

# Community-Based Participatory Research and Sustainability: The Petersburg Wellness Consortium

Maghboeba Mosavel, Jodi Winship, Valerie Liggins,  
Tiffany Cox, Mike Roberts, and Debra Jones

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## Abstract

The principle and practice of sustainability is critical in community-based participatory research. Actively planning for and building community capacity to ensure sustainability is even more critical in research involving underserved populations and underrepresented minorities. The perception of researchers engaging with the community until their research needs have been met, then leaving the community with minimal, if any benefits, has all too often been the reality in these communities. This paper offers a case study of how an independent community consortium was borne from an academic/community research partnership in Petersburg, Virginia. We discuss lessons learned and practice implications as we describe the evolution of, and challenges associated with, cultivating a sustainable independent coalition.

## Introduction

Academic research projects have received well-deserved criticism for engaging in helicopter research that focuses primarily on the research goals without developing a plan for building capacity and creating a sustainable system that will live on well after the research funding has ended. Community-based participatory research (CBPR) as a highly engaged framework provides the ideal context within which to plan for continued engagement in targeted public health issues (Israel, Schulz, Parker, Becker, Allen, & Guzman, 2010). However, while sustainability is a concept integral to CBPR, it continues to be a component that, while acknowledged, is most often relegated for future research projects. Realizing a sustainable impact beyond the necessarily prescribed research focus is often difficult for academic/community partnerships. What are the best approaches to support ongoing efforts in a systematic and structured manner and how can these initial academic/community partnerships be transformed to address health disparities beyond the initial scope of a research project? The aim of this paper is to describe how an academic research project can inform and support the development of a sustainable, independent community coalition. We discuss lessons learned and practice implications as we describe the evolution of, and challenges associated with, cultivating an independent coalition started by a research partnership in tandem with the concurrent implementation of the research.

## CBPR and Sustainability

Communities have become increasingly skeptical of researchers who are primarily focused on the research goals and fail to develop a plan for sustainability at the onset of a community-based research program despite realizing the limitations of grant funding. Particularly in research involving underserved populations and underrepresented minorities, the perception of researchers engaging with the community until their research needs have been met, then leaving the community with minimal, if any benefits, has all too often been the reality (Dancy, Wilbur, Talashek, Bonner, & Barnes-Boyd, 2004).

The principle and practice of sustainability is critical in CBPR. Implicit in the principle of sustainability is a commitment for partnerships, relationships, knowledge gained, and capacity building to extend beyond the research project or funding period (Hacker, Tendulkar, Rideout, Bhuiya, Trinh-Shevrin, Savage, Grullon, Strelnick, Leung, & DiGirolamo, 2012; Israel, Krieger, Vlahov, Ciske, Foley, Fortin, Guzman, Lichtenstein, McGranaghan, Palermo, & Tang, 2006). Importantly, this also means that relationships between individuals or organizations are maintained in support of continued collaboration even if the original project initiated through the academic/community partnership is not continued (Israel et al., 2006; Israel et al., 2010). Interconnected with sustainability is the concept of building local capacity to sustain partnerships and programs (Andrews, Newman, Meadows, Cox, & Bunting,

2012; Hacker et al., 2012; Israel et al., 2006). When CBPR projects facilitate learning, skill-building, and networking opportunities, provide technical assistance, and sometimes even funding, community capacity can be strengthened, thus preparing the community to take control and address issues of importance for the long term (Hacker et al., 2012).

There are, of course, significant challenges to ensuring sustainability in CBPR projects, including limitations of time and resources needed to grow networks and transfer knowledge, and the frequent struggle to maintain the morale and energy of diverse partners for the long term (Israel et al., 2006). Nevertheless, the literature provides examples of effective sustainability in academic/community partnerships through building trusting relationships, recognizing the value of all partners' perspectives, gaining a commitment to collaborative principles and providing a structured organization, including a leadership succession plan (Hacker et al., 2012; Israel et al., 2006).

The Harlem Community and Academic Partnership (HCAP) and Khmer Girls in Action (KGA) are two such examples. Both are currently non-profit organizations that began as CBPR projects. Loss of funding and later the loss of their primary academic partner spurred HCAP to reassess their future. These catalysts resulted in the remaining partners' decision and commitment to ensure sustainability of their mission by becoming a stand-alone, independent entity (Harlem Community and Academic Partnership, n.d.). Similarly, the KGA was built from a CBPR project through Asian Communities for Reproductive Justice (ACRJ) and their Health, Opportunities, Problem Solving, and Empowerment (HOPE) project. After a successful implementation of the HOPE project, KGA was formed by the community as an independent organization to continue the empowerment efforts of the HOPE project with a focus specifically on Cambodian girls and women in the Long Beach community (Cheatham-Rojas & Shen, 2010).

