Building a "Deep Fund of Good Will": Reframing Research Engagement

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Abstract

Background—The engagement of underrepresented populations in health research has been an ongoing challenge. Yet, the participation of these groups is recognized as key to health equity.

Methods—Semi-structured interviews with 31 experienced investigators successful in the recruitment of underrepresented minorities were analyzed with reference to the concept of social capital to determine: 1) if it is actually in use by successful researchers although, yet unidentified as such; and 2) if the rubric could shed light on new directions especially for those who find it difficult to systematically implement community-engaged recruitment methods.

Results—Findings indicate that some aspects of the concept of social capital are being used successfully, but that there are also substantial barriers to its full implementation.

Conclusion—A lack of enforceable trust and associated institutional support for researchers is a detriment to research engagement. Efforts to remedy this would benefit large research projects, including clinical trials.

Keywords

Research participation; minority recruitment; mistrust; social capital; CBPR

The engagement of underrepresented minorities and low-income populations in health research has been an ongoing challenge.[1–4] Yet the participation of these groups is recognized as key to the improvement of health outcomes.[5–6] Many researchers have explored this issue and find mistrust of health professionals and researchers tied to historical

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inequality and mistreatment at the heart of the problem.[5,7–13] Some researchers applying this knowledge to research engagement report success with the use of specific recruitment strategies for specific populations.[14–17] Others have undertaken systematic reviews of the literature on the topic and point to the effectiveness of community-based strategies including building relationships with community organizations and maintaining community interaction either through community advisory boards or other means.[18–19] Indeed, there is a well established literature on community-based approaches.[20–23]

CBPR methodologies are linked to a range of positive health outcomes and have been specifically tied to increased participation in research.[24–26] The belief in the promise of such solutions is also reflected in the National Institute on Minority Health and Health Disparities' (NIMHD) Community-Based Participatory Research Initiative. It is also buoyed by the emphasis placed on community engagement in the Institute of Medicine's 2013 report on the Clinical and Translational Science Awards (CTSA) Program at the National Institutes of Health.[27] In this discussion, there has been a focus on the social nuances of respectful relationship building. For example, Solberg et. al. [28] reports the value of seven "R"s of community engagement. These are: relationship, reputation, requirements, rewards, reciprocity, resolution and respect. Sadler et al[29] similarly notes the importance of respect, trust, reciprocity and a long-term commitment to the success of community engagement and, by extension, minority recruitment. Cargo and Mercer[30] also cite the importance of respect, trust, capacity building, and empowerment in relationship building. These are also the values stressed in Principles of Community Engagement by the Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the Principles of Community Engagement.[31]

Yet, research engagement of underrepresented groups continues to be challenge. A strategy that works with one population at one point in time may not be transferrable to another circumstance. Moreover, community relationship building is intensive work that may be difficult for some projects.[17] Deep interpersonal relationships between participants and research staff are not feasible for all projects due to any number of reasons including limitations of time, resources, and staff. Thus, the practical implementation of community-based approaches is often reported as specific recommended strategies.[18–19, 32–33] These strategies might include the matching of research staff and the target population on the basis of race or ethnicity, the cultural tailoring of recruitment materials, recruitment through community-based organizations or the establishment of community advisory boards. In these approaches, concepts such as trust and reciprocity stay at the level of guidelines or suggestions that are not entirely central. They are not included as a systematic part of research design. Thus, this message of respectful engagement is sometimes lost, especially among large research teams, and its principles are left to those who consider themselves to be CBPR investigators.

