



SenGupta

## Principle 5: There is clear, open and accessible communication between partners, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms

Ira SenGupta

**A**n essential building block of a successful community-campus partnership is clear and open communication based on mutual respect, understanding, and information sharing. Rules must be negotiated across even tables and a dialogue must be started long before the partnership is established. This article explores strategies that will help to widen and deepen preliminary and ongoing dialogue across the cultural boundaries that exist between academic and community partners. These communication strategies will eventually nurture and sustain a successful partnership. Examples will be given from two partnerships involving ethnically and linguistically diverse communities and the Cross Cultural Health Care Program (CCHCP).

### Tools of Culturally Competent Communication

The first step in establishing a link with a possible community partner is to exhibit respect and a willingness to share power, resources, and information. It is vital to become aware of the community with all its complexities and nuances and to understand their values and expectations of the prospective partnership. Each partner brings their own set of beliefs, needs, and rules of operation to the negotiating table. In order to begin and sustain a dialogue, the basic tools of cultural competency—the development of awareness, the building of knowledge, and the development and utilization of effective communication skills—must be understood and used.

**The Development of Awareness.** Each partner must be aware of their own and each other's cultural viewpoints and take into account the possibility of diversity in values, beliefs, practices, lifestyles, and problem-solving strategies. A well-developed understanding of the relevance and importance of cultural competency in effective partnership building must be shared by the partners.

**The Building of Knowledge.** Simply being aware of differences is not enough—the partners must learn about the historical, societal, political, and/or religious influences that affect each other's worldview. For example, in the context of immigrant and refugee communities, it is important to



understand their immigration patterns, history, politics, socioeconomic status, religious beliefs, common cultural values, the social structures in place, and the system of beliefs most prevalent. Individual traits of a person and the common traits of a community or people with similar origins and languages must be distinguished from one another. Much of this knowledge may be held within the community itself, and outsiders may not be immediately privy to them. It is important to remember that historically underserved communities that have faced exclusion and prejudice may take longer to establish trust with an institutional partner. Often, these same communities are targeted for academic research and service projects that are short-lived and disconnected from the needs of the community. It is imperative to build trust and confidence so that communication can begin.

For effective interpersonal relationships to occur there must be a straightforward give and take of ideas and knowledge. Information about yourself and/or your organization must be given to the other partner, which means that partners must be able to identify their own personal culture and cultural blind spots, prejudices, and biases. Without this information and without processing it honestly, the partners will be vulnerable to miscommunications in group settings.

**The Development and Utilization of Communication Skills.** This last tool is vital to the building of an effective partnership. The relevant awareness and knowledge that each partner has developed is integrated into a plan of action. It is ideal if each partner has a high degree of competency in facilitation and cross-cultural communication skills to aid in resolving any cross-cultural conflicts that may arise within the partnership program. However, community partners may not have as much access to the resources that help develop these skills as the academic partner does. In a successful partnership, the resources and knowledge-base must be shared. The result will be a mutually trusting relationship; one in which both entities will contribute to a partnership whose goal will be to enhance the health and well being of the partners. The results are effective and meaningful interactions and powerful partnerships between individuals, institutions, and communities.

### **Strategies for Working Effectively in Communities**

Keeping in mind that the community is often its own best teacher, it is critical to involve the community in the initial planning phase of partnership programs. One of the best ways to build the bridges across distrust and misinformation is to recruit, whenever possible, trusted advocates from within the community. These community members will be able to establish valuable connections and provide insights into the community dynamics, cultural beliefs, and practices. However, it also is important to be aware that this community member may not be sensitive to cultural issues solely by virtue of being a member of that group. There are many variables to be

considered, including economic status, social class, age, and experience. To avoid any pitfalls, converse with as many members of the community as are accessible, identifying the elders, leaders and trusted advocates. Often, these community members may lead you to the informal opinion leaders. These people are often not those identified as community leaders, but in many cases have more influence than the identified leaders.

Inviting the community representatives as guests to the institution for a variety of events can be a first step in the right direction. Acquiring knowledge is a two-way process. The community can give information, but it also needs information about the institution, its culture, policies, procedures, services, and resources. After this first step is complete, negotiations can begin across even tables.