Following the tenets of CBPR, researchers must be willing to relinquish a project back to the community, or better yet, build it in partnership with the community. By doing so, not only does it ensure sustainability of the project, but it sends a strong signal to community members that the researchers are there to support them and the community's identified needs, and not just there to benefit from conducting research "on" the community. A commitment to sustainability in CBPR projects helps to re-establish the credibility and

relevance of researchers and their institutions and to rebuild trust between academia and under-represented and minority communities and populations.

While sustainability is an acknowledged outcome in CBPR and there are examples in the literature of CBPR projects that have sustained beyond the initial research project, as well as description of facilitators and challenges to sustainability, there is a visible gap in the literature related to the actual process and steps involved in moving toward sustainability. The purpose of this paper is to address this gap and to describe the process by which the Wellness Engagement Project (WE Project)—an academic/community partnership focusing on obesity reduction and prevention—initiated and implemented an independent coalition, the Petersburg Wellness Consortium (PWC), to maximize the continuation of a city-wide health disparities agenda beyond the focus on obesity.

### **Community Context**

Petersburg, Virginia was once a thriving industrial community. One of its largest industries was tobacco. At one time the tobacco industry employed more than two thirds of Petersburg, Virginia's workforce. Even though the largest company involved in tobacco production, Brown and Williamson, left the city in the mid-eighties, the after effects are still palpable (Schneider, 2016). The remnants of this loss can be seen in struggling neighborhoods with dilapidated housing and abandoned factories. In addition, these losses have bred an environment of financial mismanagement. In 2016, Petersburg was forced to undergo significant financial audits and investigations (Buettner, 2016a), the outcome of which led to several leadership terminations and resignations (Buettner, 2016b). Presently the city is facing dire economic problems (Adam, 2017).

The collective inability to move on, the struggle to forget a past that was seen by many as golden years, can be understood more if the topic is broached over coffee with a local church group, or dinner and drinks in a downtown pub. Informal discussions conducted by one of the PWC leaders (co-author) on the perceived reasons for Brown and Williamson's departure from the community may vary in detail but all revolve around bad political decision-making or corporate greed (Wikipedia, 2017). It is still unclear if the desire to abandon a union-backed workforce for less organized employees was the dominant factor behind the

decision to leave, or the possibility of a decreased tax burden, or the reluctance of city government to provide land for expansion. All conversations shared one common theme: a perceived lack of regard or consideration by the corporation for the citizens who would be left behind in a state of economic hopelessness. This perception of “being disregarded and used” is a theme interwoven into the public discourse and is integral to the question of who can be trusted in community matters.

With a current population of approximately 32,000, the majority (77%) of Petersburg residents are black, 15% are white, 5% are Hispanic/Latino, and 3% are mixed or other races (U.S. Census Bureau, 2017). With an unemployment rate nearing 7% (U.S. Department of Labor, 2017) and a median household income rate substantially lower than that of Virginia as a whole (\$32,000 compared to \$55,000) (U.S. Census Bureau, 2017), it is not surprising that the poverty rate is 28% (U.S. Census Bureau, 2017) and 100% of public school students in the City of Petersburg receive free breakfast and lunch through the USDA Community Eligibility Provision (Virginia Department of Education, 2017). Petersburg’s overall health ranking is the poorest in the state according to the Robert Wood Johnson County Health Rankings (Robert Wood Johnson Foundation, 2018). Approximately 45% of Petersburg residents are reportedly obese (Robert Wood Johnson Foundation, 2018), and the city has significantly higher rates of cancer, heart disease, diabetes, and kidney disease compared to the rest of the state (Virginia Department of Health, 2015).

## **The Wellness Engagement (WE)**

### **Research Project**

#### *University Partner*

As a health disparities researcher at Virginia Commonwealth University (VCU) in Richmond, Virginia (30 miles north of Petersburg), the first author became involved in the Petersburg community through a research project focusing on cancer disparities among African Americans. Using community-engaged strategies including photo-voice, focus groups, and town hall meetings, the author sought to understand the community’s attitudes, beliefs, and barriers to cancer prevention and treatment (Mosavel & Ports, 2015; Mosavel, Rafie, Cadet, & Ayers, 2012). As often occurs during community-engaged research, through the numerous listening sessions with the community, engagement with the community and multiple community partners, the author became familiar with the health needs in Petersburg, including the

manifestations of the social determinants of health. In addition, she recognized that alongside the dismal health rankings, there were many existing local assets that could be further cultivated, as well as community partners diligently working to address community need. This engagement provided the context and relationships necessary to design the WE Project.

#### *Community Partner*

Pathways, Inc., is a Petersburg-based non-profit organization with a mission of being “a neighborhood partner building pathways to education, employment, good health, and a revitalized community” (Pathways, 2018). Since its founding in 1995, the organization has established itself as an anchor in the community through extensive outreach and programing. In support of its educational mission, Pathways provides diverse programming including youth workforce and leadership development and re-entry support for those recently released from the criminal justice system, as well as financial and job coaching services for those currently in the workforce. The organization also fosters community revitalization through affordable housing, food distribution programs, and community engagement. Finally, Pathways operates the city’s only free medical clinic and offers a variety of health and wellness classes to the community.