Yet, social science has made voluminous contributions on the systematic exploration of relationship building and trust often credited as beginning with the work of Coleman, Putnam and Bourdieu.[34–36] While many definitions of *social capital* exist, according to Bourdieu[34] social capital is,

> "…the aggregation of the actual or potential resources which are linked to the possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition." [p.249]

In the most general sense, social capital is thought of as a resource, like economic capital, that can be employed in the creation of more resources. Unlike economic capital, social capital is made up of networks of relationships, reciprocity, trust, and social norms that can be used to power human capital. There have now been decades of social capital based projects in economic development, education, health, and civic engagement. Many of the world's leading agencies in social change have supported social capital approaches. For example, the World Bank started its Social Capital Initiative in 1996 and has since systematically assessed the value of social capital in economic development efforts throughout the world.[37] Evidence of the success of World Health Organization social capital initiatives come from South Australia[38] and throughout Europe.[39] The value of the use of the concept of social capital in public health is well documented.[40–41]

The findings presented here are the result of an exploration of the applicability of the social capital concept to health research engagement, in particular to maximize the participation of underrepresented minorities in research. This was accomplished through an analysis of qualitative data set created to explore the knowledge and practices of experienced researchers already successful in the recruitment of underrepresented minorities.

Methods

This qualitative research consisted of semi-structured interviews conducted as one aim of the *Building Trust Between Minorities and Researchers Initiative* funded by the National Institute on Minority Health and Health Disparities and the Office of the Director, National Institutes of Health (Award Number RC2MD004766) to explore the realities of the relationships between researchers and minority communities. Institutional review board (IRB) approval was secured through the University of Maryland, College Park. Participants were identified using three strategies: (a) the list of investigators registered with the NIH Computer Retrieval of Information on Scientific Projects (CRISP) database (now titled the NIH RePORTER), specifically looking for researchers who identified as having experience recruiting minorities into research; (b) the published literature on the effective recruitment of underrepresented participants into research; and (c) snowball sampling within the field of health disparities research. Thirty-one semi-structured interviews were conducted by telephone. The final version of the interview protocol addressed six domains: experience conducting research; strategies used to build partnerships; strategies and challenges in both recruiting and retaining minorities in research; and overall perspective of the research enterprise. The interviews were digitally recorded and transcribed verbatim for analysis. The software package ATLAS.ti 6 [42] was used to facilitate data management and organization Analysis was accomplished in collaboration with ResearchTalk, Inc. and included a co-analysis method comprised of six core phases of the *Sort and Sift, Think and Shift* approach: data inventory, written reflection, reflective diagrams, categorization, bridging, and data presentation.[43]

The initial questions driving analysis included the impact of racial/ethnic identity on experience and recruitment strategies and what strategies were considered to be most successful. Emergent in the analysis were themes reflecting the sources of social capital as described by Portes[44] in his review of scholarship on the topic. Following this realization, the qualitative data set was re-analyzed with reference to Portes' categories of value introjection, bounded solidarity, reciprocal exchange and enforceable trust. The objective of this analysis was to determine the fit of participant statements into the sources of social capital to determine: 1) if the concept is actually in use by successful researchers in the field although yet unidentified as such; and 2) to discover if the social capital rubric could shed light on other directions specifically for those who find it difficult to systematically implement CBPR principles. The use of Portes' model is strictly a heuristic, employed simply to afford deeper understanding. We do not intend to contribute to the discussion of the nuances of the concept of social capital, only to use this concept to illustrate the valuable findings that emerged in our analysis.

Results

A total of 31 investigators were interviewed for the study. While the largest number of the investigators (n=12;39%) self-identified as white, the sample was racially and ethnically diverse including African American researchers (n=10;32%), and those of Latino/Hispanic (n=6;19%) and Native American/American Indian (n=3;1%) descent. While there was an effort to include researchers working in other contexts, the majority were university-based (n=26;83%). All identified as either clinical or public health researchers. A majority further self-identified as community-engaged researchers (n=26;83%).

Social capital in research engagement: "Fertilizing the soil" or "building a fund of good will"

Through analysis it became apparent early on that while many—including our team at the onset of data collection—have a tendency to focus on key recruitment strategies, the researchers in our sample were working with a different model of engagement. When asked about their recruitment strategies, participants reported the use of techniques such as matching research staff to the study population on the basis of race or ethnicity; recruiting through community-based organizations (CBOs); and working with community advisory boards (CABs). Some, however, objected to the implication of what they saw as a one-size-fits-all approach.

- Yes, build a relationship, which is a lot of the give and take, so a real relationship, a two-way relationship. That's the single most important factor. There's no magic strategy.

