

**Dinner & Awards Presentation – Center for Clinical and Translational Science and Training  
Community Engagement Core – April 11, 2011 in Cincinnati, OH**

*Remarks made by Sarena D. Seifer, Executive Director, Community-Campus Partnerships for Health*

I am delighted to be able to attend tonight's dinner and awards presentation and to bear witness to the partnerships that are transforming the health of the people of Cincinnati. I am here tonight representing Community-Campus Partnerships for Health, the national organization I direct and helped to found in 1996. Speaking on behalf of the CCPH board and staff, I can't thank you enough for inviting Susan and I to celebrate with you tonight.

Community-Campus Partnerships for Health (CCPH) promotes health through authentic partnerships between communities and higher educational institutions. We view health broadly as physical, mental, social and spiritual well-being and emphasize partnership approaches to health that focus on changing the conditions and environments in which people live, work and play. We envision an equitable society in which all can participate and prosper, and toward that end we are working to advance 3 strategic goals:

- Mobilizing the knowledge, wisdom and experience in communities and in academic institutions to solve the pressing health, social, environmental and economic challenges we all must face together
- Building the capacity of communities and academic institutions to engage each other in partnerships that balance power, share resources, and work towards systems change
- Ensuring that community-driven social change is central to the work of community-academic partnerships

At a grass-roots level, our members – including the Center for Clinical and Translational Science & Training – are advancing these goals in their work on a daily basis. Our growing network of over 2,000 communities and campuses are collaborating to promote health through service-learning, community-based participatory research and other partnership approaches. CCPH members are a diverse group of individuals and organizations affiliated with colleges and universities, community-based organizations, health care delivery systems, student organizations, foundations and government. ***What ties us together is our commitment to social justice and our passion for the power of partnerships to transform communities and academe.***

Each of us has a story that launched us on our journey to this point. For me, a turning point was when I was a first year medical student in our nation's capital – the most expensive medical school in the country at the time – and one that literally had a wall separating it from communities that suffered from some of the worst health disparities not only in the U.S. but in the world. It was common knowledge that the hospital would do a wallet biopsy on you before deciding whether to admit you – if you didn't have the insurance or money to pay, you'd get shipped off to DC General for care. Working through our local chapter of the American Medical Student Association, we literally had to create for ourselves an "alternative medical school" by forging a relationship with the free clinics in DC that allowed us to serve and learn with them. My narrow view of medicine and health quickly expanded to embrace what we would now call the social determinants of health, as I discovered how education, employment, food, housing, the environment and racism played a greater role in a person's health and quality of life than a doctor's visit did. The experiences left me deeply committed to the social justice roles that students, academic institutions and the health system must play.

Since our inception, we have been playing a leadership role in advancing a participatory research paradigm in which community members and researchers collaborate to conduct research that is capacity building in its design, leads to knowledge that benefits communities and influences policies that affect health. The conventional research paradigm confines communities to a passive role - the research subject. At the same time, this paradigm limits our ability to see the many factors that influence health in the community. As a result, community strengths, ways of knowing, values and policy barriers, are often hidden from view. The CCPH principles of partnership – developed when CCPH was first established and then updated in 2006, not only articulate our vision of authentic partnerships and but have helped to inform and inspire hundreds of partnerships that have adopted or adapted them. Our framework for authentic partnerships reminds us that the governance and process of the partnership and the work it carries out is as important as the meaningful and tangible outcomes it seeks to achieve, and that at their best, partnerships are transformational. Indeed, the theme of tonight’s event is transforming the health of our communities together.

As communities and academic institutions engage in partnerships, we transform ourselves as individuals through our relationships, reflections and deeper understanding

- We transform our institutions by changing policies, systems and cultures
- We transform our communities through capacity building and leadership
- We transform the very definitions of knowledge and evidence, as we co-create and apply knowledge
- We transform political systems that perpetuate inequities and injustice.

CCPH is frequently in the position of serving as a “moral compass” in the field of community-academic partnerships, helping to ensure that *the reality of community engagement and partnership matches the rhetoric*. We are often provocateurs – asking tough questions and challenging assumptions particularly as academic institutions and funding agencies seek to become more community-engaged. What makes a partnership authentic? Why are you engaging communities? Are you prepared to make a sustained commitment? Often asking about underlying values and motivations will reveal tensions and concerns that need to be addressed.