#### *Partnership Established*

It is within the context of Petersburg’s ongoing economic challenges and health profile of being ranked as lowest in Virginia (133 of 133) in both health factors and outcomes (Robert Wood Johnson Foundation, 2018), that the VCU researcher approached Pathways, which had an established community presence, to collaborate on a National Institutes of Health grant opportunity to improve health outcomes in Petersburg.

In 2012, in preparation for the grant application, Pathways and VCU conducted several community meetings with various stakeholders (community-based organizations, faith community, residents) to determine the community’s priorities and identify the salient health concerns. As a well-known organization with particular strength in grassroots organizing, Pathways was able to assemble diverse stakeholders at relatively short notice, culminating in the participation of more than 30 different community organizations and residents.

The conclusion of these meetings resulted in a community-identified research focus, overall support for moving forward with the project, and interest by many in directly participating in the project if the research project was funded. The community meetings also brought light to the community’s mistrust of researchers and concern that any benefits derived from the project would end when the research was completed.

*The WE Project*

Feedback from the community meetings was used to inform the focus of the proposed research project: obesity. The proposed project would include a comprehensive needs assessment to identify the community’s strengths and resources for addressing obesity, the community’s perception of obesity, and to identify potential community-wide interventions that could be implemented to address obesity. From the needs assessment, a community-based obesity intervention would be developed and tested. Furthermore, in response to the community’s concern about “helicopter” type interactions with researchers, an additional aim of the proposed project was to establish a community consortium to address obesity. Furthermore, VCU and Pathways both discussed sustainability as a major concern and agreed that there was an obligation, regardless of funding success, to: (a) address the need for community-based organizations to have a forum to discuss health issues and (b) maximize the city’s limited resources through networking. Consequently, harnessing the momentum that was created by the community meetings, the Petersburg Wellness Consortium

(PWC) was established and began to meet monthly even before the WE Project was funded.

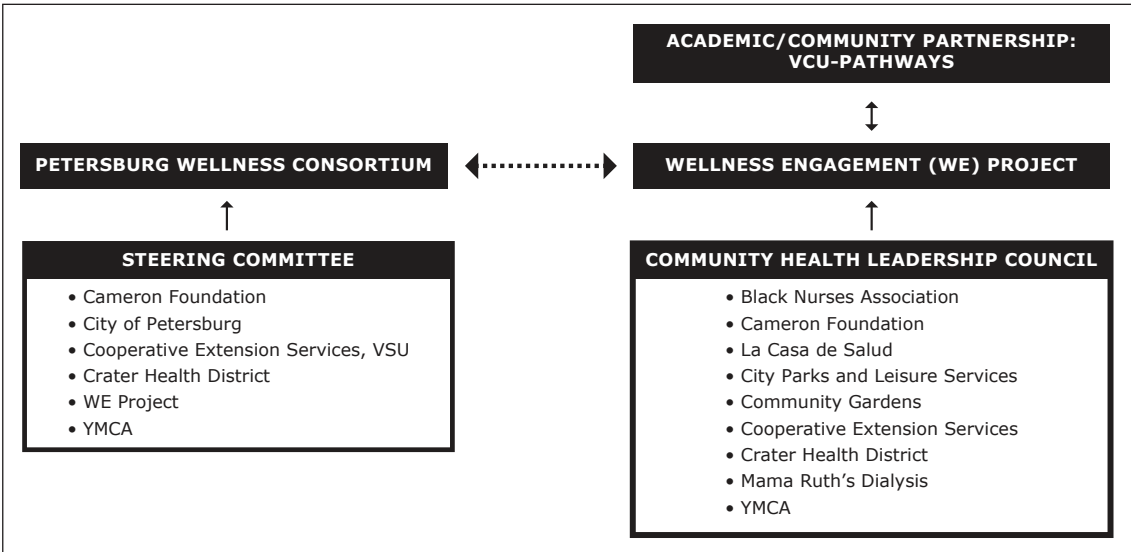
Subsequently, the WE Project was funded in 2013 as a three-year planning grant to use a CBPR approach to focus on obesity. From 2013–2016 the WE Project conducted a community-engaged needs assessment utilizing strategies such as asset mapping, a community survey, “house chats” (Mosavel, Ferrell, & LaRose, 2016) and town hall meetings to inform the development of a pilot intervention to increase physical activity and improve dietary quality and intake in Petersburg. Instrumental to the CBPR approach, the WE Project hired and trained 18 community residents as Wellness Ambassadors, who had the dual role of being community researchers as well as health advocates. Furthermore, a Community Health Leadership Council (CHLC) consisting of 10 leaders of various organizations, healthcare providers, and community-based partners was established (Figure 1). The CHLC was a community advisory board that met regularly with the research team to provide feedback and advice as the research protocols were developed and implemented. Most importantly, four of these CHLC members (and co-authors on this paper) were active in the PWC from its inception and became instrumental in solidifying the structure of the PWC and ultimately moving the PWC toward independence.