- Again, I don't like that—I really do not like that [using the term "strategy"]. But again, I'm going to say that it would be—do I have to just pick one?

Overall, when researchers responded to the question of recruitment "strategies" they (#26) tended to speak more about relationship building than the presence or absence of a community advisory board or other strategies. As the second researcher quoted above

suggests, so too did several other participants note that researchers should use multiple approaches in the recruitment of research participants. For example,

- So from my experience, and that's why recruiting for minorities requires more time and more resources than the non-minorities because you're doing more than one thing and it's taking more time, and it's taking more steps to do it.

- You can't do one thing; you've got to do a lot of things, that's the challenge.

- I have looked at recruitment strategies over the years on many of our different studies, and I think the thing that we've learned is that there's no one strategy that works and that you really need to be approaching it from as many different avenues as possible, and they tend to play off of each other. So I think that somebody may see an ad somewhere that resonates with them and then they're approached by somebody with the same material. It all, kind of, builds on each other.

The majority of researchers (n=29;94%) described not discrete strategies but ways of building relationships and with communities that bore a strikingly resemblance to the concept of social capital. A few researchers proposed terms to describe how multiple strategies work together to create a "platform" or "fund of good will" among potential research participants, but the message was the same across our sample.

- You can't, when you do minority recruitment say "THE" strategy. You have to do more than one thing to be able to recruit minorities. You can't just go out and talk to somebody or send a piece of mail or – you have to build a platform of many things.

- But I think, again, creating a deep fund of good will on an ongoing basis, I think fertilizes that soil. So you have an environment of basic trust, you have the notion that people get something worthwhile that they are giving, they are being altruistic, but they also are getting something in return. I don't mean money, but the value of the evaluation and information that they could use for their own health, share with their physicians, etc.

As a Native American researcher points out below, there is a distinction between "reaching out" to potential research participants and "touching them." Thus, again the strategy or recruitment technique is secondary to the relationship.

- But even though they've been in the community, they, for different reasons, their level of readiness wasn't ready to go for something related to cancer, or the way we were reaching out wasn't touching them. So word of mouth has been our best way to promote projects in our community. That's been true for all of our settings, whether we've had a project in Alaska, in Oregon, in Florida, wherever the Indian population is, it's word of mouth, and coming from a trusted Native group has been the most effective of anything.

"Touching them:" unpacking the "deep fund of good will"

Each of Portes' sources is presented in Table 1 along with the expression in our data. In reference to Table 1, it is important to note that, for almost every concept, researchers also reported barriers or forces working against their ability to create social capital regarding each domain. Both the illustration on the source of the participant experience and their barriers are explored in more detail below. The reader should note that quotes included here in the illustration of specific concepts were chosen for clarity and do not represent the total number of quotes representative of the concept.

Values

Shared values and social norms (knowing the "right thing" to do) are recognized as a fundamental aspect of social relationships in social theory. [44–45] The expression of these values is a challenge for new relationships. Indeed, researchers reported the importance of spending time with the communities in which they work to establish relationships. On one level, this discussion could be interpreted as recommendations for face-to-face interactions in community and communication about project goals. On a deeper level, researchers spoke of using this time to create a deeper social connection through "relaxed time to interact." Researchers also spoke about transparency both as a way to communicate shared values and a shared value in itself: honesty.

- I think what we do is set certain principles about honesty, transparency, and hiring people, I did mention this earlier, but I think this is very important. When we bring in an African American person to the community, I think we go out of our way to bring a superb person that no one would even question is a token hire. When we bring in someone, it's very clear that we went out and found the best for them. That has always been, I think, an underlying message that we found someone really good and this person is not a token hire, that this is a highly skilled person who we trust.

In this quotation, the researcher illustrates how the research team was able to communicate their position against tokenism which is another, presumably, shared value with the community.

In addition to honesty, respect was a frequently discussed component of a "real" relationship. For some researchers, respect was construed as an alleviation of power differentials.

- …I think overall allowing them to shape the research and treating them with the assumption that we think they're intelligent and not talking down to them, letting them discuss their research design and sharing data and not being paternalistic.

