

# Achieving the Promise of Authentic Community-Higher Education Partnerships: Community Case Stories

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## Introduction

Partnerships between communities and higher educational institutions as a strategy for social change are gaining recognition and momentum. Despite being formed with the best of intentions, however, authentic partnerships are very difficult to achieve. While academic partners have extensively documented their experiences and lessons learned, the voices of community partners are largely missing. This compilation of community-authored case stories of community-higher education partnerships is one attempt to redress this imbalance while also providing a resource to inform and strengthen these partnerships.

With guidance from a planning committee of community leaders, Community-Campus Partnerships for Health convened *Achieving the Promise of Authentic Community-Higher Education Partnerships: A Community Partner Summit* at the Wingspread Conference Center in Racine, WI in April 2006. The Summit was co-sponsored by the WK Kellogg Foundation, Atlantic Philanthropies and the Johnson Foundation and supported by the Community-Based Public Health Caucus of the American Public Health Association, the National Community-Based Organization Network and the National Community Committee of the Centers for Disease Control and Prevention's Prevention Research Centers. A diverse group of 23 community leaders from across the U.S., each with years of experience in community-higher education partnerships, gathered for a purposeful national dialogue that emphasized lessons learned and generated recommendations and action steps that participants are taking individually and collectively. Participants were invited to submit case stories of their experiences to inform the discussion and to subsequently serve as a resource to others.

From a community health clinic in New York City's Chinatown, to an African American community development initiative in Georgia, to a rural health and human services provider in Kentucky, the case stories contained in this document reflect the experiences of a diverse group of community partners who have joined forces with higher educational institutions in an effort to improve the well-being of their local communities. Each case story includes a narrative description, key messages and lessons learned, and author contact information

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Individual case stories should be cited, for example as: Roll, G. The SKYCAP Story. In: *Achieving the Promise of Authentic Community-Higher Education Partnerships: Community Case Stories*. Seattle, WA: Community-Campus Partnerships for Health, 2007, pp. 1 – 30.

## Suggestions for Using the Case Stories

These case stories are intended to be used as a resource for developing and sustaining community-higher education partnerships. *For example:*

- *Community leaders* might review the case stories before beginning relationships with higher educational institutions and consider what key questions and issues they should raise from the start.

- *Faculty and academic administrators* might review the case stories as they initiate relationships with community-based organizations and consider what key questions and issues they should raise from the start.
- *Students* might review and discuss the case stories before and after engaging in service-learning or community-based participatory research projects, reflecting on how the situations and lessons learned compared with their anticipated and actual experiences.
- *Staff and community advisory boards* of campus-based centers for service-learning or civic engagement might review the case stories, consider whether their structures and mechanisms support authentic community-higher education partnerships, and explore how they could be improved.
- *Members of a community-higher education partnership* might review the case stories, consider how the situations and lessons learned resonate with their own experiences, and discuss how their partnership could be improved.
- *Funding agencies* might review the case stories and consider whether their funding mechanisms, peer review processes and evaluation measures support authentic community-higher education partnerships, and explore how they could be improved.

### **Help Us Strengthen this Resource!**

These case stories are a living document, and will be added to over time. If you are a community partner interested in submitting a case story about your experience with community-higher education partnerships, please contact Kristine Wong, CCPH Program Director, at [Kristine@u.washington.edu](mailto:Kristine@u.washington.edu). We also welcome your feedback on the case stories, and are especially interested in hearing how you used them and what ways they may have been helpful in your work.

For more information about other products and resources emanating from the Community Partner Summit, please visit the Summit website at <http://depts.washington.edu/ccph/cps.html>.

## The SKYCAP Story

Gerry Roll, Executive Director, Hazard Perry County Community Ministries, Hazard, KY, [gerry@hpccm.org](mailto:gerry@hpccm.org)

(Excerpted from *SKYCAP: Partners Experiences and Conclusions*, compiled by David Gross, University of Kentucky Center for Rural Health)

Once upon a time, a group of diverse organizations rallied around a common concept – to enhance the health and well being of the uninsured and underinsured. That, says Annie Fox, board member of Harlan Countians for a Healthy Community, will be the enduring legacy of the Southeast Kentucky Community Access Program. SKYCAP, the acronym by which the program was best known, was a rural demonstration and evaluation project funded by the federal Health Resources and Services Administration (HRSA). SKYCAP sought to decrease health disparities among the uninsured by utilizing a cost effective, community based approach to disease management.

The University of Kentucky (UK) acted as the fiscal agent, project evaluator and bridge between the two community partners – Harlan Countians for a Healthy Community (HCHC) and Hazard Perry County Community Ministries (HPCCM), both agencies focused primarily on linking residents with social services. The community partners originally planned to file competitive grant applications, but after a series of meetings orchestrated by the UK Center for Rural Health, located in Hazard, they were convinced it would be mutually beneficial to file a joint application with the University as the conduit. The community groups collaborated on strategies to assist clients with mental illness and ambulatory care diseases such as diabetes, heart disease, hypertension and asthma. They also addressed environmental factors such as inadequate housing that contribute to poor health.

Beyond general projected outcomes such as increased access to care for the uninsured and improved health status for the enrolled population, SKYCAP planners also set specific percentage decreases in hospital admissions and emergency room visits as clinical goals. They were successful on both fronts: post-SKYCAP data analyses indicate a 31 percent reduction in inpatient admissions (including a 25 percent decline in the number of days spent hospitalized) and a 25 percent reduction in inappropriate emergency room visits among the program's case-managed clients. These results helped create a substantial cost savings for the hospital facilities in Hazard and Harlan.

SKYCAP enacted an intense interaction, including multiple monthly contacts with patients, navigation of numerous health and social services agencies, access to medications, education on illnesses and prevention, and continuity of care. More than 13,000 clients received case management, navigation or referral services, and nearly \$7.5 million worth of medications were accessed on clients' behalf.

Yet, almost from the time the grant was funded, the partnership began eroding. Despite the excitement that surrounded SKYCAP – or perhaps in part because of it – there was an underlying clash that at times threatened the stability of the entire project.

Partners agree there was early dissension over such things as which agency wrote the grant or “owned” the program. There was disagreement over search for a director of the program, as to whether the program director should have been a national figure or a local person. Community partners continue to question how the community benefited from the 26 percent indirect cost that UK received for administering the grant.