**Establishing an Independent Consortium**

*WE Project Support (2012–2013)*

From its inception, the intent was for the PWC to function as an independent body of community leaders coming together to address health in

**Figure 1.** PWC Structure



**Table 1.** Distinction and Alignment Between WE Research and PWC Activities

|             | <b>WE</b>                                                                                                                                                                                                                                                                                                                                                                                             | <b>PWC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2012</b> | <ul style="list-style-type: none"> <li>• Community meetings in spring 2012 to determine health priority for Petersburg</li> <li>• WE Project grant submitted</li> </ul>                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• PWC established by VCU and Pathways</li> <li>• Monthly meetings begin</li> <li>• Consultant hired to work with PWC to define mission and purpose</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>2013</b> | <ul style="list-style-type: none"> <li>• WE Project funded</li> <li>• Community health leadership Council (CHLC) established</li> <li>• Wellness ambassadors hired and trained</li> <li>• Developed walking club toolkit</li> <li>• Ambassadors start walking clubs</li> <li>• Ambassadors provide training and support for Million Mile Challenge</li> </ul>                                         | <ul style="list-style-type: none"> <li>• PWC continues to meet monthly and work on mission and organizational structure               <ul style="list-style-type: none"> <li>– organized by WE Project and CHLC</li> </ul> </li> <li>• Wellness ambassadors join the PWC</li> <li>• Launched Million Mile Challenge</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>2014</b> | <ul style="list-style-type: none"> <li>• Data collection begins (asset mapping, survey, house chats, etc.)</li> <li>• CHLC meetings</li> <li>• Supervise student interns to support PWC</li> </ul>                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Million Mile Challenge continues</li> <li>• PWC continues to meet; support community activities</li> <li>• WE and council members provide “reluctant” leadership</li> <li>• Strengthen community presence with table/booth at community events</li> <li>• Cameron Foundation Health Summit               <ul style="list-style-type: none"> <li>– introduced PWC to RWJF coaching program</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                              |
| <b>2015</b> | <ul style="list-style-type: none"> <li>• WE Project study implementation</li> <li>• CHLC meetings</li> <li>• Wellness ambassador trainings</li> <li>• Host community events</li> <li>• Data dissemination</li> <li>• Building capacity of PWC</li> <li>• Supervise interns to support PWC</li> <li>• WE Project lead submit DentaQuest Foundation grant to explore oral health disparities</li> </ul> | <ul style="list-style-type: none"> <li>• WE lead investigator establishes PWC team, applies and is awarded RWJF Roadmaps to Health Action Award</li> <li>• PWC steering committee established               <ul style="list-style-type: none"> <li>– includes select CHLC members</li> </ul> </li> <li>• Stakeholders convening meeting</li> <li>• Bylaws approved</li> <li>• DentaQuest funding supports PWC capacity building</li> <li>• First workgroups established               <ul style="list-style-type: none"> <li>– Youth health &amp; wellness</li> <li>– Chronic illness</li> <li>– Oral health</li> </ul> </li> <li>• PWC members participated in walking tour with First Lady of Virginia to highlight challenges in the city’s infrastructure and healthy food availability</li> </ul> |
| <b>2016</b> | <ul style="list-style-type: none"> <li>• Walkability audit</li> <li>• Built environment beautification</li> <li>• PhotoVoice exhibition</li> <li>• Data dissemination</li> </ul>                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• First PWC board of directors elected; WE Wellness ambassador elected as Secretary</li> <li>• PWC independent</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>2017</b> | <ul style="list-style-type: none"> <li>• Ongoing capacity building and training of community residents as health advocates</li> </ul>                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• Monthly board meetings</li> <li>• Workgroup meetings and activities</li> <li>• PWC publishes its first annual report</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Petersburg, thus extending beyond the work of the WE Project (Table 1). The work of the PWC was primarily led and supported by the WE Project staff, including several CHLC members. For example, the WE Project coordinator was responsible for coordinating PWC tasks, interacting with PWC members, and any follow-up required; additionally, CHLC members alternated in facilitating and leading PWC meetings (Table 2). In the initial meetings, presentations were made to differentiate the purpose and role of the WE Project as separate from the PWC; however the extensive participation of WE Project staff, including the Wellness Ambassadors, contributed to continued confusion by some of where the WE Project ended and the PWC began.

The WE Project and CHLC understood the importance of distinguishing between the WE research project and the PWC (community coalition); to this end, early in its inception, the WE Project funded a consultant to work with the PWC and interested community stakeholders to develop its initial mission and organizational structure.