Researchers also expressed that being honest and transparent brought them beyond what they were trained to do as health researchers. For example, the researcher quoted below described himself as "untraditional:"

- So there's a lot of emphasis put on that understanding and being transparent about the research process. I should say, as a researcher, I think I'm untraditional in some ways. I share a lot about my background and other things with

communities. But I'm also pretty transparent to say to people that if it's a new partnership, I promise them that I'll be making mistakes along the way.

Other researchers noted that they were not trained to build relationships but learned "on the job." Still more researchers reported that time, money and lack of staff as a barrier to making connections in minority communities.

Solidarity

Beyond the transmission of shared values, interaction with research communities afforded researchers the ability to communicate or create mutual goals. Portes' notes that bounded solidarity as a "identification with one's own group, sect, or community can be a powerful motivational force.[44] [8] Here, the challenge for researchers is to bridge the gap of disparate identity and experience. On this point, they reported that they employed a range of activities that could be categorized as ways to create shared identity including working to help communities understand how research could serve their own goals (improved health), developing goals with community members, and joining community causes.

Yet, researchers also reported the limitations of a more traditional approach of recruitment in the building of solidarity:

- If we approach them as someone in a white coat with latex gloves that really doesn't want to touch them, but will touch them if they have to and include them in the study, then sure, your responses are not going to be good. However, if people understand that not participating in research may, in fact, be one of the reasons that African Americans suffer inordinately from bad health statistics, that one way to get out of the disparate outcomes trap that we seem to be as a population is to better understand why we're confined to that lower level of health that we seem to be confined to in many statistical analysis of the population, that research is one way up, one way out.

While some researchers were themselves members of underrepresented minority groups, that did not guarantee perceived shared identity with research populations.[46] Indeed, just as perceptions of traditional health research tended to work against initial relationships, researchers reported that their identities as researchers worked against them at times. For example, this White researcher working with African American communities noted the negative impact of other researchers on their ability to create good will:

- Yeah, because I think because of sort of past behaviors of university researchers, there was a trust issue to start with, whether we were just going to come out and get our data, get our tenure, get our grants and not leave anything of value for the community…So I think it took a while to establish a trust factor and sometimes there still are issues that arise that we have to address when one or the other feel like one of the partners is not doing what they said. But we've been in business for a while, so I think we're managing to overcome those challenges.

Some researchers also noted a disjunction between their work in the community and the work of the institution to which they belong. Thus, while the researcher and research team could establish solidarity through shared goals with a community, the image of the relevant

institution may work against them. This issue is expressed by an African American researcher quoted below.

- So some of the barriers have come with just the fact that we're working in that particular context, and not everybody shares the same perspectives, opinions, values on the approach that we're using or the goals that we might have. So the [Institution] might have a particular set of, a particular mission and vision and set of goals of what they are hoping to do that may or may not conflict with what we're, actually, trying to do.

This tension was also described by another African American investigator whose team overcame the barrier with additional attention to mutual goals:

- …only two people turned us down because they had an issue with the medical center. They felt that the medical center where I worked was not supportive of them. And they said, "You referred to the medical center. You people, I don't want to see you." That was the only challenge that we had…But people had a shared identity with us. They were happy to participate in something that would benefit the community at large and they were proud, really proud, to be involved in something bigger than themselves so that the whole community would benefit from their knowledge and their practices.

Reciprocity

While researchers often think of the use of incentives as a reciprocal exchange, the researchers in our sample spoke of reciprocity in a different way. Initially, our participants noted that the benefits of research are often unequally distributed and that this inequity is evident to both researchers and community members. For example, a white researcher noted,

- In other words, professors get promotions, they get pay raises, they get publicity because of the research. What do the subjects get? And what do the communities get? Generally, they don't get very much.

Similarly, this sentiment was expressed by an African American researcher:

- That's part of the problem with why recruitment may be, why we may be failing because we haven't always been very sincere or deliberate in our efforts for recruitment that includes clear, informed consent, that people know what it is that they're agreeing to, that they see some benefit of participating. We are the ones that often see the benefit, and we assume that they should see the benefit, as well. And I think that that is a huge assumption that we make, on our part.

