

# Advanced Stage CBPR Partnerships: Moving Towards Sustainability

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# Overview of Session on Advanced Partnerships

- Introductions – Facilitators/Participants
- Session objectives and format
- Defining advanced stage partnerships
- Using Evaluation for Program Planning and Sustainability via case example
- Working Toward Sustainability and Development via case example

# Session Objectives

- To learn about common issues faced in advanced-stage CBPR partnerships,
- To learn how to address these issues using a mix of strategies and approaches.

# Defining advanced stage partnerships

(CBPR Curriculum – Unit 7, Section 7.2 – pp 127-131)

- Learned to evaluate themselves in different ways to program and plan
- Knows what sustainability means for their partnership as an evolving understanding
- Aware of and keep present the factors that influence and facilitate sustainability



- Is a partnership of community residents, community based organizations and service providers, academia, and public health institutions. HCAP primarily focuses on identifying “what works” to effectively address the social determinants of health to improve the health of East and Central Harlem using a community-based participatory research (CBPR) approach.
- The purpose of any project supported and or research conducted that involves HCAP is to benefit the community either through increased knowledge or by promoting better health.
- Since 1999, HCAP has worked to build and strengthen trust, to establish credibility in this community, to demonstrate a true commitment to improve the health of our Harlem residents, and to create a platform from which we could act to address local urban health issues.

# HCAP TIMELINE

- CUES applies for CDC Urban Research Center Grant, 1998
- 1999 - Established as a CDC New York Urban Research housed in CUES
- NY URC begins with a Community Advisory Board
- By 2001, NY URC changes name to Harlem Urban Research Center with a Community Action Board
- 2003 Defunded by CDC
- 2004 to 2006 Reinvention Period; Evolved into the Harlem Community & Academic Partnership
- 2006 – Present: HCAP back in Action!

# HCAP Members

- Community members
- Community based organizations (CBOs) and service providers
- Faith-based organizations
- Public health institutions
- Academic Institutions
- Health care provider organizations
- Social work, law, medical, and public health students

# HCAP's Evaluation Approach

## Annual Timeline of Evaluation Activities:

- **December** - Review of goals
- **January** - Formulation of goals
- **February** - Formulation of action steps to fulfill on goals
- **May thru July** – Check in on progress of goals

# Making the Announcement 2003 (No continuation of Funding)



# Immediate Concerns for Sustainability

- Future funding
- Morale/membership
- Current and future projects
- Setting/place of meetings
- Community relations

# Reaction & Prioritization

<u>Concerns</u>	<u>Short term/Meeting Goals</u>	<u>Long Term/Next 6 months</u>
future funding	<ul style="list-style-type: none"> <li>▪convene a sub-committee</li> <li>▪meet with PI (or fiscal conduit) to ensure staff support</li> </ul>	<ul style="list-style-type: none"> <li>▪advocate with current funder for more \$</li> <li>▪start searches for smaller, doable initiatives that build on current projects</li> </ul>
morale/membership	<ul style="list-style-type: none"> <li>▪address morale up front</li> <li>▪encourage attendance</li> <li>▪organize members to advocate for more funding</li> </ul>	<ul style="list-style-type: none"> <li>▪revisit structure of CAP</li> <li>▪(mission/bylaws/membership)</li> <li>▪revisit identity and community presence</li> </ul>
current and future projects	<ul style="list-style-type: none"> <li>▪secure staff support</li> <li>▪assess/inventory</li> <li>▪secure board commitment to projects</li> </ul>	<ul style="list-style-type: none"> <li>▪prioritize what is doable/desirable (consider project packageability for a possible "end" product)</li> </ul>
setting/place of meetings	<ul style="list-style-type: none"> <li>▪create commitment on part of host</li> </ul>	<ul style="list-style-type: none"> <li>▪continue to create commitment on part of host</li> </ul>
community relations	<ul style="list-style-type: none"> <li>▪Share statement / announcement via community meetings and academic networks</li> </ul>	<ul style="list-style-type: none"> <li>▪Presentation of news; inform public of current status</li> </ul>

