dissemination materials Recruitment for data dissemination meetings Hosted data dissemination meetings Provided participants with updates about study progress Hosted photovoice exhibit Provided input on script development for data dissemination “Changes and Choices” Play Public relations input (press releases, city council meetings) Co-hosted townhall meetings

Table 1 Research Activities.

ADMINISTRATIVE	OUTREACH (PLANNED AND OPPORTUNISTIC)
• Project-related emails • Website, social media updates and maintenance • Wellness Ambassador meetings • Review WE Project reading materials • Wrote Wellness Ambassador reports • Printed research-related materials • Organized handouts and giveaways for the Million Mile Challenge • Created materials for the walking groups • Prepared minutes, weekly reports • Wrote a blog • Phone calls to solicit volunteers for the community event • Reviewed, studied research-related documentation	• Shared information about the WE Project • Engaged in discussions at various events: Relay for Life, Pecan Acres, Pin Oaks, and Petersburg High School about the WE Project and the walking groups • Presented about the WE Project at church conferences, community meetings • Presented to an event requesting volunteers for WE Youth Day, WE play • Distributed WE Project promotional materials to various businesses • Met with residents of Acqua Apartments and Croatan Apartments • Solicited input of residents on WE Project improvements • Recruited volunteers for a local event • Townhall preparation • Youth day data dissemination meetings • Planned meeting with Virginia’s lieutenant governor on the health of Petersburg • Hosted community meetings about the walking groups • Attended the Petersburg Cooperative Extension Leadership Council Meeting • Met with education stakeholders • Participated in a city-wide committee to improve health in Petersburg • Attended meetings to obtain support for the Million Mile challenge • Promotion of walking clubs • Planned health fair at Petersburg public library

Table 2 Administrative and Outreach Activities.

DATA ANALYSIS

The data was collated and two coders independently reviewed and categorized emerging themes (Rossman, 2006). A thematic analysis was conducted of the open-ended answers from the Ambassador applications. Coders categorized the major themes emerging from the meeting notes, including activities, process tasks, coordination, challenges, and roles and responsibilities. Similarly, bi-monthly reports were collated and categorized according to emerging themes. Discrepancies in codes were resolved using consensus. A third coder was available to address unresolved disagreements. Emergent themes were similar for both the meeting notes and bi-monthly reports. Weekly meeting notes provided more contextual information about the implementation processes, while the bi-monthly reports were specific to activities completed every two weeks. Collectively this data provides valuable insights into the activities and nuances associated with the community researcher role. Descriptive statistics were conducted with close-ended data from the Ambassador applications data using SPSS v15.

RESULTS

DEMOGRAPHICS

41 community residents completed Ambassador applications; 17 did not complete the process. Data is only reported for those who completed the entire process, including an interview and informed consent (n=24). Most Ambassadors were female (75%; n=18), more than half (54%) were in the 46 to 65 age range, and the majority (88%) self-identified as African American. Slightly more than half (54%) reported living in their neighborhood for less than five years while 37% have been living there for more than 10 years. The majority completed either a four-year degree (38%), some college (21%), or had a graduate degree (17%). More than half (54%) reported completing certified training such as CPR and first aid, licensed minister, HIV peer counselor, notary, state-certified lead-based assessor, community and grassroots organizing certificate, peer facilitator, or nurse's assistant. Employment status varied: 25% were unemployed, 33% worked part-time, and 37% were employed full-time.

WHY BECOME A COMMUNITY RESEARCHER?

Personal Passion

Most indicated interest in addressing obesity not only because of concern for their families and communities but also because they had a strong desire to improve their personal health. For example: "Love working with people in the community, want to become healthier myself" (Erica Blackwell); "Currently I am seeking ways to live healthy and cook as well" (John). Most indicated they were actively seeking to engage in a healthy lifestyle by eliminating certain foods from their diet, eating more fruits and vegetables, and engaging in physical activity. Examples included: "After doing research on the impact of nutrition on cancer survival, I have moved towards a plant-based diet" (Talibah Majeed); "As a vegetarian, I value healthy eating habits and do my best to maintain a healthy and balanced diet" (Rachel); and "I do not eat most animal products with the exception of seafood, eggs, and a limited amount of dairy" (Maria J.). The majority mentioned being engaged in some form of physical activity, such as walking and yoga, multiple days of the week. For example: "I try to get down to the fitness room or power-walk daily or at least three to four times a week" (Elaine Mitchell).

