

**JOURNAL OF HIGHER EDUCATION
OUTREACH AND ENGAGEMENT**

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9TH ANNUAL COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH CONFERENCE

A Note from Sarena D. Seifer, conference chair . . .

Partnerships between communities and higher educational institutions as a strategy for social justice are gaining recognition and momentum. Service-learning, community-based participatory research and broad-based coalitions are among the methods these partnerships pursue to accomplish their goals. Increasingly, community-campus partnerships are being recommended by national bodies and pursued by funding agencies for achieving a wide range of significant outcomes, from eliminating health disparities to revitalizing urban and rural economies to preparing graduates for life-long civic engagement.

Community-Campus Partnerships for Health's 9th conference, "Walking the Talk: Achieving the Promise of Authentic Partnerships," took a critical look at these partnerships in all of their iterations and asked key questions about where we are now, where we are going and where we need to be:

- How do we fully realize authentic partnerships between communities and higher educational institutions?
- How do we balance power and share resources among partners?
- How do we build community and campus capacity to engage each other as partners?
- How do we create healthier communities through partnerships?
- How do we translate "principles" and "best practices" into widespread, expected practice?

The conference, held May 31-June 3, 2006 in Minneapolis, Minnesota, USA, sought to create a vision for the future of community-campus partnerships as a strategy for social justice. A

diverse group of nearly 500 CCPH members from 40 states, D.C., Canada, Australia, Germany, Ghana, India, The Netherlands, Nigeria and South Africa participated in 4 days of skill building, networking and agenda setting. Generous funding from the WK Kellogg Foundation, Otto Bremer Foundation, Northwest Health Foundation and Wellesley Institute helped to significantly boost community participation at the conference. Discussions at the conference informed the CCPH board's 2006 revisions to the widely cited and used "Principles of Good Community-Campus Partnerships," first released in 1998, reflecting the evolution in our understanding of what authentic partnerships entail (available at <http://depts.washington.edu/principles.html#principles>).

The four papers that follow are based on presentations given at the conference, selected because they address critical issues of significance to community-higher education partnerships, present unique perspectives on these issues, and cover topics of broad interest to *JHEOE* readers. We are grateful to Journal Editor Mel Hill for supporting this theme section of this issue.

Two papers present the perspectives of academic institutions that are striving for authenticity and equity in their relationships with community partners. In "Engaging a University in Self-Assessment and Strategic Planning to Build Partnership Capacity: The UCSF Experience," authors Naomi Wortis, Ellen Goldstein, Roberto Ariel Vargas and Kevin Grumbach describe the self-assessment and strategic planning process undertaken by a research-oriented health sciences campus seeking to become an engaged institution. And, in "How to Avoid Stumbling While 'Walking the Talk': Supporting the Promise of Authentic Partnerships," Terri Shelton and James Frabutt examine the university structures and policies that frequently pose barriers to authentic partnerships offer practical strategies for navigating "the system" while staying true to their vision and values.

Two articles are co-authored by community-academic partner pairs who bring years of experience in community-based participatory research to their proposals for shared decision making, shared power and mutual benefits in community-university partnerships. In "The Community Impact Statement: A Prenuptial Agreement for Community-Campus Partnerships," Susan Ann Gust and Catherine Jordan make a compelling case for developing a "community impact statement" before the work of a partnership can begin, not unlike an environmental impact statement for a real estate development or a prenuptial agreement before a marriage. And in "Community-University Research Partnerships: Devising a

Model for Ethical Engagement,” Linda Silka and Paulette Renault-Caragianes discuss how to ask and answer the very real questions that arise in the course of doing community-based participatory research: Who decides which problems are worthy of study? Who decides how the research will be conducted? Who owns the data once they are collected? Who determines how and in what forms the data will be disseminated and used?

Taken together, these four papers offer sophisticated and nuanced responses to the challenges and opportunities that frequently arise in community-university partnerships. They compel each of us to dig deeper in our work to tackle issues that cut at the core of what it takes to go beyond the rhetoric to actually achieve authentic partnerships: legacies of past transgressions, imbalances of power, privilege and resources, overt and covert racism, perceived illegitimacy of community knowledge. Our communities and institutions will surely benefit if we respond to their call to action.

Sarena D. Seifer
Executive Director,
Community-Campus
Partnerships for Health
and Research
Associate Professor,
University of Washington
School of Public Health
and Community Medicine

Note: Additional papers based on CCPH conference presentations were published in the Winter 2007 issue of Partnership Perspectives, available at <http://depts.washington.edu/ccph/PP.html>. To view the complete conference program and handouts from selected sessions, visit <http://depts.washington.edu/ccpt/pastpresentations.html#ninthconf>

Engaging a University in Self-Assessment and Strategic Planning to Build Partnership Capacity: The UCSF Experience

*Naomi Wortis, Ellen Goldstein,
Roberto Ariel Vargas, Kevin Grumbach*

Abstract

In an effort to better fulfill its public service mission, the University of California, San Francisco, has undertaken an intensive assessment and strategic planning process to build institutional capacity for civic engagement and community partnership. The first stage was a qualitative assessment focused primarily on three local communities, followed by a grassroots collaborative planning process resulting in the creation of a department-based Community Partnership Resource Center. The second stage was a campuswide self-assessment by the UCSF Executive Vice Chancellor's Task Force on Community Partnerships. This quantitative data collection about current UCSF partnerships and examination of national best practices resulted in recommendations for institutional action. The third stage was the creation of the University Community Partnership Program, which will ultimately serve the needs of the entire UCSF campus as well as all surrounding communities. This article describes the self-assessment and strategic planning process, challenges encountered, and lessons learned.

Introduction

World-class universities frequently reside in metropolitan areas that are also home to world-class inequities. This is the case for University of California, San Francisco (UCSF), one of the nation's elite health professions training and research institutions, and San Francisco, where striking health disparities exist between neighborhoods (*Building a Healthier San Francisco 2004*). Leaders in higher education have promoted the benefits to communities and universities alike of civic engagement and community partnership on the part of academic institutions (*Bok 1982; Boyer 1990; Kellogg Commission 1999; Ehrlich 2000*). However, less is known about how academic institutions prepare for and develop the institutional infrastructure to support effective civic engagement (*Holland 1997; HUD 2002a; HUD 2002b; Fox et al. 2004; Brukardt et al. 2004*).

This article describes the recent experience of one institution, UCSF, in performing a self-assessment and developing a strategic planning process to strengthen institutional capacity for community partnership and civic engagement. This experience included (1) the grassroots development of a Community Partnership Resource Center within one department of one school; (2) the convening of an executive vice chancellor's task force on community partnerships; and (3) the creation of a chancellor-level University Community Partnership Program. This case study illustrates how a grassroots partnership model helped to catalyze institutionalization of a major new campuswide program in civic engagement.

Institutional and Community Context

The University of California, San Francisco (UCSF), was founded in 1874 and offers graduate degrees and programs in dentistry, medicine, nursing, and pharmacy, as well as a graduate division for pre- and postdoctoral scientists. There are no undergraduate students. The institution is considered one of the nation's premier health sciences teaching, training, and research centers. UCSF is the second-largest employer in San Francisco. Its mission includes serving "the community at large through educational and service programs that take advantage of the knowledge and skills of UCSF faculty, staff and students" (*University of California, San Francisco*). Although UCSF's mission embraces community service, many members of the campus and broader community have expressed concern about the degree to which the imperatives of biomedical research and tertiary care medical services dominate institutional priorities.

Despite proximity to UCSF, striking health disparities exist between some neighborhoods in San Francisco and the city as a whole. San Francisco has a total population of 776,733 and a very diverse one—43.6 percent White, 30.2 percent Asian/Pacific Islander, 14.1 percent Latino, and 7.6 percent African American (*Building a Healthier San Francisco 2004*). Some parts of San Francisco, including the southeastern neighborhoods of Bayview Hunters Point (BVHP), the Mission, and Visitacion Valley, carry a disproportionate burden of preventable health conditions. These three communities have high concentrations of racial/ethnic minorities, disadvantaged youth, and recent immigrants. Southeast San Francisco has an unemployment rate five times higher than that of the rest of the city, and an overwhelming number of adults do not have a high school diploma. Each of these neighborhoods has

more people living below poverty level than the citywide average. BVHP has the highest rate of preventable hospitalizations of any area in the city, while rates in the Mission and Visitacion Valley are also elevated.

Grassroots Development of the Community Partnership Resource Center

The Department of Family and Community Medicine (DFCM) at UCSF's School of Medicine has traditionally emphasized care of underserved populations as a major focus of its educational, research, and clinical programs. In the course of participating in many community-based activities in disadvantaged neighborhoods in San Francisco, faculty members and staff in the department began to hear feedback from community partners about UCSF's community relations. These partners recognized that the DFCM and other departments at UCSF were doing much excellent community partnership work, but they also offered some criticisms. These included perceptions that UCSF's approach to neighborhood activities was not always well coordinated, there was not always good follow-through, duplication of programs often occurred, and successful partnership programs were not always sustained.

In 2003, in response to identification of this need for better partnership work between the university and local communities, DFCM initiated planning for creation of a new Community Partnership Resource Center (CPRC). The CPRC was envisioned as an entity that could coordinate the matching of existing needs and resources in San Francisco communities with corresponding resources and needs at UCSF and facilitate the development of more collaborative projects to improve health and eliminate health disparities. Two project codirectors with experience in community-based work were selected: one a DFCM faculty member and the other a community activist who also taught part-time in DFCM service-learning courses. The decision was made to focus initially on partnerships based in three neighborhoods in southeast San Francisco, where there are striking health disparities compared to the rest of the city and where DFCM had a foundation of pre-existing community connections. Although planning for the CPRC emanated from DFCM, the department viewed the CPRC as a vehicle to involve other departments and schools at UCSF in more effective community partnership activities.

Development of the CPRC consisted of several steps: a community assessment to validate the potential utility of a resource

center, recruitment of community and UCSF representatives to a collaborative planning committee, drafting of a formal mission statement and goals, and creation of infrastructure. To perform the qualitative assessment of needs and assets, the project codirectors interviewed leaders of twenty-nine community-based organizations (CBOs) in southeast San Francisco and asked these representatives to describe their organizational mission and what contact, if any, their organization had had with UCSF in the past. After describing the preliminary idea of the CPRC, the codirectors asked the representatives if they perceived a need for creation of this type of center at UCSF, what they might want from UCSF, what they might offer UCSF, if they would like to be part of the planning process, and what other CBOs should be contacted. Most CBOs expressed a desire to be part of the planning process. Similar interviews were conducted with faculty members and staff of ten UCSF departments and units involved in community-based activities.

The next step was convening a monthly series of large collaborative planning meetings, with invitations to participate extended to all community and campus members interviewed by the project co-leaders. Meetings were well attended and included leaders from CBOs involved in youth and senior programs, environmental justice work, housing and economic development and related programs, as well as faculty and staff from the UCSF Comprehensive Cancer Center, Center for Health and Community, Office of Community and Governmental Relations, Center for AIDS Prevention Studies, Women's Center of Excellence, and other campus units in addition to DFCM. Not unexpectedly, the dominant dynamic during the first several planning meetings was development of trust between community and university members, as well as between individuals within these respective constituencies. The group quickly discovered that silos exist not only within academic institutions, but also between community-based organizations! Because DFCM had determined that greater community engagement was a departmental priority, the department committed a modest amount of funding to pay for some staff and faculty time to support the planning process, and to pay for such meeting essentials as refreshments and parking validation for community members. Although paying for parking may seem trivial, it sends a message that the university attaches tangible value to community members' presence at a planning meeting.

Five community and three UCSF representatives volunteered for a small working group to draft documents for the large collaborative group to review. By 2004, this process had resulted in

the generation and formal adoption of the mission, principles, and goals of the CPRC. The mission statement is:

The UCSF Community Partnership Resource Center seeks to promote the overall health and well-being of San Franciscans by facilitating partnerships between UCSF and local communities, focusing particularly on communities with significant health disparities compared to the rest of the city. (*Community Partnership Resource Center 2004*)

The group agreed to adopt the Principles of Partnership that were developed by Community-Campus Partnerships for Health (*Community-Campus Partnerships for Health 2003; Connors and Seifer*

“The center provides services matching potential new partners and facilitating collaborations, as well as assisting in sustaining existing partnerships.”

2000), and a few additional principles were specified (*Community Partnership Resource Center 2004*).