When SKYCAP won a national award, strain was placed on the relationship between UK and its community partners. Unbeknownst to the community partners, three UK representatives traveled to Washington, D.C. to receive one of the U.S. Department of Health and Human Service's Innovations in Prevention awards.

After four years that were a maelstrom of success and struggle, of helping strangers while often hurting each other, federal funding for the SKYCAP project was terminated on Aug. 31, 2004, and the partnership with the university was dissolved.

Collaborations are risky, but any project that brings together a community of partners is worthwhile. If we failed in some ways that's OK; there are things to be learned from failure. The program was extremely painful at times but it demonstrated the level of need we have.

### **Key Messages and Lessons**

- More energy should have been invested in the partnership itself.
- Universities should make administrative processes less burdensome for community-based groups, and aggressively seek waivers or other accommodations to minimize indirect costs.
- Matters such as contract compliance and IRB should be discussed fully during the formation of the partnership and continually through the duration of the program.
- There should have been an honest dialogue, without fear of repercussion and all partners should have stayed focused on the community, since the wisdom of the program came from the community.
- There should have been a more organized approach in how to sustain the program after federal funding went away.
- SKYCAP's steering committee should have met regularly so each partner could articulate how it saw the individual or collaborative mission shifting.
- Once SKYCAP started getting national attention, the University should have assigned a researcher to begin analyzing the data. Various partners reported outcomes that were not really based in fact. Problems with the commercial database complicated the university's ability to analyze and collect interesting information that might have informed public policy and better demonstrated the effectiveness of the interventions.
- The partnership needed some third party intervention once it became apparent that the conflict among the parties was damaging the program and any hope of credible research.
- Too much time was spent applying for and receiving awards without enough consideration of what conduct should have been recognized and what person deserved credit for the collective accomplishments.

### **Gerry F. Roll**

Gerry Roll is the Executive Director of Hazard Perry County Community Ministries (HPCCM), Inc., a non-profit community development organization with a mission to lead the community in meeting basic human needs in rural eastern Kentucky. Under her direction, Community Ministries has opened three new child care centers, including after-school programs; a transitional housing program; a crisis intervention program and a family support center for families at risk of becoming homeless. In addition, HPCCM has led the City of Hazard in the creation of Hazard Perry County

Housing Development Alliance, Inc. a state recognized Community Housing Development Organization serving the people of Perry County with good affordable housing and mortgage options. The most recent HPCCM project has been a community wide effort to provide health care to the most vulnerable population, rural homeless, uninsured and underinsured people in the rugged mountain communities of Appalachian Kentucky. Together with Harlan Countians for a Healthy Community and more than 50 other partners, the Kentucky Mountain Health Alliance provides a system of access that ensures quality care for our neediest citizens. Her personal goal is to have built a community foundation with sufficient resources to support and continue to build the local civic infrastructure of her community by 2015. Gerry is a 2002 recipient of the Ford Foundation's Leadership for a Changing World Award.

## Asthma Center on Community Environment and Social Stress

Elmer R. Freeman, Executive Director, Center for Community Health Education Research and Service, Inc., Boston, MA, [e.freeman@neu.edu](mailto:e.freeman@neu.edu)

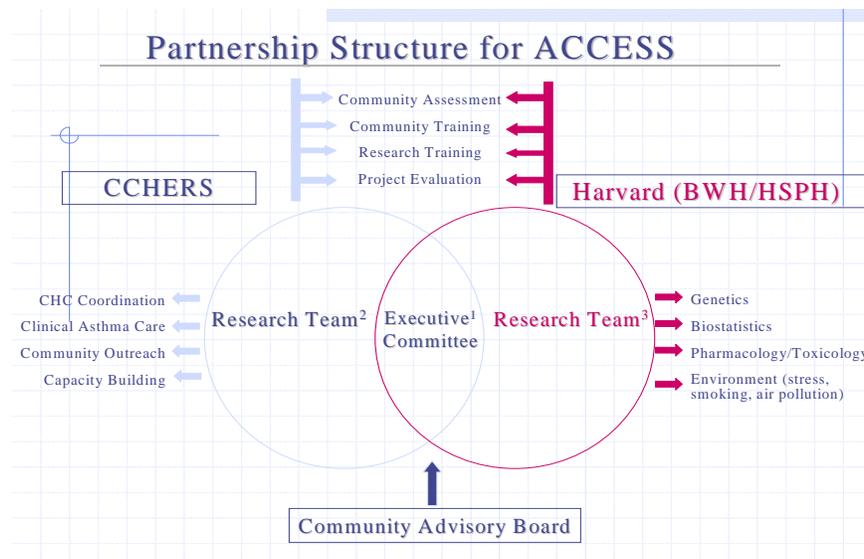
I don't need a PhD because ... "all I really need to know I learned in kindergarten ... share everything ... play fair ... don't hit people ... put things back where you found them ... clean up your own mess ... don't take things that don't belong to you ... say you're sorry when you hurt someone ... live a balanced life ... take a nap every afternoon ... and when you go out into the world, watch out for traffic, hold hands and stick together."

-"All I Really Need to Know I Learned in Kindergarten" by Robert Fulghum

### Case Summary

The Asthma Center on Community Environment and Social Stress (ACCESS) was a joint venture funded by the National Health Lung and Blood Institute of the NIH as one of five national centers for reducing disparities in asthma. The funding mechanism was to "partner" a "research intensive institution" (RII) with a "minority serving institution" (MSI) through a single proposal but two separate applications and two separate grant awards. The RII and MSI partners were, respectively the Channing Laboratory of Brigham Women's Hospital with Harvard School of Public Health (Harvard) and the Center for Community Health Education Research and Service, Inc. (CCHERS) a community based organization that is a partnership of universities, an academic medical center, the city public health department and a network of fifteen community health centers serving the diverse racial and ethnic populations of the central city neighborhoods of Boston, with each partner receiving \$3 million.

The project was designed to include a component of community-based participatory research (CBPR) on the CCHERS side to engage community health center patients, physicians and other providers in the research, mostly "qualitative." The Channing side focused on the "hard science" of genetics, environmental outdoor and indoor air quality, and elements of social stress as triggers. Each side was led by a principal investigator, who along with the Executive Director of CCHERS, the biostatistician from Harvard School of Public Health, and the two project directors comprised an Executive Committee that met biweekly to oversee the implementation of the project while the larger project team met monthly. There was also a Community Advisory Board to be representative of the academic, community health center and community partners.