Witnesses to Family and Community Needs

Many were motivated to become Ambassadors due to witnessing family and friends experience challenges with food choices, as illustrated by this comment: "My friends and family believed strongly in the 'clean your plate club' and if you were skinny, you were sick" (Talibah Majeed). Some applicants expressed concern for the health of their community by saying: "It's an issue [obesity] that is killing my race and I want to be proactive in the change" (Alana). Others expressed a desire to help members of their community by saying: "There are a lot of challenges in our culture with eating. It can be hard to overcome by yourself. But, with others cheering you on and giving you sound advice, health information, [and] encouragement, it is easier to achieve some goals" (Clarissa R.).

Desire to contribute to change in the community

Concerns about the poor health outcomes in the city were a major driver to become an Ambassador. Illustrative comments include: "Being that I am a resident of Petersburg, which was voted the unhealthiest city, I would love [to] participate in ways of changing that status" (Lashawn); "[It] bothers me to see unhealthy people continue a poor lifestyle due to lack of knowledge" (Prince Awhaitey). Applicants expressed strong motivation to "help" others and shared their own experiences of personal losses due to poor health: "I would like to be a Wellness Ambassador because I believe I can help change someone's life by giving them the proper instructions on what to eat and how much to eat based on my experience" (Valerie).

Self-Identified Assets of Community Researchers

Ambassadors recognized their contributions to the WE project as illustrated by this comment: "Two important contributions I can offer to the study are a strong work ethic and a positive and compassionate attitude" (Rachel); and "40-plus years of working with and for the public in numerous health-related capacities" (David Hamler). Applicants also described how their knowledge of the community context could benefit

the research. Illustrative comments include: "I can help with my knowledge of the people in this community" (Lachyi Bland); "I can relate to many of the experiences that limited income families go through and I'm sure that I can communicate well with them because of my own experiences and because of my previous work experiences" (Teresa S.).

SCOPE OF ACTIVITIES

Research Activities

Ambassadors were engaged in all aspects of the research (see ***Table 1***). In terms of study design and implementation, they provided critical feedback, primarily during weekly meetings. Most were involved in and gravitated towards recruitment, data collection, and dissemination activities. Regular debriefing sessions occurred throughout the project to support the Ambassadors because of their dual relationship as resident and researcher and the potential for emotional burden. Typical discussions at weekly meetings included reviewing the implementation of the study protocol, maintaining study rigor, reporting technical difficulties, and addressing concerns related to implementation. Meeting notes reflected Ambassador input in the research design and implementation: "We had a verbal consent review [house chats protocol], circle things that need to change, need to build relationships, WAs might prefer to go in pairs for recruitment," or "We broke into groups to revise the house chat questions. The new questions are now in effect." Recruitment and representation were also addressed by both investigators and Ambassadors. For example, notes from a meeting indicated: "We had a long conversation about men, particularly African American men, not having much of a presence in the house chats and in community events" (WA Meeting). As a result, the research team decided on expanded methods to conduct targeted recruitment of men to join the walking clubs and house chats. Furthermore, Ambassadors discussed difficulties recruiting in certain neighborhoods and the need to first establish relationships: "Pecan Acres & Pin Oaks [low-income housing developments] experience of group suggests it's a hard population to reach. Teresa tried to make contact" (WA Meeting); "Building relationships with people, reciprocity for support, recruiting is a challenge" (WA Meeting). There were reminders about strengthening study rigor as illustrated by this note: "A number of forms from the first round of house chats, such as the wellness ambassador debrief report, had missing items. It is important to answer all the questions thoroughly." Or "there are issues with people not filling in the 'approximate location' of carry-out restaurants and corner stores" (community survey).

