

# 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**

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# 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

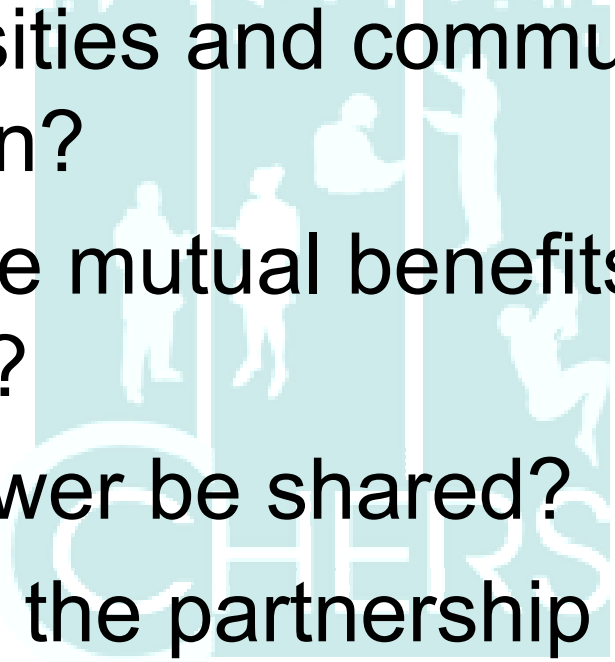
- Boston Medical Center
- Boston Public Health Commission
- Boston University School of Medicine
- Northeastern University Bouve College of Health Sciences



# 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?
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# The Great Cultural Divide

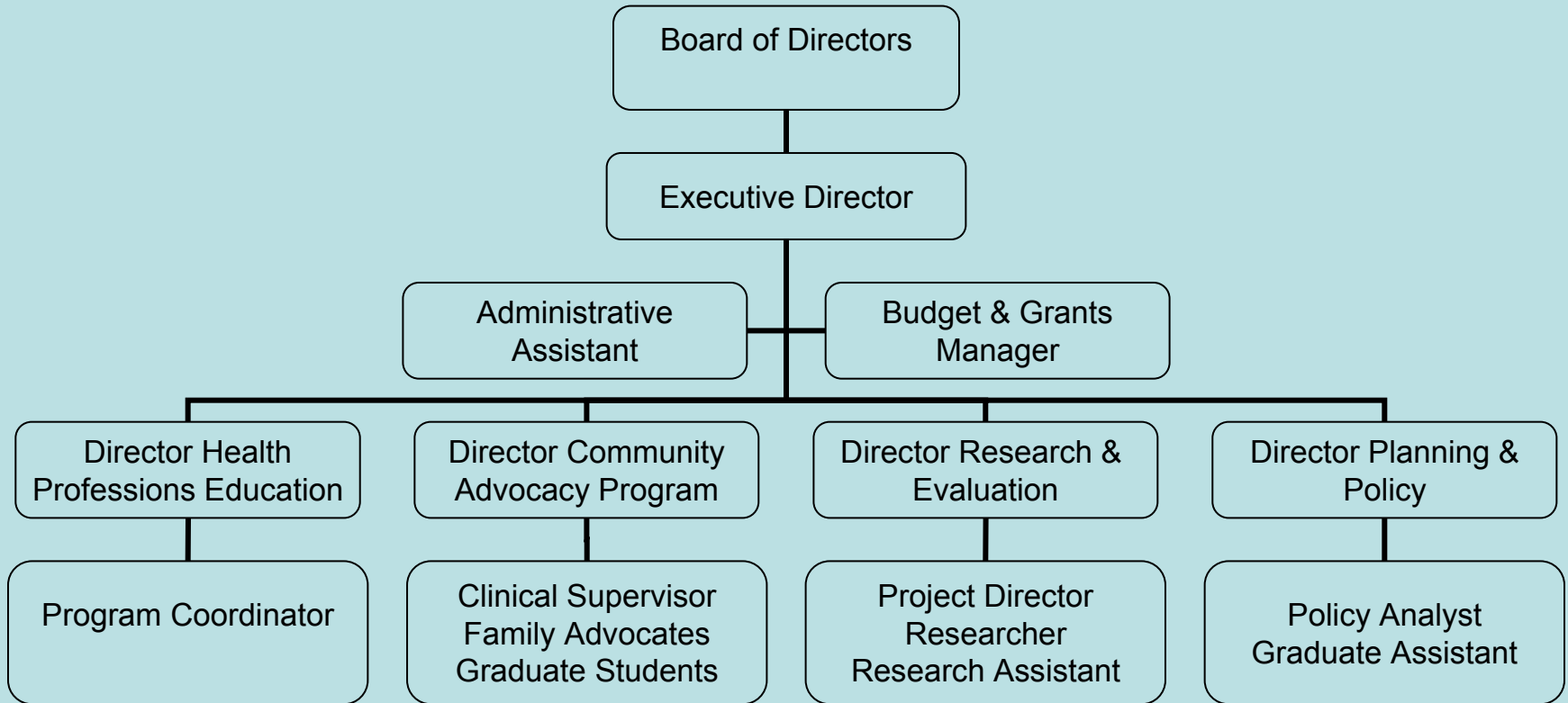
## University – Community

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- University disrespect
  - Theoretical perspective
  - Education mission
  - Intellectual rhetoric
  - Analytical frame
  - Stagnant culture
  - Community distrust
  - Practical orientation
  - Service mission
  - Concrete action
  - Political arena
  - Dynamic environment

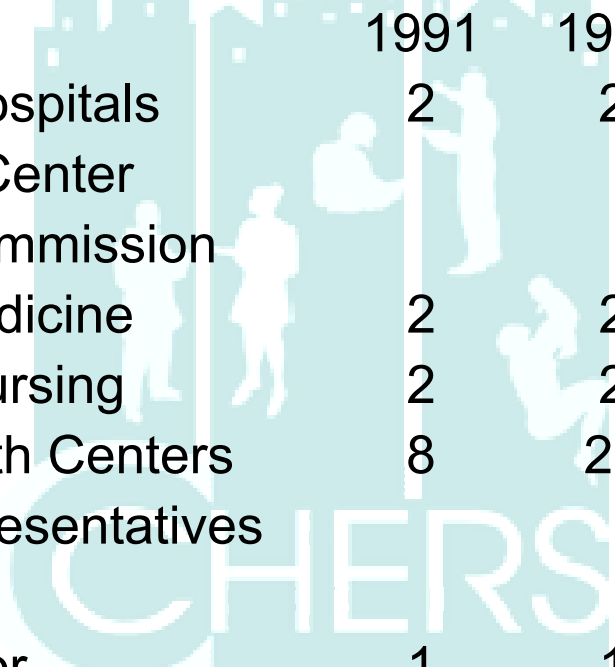
# Characteristics of Partnership

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

# Organization Chart

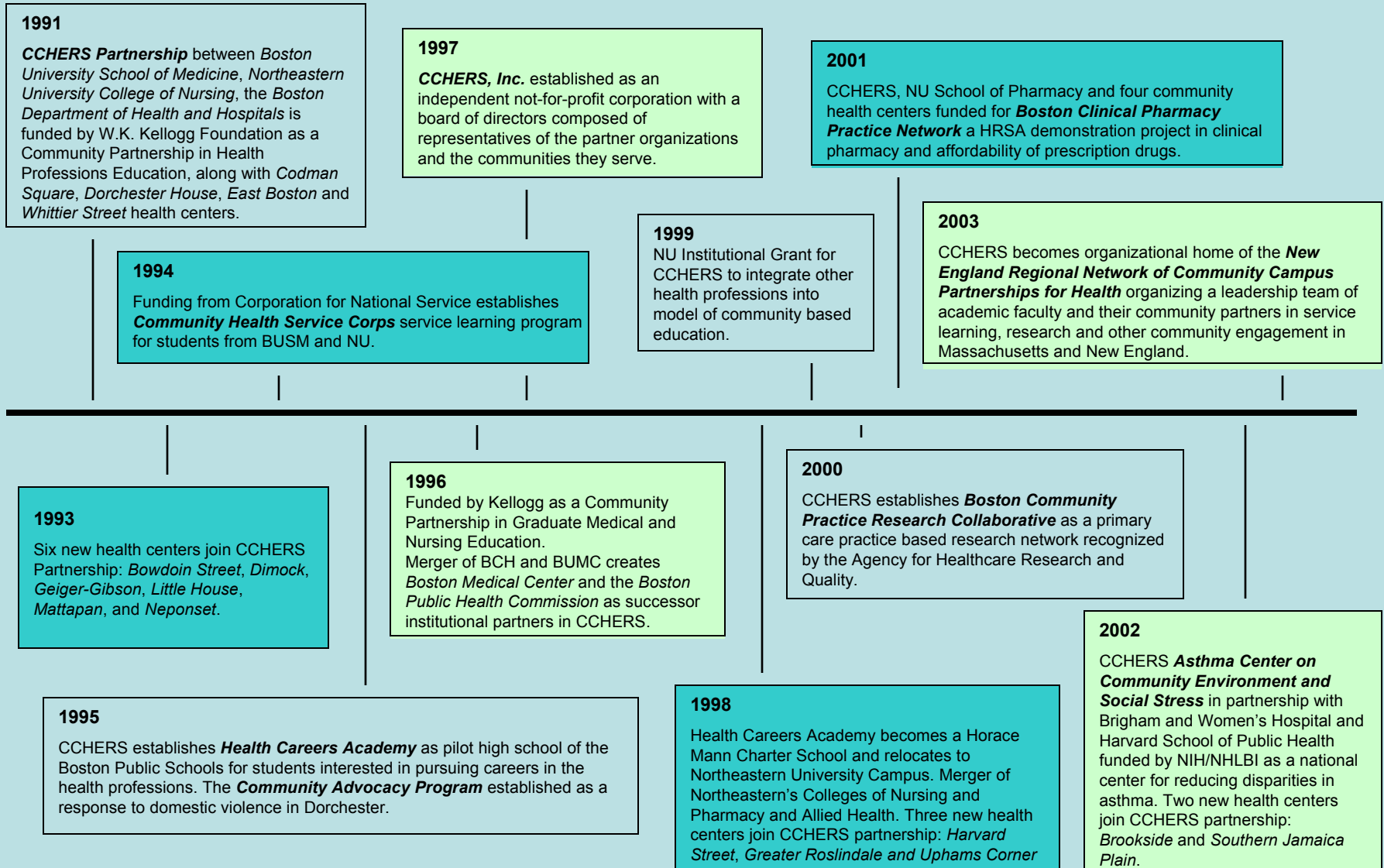


# Governance Representation



Partner	1991	1994	1996	1998
Dept Health & Hospitals	2	2		
Boston Medical Center			2	2
Public Health Commission			2	2
BU School of Medicine	2	2	2	2
NU College of Nursing	2	2	2	2
Community Health Centers	8	20	24	10
Community Representatives				10
At-Large				6
Executive Director	1	1	1	1
Total	15	27	33	35

# Organizational History and Development

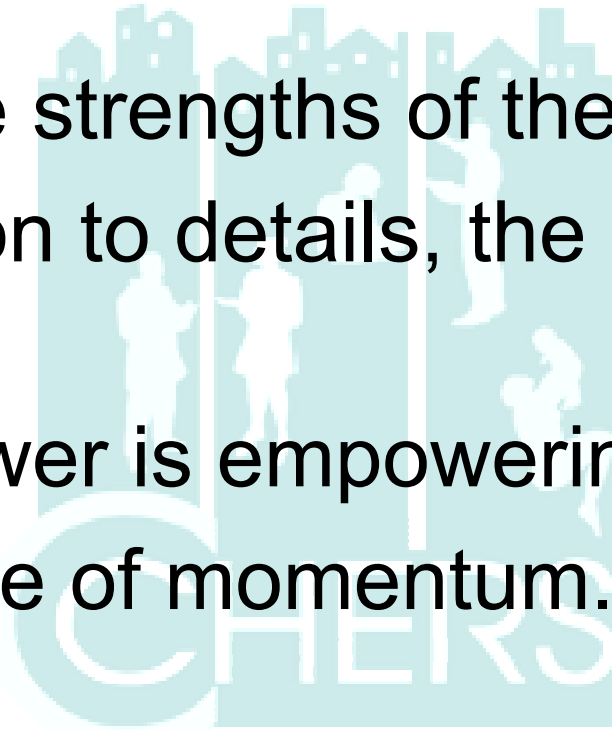


# Lessons of Partnership

- 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.

