

ASPH/CDC Project
Examining Community Partnerships for Prevention Research
Conference Call #4
Wednesday, February 26, 2003 – 10am-12:00pm Pacific
Call Notes

Partner Organizations & Primary Representatives*:

1. CDC Prevention Research Centers National Community Committee
Ella Greene-Moton and Yvonne Lewis, Co-Chairs
2. Community-Based Public Health Caucus of the American Public Health Association
Adele Amodeo and Renee Bayer
3. Community-Campus Partnerships for Health at the University of Washington School of Public Health and Community Medicine
Sarena Seifer, Stacy Holmes and Annika Robbins
4. Community Health Scholars Program
Michael Reese and Diane Calleson
5. Detroit Community-Academic Urban Research Center
Barbara Israel and Robert McGranaghan
6. Harlem Health Promotion Center
Richard Mack, Jr. and Curtis Harris
7. New York Urban Research Center
Sarah Sisco and Sandro Galea
8. Seattle Partners for Healthy Communities—Urban Research Center
Kirsten Senturia and Alison Eisinger
9. Yale-Griffin Prevention Research Center
Kari Hartwig and Margot Zaharek

CDC Technical Advisor on this project – **Lynda Anderson**
CDC Staff Liaison on this project – **Sharrice White**
Consultant: **Chris Paterson**

* The majority of the partner organizations above will have individuals participating on this project who will not necessarily be joining the calls, but who will be an integral part of the project work and dissemination & feedback. Additional partnership representatives can and will be named throughout this project.

Representatives on this call: Adele Amodeo, Lynda Anderson, Renee Bayer, Alison Eisinger, Sandro Galea, Ella Greene-Moton, Curtis Harris, Kari Hartwig, Stacy Holmes, Richard Mack, Jr., Chris Paterson, Annika Robbins, Sarena Seifer, Sarah Sisco and Margot Zaharek.

Notes: Please send any additions, questions, or corrections to these notes to Stacy at: SLHOLMES@u.washington.edu

Acronyms:

APHA = American Public Health Association
CCPH = Community-Campus Partnerships for Health
CDC = Centers for Disease Control and Prevention
IRB = Institutional Review Board
NCC= National Community Committee
PRC = Prevention Research Center

Goals for the call:

- Introduce Chris Paterson, facilitator for in-person meetings
- Review and finalize draft March meeting agenda
- Identify questions/concerns/updates on summary reports (due March 3)
- Debrief on PRC directors' meeting and the CDC chronic disease conference
- Answer outstanding questions re: logistics for first in-person meeting, etc.

Topic 1: New Partner Representative

Curtis Harris has taken Gabriel Stover's place as a representative of the Harlem Health Promotion Center. Welcome, Curtis!

Topic 2: Chris Paterson, consultant and in-person meeting facilitator

Chris's bio and resume can be found at <http://www.communityinitiatives.com/paterson/>

Chris briefly explained his background and explained that he has previous experience working with community groups on environmental and public health issues.

Topic 3: March in-person meeting agenda

- Sarena, Stacy and Chris worked together to create a draft meeting agenda for the first in-person meeting taking place March 17 and 18, 2003. Day 1 is focused on synthesizing the reports with time spent on the first three guiding questions: what do we mean by "successful partnerships", what are the factors, and what are the barriers. Day 2 includes developing a conceptual map of our collaborative work/synthesis and beginning the process of identifying recommendations (in general and for our work in Year 2). There is time in the agenda for reflection and revisiting our progress and flexibility should the group decide to take a different approach than outlined. No changes were suggested to the agenda.
- There were a few questions in regards to the agenda. The first question concerned how work would get done, for example would the large group stay together or break up into smaller groups, and then would the groups stay in the same room with the opportunity for cross fertilization. It was explained that the meeting will take place in one room and the group will be split up on day 2 to work in smaller groups which will get into more specific, product-oriented discussions.
- Another issue on the agenda was based on the task of building a conceptual model from the combined experiences that will take place on day 2. "The Conceptual Framework for Coalition Assessment" graph from S. Sofaer's Working together, moving ahead: A manual to support effective community health coalitions was sent to the partners prior to the call as an example. Sarena suggested that the partners suggest and review other conceptual frameworks, including one in an article by Roz Lasker of the New York Academy of Medicine, prior to the meeting.

Action:

Sandro will send a copy of Roz Lasker's paper to **Sarena and Stacy** who will distribute this and any other examples to the partners.

All partners should suggest and review any additional models of conceptual framework prior to the in-person meeting.

Topic 4: Summary Reports due March 3

- It was reiterated that summary reports need to be sent to Stacy no later than Monday, March 3. Sarena and Stacy will merge all reports into one document and send out to the partners by March 6th. Late reports will be sent individually as soon as possible so that everyone has time to read them prior to the in-person meeting.
- One major topic was brought up in reference to some community boards feeling that certain issues have not been accurately captured in written documents and, as a result, will be missing from the summary reports discussed at our meeting. Some of these issues included diversity, race, racism, power, and environment restrictions. One way this concern may be addressed is through the synthesis process because partners were encouraged to include meeting minutes, internal evaluations, etc in their summary reports, not solely peer-reviewed published articles. Another way is through review by constituency groups (which will include community boards) once a draft report is prepared after the in-person meeting. An additional way is through research done by the Harlem Health Promotion Center on the interaction of community boards and PRCs, which dealt with many of these and additional issues. Partners discussed the need to be explicit about this issue in the final project report (possibly listed as a "barrier" and/or identifying the "issues that did NOT show up in the summary reports) and to make recommendations to rectify these concerns.

- Another issue discussed was how we will “define community” and what definition(s) we will include in the final paper. This is an ongoing discussion for the in-person meetings and in writing the final report.

Action:

All partners will turn in their summary reports by Monday, March 3 to Stacy. If any will be late, please let Stacy know.

Stacy and Sarena Sarena and Stacy will merge all reports into one document and send out to the partners by March 6th. Late reports will be sent individually as soon as possible so that everyone has time to read them prior to the in-person meeting.

Topic 5: Debriefing on PRC directors’ meeting and the CDC chronic disease conference

- Sarena presented on the project at the PRC directors’ meeting earlier this month. She explained how she introduced each partner and briefly described the project. A question was raised about how well rural partnerships were represented in this project. Sarena answered the question by explaining that many of the partners are bringing in research from rural partnerships. She also explained that rural partnerships will have a chance to respond when the draft report goes out for review.
- Sarena also discussed her meeting with Charles Deutsch, director of the Harvard PRC, after the PRC directors’ meeting. Charles asked how the project partners are defining “community” and “community-institutional partnerships” and where does state government fit in as a partner? These definitions will be discussed during our in-person meeting, in particular during the session on “what do we mean by success?”
- Ella and Sarena also facilitated a roundtable discussion of community-based participatory research partnerships at the CDC chronic disease conference. The discussion was mainly around the nuts and bolts of CBR and CBPR, including definitions and examples of how power and resources can be shared.

Topic 6: Outstanding questions on next steps, logistics, in-person meeting?

No major outstanding issues. The meeting arrangements include two breakfasts and one lunch at the meeting site and plans for a group dinner

Action:

Annika will send out an email reminder and update on logistics as the meeting gets closer.

All partners should follow-up with Annika directly if they have any questions regarding travel or hotel arrangements.

Topic 6: Corporate Authorship Policy: Sarena explained that an updated version the Corporate Authorship policy will be sent out on soon for review by the partners. It is hoped that the policy can be finalized soon by email or during the in-person meeting.

Action:

Sarena will email out a revised version of the draft policy, based on discussion during the last conference call and additional example policies received since the last call.

Topic 7: Reflection on process, feedback, topics for future discussion.

Some partners expressed comments that were supportive of the current process used for conference calls. They believed that active participation is essential to the success of the project.

Action:

Stacy will email out a reflection feedback request after the call.

All partners on the call are encouraged to share their feedback at any point.

NEXT CALLS/MEETINGS:

**March 17-18, 2003, Partner Representative Meeting 1
Detroit, Michigan**

**April 21, 2003, 1pm-3pm Eastern/10am-12pm Pacific
Dial in: TBA**

**May 22, 2003, 2pm-4pm Eastern/11am-1pm Pacific
Dial in: TBA**

**June 17-18, 2003, Partner Representative Meeting 2
New York City, New York**