### **Examples of Successful Community Partnerships**

Following are two examples of successful programs developed by a community-campus partnership between ethnically and linguistically diverse communities and the Cross Cultural Health Care Program (CCHCP). The first project was an assessment of the barriers faced by 22 underserved communities while accessing health care. The second community partnership program was a series of culture-specific training programs titled “Can You Hear Me?” conducted by multiple communities for health care providers.

**The Assessment Project.** This project was created by CCHCP, re-organized by community members according to their needs, and finally conducted by trusted advocates within each community. The first step CCHCP took was to select the specific communities and identify each community’s trusted advocates. The advocates were then organized as a Community Advisory Board, which gave direction and information on key resources within the 22 communities CCHCP had set out to assess. Together with the advisory board, CCHCP established the guidelines for conducting this assessment. Key community members reviewed the interview guide to ensure the cultural appropriateness of the questions and the methods to be used. All the partners came to agreement on the content of the guide, the relevance of the information from the communities’ perspectives, and the process of dissemination and use of the assessment results. To ensure effective outcomes, the CCHCP invited community members to conduct the assessment. To ensure cultural relevance and linguistic appropriateness, the Community Advisory Board recommended collaborating with outreach workers from each individual community. The result was that the outreach workers were committed to the cause, because it was their community they were assessing. It was much more than a job; it was their contribution to the

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mission of the development of their individual communities. This method also built community capacity and strength since many of these community partners learned new skills in conducting qualitative research, a subject with which many were not familiar. It also was an effective way to encourage equality in the partnership, since the partners had shared goals and an investment in the process from start to finish. After completing the assessment, all the partners reported to the community through a large community meeting.

An important outcome of this process was the development of trust established through open and respectful communication. This ultimately resulted in many new and meaningful partnerships with each individual community.

**Community-Specific Training Programs.** For the past several years, the CCHCP has organized these programs, titled “Can You Hear Me?” They are particularly successful because the community conducts them—the community’s own resources are utilized and their own voices express the messages. The programs have created many unlikely new partnerships and enhanced community capacity. The process used in the development of these programs can be used as a working model to elucidate the finer points of a successful community partnership.

As the demographic changes in the Pacific Northwest started to affect the delivery of health care, providers began to identify the communities about whom they had limited information. Based on previously established relationships, CCHCP approached a trusted advocate in each of the chosen communities—someone who could help bridge the gap between the cultures of the institutions and the communities. This was often an interpreter, if the members of the community were non- or limited English speaking. The advocates identified community leaders, who were then invited to meet with a representative of CCHCP and were given the health care providers’ requests for training topics and a tentative agenda. The community leaders then decided which aspects of each community’s health and cultural beliefs were to be presented and by whom in the community. The format of the training programs were decided upon jointly, by the CCHCP and the community leaders, and were presented in accordance with the community’s wishes. An open invitation to a training session and dinner was sent to all community members; all other attendees paid a fee from which the community presenters were adequately compensated. The training events provided an excellent forum for the exchange of information and invitations between the institutions and the communities; everyone met on common ground and the beginnings of partnerships began to happen. The process of building trust, open communication, and the sharing of knowledge and power was well on its way.

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The Assessment Project and the Community-Specific Training Programs clearly exemplify the three tools of culturally competent communication in action: the development of awareness, the building of knowledge, and the utilization of effective communication skills. They also exhibit how effective communication between partners and potential partners can be established.

The questions that need to be answered at the beginning of the process of partnership-building are: “Who has perceived power in a potential partnership?” and “If there is obvious inequality in power between the partners (as is often true when partnerships are being forged between underserved communities and powerful academic or health care institutions), how is that power shared?”

When the partnership has ceased to function, the key measures of its success are the outcomes. The answer to the final question—“Has this partnership engendered new and multiple partnerships?”—will determine the true success of the program.

