



The Health Disparities Service-Learning Collaborative
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HDSLCL Teleconference Call #9
SUSTAINING COMMUNITY PARTNERSHIPS IN SERVICE-LEARNING
9/9/08

Call Panelists

§ **Eric Canales** is a member of the Harlem Community Academic Partnership collaborating with the New York Academy of Medicine.

§ **Elmer Freeman** is Executive Director of the Center for Community Health Education Research and Service (CCHERS), a Boston partnership to promote reform in health professions education.

§ **Julie Nigon** is manager of the Rochester, MN Public Schools Adult and Family Literacy Program and administrator of Hawthorne Education Center.

Defining community

Panelists agreed that the definition of “community” is diverse, expansive and fluid and may depend on project focus. For example, Julie’s community includes all those impacted by the literacy program, not just the immigrant adult learners, but also their families, teachers, school employees, and academics (both faculty and students engaged in service-learning. Elmer’s community is most broadly defined geographically as those living and working in central Boston. However, for grant purposes, Elmer employs the concept of *community of focus*, that subpopulation that meets the criteria of a particular grant, be it geographically, racial/ethically or otherwise defined. Moreover, his community health centers adhere to federal definitions of “community” as those served by these centers. Eric’s community too is diverse, including community based organizations, academic institutions, health commissions, etc – or in Eric’s words, “Anyone and everyone who’s interested.”

Panelists noted that while a partner may have a primary affiliation in a partnership, they may also be closely affiliated with another role, such as an academic who has grassroots community ties or someone from the health department who serves as a practicum mentor. Eric pointed out that these individuals could represent different perspectives in the partnerships, though it is important to identify which perspective they represent in the moment.

Caution was raised regarding overuse of the term “community.” Elmer asserted that while “communities” are used to describe academics, providers, public health partners, “communities to be served” are the core focus in a most of our work, rather than those non-community partners conducting the research. Using the term “community” for multiple research partners may ultimately diffuse perspective on the priority community. Andrea shared the categories used for the HDSLCL, which include academic partners, institutional partners (e.g., health departments, hospitals), and grassroots community partners. She emphasized the importance of being clear on the definitions used to identify partners, especially the community groups to most benefit from HDSLCL efforts.

Developing and Sustaining Committee Partnerships

Eric talked about resources, educational pipelines and trust. In regard to the former, he underscored the importance of universities sharing grant funds with community-based organizations. Grant indirects provide seed money for community projects and builds organization infrastructure. Pipeline programs that channel community members into neighboring universities contribute to community capacity building through education. Eric warns that often academics attempt to develop community relationships based on grants, which is not sustainable. Real trust comes with time. One successful model, Mt Sinai, uses a community liaison that has worked with the community for years, so is a steady and trusted contact.

The community health centers in which Elmer is involved incorporated into a 501c3 to strengthen the centers' leverage with funding. With Julie's literacy program, academic support came through years of working together. As the literacy program demonstrated effectiveness as a partner, the university started including the program in grants. Also, professors are expected to share expertise at the program.

Community Advisory Boards and Other Community Governance

Elmer was hesitant about the idea of "advisory" boards as the term generally denotes a non-decision-making role. Instead, he emphasizes integration of community members into institutional governance structures, such as Institutional Review Boards (IRB) and Boards of Trustees, which hold decision-making power. Eric's partnership also integrates community into institutional structures as IRB participants, workshop instructors and in community-academic meetings attendees. He'd like to see community members become fellows of the New York Academy of Medicine like their academic counterparts. Julie's literacy program integrates community, academics and health professionals through program activities. For example, the program formed a community-based participatory research (CBPR) learning group to teach all partner about conducting focus group. Given various language skills, the learning process was equalized by translated language into simple terms and orally presenting written print.

Compensating Community Partners

Eric discussed compensation on two levels. Study participants receive transportation and personal articles (e.g., toiletries). Community staff members may receive a consultation fee. Eric emphasized that positive acknowledgement to both groups for their participation was important. Similarly, Julie's literacy program study participants receive bus passes and a meal, while community researchers receive honorariums, funded from both specific research grants and from the university partners.

In Elmer's organization, community compensation (e.g., transportation costs) was provided for expenses related to attending meetings and other activities. Two partner universities offered community staffers course credits and library privileges. Elmer reports limited success channeling grant indirect funds to the community. For example, a pilot study was funded through an academic researcher's overhead return, i.e., grant indirects designated to the academic's department. In CBPR grant, they successfully argued that community members offered expertise requiring honorarium compensation. Elmer noted a general attitude among academic researchers and funders alike is that community participation should be altruistic. To the contrary, community time is valuable just as is academic time. The former misconception creates grant *disparities*, wherein universities are financially compensated while community organizations are not. Communities and academics need to "push back" to ensure that communities are equitably recognized through compensation.