When researchers in our sample spoke of reciprocity they discussed it, again, at a deeper level of exchange indicative of a closer, lasting relationship built on trust.[47] For example, to alleviate inequity, researchers pointed to the need to share whatever available resources. These included any service that researchers could provide such as the evaluation of other projects, or grant writing. One researcher offered to help participants with their taxes. Many examples were in the form of shared financial resources. For example, this Native American researcher working with a Native American population noted,

- Oh, another key strategy is sharing resources, sharing money, sharing the grant money, approaching the people from the very, very beginning, approaching leaders in a community who you know are interested in something and bringing to them funding opportunities and opportunities for partnership

Interestingly, incentives, as typically defined in research were offered by only one researcher in our sample as an example of a successful tool in engagement or recruitment. An additional explanation of this is offered by another Native American participant. This researcher retold a story that illustrated a transition of her relationship with a community that moved them beyond the use of incentives:

- And that worked really, really incredibly well [offering incentives for participant referral]. And then all of the sudden, it leveled out. And so we brought in the elders because they always tell us what really is going on. And we said, "Grandmother, what is happening? This is something that was working really well and we don't know why it stopped." And she said, "Oh, yeah, well, we decided we should be doing that anyway and we shouldn't get paid for it."

In this example, the community recognized the mutual benefit of the project for all involved. With solidarity established, the balanced reciprocity of the previous relationship (incentives) was transcended.

Enforceable trust

Enforceable trust is at the heart of social relationships especially those between more or less strangers where both parties have recourse to remedy if the relationship goes bad.[44–45] As Portes[44] explains, enforceable trust comes from "the insertion of both actors in a common social structure." [8] To put it more simply, enforceable trust is the assurance that research participants will be able to reap rewards or compensation outside of the direct interpersonal connection with a specific researcher or research team. Examples of this might include: (1) participants being recognized and valued by the larger institution or professional organization to which a researcher belongs; and (2) participants having recourse to some body in cases in which they are mistreated. Our participants spoke quite a bit about trust and the work they undertook to become, as one researcher put it, a "known entity" in the community. However, researchers did not speak of trust that extended beyond the individual researcher or research team. So while the word "trust" was common in the interviews the concept of "enforceable trust" was entirely absent. Trust was related only related to individual interpersonal connection. For example, this African American researcher noted,

- What people prioritize and what people choose to put time into is going to be governed by how they feel about a particular person really. It certainly is about the mission …but it's, those causes have to have faces. People respond to people, and they respond to stories about people. I think that's really what gets people engaged.

At times, researchers pointed out the importance of a third party who could vouch for the good intentions of researchers. For example, a White researcher reported how in her work with Native Americans community-level approval was a necessary pre-requisite to any recruitment. Another researcher spoke of the value of having community champions:

- The answer is very clear, having community champions who put their seal of approval on our program and say, "This is a good program. These people are here to help you. They are doing research that will benefit the Black community, they are not here to take advantage of you or exploit you in any way."

While third parties can increase the level of enforceable trust, they maintain it at an interpersonal level and thus do not have the power of formal, institutionalized support. Researchers reported the lack of institutional support of trust and many went on to describe how their formal affiliations created specific barriers to relationship building. Just as a lack of institutional support undercuts efforts to establish solidarity and mutual goals (as noted above), it also undercuts a potentially powerful source of more formalized enforceable trust.

- [I]t's not just easy, the university has the power and the community doesn't have the power, the university is all the White people and the community is all the people of color. It's actually much more nuanced and complex than that.

The fact that no researchers noted the presence of or barriers to institutional enforceable trust in their work may relate to a total lack of expectation of this potentially powerful, enduring source of social capital.

Discussion

Our findings suggest that while many sources of social capital are being employed by researchers successful in the field, there are substantial limitations and barriers to its full application. Such an application would not suggest a substantial shift, but rather a reframing of existing knowledge and approaches. All of the points made by our participants have been made by public health researchers including the importance of shared values, solidarity, reciprocal exchange and enforceable or institutionally based trust.[20–21, 23, 28, 30–31, 48–56.] Through an explicit systematic focus on social capital and its components, researchers might be able to benefit from deep enduring connections to the community but each of the barriers described by our participants must first be addressed. Our participants suggest increased emphasis on relationship building processes in training and funding structures and enhanced relationships between researchers, institutions and underrepresented minority communities.