### **Key Recommendations**

The following are some key recommendations for using the tools of culturally competent communication to successfully build a partnership:

- In order to establish “clear and accessible communication between partners,” the institutional partner should begin establishing an informal relationship with the prospective partners from the community. This will enhance awareness and knowledge about the community members and their needs. Trusted advocates within the community should be identified and should be considered as equal partners in the development of the guidelines for the partnership. As partnership programs are developed, the existence of a trusting relationship will enable effective communications.
- In an environment of information and resource sharing, the partnership will be negotiated across even tables where the voices of all the partners will be heard.
- Institutional partners need to enter the partnership with the goal of empowering communities and increasing internal capacity.
- All partners will need to remain flexible as events may take unexpected turns.
- By the conclusion of the project, the groundwork for future partnerships should have been established.

Relationships with communities need to be nurtured for partnerships to take root and grow. It takes effort and time to win over communities, especially if there has been a history of institutional neglect and minimization. The three tools of culturally competent communication build trust, enhance the growth of a partnership, and ensure successful and sustainable partnerships that transcend all differences.

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*Ira SenGupta, Cross Cultural Health Care Program's Cultural Competency Training Manager, has developed and conducted over 300 hours of trainings in cross cultural issues for health care providers in the past year alone. Ira's skills are informed by her experience conducting cultural competency assessments of healthcare institutions and in facilitating and managing major cultural competency initiatives, coalitions, and training programs. A leader in her own community, Ira has extensive experience working with ethnically diverse communities, and has gained a deep understanding of community perspectives on health care. Ira's research experience in cross cultural issues and cultural competency in healthcare, and dynamic training and facilitation abilities have made her a key resource for cultural competency training and assessment in healthcare settings nationally.*

## **References**

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## About Community-Campus Partnerships for Health

Community-Campus Partnerships for Health (CCPH) is a non-profit organization based at the Center for the Health Professions at the University of California-San Francisco. Founded in 1996, our mission is to

*Foster partnerships between communities and educational institutions that build on each other's strengths and develop their role as change agents for improving health professions education, civic responsibility, and the overall health of communities*

### **CCPH has a focus and characteristics that are unique in that:**

- We work collaboratively across sectors of higher education, communities and disciplines to achieve successful community-campus partnerships nationwide.
- We identify community members, students, administrators, faculty and staff as equal constituencies, and our board of directors reflects those diverse constituencies.
- We serve as a welcoming bridge between the many government and foundation-sponsored initiatives in community-oriented health professions education and community health improvement.
- We define health broadly to encompass emotional, physical and spiritual well-being within the context of self, family and community.

### **In order to achieve our mission, CCPH works collaboratively to:**

- Create and expand opportunities for individuals and organizations to collaborate and exchange resources and information relevant to community-campus partnerships.
- Promote awareness about the benefits of community-campus partnerships.
- Advocate for policies needed in the public and private sectors that facilitate and support community-campus partnerships.
- Promote service-learning as a core component of health professions education.

### **CCPH's major programs include:**

- The CCPH Mentor Network - our training and technical assistance network, is comprised of individuals from higher education, health professions, and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. CCPH Mentors conduct training workshops, provide consultation, and coach partnerships to fully realize their potential.

- Partners in Caring and Community: Service-Learning in Nursing Education - sponsored by the Helene Fuld Health Trust, HSBC Bank USA, Trustee, this national initiative is working with nine teams of nursing faculty, nursing students, and community partners to develop models of service-learning in nursing education.
- Service-Learning Institutes - training institutes for campus-based and community-based health professions faculty and program staff who wish to integrate service-learning into their courses. Applications are now available on our website for our up to date introductory and advanced level institutes.
- Annual National Conference - our annual conference is the premier training and networking event for community and campus leaders who are pursuing or involved in community-campus partnerships.
- Healthy People 2010 Curriculum Project - this project is developing tools for integrating the Healthy People 2010 objectives into the curriculum of health professional schools across the country
- Community Scholarship Project - this project seeks to elevate the recognition and rewards for faculty who are engaged in community-based scholarship
- National Health Service Corps Educational Partnership Agreement - funded by the National Health Service Corps, this project is assisting dental school participants in the development of service-learning and other partnership opportunities in underserved communities.

