The Nuts and Bolts of Working with Universities: How, Why, When, Who

Elmer R. Freeman, MSW
Executive Director
Center for Community Health Education Research and Service

National Association of Community Health Centers
September 19, 2005
Presentation Outline

• CCHERS Partnership
  – Mission – Goals and Objectives
  – University/Community Partnerships
  – Organizational History & Development
  – Lessons Learned

• NU as Primary Partner
  – Urban Focus
  – Priorities

• Research Universities
  – CBPR
  – Case Examples

• Community-Campus Partnerships for Health
Mission Statement

The mission of CCHERS is to educate health professions students for careers in primary care in community-based settings through “academic community health centers” that integrate service, education and research to influence and change health professions education, improve health care delivery, and promote health systems change.
Institutional Partners

• Boston Medical Center
• Boston Public Health Commission
• Boston University School of Medicine
• Northeastern University Bouve College of Health Sciences
Community Health Center Partners

- Bowdoin Street
- Brookside
- **Codman Square**
- Dimock
- **Dorchester House**
- **East Boston**
- Gieger Gibson
- Harvard Street
- Mattapan
- Neponset
- Roslindale
- South Boston
- Southern Jamaica Plain
- Uphams Corner
- **Whittier Street**
University - Community Partnerships??

- Can universities and communities work in collaboration?
- What are the mutual benefits of partnership?
- How will power be shared?
- How should the partnership be structured?
- Who will be involved in decision-making?
The Great Cultural Divide
University – Community

- University disrespect
- Theoretical perspective
- Education mission
- Intellectual rhetoric
- Analytical frame
- Stagnant culture

- Community distrust
- Practical orientation
- Service mission
- Concrete action
- Political arena
- Dynamic environment
Characteristics of Partnership

• Mutual Respect
• Mutual Benefit
• Shared Vision
• Shared Decision-Making
• Leadership at Various Levels in Multiple Arenas
• Work Across Boundaries
## Governance Representation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept Health &amp; Hospitals</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston Medical Center</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Public Health Commission</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>BU School of Medicine</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NU College of Nursing</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>8</td>
<td>20</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Community Representatives</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>At-Large</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Executive Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>27</td>
<td>33</td>
<td>35</td>
</tr>
</tbody>
</table>
Organizational History and Development

1991
**CCHERS Partnership** between Boston University School of Medicine, Northeastern University College of Nursing, the Boston Department of Health and Hospitals is funded by W.K. Kellogg Foundation as a Community Partnership in Health Professions Education, along with Codman Square, Dorchester House, East Boston and Whittier Street health centers.

1994
Funding from Corporation for National Service establishes **Community Health Service Corps** service learning program for students from BUSM and NU.

1995
**CCHERS** establishes **Health Careers Academy** as pilot high school of the Boston Public Schools for students interested in pursuing careers in the health professions. The **Community Advocacy Program** established as a response to domestic violence in Dorchester.

1996
Funded by Kellogg as a Community Partnership in Graduate Medical and Nursing Education. Merger of BCH and BUMC creates **Boston Medical Center** and the **Boston Public Health Commission** as successor institutional partners in CCHERS.

1997
**CCHERS, Inc.** established as an independent not-for-profit corporation with a board of directors composed of representatives of the partner organizations and the communities they serve.

1998
Health Careers Academy becomes a Horace Mann Charter School and relocates to Northeastern University Campus. Merger of Northeastern’s Colleges of Nursing and Pharmacy and Allied Health. Three new health centers join CCHERS partnership: Harvard Street, Greater Roslindale and Uphams Corner.

1999
NU Institutional Grant for CCHERS to integrate other health professions into model of community based education.

2000
CCHERS establishes **Boston Community Practice Research Collaborative** as a primary care practice based research network recognized by the Agency for Healthcare Research and Quality.

2001
CCHERS, NU School of Pharmacy and four community health centers funded for **Boston Clinical Pharmacy Practice Network** a HRSA demonstration project in clinical pharmacy and affordability of prescription drugs.

2002
**CCHERS Asthma Center on Community Environment and Social Stress** in partnership with Brigham and Women’s Hospital and Harvard School of Public Health funded by NIH/NHLBI as a national center for reducing disparities in asthma. Two new health centers join CCHERS partnership: Brookside and Southern Jamaica Plain.

2003
CCHERS becomes organizational home of the **New England Regional Network of Community Campus Partnerships for Health** organizing a leadership team of academic faculty and their community partners in service learning, research and other community engagement in Massachusetts and New England.
Lessons of Partnership

• From separate worlds a shared vision.
• Successful partnerships must be built on trust.
• The heart is more important than the head.
• Being is more important than doing.
• It’s a process not an event.
Lessons of Partnership (continued)

• Build on the strengths of the partners.
• Pay attention to details, the Devil’s in them.
• Sharing power is empowering.
• Maintenance of momentum.
A University President’s Point of View

• Incidental Impacts – by products of efforts to strengthen institutions.
• Intentional Contributions – conscious decisions by universities to strengthen communities.
• Extracted Benefit – something the city demands of the university as a quid pro quo.

