Advancing Health Equity through Community-University Research Partnerships

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Community-Campus Partnerships for Health
Agenda

- Some background on CCPH
- Community-engaged research – what & why?
- What's working & not working in community-university research partnerships
- Considerations for the future
Mission

To promote health (broadly defined) through partnerships between communities and higher educational institutions
Goals

- **Leverage knowledge, wisdom & experience** in communities and in academic institutions to solve major health, social and economic challenges
- **Build capacity** of communities & higher educational institutions to engage each other in authentic partnerships
- **Support communities** in their relationships & work with academic partners
- **Recognize & reward** faculty for community engagement & community-engaged scholarship
- **Develop partnerships** that balance power & share resources equitably among partners
- **Ensure community-driven social change** central to service-learning & community-based participatory research (CBPR)
There is no “one” definition of community

- Geography
- Age
- Ethnicity
- Gender
- Sexual orientation
- Disability, illness or health condition
- Common interest or cause
- Shared values or norms
Defining “community” is more about the process of asking questions than about a strict definition of who “is” community or “represents” community:

- Are those most affected by the problem at the table?
- Are those who have a stake in the issue being addressed at the table?
- Are those with resources (e.g., knowledge, connections, funding) needed to address the issue at the table?
- Do they play decision making roles?
Continuum of Community-Engaged Research

Community-Driven Partnerships
Action is primary

Community-Based Participatory Research
Action & Research in balance

University-Led Research
Research is primary
What is CBPR?

“...a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process; with all partners contributing their expertise and sharing responsibility and ownership to enhance understanding of a given phenomenon, and to integrate the knowledge gained with interventions to improve the health and well being of community members.”

Israel, BA Annual Review of Public Health, 1998
What is 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 and has the aim of combining knowledge with action and achieving social change...”

W.K. Kellogg Foundation, 2001
Why Do CBPR?

Historically, research has...

Rarely directly benefited and sometimes actually harmed the communities involved
Excluded them from influence over the research process
Resulted in understandable distrust of, and reluctance to participate in, research
Been labeled by communities as parachute, helicopter or drive-by research
Why Do CBPR?

*Health interventions have often not been as effective as they could be…*

Not tailored to the concerns & cultures of participants

Rarely include participants in all aspects of intervention design, implementation & evaluation

Focused narrowly on individual behavior change with less attention to broader social & structural issues
“In many areas of health promotion & disease prevention, researchers and community advocates alike are beginning to focus their efforts further “upstream” in the socio-ecologic model, encouraging a greater emphasis on policy and environmental changes that facilitate proactive health choices at the individual level. CBPR is well positioned to address such approaches…”
Mission: To eliminate disparities for over 12,000 African Americans with diabetes through collaborative community research, action & health systems change. These disparities include decreased diabetes care, education, medications, and treatment; increased ER use, hospitalizations, costs of care & complications

Partners: 40 area churches, community centers, worksites, and libraries; MUSC College of Nursing

Governance: Representative board
Mid 1990s - Enterprise Community joins with Dr. Carolyn Jenkins, College of Nursing, to link 19 neighborhoods to conduct a needs assessment and improve health. Priorities include lack of access to education and skills for diabetes and hypertension management.

Late 1990s – Community builds and opens a local health center that focused on primary care for hypertension and diabetes care.

1999 – CDC issues call for REACH 2010 initiative. Community asked Dr. Jenkins to spearhead the development of a Coalition to apply for funding to address diabetes disparities in African Americans.

2000 – Awarded REACH 2010 funding, completed assessment of needs and assets, developed and implemented community action plan

2007 – Awarded CDC funding for South Eastern African American Center of Excellence to Eliminate Disparities (SC, GA, NC)
Diabetes self management education is offered in 8 community sites where people congregate taught by faculty and community health advisors who are certified diabetes educators.

Local librarians, in collaboration with university librarians and diabetes educators, teach people how to use the Internet to find credible diabetes information.

Coalition members and local medical community work on continuous quality improvement initiatives and cultural competency training.

Local health providers work with people to improve diabetes control.