**As a member of CCPH, you join a movement of leaders committed to building healthier communities. You also receive a wide range of benefits and services:**

By joining CCPH, you will increase your knowledge about issues impacting and contributing to successful community-campus partnerships. We believe our programs and products will provide you with rich resources to learn from and to share with your peers from across the country, and around the world. **Be a leader - join CCPH - and you will receive: \***

- a free copy of our resource guide to *Developing Community-Responsive Models in Health Professions Education* and a free subscription to *Partnership Perspectives* magazine
- a membership packet, including a membership directory designed to facilitate networking and information sharing among CCPH members
- discounts on registration fees for our conferences and training institutes
- discounts on consulting and technical assistance services tailored to your specific strengths and needs
- access to the CCPH electronic discussion group
- access to friendly and responsive staff

Please contact CCPH to receive a membership brochure or to learn more about our programs and products.

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\* Contributions to CCPH are tax-deductible to the extent allowable by law. Membership benefits are subject to change.

# The CCPH Mentor Network

## A training network committed to successful community-campus partnerships

*“I really enjoyed your commitment to the participants by providing materials, soliciting feedback, sending follow-up information and offering to serve as a resource. It was not just you giving information; I felt like you were fostering a relationship with each participant.”*

*~ A training participant, 1999*

The CCPH Mentor Network is a multidisciplinary network of individuals from higher education, health professions and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. The Network is designed to assist you, your organization, your community or your program in developing and sustaining successful community-campus partnerships. The Network works with schools, colleges, universities, community-based organizations, student organizations, government agencies and others to strengthen health-promoting community-campus partnerships.

Our mentors are skilled and actively engaged in community-campus partnership building, leadership development, faculty development, program evaluation, strategic planning and fundraising and other areas that underlie successful community-campus partnerships. They are available to give presentations, design and lead training workshops, conduct external evaluations and provide telephone or on-site technical assistance. The mentors are trained in incorporating a blend of didactic and interactive experiential learning techniques into various consultative arrangements.

### The Goals of the Mentor Network

The goals of the CCPH Mentor Network are to foster partnerships between communities and educational institutions through high-quality and effective training and consultation services. These services are intended to:

- Foster the development and sustainability of health-promoting community-campus partnerships
- Strengthen the ability of these partnerships to improve health professions education, civic responsibility and the overall health of communities
- Provide CCPH with a continuous source of information about contemporary issues facing community-campus partnerships, enabling us to be more responsive to new and emerging trends

### Types of Training and Consultation

Training and consultation provided by the CCPH Mentor Network takes many forms. For training, these include but are not limited to:

- Workshops and presentations during conferences and training institutes that are sponsored or cosponsored by CCPH

- Workshops and presentations during conferences and training institutes that are sponsored by organizations other than CCPH
- Workshops and presentations held at the Mentee location.

### Training Scenarios

The following scenarios provide a sample of training options. All training experiences are complemented by tested training tools, handouts and other resource materials. The following training options can be provided in 1-2 days.

- **Community-responsive curriculum development.** How can your curriculum be more student and community-responsive? This training would address the “process” and implications for designing a curriculum that meets both the institutions objectives for academic learning, the student’s learning and professional growth objectives, and the “service” objectives of community clinician and agency partners. Trainers can assist the faculty and their team members in designing an action plan in follow-up to the training.
- **Faculty development and leadership.** How can faculty leadership in community-based education be fostered? What are the faculty competencies for working in community-based settings? Trainers can assist faculty in discovering their leadership abilities and develop strategies for effectively “channeling” these abilities in community settings.
- **Community leaders involved in community-campus partnerships.** Would you like to learn more about working in partnership with a health professions school in your area? This training provides community clinicians and agency staff with the skills and competencies to effectively build partnerships with campus faculty and staff, and to “navigate” through the academic system. In addition, participants learn important strategies for developing a partnership agreement with other stakeholders and the “nuts and bolts” of working with students in community-based settings.
- **Student leadership and development.** How can we foster student leadership skills and abilities? This training is modeled from tested student leadership institutes held by CCPH. Student learners engage in interactive hands-on sessions focused on developing their leadership skills in the area of communication, community organizing and advocacy, partnership building, and working with the media. Students work with trainers to design an action plan for implementation following the training.
- **Service-learning in the health professions.** This training focuses on service-learning as an effective educational methodology for improving student education and community health. Trainers work with faculty and program staff to understand the theory of service-learning, effective “reflection” strategies for classroom and community-based settings, partnership building strategies, service-learning assessment, and service-learning curriculum design.