Two planning sessions were organized soon after the PWC was established to obtain input from community organizations about their visions for the coalition. Feedback from these planning sessions was overwhelmingly positive and indicated a strong desire and need for collaborative efforts to improve health in Petersburg. Feedback included:

- Community development organization leader: “I see PWC as operating as a well-organized and well-informed group of local service providers and stakeholders who are making real change in the improvement of health in Petersburg.”
- Medical center manager: “A community team of pooled resources working together to improve the health and wellness of Petersburg residents and the community.”
- Virginia Cooperative Extension faculty: “I would like to see the PWC be the ‘glue’

**Table 2.** Evolution of PWC’s Organizational Structure

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2012 Organizational Structure</b>                 | <ul style="list-style-type: none"> <li>• PWC overseen by WE Project and CHLC leadership</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>2013 <i>Proposed</i> Organizational Structure</b> | <ul style="list-style-type: none"> <li>• Headed by 2 co-chairs               <ul style="list-style-type: none"> <li>– one community-based organization</li> <li>– one non-community-based organization</li> </ul> </li> <li>• Three working groups               <ul style="list-style-type: none"> <li>– Health events</li> <li>– Nutrition</li> <li>– Physical activity</li> </ul> </li> <li>• 5-member steering committee               <ul style="list-style-type: none"> <li>– Co-chairs + working group representative</li> </ul> </li> <li>• Technical support team               <ul style="list-style-type: none"> <li>– Provided by WE Project</li> </ul> </li> </ul> |
| <b>2015 <i>Actual</i> Organizational Structure</b>   | <ul style="list-style-type: none"> <li>• PWC overseen by steering committee</li> <li>• Part-time coordinator/administrator (WE Project)</li> <li>• Workgroups established:               <ul style="list-style-type: none"> <li>– Chronic disease</li> <li>– Oral health</li> <li>– Children/youth</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                       |
| <b>2016 Organizational Structure per PWC By-Laws</b> | <ul style="list-style-type: none"> <li>• Board of Directors               <ul style="list-style-type: none"> <li>– Chair</li> <li>– Vice chair</li> <li>– Secretary</li> <li>– Treasurer</li> <li>– Representative from each work group</li> <li>– 2 Petersburg residents</li> <li>– Employee from Crater Health District</li> <li>– Representative from youth organization</li> </ul> </li> <li>• Standing Committees               <ul style="list-style-type: none"> <li>– Children/youth health and wellness</li> <li>– Chronic disease</li> <li>– Oral health</li> </ul> </li> </ul>                                                                                       |

**Table 3.** Evolution of the PWC Vision, Mission, and Purpose

|                      | Vision                                                         | Mission                                                                                                                                                                                                                                                                             | Purpose                                                                                                                                                                                                                                                                          |
|----------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>February 2013</b> | We envision Petersburg living in excellent health and wellness | To work together to create and optimize partnerships and identify resources to improve Petersburg health and wellness<br><br>To raise consciousness about health and available resources by empowering community members and creating partnerships that promote a healthy community |                                                                                                                                                                                                                                                                                  |
| <b>April 2013</b>    | We envision Petersburg living in excellent health and wellness | To improve Petersburg's health and wellness by optimizing resources and partnerships                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                  |
| <b>June 2016</b>     | We envision Petersburg living in excellent health and wellness | To improve Petersburg's health and wellness by optimizing resources and partnerships                                                                                                                                                                                                | The Petersburg Wellness Consortium is an alliance of community partners and stakeholders. The PWC provides an opportunity to build a local, well-represented coalition that can maximize existing resources, and help to establish a shared agenda to reduce health disparities. |

that binds the health resources of the city together. Help to determine what resources we have, which are significant, what is lacking and to make sure that the residents have knowledge of and access to the resources.”

- Regional government representative: “Over the next few years I see the PWC as the lead coalition taking action to improve health for the Petersburg community with strong citizen participation.” Local business leader: “Success for the Petersburg Wellness Consortium would be to see various wellness programs enacted in different parts of the City of Petersburg.”
- Regional health organization representative: “Petersburg Wellness Consortium, in collaboration with the City of Petersburg and other private and public stakeholders, must be dedicated to promoting health and wellness in Petersburg.”

Feedback from the community meeting was used to identify the overall vision for the PWC—a vision statement that is still used today:

“We envision Petersburg living in excellent health and wellness.” The feedback was also used as a starting point to define the purpose, mission, and values of the PWC (Table 3). The engagement of the community in an intentional and thoughtful manner also provided the core foundation of the PWC as a coalition that embraced the involvement of the community.

Despite the community consensus that a collaborative effort to address health in Petersburg was needed, defining and agreeing on the PWC's mission and goals and separating its purpose from that of the WE Project remained challenging in large part because of the leadership overlap between the two groups. In addition, there were varying ideas of what role PWC should play in the community. There were also different views on what constituted “community” for purposes of the coalition membership—some contended that it should be mostly residents, others indicated a balance of residents and organizations. Another issue of concern was not being able to align the PWC's mission and goals with individual and organization agendas. PWC spent much of its meeting time discussing varying opinions. However, in the absence of structure for receiving input, these

discussions frequently went off-task, were unproductive, and could at times become uncontrolled. Providing input with no process perpetuated the group's state of confusion and frustration. The continuance of this state led to discouragement, increased frustration, and ultimately some members leaving the group.

