

Partnership Perspectives



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Partnerships for Health

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To learn more about CCPH and the benefits of becoming a member:

Please visit our website at www.ccpH.info or contact us by phone at (206) 543-8178 or by email at ccphuw@u.washington.edu.

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The opinions expressed by the authors in this magazine are their own and not necessarily opinions held by Community-Campus Partnerships for Health.

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Walking the Talk: Achieving the Promise of Authentic Partnerships

Sarena D. Seifer

Introduction

Partnerships between communities and higher educational institutions as a strategy for change are gaining recognition and momentum. Service-learning, community-based participatory research and broad-based coalitions are among the methods these partnerships pursue to accomplish their goals. Increasingly, community-campus partnerships are being recommended by national bodies and pursued by funding agencies for achieving a wide range of significant outcomes, from eliminating health disparities to increasing access to higher education to revitalizing urban and rural economies.

Community-Campus Partnerships for Health's 9th conference, "Walking the Talk: Achieving the Promise of Authentic Partnerships," took a critical look at these partnerships in all of their iterations and asked key questions about where we are now, where we are going and where we need to be:

- How do we fully realize authentic partnerships between communities and higher educational institutions?
- How do we balance power and share resources among partners?
- How do we build community and campus capacity to engage each other as partners?
- How do we create healthier communities through partnerships?
- How do we translate "principles" and "best practices" into widespread, expected practice?

The conference, held May 31-June 3, 2006, in Minneapolis, Minnesota, USA, sought to create a vision for the future of community-campus partnerships as a strategy for social justice. A diverse group of nearly 500 CCPH members from 40 states, DC, Canada, Australia, Germany, Ghana, India, The Netherlands, Nigeria and South Africa participated in four days of skill-building, networking and agenda-setting. Generous funding from the W. K. Kellogg Foundation, Otto Bremer Foundation, Northwest Health Foundation and Wellesley Institute helped to significantly boost community participation at the conference.

This issue of *Partnership Perspectives* serves as the conference proceedings. This article provides an overview and presents the major conference outcomes. The eleven articles that follow are based on presentations given at the conference, selected because they address critical issues of significance to health-promoting community-higher education partnerships, present unique perspectives on these issues, and cover topics of broad interest to CCPH members. Each article was reviewed by community and academic peers before being accepted

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for publication. To view the complete conference program and handouts from selected presentations, please visit <http://depts.washington.edu/ccph/pastpresentations.html> and scroll down to the conference dates.

On May 31, conference participants took part in one of five pre-conference intensive training institutes: Engaging Campuses as Authentic Partners: Tips and Strategies for Community Leaders; Essentials of Service-Learning Partnerships; Community-Based Participatory Research: Developing an 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 Minneapolis. That evening, participants boarded buses to the Weisman Art Museum for the conference opening reception hosted by the University of Minnesota Academic Health Center. The Frank Gehry-designed building provided a lovely setting for conversation and camaraderie. Welcoming 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.

Striving for Authenticity and Equity in Partnership Relationships

The conference opened on June 1 with a presentation by Loretta Jones that challenged participants to strive for authenticity and equity in their 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 Jones

Thanks to a lesson learned by a 94 year old community leader “who set the record straight,” Loretta shared that 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,” she stressed. “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 (see <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.”

The second day of the conference on June 2 began with a popular feature of CCPH conferences: community site visits. Through community site visits, 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 sites to visit. Participants returned to the hotel for lunch and a group reflection facilitated by CCPH board chair-elect Chuck Conner.

An informational session on CCPH introduced participants to the CCPH board and staff and presented the organization's history and evolution, programs, resources and opportunities for involvement. CCPH members spoke about why they joined CCPH, how they became involved and what the benefits have been. Members who spoke included: Ella Greene-Moton, Community-Academic Consultant and CCPH board chair, Flint, MI; Anna Huff, Project Director, Mid Delta Community Consortium, West Helena, AR; Rohinee Lal, Community Liaison Coordinator, Simon Fraser University, Burnaby, BC Canada; and Ruth Nemire, Director of Community Engagement, NOVA Southeastern University College of Pharmacy, Ft. Lauderdale, FL, who observed, "CCPH has helped me improve my relationship with our partners. That is probably the most beneficial part of my membership. I plan on being a lifetime member of CCPH!"

