



Community-Campus Partnerships for Health Daily Reports from the Conference

**Walking the Talk: Achieving the Promise of Authentic Partnerships
May 31-June 3, 2006 • Minneapolis, MN USA**

June 1, 2006

Greetings from Minneapolis, Minnesota USA, where Community-Campus Partnerships for Health's 9th conference is underway. The conference, "Walking the Talk: Achieving the Promise of Authentic Partnerships" has drawn a diverse group of participants for 4 days of skill-building, networking and agenda-setting. About 450 CCPH members from 40 states, DC, Canada, Australia, Germany, Ghana, India, The Netherlands, Nigeria and South Africa are in attendance.

Knowing not all CCPH members are able to attend the conference, we will be sending daily reports to keep everyone in the loop! You can check out the program at <http://depts.washington.edu/ccph/conf-agenda.html>. Each report will highlight some of our conference cosponsors and funders. In this report, we thank Metropolitan State University for sponsoring the conference opening breakfast, and these organizations for supporting community participation at the conference: the WK Kellogg Foundation, Otto Bremer Foundation, the Northwest Health Foundation and the Wellesley Institute.

At its meeting on Wednesday May 31, the CCPH board of directors elected Chuck Conner as chair-elect. Chuck has served as Coordinator for the West Virginia Rural Health Education Partnerships for the past thirteen years. The program places health professions students in rural settings for clinical and community experiences. Chuck is also a Licensed Social Worker, Nationally Certified Addictions Counselor and Prevention Specialist. He has been providing education and treatment services for individuals and families experiencing difficulty with the use of alcohol and drugs for over twenty years. He also served on this year's conference planning committee and is our conference photographer! Current chair Renee Bayer will complete her term at the board's next meeting in October, when Ella Greene-Moton becomes the new chair. Learn more about the incredible people who serve on the CCPH board at <http://depts.washington.edu/ccph/boardmembers.html>

While at the board was meeting, conference participants took part in one of five pre-conference institutes: Engaging Campuses as Authentic Partners: Tips & Strategies for Community Leaders; Essentials of Service-Learning Partnerships; Community-Based Participatory Research: Developing & Sustaining Partnerships; Practical Guidance for Authors Writing About Community-Based Participatory Research and Making Your Best Case for Promotion and/or Tenure: A Toolkit for Community-Engaged Faculty Members. Another group spent the day learning about community-campus partnerships and rural health workforce development in Willmar, MN, located 100 miles west of the Twin Cities.

On Wednesday evening, participants boarded buses to the Weisman Art Museum for the conference opening reception sponsored by the University of Minnesota Academic Health Center. This Frank Gehry-designed building provided a lovely setting for conversation and camaraderie. Welcome remarks were provided by Susan Gust, CCPH board member and local community activist, Barbara Brandt, Vice President of Education for the Academic Health Center, and John Finnegan, Dean of the School of Public Health.

The conference began on Thursday June 1 with a presentation by Loretta Jones that challenged us all to strive for authenticity and equity in our partnership relationships. She drew on her experiences as founding executive director of Healthy African American Families II, a non-profit, community serving agency whose mission is to improve the health outcomes of the African American and Latino communities in Los Angeles County. The organization has partnerships with Charles Drew University, University of California-Los Angeles, University of Southern California and the RAND Corporation, all designed to create lasting effects in health policy and practice that will enhance the health status of the community.

Loretta's many words of wisdom included:

Thanks to a lesson learned by a 94 year old community leader who set the record straight, she no longer talks about "empowering communities" because "People are already empowered; we are helping them to redirect some of their power or to discover their power."

"The knowledge in communities is wide and deep. I may not have a PhD from a university; I earned my PhD on the sidewalk."

She stressed the importance of signing memorandums of agreement or understanding that spell out rights and responsibilities that all partners agree to, and pointed to an example from her agency at <http://www.witness4wellness.org/council/agreement.html>. She also referred to the importance of establishing partnerships with organizations and institutions and not just particular people, because people "get on and off the bus" as their priorities change.