The statement of goals for the CPRC was divided into core activities (e.g., development of resources/linkages, partnership building, capacity building, dissemination, and sustainability) and potential activities (e.g., health education in the community, community education at UCSF, community-based participatory research, and social advocacy).

Key infrastructure was developed between 2004 and 2005. A full-time program coordinator for the CPRC was hired, with UCSF and community members of the CPRC collaborating in developing the program coordinator job description and selecting the final candidate. Next, a Community Council was formed to serve as the executive body for the CPRC, empowered to make decisions about projects and activities. Members of the council represent a diverse cross section of the population of southeast San Francisco, including community residents and representatives of CBOs. The council intentionally includes more community members than UCSF representatives in an effort to address the typical balance of power and decision making that tends to allow the university voice to be dominant.

The CPRC is currently working to implement its core and potential activities goals. The center provides services matching potential new partners and facilitating collaborations, as well as

assisting in sustaining existing partnerships. It is developing a Web site that will include a searchable database of existing university-community partnerships at UCSF and resources for potential partnerships. In addition to the financial support from DFCM and the executive vice chancellor, an early grant of \$15,000 was obtained from California Campus Compact to support these activities. In 2005, the CPRC was awarded one of the highly competitive grants from the Department of Housing and Urban Development's Community Outreach Partnership Center Program (*HUD 2004*). This grant, covering about \$100,000 in direct costs per year for three years, will be used to continue to build partnership capacity infrastructure, to launch a community outreach worker job training program, and to work with community partners on their high-priority areas of violence prevention and resiliency promotion.

The process and key documents on CPRC mission, vision, principles, goals, and outcomes of planning embody the key elements needed for effective community-university partnership. The grassroots and department-based process has been participatory and cooperative. Community and university partners have learned a great deal together and from each other during the process. The CPRC has instituted procedures and structures for sharing of power and decision making and built infrastructure and capacity for collaborative activities. Working together on the planning and implementation process has created trust between partners.

University-Focused Executive Vice Chancellor's Task Force on Community Partnerships

In 2004, as the CPRC was coming into being, the UCSF Chancellor's Office also began to focus more attention on civic engagement. A new executive vice chancellor had recently been appointed. He was a prominent UCSF faculty member and leading researcher in the field of health disparities with a longstanding commitment to addressing the needs of vulnerable communities. He had collaborated on past projects with some of the faculty members involved in developing the CPRC. Prior to assuming the role of vice chancellor, he had attended one of the planning committee meetings of the CPRC and assisted with identifying some seed funding. Soon after his appointment, the executive vice chancellor appointed a UCSF Task Force on Community Partnerships. Although many factors other than the incipient development of the CPRC contributed to the vice chancellor's decision to convene

a task force, the CPRC experiences played a role in moving this agenda forward at the Chancellor's Office.

The vice chancellor charged the task force to (1) perform an inventory of the university-community partnerships already existing between UCSF and California communities; (2) review the case for university-community partnerships and best practices for engagement by academic institutions; and (3) make recommendations for improving UCSF's engagement in community partnerships. He appointed twenty UCSF representatives to the task force, including the CPRC leadership and program coordinator, and asked the chair of DFCM to lead the task force. Five other UCSF representatives and two community representatives were subsequently invited to participate on the task force. The task force met monthly over nine months. Two working groups were formed: one to undertake the inventory of UCSF community partnerships and the other to review best practices at other institutions. Consultations were obtained from two national experts in community partnerships. In addition, one community forum was held to get input from community partners of task force members on their perspectives about UCSF's community partnership work and to solicit their input into the task force recommendations. Some community partners were critical of this process for not having included more opportunities for community input into the work of the task force. At the time, university facilitators deemed it important for UCSF to conduct its work internally, and decided to provide the opportunity for community partners to review and provide feedback toward the end of the task force process.

Inventory of existing UCSF community partnerships: The inventory working group developed a Web-based survey to gather information about UCSF's current community partnership work. This survey was sent to all UCSF departments and units with the executive vice chancellor's request that they fill it out and forward it to any individuals they thought should fill it out. The survey asked for initiative goals, types of partnerships, number of people reached, topic areas, populations targeted, neighborhoods targeted, and tools developed. There were sixty-four responses from different partnership initiatives, representing twenty-eight different departments or units at UCSF.

The survey instrument and detailed results of the inventory are available in the full task force report (*UCSF Task Force 2005*), but the following are some highlights. Types of activities are summarized

Table 1: Types of community partnership activities described by UCSF respondents to task force inventory of UCSF community partnerships

Types of Activities	Number of Respondents
Education and enrichment programs for community members	32
Employment, workforce development, and business development	31
Collaborating on community and social advocacy issues	30
Conducting community-based research in collaboration with community organizations	29
Community-based education opportunities for UCSF students, residents, including nonclinical service learning curricula, etc.	28
Provision of clinical services in community settings	26
Other	11

Table 2: Tools developed as a result of community partnership initiatives described by UCSF respondents to task force inventory of UCSF community partnerships

Types of Tools Developed	Number
Educational materials	29
Curricula	26
Survey instruments	25
Evaluation instruments	18
Training manuals	11
Clinical care tools	9
Dissemination tools	8
Written principles of conduct	3

in table 1. The 28 educational opportunities for UCSF learners described involved 1,027 students and other trainees. The 32 community education initiatives described reached 142,200 people. Tools developed as a result of these initiatives are summarized in table 2. Various needs were identified by survey respondents. These included assistance to avoid duplication of efforts, help bringing potential partners together, creation of a database of community partnership information, and dissemination of and recognition for successful partnership efforts. It was clear from the inventory results that there were many UCSF sites engaged in successful community partnership, doing largely unrecognized work. Feedback from

Table 3. External models of academic-community partnerships researched by the task force's working group on external models

University	Program	Web Address(es) accessed
Cornell University	Public Service Center	www.psc.cornell.edu www.cornell.edu/outreach
Emory University	Office of University-Community Partnership	oucp.emory.edu
Harvard Medical School	Office of Diversity and Community Partnership	www.hms.harvard.edu/dcp
Johns Hopkins University	Urban Health Institute	urbanhealthinstitute.jhu.edu
Morehouse School of Medicine	Prevention Research Center	www.msm.edu/prc/index.htm
University of California, Los Angeles (UCLA)	UCLA in LA Center for Community Partnership	la.ucla.edu
University of Illinois, Chicago	Neighborhoods Initiative	www.uic.edu/cuppa/gci/uicni www.uic.edu/depts/dch/index.html
University of Pennsylvania	Center for Community Partnerships	www.upenn.edu/ccp
University of Washington	Educational Partnerships and Learning Technologies	www.washington.edu/eplt/about
University of Wisconsin, Madison		www.wisc.edu/wiscinfo/outreach
Virginia Commonwealth University	Office of Community Partnerships	www.vcu.edu/ocp/index.html

the inventory highlighted the need for more institutional support and recognition for this work, including contributions of financial support and other resources, greater valuing of community service in the faculty promotion process, and elevation of the importance of civic engagement in the institutional culture.

Review of best practices at other institutions: The best practices working group of the task force looked at other institutions' models of infrastructure for academic-community partnerships to identify principles and structures that could guide support for community

partnership programs at UCSF. Task force members, consultants, and other informants identified a sample of institutions known to have community partnership programs. The working group designed a data collection instrument to investigate each institution's model (*UCSF Task Force 2005*). Fairly complete information was gleaned from the Web sites of the programs listed in table 3. Telephone calls were made to some of the programs to clarify or supplement the information available on the Web sites. All the data were then summarized in a matrix available in the full task force report online. Each university was listed with a summary of that model's overall structure, target community, leadership structure, mission/values, goals/objectives, outcomes/evaluation, diversity of activities, incentives, funding sources, and replicable components.

It was clear that no single model would be an exact fit, but the working group was able to generate a list of best practices that could be adapted and combined to form a new model suited to the specific assets and needs of UCSF. The following best practices were identified.

1. Creation of a centralized campus office dedicated to supporting and coordinating university-community partnerships
2. High-level leadership whose sole responsibility is oversight of the partnership program and who report directly to the top leadership of the university
3. Work guided by community and university representatives—often in the form of a board
4. Some degree of internal institutional funding; not solely dependent on grant funding
5. Web site with searchable database of partnership activities
6. Internal grants program to provide small grants to promising local university-community partnership initiatives
7. Recognition and value placed on partnership work in the form of awards and promotion incentives.

Task force recommendations: The Community Partnership Task Force distilled all the data they had gathered into a task force report. The report includes (1) the case for community partnerships and an engaged campus; (2) results of the UCSF inventory; (3) best practices at other institutions; and (4) a summary of findings, recommendations, and action steps. The full task force report

with detailed recommendations is available on the Web (*UCSF Task Force 2005*). In brief, the recommendations included:

8. Create a centralized University Community Partnership Program (UCPP) to provide infrastructural support for community partnerships to the whole campus without disrupting the healthy ecosystem of existing grassroots partnerships at UCSF
9. Designate a leader within the Chancellor's Office who is responsible for ensuring that the functions of the UCPP are performed
10. Appoint a council made up of university and community representatives empowered to work with the Chancellor's Office to guide UCPP operations
11. Formally adopt explicit principles of civic engagement and community partnership for UCSF as an institution
12. Prioritize the implementation of the following components of the UCPP:
 - a. Information clearinghouse and coordinating center, including an interactive, updated, computerized database of UCSF-community partnerships
 - b. Faculty development and support in the areas of civic engagement and community partnerships, including advocacy within the institution to ensure that community service is valued in the faculty promotion process
 - c. Service-learning curricular development
 - d. Community economic and employment development
 - e. Internal grants program dedicated to supporting community partnership projects
 - f. Dissemination, communications, and recognition of community partnership successes
 - g. Navigation and technical support to help partners overcome the cross-cultural barriers to successful university-community partnership
 - h. Champions and visible leadership for community partnership work at the highest levels of UCSF administration

- i. Evaluation to ensure the quality and integrity of programs.

The task force's report and recommendations were favorably received by the executive vice chancellor, who had convened the task force, and by the chancellor. The favorable response may have been related to a number of factors. The executive vice chancellor felt this work was a high priority. The institutional climate at UCSF seemed ripe: there was increasing recognition of historical institutional shortcomings regarding community engagement, and UCSF was in the midst of developing a new campus in eastern San Francisco. The report included a concrete action plan with a specified (and rather short) timeline, putting pressure on the UCSF leadership not to delay implementation. Comparison with competitors like UCLA and Harvard Medical School may have been a useful strategy. The report was well put together, including good documentation of current activities and best practices in addition to recommendations. Finally, the group that generated the report was broadly representative of the whole campus, not just one interest group. As a result, the chancellor allocated \$341,100 in institutional funds for an initial year's budget to create the recommended University Community Partnership Program, with a pledge of continued financial support for the ongoing work of the Program.

Creation of the University Community Partnership Program

In 2005, the University Community Partnership Program was created in the Office of the Vice Chancellor for Advancement and Planning. The chancellor appointed ten university representatives from across all schools to serve on the UCPP Council, including the CPRC director. Subsequently, community representatives were nominated for the community representative slots, and ten were chosen to serve on the council. In 2006, a program director was hired for the UCPP. The council has agreed on a leadership structure that involves two cochairs: a community representative and a university representative. The cochairs lead the monthly council meetings and meet with the program director between meetings. Working groups have formed to focus on the following issues: economic and employment development; educational outreach to youth and adults; service-learning at UCSF; community-based research and evaluation; and developing a UCPP-sponsored grants program for university-community partnership projects. UCPP staff is working on Web site development, dissemination, and recognition issues. UCPP and CPRC staff are jointly developing

the searchable database of university-community partnership programs and resources. The UCPP and CPRC plan to collaborate on other activities in the future to avoid duplication and promote synergy.

The best practices being modeled in the creation of the UCPP are the existence of a centralized campus office to support community engagement, high-level leadership, work guided by a council with equal community and university representation, a council that is not just advisory but is vested with decision-making authority, and support from institutional funds. Best practices that are planned for the near future include the database mentioned previously, an internal grants program, and enhanced recognition for community partnership work.

Conclusion

In summary, over the past three years UCSF has been engaged in an intensive assessment and strategic planning process to build capacity for civic engagement and community partnership. This has included a bottom-up process, resulting in the creation of the department-based CPRC. It has also included the top-down process of the Task Force on Community Partnerships, resulting in recommendations for institutional action and the creation of the UCPP. The two resulting infrastructures, the CPRC and the UCPP, are now working together with the long-term goal of serving the needs of the entire UCSF campus as well as all surrounding communities. We believe that our efforts might not have been as successful had there been only a bottom-up process or a top-down process.

