

HARLEM COMMUNITY & ACADEMIC PARTNERSHIP (HCAP)

MISSION

THE HARLEM COMMUNITY & ACADEMIC PARTNERSHIP IS COMMITTED TO IDENTIFYING SOCIAL DETERMINANTS OF HEALTH AND IMPLEMENTING COMMUNITY-BASED INTERVENTIONS TO IMPROVE THE HEALTH AND WELL BEING OF URBAN RESIDENTS USING A COMMUNITY-BASED PARTICIPATORY RESEARCH APPROACH.

**HARLEM COMMUNITY & ACADEMIC PARTNERSHIP PRINCIPLES OF INVOLVEMENT
IN RESEARCH, PROGRAM, AND PROJECT ACTIVITIES**

- I. The community within which HCAP will support, collaborate, and or partner with to conduct public health research is currently defined as East and Central Harlem.
- II. The purpose of any project supported and or research conducted that involves HCAP is to benefit the community either through increased knowledge or by promoting better health.
- III. As it relates to research conducted in Harlem, HCAP views community-based participatory research as the preferred approach in conducting public health research and project interventions. The purpose of participatory research is to develop a partnership of community-based organizations, public health agencies, educational and other relevant institutions that can work together to study and improve community health through long-standing interventions.
- IV. HCAP shall serve as a resource to prospective research partners and project teams on the unique daily living conditions, needs, strengths, and community dynamics of the Harlem community and other related geographical areas with similar burdens on health.
- V. On all products generated from research, program, and project activities, HCAP must be consulted with and invited to collaborate as co-author (where appropriate), and acknowledged in the contribution as partners that participated in the research or project intervention.
- VI. HCAP has an obligation to disseminate findings in a timely manner through community forums, community newsletters and other community events.
- VII. All research, program, and projects involving the participation or partnership of HCAP will meet current ethical standards and will fully respect the rights of all participants in a culturally sensitive manner. As it relates to research, this includes the rights to be aware of risk and benefits, to give informed consent and to have the option to withdraw from research at any time without penalty to the participant.
- VIII. As it relates to research activity, HCAP will be involved in all phases of research activities including defining the problem, gathering data, analyzing data, using, interpreting, and disseminating results, program development and evaluation, and in strategies to advocate for policies to improve health. As it relates to lending support to programs or project activities, HCAP will be involved as determined by the HCAP Steering Committee and as outlined in the letter of support.
- IX. HCAP will contribute to the evaluation of all research activities.

- X. As long as the above principles are followed, participating research, program, and project partners are not limited to members of HCAP, and in fact, involvement of local residents, other community-based organizations, other public agencies and educational and other relevant institutions are encouraged. HCAP recommends all research, program, and project partners include a method of compensation for time and effort for community residents and community-based organizations specifically.

HARLEM COMMUNITY & ACADEMIC PARTNERSHIP OPERATING PROCEDURES AND BY-LAWS

August 16, 2004

This document outlines the guidelines and operating procedures of the Harlem Community Academic Partnership to conduct regular business, designing and implementing projects, and disseminating information related HCAP activities.

1 Name:

The official name shall be **HARLEM COMMUNITY & ACADEMIC PARTNERSHIP.**

2 Location:

The Harlem Community & Academic Partnership (HCAP) is housed at the Center for Urban Epidemiologic Studies (CUES) at the New York Academy of Medicine (NYAM). The HCAP primarily concentrates its activity on the Harlem community which is defined as the neighborhoods of East and Central Harlem. The HCAP will also expand its focus to other New York City communities for specified projects.

3 HCAP Structure

The HCAP is governed by committee comprised of community and academic partners. The committee is led by a chairperson and a vice-chairperson when chairperson is not available.

4 HCAP Meetings

- 4.1 The HCAP will meet monthly, on the second Tuesday of every month. Minutes are available and distributed monthly.
- 4.2 Priority in any HCAP discussion will be given to emergent issues that affect the community and/or to HCAP members who have been most involved with a particular topic to be addressed in the presentation.
- 4.3 The HCAP will make a reasonable effort to reach consensus agreement on all issues. In the absence of consensus, a majority of all votes cast will determine action taken by the HCAP membership.