She also acknowledged that not all are cut out for partnership work, noting that "not all researchers should be in communities."

Another highlight of the day was Part 1 of the 2-part Issue Thrash sessions. The series provides participants an opportunity to explore shared issues and challenges, come away with fresh ideas and new strategies to help meet those challenges, and have their opinions heard on a national level by recommending ways that CCPH and other stakeholders can be supportive. During Part 1, participants chose one of 8 topic areas to delve into. A sampling of issues, challenges and strategies that came out of these sessions appears below.

Topic area: Sustaining community-campus partnerships

Describe the issue: Getting the buy-in of all stakeholders (and those that don't know they are stakeholders) at the top leadership at the beginning of partnership

List 3 challenges/barriers:

1. What happens when leadership changes
2. How do you convince those that don't see themselves as stakeholders
3. Building a consensus around a uniform vision

List strategies/solutions which address the challenges/barriers listed above

1. Start with an agreed upon broad goal that comes from the community. Develop strategic plan together.
2. Implement a short-term, successful project of pilot that helps to "bond" the group. "The glue that holds people together."

3. Continue to cultivate and groom new leaders and make sure leadership changes. Recognize all types of leadership. Celebrate accomplishments and contributions.
4. Get stakeholders involved by trying to figure out their interests and ask them to get involved.

Topic area: Community strategies for campus engagement

Describe the issue: Get the campus to participate/support community initiated projects

List 3 challenges/barriers:

1. Lack of understanding of community-based participatory research (CBPR) process/values
2. Finding the right people/person to be advocates/gatekeepers
3. Teaching community how to approach/talk to campus - lack of same language - different agenda & priorities

List strategies/solutions which address the challenges/barriers listed above

1. Research which campuses have programs and faculty that connect to the issue
 - a. Search department/faculty websites
 - b. Talk to any contacts in the campus
 - c. Meet with intern coordinator, office of service-learning, campus ministries
 - d. Invite campus contact to be on your advisory committees
 - e. Consult the Campus Compact publication, The Promise of Partnerships: Tapping into the College as a Community Asset,
2. Experienced community partners should present at conferences and venues where academics go to learn CBPR process
3. Cultivate at least one entry relationship, "go-to" person
4. Connect on a personal level at events, outside of work
5. Volunteer on campus and inter-campus committees
6. Look at other parts of the campus beyond the "usual suspects" - for example, health professions

Topic area: Social determinants of health and social justice

Describe the issue: Cultural egocentrism: The way my culture sees things is the way you should see things. You should share (or adopt) my views, values, needs, perceptions.

List 3 challenges/barriers:

1. No room for other views/positions
2. Institutionalized and entrenched
3. Rewards specific groups, thus they have an entrenched interest in continuing

List strategies and solutions which address the challenges/barriers listed above:

1. Service-learning - train providers among the community/culture they serve
2. Using lay health workers and having HMOs/hospitals reimburse
3. Having the skill set to negotiate cultural difference/to be aware of differences and to understand cultural beliefs
4. Building a diverse workforce
5. Broader definition of who is and who is not a health professional
6. Avoiding labeling programs

June 2, 2006

Hello again from the CCPH conference in Minneapolis, MN USA! The day began with one of the more popular features of the conference: community site visits. Community site visits are a unique aspect of the CCPH conference and do not compete with other conference programming. Participants learn in-depth from local partnerships by spending about three hours touring and talking with the partnership's major stakeholders. This year, participants had a choice of 17 different community site visits (described at <http://depts.washington.edu/ccph/conf-sitevisits.html>) to give you a flavor for the impressive array of innovative community-campus partnerships in the Twin Cities. Participants returned to the hotel for lunch and a group reflection facilitated by CCPH board member Chuck Conner.

