

For Engaged Institutions Initiative (EII) team member distribution only

Community Perspectives

Reducing Health Disparities Through Partnerships

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Trust Walk

- Identify trust issues that each group has with the other: academic and community partners, one with the other.
- Crumple and throw
- One person guide another through the maze of barriers

What did we learn?

- Working together is important
- Good communication is critical –share the same language, understanding how information gets interpreted or misinterpreted; be specific and clear
- There has to be trust
- Feedback is important
- Be Flexibility
- It is helpful to have a pre-existing relationship.

Trust Issues –Academia

- CBO Capacity
- University Reputation
- Motives
- Relationship
- Logistics

Trust Issues -Community

- Logistical/Practical
- Utility of Research
- Motives
- Sharing Resources
- History

Conditions for Good Relations

- Documentation of the partnership and the shared history
- Trust -transparency; sharing resources, building capacity within other organizations and in the community
- Respect –sometimes being disrespectful is not intentional. Get to know the other culture, community
- Formal Agreements -absolutely necessary to put it writing; MOUs

Community-Based Research Principles

- Community-Based Research Principles
- Respect each others contribution'
- Encourage change and promote knowledge to benefit community
- Share credit and responsibility for result

National Community-Academic Partnerships

- The national community committee NCC of the PRC (only open to PRC communities)
- The national CBO network NCBON
- The Community-Campus Partnership for Health CCPH

Next Steps

- Coming together before funding becomes available. What are the other self interests that we share?
- Funding sources need to be a part of these dialogues to better understand the challenges/opportunities
- Community needs a way to create A Voice, as a group. “A meeting before the meeting.” ... spoke person and a position
- MDPH holding community dialogues around the state to improve/build their partnerships www.mass.gov/dph
- Pressure put on the legislator for releasing and following up on the findings of the report on health disparities; creating more resources for the Health Commission

Next Steps

- Lay public involved in the conversation of health disparities; individual lived experience tells me there is health disparities; gap in language closed. More public conversations.
- CBO's should be presenting someone. They should bring the community residents to the table. Issues and grits.
- Step outside of our silos, health disparities are multidisciplinary; it crosses all our interests
- Reaching out to undergrads to get their feet wet; cheap