There have been many challenges along the way. These include overcoming community mistrust of the university in order to get community buy in and getting university buy in at all levels. That both the university and local communities are made up of multiple silos without optimal communication has presented challenges. There are many different understandings of what is really meant by “partnership.” Addressing the power differential between the university and surrounding communities has been an issue. Finding funding is an ongoing challenge. One strategy for promoting community partnerships is to be vigilant and opportunistic about funding opportunities to support both university and community partners in pursuing this work. Awareness of the Department of Housing and Urban Development grants program provided encouragement that some extramural funders were interested in supporting development of infrastructure for improved

university-community partnerships. Other agencies not typically considered to support this type of work have also been identified as potential funders. For example, the National Institutes of Health has started to issue more calls for proposals for community-based participatory research, and the recent NIH Roadmap initiative for Clinical Translational Science Awards explicitly calls for community engagement programs as an essential component of these major institutional awards.

It has been important to develop an identity for the university in the eyes of the community as a capacity builder, not just a service provider or funder. It has also been important to develop an identity for surrounding communities in the eyes of the university as a resource, not just entities in need. Equally important has been attention to rewards and incentives for faculty involvement in community partnership activities, which may not yield the volume or types of scholarly products that are the traditional “coin of the realm” for advancement in the academic ranks, such as peer-reviewed publications. One key factor in progress on this front has been the presence of influential leaders at UCSF, such as a department chair and campus executive vice chancellor, committed to this work and willing to serve as champions by supporting faculty development in this area, setting an example by recognizing community engagement activities when proposing faculty members for promotion, and arguing for interpretations of university promotion policies that affirm civic engagement as a form of scholarship. Although progress is being made in this area, junior faculty members continue to struggle with the perception that community service is best left to the posttenure career stage as an unpromising stratagem for successful career advancement and attraction of extramural grant funding. Finally, building sustainable, trusting partnerships has been and continues to be a slow process, requiring much patience on everyone’s part.

The rewards have also been significant. Community members involved in the process have expressed satisfaction that they are finally being approached with respect by the university to partner with university power brokers. University members have been thrilled to meet and get to know people outside their own silos who value this kind of work. Two new infrastructures have been created to support community partnership work at the university. New resources are being developed, and existing resources are being made more accessible. New funding has been generated for this work, both from within the university and in the form of outside grants. New partnerships are being developed. A slow but steady

cultural shift seems to be taking place at the institution, in which civic engagement and community partnership work are becoming more valued and more visible. It is our hope that this will ultimately result in more community-competent health professionals, more capacity within surrounding communities, and ultimately the elimination of health disparities.

Acknowledgments

We are deeply grateful to Executive Vice Chancellor A. Eugene Washington for his ongoing support and championship of this work at UCSF and to Robert Uhrle for his critical role as a community partner in beginning this process at UCSF. We would also like to acknowledge the hard work, wisdom, and commitment of all community and university partners who have been part of the development of the CPRC, the work of the Task Force on Community Partnerships, and the creation of the UCPP. There are too many to list here individually, but without them, we could not have come this far. Finally, we would like to thank Sarena Seifer and Barbara Holland for their ongoing support, advice, and encouragement.

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About the Authors

- Naomi Wortis, M.D., is director of community programs and assistant clinical professor in UCSF's Department of Family and Community Medicine (DFCM). Her passion for community health work dates back to her experience as a U.S. Peace Corps Volunteer doing public health work in Central Africa. She attended Harvard Medical School and then did her residency training at UCSF's San Francisco General Hospital program. She has a clinical practice in one of the San Francisco Department of Public Health clinics, located in Visitacion Valley. She cofounded and directs UCSF's Community Partnership Resource Center in the DFCM, focusing on improving well being and reducing health disparities in the southeast sector of San Francisco. She is also codirector of DFCM's community-oriented primary care

curriculum for family medicine residents and cofounder and codirector of UCSF's area of concentration in community health and social advocacy for medical students. She is a consultant on the community medicine curriculum for the required family and community medicine clerkship for third-year medical students. These are all service-learning curricula. Her community-based participatory research experience includes a community assessment survey project in Bayview Hunters Point. Dr. Wortis served on the 2004–2005 UCSF Executive Vice Chancellor's Task Force on Community Partnerships, working with faculty throughout the university to improve the institutional infrastructure to support more civic engagement at the university. The work of that task force resulted in the creation of a new UCSF University Community Partnership Program, and she was appointed to its inaugural council. She was recently voted cochair elect of the University Community Partnership Council. She won the 2005 UCSF Chancellor's Award for Public Service.

- Ellen Goldstein, M.A., is the program manager, Community Engagement Program for the Clinical Translational Science Institute, and is based in the Department of Family and Community Medicine (DFCM) at the University of California, San Francisco. She has worked at UCSF in HIV/AIDS prevention since 1988, facilitating links between academic researchers and community-based service providers. Her soapbox concerns the importance of making research findings and methods more accessible to community service providers, and community resources and expertise more accessible to researchers. She spent fourteen years at UCSF's Center for AIDS Prevention Studies (CAPS), where she managed over twenty-five collaborations between scientists, funders, and community-based agencies and subsequently conducted an evaluation on factors associated with successful research collaborations. Her research includes a national survey of HIV prevention program managers regarding the sources and types of information accessed for program planning and a study funded by the Office of Minority Health on capacity-building efforts in minority-serving community agencies. Currently, she works with two UCSF projects—CAPS and the Center of Excellence in Women's Health—providing technical assistance on partnership issues and program implementation to community and community-academic programs across the country. She also is participating in the launch of the Center for Excellence in Primary Care in the DFCM. She served on the Vice Chancellor's Task Force on Community Partnerships, chairing the work group on the internal inventory. Ms. Goldstein earned her master's degree in social psychology. Her primary goal is to get people talking to each other.

- Roberto Ariel Vargas is the program coordinator of the Community Partnership Resource Center in UCSF's Department

of Family and Community Medicine. He works to build partnerships between UCSF and the communities of southeast San Francisco, where he is a third-generation resident. He also serves as a lecturer and mentor, cofacilitating service-learning courses that engage UCSF learners in community projects. He graduated from San Francisco State University's Department of Sociology with an emphasis in race relations. Prior to joining UCSF, he was the director of the Real Alternatives Program Collaborative, a multiservice center for high-risk teens from San Francisco's Bayview Hunter's Point and Mission Districts. During this time he became involved in helping to shape the Community Partnership Resource Center. In the past, he created and directed peer health education programs and taught social studies in several middle and high schools in San Francisco. He also has experience as an outreach worker for the SF Mayor's Gang Prevention Program, where he helped to broker peace treaties between warring gangs. He has been part of two community-based participatory research projects, both led by investigators out of UCSF, one studying violence among adolescent African American and Latino boys and the other examining the sexual behavior of teens. He is a devoted husband and father to two small Aztec Dancers.

- Kevin Grumbach, M.D., is professor and chair of Family and Community Medicine at the University of California, San Francisco, and chief of Family and Community Medicine at San Francisco General Hospital. He is the director of the UCSF Center for California Health Workforce Studies. His research on topics such as primary care physician supply and access to care, racial and ethnic diversity in the medical profession, and the impact of managed care on physicians has been published widely in major medical journals. With Tom Bodenheimer, he is coauthor of the books *Understanding Health Policy—A Clinical Approach*, and *Improving Primary Care: Tools and Strategies for a Better Practice*, both published by McGraw Hill–Lange. He received a Generalist Physician Faculty Scholar award from the Robert Wood Johnson Foundation, the Health Resources and Services Administration Award for Health Workforce Research on Diversity, and in 1997 was elected a member of the Institute of Medicine, National Academy of Sciences. Dr. Grumbach also is cochair of the UCSF University Community Partnership Council, cochair of the Community Engagement Program for the UCSF Clinical Translational Science Institute, and is a founding member of the California Physicians' Alliance, the California chapter of Physicians for a National Health Program. He practices family medicine at the Family Health Center at San Francisco General Hospital.

How to Avoid Stumbling While “Walking the Talk”: Supporting the Promise of Authentic Partnerships

Terri L. Shelton, James M. Frabutt

Abstract

This article discusses challenges faced by research centers engaging in community partnerships, as well as potential solutions. While many challenges in community-campus partnerships involve the engagement of community and the characteristics of the partnership, some university structures and policies can impede the collaboration even given a strong partnership. The lessons shared highlight potential pitfalls that need to be addressed as well as possible solutions that can support the campus in developing authentic collaboration.

Centers and Institutes as Vehicles for Engagement

Universities have long been positioned for extensive outreach and engagement activities. In fact, the scholarship of engagement has been held up as a natural conduit for the civic engagement of our nation’s universities (*Hoyte and Hollander 1999; Kellogg Commission 1999; Pasque et al. 2005*). One university highlighted its efforts at university-community partnerships by placing a series of paid advertisements in the *Chronicle of Higher Education* during the spring of 2006 (e.g., *Freedland and Menino 2006; Freedland and Minehan 2006*). The number of organizations and vehicles that support such outreach and partnership—like Community-Campus Partnerships for Health and the Annual Outreach Scholarship Conference—has grown tenfold in the last two decades.

On campuses themselves, universities have witnessed a proliferation of centers and institutes over the past decade. According to the *Research Center Directory*, there were 6,000 centers by 1980 and more than 13,000 by 2003 (*Hedblad 2003*), although this figure likely is an underestimate. Whether interdisciplinary or not, at their best, university centers and institutes function as organizational units that offer a dedicated forum for teaching, research, and/or community service activities. However, at their worst, they have been labeled university “urban sprawl” (*Mallon 2004*) and can reflect

disjointed governance structures. Along with these new organizational structures have come emerging categories of personnel such as research scholars, nonteaching faculty, and research scientists, referred to by Kennedy (1999) as an entirely new academic class. It is not unusual for large, research-intensive, doctorate-granting institutions to house over seventy-five centers. For example, the flagship university of the North Carolina State System lists nearly one hundred operating centers and institutes. With this growth in centers as part of campus infrastructure, centers that embrace community partnerships as part of their mission must examine how to stay true to authentic partnerships while operating in the institutional climate of the university. This article offers an in-depth illustration of insights gained and lessons learned in the areas of ethics and institutional review boards, staffing, recognizing accomplishments, and financing, as seen from the perspective of a university-wide interdisciplinary center.

Background and Context of the Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro

The Center for Youth, Family, and Community Partnerships, formerly the Center for the Study of Social Issues, was established in 1996 to encourage interdisciplinary research and to bring the resources of the university to address issues in the community (MacKinnon-Lewis and Frabutt 2001). After undergoing a strategic planning process in 2004, the center changed its name and refined its focus. The name reflects both focus and key partners; that is, youth, families, and communities as well as how we work: through respectful partnerships. The center's mission is to build the capacity of families, service providers, researchers, teachers, and communities to ensure the health and well-being of children, bridging research, policy, and practice. The primary purpose of the center is to partner with key stakeholders from the community and the university to:

- carry out basic, applied, and community-based action research;
- infuse community perspectives into university research and teaching;
- translate research into effective programs and practice; and
- facilitate quality programs, practices, and policies that yield positive outcomes for children and their families.

The center is funded primarily through a diverse portfolio of federal, state, local, and foundation grants and contracts. It is located within the Office of Research and Public/Private Sector Partnerships, which is within the Office of the Provost. The center's role is to advance the research and outreach vision and mission of the university, to build social capital, and to raise the visibility of UNCG's research enterprise (for more information see <http://www.uncg.edu/csr>).

Ethics and Institutional Review Boards

One of the major foci of the center has been developing a portfolio of action-oriented research projects in areas such as youth violence prevention, early childhood mental health, and health literacy among vulnerable populations. In executing this work, the center has come face to face with points of disconnect with campus-based institutional review boards (IRBs). This tension between action researchers and IRBs is not a new phenomenon (*Lincoln and Tierney 2002, 2004*). Indeed, Gunsalus and colleagues ([2006]; also see *Brydon-Miller and Greenwood 2006*) point out that from a historical perspective, IRBs were designed to address mostly biomedical investigations—and largely positivist approaches. Judging the basis of IRB risk protection from that perspective almost ensures a mismatch with more organic, change-oriented research.

“Participatory research partnerships demand new ways of thinking about both the ethical supports and limitations of IRB processes.”

For example, it is common at our center to engage in research projects where the methods and data collection tools will be jointly developed with a community-based partner. In such cases, it is not possible to meet all IRB application requirements at the project outset (e.g., “please attach copies of all data collection tools”).