Coalition members work to advocate for policy & systems change.
Increased by 5% annually, the % of African Americans with diabetes meeting any of the ADA goals for health measures
Decreased & maintained decreased rates of lower limb amputation in African American men and women in Georgetown and Charleston Counties to <= statewide mean for SC
Maintained education opportunities using community health advisors and diabetes educators among African American people with diabetes and their support system at 4 classes per week in the community setting.
Changed Medicaid reimbursement policy for diabetes education
Service-learning, CBPR & community-engaged scholarship

- 200+ students from the Medical University of South Carolina Colleges of Nursing, Pharmacy, Health Professions, Medicine, and Graduate Studies
- 51 interns from other universities
- 5 interns from local high schools
- 4 completed doctoral dissertations
- Dozens of academic and community presentations
- Peer-reviewed publications
Community Partner Summit: April 2006
Wingspread Conference Center, Racine, WI

**Purpose:** Advance authentic community-higher education partnerships by mobilizing network of experienced community partners

**Sponsors:** Community-Campus Partnerships for Health, WK Kellogg Foundation, Johnson Foundation and Atlantic Philanthropies

**Supporters:** Community-Based Public Health Caucus of the American Public Health Association, the National Community-Based Organization Network and the National Community Committee of the CDC Prevention Research Centers Program.

Community-Campus Partnerships
The Current Reality

“There is a lack of understanding within universities about what they’re doing and why. This one office in our university has changed its names 3 times since 1995. First it was community service, then service-learning, and now civic engagement. Civic engagement is a pretty word and concept, but there is a disconnect between the university view of what “engagement” means and how the community views it. The university thinks that anything outside the walls is engagement.”

~ Pearlie Toliver, Branch Banking and Trust Company, Macon, GA
Community-Campus Partnerships
The Current Reality

- Predominant model: is it a partnership?
  - Initiated by campus, framed by academic mission and priorities
  - Driven by grant and program requirements
  - Disconnects and contradictions between different parts of campus, community, partnership strategies
  - Campus infrastructure: centers, offices
  - Community serves advisory role
Community-Campus Partnerships
The Current Reality

- Community engagement “buzz” in higher ed and funders
- Benefit of partnering with higher ed is not readily apparent to many communities – yet there can be many benefits
- Relationship between community and campus partners is largely based on individuals and not institutionalized
- Community groups sometimes lose community ties and legitimacy over time when they partner with higher ed
- Assumption that community needs the academy to have legitimate conversations and that academic knowledge has greater value than community knowledge
Community-Campus Partnerships
The Current Reality

- Playing field between community & campus is not level
- Building community capacity through strong community-based organizations is not often an explicit goal
- Funders are investing in these partnerships - some are beginning to “get” what authentic partnerships involve
- Significant differences between mature & early partnerships
- Significant ongoing challenges, but communities keep at this work “because we know there can be benefits and because we want to protect our communities.”
Benefits perceived by community partners include...

- Further advancement of community organization’s mission
- New perspectives and insights
- Rewarding personal and professional relationships
- Access to knowledge and research on campus
- Expanded resources
- Grant opportunities
- Credibility for their own efforts
- Exposure and access to higher education
- Understanding of institutional assets & limitations
- Being viewed as teachers and experts
“We had heard horror stories about universities being there just for the money. My experience has been that the university was there for the community, to share knowledge, not to empower per se. The university wanted the knowledge gained would be given to others. We have had a long history of working together. We decided to focus on a new opportunity, and decided that this time the community would be a major decision maker in the process of project design. Our role as a co-applicant was as a facilitator to get the community involved, the women directly affected.”

~ Lola Sablos Santos, Guam Communications Network, Long Beach, CA
Community-Campus Partnerships
What’s Working

- Strong relationships: trust, honesty, transparency, respect
- Mutual benefit of all partners
- Shared ownership of partnership, its projects and products
- Clear roles and expectations of all partners
- Support from funding agency that understands how authentic partnerships are developed and sustained
- Community partners valued/compensated for expertise
- Community and academic partners gain transferable skills
- Community peer networks for mentoring, learning and sharing of best practices
“Many communities start getting into doing this kind of research with academics because the funding is there. But oftentimes, before any common ground is established through someone who can serve as a bridge/translator between both sides, the study moves forward and the community is left with a different understanding of what was supposed to happen.”