The research aims of this academic-community partnership were to (1) conduct comprehensive community assessments; (2) determine the role of socioeconomic and environmental exposures; (3) determine the role of genetics in modifying the risk of social/physical environment; and (4) evaluate the effectiveness of existing asthma interventions. There were also training aims that involved both the community and the academy and a Community Advisory Board to advise and support the work of the Center.

The partnership between the RII and MSI, although not specific to CBPR, was a way to address some of the salient issues that arise in academic-community CBPR partnerships: (1) joint identification of research priorities with the community; (2) joint ownership of research findings and recommendations; (3) building capacity in the community for engaging in research; and (4) sharing power, and equity in the distribution of resources.

There had been no history of collaboration between the partners. The PI at Harvard had done some of her research in one community health center and CCHERS had the access and credibility of fourteen others. The Executive Director of CCHERS had met the biostatistician at a conference and had met a couple of times after that to discuss potential collaborative opportunities, but that was it.

### Key Messages

- The Institutes of NIH represent a very exclusive club with members limited to the most specialized and recognized researchers and scientists controlling all aspects of the national health services and clinical research enterprise, with walls that are almost impenetrable to community.
- The research enterprise does not provide for the time necessary for community process, engagement and building relationships that is essential to successful CBPR particularly in working with special populations and vulnerable communities.
- The pervasive sentiment that community participation in research comes at the price of scientific rigor, reliability and validity is a barrier to NIH “supporting” true CBPR despite the advantages of the CBPR model that have been identified.

## Lessons Learned

- **Roles** – Everyone must understand and appreciate the role, responsibilities and what each individual partner contributes.
- **Structure** – Successful partnerships are structured to ensue sharing of power, resources, control and decision-making.
- **Communication** – Successful partnerships are built on open and honest communication.
- **Relationships** – The personal relationships that develop between the individual representatives of the partner organizations is critical.
- **Trust** – Successful partnerships are built on trust that comes from taking the time to learn the culture, values, principles and processes of the individual partners.
- **Benefits** – Partners must recognize, establish and work toward mutual benefit in order to maintain interest and commitment.
- **Vigilance** – Pay attention to the details ... the Devil's in them. Do not let the small things become deal breakers.
- **Time** – Building partnerships takes time. It is a process, not an event.
- **Commitment** – Promises must be kept. Representatives should take caution not to promise more than they can deliver.
- **Leadership** – Successful partnerships require “boundaryless” leaders that can be effective in multiple arenas.
- **Outcomes** – The process is just as important, if not more important, than the product.

## Related Article

Freeman ER, Brugge D, Bennett-Bradley WM, Levy JI, Carrasco ER. (2006). Challenges of Conducting Community-Based Participatory Research in Boston's Neighborhoods to Reduce Disparities in Asthma. *Journal of Urban Health*. 83(6):1013-21

## Elmer R. Freeman

Elmer R. Freeman is the Executive Director of the Center for Community Health Education Research and Service (CCHERS, pronounced “cheers”). CCHERS is a partnership to promote reform in health professions education, between Boston University School of Medicine, Northeastern University Bouvé College of Health Sciences, Boston Medical Center, the Boston Public Health Commission and fifteen community health centers in the City. Prior to his position at CCHERS, Mr. Freeman served as the Executive Director/CEO of the Whittier Street Health Center for seventeen years. During his tenure the Center experienced tremendous growth, became federally funded and opened two satellite facilities. Mr. Freeman has also been the Assistant Director of the Mattapan Community Health Center and a Planner/Analyst at the Health Planning Council for Greater Boston, giving him a strong background in health care planning and administration. Mr. Freeman is an Adjunct Professor at Northeastern University Bouvé College of Health Sciences School of Nursing where he teaches courses in health policy, community health, planning and administration. He also consults to a variety of health and human service agencies locally and nationally. His special areas of interest are in public health policy; disparities in health status of minority populations; reform of the health care system; and community social and economic development. Mr. Freeman also serves on a number of boards and participates in a variety of

organizations, including a Board position at Community-Campus Partnerships for Health, Massachusetts Health Policy Forum (founding member), South Africa Health Task Force, and Boston Medical Center. He has also been the recipient of a number of honors and awards. Mr. Freeman received his bachelor's degree in Health Services Administration from Northeastern University and his master's degree in Social Work from Boston College. He is currently a doctoral candidate in the Law, Policy and Society Program at Northeastern University.

## **The University of Illinois at Chicago Neighborhoods Initiative Hiring and Purchasing Program**

*Ed Lucas, Co-Founder and Executive Director, Renacer West Side Community Network, Inc., Chicago, IL, [coyoteed2003@yahoo.com](mailto:coyoteed2003@yahoo.com)*

### **Introduction**

With the establishment of its Great Cities Program in 1993, the University of Illinois at Chicago (UIC) reoriented itself to reflect its founding principles as an urban land grant institution, by placing a focus on metropolitan issues, and making a commitment to teaching, research and service programs to improve the quality of life in Chicago. To help fulfill these objectives, a community development program called the University of Illinois at Chicago Neighborhoods Initiative (UICNI) was created in 1994. It was based on a partnership model between UIC and two adjacent neighborhoods, Pilsen and the West Side. The UICNI acted as facilitator between community organizations and the university. Renacer West Side Community Network, Inc. was a key community advocate in this program. The organization, founded in 1995, provides basic skills assessment, job placement, economic development, and technical assistance to community organizations and commercial businesses.

University-community relations in Chicago – particularly with UIC -- have historically been characterized by conflict and hostility. As a result, UICNI's role in this effort was of particular importance. The university made a long-term commitment to support UICNI with funds and resources. The partnership hoped to develop trusting relationships and work together to shape research, teaching and service projects, and improve community access to the university.

One of UICNI's main goals was to get UIC to employ more residents of the West Side and Pilsen neighborhoods and to involve businesses in this area in securing university contracts for goods and services. This was prioritized by the UICNI and supported by the university because of its importance to community members and its potential to support coalition building across the two neighborhoods. In December of 1994, the Hiring and Purchasing Program was initiated.