That example and numerous similar others support Boser's (2006) contention that “. . . action research presents a set of social relations which the current framework for human subject protection is ill-suited to address” (12). Participatory research partnerships demand new ways of thinking about both the ethical supports and limitations of IRB processes. Boser (2006) outlines a tripartite model for ethical issues in action research, encouraging that attention to ethics: (a) be guided by externally developed guidelines

focused on relationships, patterns of power, and potential risk; (b) be integrated into each stage of the action research cycle to inform decision making; and (c) be transparent to the larger community. In short, ethics issues should be handled openly, on an ongoing, iterative basis, with special consideration given to the social and political relationships among all stakeholders (e.g., community partners, research participants, investigators).

Similarly, Brydon-Miller and Greenwood (2006) shared insights in regard to four areas surrounding review processes for action research. First, they noted that knowledge about the full scope of a project is not always available at the project outset, so IRB approval must be handled in phases. Sometimes it helps to have an action research liaison on the IRB who can handle such requests quickly. Second, issues of participant protection take on a different slant when the community has a significant say in the procedures and execution of the project. Since the process is not wholly investigator-driven, the question arises “When does protection become paternalism, and concern become control?” (122).

Third, norms regarding confidentiality have different implications in some community-based research projects. For example, although researchers may typically use pseudonyms or initials to identify participants, IRBs must be open as well to research partners/stakeholders that want their names and identifying information used. Last, Brydon-Miller and Greenwood described issues surrounding coercion in

action research projects, noting that in the context of long-term research partnerships, collaborative relationships emerge that fundamentally change the nature of coercion itself. They caution to “. . . always be cognizant of the power and privilege we carry with us into our interaction with research participants, and at the same time not allow these concerns to immobilize us in working for social change” (2006, 125).

So how do centers immersed in community-based projects and investigations stay true to their mission while successfully navigating institutional review board requirements? First, it is imperative to continually raise awareness of community-based, participatory research approaches among campus stakeholders. Hosting speakers, colloquia, and panels, and highlighting students’ involvement

“...it is imperative to continually raise awareness of community-based, participatory research approaches among campus stakeholders.”

in action research all provide opportunities to raise the profile—and understanding—of such work. Second, Trestman (2006) highlighted two strategies for streamlining the IRB review process: meet with the IRB chair in advance of submitting an action research protocol and begin to think like a reviewer. By anticipating issues and concerns and addressing them in the original proposal, one is in a better position to problem solve *with* the IRB rather than taking a more passive posture. Third, change from within is a powerful catalyst. Action researchers must move beyond an *us versus them* mindset as far as IRBs are concerned and begin to realize that *they are us*. The second author of this article began serving as an IRB member in 2005. As a critical mass of IRB reviewers and committee members develop and display expertise in community-based research, there is a concomitant increase in the sophistication level of the risk-benefit discourse on university IRBs.

Staffing

One of the frequently cited advantages of university centers and institutes is the ability to provide a forum for individuals of varying disciplines, departments, and affiliations to come together to work on a *particular* issue or initiative. As noted by Lee and Bozeman (2005) and others, there is an assumption that this collaboration automatically brings greater productivity. While this has certainly been our experience, it is not always the case. To maximize the potential benefits of partnership and collaboration, one needs to consider that the typical faculty/instructional staffing structure may not best serve the mission of the center. Particularly for centers such as ours, it is critical that each initiative have what Bozeman and colleagues term sufficient “scientific and technical human capital” (Bozeman and Corley 2004; Lee and Bozeman 2005) to get the job done. Scientific and technical human capital is defined as the “sum of scientific and technical and social knowledge, skills and resources embodied in a particular individual. It is both human capital endowments, such as formal education and training, and social relations and network ties that bind scientists and the users of science together” (Lee and Bozeman 2005, 674). This concept can be examined within one individual and can also be applied to a center as a whole; it best illustrates our center’s approach to staffing our various initiatives.

Being university-based, our center does include graduate research assistants and faculty as partners. However, due to financing and time constraints, all our center staff are full-time employees of the center. The responsibilities and schedule of traditional

faculty (e.g., teaching, service on university committees, research, and nine-month terms) often do not blend well with the responsibilities of maintaining a full-time, full-year center. One potential “culture clash” between a center such as ours and the communities we serve is that the social issues we endeavor to address don’t take summer vacations. That said, incredible technical knowledge can be brought to bear through the strategic use of faculty on projects. We have maximized the benefits of collaboration by structuring a “win-win” situation in which the faculty in various departments across the university collaborate based on their interests and the degree to which their scientific, technical, and social knowledge match the initiative.

Because of the nature of our center’s work, other individuals have become key partners, bringing unique knowledge that isn’t always captured by formal education and training. All of our projects include some mix of community partners (e.g., county manager’s office, law enforcement, direct service providers, policymakers) as well as consumers (e.g., of mental health and substance abuse services, adoption and foster care, juvenile court involvement) as paid consultants. There is no doubt that the inclusion of these stakeholders is key to our work. Because of their expertise, we feel strongly that these partners should be compensated for their contribution.

Many centers may use community and consumer input, but it may be at the level of a focus group to inform a project with minimal stipends provided as compensation. When one moves to a different level of reimbursement, there can be numerous challenges in getting “nontraditional” staff hired within a university structure. One such challenge relates to job descriptions, job titles, and salary. For example, when the key qualification of a particular position is being the parent of a child receiving mental health services, the first hurdle is developing the job description. The second is finding or even creating a job title that matches the responsibilities. In one instance, human resources indicated that we could say that “preference” would be given to a parent but that we could not “require” that as a qualification. Even when a description is written and a somewhat compatible job title is identified, there is the issue of compensation. Salary schedules within universities, even for part-time employees, are understandably based on a scale determined by formal education and training. Only with great negotiation have we been able to advocate for a reasonable hourly fee or consultant rate for some of our partners who do not have a college or advanced degree. Fortunately, more universities

and other systems have begun to recognize the enormous capital available through hiring community and consumer partners, and there are more examples and resources available (e.g., sample job descriptions posted on Web sites [see Institute for Family-Centered Care for sample job description for parent coordinator; <http://www.familycenteredcare.org/advance/pafam.html>]) to move the system along, but the amount of time involved in making the hire sometimes deters all but those truly committed to campus-community partnerships from extending those partnerships to paid positions.

Recognizing Accomplishments

The diversity within the staffing structure brings challenges in how a center recognizes the accomplishments of key partners. “Credit” for good work is clearly contextual. For example, for faculty partners, publications and sharing other benefits of grants (e.g., co-PI status, sharing of indirect costs disbursement) is likely the “currency.” However, for nonuniversity, community, and/or consumer partners, the credit might be different. We have had great success in ensuring alignment between our mission and values of partnership and how we handle this issue. Be proactive, address the issue up front, do what’s fair, and be flexible to change if the involvement changes. For example, if the faculty partner played a key role in the conceptualization of the grant, brings unique expertise to the team, and will have a key role in the implementation, analysis, and dissemination of the results, there should be equal compensation in terms of recognition as a co-PI, as lead author on some of the publications, and in the even distribution of resources such as support for graduate students and indirect costs. In contrast, if the faculty member is serving on the project advisory committee, the credit may be acknowledgment for service with the department chair and reimbursement for time spent on the advisory committee.

For community partners and consumers, it is best to ask what would be fair compensation and not assume. For some partners, credit and compensation might mean access to the data for analysis to show the efficacy of their service. For consumers, it might be a fair wage for their time plus child care and travel costs or the center providing pro bono help for an advocacy group in applying for a small grant to support their operation. The key is that when centers are engaged in these campus-community partnerships, they must nurture all partnerships—not just the ones within the university—and consider the context when determining appropriate compensation.

For our center, one challenge has been to recognize the accomplishments of our full-time staff. The currency of advancement in most universities is the stepwise faculty designation of assistant, associate, and full professor. However, if staff are not tenured or housed within a department, these faculty designations are not applicable. Many centers assign a descriptive job title that illustrates the role within the center (e.g., deputy director, associate director), but these titles often are meaningless to other universities, and there is typically no identified structure for promotion. Still others use a mixed term such as research scientist or associate research professor, but unlike traditional departments that may have well-articulated internal operational policies and a host of permanent and ad hoc committees, centers or institutes often do not. Another option is the adjunct faculty appointment, which works well for new appointments. However, when one seeks to “promote” an adjunct, the criteria that a department uses to assess the appropriateness of moving an assistant adjunct to an associate adjunct is not always aligned with the criteria within the center. For example, teaching is a benchmark often used for adjunct faculty. But in a community-based, participatory research center where the primary expectations are to develop a solid portfolio of funded projects and to develop and nurture key community networks, teaching courses is not a reasonable part of the job description, which leaves the center and the department at an impasse. The culture of the university defines how academic departments recognize accomplishments, and this currency is not always well matched to the culture of an effective community-based research center. Finding ways to speak each other’s language requires time and dedication but is essential in maintaining the scientific and technical capital within one’s center.

Financing

Another staffing challenge also serves to illustrate the nature of unique financial challenges that arise in maintaining a healthy center or institute: administrative support. Many centers and institutes are funded primarily by “soft” money or grants and contracts. While they may function similarly to other university units such as departments (e.g., processing invoices, payroll, hiring graduate students), they typically do not have the same resources as a department, such as faculty salary lines or administrative support. As centers or institutes grow, the need for administrative support becomes key. For example, most grants do not allow the inclusion of administrative support staff as direct costs. The assumption is

that this expense is included in the indirect costs (IDC) associated with the grant or contract. However, given the typical disbursement of IDC, it is unlikely that administrative personnel can be fully supported from IDC.

As an illustration, the salary and benefits of an administrative secretary could easily cost \$40,000. If the center receives a \$400,000 one-year grant and a \$750,000 three-year grant, using a university IDC rate of 40 percent, the university would receive \$260,000 (40% of [\$400,000 + \$250,000]) in indirect costs in that year. Universities vary in their policies for disbursing IDC back to the unit that generated the grant, but for illustration purposes,

“Educating administration about the hard numbers and the case for administrative support is key, particularly as centers’ growth and development yields increased need for administrative support.”

a center may recoup 10 percent of the IDC that it generated, or \$26,000—just over half the salary and benefits. If the center is expected to use those disbursed indirect costs for other overhead, such as postage or phone, or if the grant or contract limits IDC (e.g., education training grants typically limit IDC to 8%), even less is available to cover support staff. Some research centers use post-doctoral positions to help cover some of these functions, but it is

not a long-term solution, is not always an appropriate use of a post-doctoral fellowship, and may not be effective for projects requiring continuity of staff (even support staff) in interactions with the community. Educating administration about the hard numbers and the case for administrative support is key, particularly as centers’ growth and development yields increased need for administrative support. A diverse approach is necessary in order to make this work, which might include sharing these functions among centers, looking for legitimate opportunities to charge expenses as direct costs in the grant, using IDC, and getting university support for these positions.

As illustrated, many universities assume that the typical IDC disbursement policies in place for departments and other units will work for centers and institutes. They may, but it is key to look at where the center or institute is housed, its governance structure, and whether its core operating functions are covered in any other way (e.g., a center housed within a department or affiliated with a particular school or college within a larger university). Actually

calculating what it would take to finance support staff, as in the example above, is critical for any center that must fund its own support staff.

Another issue with critical financial implications is funding of the core center staff. As mentioned, our center has part-time partners and consultants including faculty, community partners, and often consumers of direct services. However, the key staff is full-time, twelve-month employees. Because the center is funded primarily through grants and contracts, unlike departments with faculty lines, growth can occur only with the acquisition of new grants and contracts. If staff are 100 percent covered by grants and contracts, they are technically devoting 100 percent time to those projects, leaving no time to write and develop new projects or to engage in the creative process. At some point, centers and institutes will be “maxed out” in terms of productivity and, in order to grow, must confront the challenge of bringing on new staff. Financing for each center must be individualized and examined closely with creative but fiscally sound solutions identified. For example, at the beginning of each fiscal year, our center estimates the amount of salary and benefits currently supported and makes additional projections of grants and contracts likely to be funded over

“Financing for each center must be individualized and examined closely with creative but fiscally sound solutions identified.”

the year. We receive partial university funding for a few positions and can use those dollars, if those staff have grant support, to bring on new staff. However, in order to be financially solvent, we have to calculate the amount of dollars that we have available, what salary we can offer, and how much time we can give the new employees before they must be generating their own portfolio of grants and contracts. While this approach might not work for all centers, especially those who may have other resources such as full-time university support for the center director, something akin to a business plan can be very helpful in plotting a center’s growth.