# The Weathering Process

- What might the Partnership do to address the relationship to the funder?
  - Lobby internally to preserve staff positions at risk (i.e. community liaison and other positions at risk)
  - Lobby externally to have funder reassess
- What can the Partnership do to maintain operation of the Partnership, with possibly little or no financial backing?
  - Obtain commitment from current partnership members to continue attending
  - Recruit other members and partners to invigorate partnership spirit
  - Form a committee to oversee that current projects are continued

# The Weathering Process (2)

- What might the Partnership suggest to obtain further funding?
  - Establish a subcommittee to brainstorm projects, potential funding a re-evaluate partnership identity
  - Undergo a reinvention

# Sustaining the Partnership with No Funding!

<u>Areas of Concern</u>	<u>Vision</u>	<u>Strategy</u>
Identity	Sustain morale; encourage active participation by revisiting Mission/Bylaws/Principles	Enhance and diversify membership; publicize community relations; examine our role and scope of work
Mission, bylaws, principles	Sustain integrity in CBPR, community relations, and dissemination	Establish ad hoc committee to redefine purpose and structure
Function of the partnership	Identify different levels of Involvement with partners to serve as <ul style="list-style-type: none"> <li>▪Advisors</li> <li>▪Partners</li> <li>▪Conduit/Resources</li> </ul>	Intervention work group and subcommittee formation for current and future projects

HARLEM URBAN RESEARCH  
CENTER  
COMMUNITY ACTION BOARD  
Mission Statement



HCAP Mission  
Statement

The Harlem Urban Research Center  
Community Action Board is  
committed to:

- Ensuring the active reciprocal relationship between the Harlem community and the Urban Research Center.
- Promoting public health research to benefit the community through increasing health awareness and by promoting better health outcomes; and
- Using participatory research to develop partnerships with community residents, community-based organizations, public health agencies, and educational and other institutions to study and improve health.

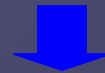
The Harlem Community & Academic Partnership is committed to identifying social determinants of health and implementing community-based interventions to improve the health and well being of urban residents using a community-based participatory research approach.

# Structure of the HURC CAB

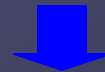
Community Action Board (CAB)



Community members and local organizations;  
Subcommittees (i.e. Policy Work Group, ESAP, etc.)