Participants met in small groups twice during the conference for "issue thrash" sessions that provided structured opportunities to explore shared issues and challenges, identify promising strategies and solutions, and recommend ways that CCPH and other key stakeholders could be supportive.

The day ended with a Poster Session and Exhibitor Reception featuring over 80 posters and exhibits. Midway through the evening, participants 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.

Issue Thrash: Collaborative Problem-Solving in Action

Participants met in small groups twice during the conference for "issue thrash" sessions that provided structured opportunities to explore shared issues and challenges, identify promising strategies and solutions, and recommend ways that CCPH and other key stakeholders could be supportive. Each two-part issue thrash, led by prepared facilitators, focused on one of the eight major themes of the conference:

1. Sharing power and resources in community-campus partnerships.
2. Ethical issues raised by community-campus partnerships.
3. Community-campus partnerships that address major determinants of health and social justice.
4. Sustaining community-campus partnerships.
5. Assessing, documenting & realizing the benefits of community-campus partnerships to all partners.
6. Student leadership and activism in community-campus partnerships.
7. Community strategies for campus engagement.
8. Campus strategies for community engagement.

A summary of the outcomes of the issue thrash sessions appear at the end of this article. The CCPH board and staff have already begun to incorporate these into their deliberations and decision-making about CCPH priorities. We encourage you to review the summary for similar issues and challenges you may be facing and the strategies and solutions proposed. Following the summary is a list of relevant recommended resources available through CCPH and other organizations.

In their evaluations, many participants cited the issue thrash sessions as a highlight of the conference. One wrote, for example, that “We are all struggling with the same issues. The issue thrash was an excellent way to gain multiple perspectives and solutions in quick order.” Another observed that “The issue thrash was great because we could learn from each other. The conference attendees had so much to offer.”

Funding Agency Perspectives on Partnerships

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 on June 3 aimed to find out.

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 state’s 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 (Minneapolis and St. Paul) as among the most racially segregated metro areas in the U.S.

What perspectives do funding agencies bring to the whole arena of community-campus partnerships?

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

from 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 Minnesota's healthcare workforce shortage and reducing health disparities.

Sarah Flicker, then 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 CPH (see resource section at the end of this article for instructions on how to subscribe).

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.

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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 childcare 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 healthcare. 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.

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 nonprofit 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. Each project funded by HWPP 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:

When community organizations and academic institutions build relationships, it is important to understand that the partnership development goes through several stages.

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. These include a lack of clear project purpose or plan, unrealistic goals with unattainable timelines and unbalanced or unacceptable leadership. A history of conflict among key interests, hurried or forced relationships and ill-distributed responsibilities among partners are also common concerns. Proposals that exhibit “silo-thinking” by not engaging key stakeholders from other disciplines, professions, organizations or institutions also do not fair well in the review process.

Funders can be partners in effecting systemic changes to improve health.

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.

Terri D. Wright, Program Director at the W. K. Kellogg Foundation in Battle Creek, MI, began her remarks with the founding mission of the W. K. 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 W. K. 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 <http://depts.washington.edu/ccph/books.html#JohnsHopkins1>). 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.”

Highlighting the Power and Potential of Partnerships: The CCPH Annual Award

During the conference closing dinner, the REACH 2010 Charleston and Georgetown Diabetes Coalition was announced as the recipient of the 5th annual CCPH Award. Accepting the award on behalf of the partnership were Virginia Thomas, Alpha Kappa Alpha Sorority and REACH Community Health Advisor, North Charleston and Carolyn Jenkins, Professor of Nursing and Ann Darlington Edwards Endowed Chair of Nursing at Medical University of South Carolina (MUSC) College of Nursing. The award was supported by Jossey-Bass/Wiley Publishers and two journals: *Progress in Community Health Partnerships: Research, Education and Action* and the *Journal of Higher Education Outreach and Engagement*. Also announced were three partnerships that received recognition as honorable mentions: Brazos Valley Health Partnership, the Stepping Up Project and the Flint Healthcare Employment Opportunities Project.