Another potential challenge is the possible disconnect between financing structures of the university and a center. One of the potential advantages of a center or institute relative to a university is its ability to respond quickly to a changing market. However, sometimes other university structures may not respond as quickly. For example, many centers, such as ours, have several fee-for-service contracts, particularly around research and program evalua-

tion. The community partner wants to examine the efficacy of a given program, has identified your center as partner, and needs to have the project completed in four months. The funder has a finite amount of money that must be spent in this fiscal year and has allocated it for evaluation. This scenario poses several potential challenges. First, what are appropriate indirect costs (IDC) for this type of venture? Although the typical federally negotiated rate for most universities would price a center's consultation out of the market, the university should get some compensation for processing paperwork, payment, and so on. What is fair? Second, the typical processes for getting a budget and contract approved through university contracts/grants and sponsored program offices may not be fast enough to meet the time frame for the funder. Third, there is the question of whether this type of work constitutes research and whether it needs to go through the IRB. Even an expedited IRB review may set a time frame that will preclude the center from accepting the contract. We are exploring at our university ways to streamline these processes for fee-for-service contracts, including the establishment of a market rate for administrative costs for such projects and standard contract templates to ensure compliance with university policies and procedures so the center can enter into the partnership.

In the financing of our center, we have found that three things are critical. First, for those centers like ours where all the work relies on partnerships, the time estimate for the task must include the time required to build and nurture the partnership. For new endeavors where the trust has not been built, and even when bringing new members into a group where trust has been established, the success of the initiative is directly tied to the time devoted to getting that group functioning well. However, we have often made the mistake of not factoring that into cost estimates for contracts or even into our overall financial plan. Collaboration can yield great results—often better than solo ventures—but collaboration is time consuming when done correctly, and that needs to be factored in up front.

Second, centers should not shy away from working on something even if the contract is not clearly in hand. Centers must learn the benefits of loss leaders. Pioneered by Edison in the 1880s in its traditional usage, loss leaders involve selling an item below cost to stimulate other sales. In community-based research, it can mean working on a project with a new partner for the amount of money available in the hope of building a relationship and the opportunity for future work. Loss leaders can be great strategies

or disasters. It is important to have a good estimate of what the center can afford to give away, the value of that project or partner to the long-term strategy of the center, and perhaps most important, concentrated effort to ensure that that budding partnership or new project does well.

Third, particularly for centers that are primarily funded on soft money, centers must strive to adhere to their stated mission and vision. The temptation is great to go after the easy money (although that's becoming more and more scarce). Potentially inappropriate ventures include the contract that a center knows it can get because of its relationship with the funder but that involves deliverables not aligned with the center's mission or vision and loss leaders that pose similar risks. Ventures not clearly aligned with the center's mission and vision can, in the long run, incur dramatic costs, as they will divert synergy, staff, and focus away from core efforts.

Strategies for Change

Some overarching strategies may help any center or institute. First, centers must cultivate partnerships, particularly those within the university at key points of leadership, and educate those partners about these challenges. These partnerships will vary by institution but most likely will include both academic affairs and business affairs.

Even for those centers whose staff do not have tenure track positions and therefore are not expected to participate on committees, center faculty and staff should be involved in the university governance structure, particularly in strategic key leadership roles. Researchers such as Ikenberry and Friedman (1972), Hays (1991), and Stahler and Tash (1994) have pointed out that historically centers and institutes have not been well integrated into university governance. "Researchers at centers are not 'real' faculty members, lacking traditional faculty prerogatives. . . . centers and institutes are not major contributors to the academic mission and governance structure of the university. . . ." (Mallon 2004, 67, 68). However, this is changing and needs to change. Centers and research institutes do influence decision making but often in informal ways. While keeping this informal influence, centers need to participate in formal governance. Leverage points may include serving on the IRB, which can educate the board about community-based research, or participating on the search committee for the head of the university's office of contracts and grants to ensure that the new hire comes in with an understanding of centers.

Second, center directors and leaders should identify resources such as other centers and institutes both within and outside their university for networking and learning opportunities. National forums such as the Community-Campus Partnerships for Health Annual Conference and the National Outreach Scholarship Conference are prime examples. These networking outlets can help to identify issues that centers should be addressing and may introduce powerful solutions to nagging problems at one’s own institution. Being able to identify a potential problem for a center is important, but the power to identify a potential solution—with a concrete example of where it has worked elsewhere—is even more significant. That insight and knowledge born out of networking can change the institutional landscape more quickly than simply complaining about the existing structure.

Third, centers must identify key stakeholders for their work. This is especially important in those centers engaging in community endeavors or initiatives and should go hand in hand with developing a good business plan. Once stakeholders are identified, centers should clearly document worth to them and remember that, as with compensation, the culture or context is important. Centers need compelling stories, but they also need data. Centers should nurture community partnerships but also need to document their worth to the university. What was the value of that program evaluation? For consumer stakeholders, it might be the improved quality of services that can be documented through a testimonial or focus group. For the agency partner, it might be that the report led to continued or expanded funding for the agency. For the teaching mission of the university, it might have meant a stipend and unique placement for a graduate assistant that led to the gathering of data for a dissertation, a conference presentation, a publication, and a great postdoctoral fellowship. For the research mission of the university, it might have meant increased federal funding or the financial benefits derived from increased indirect costs. Centers and institutes can be powerful vehicles for supporting authentic campus-community partnerships as long as these potential challenges are identified. And most important, if solutions are developed in a way that is also authentic, one can avoid stumbling while “walking the talk.”

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About the Authors

- Terri L. Shelton is the director of UNCG's Center for Youth, Family, and Community Partnerships and professor in the Department of Psychology. She received her Ph.D. in clinical psychology with a minor in child and family studies and completed a clinical internship in pediatric psychology. She has over twenty years of experience in direct clinical intervention, research, teaching, and training on children and families who are at-risk as well as experience in conducting large-scale, community-based treatment outcome research. In her role as director of the center, she oversees approximately \$3 million in federal, state, and local grants and contracts that build the capacity of families, service providers, researchers, teachers, and communities to ensure the health and well-being of children through engaging partnerships that bridge research, policy, and practice. She is coauthor of the text *Assessing Attention-Deficit/Hyperactivity Disorder* and the monograph *Family-Centered Care for Children Needing Specialized Developmental Services*.
- Jim Frabutt, Ph.D., is deputy director of the Center for Youth, Family, and Community Partnerships at the University of North Carolina at Greensboro. He formerly served as director of the Division for the Prevention of Youth Violence and Aggression at the Center for the Study of Social Issues at UNCG. He has published and presented on the mental health needs of court-involved youth, university-community partnerships, and the impact of multiple contexts on adolescent development. His recent community-based research efforts focus on reducing disproportionate minority contact in the juvenile justice system and developing models for reducing violence and victimization among immigrant youth. He has been an invited speaker at annual conferences of Project Safe Neighborhoods, the Coalition for Juvenile Justice, and the American Correctional Association. He is a member of the Society for Research in Child Development and the American Psychological Association, Society for Community Research and Action. In spring 2007, Dr. Frabutt will begin a faculty position in the Institute for Educational Initiatives at the University of Notre Dame and will serve as a concurrent associate professor in the Department of Psychology.

The Community Impact Statement: A Prenuptial Agreement for Community-Campus Partnerships

Susan Ann Gust, Catherine Jordan

Abstract

The Phillips Neighborhood Healthy Housing Collaborative learned valuable lessons through its work on two community-based participatory research projects in which it established a principled model of shared power and identifiable, mutual community-university benefits. A community impact statement (CIS) has evolved from this work. Like an environmental impact statement for a real estate development or a prenuptial agreement between two marriage partners with a large amount of resources to learn to share, an agreement must be developed before the work of the community-university partnership can begin. However, as in an EIS and the prenuptial agreement, the strength and the success of the partnership is dependent not only on the partners involved, their relationship, and the reasons for their union, but on the process by which the relationship and its benefits or assets are clearly defined. The CIS provides that process for community-university partnerships.

Introduction

Picture yourself contemplating a home improvement project. You may have developed the idea with your spouse or partner or simply sought his or her input. It seems like a relatively small project, one that you think you have the experience to undertake, and you anticipate that it will be relatively quick and inexpensive. You head for the hardware store, perhaps alone or with your partner to offer companionship or decision-making help. You return from the errand exhausted by the choices and the decisions to be made. Maybe the products were not in stock, causing a simple weekend endeavor to become a longer-term project than expected. Or perhaps you lost your enthusiasm for the project because your partner had a different idea of the project's goals, the timeline, or the materials to be used. You may even have discovered that your partner had a different idea for solving the problem in the first place. At this point, the benefit of the project seems lost in the myriad of decisions to be made and the potential conflicts.

Community-university partnerships, at least those intended to be sustained for a period of time, are not unlike other collaborative projects in our lives, whether a home renovation or a family trip. They work best when they are approached with careful planning. We must take the time to develop a process to enter into the partnership, design the project and its implementation, identify the mutual benefits, build the infrastructure, sustain the relationship, and celebrate the accomplishments. This article reviews the development of the community impact statement (CIS), a recently conceived process that provides a road map for embarking on a partnership with mutual agreement about key issues identified at the beginning of the project. The agreement resulting from the CIS process can guide the partnership throughout its course and serve as a benchmark against which to measure the partnership's progress. Though the CIS process may be more effectively used in preparation for longer-term relationships, it may be a useful tool in developing time-limited relationships as well. The CIS was developed through retrospective analysis of the shared experiences of the authors (a community activist and an academic researcher) in the Phillips Neighborhood Healthy Housing Collaborative (PNHHC). The PNHHC anticipated the obstacles in building a model of shared power, struggled openly and honestly with those barriers, and consciously developed strategies through which participants could identify mutual benefits and hold each other accountable for achieving them. By chronicling this work of the PNHHC and continuing to learn from it, a process has emerged that we hope will be beneficial to other community-university partnerships. The CIS as a process, however, has yet to be tried and evaluated by a community-university partnership.

Background of the Phillips Neighborhood Healthy Housing Collaborative

The PNHHC was founded in April of 1993 and “sunseted” in May of 2003. The origins of the PNHHC lay in a planned “confrontation” in 1991 with a University of Minnesota clinic located in the Phillips Community. Phillips Community is the most ethnically diverse community in Minnesota and one of the poorest economically. Its collective distrust of the University of Minnesota was founded in perceptions that its demographics, cultural diversity, economic and social challenges, and proximity to the campus positioned its residents as desirable “research subjects.” The community also saw the university as a symbol of the power differentials existing between communities and institutions.

Like many inner-city communities, Phillips Community faces much environmental degradation: industry and its subsequent air and soil pollution; housing stock in poor repair; noise, dust, and toxins from the two federal freeways and two state highways that form its borders; and an undue burden of childhood lead poisoning. In the late 1980s, several volunteer community activists, in partnership with the community's citizen participation organization, utilized one of these environmental issues to organize the community and call residents to action for unity and self-governance. As a result, the community prevented Hennepin County from constructing a garbage transfer station close to the nation's first urban, Indian-owned housing project. Community residents learned valuable lessons about organizing across their differences by identifying a common interest—the health and well-being of the children. Most adults, even those in despair and facing incredible hardships, will confront adverse conditions for the sake of protecting their children. After the garbage transfer station success, residents maintained their focus on environmental issues and children's health, leveraged their new-found sense of power, and directed their activist and organizing efforts toward the prevention of childhood lead poisoning. The University of Minnesota, in the form of a University clinic located in Phillips, was slated to become the community's next target because of the university's size, its stature as a public institution, and the community's distrust of it.

A community resident (the first author), a staff representative of the community's citizen participation organization, and a member of a local Indian community newspaper approached the community clinic director to demand that the clinic address the community's well-being in addition to the health concerns of individual patients. The director, in a move that surprised and pleased the community residents, agreed to bring additional faculty and university resources to the table if community members would identify a specific issue and invite additional community members to join the dialogue. The community members identified childhood lead poisoning, and the focus of the soon-to-be-christened "Phillips Neighborhood Healthy Housing Collaborative" was decided.