Why the social nuances of relationship building get somewhat short shrift in research implementation is complex. For some, interpersonal relationships may seem too time consuming, resource intensive and impractical. It may also relate to our predilection as researchers to prefer well definable research procedures over what some would call fuzzier ways of being and doing. Dependence on strategies feels right to many researchers especially as they enter unfamiliar terrain. It is essential to remember that race—both that of the researcher and that of the research participant—is often an undercurrent beneath this discussion of the engagement of minority communities in research.[57] As Bell[58] notes,

The researcher is fallible and vulnerable within the research context. Of course we can try to cover up this vulnerability with the garb of our profession but this instantly diminishes us as experiential creatures sharing the understanding of our existence with others. [p.184]

Relationship-building might feel too personal or seem like undesirably *soft* science to many.

While there is nothing wrong with establishing community advisory boards to facilitate community engagement, our participants specifically warn against a focus on strategies without attention to an overarching "deep fund of good will." Moreover, our findings lead to the conclusion that respect and relationship building are what is *primary* to the successful engagement of minorities in research and suggest that an explicit adoption of a social capital focus has potential to bring relationship building to the center.

The application of the concept of social capital to research engagement and, by extension, recruitment, cannot be described as "fuzzy." Indeed, the power of such approaches is evidence-based and well-documented.[37–41] Another advantage of social capital approaches is that focus is trained not only on individual relationships but on relationships beyond individuals. As our participants reported, researchers and their team members act on the level of personal actors unsupported by larger institutions and often undercut by them. It would appear that institutions play no perceived role in the creation of trust. The distance between the social worlds of researchers and research participants creates a barrier to any wider recognition that they might receive for engaging in research and to the perception of possible compensation. Interestingly, researchers did not report informed consent or the power of Institutional Review Boards (IRB) as a positive factor in their interactions with research participants. Although IRBs should function as participant protection, they do not seem to play a role in perceived enforceable trust. This might be due to a lack of community awareness of IRBs and their roles. Further research into this issue is warranted. As it stands, in cases in which researchers abuse community trust, the only perceived recourse is interpersonal sanctions which may or may not be a significant detriment to the researcher involved. Inequity in the relationship between communities and researcher institutions add to the relative powerlessness of the community to enforce trust.

Yet, the importance of institutions and organizations is key to the creation of lasting social change. Indeed, social capital is not accurately defined as limited to relationships between individuals but, *by definition*, also extends to institutions and organizations to which individuals belong. In Bourdieu's discussion[34], individuals are imbued with the social "credentials" of their organizations which directly affect relationships. It has also been argued that in the creation of social capital, organizations have an "edge" over individuals working together.[59] Thus, the most valuable application of this research requires a yet more substantial shift in the way that research is conducted, that is, a significant increase in the institutional support researchers receive from funding agencies and university and other affiliations. While others have called for such institutional support,[52–55] using the social capital framework requires it and may provide a theoretical as well as evidential weight.

Conclusion

If we accept the premise that social capital is a mechanism that could be employed in the pursuit of increased research engagement in underrepresented communities, there are several things to overcome. The first of these is the understandable tendency for researchers to think in terms of one-size-fits-all strategy solutions not embedded within larger systems of social trust. These types of approaches are comfortable and appeal to our value of impersonal

objectivity as scientists. However, our findings indicate the value and success of, specifically, *social* approaches. Secondly, we must do more to unite the social worlds of researchers and research participants. We must overcome the tendency to see researchers or research teams as solitary, isolated from others in their profession, and the institutions to which they affiliate. Just as research teams hope that community champions will support research goals, community members have a right to expect that their relationships with researchers will extend to their communities of profession and institution.