The CCPH annual award highlights the power and potential of partnerships between communities and higher educational institutions as a strategy for improving health. Selected from a competitive pool of nominations, the Coalition is a partnership between the Charleston and Georgetown communities and the MUSC College of Nursing that is eliminating disparities for African Americans with diabetes through community action, health systems change, and collaboration. Increased testing for diabetes, decreased emergency room visits and decreased amputations in African-American men by 50% are among the significant outcomes achieved since the Coalition began in 1999. The Coalition demonstrates how community-campus partnerships can contribute to significant health outcomes. The Coalition’s focus on community-driven education and systems change, supported by trusting relationships, democratic governing structures and equitable sharing of power and resources are hallmarks of this exemplary partnership that others can aspire to.

The Coalition builds on relationships between MUSC College of Nursing and the community that span 20 years. The partnership includes 16 agencies, neighborhoods, and people with diabetes and covers more than 1,600 square miles, with over 12,000 African Americans with diabetes. About 40 area churches, community centers, worksites, and libraries provide linkages to people with diabetes in their communities. Funding is generated by community fundraising, coalition activities, grants, and a cooperative agreement from the Centers for Disease Control and Prevention.

The Coalition builds upon the strengths and assets of each partner. The health systems provide care but lack the resources for quality diabetes education and outreach. MUSC College of Nursing has faculty who are Certified Diabetes Educators and the community centers, churches and libraries collaborate to offer diabetes self management education. Public librarians, in collaboration with MUSC librarians and diabetes educators, teach people how to use the Internet to find high quality diabetes information, while local health providers work with people to improve diabetes control.

The CCPH annual award highlights the power and potential of partnerships between communities and higher educational institutions as a strategy for improving health.

CBPR and service-learning are central to the Coalition's strategy for change. Over 200 students from the MUSC Colleges of Nursing, Pharmacy, Health Professions, Medicine, and Graduate Studies, as well as dietetic interns and interns from other universities and local high schools, engage in service-learning to assist the communities in meeting their goals. Four students have completed their doctoral dissertations, learning about CBPR while advancing the Coalition's goals.

From Community Building to Policy Change

Angela Glover Blackwell was the ideal keynote speaker to close the conference. As CEO of PolicyLink, Angela works at the intersection of community building, policy change and social justice. In line with the conference theme, she challenged us all to step up our commitment to ensuring that “all people can participate, prosper and thrive through social and economic equity.” She emphasized the important contribution that place makes to equal opportunity. “Where you live,” she said, “has always been a proxy for opportunity. It determines whether you will have resources like quality affordable housing, strong public schools, convenient and comprehensive transportation options, living-wage jobs, and even access to supermarkets offering fresh, healthy foods or parks and public spaces for recreation and physical activity.”



Angela Glover Blackwell

Angela offered examples of successful community building efforts that PolicyLink has been involved in, including the story of a low-income neighborhood in southeast San Diego that did not have local access to healthy food and spent more than \$60 million a year shopping outside their own neighborhood, which did not have a supermarket. Working with the Jacobs Family Foundation and residents of the neighborhood, community priorities were identified. What emerged was a community vision for creating a town center for a supermarket and other commercial entities. Local residents were involved in every aspect of decision making, from design and layout to leasing. Seven years and \$65 million later, the now fully leased Market Creek Plaza has become more than a center of activity in the neighborhood and has catalyzed further local development. For example, musical and other performances take place in a 500-seat amphitheater. Where The World Meets, a gift shop, serves as a forum where local artists and craftsmen sell their wares on consignment. Living up to the project's promise of community and economic development, 69 percent of Market Creek's construction contracts went to local minority-owned enterprises, and 90 percent of Food 4 Less employees were hired from the surrounding community. In all, 1,700 new jobs have been created in an area where nearly 40 percent of residents live below the poverty line and unemployment is at about 13 percent, more than double the overall jobless rate in San Diego.

Angela emphasized the need to cultivate and support community leaders to “become agents of change on behalf of their communities.” She highlighted the importance of “boundary spanning” leaders who could work effectively across diverse cultures in communities, organizations and institutions.