### **Toward Independence (2014–2015)**

From its onset, this strong presence and identification of WE key leaders with the PWC led to several opportunities as well as challenges. It resulted in justifiable confusion about the interconnection between the WE research project and the focus of the PWC, and the overlap of responsibilities led to a perceived blurring of the boundaries between the PWC and the WE Project. The WE Project primary investigator and CHLC members were committed to keeping the PWC going. However, due to the desire for the PWC to be independent, they were reluctant to fully step in as formal leaders: They were the leaders (in action and perception) but were not fully comfortable with stepping into this role. Further complicating this perception, membership in PWC and the WE Project overlapped, leading to multiple role identities. For example, an individual could be a CHLC member, PWC member, and have to represent their organization. Juggling these multiple roles and determining which identity was salient at what time further highlighted the challenge of developing an independent identity for the PWC and, in hindsight, might have made it difficult for new leaders to emerge.

Transparent differentiation between the focus, identity, leaders, and milestones of the WE Project and PWC became a major deliverable expressed both by the “reluctant” leaders and various community partners. Monthly meetings continued with a focus on various health-related activities, yet without a formal organizational structure, the PWC was unable to commit to a clear agenda. It was this need to launch the PWC on a truly independent path from the WE Project that resulted in the team seeking opportunities to cultivate targeted efforts at developing an independent infrastructure through adopting a more formal structure and electing new leadership.

The opportunity to steer the PWC toward autonomy was set in motion with the 2014 Healthy Communities Regional Summit hosted by the Cameron Foundation, whose representative was also a CHLC member and one of the PWC's “reluctant” leaders. The Cameron Foundation is a

local organization that supports the work of area non-profits through grant funding and educational opportunities; in this case, the Cameron Foundation was hosting an event targeting organizations involved in addressing health. While the Health Summit event was separate and independent of the PWC, members and leaders of the PWC were in attendance as the event was open to health-focused community organizations.

During the summit, a representative from the Robert Wood Johnson Foundation's (RWJF) County Health Rankings and Roadmaps Program was a guest speaker and provided examples of how other cities have successfully addressed health in their communities. He offered examples of cities in similar situations to Petersburg and described how a RWJF coaching program, which provides customized guidance to organizations that are working with their communities to improve health outcomes and health equity, helped facilitate the building of partnerships and collaborations, which ultimately helped the cities create a path out of their troubled situations. Following the presentation and questions about the coaching program, the speaker issued a challenge for the City of Petersburg to explore this resource.

Seeing the potential of the PWC to lead efforts in Petersburg to improve the culture of health, the Cameron Foundation organized a meeting with a RWJF County Health Rankings representative and the WE Project leader (at that time, also a “reluctant” leader of the PWC) shortly after the Health Summit. The WE Project leader was encouraged to apply for a coaching grant which, if acquired, would assist the PWC toward independence as a coalition. Subsequently, the WE Project leader presented the opportunity to PWC members who readily agreed that the grant was worth pursuing. Per guidance from the RWJF coach, the WE Project leader assembled a diverse coaching team (four CHLC members—YMCA, Virginia Cooperative Extensive Service, Cameron Foundation, Crater Health District—and the Petersburg city manager) and in March 2015 the application was submitted.

In May 2015, the PWC was awarded a Roadmaps to Health Action Award, part of the County Health Rankings and Roadmaps program of the RWJF (Cameron Foundation, 2015). The award provided a year of tailored coaching assistance to the steering committee and strategic planning sessions with PWC membership in order to operationalize the infrastructure and bylaws of the organization. The award also provided \$10,000 to support the PWC's work. With the academic

**Table 4.** PWC Programmatic Accomplishments

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Successfully launched the Million Mile Challenge<ul style="list-style-type: none"><li>- recorded more than 700,000 miles of activity in Petersburg</li></ul></li><li>• Established community walking clubs to encourage physical activity</li><li>• Provided a local resource for citizens and organizations searching for health-related ideas and solutions</li><li>• Hosted health days and back-to-school events to promote healthy behaviors</li><li>• Co-sponsored and planned a 3-day summit on adverse childhood experiences (ACEs) and trauma informed care (TIC).<ul style="list-style-type: none"><li>- Providing ongoing training on ACEs and TIC in the community</li></ul></li><li>• Provided technical support and resources to community after-school and out-of-school programs</li><li>• Served as co-sponsor for the City of Petersburg Healthy and Equitable Communities Workshop, which will result in technical assistance opportunities to assist the work groups in strategic planning</li><li>• Provided technical and moral support to city leadership as they work to address health issues in the community</li><li>• Provided networking opportunities for youth and adult staff and volunteers in the community focused on health issues</li></ul> |
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primary investigator as team leader, the coaching team formed the Steering Committee that spearheaded the transition of the PWC from an unstructured community partner network to a formal coalition with bylaws and an independent board of directors.