### **The Project**

The first step in the Hiring and Purchasing project was to gather information from the university system about the hiring and purchasing patterns of the university and developing a program to channel neighborhood applicants into receiving those contracts. In the spring of 1995, faculty members of the working group met with then Associate Vice Chancellor of Human Resources Judson Mitchell. During this meeting, the group uncovered information that university entry-level jobs were both scarce and highly competitive. Furthermore, access to these jobs was even more difficult due to the requirement that in order to be considered for placement, all applicants must score extremely well on a civil service exam, an exam that has been shown to favor those with higher education levels. As a result, community applicants from Pilsen and the West Side were disadvantaged in the hiring process from the very beginning. In response to this, UICNI set a modest goal of 15 new neighborhood hires per year over the next two years. They also set out to increase UIC's purchasing from neighborhood businesses with 9 new contracts, anticipating that the purchasing aspect would be somewhat easier to navigate.

Renacer West Side Community Network and the Eighteenth Street Development Corporation, a business and economic development organization for Latino businesses in Pilsen, set up workshops in skill improvement and civil service exam preparation for neighborhood applicants. In total, twenty residents of these two neighborhoods (13 from the West Side, and 7 from Pilsen) ended up taking the civil service exam for UIC entry-level jobs. However, a number of obstacles impeded the hiring aspect of the project. Layoffs at the UIC Hospital caused the University to enter a hiring freeze, and displaced workers had priority over new hires. Ultimately, only 2 community residents of 20 total referred by the project were hired to permanent jobs.

The purchasing aspect of the project was also more difficult to implement than the group anticipated. As community partners pursued their objectives, it became clear that breaking into the system was very difficult. Newcomers were at a marked disadvantage. Despite a number of attempts by neighborhood businesses, no new contracts were awarded.

UICNI's goals were not met, but the top administration at the university still took notice of UICNI's ability to instigate a successful job training program. UIC started a hiring program of their own that recruited low-income individuals from a nearby community for entry-level jobs, and instituted an on-the-job training program in place of a civil service exam. Though this was seen as a success of sorts by UICNI, it did not directly benefit the community partners who initiated the Hiring and Purchasing project (as the University tended to work more with mainstream organizations in the community); furthermore, it was not seen as a sustainable project.

## **Lessons Learned**

### Community Partners

- University hiring and purchasing programs are complex, decentralized, and slow to change.
- Massive efforts were required to effect even modest goals, from both the University and community partners.
- Faculty does not have decision-making power over hiring decisions outside of their own grants and programs.
- UIC tends to be focused more on “big picture” connections with larger, more mainstream groups, making it more difficult for the clientele of community-based grassroots groups to reap the benefits of the organizations’ work with the university.
- Both sides need to understand the level of importance of the goals to their partner, as well as respect that importance.

### University

- Through the Hiring and Purchasing Program, the administration gained information about how to work with community partners to channel low-income applicants into a track for entry-level university jobs. However, due to the cost, it may not be sustainable.
- The university took notice of the ways in which previously unquestioned policies set up barriers for community members to benefit from the university as a community resource.

### Community Partners and University

- University and community partners learned about the realistic level of commitment required to make changes.

- Work done by the community partners on this initiative was able to pinpoint the areas where UIC's hiring and purchasing system fell short of being accessible to residents of neighboring communities.

### **Related Article**

Mayfield, Loomis and Lucas, Edgar. (2000) Mutual Awareness, Mutual Respect: The Community and the University Interact. *Cityscape: A Journal of Policy Development and Research*. (1); 173-184.

### **Edgar Lucas, Jr.**

Ed Lucas is the Executive Director and Co-Founder of the Renacer Westside Community Network, Inc. He has served as the Executive Director for the past 10 years. Renacer is a Community Based Organization which assists Chicago's underserved communities through numerous services such as basic skills assessment and testing, job placement, financial planning, youth programs, business consulting, and health screenings. Ed has been an advocate for university-community Partnerships since 1996. In his work in these collaborations, he has published articles, worked as a grant reviewer, and is currently serving as the National Vice-President of the Association for Community and Higher Education Partnerships (ACHEP). Ed is a product of the Chicago Housing Authority's Harold Ickes Public Housing Development. He attended Mendel Catholic and Lindblom High Schools, is a veteran of the U.S. Marine Corps and attended Truman College and Chicago State University, where he received undergraduate and graduate degrees. Ed holds a number of steering committee and Board positions. He is a national steering committee member of the Citizens Network for Sustainable Development, and a member of the Board of Directors for Chicago's West Cluster Empowerment Zone, an association of over 500 west side businesses, community organizations and community residents. He is also a committee member representing the Near West Side for the University of Illinois at Chicago Great Cities Institute Neighborhoods Initiative Steering Committee. He represented Chicago as part of the UIC delegation at the United Nations Conference on Human Settlements in Istanbul, Turkey and is certified by the Illinois Department of Commerce and Community Affairs and by the National Home Energy Rating Organization and RESNET as an Energy Rater for residential homes.

## **Building Trust, Common Bonds, and Mutual Respect**

*Lola Sablan Santos, Executive Director, Guam Communications Network, Long Beach, CA,  
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The Guahu I Suruhana (I am My Healer) was the beginning of wonderful academic-community partnership between California State University, Fullerton and Guam Communications Network (GCN). GCN is a Chamorro (group indigenous to Guam), nonprofit, community-based multi-service agency, headquartered in Long Beach, California. The partnership was established in 2001, as a result of a 3-year funding from the California Breast Cancer Research Program's "Community Research Collaboration Initiative."

The research study applied a social network theory to develop and test the effectiveness of a culturally tailored lay health leader intervention for increasing breast cancer screening among Chamorro women age 50 years and older in the counties of Los Angeles/Orange. The Story employed a quasi-experimental (intervention and control community), prospective cohort, pretest/posttest design, using quantitative social network analyses to evaluate the effectiveness of the intervention.

The success of this partnership was attributed to the trust that the Co-Principal Investigators (PIs) had in each other. This trust had developed in 1997, when the Community PI approached the Academic PI for technical assistance on a statewide tobacco control project focusing on the Chamorro community in California. This led to discussions about the Chamorro community and health disparities and invitations by both PIs to participate in community and academic forums and advisory boards which ultimately led to collaborations on tobacco, other chronic disease projects involving Chamorros and other Pacific Islander community.