Administrative Tasks

Closely associated with the research activities were administrative tasks such as the timely completion of timesheets, documentation of weekly activities in the bi-weekly report, and responding to emails (see ***Table 2***). However, there were challenges with the consistency and timeliness of completing administrative tasks. Consequently, meeting minutes and bi-monthly report data identified repeated themes associated with administrative tasks and perceived burdens. These tasks, identified in the bi-monthly reports, included logging work hours, responding to emails, conducting outreach, attending meetings, establishing community contacts, preparation for meetings, and/or printing materials for outreach activities. Administrative tasks would increase in scope based on the Ambassador's embeddedness and their access to residents who would frequently share with them the need for more information, community meetings, and or programming activity (see ***Table 2***). For example, Ambassadors reported the need for programming focusing on physical activity, and consequently, the WE project collaborated with the PWC coalition to launch the Million Mile Challenge motivating residents to start walking clubs. Although not initially a part of the outreach activities, the Ambassador role expanded to include work on various aspects of the Million Mile Challenge.

Outreach Activities

Outreach activities refer to efforts to support the research while at the same time being of service to community partners who shared a common agenda with the WE project. Outreach activities (see ***Table 2***) were generally planned at weekly meetings, although at least half of these activities included opportunities directly identified by the Ambassador due to stakeholder feedback and Ambassador assessment of local need. Of note were the various grocery store and gas station encounters and attendance at a range of community activities where they conducted outreach. For example, several Ambassadors were personally active in various organizations, and in this capacity would frequently be able to share and receive project-specific feedback primarily pertaining to strengthening the project. An excerpt from a bi-weekly report illustrates these insider opportunities for outreach: "Each Monday at the Masonic Temple they have meetings and bingo, I passed out materials on the WE project and the walking clubs;" "political activity held by Delegate Dance, I shared information on my role with WE." A similar excerpt from Elaine's bi-weekly report: "Three outreach activities: all were unplanned discussions about forming walking clubs." Similarly Raymon stated: "Outreach activity involved an unplanned discussion of the Million Mile challenge with three individuals." As evident from ***Table 2***, many of their outreach activities included working in partnership with the PWC and being present at local events in alignment with the project goal. Ambassadors were paid for all project-related work.

DISCUSSION

This study set out to understand motivations for being a community researcher and explore the scope and extent of activities within the context of an established academic-community partnership. First, the results indicate that personal passion and desire to improve their own health, concerns about family and community health needs, and a strong desire to contribute to community change were the most salient motivators for becoming a community researcher. In addition, Ambassadors readily identified their potential contributions to the research and partnership, which included extensive community networks, deep knowledge of, and direct engagement with the community. Second, the findings illustrate the wide range of community researcher activities, including research, administration, outreach, and engagement. They especially gravitated towards recruitment, outreach, data collection, and data dissemination tasks. Most insightful was that in at least half of the cases, the outreach activities were unplanned and primarily based on their location and proximity in the community as a resident.

The study findings are especially relevant to researchers whose work is guided by a CBPR, community-based participatory action, or community empowerment framework, all of which emphasizes the meaningful engagement of community residents in research (Ibáñez-Carrasco et al., 2019; Vaughn et al., 2018). For example, the deeply personal reasons why residents are interested in the role of community researcher suggest that academic-community partnerships need to be thoughtful about their emotional connection to the research process and outcomes. Therefore, partnerships need to be transparent and communicate project goals and limitations. Foremost, these partnerships must recognize the need for action beyond the narrowly circumscribed research question (Kaida et al., 2019). The community researcher's personal commitment to the research topic is an invaluable asset to any CBPR or community-engaged research study. However, it is important to understand that these personally-driven motivations also have the potential to be emotionally (Mosavel et al., 2011; Mosavel & Sanders, 2014) and physically burdensome on the community researcher if not addressed with complete transparency by the research team (Guta et al., 2012; Richman et al., 2012).