Participants on the PNHHC included parents and residents of Phillips, University of Minnesota researchers from five departments, a corporate foundation representative, a community-based nonprofit, a state representative, and the local and state departments of health. In the early meetings of the PNHHC, the community hoped to coerce faculty researchers to share information the community could use to design and implement intervention projects

with more trusted organizations existing within the community. Community resident members of the PNHHC were chagrined when faculty researchers could not produce such information and suggested that additional research would be necessary to determine better interventions for lead-poisoning prevention. However, through a series of contentious conversations with the faculty researchers, residents learned how research could contribute factual information and good science to the design of higher quality intervention projects. This would also give the community greater credibility. The researchers learned that community residents had real skills to offer to a research project, including the ability to identify potential confounding variables that might threaten the validity of the project's results.

“The researchers learned that community residents had real skills to offer to a research project, including the ability to identify potential confounding variables...”

The PNHHC's community members reluctantly agreed to pursue research if they could also assist in the research design and take the leadership in creating the governance model that would oversee the research projects. The information gained from the research was to be shared with the community before being submitted to academic audiences so that it could contribute to the design of additional intervention projects that would be initiated by the community and be put to immediate use as a means for doing advocacy and public policy work.

The research questions were straightforward. The Lead Project asked, “Is a culturally specific peer education model effective for the primary prevention of lead overburden?” The DREAMS (Developmental Research on Early Attention and Memory Skills) Project asked, “What is the contribution of lead overburden to the development of attention, memory, and behavior regulation in at-risk inner-city children?” Grants to fund these projects were received from the Centers for Disease Control and Prevention and the Maternal and Child Health Bureau.

We didn't know at the time that we were traveling a newly discovered community-based participatory research path in parallel with several other communities across the United States. The motivation of Phillips residents was more homegrown—to use the distrust of the University of Minnesota to ensure that the community was

not participating in something that would benefit only the university. Therefore, the PNHHC worked very systematically in developing the model it established. That model had parallel goals of building capacity, cultivating leadership, and sharing power while conducting two rigorous research projects. It required that benefits to the community be identified, acknowledged, and honored and that risks be anticipated and mitigated when possible. The benefits and risks to the University of Minnesota were also to be clearly delineated and scrutinized.

The PNHHC believed that the outcomes of the governance model of community-university partnership were as important as what we learned from our research projects. Building models of shared power is not easy work in a world that offers few examples from which to learn or to emulate. We attempted to infuse our work with the democratic value that we are all created equal, while recognizing very real differences between PNHHC members: privilege, education, geography, race, class, sexual preferences, and cultural values, to name a few. Reconciling these differences with our principles often caused strife—personal and professional, individual and institutional. In the end, however, the value of building sustainable relationships with mutual trust and respect became the ultimate benefit of our work and contributed to restoring community health.

CIS Predecessors: The Environmental Impact Statement and the Community Benefit Agreement

When the Phillips Community worked to prevent the garbage transfer station from being built in the community, their tactics included a demand that the city of Minneapolis commission an environmental impact statement (EIS). An EIS is used to evaluate the impact of a land development or construction project on the area, including impact on neighboring facilities, transportation systems, schools, public safety systems, endangered species, and aesthetics. An EIS must consider not only the impact of the final product but how the project may affect the immediate surrounding community during the process of construction. The Phillips resident members wanted to evaluate the impact of the designated garbage packer truck routes, the number of truck trips to and from the transfer station, and the type of materials to be processed. The citizen members of the review panel asked about the number of workers that would be needed to work in this facility, where those workers would come from, and the terms of their employment.

The careful scrutiny residents gave the social and environmental impact of the garbage transfer station was later applied to the consideration of the social and economic impacts of the PNHHC's research projects.

Such citizen scrutiny may seem like standard procedure in preparing an EIS, but it is not always the case. An EIS is an evaluation tool used by the government before granting approval of many publicly funded projects. Because the EIS is most often coordinated between the developer and a public entity, there is little grassroots or citizen involvement. When citizens or environmentalists do insist on being part of the EIS review, this almost always ensures that there will be a certain level of conflict caused, in part, by involving the citizen stakeholders too late to assist in defining the process. However, greater citizen involvement has been called for recently. In evaluating the outcomes of greater stakeholder involvement in the Interstate Highway 35E Corridor Alternative Urban Areawide Review in Lino Lakes, Minnesota, Carissa Schively (2006) concludes that it is important to identify the concerns of the stakeholders from the very beginning and to define a process for doing so accordingly.

“This involvement by community residents in identifying their own needs and developing the subsequent enforcement measures... ensures greater benefit for the community.”

The EIS was intended to be a sound, proactive planning procedure, but citizens are questioning the breadth of the EIS and the process by which these statements are created. For example, where the goals of economic growth and environmental protection conflict, the environment tends to lose out, because it has not been easy to put a monetary value on environmental impact (Beder 1997). The EIS process is also being challenged because citizens distrust the motives of the authors of these documents. Frequently, an EIS is performed after the developer has already invested considerable financial resources. It is often conducted under the authority of the developer or their consultants. Citizens become suspicious that both the producers and those that review the EIS predetermine the outcomes of the EIS process. Two EIS performed for the Sydney Harbour Tunnel in Australia (Beder 1997) illustrate this point. One was commissioned by proponents of the tunnel and showed that benefits outweighed costs. The EIS commissioned by tunnel opponents

demonstrated the opposite. Obviously, one or both entities sought to advance their own interests in producing these studies.

The diminished role that everyday citizens play in EIS production, and the lack of thorough positive and negative impact analysis has, in part, caused social justice activists across the nation and proponents of the “smart growth” movement to develop community benefit agreements (CBAs; see the Center on Policy Initiatives Web site for background). Unlike an EIS, the CBA is negotiated between the community groups and the developer before the development agreement is executed by the developer and the government. The community plays a strategic role from the beginning, and issues of environmental, social, and economic justice are given the same weight as the benefit of economic development. These new initiatives began in California and have spread to cities across the country using strategies called the “Three E’s”: the economy, the environment, and equity. A CBA addresses a range of specific community needs identified by community residents themselves. This involvement by community residents in identifying their own needs and developing the subsequent enforcement measures for the developer ensures greater benefit for the community. For example, in the CBA developed for the modernization of the LAX airport, a wide range of benefits were agreed to, including: preference given to local residents for jobs at the airport; funds set aside for researching the health effects of the airport’s operations on the surrounding communities; and beginning an airport and aviation-related job training program for low-income residents (*Gross, LeRoy, and Janis-Aparicio 2005*). CBAs are negotiated between the community and the developer first and then are submitted jointly by the community and developer to the city for approval.

In another large, complex development project in the Harrison Neighborhood of Minneapolis, residents working with their citizen participation group first developed a set of guiding principles to ensure that the community benefits would be given the highest priority in the development project. These principles provided the framework for the CBA. The essence of these principles was to “improve the lives of the people who currently live and work in the Harrison Neighborhood” (*Khoury 2006*). Therein lies one of the essential differences between an EIS and a CBA: the EIS is a *product* produced by high-ranking public and private agencies that assesses the impact of a project *on* a community; a CBA is a *process* that is designed and performed in collaboration *with* the members of the community to create positive impact.

Community Impact Statement

Although CBAs had not yet been created when the PNHHC was emerging, there is a striking similarity between the issues the PNHHC identified as key to establishing trust and the concerns that most often need to be addressed as part of a Community Benefit Agreement in a development project. These key components include: entering into a collaborative working agreement at the beginning of the project; the importance of the community defining the needs or the questions to be addressed; and the establishment of clearly delineated and agreed-upon community benefits. There are some important differences, however.

The CIS is a tool to assist community-university partnerships in identifying both the positive and the negative impact a project may have during the process of implementation, as well as when completed. This allows both the community and the university to articulate their needs, to uncover the barriers to doing the work before the project begins, to resolve those problems, to anticipate the mutual benefits as well as the risks of the project to each party, and to come to a collaborative agreement as to how to work effectively to achieve the benefits and minimize the risks. The CIS process establishes a healthy working relationship by identifying commonalities and differences, setting ground rules, developing mechanisms to share power and money, defining processes for conflict resolution, and planning for the end of the work. CIS development is an interactive and collaborative process that not only *specifies* but also *exemplifies* the norms of successful collaborative work of the partnership. Therefore, the CIS is a process that is less about defining methods to hold institutions accountable and identifying benefits solely for the community (although community benefits are given special status because benefits to institutional partners occur more automatically) and more about building an equal partnership through laying a solid foundation for working together.

The CIS process is just that—a process. Although a partnership may decide to create a document delineating the partners' mutual understanding, the CIS process emphasizes the interaction between partners as they cooperate to answer a series of key questions. Questions partners could explore together as part of their CIS process are outlined in table 1. In the remainder of this section we discuss the development of the CIS process as it unfolded throughout the history of the PNHHC. Although components of the CIS are presented as linked to certain stages, events, or processes of the PNHHC, it should be noted that the CIS was developed

Table 1. Discussion points of a community impact statement

I. Preparing the Ground

- What is our history?
- What are our commonalities and differences? Have each of us identified an asset that can effectively be used in this partnership?
- Have meeting logistics been considered that will benefit us in learning to work together? Have ground rules for meetings been established?

II. Making the Connections/Building the Relationships

- What decision-making process will be used at the meetings?
- Who will regularly attend the meetings and who are they representing? Are there other stakeholders who are not participants in the meetings but are recognized by the partnership?
- Have participants attended undoing racism trainings? How will cultural differences be recognized?
- Has each partnership member identified their individual and institutional self-interest?
- Has the issue of "power" been discussed by the group? Have power differentials been identified and their impact on the relationship considered? Has the potential for those power differentials to affect the process of developing the CIS been discussed?

III. Doing the Work

- Have the community benefits been identified? Have the benefits to the academic institution been identified?
- What are the potential risks to the community? What are the potential risks to the academic institution?
- Have potential sources of funding been identified? Who will apply for the funds? How will the community be involved in receiving some of the grant dollars?
- Will the project be reviewed by an institutional review board? Is the institutional review board familiar with the workings of community-university partnerships?
- How often will other stakeholders receive progress reports? What is the report format?
- What is the project timeline? Is there an additional timeline for developing the partnership, and have those timelines been integrated?
- Remember to identify project hallmarks and celebrations of accomplishments!
- Has the group received training in conflict resolution?
- Has governance been delineated and accepted by all partnership members?

IV. Evaluation/Dissemination/Policy Implications/Completion

- How will evaluation of the project and the process occur?
 - To whom will the information be disseminated? In what formats?
 - Have potential public policy changes from this work been identified?
 - Final steps: wrapping up the details and celebration!
-

retrospectively, after the collaboration had ended, by reviewing its history and reflecting on lessons learned.

From the beginning, economic impact was important to the PNHHC. The community wanted to share in the financial resources that research grant dollars would provide. Community economic benefits were carefully negotiated, including hiring project staff from the community and paying living wages and health care benefits through the university. Staff members were able to enroll in classes at the University of Minnesota on a tuition scholarship. Storefront offices for the research projects were leased from a local nonprofit organization. Resident members of the PNHHC were paid stipends to acknowledge the value of their attendance at monthly meetings, since professional PNHHC members were valued through various forms of acknowledgment by their employers. Money and financial resources are deeply interwoven with issues of power in our society. Such issues of power and money are addressed in a CIS when partners explore such questions as: Under whose name will the grant be submitted? What organizations will be paid to participate in the grant and in what amount? Will negotiation with the academic institution be necessary to allow such subcontracts? Who makes final project decisions?

Just as communities entering into CBAs ultimately want ongoing, sustainable development methodologies to be the primary outcome, the PNHHC wanted much more than short-term economic benefits from the research projects. The aim was for long-term, sustainable change in the relationships between the University of Minnesota and the Phillips Community. Trust and respect were eventually established in this collaboration by purposefully cultivating relationships. A key step in this relationship-building process was the cogeneration by residents and academic researchers of the research questions. Before questions can be identified, however, it is important to prepare the ground to hold these conversations. When initiating a CIS process, questions such as the following should be asked:

1. What are the common goals of coming together?
2. What attributes do the partners have in common (e.g., being parents, concern for well-being of children, wanting to prevent a certain disease)?
3. What differences exist between partners (e.g., level of education, where people live, employment status)?
4. What is at least one asset of each partnership member?

5. What is the racial, class, ethnic, and cultural makeup of the partners?
6. Who has and has not worked in that particular cultural group before?
7. Where will the meetings be held and why? What time of day?
8. Is there an individual, organization, or outside entity driving these logistical decisions? Are all partners comfortable with this arrangement?
9. Are meeting provisions available to facilitate the attendance of a broader spectrum of people at meetings (e.g., transportation, food, day care)?