With each new project and collaboration, the two Co-PIs shared a common bond – the passion and vision to improve the health and welfare of the Chamorro and other underserved communities and provide these communities with the tools and skills to be effective health advocates. Having worked in other collaborative efforts, the two Co-PIs became very much aware of the pitfalls and problem areas involving academic-community partnerships and knew that in future collaborations a set of working guidelines had to be created to avoid these problem areas and ensure a true partnership.

When the opportunity arose to work together on a California Breast Cancer Research Program Community Research Collaboration Initiative, the Co-PIs drafted their guidelines that focused on shared and assigned responsibilities, open communications and written agreements. They also believed that both the academic and community partners should have receivership of their own award from the study's funding source and included a request for separate awards in their guidelines. These guidelines were designed to address roles and responsibilities, understanding, mentorship, ownership of study results, results dissemination, institutional review board submission, diversity and a plan for conflict resolution. In addition, the Co-PIs shared a mutual respect for one another, with both assuming a mentee and a mentors role in the partnership, realizing that an academic-community partnership was a learning experience not just for the community PI, but for both Co-PIs.

From this partnership, the Co-PIs established a foundation that continues to grow with more research projects and with the recruitment of additional Chamorro community-based organizations and partnerships with other academic researchers and university partners.

### **Key Messages and Lessons Learned**

- The process in which a partnership is established is as important as the end product of the research study.
- A successful academic-community partnership is created from trust.
- A successful academic-community partnership has shared roles and responsibilities.
- A plan for conflict resolution is essential.
- A true academic-community partnership provides mentorship opportunities.
- A true academic-community partnership needs to be nurtured to flourish.

### **Lola Sablan-Santos**

Lola Sablan Santos is the Executive Director of Guam Communications Network (GCN), a California based non-profit 501(c)3 organization and multi-service agency serving the Chamorro/Guamanian (indigenous people from Guam) population in Southern California. She has been involved in community participatory research since 1998 and has been instrumental in the development and implementation of outreach and screening programs for Pacific Islander women in Los Angeles and Orange Counties. Lola was the Chamorro community coordinator for the Cancer and Pacific Islander Project, funded in 1998, through the University of California, Irvine with researcher Sora Park Tanjasiri, Dr.P.H. and was the Chamorro community coordinator with the Path for Women, Reach 2010, Breast and Cervical Cancer Research Project funded in 1999, through CDC. In 2001, she served as Co-Principal Investigator, along with Dr. Tanjasiri, in the 3-year California Breast Cancer Research Program-funded project entitled, “A Network-Based Intervention. Currently, Lola is involved in two community-participatory projects, including a Tobacco-Related Disease Research Project. In addition, she has coordinated the development of bilingual educational materials on breast cancer awareness and breast self-examination for Chamorros. Lola has also coordinated the creation of a Pacific Islander media print campaign promoting the utilization of the State of California’s Breast Cancer Early Detection Program. Ms. Sablan-Santos has served as a member of the CARE Program Advisory Committee with the Association of Asian Pacific Community Health Organizations, Orange County Breast Cancer Partnership, Executive Council and Asian and Pacific Islander (API) Task Force, the Partnered for Progress - API Task Force, the State of California Breast Cancer Early Detection Program’s API Committee and Media Ad Hoc Committee. She currently serves as the Chairwoman for the State of California’s Office of Multicultural Health’s Community Advisory Council. Ms. Sablan-Santos is one of the co-founders of the Pacific Islander Health Care Collaborative and the Media Alliance for Pacific Islanders.

## **Staying Alive! Reinventing and Sustaining a Community and Academic Partnership in Harlem, New York**

*Ann-Gel Palermo, Chair, Harlem Community & Academic Partnership, New York, NY, [ann-gel.palermo@mssm.edu](mailto:ann-gel.palermo@mssm.edu)*

In 1999, The Harlem Urban Research Center (HURC), a community and academic partnership, was the last of three Centers for Disease Control and Prevention (CDC)-funded Urban Research Centers (URCs)<sup>1</sup> established. The HURC focused on examining social determinants of substance use through a community-based participatory research (CBPR) approach. For five years, the HURC worked to build a shared vision, establish a structure, and manage a stream of national funding to engage in health promotion and disease prevention activities for the Harlem community. In early 2004, however, core funding for the URCs ceased due to a priority shift of the CDC.

The HURC was forced to reexamine itself as a group. Out of a commitment to its mission and existing projects, members led the group through three major transitional phases of reinvention: (1) Reaction and prioritization, (2) Weathering through temporary funding, and (3) Sustaining a community and academic partnership. Losing major funding could have meant the end of the partnership. Instead, the process led to a new and broader-reaching partnership: the Harlem Community and Academic Partnership (HCAP).

### **Phase 1: Reaction and Prioritization**

The news that core funding had been discontinued came as a surprise to the group. In its five year existence, the group had sustained many of the growing pains that community-academic partnerships often go through. Community partners had struggled with academic investigators to mutually define the terms of CBPR and what constitutes an authentic partnership and shared power. This process helped to build trust among community partners and within the community-academic partnership.

Following the announcement that they no longer had funding, the group's first task was to revisit why they existed in the first place and whether everyone still believed in the mission. In doing so, members reaffirmed their commitment to the group, and also figured out next steps. Short and long term priorities were set, including setting up a subcommittee to form funding strategies, addressing group morale, figuring out how to approach current and future projects, and finding a way to communicate information with communities.

### **Phase 2: Weathering Through Temporary Funding**

The group was successful in getting agreement and commitment from the Principal Investigator. This was important in the continuation of the project, and was due in large part to the group's

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<sup>1</sup>Urban Research Center (URC): The Centers for Disease Control established the URCs to assess and improve the health of urban communities in 1995. Located in Detroit, New York City, and Seattle, the URCs engage government, academic, private, and community organizations as partners in setting priorities and designing, implementing, and evaluating community-focused public health research and interventions. Examples in this curriculum draw from the Detroit and Seattle URCs.

success in building trust and accountability over the course of the partnership. The Center for Urban Epidemiologic Studies (CUES) came through with resources, including office space and a “home base” from which to operate. A process was initiated to mobilize with other URCs to lobby internally to secure funding and maintain a connection with the CDC. Within this phase, multiple options for funding were explored while the group figured out ways to sustain itself without funding.