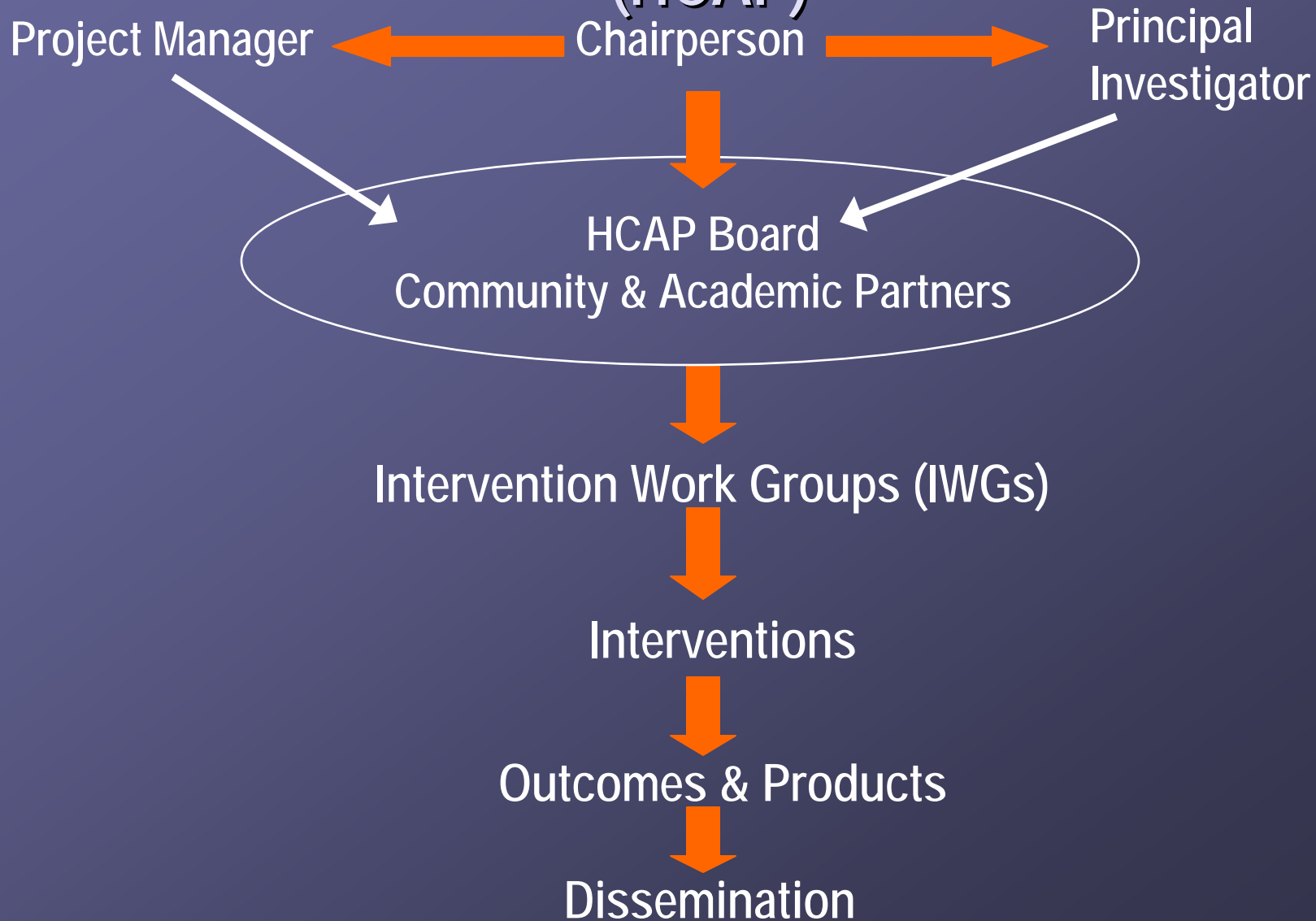


Research



Interventions

# Harlem Community & Academic Partnership (HCAP)



## Harlem Community & Academic Partnership Principles of Involvement in Research, Program, and Project Activities

- HCAP has an obligation to disseminate findings in a timely manner through community forums, community newsletters and other community events.
- All research, program, and projects involving the participation or partnership of HCAP will meet current ethical standards and will fully respect the rights of all participants in a culturally sensitive manner. As it relates to research, this includes the rights to be aware of risk and benefits, to give informed consent and to have the option to withdraw from research at any time without penalty to the participant.
- **As it relates to research activity, HCAP will be involved in all phases of research activities including defining the problem, gathering data, analyzing data, using, interpreting, and disseminating results, program development and evaluation, and in strategies to advocate for policies to improve health. As it relates to lending support to programs or project activities, HCAP will be involved as determined by the HCAP Steering Committee and as outlined in the letter of support.**
- HCAP will contribute to the evaluation of all research activities.
- As long as the above principles are followed, participating research, program, and project partners are not limited to members of HCAP, and in fact, involvement of local residents, other community-based organizations, other public agencies and educational and other relevant institutions are encouraged. HCAP recommends all research, program, and project partners include a method of compensation for time and effort for community residents and community-based organizations specifically.

## Harlem Community & Academic Partnership Principles of Involvement in Research, Program, and Project Activities

- The community within which HCAP will support, collaborate, and or partner with to conduct public health research is currently defined as East and Central Harlem.
- The purpose of any project supported and or research conducted that involves HCAP is to benefit the community either through increased knowledge or by promoting better health.
- As it relates to research conducted in Harlem, HCAP views community-based participatory research as the preferred approach in conducting public health research and project interventions. The purpose of participatory research is to develop a partnership of community-based organizations, public health agencies, educational and other relevant institutions that can work together to study and improve community health through long-standing interventions.
- **HCAP shall serve as a resource to prospective research partners and project teams on the unique daily living conditions, needs, strengths, and community dynamics of the Harlem community and other related geographical areas with similar burdens on health.**
- On all products generated from research, program, and project activities, HCAP must be consulted with and invited to collaborate as co-author (where appropriate), and acknowledged in the contribution as partners that participated in the research or project intervention.

