Realizing the Potential of Authentic Community University Partnerships

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Presentation Outline

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

• CCHERS: Engaging a University
  o Urban Focus
  o Priorities

• Community Health Academic Medicine Partnership (CHAMP)
The CCHERS Partnership: Building an Organization
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.
Goals

- Promote community based, primary care oriented *education* for a range of health professions students, from high school through graduate and professional school, to improve community health services provided to underserved populations.

- Promote community derived and directed health services and clinical *research*, in partnerships with academic medical center, government, and university researchers, that focuses on health problems that impact diverse urban populations.

- Promote coordination of *services* and interagency collaboration among universities, health services providers, community based organizations, and community residents to create healthier communities.

- Promote public and marketplace policy *change* in health professions education, community health, and health care access to create an equitable health care system for diverse urban populations and communities.
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 benefits of partnership?
- How should the partnership be structured?
- Who will be involved in decision-making?
- How will power be shared?
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

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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.

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.

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.

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

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.

1993
Six new health centers join CCHERS Partnership: Bowdoin Street, Dimock, Geiger-Gibson, Little House, Mattapan, and Neponset.

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.

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.

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.

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.

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.

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.
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.
- Build on the strengths of the partners.
- Pay attention to details, the Devil’s in them.
- Sharing power is empowering.
- Maintenance of momentum.
Engaging a University: The CCHERS Experience
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 Benefits – something the city demands of the university as a quid pro quo.

Council Priorities

• Public Education
  o Partnership in Education
  o School of Education

• Community Health
  o Healthy Communities Movement
  o Urban Health Program

• Community/Economic Development
  o Roxbury Technology Council
  o Davenport Commons

• Employment and Training
  o Walk to Work Program
  o Minority Vendors/Contractors
Tremont Center

Health Careers Academy

Family Housing

Supervised Student Housing

Supervised Student Housing/Retail

Whittier Street Health & Wellness Center

Office/Retail

Roxbury Community Cultural Center and commercial/office space
Tremont Center
Partnering for Community Based Participatory Research
Community Health and Academic Medicine Partnership (CHAMP)

Brigham and Women’s Hospital – Division of Internal Medicine
Investigator – JudyAnn Bigby, MD

Center for Community Health Education Research and Service
Co-Investigator – Elmer R. Freeman, MSW

Harvard Medical School – Department of Health Care Policy
Principal Investigator – LeRoi Hicks, MD, MPH
Community Health Centers
Potential for Eliminating Disparities in Heart Disease Risks and Outcomes

• Enroll the largest proportion of uninsured individuals and families.
• Provide disproportionate share of care for immigrant populations and racial and ethnic minority groups.
• Participation in the HRSA Chronic Disease Management Collaboratives.
• Model for providing community oriented primary care with individual and community level interventions.

Communities and Health Centers

- **Roxbury**
  - Whittier Street Health Center
  - Roxbury Comprehensive Community Health Center

- **Jamaica Plain**
  - Southern Jamaica Plain Health Center
  - Brookside Community Health Center

- **Dorchester**
  - Uphams Corner Health Center

- **Mattapan**
  - Mattapan Community Health Center
Objectives

• Create a research collaboration among academic researchers, community health centers (CHC), and community residents.

• Determine the potentially modifiable factors that act as barriers to highest quality care for diabetes and hypertension among CHC patients in Boston neighborhoods.

• Utilize the collaboration of a community advisory committee and investigators to plan and test interventions for patients receiving care for diabetes or hypertension at the participating CHCs.
Research Aims

• Community/Academic Collaboration (Years 1&2)
  o Establish Advisory Committee for project oversight (8 members)
  o Conduct regular face-to-face meetings in common forum
  o Implement assessment plan for collaboration

• Information Gathering (Year 1)
  o Conduct CHC site visits
  o Conduct focus groups with patients
  o Interview and provide quarterly reports to key informants

• Pilot Intervention (Year 2 patient and/or CHC centered)
  o Patient health literacy, navigation or adherence
  o Provider communication and/or competencies
  o CHC systems/process analysis
Patient or CHC Centered Pilot Intervention

- Targeting patient health-literacy
- Improving patient navigation
- Improving patient adherence to provider recommendations
- Improving provider communication and competencies
- External review of quality of performance with directed feedback
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