### **Phase 3: Sustaining a Community and Academic Partnership**

Particular areas of concern in this process of weathering and reinvention were group identity, mission, bylaws, and the function of the community academic partnership. In clarifying mission, bylaws and principles, an ad hoc committee was established to redefine purpose, vision and structure. The mission statement was rewritten and objectives were broadened. Instead of focusing solely on social determinants of substance use, the group decided to focus on social determinants of health. The committee also decided that five years of being successful CBPR practitioners had set them up to be a resource to offer advice and consulting to other groups with an interest in doing CBPR. This move from *needing* resources to *being* a resource was a central aspect of reinvention.

Based on the new mission statement and principles, the group changed their name to Harlem Community & Academic Partnership. The group structure was changed such that the HCAP Board directly oversees Intervention Work Groups, or IWGs, which are project-specific and built into funding proposals. One example of an IWG is the Expanded Syringe Access Program.

Due to their ability to regroup and respond to this unexpected setback, HCAP was able to accomplish its 2005 goals despite being in the midst of a major reorganizing effort.

### **Outcomes**

Since HCAP’s reinvention, both IWGs and membership in the partnership have grown. There has been an increase in proposals and a general renewal of commitment and energy. HCAP has acted as a resource to newer groups conducting CBPR. Having realized the importance of early CBPR training for future academics, it is also piloting a student internship program in CBPR.

The process is still unfolding, and there continue to be many unknowns. Though HCAP has been able to secure project funding, getting core funding is still a concern.

Despite the obstacles it has encountered, HCAP has successfully reinvented itself and its mission. In doing so, the group was able to draw on their ability to have a meaningful process and to keep connected to one another—this hard-won “glue” was vital in sustaining its existence. In addition to trust, HCAP used creativity and flexibility to turn the funding setback into an opportunity to think freely and initiate change.

## Lessons Learned

- A crisis can be manageable, but requires trust and commitment from members to see it through
- Clear and straightforward communication is a necessary component of the change process
- When obstacles are met, it is necessary to get back to the core purpose of the group and ask the questions “Why are we here?” and “Do we still think this work is important?”
- Knowledge and experience in CBPR constitute an important *resource* in advising and consulting with other groups doing CBPR, and can be offered as such

## Related Articles

Israel BA, Krieger J, Vlahov D, Ciske S, Foley M, Fortin P, Guzman JR, Lichtenstein R, McGranaghan R, Palermo AG and Tang G. (2006). Challenges and Facilitating Factors in Sustaining Community-Based Participatory Research Partnerships: Lessons Learned from the Detroit, New York City and Seattle Urban Research Centers. *Journal of Urban Health*. 83(6): 1022-1040.

## Ann-Gel Palermo

Ann-Gel S. Palermo is community activist researcher and has worked in community-based public health for over seven years with a principal focus on issues related to social determinants of health using a community-based participatory research approach. She earned a Masters of Public Health degree (majoring in Health Policy) in 1999 from the University of Michigan. Her previous community research experience includes research and analysis on issues related to diabetes care in East Harlem, benefit and coverage issues for low-income Medicare beneficiaries, and health financing issues affecting the Medicare program and the health care system in general. For the past seven years, Ms. Palermo has served as the chair of the Harlem Community & Academic Partnership (HCAP) which is housed by the Center for Urban Epidemiologic Studies (CUES) at The New York Academy of Medicine (NYAM). HCAP is a diverse partnership of representatives from community and academic organizations committed to identifying social determinants of health and implementing community-based interventions in Harlem. Since its inception in 1999, the partnership has worked to build and strengthen trust, establish credibility in our local communities, demonstrate a commitment to improve the health of Harlem residents, and create a platform from which to address local urban health issues.

## **The Beall's Hill Story: Partnerships Succeeding in Spite of Themselves?**

*Pearlie Toliver, Past President CORE Neighborhood Revitalization, Inc. and Vice-Chair Beall's Hill Development Corporation, Macon, GA, [PToliver@bbandt.com](mailto:PToliver@bbandt.com) and Peter Brown, Associate Vice President, Mercer Center for Community Engagement, Mercer University, Macon, GA, [Brown\\_pc@mercer.edu](mailto:Brown_pc@mercer.edu)*

Beall's Hill is a thirty-block neighborhood located between the main campus of Mercer University, the Medical Center of Central Georgia, and downtown Macon. It is part of a larger transitional area, Central South Macon, which underwent a rapid devolution with racial desegregation. Central South lost its working-class white population as well as most of its middle-class African-American residents. By the mid-90s, Central South was poor, black, and badly neglected. One in three residents was living in public housing. Blight had reached the point that one-third of the land in Beall's Hill was vacant. Over three decades, Macon, located 80 miles south of Atlanta on I-75, had itself lost and continued to lose population through white flight—in spite of strong overall population growth in the Middle Georgia region.

In 1995, the city targeted Beall's Hill and eleven other distressed neighborhoods in Macon for focused revitalization, hoping to use HUD HOME funds to acquire properties and partner with local CHDOs (Community Housing Development Organizations or nonprofit community-based development corporations) to rebuild and attract first-time homeowners back into these neighborhoods. The city approached Mercer University in 1996 to explore partnership opportunities in the Beall's Hill and the Central South area surrounding the University's main campus. Mercer had a history of ignoring or sealing itself off from Central South neighborhoods and in the '80s had joined with the Hospital Authority to urban renew part of Beall's Hill to build its medical school. But, Mercer's President, Dr. R. Kirby Godsey, committed to seeking new ways to engage these neighborhoods.

Mercer, a historically Baptist university with campuses in Macon and Atlanta, had a strong liberal arts background and had expanded rapidly in the '80s and '90s adding a number of professional schools. The heart of the University remained the residential undergraduate programs in Macon, serving 2,500 students. Over the '90s the University invested almost \$100 million in improvements to its Macon campus. The condition of Central South neighborhoods was a growing threat to the safety of students and staff and undermined the attractiveness of the historic residential campus. It was felt that it had a negative effect on recruitment and retention of students, faculty, and staff.