# Since The Reinvention

- Renewed commitment, energy and inspiration among members
- Growth in # of IWGs
- Growth in membership
- Since 2004 have submitted over 8 proposals for both core partnership funding and project based funding;
- Continue to meet regularly on a monthly basis since 1999
- Close to meeting our 2007 goals; continue to review and formulate goals
- Started HCAP internship in CBPR - a work in progress
- Continue to participate in national CBPR related activities via CCPH, ASPH, and CDC
- *Going Back To The Basics!*

# Intervention Work Groups (IWGs)

1. **Policy Work Group**
  - (Re-entry; housing availability)
2. **Expanded Syringe Access Program (ESAP)**
  - Multilevel Intervention
  - Evaluation of the Law
3. **Pharmacists As Treatment Linkages Project: PAT-Link**
4. **The HCAP GUIDES IWG**
  - Harlem Resource Guide [www.harlemresourceguide.org](http://www.harlemresourceguide.org)
  - The Survival Guide
  - AIDS Institute *Transition Guide*
5. **HPV/Cervical Health**
6. **Obesity Among Women of Color (aka Big Girls)**
7. **Project VIVA** - (Venue-Intensive Vaccines for Adults; [www.projectviva.org](http://www.projectviva.org))
8. **Asthma**
9. **Community Capacity Center**
  - Community Seminar Series for Community Leaders
  - HCAP Internship Program

# Some Factors That Moved HCAP Toward Sustainability

- Purpose, coordination, and accountability
- Flexibility
- Strong leadership
- Trust and communication
- Prioritize evaluation of the Partnership
- Built relationships (partners, alliances, collaborators)

# Mission

The mission of CCHERS is to promote and support the development of “***academic community health centers***” that integrate education and research into their missions of service to influence and change health professions education, improve health care delivery, and promote health systems change to eliminate racial and ethnic disparities in health.

# Institutional Partners

- Boston Medical Center
- Boston Public Health Commission
- Boston University School of Medicine
- Northeastern University Bouve College of Health Sciences

# Community Health Center Partners

- Bowdoin Street
- Brookside
- Codman Square
- Dimock
- Dorchester House
- East Boston
- Gieger Gibson
- Harvard Street
- Mattapan
- Neponset
- Roslindale
- South Boston
- Southern Jamaica Plain
- Uphams Corner
- Whittier Street

# Governance Representation

Partner	1991	1994	1996	1998
Dept Health & Hospitals	2	2		
Boston Medical Center			2	2
Public Health Commission			2	2
BU School of Medicine	2	2	2	2
NU College of Nursing	2	2	2	2
Community Health Centers	8	20	24	10
Community Representatives				10
At-Large				6
Executive Director	1	1	1	1
Total	15	27	33	35

# Center for Community Health Education Research and Service, Inc.

## Organizational History and Development

1991

**CCHERS Partnership** between *Boston University School of Medicine, Northeastern University College of Nursing, the Boston Department of Health and Hospitals* is funded by W.K. Kellogg Foundation as a Community Partnership in Health Professions Education, along with *Codman Square, Dorchester House, East Boston and Whittier Street* health centers.

1997

**CCHERS, Inc.** established as an independent not-for-profit corporation with a board of directors composed of representatives of the partner organizations and the communities they serve.

2001

CCHERS, NU School of Pharmacy and four community health centers funded for **Boston Clinical Pharmacy Practice Network** a HRSA demonstration project in clinical pharmacy and affordability of prescription drugs.

1994

Funding from Corporation for National Service establishes **Community Health Service Corps** service learning program for students from BUSM and NU.

1999

NU Institutional Grant for CCHERS to integrate other health professions into model of community based education.

2003

CCHERS becomes organizational home of the **New England Regional Network of Community Campus Partnerships for Health** organizing a leadership team of academic faculty and their community partners in service learning, research and other community engagement in Massachusetts and New England.

1993

Six new health centers join CCHERS Partnership: *Bowdoin Street, Dimock, Geiger-Gibson, Little House, Mattapan, and Neponset.*

1996

Funded by Kellogg as a Community Partnership in Graduate Medical and Nursing Education. Merger of BCH and BUMC creates *Boston Medical Center* and the *Boston Public Health Commission* as successor institutional partners in CCHERS.