NU Urban Outreach Council

President
Richard Freeland

Co-Chairs
Michael Dukakis
Robert Gittens

Public Education
Dean School of Education
Vice Provost Access

Community Health
Director Urban Health
Dean College Health Sciences

Community/Economic Development
Distinguished Professor
Director Community Relations

Employment and Training
Vice President Human Resources
Director Affirmative Action
Council Priorities

• Healthy Communities Movement
• Public Education Reform
• Roxbury Technology Council
• World Class Housing
Lower Roxbury Coalition

- Healthy Boston Initiative
- Whittier Street Health Center
- Family Transitions
- Walk-to-Work Program
- Timothy Smith Technology Centers
- Technology Goes Home
Partnerships in Education

• Health Careers Academy
• Urban League Saturday Academy
• Madison Park Youth RAP
• Math Power
• Boston Public Housing GEAR-UP
Davenport Commons

- University Student Housing
- Affordable Home Ownership
- Fannie Mae Foundation - Maxwell Award
- Madison Park Scholarship
- Husky Card
University – Community Expectations!!

- Scholarly publications
- Funded research grants
- Professional supervision of applied grants
- Supervision of student research
- University/collegiate service
- Membership in professional associations
- Manuals & policy papers
- Funded service projects
- Project development and evaluation
- Social action research and strategic planning
- Civic and community participation
- Professional and leadership development

Community Placed vs. Community-Based Levels of Community Involvement

- Community **notification** - inform the community of the intentions of the research risks and benefits relating to the individuals and communities involved.

- Community **consent** - obtaining some expression of community approval.

- Community **endorsement** - community representatives are asked to formally support the research activities.

- Community **participation** - seeking and obtaining community advice in planning, development, execution, and dissemination of the research.

- Community **origination** - research purpose and goals set by expressed community needs.

Jenkins, B. “Health Disparities: Why we have not solved the problem, Why we need new approaches.” The Research Center on Health Disparities, Morehouse College, April 2004.
Community-Based Participatory Research

Improving Research Quality, Enhancing Community Capacity and Improving Health Outcomes

- CBPR is a collaborative approach to research that combines methods of inquiry with community capacity-building strategies to bridge the gap between knowledge produced through research and translation of this research into interventions and policies to improve health.

- The significance of an approach that builds the capacity of communities to function as co-investigators with health agencies and academic institutions before, during and after the research process has re-emerged...as the academic and public health communities struggle to address the persistent problem of disparities.

There's an old joke about a man who late one night dropped his keys in the middle of a dark parking lot. He moves some distance over to the side of the lot and begins a fruitless search for them under a bright light. When asked why he was not looking where he actually dropped them, he replied, “because this is where the light is.”
Lupus Awareness and Community Education (LACE) Project

- Brigham & Women’s Hospital/Harvard Medical School, Massachusetts Department of Public Health & Women of Courage.
- Promote awareness of lupus and risk exposures to organic/petroleum products; conduct case finding; and determine associations.
- Power dynamics; racial/ethnic politics; and roles of the partners in project.
- Team building retreats; formative research and focus groups; community education.
- State tracking of lupus; education of primary care practitioners; environmental health policy advocacy.
Boston Area Community Health (BACH) Survey

- New England Research Institutes, CCHERS and Boston communities.
- Five year longitudinal study of urological problems in men with focus on minority males.
- Randomized sample methodology; jobs for community people; role of community advisory board (CAB); benefit/return to community.
- Introduction to community groups/organizations; organization of CAB; work with social marketing firm.
- Not sure of any implications for policy.
Boston Clinical Pharmacy Practice Network

• CCHERS, Northeastern University School of Pharmacy, & Whittier Street, Neponset and Uphams Corner health centers.
• Assess the impact of introduction of clinical pharmacy services on effective management of underserved patients with chronic illnesses.
• Clinical roles on primary care team; sustainability; and chronic care model.
• Project management; 340B contracting; and health policy research and analysis.
• Clinical practice; scope of practice for pharmacists; access to affordable prescription drugs; medication assistance program.
Asthma Center on Community Environment and Social Stress (ACCESS)

- Channing Laboratory of Brigham and Women’s Hospital, Harvard School of Public Health & CCHERS.
- National center for reducing disparities in asthma with longitudinal study of 1000 pre-natal; genetic testing and assessment of environmental and community stressors and triggers of asthma.
- Organizational cultures; power differentials; and building a partnership.
- Co-investigators; qualitative community researchers; organize and convene Community Advisory Board.
- AHRQ Evidence Report No. 99; Kellogg Commission; Boston Housing Authority Healthy Homes; policy advocacy; community organizing.
Contact Information:

Elmer R. Freeman, MSW
Executive Director

Center for Community Health Education Research and Service
716 Columbus Avenue, Suite 398
Boston, MA 02120
Tel: 617-373-5179
Fax: 617-373-8797
E-mail: e.freeman@neu.edu
Internet: www.cchers.org
Principles of Partnership

- Partners have agreed upon mission, values, goals and measurable outcomes for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, and addresses needs.
- Power is balanced among partners and resources are shared.
Principles of Partnership

- There is clear, open and accessible communication between partners.
- Roles, norms and processes for the partnership are established with the input and agreement of all partners.
- There is feedback to, among and from all stakeholders in the partnerships.
- Partners shared the credit for accomplishments.
- Partnerships take time to develop and evolve.
We invite you to join a growing network of communities & campuses that are collaborating to promote health!

Contact us:

Phone: 206-543-8178
Email: ccphuw@u.washington.edu
Online: www.ccph.info