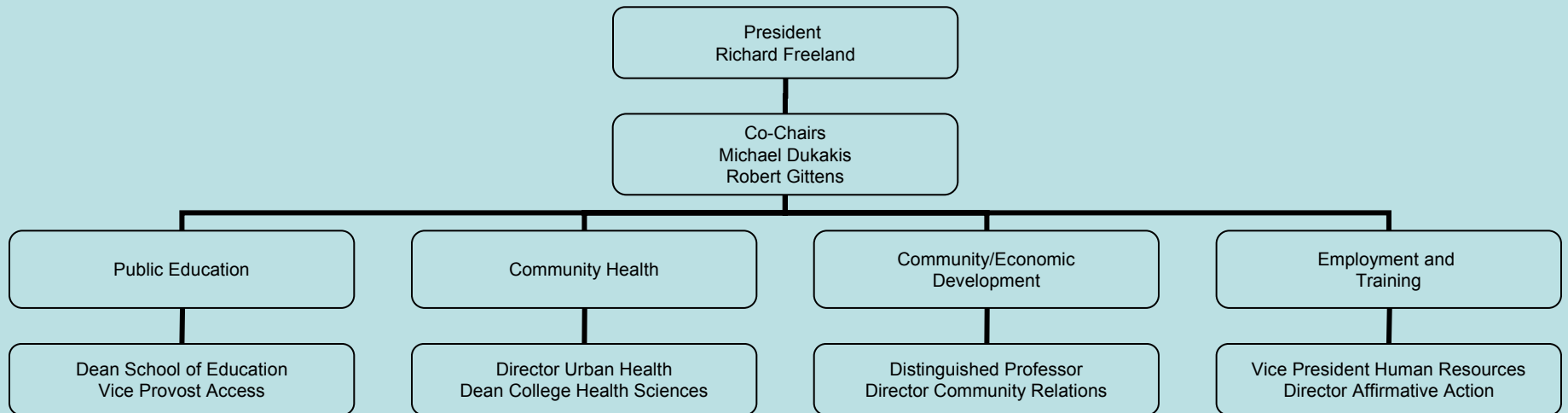


# A University President's Point of View

- 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.

Freeland, R. Universities and Cities Need to Rethink Their Relationships. Chronicle of Higher Education, May 13, 2005.

# NU Urban Outreach Council



# Council Priorities

- Healthy Communities Movement
- Public Education Reform
- Roxbury Technology Council
- World Class Housing



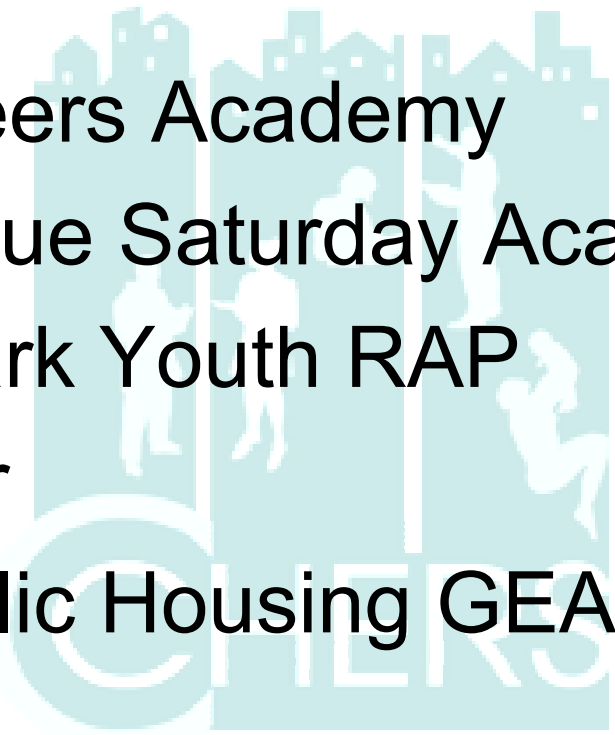
CHERS

# 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

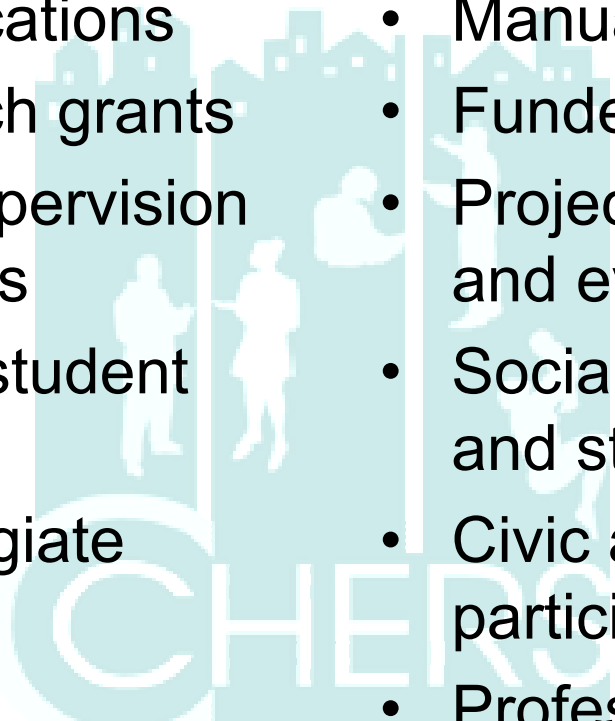


# Davenport Commons

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



# University – Community Expectations!!

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- 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.

Viswanathan, Ammerman, Eng, et al. *Community-Based Participatory Research: Assessing the Evidence*, Evidence Report/Technology Assessment No. 99, RTI-University of North Carolina, Rockville, MD: Agency for Healthcare Research and Quality, July 2004.

# Looking for *Causes* ... in all the *WRONG PLACES*

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](mailto:e.freeman@neu.edu)**

**Internet: [www.cchers.org](http://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



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growing network of  
communities & campuses  
that are collaborating to  
promote health!*



Contact us:

Phone: 206-543-8178

Email: [ccphuw@u.washington.edu](mailto:ccphuw@u.washington.edu)

Online: [www.ccph.info](http://www.ccph.info)