2000

CCHERS establishes **Boston Community Practice Research Collaborative** as a primary care practice based research network recognized by the Agency for Healthcare Research and Quality.

1995

CCHERS establishes **Health Careers Academy** as pilot high school of the Boston Public Schools for students interested in pursuing careers in the health professions. The **Community Advocacy Program** established as a response to domestic violence in Dorchester.

1998

Health Careers Academy becomes a Horace Mann Charter School and relocates to Northeastern University Campus. Merger of Northeastern's Colleges of Nursing and Pharmacy and Allied Health. Three new health centers join CCHERS partnership: *Harvard Street, Greater Roslindale and Uphams Corner*

2002

CCHERS **Asthma Center on Community Environment and Social Stress** in partnership with Brigham and Women's Hospital and Harvard School of Public Health funded by NIH/NHLBI as a national center for reducing disparities in asthma. Two new health centers join CCHERS partnership: *Brookside and Southern Jamaica Plain.*

# CCHERS' Research Goals

- To establish a sustainable practice based research network of “*academic community health centers*”.
- To become recognized as a credible center for initiating and conducting community-based health services and clinical research.
- To increase interest and reward of university faculty to engage in and conduct community-based research.
- To increase the interest and capacity of the community to engage in and conduct academic research.
- To develop common research agendas derived through consensus between academic and community partners.