Skill-building workshops, story sessions and thematic poster sessions are taking place throughout the conference. Below are a few highlights from these sessions:

In a story session on "Ethical Issues in Community-University Partnerships Involving Racialised Communities," Helene Gregoire of Access Alliance Multicultural Community Health Centre in Toronto described how Access Alliance has articulated its research philosophy and developed a process for deciding if, when and how to engage in research partnerships. For example, its Values and Principles Guiding Research indicated that any research conducted by or involving Access Alliance must strive to incorporate such principles as community benefit: "CBR is research conducted by and for communities. Its purpose is to bring about positive social change, particularly around the reduction of health disparities. That change may include improvements in service delivery, policy outcomes and/or empowerment of individuals and communities to gain control over the factors that affect their health and to take action to address them. To increase the likelihood that the results will be of use to communities, we believe that the people whom the research is intended to benefit should have opportunities to be meaningfully engaged in all phases of the research. We are also committed to ensuring that any findings are shared and made accessible to participants as well as to service providers and policy-makers who can use the findings to inform their decision-making."

Access Alliance has developed a process for handling requests to become involved in research projects proposed by external researchers. Given the number of requests they receive and the amount of time and energy that is required of their staff and clients to participate in research, they support projects that are aligned with their mission, strategic priorities, values and principles. They have developed a self-screening tool that researchers can use to determine whether a research partnership would be worthwhile to pursue. The tool asks these questions:

- Is your approach consistent with Access Alliance's mission statement, vision and values?
- Will your proposed research lead to benefits for the population that Access Alliance serves (i.e. immigrants, refugees or people living with less than full status)?
- Are you willing to work collaboratively with Access Alliance around research questions and design?
- Are you willing to dedicate some time and energy to contribute to building the research capacity of staff or research participants?
- Does your proposed project address determinants of health and/or health disparities?
- Will the project have scientific merit?
- Will it contribute to the existing body of knowledge?

If the researcher answers "yes" to most of the questions, they are asked to contact an Access Alliance manager to discuss whether there is the interest and capacity to collaborate. If there is, a form describing the research must be reviewed by Access Alliance's Research Ethics Committee (in addition to the researcher's Institutional Review Board).

For more information, visit

http://www.accessalliance.ca/index.php?option=com_content&task=view&id=37&Itemid=56

During the skill-building workshop "Walk in My Shoes: Participatory Learning that Strengthens Partnerships," participants had an opportunity to experience a component of this exciting and unique teaching tool. Walk in My Shoes (WIMS) is an engaging and thought provoking activities that focuses on the experience of low-income individuals and families trying to access health services. WIMS is a 2.5 hour program in which participants are assigned roles that specify their family's employment, ethnicity, language, immigration status, health problems, and insurance coverage. They must try to obtain the health care their family needs by going to any of a dozen 'stations' including state agencies, their health plan, community health centers, private doctor's, offices, a pharmacy, and ER. A facilitated discussion after the simulation invites participants to talk about what happened to the individual, family or agency they represented - and how this relates to real life and health policy options. In a very compact time period, the simulation allows participants to reflect on a rich array of factors that affect health access and outcomes, ranging from cultural practices to institutional behaviors, public program design, and the role of advocacy in public and institutional policy. The powerful group experience also forges a strong tie which contributes to effective future collaboration. After participating in this "simulation of a simulation," WIMS developer Deb Katz of Community Catalyst facilitated a group reflection on the experience. Suzanne Cashman, a faculty member in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School described how her school has used WIMS to prepare students for their service-learning experiences in the community.