The Mercer Center for Community Engagement (MCCE) was formed in 1998 and proved very successful in leveraging funding to begin empowerment programs and revitalization efforts in Central South, focusing on Beall's Hill for a mixed-income home ownership initiative. Two HUD Community Outreach Partnership Center (COPC) grants, a Knight Foundation grant, and funding from the Federal Home Loan Bank of Atlanta totaling \$3.15 million encouraged the city to issue \$3 million in bonds for the project and enabled the Housing Authority to access \$34.8 million in a HUD HOPE VI grant and low-income tax credits. The Housing Authority's successful application for the HOPE VI included a \$1 million loan from the University as crucial equity in the replacement housing. The University has invested over \$630K in direct, institutional funding in the Beall's Hill project and over \$2.3 million in in-kind expenses to support this and other community engagement projects. The University partnered with the Knight Program in Community Building at the University of Miami School of Architecture to develop the Master Plan for Beall's Hill, which won a Charter Award from the Congress for the New Urbanism in 2005.

A central focus of these grants to the University was building grassroots community capacity to participate in the revitalization project. It was felt that the sustainability of the rebuilt Beall's Hill neighborhood depended both on bringing new moderate- and middle-income homeowners into the neighborhood and on enabling long-time residents to develop the social capital and political skills to become effective advocates for the neighborhood. The highly transient renters and mostly elderly home owners in Beall's Hill had few formal social structures in the neighborhood, other than churches. As part of its partnership activities, the University facilitated and supported the emergence of the Willing Workers Association, a neighborhood association, and the Central South Task Force, an alliance of the Willing Workers and local churches and businesses. In partnership with these two new entities and the city—and with the financial support of a \$1.3 million grant from the Knight Foundation—the University in 2000 formed and capitalized a new CHDO, CORE Neighborhood Revitalization, Inc., to drive development forward in the area surrounding the seven-acre multifamily HOPE VI project. In 2002, the University and CORE received the Jimmy and Rosalynn Carter Award for Campus-Community Collaboration.

When coordination of the complex project proved difficult and the city refused to transfer property to CORE for redevelopment, the University, the city, and the Housing Authority in 2003 formed a partnership corporation, Beall's Hill Development Corporation (BHDC), to take the role of land developer in the project, acquiring and improving lots for resale to nonprofit and private builders. At the University's insistence, CORE was represented on BHDC's Board. However, BHDC continued the city's refusal to transfer properties to CORE, and CORE developed its own acquisition strategy in the more gentrified end of Beall's Hill. When CORE's community-based board proved unable to manage its finances or grow its capacity for housing production, funding to CORE from the University and the city was terminated in 2004, and CORE was removed from participation in BHDC. The Mayor, President Godsey, and Pearlie Toliver (representing the Housing Authority) presently serve as the Board of BHDC.

To date, the partnership has demolished 42 dilapidated structures and 188 units of obsolete public housing, renovated 44 low- to moderate-income owner-occupied homes, constructed or rehabilitated 58 homes for mixed-income home ownership, built 97 units of mixed-income multifamily, and built 106 units of low-income elderly multifamily off site. The Willing Workers Association and the Central South Task Force have ceased to exist, and CORE subsists with minimal cash flow and a significant inventory of undeveloped property in Beall's Hill, with the University as lien holder.

### **Lessons Learned**

- The university, as convener, facilitator, and broker, can play a crucial role in building partnerships and leveraging community resources.
- Genuinely collaborative and committed partnerships across sectors are rare and difficult to maintain, particularly in a community with a history of division and turf guarding.
- Not all willing partners have a developed capacity to participate in ambitious and challenging projects.
- Building community capacity in distressed or low-income communities is slow and risky, with a high failure rate.
- *Ad hoc* and forced-draft advocacy is no substitute for systemic and gradual building of social capital in distressed neighborhoods.

- Substantial early funding for community-based partnership projects may overwhelm decision structures, breed distrust and suspicion, and invite merely self-interested leadership to emerge.
- The university, particularly a university without a history of or disciplinary backgrounds in community work, may not be the appropriate agent for direct grassroots advocacy in distressed neighborhoods.
- Long-range funding and early successes are crucial to convincing private universities and colleges that have few or no graduate or research programs in social work, community development, or urban affairs to extend their missions to serious community engagement work.

### **Pearlie Toliver**

Pearlie Toliver is a native resident of Macon, Georgia and is very active in her community. She is married to John Toliver. They have no children by natural birth but are blessed in sharing the parenting of many “God Children.” She has been in banking for 32 years, where she currently serves as Vice President working specifically with mortgage lending to low to moderate income families and communities. Pearlie also serves as the Community Reinvestment Representative for the bank. As one of the first African-American graduates of a racially integrated public school system in Macon, Georgia, she attended Mercer University. She received her banking education from various schools through the Savings and Loans Institute and well as many banking certification programs. She serves on several boards throughout the city and state including: the Board of Commissioners for the Macon Housing Authority, the Board of Directors for the Beall’s Hill Development Corporation, and the state board of Georgia Student Finance Commission. She is also a founding board member of the Harriet Tubman African American Museum where she now serves of the Advisory Board of Trustees. She holds a Life Membership with the Macon Chamber of Commerce. For the past seven years she has served on the Community Advisory Council for Mercer Center for Service-Learning and Community Development (MCSCD) at Mercer University. The Council advocates for the mission of MCSCD which is dedicated to orienting and teaching responsible citizenship by engaging students, faculty and staff in partnership with agencies, neighborhoods and individuals to foster the educational, social and economic development of Central Georgia communities. She enjoys music and helping others achieve economic success and financial security.

## Witness4Wellness

Loretta Jones, Executive Director, Healthy African American Families II and Co-Chair, Witness4Wellness Project, Los Angeles, CA, [LJonesHAAF@aol.com](mailto:LJonesHAAF@aol.com)



Witness4Wellness (W4W) started in 2003, with a planning committee consisting of a community-lead, multi-stakeholder, academic-community partnership (Healthy African American Families [HAAF], University of California-Los Angeles, Charles Drew University of Medicine and Science, RAND, and about 40 healthcare and community service agencies) aimed at developing community-based approaches to improve health outcomes for depression in minority communities. A conference, “*Witness for Wellness: A Conference Identifying Depression and Its Impact on People’s Lives*”, was held in July 2003, with over 500 people attending. From that conference, three working groups were formed: Talking Wellness (to reduce stigma and get the word out about depression), Building Wellness (outreach/quality of care), and Supporting Wellness (policy/advocacy). The logo of a bus is used to symbolize the fact that members are welcome to “get on and off the bus” as their schedules permit. Each group has an academic co-chair and a community co-chair.