# Community Health and Academic Medicine Partnership (CHAMP)



**Brigham and Women's Hospital – Division of Internal Medicine**

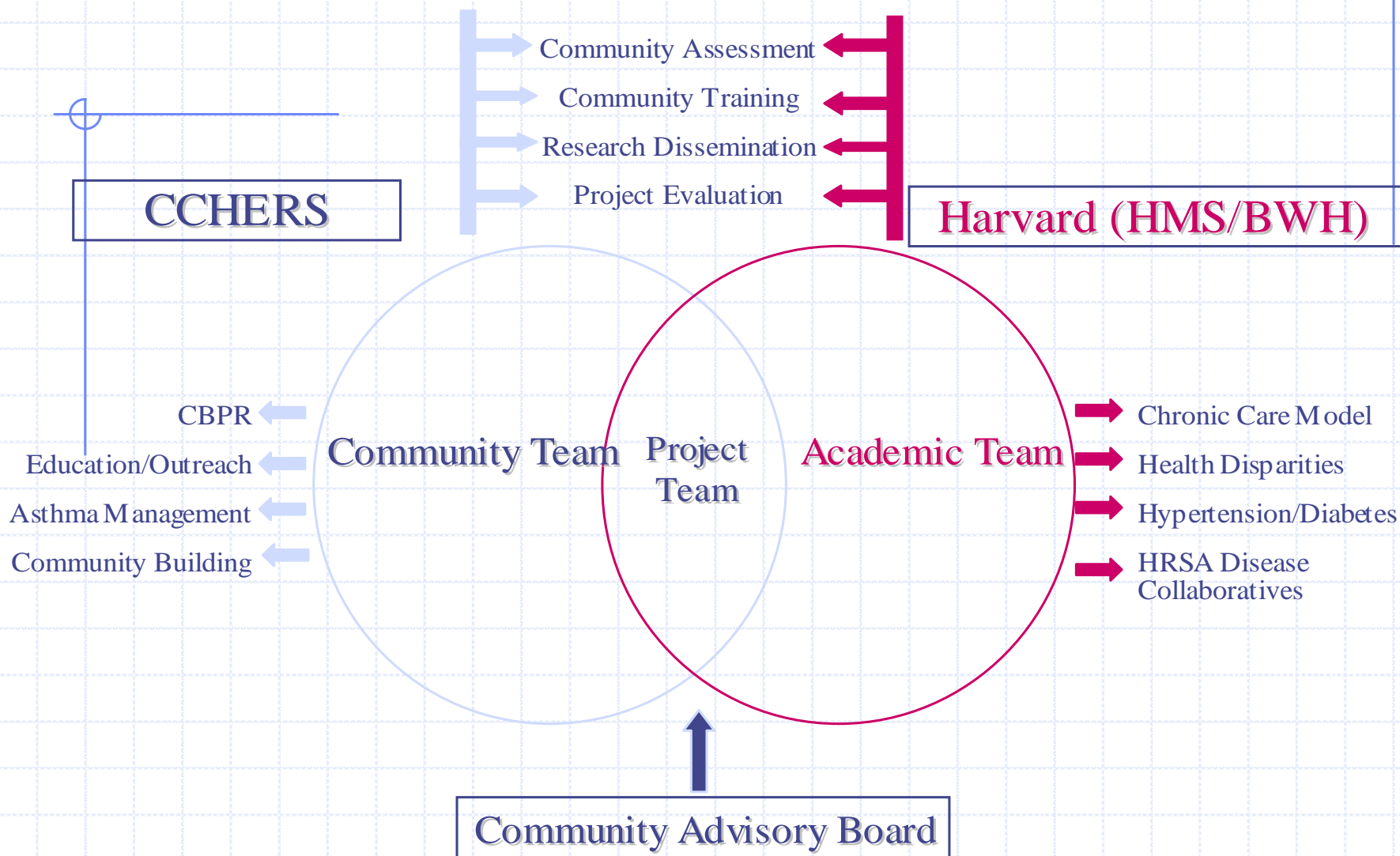


**Center for Community Health Education Research and Service**



**Harvard Medical School – Department of Health Care Policy**

# Partnership Structure for CHAMP



# Looking for *Causes* ... in all the *WRONG PLACES*

There's an old joke about a man who late one night dropped his keys in the middle of a dark parking lot. He moves some distance over to the side of the lot and begins a fruitless search for them under a bright light. When asked why he was not looking where he actually dropped them, he replied, "because this is where the light is."



# Community Health Centers

## Potential for Eliminating Disparities in Heart Disease Risks and Outcomes

- Enroll the largest proportion of uninsured individuals and families.
- Provide disproportionate share of care for immigrant populations and racial and ethnic minority groups.
- Participation in the HRSA Chronic Disease Management Collaboratives.
- Model for providing community oriented primary care with individual and community level interventions.

Hicks, LS, O'Malley, JA, Lieu, TA, Keegan, T, et al. (2006). "The Quality of Chronic Disease Care in US Community Health Centers." *Health Affairs*, November/December, 25(6) pp.1712-1723

# Communities and Health Centers

## ❖ Roxbury

- Whittier Street Health Center
- Roxbury Comprehensive Community Health Center

## ❖ Dorchester

- Uphams Corner Health Center

## ❖ Jamaica Plain

- Southern Jamaica Plain Health Center
- Brookside Community Health Center

## ❖ Mattapan

- Mattapan Community Health Center

# Other Research Partnerships

- Asthma Center on Community Environment and Social Stress
- Embodying Inequality: Racism and Discrimination and Risk of Chronic Disease
- Tufts/NEMC Clinical Translational Science Institute
- Clinical Pharmacists Closing the Gap in Asthma Disparities

# Challenges for Community

## In Conducting Community Based Participatory Research

- Building research capacity and infrastructure.
- Building relationships based on trust.
- Understanding the academic research enterprise.
- Coping with differentials in power and issues of control.
- Being seen as credible partners with “expertise”.
- Establishing a structure and process for inclusion, communication and decision making.
- Allocation of financial resources and fiscal control.

Freeman, E.R., Brugge, D., Bennett-Bradley, W.M., Levy, J.I., and Carrasco, E. (2006). “Challenges of Conducting Community-Based Participatory Research in Boston’s Neighborhoods to Reduce Disparities in Asthma.” *Journal of Urban Health*, November/December, 4(6) pp. 1013-1021

# What Does Sustainability Mean to Your Partnership?

- A continuing relationship and discussion among CBPR partners and organizations.
- Continuing a program or intervention from a CBPR partnership or project.
- Changes in a policy or system that addresses a root cause of the issue examined by a CBPR partnership or project.
- Increase in community capacity to conduct their own research.
- Sustaining of outcomes achieved by a CBPR project or intervention.
- Sustained funding over a specified period.