A key contribution of our study was identifying the broad scope of work of the community researcher. Their various activities, planned and unplanned, suggest that their location in the community allows them unique insights and access ultimately benefitting the partnership, positively influencing the research, and potentially avoiding increased community mistrust. The Ambassadors' role on the WE project afforded the research team a level of access and ongoing feedback that facilitated responsiveness to the needs and preferences of community members; in this way, the community researchers shaped the direction of the research activities. Furthermore, given the embeddedness of community researchers, residents readily shared project-based or community concerns. Such constructive and candid feedback is invaluable and has the potential to protect the partnership from unintentionally creating mistrust in the community. However, while the embeddedness of the community researcher can significantly enhance the effectiveness of outreach efforts, it may also cause conflict about role boundaries or work performed (Greene, 2013; Wilson et al., 2018). As highlighted in previous research, the partnership has to be transparent about the extent and limitations of their research budgets to accommodate unplanned activities that may arise (Hoeft et al., 2014; Horowitz et al., 2009). It is essential that there is open communication throughout and that budget and other limitations are addressed at the project onset and in ongoing meetings.

Based on these findings, there are a few emerging recommendations for academic-community research partnerships and research using a CBPR or action approach. First, using a strengths-based approach to guide the work with community researchers is particularly important, especially related to their choice of activities. Aligned with their perceived strengths, it is essential that community researchers must have the flexibility to self-select research tasks that match their interests, skills, and availability. Second, engaging residents as community researchers will result in an expanded scope of work and include various unplanned outreach activities, which will have various implications for budget planning purposes. As such, we underscore the importance of transparent budgetary discussions and the adequate compensation of community partners, which has been discussed by other community-engaged researchers (Black et al., 2013; Cain et al., 2014; Jones & Wells, 2007). Third, conducting regular team meetings is essential to address real-world implementation and to use it as a recurring platform to discuss additional programming and outreach requests. Conflict or divergence between research protocol and implementation is highly probable. Therefore, there is an ongoing requirement for dialogue to create a shared understanding and balance between responsiveness to community need, scope of the research, and budgetary implications. Furthermore, it is essential to recognize the community researcher's shared characteristics with the community, and these similarities will, at times, create conflict, challenges and opportunities. Therefore, open communication is essential as well as using consensus-building strategies to address specific concerns (Abelsohn et al., 2015; Fisher et al., 2013; True et al., 2011). Finally, it is vital that the partnership must provide the community researchers with adequate support and training for managing their dual roles as well as implementing the protocol (Damon et al., 2017; Ibáñez-Carrasco et al., 2019).

STUDY LIMITATIONS

Various limitations need to be noted. This study used non-intrusive data sources based upon data collected during the hiring process and throughout their experience as Ambassadors. Exit interviews were not conducted and could have further informed future best practices. Additionally, we did not obtain data on how the community perceived the Ambassadors although no negative responses were reported based on outreach and weekly meeting reports. Another limitation is that this study excludes data from community researchers who completed the application but not the informed consent process. The reasons for non-completion are unknown but could likely include concerns related to required university background checks, administrative burden, hourly rate, changed availability, or other unidentified areas which could have provided further insights about improving the process and addressing potential burdens.

In conclusion, this research contributes to our understanding of the important process of working collaboratively with community members in the role of community researcher. Results underscore that personal passion, strong identification with the research topic, and commitment to improving broader community health were the main drivers for community researchers to engage in this role. Findings further underscore the potential for community researchers to be engaged across a variety of study related activities, and importantly, to facilitate shifts in research priorities and strategies in order to be more responsive to the needs of the community. Community researchers bring significant social capital related to community knowledge and embeddedness. Therefore, it is essential that academic-community research partnerships are adaptable and responsive to input from the community researchers, while practicing transparency about budgetary limitations associated with the scope of work and providing ongoing support related to their dual roles.

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COMPETING INTERESTS

The authors have no competing interests to declare.

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