~Vince Crisostomo, GUAM HIV/AIDS Network Project/Pacific Island Jurisdictions AIDS Action Group, Arlington, VA
Community-Campus Partnerships

What’s Not Working

- No community engagement as project/proposal is developed
- Inequitable distribution of power and resources
- Decisions made “behind closed doors”
- Grants require community, but funding goes to institution
- Lack of partner commitment to the community’s future
- Researchers not community or culturally competent
- No guidelines for funders and peer reviewers
- No planning for sustainability, no exit strategy
- Community lacks infrastructure to fully engage
Characteristics of Success


- Partnership is formed to address genuine community concern and addresses strategic partner issues, not to get a grant
- Partnership builds on prior positive relationships, trust
- Partnership involves organizations and individuals as partners
- Partnership starts small, with community leaders/CBOs that have history of engagement and are well respected
- Partnership explicitly defines who is “the community” and who “represents” the community
Characteristics of Success


- Partnership has structures and processes that encourage sharing influence and control
  - Jointly developed principles & operating procedures
  - Common vision & mutually defined issues, goals, objectives
  - Democratic, participatory processes and consensus decision-making
  - Ongoing evaluation of partnership process
Leadership (core group or one visionary)

- Boundary-spanners that understand & appreciate other perspectives, are comfortable sharing ideas, resources & power
- Clear vision with flexible approaches
- Motivate members to participate and contribute
- Structure fair and productive interactions
- Negotiate among people & organizations with diverse agendas
- Maintain and communicate enthusiasm

Characteristics of Success

Characteristics of Success


Human resources

- Partnership “liaison” who is comfortable in both worlds
- Culturally competent and appropriately skilled staff, researchers
- Community competencies
- Mentoring
- Partnerships form to serve a specific purpose and may take on new goals over time.
- Partners have agreed upon mission, values, goals, measurable outcomes and accountability for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, but also works to address needs and increase capacity of all partners.
- The partnership balances power among partners and enables resources among partners to be shared.
Principles of Partnership

CCPH board of directors, 1998 & 2006

- Partners make clear and open communication an ongoing priority by striving to understand each other's needs and self-interests, and developing a common language.
- Principles and processes for the partnership are established with the input and agreement of all partners, especially for decision-making and conflict resolution.
- There is feedback among all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
- Partners share the benefits of the partnership's accomplishments.
- Partnerships can dissolve and need to plan a process for closure.
1. Quality processes

“We are not just talking about a process that involves partners. There needs to be a process of shared decision making.”

~ Ella Greene-Moton, Flint, MI

Relationship focused…open, honest and respectful….trust-building…acknowledging of history…committed to mutual learning…sharing credit
2. Meaningful outcomes that are tangible and relevant to communities

“OK, we can work together on community-based participatory research, but only if you support our kids in the pipeline. Bring them to campus for programs, teach them skills they use to be more marketable, give them academic credit.”

~ Vickie Ybarra, Toppenish, WA

Eliminating health disparities...affordable housing...education, economic development...
3. Transformation at multiple levels

“We build social capital when we’re doing this work. We don’t often talk about that.”

~ Douglas Taylor, Atlanta, GA

- Personal transformation, including self reflection and heightened political consciousness
- Institutional transformation, including changing policies and systems
- Community transformation, including community capacity building
- Transformation of science and knowledge, including how knowledge is generated, used and valued and what constitutes “evidence”
- Political transformation, including social justice
Critical issues for community-campus partnerships

- Address key underlying power issues
- Document & disseminate outcomes
- View partnerships as mission-critical
- Supportive policies at multiple levels
- Infrastructure support for communities
- Funding agency policy
- Address concerns about rigor and validity
- Linking efforts without squelching entrepreneurial spirit
Upcoming Events

Community-University Partnerships: Bringing Global Perspectives to Local Action, May 10-14, 2011, Waterloo Region, Ontario, Canada
http://www.cuexpo2011.ca

Online Reports & Toolkits
Developing & Sustaining CBPR Partnerships
http://www.cbprcurriculum.info
CES4Health.info
http://CES4Health.info
Community-Engaged Scholarship
http://communityengagedscholarship.info

Electronic Discussion Groups
CBPR, community partners, service-learning

www.cccph.info
Community-Campus Partnerships for Health

We invite you to join a growing network of communities & campuses that are collaborating to promote health

Contact us by phone 206-666-3406 or email at ccph.info@gmail.com or visit us online at www.ccph.info