The PNHHC had very few rules for membership, but one rule was that every member had to state their self-interest—what they wanted to get out of belonging to the PNHHC. If the member was representing an organization or institution, the organizational entity’s self-interest also had to be declared. It was the premise of the PNHHC that self-interest provides motivation to stay involved in the work. Self-interest becomes insidious when it is not declared. When it is articulated by individuals and accepted by the body of the whole, the group becomes accountable for helping each individual achieve their goals for participating. For example, one PNHHC academic researcher hoped that PNHHC participation would assist in their promotion and tenure process. The group accepted this stated goal and helped the individual achieve this benefit through writing letters of support. A PNHHC parent decided to pursue full-time employment after being jobless for a number of years. She stated to the PNHHC that she hoped her participation would improve her chances of obtaining a job. She enhanced her resume by including PNHHC membership and was able to use academic members as references. The CIS road map uses this same standard for declaring individual self-interest as a way to delineate the benefits for the community and the academic institution. Once the community-university partnership recognizes and agrees to these benefits, the benefits become mutual and are to be honored by the body as a whole.

The governance model of the PNHHC became as important as research, advocacy, and public policy work. At times we had to struggle to stay in our relationship. But the dialogues that included conflict became the fodder for work on “leveling the playing field” and establishing a more democratic model of equal participation

and decision-making. Relationships transcended profound differences, helping the PNHHC members to have greater understanding and acceptance of others different from themselves.

Establishing a governance structure is an extremely important part of the CIS process. Governance decisions will reflect and affect power dynamics, respect, and trust. A CIS sets forth a process whereby the likely impact of the partnership's work on the community and on the university can be anticipated and analyzed. Although the CIS is grounded in enhancing mutual benefit and mitigating risk for both community and institutional partners, the community should be given both special protections and greater attention to its desired outcomes because it is so often at a disadvantage with respect to institutions. If this is kept in mind, the CIS can be used to address both the fundamental matter of the responsibilities researchers and academics have to the various communities that stand to be affected by the conduct and/or consequences of their work, and the distinctive relationships that characterize community-university collaborations.

Conclusion

The development of the CIS is based on hindsight. Though rooted in the work of the PNHHC, it was not used by the PNHHC, nor has it been used formally by any other community-university partnership. Its utility to such partnerships is yet to be determined, and we are hopeful that this process will be implemented and evaluated by others.

CBAs are helping communities deal with very real and important issues in the physical realm of real estate development. In some ways, this physical reality might be an easier venue for citizens to participate in than the more abstract, intangible domains of research, intervention, and service-learning. A special process tailored to the needs of partnerships in these domains is necessary. We believe the CIS can assist these partnerships in forming, surviving, and even thriving.

Institutions of higher learning are increasingly becoming more civically engaged, or exploring what it means to do so. Engagement holds the potential for meaningful change and great benefit for both communities and institutions of higher learning. Funders recognize this opportunity and are requesting genuine, meaningful partnerships, yet communities and institutions of higher learning grapple with defining the characteristics of partnership and evaluating partnership authenticity. Attempts to overcome these problems may be informed by use of the CIS process.

Community-university partnerships can do harm in as many ways as they hope to provide benefit. The turbulence created by governance disagreements, often the result of discordant community and institutional norms and practices, may cause harm as great as the potential benefit of a specific project. Engaging in a CIS process may help identify such discrepancies and produce systemic change at the institutional level. We believe that the CIS provides a helpful guide that will allow communities and universities to decrease the potential for negative impact and enhance the potential for benefit for all partners. When this is achieved, a self-perpetuating cycle is set in motion, one in which the improvement of community health enhances the health of the academic institution and vice versa.

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About the Authors

- Susan Ann Gust is a community activist and small business owner of a thirty-year-old construction management, consulting, and community development company. Her work in construction and economic justice led to her founding the ReUse Center in Minneapolis. The ReUse Center is the nation’s first retail reusable building material store. Currently through her business, she and her husband are facility managers of a 113-year-old building that houses a family violence prevention program. Susan is also co-coordinator with Catherine Jordan of an initiative called GRASS Routes (Grassroots Activism, Sciences and Scholarship). This initiative on the University of Minnesota campus assists in the forming, mentoring, and sustaining of community-university partnerships. She was a University of Minnesota Humphrey Institute Public Policy Fellow in 2003–2004. Her civic work includes cofounding and serving on the Phillips Neighborhood Healthy Housing Collaborative, where she learned the importance of research in restoring community health with the encouragement and inspiration of her now good friend and university research partner, Catherine Jordan. She serves on the board of the Community University Health Care Center (CUHCC) community clinic. She also is serving her second-term appointment as the Ward 9 representative to the City of Minneapolis’s Public Health Advisory Committee. Susan is a board member of Community Campus Partnerships for Health, a national nonprofit that promotes health through partnerships between communities and higher education institutions.
- Catherine Jordan, pediatric neuropsychologist by training, is executive director of the Children, Youth, and Family Consortium and an assistant professor of pediatrics at the University of

Minnesota. Dr. Jordan's research has focused on developmental neurotoxicology and her efforts have been concentrated on two large, longitudinal, community-based participatory research projects: the Phillips Lead Poisoning Prevention Project, which studied the efficacy of a culture-specific peer education model for the primary prevention of lead poisoning, and the DREAMS (Developmental Research on Early Attention and Memory Skills) Project, which studied the developmental effects of lead poisoning on attention, memory, and behavior regulation in children of the Phillips Neighborhood. Both were overseen by the Phillips Neighborhood Healthy Housing Collaborative, founded and coordinated by Susan Gust. Through these projects Cathy became intensely interested in models of research that aim to address community-defined needs and contribute to social and political change yet enhance scientific methodology and contribute valid information to our knowledge base. Her experience in Phillips highlighted the multiple barriers that researchers and community members face in conducting collaborative research, as well as the powerful role collaborative research can play in effecting real change in communities. These experiences led to the creation of GRASS Routes, a university-wide initiative aimed at facilitating community-university research and educational partnerships, and to a continued working relationship and friendship with Susan Gust.

Community-University Research Partnerships: Devising a Model for Ethical Engagement

Linda Silka, Paulette Renault-Caragianes

Abstract

Profound changes taking place in communities and in universities are bringing researchers and community members new opportunities for joint research endeavors and new problems that must be resolved. In such partnerships, questions about shared decision making—about the ethics of collaboration—arise at every stage: Who decides which problems are worthy of study? Who decides how the research will be conducted? Who owns the data once they are collected? This article summarizes a research cycle model that integrates these disparate issues within a larger framework that ties them to steps in the research process. Rather than prescribing a predetermined set of answers, this model encourages researchers and community members to cooperatively construct solutions appropriate to specific contexts and situations. It can be used to build sustainable research partnerships that generate multiple investigations and a variety of applications benefiting both campus and community.

Introduction

Research collaboration is one of the important forms of engagement that universities can offer to communities. Although universities are particularly rich in resources for research, such capacities have often not been used effectively in community partnerships (*Kellogg Commission 1999; Lerner and Simon 1998; Nyden 2005*). A concern at the forefront of many discussions is how the research strengths of universities can be integrated more fully into partnerships with communities (*Brugge and Hynes 2005; Israel et al. 1998; Sclove, Scammell, and Holland 1998; Walshok 1995*).

It is particularly timely for communities and universities to examine how they will go forward in working together (*Holzner and Munro 2005; Silka 2002*). Universities are in a period of rapid change, with increased emphasis on community partnerships, engagement, and outreach (*Holland 2005; Maurrasse 2001*). And communities across the country are experiencing rapid changes that create new challenges and bring into question the viability of past practices. Many communities, for example, are finding themselves increasingly diverse as immigration and other changes alter

the demographics of their neighborhoods (*Migration Policy Institute 2004; HUD 1999*). Greatly needed are research partnerships that will bring the resources of universities together with the most pressing issues communities now face.

Well-intentioned as calls for collaboration may be, communities and campuses rarely come to such research collaborations with “open arms.” Past experience has pointed to difficulties that can arise when researchers and communities attempt to work together (*Nyden and Wiewel 1992; Silka 1999; Strand et al. 2003*). Community-university research partnerships, for example, often bring powerful university scholars (e.g., researchers with international reputations, sizable grants, and extensive publications) into involvement with those in the community who are the most disempowered (e.g., newly arrived immigrants). In areas of study such as health disparities

“The differences in power at the heart of these interactions often make it difficult for community members to have a voice in the research.”

and environmental justice, for example, funders are now calling for researchers to set up partnerships to investigate the health disparities found in poor urban communities (*Green and Mercer 2001; Shepard et al. 2002*). Accomplished researchers adept at securing research funding seek out poor communities where these health disparities can be studied in their purest form. Too often researchers arrive at these

communities with research plans already fixed and stay only as long as it takes to collect data to test their preconceived hypotheses (*Brugge and Hynes 2005*). The differences in power at the heart of these interactions often make it difficult for community members to have a voice in the research.

These problems in community-university research partnerships were vividly captured by Loretta Jones (*2006*) in her keynote address to the Community Campus Partnerships for Health (CCPH) Conference, the conference at which the model described here was presented. Jones likened community-campus research partnerships to a bus journey in which people get on and off the bus at different times and use the bus to go to different places. She pointed out that researchers and community members often envision vastly different destinations for their “journey”: the researchers might be focused on science, whereas the community might be intent on ensuring that the findings result in more than an academic publication. These images comparing partnerships to bus

journeys resonated with CCPH conference attendees, almost all of whom were involved in community-campus research partnerships. Attendees adopted the metaphor of the shared bus journey as a kind of shorthand for the problems they struggled with in their own collaborations. Conference attendees noted the problems that result from a lack of true collaboration. Researchers have already decided which issue will be studied before consulting the community; they have failed to ask communities *how* they thought the problem should be investigated; and they have focused only on studying a problem, with no attention to the findings' relevance for its solution. The paucity of benefits from such one-sided "collaboration" has reduced the likelihood that communities will seek to engage in research with universities again in the future.

The Development of a Research Cycle Model of Partnership Engagement

It has become clear that at every step of the research process, collaborations raise difficult issues. These issues are prompting a reenvisioning of research engagement in community-university partnerships (see *CIREEH 2005*). Attention is turning to practices, like those used in community-based participatory research, that move beyond the single studies and limited-time interactions that were the primary means by which university researchers engaged with communities. A question now at the forefront is how to move beyond existing guidelines (for example, institutional review board practices) that were set up to handle one-time interactions and were not designed to provide ethical guidance to the research partnerships that are becoming more common (*Brugge and Hynes 2005; CIREEH 2005*). Efforts are being made to develop models of ethical research engagement that address the kinds of partnership issues that emerge at every step (*Boyer et al. 2005; Brown and Vega 1996*), from conceiving the research to using the findings (*Brugge and Hynes 2005*).

At the University of Massachusetts Lowell, our own experiences with the challenges of multiyear community-university research partnerships very much mirror those that others pointed to at the conference. Many of our partnerships have taken place in Lowell, Massachusetts, a rapidly changing city that is now home to the second-largest Cambodian community in the country as well as to large African, Central American, and South American immigrant communities. Over the last two decades the university has entered into research partnerships funded by various foundations as well as Centers for Disease Control (CDC), Environmental Protection

Agency (EPA), the U.S. Department of Housing and Urban Development (HUD), the National Institute of Environmental Health Sciences (NIEHS), the U.S. Department of Education (DOE), and the National Science Foundation (NSF). These partnerships have brought immigrant communities, university faculty, and other partners together to focus on education, environment, health, and housing. Across these very different partnerships, the need to address ethical dilemmas at different stages repeatedly emerged. Like our colleagues across the country involved in community-university research partnerships, we found ourselves struggling to make sense of our experiences in the absence of a framework or model that encapsulates the stages of community-university research partnerships and highlights the ethical dilemmas tied to each. A framework was needed to bring coherence to the many, many issues that arise within extended research relationships and to help partnerships learn from others' experiences without starting from scratch each time a new set of partners came together.

A desirable framework would provide a straightforward yet generative model that calls attention to ethical dilemmas and aligns these dilemmas with particular steps in the process of partnership, yet does not dictate how individual partnerships should resolve these dilemmas. Work toward a model to capture some of these common lessons needs to address four aims: (1) to integrate the disparate steps in partnerships (e.g., which problem will be studied or how the results will be used); (2) to create some kind of rubric such as a "cycle" that highlights the fact that research partnerships move forward over time; (3) to show that research ethics is not separate from the research steps, but instead is integral to each; and (4) to create a model that assists people in anticipating difficulties likely to arise in their partnership. However, it is important not to create a set of lockstep rules that give the false hope that simply following some preset formula will ensure partnership success. A framework should encourage partnerships to productively assess their dilemmas while requiring that each partnership generate its own solutions appropriate to its context.