Members of the Mentor Network can design a training or consultation that reflects your desires, and builds upon your knowledge and skill base. Prior to any training or consultation, members of the Mentor Network will work with you to assess your most pressing issues based on your completion of the Network Skills and Needs Inventory Tool. Your completion of the inventory tool will also reveal the learning method(s) desired by your and/or your organization.

In addition to customized trainings, Community-Campus Partnerships for Health also sponsors regularly scheduled introductory and advanced service-learning institutes for community and campus faculty and staff. Institute information and application materials can be obtained by completing the enclosed index card, downloading the application from our website ([www.futurehealth.ucsf.edu/ccph.html](http://www.futurehealth.ucsf.edu/ccph.html)), or by contacting our fax on demand service by calling 1-888-267-9183 and selecting documenting # 206.

### **CCPH Mentor Network Fees**

CCPH Mentor Network services are usually provided on a fee-for-service basis according to a fee schedule, plus reimbursement of travel expenses where applicable. Discounts are provided to CCPH members and to programs paying for services with federal funds. As an organizational member of CCPH, you will receive a free one hour consultation on the topic of your choice.

### **Our Mentors**

Our mentors include:

Barbara Aranda-Naranjo, University of Texas Health Sciences Center

Patricia Bailey, University of Scranton-Department of Nursing

J. Herman Blake, Iowa State University-Department of African American Studies

Diane Calleson

Kate Cauley, Wright State University-Center for Healthy Communities

Kara Connors, Community-Campus Partnerships for Health

Hilda Heady, West Virginia Rural Health Education Partnerships

Kris Hermanns, Brown University-Sweaver Center for Public Service

Sherril Gelmon, Portland State University

Barbara Holland, Northern Kentucky University

Mick Huppert, University of Massachusetts Medical Center, Office of Community Programs

Cheryl Maurana, The Medical College of Wisconsin-Center for Healthy Communities

Nan Ottenritter, American Association of Community Colleges

Tom O'Toole, Johns Hopkins University Department of Family and Community Medicine

Letitia Paez, Institute for Community Health Education

Mike Prelip, University of California-Los Angeles-School of Public Health

Monte Roulier, Roulier Associates

Julie Sebastian, University of Kentucky College of Nursing

Sarena Seifer, Community-Campus Partnerships for Health and the  
University of Washington School of Public Health

Ira SenGupta, Cross Cultural Health Care Program

More information about our mentors can be obtained by contacting CCPH.

### **Examples of Recent Mentor Network Activities include:**

- Engaging Colleges and Universities in the Healthy Communities Movement. Coalition of Healthier Cities and Communities national meeting (workshop).
- Building Partnerships Between Communities and Higher Educational Institutions. East San Gabriel Valley Community Health Council meeting (facilitated meeting).
- Assessing the Impact of Service-Learning. Rutgers University School of Nursing Center for Families and Communities (presentation).
- Joining Forces with Health Professional Schools to Close the Access Gap. Robert Wood Johnson Foundation Reach Out Initiative annual meeting (presentation).
- Leadership for the Engaged Campus: Dental Schools and Their Surrounding Communities. Council of Deans annual meeting, American Association of Dental Schools (presentation).
- Service-learning in Nursing Education. Minnesota Campus Compact (presentation and training institute).
- Service-learning Institute in the Health Professions. Congress of Health Professions Educators, Association of Academic Health Centers (training institute).
- Building a Strong Interdisciplinary Team. WK Kellogg Interdisciplinary Community Health Fellowship Program, American Medical Student Association (training workshop).
- Developing a Community-based Nursing Education Curriculum. Colby-Sawyer College (strategic planning meeting).
- Achieving Healthy People Objectives through Service-learning, Association of Teachers of Preventive Medicine (presentation).

### **We're ready to assist you**

Please complete and submit the enclosed insert card and we will follow-up with you to discuss how the CCPH Mentor Network can help you realize your community-campus partnership goals. Or, you may contact us by phone: 415/476-7081; email: [ccph@itsa.ucsf.edu](mailto:ccph@itsa.ucsf.edu); or fax: 415/476-4113. We look forward to working with you.