#### **Formalizing the Coalition (2015–2016)**

The Roadmaps to Health Coaching benefited the PWC by providing a more formalized process for which to consider its goals. Through regular teleconferences with their community coach and utilization of the Roadmaps to Health Action Center toolkit ([www.countyhealthrankings.org/take-action-improve-health/action-center](http://www.countyhealthrankings.org/take-action-improve-health/action-center)), the PWC steering committee identified and worked through a series of action steps to further refine its mission, purpose, and organizational structure. Of significant benefit was the focus on transformational leadership and cultivation of the steering committee's leadership capacity.

**Strategic planning and engagement.** Among the first tasks assigned by the community coach was to develop the group's vision, values, and mission statement. Although the PWC had a written mission statement from the beginning, the mission lacked clarity on a common focus for all members. The group had continually struggled

to identify a clear community agenda within the broad context of health improvement. The coaching process provided an opportunity for the steering committee and PWC members at-large to review, revise, and refine their goals.

Guided by the principles of community engagement, collaboration, and partnerships, the mission of the PWC was reaffirmed to improve Petersburg's health and wellness by optimizing resources and partnerships. The purpose of the PWC was to provide an opportunity to build a local, well-represented coalition that can maximize existing resources and help to establish a shared agenda to reduce health disparities. Thus, the goal of the PWC was not to embark on individual projects, but to work with partners across all sectors doing work in the City of Petersburg to establish shared agendas while maintaining each organization's unique identity, mission, and tasks. To this end, the PWC established three areas of focus and associated work groups: (1) youth health and wellness, (2) chronic disease, and (3) oral health.

**Translating coaching concepts to the PWC membership.** While the steering committee reported back to and obtained input from PWC members at-large throughout the coaching process, challenges persisted, particularly regarding representation and participation in the PWC. While most agreed there was a good mix of community, non-profits, civic, and government collaborators, often the statement was made there were not enough "community members," not considering that individuals who were part of these organizations were also residents. Despite these challenges, it led the steering committee to self-reflect and engage in open and honest dialogue with each other and PWC members at-large. Development of bylaws ultimately settled the dispute. PWC membership would consist primarily of community partners (who work in Petersburg) and community activists who are residents. Furthermore, it was decided that two-thirds of the board of directors must be residents.

As the PWC infrastructure improved, the coalition gained new, committed members as well as some attrition as others found the new goals and structure to be misaligned with their organizational goals or time commitment. Currently there are 28 organizations represented at PWC meetings, in addition to many Petersburg residents not affiliated with these organizations.

**Process for developing bylaws and new board of directors.** Once a need for formal bylaws was determined through the coaching process, a committee was selected to develop the bylaws and policy and procedures for the PWC. In addition, a second committee was selected to serve as a nominating committee for PWC's first elected officers. Both steering and non-steering committee members were included on these committees.

Following creation of the bylaws, PWC members at-large voted on and approved the bylaws, policies, and procedures in June 2016. The PWC finally had a framework to ensure continuity through documentation of the process and procedures for meetings, leadership positions, elections, and committees. Furthermore, the PWC established its formal leadership when it elected its first board of directors in October 2016. To assist with the onboarding process of new officers, the steering committee continued to meet with the newly elected board for the first year.

### **Independence Achieved (2016–Today)**

The coaching process, resources, and tools provided by the Roadmaps to Health Action Award (County Health Rankings & Roadmaps, 2017) facilitated the formal establishment of the PWC through: (1) the creation and adoption of the organization's bylaws; (2) the formation of three work groups: chronic disease, youth health and wellness, and oral health; (3) the development of the PWC website; (4) the election of the first leadership team; and (5) the development of the policies and procedures for the PWC. The PWC has effectively sustained operations as an independent, community-led alliance with independent leadership separate from the academic/community research partnership.

The PWC is now an autonomous organization intending to eventually seek 501(c)(3) status and is an exemplar of a sustainable organization intentionally established by a CBPR partnership. The PWC is continuing to grow in its new identity and structure and is proving to be a resilient and adaptive organization as evidenced by successful problem solving, diversification of its partners, and increased community impact (see Table 4 for programmatic accomplishments).

### **Lessons Learned**

Establishment of the PWC was envisioned as a way for an academic research project to realize its commitment to sustainability by building on the strengths and resources within the commu-

nity—concepts that are aligned with the principles of CBPR (Israel et al., 2010); and while ultimately successful, the process was not without its challenges.

### *Relationship Building and Equitable Partnership*

Clarity of communication, consistency, and patience are important for organizational change and formation. In the forming stage of building a coalition, there will be many opinions on its development. There should be room for these opinions, positive and negative, to be heard, valued, and respected. Inclusion of all members in a structured way leads to commitment and ownership of the group's progression, whether their input was used or not. A formal organized structure for hearing and considering opinions and managing meetings is essential. It is equally important to have a constructive way of handling conflict or dissenting voices amongst the groups. These voices have the potential to derail the group's progress if not addressed appropriately. By establishing processes early on, the group will be better positioned to adapt to changes in the future.