She closed the conference with a hopeful note that communities across the country — indeed the world — are advancing social and economic equity. She applauded CCPH members for bringing together the wisdom and experience of communities with that in academe to advance a social justice agenda in which “all may participate, prosper and thrive.”

A Conference That Leads to Action

Evaluations turned in at the end of the conference indicated that participants highly valued the experience. On a scale of 1 (poor), 2 (fair), 3 (good), 4 (very good) and 5 (excellent), participants on average rated the overall conference a 4.21. Judging from the many open-ended responses to the question “when you tell someone about the conference, what will you say?” we learned that both community *and* academic partners find the conference to be a “home” that supports them in their work. For example, comments included:

“The conference is a forum for people like me in community-campus partnerships to find a voice and a home...where you will find other people who ‘get’ what you do and with whom you can share problems and solutions.”

“A great conference for community partners - a place where we feel valued and heard.”

“One of the greatest conferences I have ever attended, especially as a small not-for-profit organization. It taught me that there are many opportunities for organizations such as ours to establish partnerships with universities.”

Through their active involvement in the conference, participants left the conference with:

- A deeper understanding of community-campus partnerships.
- A commitment to concrete and specific actions they planned to take to advance their community-campus partnerships.
- Their most important learning objective having been met.
- A peer group for continued learning and information sharing.
- Renewed energy and motivation to take their partnerships “to the next level.”

We followed up with participants six months after the conference to better understand the impact of the conference over time. From the 43 responses received by the time this article went to print, we learned that over 50% obtained more information about a program or resource they learned about at the conference, nearly 40% reviewed the conference program and over 25% contacted a colleague they met through the conference. Most participants elaborated on steps they had taken since returning home from the conference, such as “got more community residents to serve on our Community Advisory Board,” “talked to other staff about partnership opportunities in the community,” and “Experienced a situation in one of the communities I serve in that the only large grocer closed down. I visited one community at the conference that experienced this and followed up for more information on how it was handled by the community.”

When asked “in what ways did the conference have an impact on you and your work?” all but one respondent provided an answer. Below are just a few examples of the many open-ended comments we received:

“I am always inspired by the amazing work that others are doing and have made many new contacts across North America.”

“Since the service-learning course that I manage is a new one, the conference was helpful in giving me a perspective on what other schools are doing, how they are doing, the kinds of obstacles and successes they are experiencing, etc.”

“I was most influenced by my visit to the Powderhorn Cultural Center. We are discussing ways to develop and implement a version of the Community Review Board model that they have created.”

“[We] Developed a partnership with a community program I previously did not know about in our area.”

“The conference provided a forum for me and a community partner to co-present. This strengthened my relationship with her and her community which is important to me.”

As this issue of **Partnership Perspectives** is being published, the planning process is underway for CCPH’s 10th anniversary conference, “Mobilizing Partnerships for Social Change,” taking place April 11-14, 2007, in Toronto, Ontario, Canada. The conference will build on the Minneapolis conference by asking: How do we combine the knowledge and wisdom in communities and in academic institutions to solve the major health, social and economic challenges facing our society? How do we ensure that community-driven social change is central to service-learning and community-based participatory research? The conference aims to nurture a network of community-campus partnerships that are striving to achieve the systems and policy changes needed to address the root causes of health, social and economic inequalities. The conference seeks to build new knowledge, skills and actions in areas that are critical to achieving healthy and just societies.

The next CCPH conference is notable for a number of reasons. It celebrates CCPH’s 10th anniversary, allowing us to reflect on our history and evolution and engage stakeholders in determining our future directions. It is our first conference held in Canada, presenting unprecedented opportunities to learn from Canadian experiences with community-campus partnerships and the social determinants of health, and to explore synergies across North America and beyond. It takes place in one of the most diverse cities in the world, enabling us to explore critical issues of race, ethnicity, socioeconomic status, wealth and culture. It also represents an important product of our partnership with the Wellesley Institute, the Toronto-based organization that advances the social determinants of health through rigorous community-based research, reciprocal capacity building, and the informing of public policy. We hope to see you there!

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About the Author



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As a medical student and throughout her professional career, Sarena has advocated for change in health professions education to better meet societal needs.

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