5 HCAP Membership and Voting

- 5.1 The HCAP will consist of representatives of CUES, local community residents, local community-based organizations, public health agencies, and educational institutions.
- 5.2 A HCAP member may be represented by either an individual or an organization/institution. For procedural purposes, individual representatives seeking

membership must attend two out of three meetings within a 3 month period. Organizations seeking membership must attend three consecutive meetings by having the same organizational representative attend each meeting to establish membership. Once membership has been established, the organization may send a proxy representative thereafter. Any individual who meets these requirements and completes a membership application will be considered a member. HCAP members maintain the right to vote once membership status has been achieved.

- 5.3 Multiple representatives from one agency, organization, or institution will assign one person to serve as the voting representative for the October-September meeting cycle. The formal voting members of the HCAP will be all persons who meet the criteria in 5.2. Each HCAP member agency, organization, or institution will have one vote. Each individual community resident will have one vote. The HCAP Chairs (s) will vote only if there is a tie.
- 5.4 Voting HCAP membership will then consist of all representatives classified as HCAP voting members in 5.3. Fifty per cent plus 1 of HCAP members present shall constitute quorum. All voting HCAP members have one vote for the purposes of formal procedural issues.
- 5.5 To ensure that the HCAP reflects the views of the community and its community-based organizations, at any given time a majority of HCAP members with the right to vote must represent community-based organizations or are community residents. New members will be admitted to maintain this balance.
- 5.6 Voting HCAP members will be comprised of community-based experts or experts on health issues that are of a burden to the Harlem community and other geographical areas of interest to the HCAP.

6 HCAP Voting member elections and Term Limits

- 6.1 A HCAP Chair(s) will be elected by a majority vote from the current voting HCAP members on a yearly basis at the October HCAP meeting.
- 6.2 There are no term limits for any of the other HCAP voting or non-voting positions.

7 HCAP Chair

- 7.1 The HCAP Chair(s) is responsible for the orderly conduct of HCAP meetings, designating a CUES staff person to record minutes, setting the HCAP agenda, and ensuring active participation of HCAP members in all aspects of HCAP activity.

8 HCAP Activities

- 8.1 The HCAP shall endeavor to fulfil its mission through research, and intervention in Harlem and other geographical areas of interest.

- 8.2 HCAP members are encouraged to present project proposals or ideas to the HCAP; the HCAP shall then decide on which projects to take on as HCAP projects.
- 8.3 An Intervention Work Group (IWG) will be formed to monitor each project undertaken by the HCAP; each project will be overseen by its own IWG, which will report to the HCAP on a regular basis.
- 8.4 A CUES Project Manager will be assigned to HCAP to work closely with the HCAP Chair and CUES Investigators to act as a liaison between HCAP members and CUES investigators.
- 8.5 To the extent feasible, there should always be at least one voting HCAP member and one CUES member involved in all HCAP projects. These members should be involved in all stages of the project including conceptualization, design, implementation, analysis and dissemination of results. CUES Investigators will work closely with the HCAP Chair and voting members on project proposals and writing of research grants and publications for select projects.
- 8.6 Members of the IWG should report back to the HCAP on project progress and results at regular pre-determined intervals during HCAP meetings.
- 8.7 To the extent feasible, abstracts and manuscripts arising from HCAP or HCAP IWG work that are intended for academic publication should be shared with the HCAP for comment/feedback before submission.
- 8.8 HCAP members and CUES staff who have worked on particular projects will be co-authors on publications. In the event of limited number of authors limited by a particular publication, priority will be given to persons who have been most involved with a particular project.
- 8.9 The HCAP will be acknowledged in every article.

9 HCAP Vice-Chair

- 9.1 The HCAP Vice-Chair serves as the secondary representative of the HCAP and to support the HCAP Chair in organizing the quality work efforts and the research and intervention goals of the HCAP.

10 Changes to these operating principles

- 10.1 Any changes to these by-laws must be submitted to a HCAP vote; a majority of votes cast is needed to change these by-laws.

Harlem Community and Academic Partnership
Center for Urban Epidemiologic Studies (CUES)
New York Academy of Medicine

HCAP Committee Membership Application

Name & Title: _____

Agency/Organization: _____

Executive Director: _____

Description of Agency/Organization

Address (City, State, Zip Code): _____

Phone: _____ **Fax:** _____ **Email:** _____

Agency/Individual Category: Check all that apply

Community Resident	
Public Health Institution	
Healthcare Provider	
Community-based Organization	
Academic Institution	
Service Provider	
Faith-based Organization	
Other-please specify	

Please List Areas of Interest of Agency and/or Representative:

