

COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH STAFF REPORT ON SESSIONS ATTENDED DURING THE AMERICAN PUBLIC HEALTH ASSOCIATION CONFERENCE, NOVEMBER 2006 IN BOSTON, MA

Oral presenters are indicated in **bold**. Complete abstracts and author affiliations are available in the searchable online program at <http://apha.confex.com/apha/134am/techprogram/>

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University of North Carolina Centers for Community Research: A Partnership Between the UNC Program on Ethnicity, Culture and Health Outcomes and the North Carolina Area Health Education Center

Brandolyn White, Stacey Henderson, Crystal L. Meyer and Anissa Vines

Background: While the University of North Carolina (UNC) has worked with underserved communities through CBR for many years, barriers remain around such issues as trust, communication, and physical distance between the university and communities. To address these obstacles, the UNC Program on Ethnicity, Culture and Health Outcomes partnered with two regional districts of the North Carolina Area Health Education Center to create the UNC Centers for Community Research.

Highlights:

- Using community outreach specialists, The UNC Centers for Community Research helps connect faculty and communities with similar interests, as well as assists faculty with project start up activities (e.g., community capacity building activities such as institutional review board training and educational programs for community partners).
- The Center aims to generate mutually beneficial research between academic and community partners, foster a mutual exchange of expertise, and equip researchers with the knowledge to conduct community based participatory research.
- Key aspects of a mutually beneficial partnership include quality communication between partners, understanding of community culture and strengths, getting to know the community *before* conducting research, and identifying the health interests and needs of the community.
- Academic-community efforts include the African American Family and Children's Program to assist single African American mothers in successful child rearing, and Project GRACE, which addresses health disparities in HIV AIDS.

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Initiating the Transfer of Research Capability in Environmental Justice within a Community-based Participatory Research Project – Bringing in the IRB.

Raymond Hyatt, David Mueller Gute, Helen Page, Alex Pirie, Rose Goldman, Anne Marie Desmarais and Mark Woodin

Background: Tufts University joined with six community organizations in a CBPR project to assess and control occupational risks among immigrant workers in Somerville, MA. As part of the overall goal to transfer research capabilities to community partners, community training in the protection of human subjects was developed. Specifically, researchers provided community members with information on human subjects abuses and protections and on the role of the Institutional Review Board (IRB). A meeting between community members and IRB staff was integrated within the training process. Of concern to Tufts researchers were potential study risks associated with undocumented workers, who could be discovered and deported, and unregistered employers, who may be violating employment regulations such as employment taxes and worker health and safety training. To the university researchers' surprise, community members were less concerned with study risks than were the academic partners.

Lessons learned from the human subjects training process:

- Community members and academics may not share the same level or types of human subjects concerns.

- Involve the IRB as early in the research and community training process as possible
- In addition to providing the classic examples of human subject abuses (e.g., Tuskegee), community members benefited from learning about their academic partner experiences as well.
- If community members will be collecting consent and data for the project, role playing this process during a training can be helpful in identifying and correcting problems before entering the field.
- Even with extensive human subjects preparation, unanticipated problems still arise (e.g., in this study, signed consents were not always obtained because community researchers found this request uncomfortable in the field).

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New Tools: Building Participatory Partnerships, Social Justice, and Policy in the New “Old” South

Doug Taylor, Diane L. Rowley

Background: The Southern United States experiences some of the nation’s most significant racial health disparities. To address this serious issue, Morehouse College joined The Southeastern Community Research Center to create The New Tools New Vision project. Core to such a project are the ideas of Martin Luther King (e.g., commitment to human dignity), health disparities as a moral mandate, and trust is core to collaborative work.

Highlights:

- A collaboration between community-based organizations and Historically Black Colleges and Universities, this project employs a community-based participatory approach to develop and implement holistic strategies to reduce health disparities in five sites across Georgia. The collaboration holds a common vision of creating healthy communities, creating power, and creating change from a cultural base.
- Project elements address capacity building for researchers and community organizations, refining facets of CBPR suited to the South and communities of color, and providing a mechanism for community members to expand the meaning and scope of public health research ethics, specifically to address issues of environmental and health injustice, political exclusion and inequitable resource allocation.

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Lessons Learned about Participatory Evaluation: The Project DIRECT Experience

Carol L. Woodell, Amy Roussel, Angela Burroughs, LaVerne Reid, Robert Aronson

Background: Project DIRECT (Diabetes Intervention Reaching and Educating Communities Together) is a CDC funded initiative established in 1994, that incorporates a community-based approach to address diabetes on multiple levels (e.g., individual with providers and people with diabetes; organizational through faith-based organizations; community through such activities as walk programs). Project DIRECT began with a community that was already experienced with research and partnerships. To evaluate the level of community involvement, Project DIRECT rated itself as “fair” using the AHRQ Community-Based Participatory Research Index.

Lessons Learned from Project DIRECT’s Participatory Evaluation:

- Evaluation should start at the same time of the project – this helps partners to define processes, develops community capacity, and supports partner relationship building.
- Evaluation means different things to different partners – need to develop clear expectations, roles and responsibilities while remaining flexible to changes in the process.
- Incorporate a plan for dissemination of evaluation results – identify ownership, involve all relevant parties, insure intended audiences are reached.

- Engage in a flexible, ongoing, and open dialogue – maintain regular contact with all partners via meetings, minutes, etc even during project “down” periods (e.g., waiting for IRB approval); otherwise relationships weaken and may need rebuilding.
- Evaluation team needs skills in negotiation and conflict resolution.
- Allow adequate time and resources to support a collaborative process.
- Acknowledge the value that the community brings to the evaluation – plan for community resource support (e.g., stipends).

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Involving Teens in Prevention Research: Lessons Learned from the Harvard Research Center's Youth Task Force

Joanne Soulouque, Charles Deutsch and Cynthia Hannon

Background: The mission of the Harvard Prevention Research Center (PRC) on Nutrition and Physical Activity is to work with community partners to design, implement, and evaluate programs and policies promoting healthy nutrition and physical activity. As part of the community engagement efforts, the Center's Advisory Board and PRC leadership developed a Youth Task Force. The aims of this task force are to provide youth with a voice from which researcher could learn about their thinking and experience around nutrition and physical activity, and to provide youth with leadership skills. Funded by the CDC, Youth Task Force recruits eight to ten students annually from a charter and public schools, as well as Boys & Girls Clubs. Drawing student from these diverse sites allows for important exchange between youth of different backgrounds. Youth Task Force projects have included teaching “Planet Health” lessons to middle school students, a Livin’ Fit event, and examinations of why youth eat fast food as well as of their feelings about physical education.

Lessons Learned in Developing a Youth Task Force:

- Need 1 to 2 staff members who can supervise the Task Force.
- Use 1-2 part-time college or graduate students (paid or intern) to coordinate activities
- Secure regular space for meeting.
- Garner support from staff members from sponsoring organizations in the form of guest lectures, etc.
- Secure funds for stipends, food, supplies and activities. (Stipends are becoming increasingly important as more students seek after school employment).
- Run the Task Force between October and May to avoid Sept school start up and June graduation activities.

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Equitable Partnerships: Communities and Campuses Together for Change

Monica L. Wendel, Heather Clark, Angela Alaniz and James N. Burdine

Background: Historical distrust and dissatisfaction among community members in regard to academic research led the Prevention Research Center at Texas A&M School of Rural Health to consider what is meant by equity in partnership.

Lessons Learned in Developing Equity within Academic-Community Partnerships:

- Equity does not mean that each partner receive the same benefits out of the partnership. Rather, the goal of equity is to ensure that partners articulates their particular needs and gets those met. For community members, outcomes can include improved capacity to address local concerns, service activities around priority areas, and stronger network relationships. For academics, outcomes may include improved community relationships, opportunities for ongoing research, and unique training opportunities for students.
- Partners need to learn the value of community involvement and acknowledge that each partner lend important expertise to the collaboration. Community partners contribute leadership skills, contextual knowledge (including knowledge of the political environment operating within the community), issue prioritization, agenda setting, and monitor

accountability of academic partners. Academic partners provide disciplinary expertise, facilitation skills, planning and technical assistance, research design and training, and monitor accountability from community partners.

- The partnership needs clear governance.
- The partnership needs to plan for the sustainability of activities.

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Challenges and Facilitating Factors in Conducting and Sustaining Community Participatory Research Partnerships: Lessons Learned from the Detroit, New York and Seattle Urban Research Centers

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Background: The CDC provided funding to establish Urban Research Centers (URC) in three cities, Detroit, New York, and Seattle to examine issues around urban health. Each center had different foci to meet the study goals. For example, the Detroit UCR focus was on health care access and environmental health, while New York pursued HIV prevention, asthma and obesity and Seattle pursued asthma and domestic violence. Loss of CDC funding in 2003 as brought partnership sustainability to the fore, with each center responding in a way unique to its organization. The Detroit URC now requires projects with the Center to contribute to the organization's infrastructure. The New York UCR chose to "re-invent" itself as the Harlem Community and Academic Partnership. The Seattle URC eventually decided to dissolve their URC with member now pursuing projects individually.

Dimensions of Sustainability:

- Extension of the relationships and commitments.
 - *Barriers:* lack of time and resources compounded by the loss of staff, structure and funding; sharing reduced resources tends to increase inequity; difficulty maintaining morale during uncertainty.
 - *Facilitating factors:* enduring collaborative principles; structure and flexibility in the rules governing the partnership; long-term commitment and having the right people at the table; clear community benefit.
- Knowledge, capacity and values generated from the partnership (e.g., knowing how to conduct CBPR, understanding community culture).
 - *Barriers:* limited time and resources; lack of broader awareness of CPBR from outside organizations.
 - *Facilitating factors:* enduring collaborative principles; power gained through organizational affiliation; the power of the partnership organization, e.g., learning from others; community partners' skills and knowledge.
- Sustaining specific programs, staff, policies and the partnership itself.
 - *Barriers:* lack of non-categorical funding; insufficient time to complete research and translation (e.g., policy).
 - *Facilitating factors:* bridging funds; institutional base and funding flexibility.

Recommendations

- Address multiple dimensions of sustainability.
- Develop clear and replicable principles and processes for doing CBPR.
- Sustain relationships among partners through collaborative principles, well-defined partnership structures and processes, etc.
- Ensure depth and breadth of membership.
- Base the partnership in institutions with the capacity and flexibility to sustain efforts.

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