At its onset, the PWC had no formalized process for deciding leadership and the perceived authority for a few to make decisions became a point of contention. CHLC leaders, those who would become the steering committee, became its leaders organically, yet, they were hesitant to acknowledge these roles due to a lack of formalized decision-making and their desire for the “community” to lead. In resisting the leadership role, the steering committee turned to the academic primary investigator, who in turn wanted others to lead with the result that the steering committee still did the work and only considered themselves as temporary leaders.

The development of the PWC into the independent organization it is today required that its members coalesce as a team to determine its future path and develop a strategic plan, vision, and mission. An important lesson learned was the necessity of taking time to form and establish relationships, not only within the community, but among members. Without a foundation of respect and trust, the organization would remain fractious and could not move forward; adopting formal procedures and bylaws greatly contributed to transparency and trust, a common agenda, and more importantly, a process for resolving differences of opinion. The reluctant leaders realized that their unwillingness to directly lead was also contributing to confusion. There must be a committed core group of members willing to step

fully and visibly into leadership for groups to progress. Ensuring a solid foundation and common understanding among the leadership filters down to all members and helped establish the PWC as a trustworthy organization within the community.

Another lesson learned was the importance of ensuring all stakeholders were at the table.

While community organizations were aligned with a mission to improve health in the community, it was understood that it would be difficult to actually enact real change without buy-in from the city government, whose support would be essential for community-level policy changes. From the beginning, the PWC had cast a wide net for engaging community organizations, including city officials, in the organization. However, the intentional decision to include the Petersburg city manager on the PWC's steering committee offered an important opportunity for collaboration. As the partnership developed and trust was built, it led to gradual acceptance by the city leadership, thus providing legitimacy and perception that the PWC had a capacity to make actual change in the community.

Furthermore, we learned that it is important to keep partners engaged but still respect divergent organizational capacities and time constraints. It is recommended to work with partners to identify specific ways they can be involved that are actionable, particularly for partners that may not be able to attend regular meetings. This will help them to stay engaged without perceiving it to be too great a burden or a waste of time. Identifying commonalities will strengthen partnerships and open new opportunities for the coalition.

### **Capacity Building**

Individuals and organizations bring to the table diverse skills and resources that may or may not include the knowledge and skills needed to establish a community consortium from the ground up. A critical lesson learned by the PWC is that while putting key individuals from influential organizations in the same room once a month for an entire year broke multiple organizational barriers, built lasting relationships, and announced to the entire city that reducing health disparities was of paramount importance to the community, it did not automatically lead to a structured way in which to operate nor to efficiently address the issues it hoped to address.

Obtaining the RWJF grant provided the capacity-building opportunity the steering committee

needed to understand the coalition-building process. One of PWC's biggest steps forward was for the steering committee to fully "own" their leadership roles and become transformational leaders by creating the formal policies and procedures that could support new leadership.

Understanding that the theoretical version of change is different than the actual experience of change was also an important but difficult lesson to learn. In the case of the PWC, there was an understanding of the changes to come related to structure and process, yet actualizing those changes produced some frustration related to adapting to the new way the group would have to think and communicate. For example, the work groups understood the new process for developing their work plans and submitting them to the PWC Board for approval. However, this required the work groups to be thoughtful about what they wanted to pursue, plan, and prepare in a way they weren't required to before; they could develop their own activities, but they also had to accept responsibility for the completion or non-completion of work. Through open discussions and training about the new processes, PWC members' capacity to actualize the changes was strengthened. As members engaged in the new processes, the benefits became clear, as PWC meetings became more efficient and focused on program activities and more activity goals were accomplished.

### **Conclusion**

Building a sustainable and independent consortium that was borne from an academic/community research partnership is feasible and necessary; yet, it has its own set of challenges, especially working toward autonomy. Perhaps one of the most valuable lessons learned was the importance of having a clear goal and willing leaders. Coalition building is complex and can be fractious; however, developing and implementing agreed-upon procedures with transparent leadership can greatly facilitate this process. Finally, the importance of creating a fun, supportive environment evident by ample doses of humor is vital to nurture the ongoing work of coalitions.

The process of forming the PWC is an example of how an academic research project, in spite of numerous challenges, can facilitate the growth and build the capacity of an independently led consortium to ensure the community's needs will be addressed beyond the research project.

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### **About the Authors**

Maghboeba Mosavel is an associate professor in the Department of Health Behavior and Policy at Virginia Commonwealth University. Jodi Winship is a doctoral candidate in the Department of Health Behavior and Policy at Virginia Commonwealth. Valerie Liggins is a program officer at Cameron Foundation in Petersburg, Virginia. Tiffany Cox is the community health and prevention supervisor and public information officer for the Crater Health District, Virginia Department of Health. Mike Roberts is executive manager of the YMCA of San Diego County. Debra Jones is a human health specialist at the Virginia Cooperative at Virginia State University.