Research partnerships, when successful, generate multiple investigations and applications that aggregate over time: a study

"...it is important not to create a set of lockstep rules that give the false hope that simply following some preset formula will ensure partnership success."

is decided upon by partners, results are produced and jointly interpreted, findings are applied and published, and then a new study or new set of applications begins that builds on the earlier work. We have found that the use of a simple graphic works well to situate research stages within this cycle (see figure 1 for the graphic and table 1 for illustrative issues that arise throughout a research cycle). At each point in the cycle, there are important issues of partnership that must be addressed, and what matters is not just “*what*” but “*when*.” If the community is invited in *after* researchers have determined the hypothesis, for example, there will be few opportunities for community knowledge to shape the cycle of research, and thus less likelihood that community members will benefit from the results.

We use the model to focus attention on issues (see table 1) that partnerships encounter in a cycle of research that they generally would not encounter in a brief, one-shot study. At the start of a research cycle, for example, community groups often begin with a problem they want solved, whereas the researchers start out with a research hypothesis. Often the goal for the researchers is a research publication, and the goal for the community partner is to apply findings to solve the problem. The model points to the need to bring the two together; in other words, to reframe the hypothesis so that the findings satisfy the requirements of both “good science” and “good problem solving.” By tying together an analysis of a problem with its possible solution, the model suggests how to reframe difficult issues. In the area of environmental health, for example, a simple focus on testing a hypothesis about whether a particular chemical poses an environmental health risk rarely meets community needs. Such a focus may answer a research question but fails to provide guidance for what communities should do to eliminate exposure to the chemical. The model can serve as a way for partnerships to think through concerns that emerge at one stage of a collaboration and have the potential to cause a cascade of disruptive effects.

An Illustrative Example of Use of the Research Cycle in Practice

We have found this framework helpful in our own work in Lowell, Massachusetts, and we are frequently asked to share these ideas with others around the country at workshops, presentations, and courses (*CIREEH 2005*). Consider how we have used the model in Lowell. The framework shows us where we might need to focus our efforts, such as ensuring that all of the steps in a research cycle are completed. In some cases, various researchers keep repeating

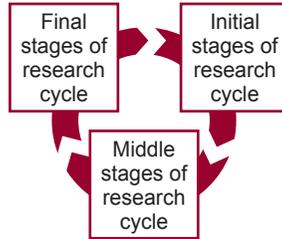


Table 1: Examples of Issues at Initial, Middle, and Final Stages in Partnership Research Cycles*

Initial Stages	<p>Who decides on the research agenda and research questions? Researchers and their community partners often disagree about who should set the research agenda. Researchers with a detailed background in a particular area (for example, the causes of lead poisoning in children) may assert that they should make the decisions. Community members aware of the health costs to the community of a health problem may assert that they should make the decisions about the research agenda. How can these differences be negotiated so that the rigorous research carried out is helpful in addressing problems and in answering basic research questions?</p> <p>Will the focus be on solving a problem or understanding the problem at a basic level? Communities and researchers often have different goals in collecting data. Communities may see a problem that is devastating their children and want to address it. Researchers are often trained to try to get to the bottom of things and to leave no alternative explanation in place that could account for a problem. These differences in goals can affect the foundation of a partnership.</p> <p>Is the purpose of the research to gain general knowledge (with individual “subjects” seen only as a means to that knowledge) or is the purpose to gain knowledge intended to be useful to those who participate in the research? Many researchers talk about individual communities as “laboratories.” For researchers, a community near their university is a place to test out hypotheses, but those researchers might have relatively little interest in ameliorating problems in that same community. Community members may be concerned not about the generalizability of the findings but whether they speak directly to problems in their community and what should be done.</p>
Middle Stages	<p>What methods will be used to gather information? Who decides how information will be gathered to answer the research question? How are decisions made about what’s credible?</p> <p>When is enough known? When has enough research been done? Many underserved communities have experienced being “studied to death.” They are studied repeatedly, but with little to show in the way of benefits to the community. How does one decide that the information collected justifies focusing on interventions as opposed to collecting more data? Who makes this decision?</p>

Final Stages	<p>Who owns the data? Increasingly, questions are emerging about who owns these data. If studies investigate contamination levels of lead in the blood of a community's young children, does the community own the data? The researcher? The partnership?</p> <p>Should the community be able to approve research findings before they are submitted for publication? Many researchers struggle with calls for the community to give their approval before findings can be submitted for publication. Communities are often puzzled that researchers do not understand the need for careful consideration of how results are described and how the community is portrayed. Researchers sometimes see the issue in terms of prior restraint of publication, whereas communities sometimes see the issue as one of respect and power sharing.</p>
Recurring Issues	<p>The press of time: Everyone involved in research partnerships worries about how long research takes, but partners may differ on when delays seem reasonable. For example, researchers worry about how long it takes to get a community on board in planning for research. Many researchers say that as a consequence they can't afford to get involved in community-researcher partnerships. On the other hand, researchers find delays acceptable if they occur when another study is needed, while awaiting institutional review board approval, or during a long period of review for publication. Both groups talk about being frustrated by how long things take, but they differ in which delays are matters for concern.</p>

Source: Online workshop "Building Strong Community University Research Partnerships" in Silka 2003

the beginning stages of the cycle and never quite get to application of the findings. Many researchers, for example, are interested in the trauma experienced by Cambodians and other refugees from war-torn countries. Researchers arrive in Lowell and ask questions designed to probe the most troubling aspects of Cambodian history, such as the impact of war trauma. The first wave of researchers then disappears, perhaps to publish the results but often not. Soon thereafter, another wave of researchers arrives and asks largely the same questions. This continues with one team of researchers following another, often oblivious to previous efforts. In such instances, the continued investigation of community problems leads to little amelioration and the intervention stage of the research cycle is never reached. A theme that has repeatedly surfaced in Lowell is the discrepancy between the considerable volume of research being directed at the community and the sparse accumulation of knowledge that truly benefits the community. As one community leader in Lowell put it, another dissertation student has achieved the Ph.D.—but how has the community benefited?

Researchers are taught to think that the publication of findings is the natural ending to a cycle of research. Findings are published

and thereby disseminated. But research in communities sheds light on how ill-suited academic journals are to carry the burden of shared, useful knowledge. Although journals serve to facilitate the accumulation of knowledge, the pace with which they disseminate information is often too slow to help communities avoid the “same study” syndrome. That journals are designed to serve a gate-keeping function adds to the problem: very few studies actually reach publication. Journals are thus poorly suited for meeting the community’s need for information about the full range of activities that take place between scientists and community members, including false starts and dead ends.

By thinking in terms of research cycles as opposed to one-shot studies, partnerships such as ours have begun looking for other ways to retain shared knowledge, perhaps through something that might be called a community repository of knowledge (*Silka 2003*). Such a repository could be easily available to the community and could include information about which studies have already been undertaken in the community and what these studies have uncovered. Community repositories of knowledge would have the potential to make communities less dependent on the forms of knowledge accumulation aimed at scientists or organized in terms of scientists’ frameworks. Communities would be freer to arrange knowledge to meet their own problem-solving needs. In the Lowell area, we have begun to look together at how refugee and immigrant communities gather, store, and share different kinds of knowledge and how the storing of research information within community-university partnerships could incorporate those methods. The result could be new ways to close the gap between researchers and the community.

We have found this research cycle model provides useful guidance on a variety of issues confronting research partnerships: Who owns the data and when should these issues of ownership be considered? Given that studies often target difficult issues, what should partnerships do when results reflect badly on the community, and when should these issues be negotiated within a partnership? Who speaks for the community, and how should research partnerships handle the fact that communities not infrequently undergo considerable turnover in leadership and thus the same people will not always be on the other side of the table throughout the life of a research partnership? These and many other issues can be anticipated within a model that views the research enterprise as ongoing and charged with difficult issues.

Teaching the Model

The model described throughout this article lends itself to use within partnerships at all of their stages: initial, middle, and later stages. And partnerships can learn about the model through different types of presentations. An introduction to the topic lends itself to workshop presentations of as little as a few hours' duration, as at the 2006 CCPH conference. The model also adapts well to extended teaching settings: at UML we have built an entire course around this research cycle approach to community-university partnerships. Silka (2006) describes the development of the face-to-face course and how it was then redesigned for online teaching so that people in research partnerships around the United States might be reached. A unique feature of the full-semester course (both traditional and online) was how we attempted to "practice what we preached" by creating a free community-university workshop facilitated by the class and designed to provide people with opportunities to explore the model's usefulness through examples and illustrations. In the case of the online course, we created a one-day online workshop for partnership practitioners from the United States and other countries, who then had opportunities to analyze the examples online.

Conclusion: Looking to the Future

An emphasis on community-university research partnerships has implications for institutional policies within higher education. This approach may be used by individual faculty to anticipate challenges in their personal engagement in partnerships. The research cycle approach also points to the possible need for broader institutional changes, such as reforms in institutional review boards and in tenure and promotion practices. The ways that current institutional procedures may thwart community-campus research partnerships are coming under increased scrutiny as many universities undergo the largest faculty transition in decades. (UML, for example, is currently undergoing the greatest faculty turnover since its inception.) The large cohort of the 1960s faculty is being lost to retirement, and their younger replacements often hold different perspectives on the value of engagement. The search for continuity in partnerships is made all the more challenging by the changes reshaping UML and the many other universities in the process of replacing their retiring "baby boomer" faculty (Clark 2004; Hutchings, Huber, and Golde 2006). These new faculty are in the midst of establishing what are likely to be their career-long

approaches to research, putting universities in a unique position to adopt procedures and practices that encourage effective community research engagement.

HUD's Office of University Partnerships (<http://www.oup.org>) is one source of guidance for developing these institutional supports for partnerships. This HUD office recently published a volume on applied research and partnerships (*Silka 2005*). Community-Campus Partnerships for Health is another major resource (available at <http://depts.washington.edu/ccph/partnerships.html>). Other sources include National Institute of Environmental Health Sciences (*O'Fallon, Tyson, and Dearry 2000*), Campus Compact (*2006*), and Carnegie Foundation for the Advancement for Teaching,

“If decoupled from the knowledge function of universities, engagement will remain at risk whenever higher education resources are in short supply...”

with its emphasis on university indicators for community engagement (<http://www.carnegiefoundation.org>). Groundbreaking books on community-university research partnerships are also available (*Lerner and Simon 1998; Minkler and Wallerstein 2002*).

Throughout this article we have noted that both communities and universities are undergoing rapid change, making a focus on partnership and engagement timely. If the research strengths of universities are

to be brought fully into the engagement arena, a guide such as the research cycle model will be needed to navigate the path from freestanding, academia-focused studies directed by universities to full-fledged partnerships among equals. Ultimately, the importance of linking engagement to research should not be underestimated. If decoupled from the knowledge function of universities, engagement will remain at risk whenever higher education resources are in short supply and universities begin jettisoning activities seen as peripheral to their core mission. Work is now under way at many universities to find ways to link to core missions and make partnerships easier to achieve and less problem prone. This article has outlined some of the ways that an ethic of research engagement will be integral to the success of this endeavor.

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About the Authors

- Linda Silka earned her Ph.D. in social psychology from the University of Kansas. She is currently a professor in the Department of Regional Economic and Social Development at the University of Massachusetts Lowell. Dr. Silka is director of the Center for Family, Work, and Community at the University, and codirector of the University's Community Outreach Partnership Center. Her research and teaching interests include community capacity-building, program evaluation, refugee and immigrant leadership, community-university partnerships, community mapping and geographic information systems, strategic planning, needs assessment, and community conflict resolution. Dr. Silka has been active in Community-Campus Partnerships for Health, is one of the founders of Researchethics.org, and has been a practicing community-based researcher for the past twenty-five years.
- Paulette Renault-Caragianes earned her master's degree in public health from Suffolk University. She directs community partnership programs at Lowell Community Health Center. Ms. Renault-Caragianes oversees school-based health clinics in Lowell and has been a leader in multiyear environmental health and occupational health partnerships and collaborations that bring together refugee and immigrant community members, health providers, and university researchers. She serves on the University of Massachusetts Lowell Community-University Advisory Board and is a Community Member on the University of Massachusetts Lowell Institutional Review Board. Ms. Renault-Caragianes has been widely recognized for her community leadership and activism throughout Lowell on teen leadership, community development, health partnerships, and neighborhood improvement.

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