For more information, visit http://www.prescriptionaccess.org/index.php?doc_id=26

An informational session on CCPH held in the afternoon introduced participants to the CCPH board and staff and presented the organization's history and evolution, programs, resources and opportunities for involvement. Four CCPH members spoke about why they joined CCPH, how they became involved and what the benefits have been: Ella Greene-Moton, Community-Academic Consultant and CCPH board chair-elect, Flint MI; Ruth Nemire, Director of Community Engagement, NOVA Southeastern University College of Pharmacy, Ft. Lauderdale, FL; Anna Huff, Project Director, Mid Delta Community Consortium, West Helena, AR; and Rohinee Lal, Community Liaison Coordinator, Simon Fraser University, Burnaby, BC Canada. One opportunity for involvement is serving on the 2007 conference planning committee. If you are interested, contact Annika Robbins Sgambelluri at annikalr@u.washington.edu

The day ended with a Cocktail Poster Session and Exhibitor Reception featuring over 80 posters and exhibits. Midway through the evening, we enjoyed a special performance by the local Danza Mexica Cuauhtemoc Dancers, whose traditional dances and costumes are based in the ancient tradition of honoring the earth, youth and elders, and building community. You missed an exhilarating show! For more information, visit <http://www.cuauhtemoc.org/>

June 3, 2006

What perspectives do funding agencies bring to the whole arena of community-campus partnerships? When considering proposals for community-campus partnerships, what do they look for as evidence of an authentic partnership, of a promising program? In what ways are funding agencies themselves partners in these partnerships? The morning plenary panel on the last day of the CCPH conference, Saturday June 3rd, aimed to find out!

All plenary sessions at the conference, including the keynote presentations, the funder panel and the question/answer periods, were recorded and will be transcribed and edited for publication in the 2006 issue of CCPH's peer-reviewed, online open access publication Partnership Perspectives. Below are highlights of the panelists' remarks:

Joan Cleary, Associate Director of the Blue Cross and Blue Shield of Minnesota Foundation began by reminding us that although Minnesota is considered to be the healthiest state in the nation and has a high rate of health insurance (7.4% of people are uninsured at some point during the year), there are significant health disparities among the states' growing immigrant and refugee population. The state has large Hmong, Somali and Liberian communities, a rapidly growing Latino population and the second largest urban concentration of American Indians in the U.S. The Minnesota Department of Health has documented higher rates of illness among people of color and a Brookings Institution report identified the Twin Cities as among the most racially segregated metro areas in the U.S.

The Foundation's purpose is "to look beyond health care today for ideas that create healthier communities tomorrow." It has recently decided to focus on the key social factors that determine health, going beyond genes, lifestyle and access to health care. Ultimately, its goals are to improve community health long-term and close the health gap that affects many Minnesotans. Since it was established 20 years ago, the Foundation has awarded \$20 million.

Joan emphasized the importance of partnerships to achieving the social change needed to create healthier communities. The Foundation provided a grant to the Healthcare Education and Industry Partnership (HEIP), a program of the Minnesota State Colleges and Universities, to support the development of a standardized training curriculum for community health workers (CHWs) through the state's community college system. The Foundation's successful nomination of HEIP under the Local Initiatives Funding Partnership led to a planning grant by the Robert Wood Johnson Foundation. Through these efforts, the Foundation is serving as a catalyst to promote the use of CHWs as a strategy for improving health care cultural competence, addressing training and Minnesota's health care work force shortage and reducing health disparities.

To learn more about the Blue Cross and Blue Shield of Minnesota Foundation, visit www.bluecrossmn.com/foundation

Sarah Flicker, Director of Research at the Wellesley Institute in Toronto, ON Canada titled her talk "Show Me the Money What Funders Look For." She began by citing the Community Health Scholars Program definition of community-based participatory research (CBPR): "A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities."

Wellesley has established a Resource Centre for Community-Based Research (CBR) that includes grantmaking, a student practicum placement program, a partnership brokering program and a CBR certificate program for those who complete 30 hours of training. Wellesley also cosponsors the Community-Based Participatory Research Listserv with CCPH. To sign up, go to <http://mailman1.u.washington.edu/mailman/listinfo/cbpr>

Sarah noted the common interests of funders and community agencies: Making a difference, matching need to dollars and finding the "right match." In awarding grants for community-based research, Wellesley looks for solid partnerships seeking to do timely and relevant methodologically rigorous research with strong community involvement at all stages of the research process (including proposal development) that is attentive to dissemination and action and has strong potential to impact programs or policy.