Increasingly, we are involved in advocating for policies that can help to fully realize the potential of community-academic partnerships. For example, we recently challenged a decision by NIH to only allow universities to apply for grant funding that was aimed at building research infrastructure in communities. Although we were unable to change a policy that had unfortunately already been established, we have been able to support community groups in their negotiations with academic partner applicants around how to structure partnerships and budgets to maximally benefit communities and impress upon NIH officials the importance of community organizations as lead applicants, fiscal agents and peer reviewers. We support the development of structures, policies and processes that enable communities to decide whether and how to engage in research. On Friday, for example, we are facilitating a dialogue among community-based organizations in NYC that are exploring options for developing a community-based research ethics board. We boldly tackle persistent institutional challenges to the sustained community engagement of faculty members, including university faculty promotion and tenure (P&T) systems. For example, we recently launched a unique mechanism for peer-reviewing and publishing diverse applied products of CBPR that would otherwise not “count” for P&T – products that can help ensure that other communities can use or adapt the knowledge in their work on similar issues. The most recent product was a cookbook that includes healthy recipes taste tested by high school students!

Tonight's event comes at a pivotal time in the history of CBPR in the United States.

Increasingly, NIH and other research funding agencies are identifying community engagement in research as central to understanding and addressing racial, ethnic and socioeconomic health disparities. Substantial federal investments are being made to support faculty members and academic institutions to engage communities and to conduct health research in and with communities. On one level, these investments are a welcome sign that community-based participatory models of research are being viewed as rigorous, legitimate and effective. On another level, they raise genuine concerns in communities that have been harmed by researchers "coming and going" and have experienced community engagement as outreach focused on "getting more minorities to sign up for studies." Some institutions funded to conduct community-engaged research do not understand or embrace participatory approaches and narrowly interpret their charge as increasing minority participation in clinical research. Indeed, a proposed new NIH center interprets community engagement as recruiting participants into narrowly focused therapeutic drug trials. No sustained federal investments are being made in communities to ensure they have the capacity and infrastructure to engage in research partnerships or conduct and manage their own research.

There are many examples of progressive academics who are engaging communities in a thoughtful and authentic manner but institutional priorities and decisions can undermine their efforts. For example, promotion and tenure policies tend to reward conventional approaches to research and narrowly define measures of impact as publications in peer-reviewed academic journals and institutional funding for community engagement is often the first to go during tough economic times.

The current environment compels us to ask – and answer – tough questions:

Why are we engaging in CBPR? What do we hope to accomplish by it?

How do we ensure that communities are at the decision-making tables that decide what research gets conducted, how and by whom?

How do we support communities to conduct and manage research?

How do we support universities to embrace the leadership, vision, values, structures and policies that are needed to transform themselves into truly community-engaged institutions?

How do we ensure that communities maximally benefit from health research and that social justice aims are front and center?

As we celebrate tonight, we encourage you to engage all of your partners and stakeholders in discussing these questions and to join with others across the country in advancing this movement nationally. You are in an ideal position to build authentic partnerships and attend to the institutional changes that are needed to fully realize the potential of CBPR. We can and should all serve as a moral compass, holding each other accountable for staying true to community engagement and partnership, and to the social justice aims of CBPR.

What will be different if we are successful?

In communities, we would expect to see, for example, that

- Research has been endorsed by formal and informal community leaders who have participated in its conceptualization, design and implementation
- Community advisory boards are replaced by community governing boards
- Community organizations are serving in decision making roles in research – for example, as fiscal agents, principal investigators, grant reviewers, members of research ethics boards
- Research budgets demonstrate equity of funding across community and academic partners
- Research teams reflect the diversity of the communities engaged in the research
- Community members involved in the conduct of research are fairly compensated for their time and expertise
- Study findings are effectively disseminated to key stakeholders and used to inform policy

In academic institutions, we would expect to see, for example, that

- Service-learning and CBPR as an integral component of higher education
- Institutional structures that support community-university partnerships, like the community engagement core of the CCTST here in Cincinnati
- Faculty hiring, review, promotion and tenure policies that recognize and reward community engagement and community-engaged scholarship
- Strategic priorities and budgets that “walk the talk” of community-university partnerships

We would also expect to see changes in research funding such that for example:

- Requests for applications explicitly invite CBPR proposals and community-based applicants
- There are mechanisms to support community groups to own and manage the research process
- Peer review processes include an equitable number of community and academic peer reviewers who are properly oriented and prepared for their roles
- Indicators of genuine community engagement and CBPR are articulated and incorporated into funding announcements, review criteria and peer review processes
- Policy change is viewed as a legitimate and fundable outcome of research

In closing, let me again express our gratitude for inviting us to join you this evening and congratulate you on all that you have accomplished to date. The investments you are making in relationships, leadership and partnerships will serve you well in the path toward transforming the health of this community. We look forward to working with you and others across the country who share our vision of an equitable society in which all can participate and prosper. Together, we can create the future we want to be. Thank you.

### **Citation**

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