This point naturally leads us to the last, and, perhaps, most stubborn problem in current methods of community engagement. This is the critical need for funding agencies, professional affiliations, and universities to increase the support of researchers. Such institutional support can provide resources for more equitable reciprocal exchange, longer project periods to support relationship building, and an enduring commitment to the health and wellbeing of underrepresented communities expressed not only in academic circles but also in the very communities we hope to serve. Leaving aside the structural barriers that exist to institutional support of research engagement for a moment, the movement away from a focus on the individual offers substantial benefits. In short, by taking the focus off of individual researchers a world of possibilities of true sustainability emerges. If institutions were tied to communities, if enforceable trust existed between underrepresented communities and institutions, then relationships would endure regardless of the personalities of individual scientists or recruitment staff members, and regardless of the existence of grant funding. In addition, community engaged research becomes a more practical possibility for larger clinical trials that are already bigger than any one team member or personality.

Limitations of this research

This research is limited by a number of factors. As is the case generally in the application of qualitative methodologies we were afforded an in-depth and contextualized picture of the practice of research engagement, but these finding are not generalizable to the totality of public health researchers successful in the recruitment of underrepresented groups. Our sample size is the result of purposely identifying and recruiting established researchers. It would be greatly helpful to survey a greater number of researchers to confirm our findings. Finally, it should be noted that our question of the applicability of the concept of social capital to research engagement emerged in the analytic process. If we had shaped the research in light of the concept, we would have employed a slightly different data collection instrument to explore this particular topic in greater depth. As it stands, that the evidence so strongly supports our findings is testament to the applicability of the concept of social capital to research engagement considering that it emerged without a priori design or probing.

Directions for future research

The suggestion made by our findings to reframe our practice of research engagement must be affirmed by future research. This should entail systematic implementation and evaluation of the application of the concept of social capital to research recruitment methodologies. We must also (a) explore the impact of perceptions of institutions on recruitment and (b) test models of institutional support of research. While many forms of institutional support from

professional organizations, universities, hospitals, and funding agencies may be suggested, one place to start, for universities, is Institutional Review Boards (IRBs) and University Offices of Community Engagement. While it would seem that each of these could lend support to community-engaged investigators, they do not appear to do so, on the basis of this research. More research should be done, in particular, to understand community perceptions of institutions and the institutional support of community-engaged research.

Acknowledgments

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Table 1

Sources of Social Capital and their Expression by Participants

Source (Portes)	Expression (Portes)	Participant Expressions			Participant Expressed Barriers		
		Concept, key words		Example:	Concept, key words		Example:
Value Introjection	Codes of ethics, shared beliefs, norms governing acceptable behavior	Transparency, honesty, respect, humility, equity, "face" time spent together = expression of values	n=29; 94%	I think what we do is set certain principles about honesty, transparency, and hiring people …I think this is very important.	lack of training; lack of $$ (staff); time	n=18; 58%	[A]cademic training, training in the classroom, is absolutely ineffective in teaching how to approach communities.
Bounded Solidarity	Ethnic/social groups; political parties, class, groups put together for common goal or situation	Break down of "us" and "them" via shared ownership/mutual goals; shared value of research and community objectives.	n=27; 87%	They just call me A. They just say this is good old A. They don't call me Dr. S. They just call me part of them; When they hurt, I hurt. When they were celebrating, I would celebrate with them and that sort of thing.	Negative perceptions created through past interactions with institutions & researchers	n=19; 61%	Yeah, because I think because of sort of past behaviors of university researchers, there was a trust issue to start with, whether we were just going to come out and get our data …and not leave anything of value for the community.
Reciprocity	Exchange of goods, resources	Resource sharing without immediate return (e.g. education, grant writing; jobs; doing taxes); leveraging of resources	n=23; 74%	… pay them back in kind in all kinds of ways. I remember in my *** study I would do … income tax. Yeah, people … needed somebody to help with income tax … I served as a resource to the community in any way that I could.	lack of resources; limitations of grants/universities; perceived inequity	n=20; 65%	[P]rofessors get promotions, they get pay raises, they get publicity because of the research. What do the subjects get? … Generally, they don't get very much.
Enforceable Trust	Recognition/rewards beyond the individual relationship and recourse for justice if things go badly	Absent in data	--		Absent in data	--	