When reviewing proposals, Wellesley peer reviewers look for capability to carry out the research, including the qualifications of the research team. This includes the credibility of the community partner(s) in the community. Reviewers also carefully assess the work plan, schedule and budget. She emphasized the importance of investing time in developing the budget and making sure that what's proposed in the narrative is mirrored in the budget. "We find our reviewers can spend a third of their time scrutinizing the budget," she said. "If a proposal involves working in diverse multi-lingual communities, we look for interpretation and translation services in the budget, for example. We look for attention to barriers to community participation. Are community members compensated adequately? Are services such as child care and transportation provided or paid for?" She mentioned a proposal she reviewed that expected low-income community members to serve for a year on a committee that met monthly and only received a \$50 honorarium at the end of the year. Needless to say, the proposal was not approved for funding.

Reviewers also rate the potential impact of a project. Is it of sufficient scope to offer broad learning? Does it have a dissemination plan that reaches multiple audiences in appropriate formats? "It's fine to have a plan to submit articles for peer-reviewed publications. But we also look for dissemination products and strategies that will reach the intended audience. A 20-page report will not reach many youth, but an interactive website or theatre piece might." Potential impact is also assessed in terms of the link to action. Sarah cited The Street Health Report as an example. Homeless people have largely been excluded from government census health surveys, which depend on people having an address or telephone number. The 1992 Street Health report was a groundbreaking piece of research which documented the health status and the barriers faced by homeless people in accessing health care. This report was the first of its kind in North America and continues to be cited today. Street Health is now conducting research to create the 2006 Street Health Report. The project is surveying 350 homeless men and women in Toronto about their health status, well-being and access to social services and health care. The resulting report will provide a sound evidence-base of knowledge to inform and strengthen advocacy efforts.

To learn more, visit www.wellesleyinstitute.com

Cheryl Maurana, Director of the Healthier Wisconsin Partnership Program (HWPP) in Milwaukee, WI, began her presentation with the program's mission: "to improve health through community-academic partnerships." Funded by an endowment created through the conversion of the state's Blue Cross/Blue Shield from a non-profit to a for-profit entity, HWPP is based at the Medical College of Wisconsin (MCW) and governed by the MCW Consortium on Public and Community Health that is composed of four members selected from nominees by statewide and community health care advocacy organizations, four

members who represent the medical school, and a final member selected by the Insurance Commissioner.

Through a statewide request for proposals process, HWPP makes grants for community-academic partnerships that involve MCW faculty, staff and students. In the program's first two funding cycles, 49 partnerships received a total of about \$10 million. To be competitive for funding, applicants must demonstrate adherence to these principles of stewardship:

Collaboration: HWPP supports effective collaboration between community partners and MCW partners to capitalize on the strengths of each. Additionally, funded projects should build upon Healthiest Wisconsin 2010 (the state health plan), and coordinate with other efforts in the community.

Prioritization: HWPP aims to have maximum impact on the health of the people of Wisconsin by deliberately focusing on the greatest state and local needs.

Leverage: HWPP seeks opportunities to leverage its funding, with emphases on pooling existing resources, attracting additional resources, and encouraging sustainability.

Accountability: HWPP funds and the impact of funded projects should be measurable and accounted for through effective oversight and rigorous evaluation. Accountability should include comprehensive involvement of affected communities.

Transformation: HWPP aims to effect systemic change by emphasizing prevention, innovation, and capacity-building.

Each project funded by the Healthier Wisconsin Partnership Program must be conducted by a partnership including at least one community organization partner and one Medical College of Wisconsin partner. The partnership requirement is based on the premise that community-academic partnerships will capitalize on the strengths and unique skills of both the community-based organizations and the faculty, staff and students of the MCW in order to address a community priority. Partnerships can be in varying stages of development ranging from newly formed partnerships to well established partnerships. Regardless of the stage of development, all partnerships funded by HWPP must provide clear evidence of a commitment to and capacity to achieve these three elements of the program's Community-Academic Partnership Model:

- 1) Clear evidence of an understanding of the environment for partnerships.
- 2) Clear commitment to an agreed upon set of partnership principles, which is critical for the long-term success of a partnership. These principles are based on the CCPH principles of partnership and include developing common goals, building trust and respect, and understanding and emphasizing strengths and assets. Open communication and feedback are also critical, as is flexibility to evolve, mutual benefit, shared resources and shared credit.
- 3) Recognize and provide clear commitment to the stages of partnership development. When community organizations and academic institutions build relationships, it is important to understand that the partnership development goes through several stages. The partners must build relationships, assess needs, develop compatible goals, implement programs, provide feedback, and assess outcomes. These stages allow partners to become better acquainted, build trust, and develop ways to sustain the partnership and expand progress.

Cheryl has observed a number of pitfalls in applications that have not been funded, including:

- A lack of clear project purpose or plan
- Unbalanced or unacceptable leadership
- A history of conflict among key interests
- Unrealistic goals with unattainable timelines
- Hurried or forced relationships
- Ineffective communication
- Overburdened financial commitments
- Ill-distributed responsibility
- Exclusivity/silo-thinking

Cheryl concluded her remarks by emphasizing the role that funders, including HWPP, can play in being a partner and change agent in effecting systemic changes that can improve health.

To learn more about the Healthier Wisconsin Partnership Program, visit www.mcw.edu/healthierwisconsin

Terri D. Wright, Program Director at the WK Kellogg Foundation in Battle Creek, MI, began her remarks with the founding mission of the WK Kellogg Foundation - a mission that has not changed in the 75 years since: "To help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations." Although WK Kellogg died in 1951, his presence is still deeply felt in the work of the Foundation. "We in the Foundation are constantly asking ourselves and each other, 'what would Mr. Kellogg think?' It's as if he is in the room with us. He was ahead of his time when he established the Foundation in 1930 and his vision still is," she said.

Terri went on to discuss how community-campus partnerships and community-based participatory research are strategic approaches to operationalizing the Foundation's mission. She challenged the audience to take their partnerships to the next level. "There is adoption of the concept of community-campus partnerships, but we are not taking it as far as it needs to go. There have been advances in the academic community, where the paradigm has opened up to begin to include CBPR. For example, we now have a new journal to publish CBPR that the Foundation is supporting [see below for details]. What is missing is the social action, the policy and systems changes that are needed to achieve health and economic equity," she stated. "We need to reinfuse this social justice mission."

She indicated that the Foundation's grant making in this arena has evolved over the years based on the lessons it has learned. "We have found that in many cases, when our funding to universities ends, the partnership or program ends. We now emphasize the community over the campus. Communities hold the knowledge and have an infinite understanding of the issues," she emphasized. "Health requires community leadership and engagement. These are central to what partnerships should be fostering, not by-products."

For more information on the WK Kellogg Foundation, visit www.wkkf.org

For more information on the new journal, Progress in Community Health Partnerships: Research, Education and Action, visit http://www.press.jhu.edu/journals/progress_in_community_health_partnerships/

Let me close this report by highlighting the fact that each of the speakers and funding agencies represented on the panel has been tremendously supportive of CCPH and directly involved in the conference as described below:

Joan identified community site visits, publicized the conference in Minnesota and co-authored a poster presentation on the role of community health workers in eliminating health disparities.

Sarah served on the conference planning committee, co-facilitated the pre-conference institute on developing and sustaining CBPR partnerships, and presented a poster on a survey of community-based research in Canada. The Wellesley Institute supported the participation of community members from the Greater Toronto area at the conference.

Cheryl, founding board chair of CCPH in 1997-1998, supported a Healthier Wisconsin Partnership Program thematic poster session.

Terri is our program officer for the WK Kellogg Foundation grant that is supporting the participation of community members and community partners at the 2006 and 2007 CCPH conferences.