Depression is one of the leading causes of morbidity and disability worldwide. Despite the existence of effective treatments, only one in four Americans with depression receives appropriate treatment, and the rate is especially low among African Americans. Recent studies show that when African Americans and other minorities participate in quality improvement efforts in a health plan, clinical improvement is even greater than among whites, and both groups benefit in terms of personal economic growth (Wells, et al., 2000; Schoenbaum, et al., 2001). Depression is often co-morbid with other disparities such as obesity, heart disease, infant mortality, and diabetes, which persist in minority communities at devastating rates. Therefore, W4W has a stake in addressing multiple health disparities.

This partnership was the first to expand beyond dissemination with a more rigorous research oriented community-participatory research model that builds upon conference activities. It’s designed to determine how to best discuss and understand the definition of depression in the community; facilitate improved awareness and recognition of depression among community members; facilitate the development of strategies to improve appropriate referral and access to treatment; and address issues that result from, and lead to, depression. Funding was provided by the Centers for Disease Control and Prevention, the National Institute of Mental Health, the National Center Minority Health Disparities and the Robert Wood Johnson Foundation. The details regarding this process and the preliminary work are the subject of a supplement to the journal of *Ethnicity and Disease*. (See: Winter 2006, Volume 16, Number 1, Supplement 1)

One of the main goals of the Witness4Wellness project is to build community capacity, and in 2005, tremendous strides toward this goal were made. For example, Talking Wellness and Supporting Wellness community members worked together *with* researchers and academia to formulate the questions for the surveys used during the Pan African Film Festival (February 2005, Los Angeles, CA) and African Marketplace (August 2005, Los Angeles, CA) and to analyze the data collected from those surveys. Talking Wellness members returned to the Pan African Film Festival in February 2006 and presented the findings from their survey at a “Report Back to Community”.

Building Wellness community members are meeting with providers to get input for their website, which is a pilot that seeks to determine better ways to access care for depression. The pilot should be ready for submission to the Institutional Review Board (IRB) for approval in April. Supporting Wellness community members are preparing to analyze the data from the surveys they collected at the African Marketplace. They also attend Stakeholder committee meetings to make sure Community's voice is heard as the decisions are made as to how the money from Proposition 63 is spent. [Proposition 63 is an initiative that passed in California in November 2004; it allows for a 1% tax on people whose annual income is \$1 million or more. This money can only be used for mental health purposes.] They are also working on a radio public service announcement on depression. Community contribution was a key factor in the authorship of the articles that are featured in the special issue of *Ethnicity & Disease*. It's exciting to see work that community is doing acknowledged in a national medical journal! For more information on Witness4Wellness, go to <http://www.witness4wellness.org/>.

## Lessons Learned

Community-partnered participatory research can be fun, demanding, and moving. Our community members are learning how to conduct research for and on personally relevant issues, and our researchers are learning how to approach research in the community in ways that are thoroughly appropriate and respectful for the culture of the community. We are learning one another's languages. The project benefits from the racial, ethnic, gender, disciplinary, and institutional diversity. Partnering across centers and researchers in health disparities helped to stabilize investigators and funding. HAAF's role as an "honest broker" was essential. We learned that Community has a strong interest in research, even as the researchers' goals were reinvented.

Other lessons learned include:

- Being there (over a period of time) and being oneself are the first and most essential keys to creditability.
- Individual and organizational engagement in process is encouraged but not required, "easy entry, easy exit."
- Key members of both substantive area and evaluation team had histories of conducting community-based research.
- Honest dialogue can relieve stressors and produce good ideas.
- Resolve bureaucratic problems.
- Use appropriate language and behaviors.
- Have an ongoing evaluation of the partnership process.
- Have vertical and horizontal translation of information.
- Action planning process and meetings are task oriented.

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### **Loretta Jones**

Loretta Jones, M.A., is the founder and Executive Director of Healthy African American Families II. As a “Community Gatekeeper,” Loretta has dedicated her entire life towards the hope and healing of communities and societies-at-large. Her career as a civil rights activist, health policy advocate, and social architect has spanned more than 30 years. In an effort to level the playing field for all people, Loretta continues her unyielding commitment as a change agent against disparities in human health, development, and opportunity. She is a member of the Advisory Council planning National Institute of Child Health and Human Development’s longitudinal child health study and chairs its Social Justice committee. She is a Co-Investigator of the National Institute of Mental Health University of California – Los Angeles (UCLA)/RAND Center for Research on Quality in Managed Care, the National Institute on Aging UCLA Center for Health Improvement in Minority Elderly, and the National Institutes of Health Drew/UCLA Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities, and Aging (also known as Project EXPORT), as well as a recipient of numerous Centers for Disease Control (CDC) grants and contracts. She is a member of the UCLA Institutional Review Board for protection of human subjects. Loretta was recently honored by the CDC as their first recipient of an award for public leadership in overcoming health disparities.

## **The Transformative Power of Community University Partnerships as Told Through the Experience of the Phillips Neighborhood Healthy Housing Collaborative**

*Susan Gust, Co-Coordinator and Co-Founder, Grass ROUTES, Minneapolis, MN, [sgustsrc@aol.com](mailto:sgustsrc@aol.com)*

### **Background**

The Phillips Neighborhood Healthy Housing Collaborative (PNHHC) was founded in April of 1993 and had its "sunset" in May of 2003. The origins of the PNHHC were founded in a pre-ordained "confrontation" in 1991 with a University of Minnesota clinic residing in our community. Our community is the most ethnically diverse community in the State of Minnesota (MN) and one of the poorest. Our collective distrust of the University of MN was deeply founded in our perceived and actual use as "research subjects" as well as the exploitation of our "needs" which could be used as fodder for millions of research grant dollars.

In those same years and using that store of distrust and anger, resident activists felt that the University of MN should be held accountable to help us find the possible solutions to eliminating childhood lead poisoning. We were certain that the information already existed and was stored within the cavernous spaces of one of the nation's premier research universities. We were certain that if "the people" could just get our hands on it, we would find the way to put this information to immediate, effective use rather than collecting dust in academic journals.

Needless to say, we struggled over our first two years of establishing a relationship between four departments or schools at the University of MN and the community citizen participation organization. When we, the community representatives, found ourselves in the midst of one more research project yet again, there was a great deal of explaining to do inwardly and outwardly to the community.

We learned some years later that not one, but two, research projects that we fashioned over the 10 years of the PNHHC's existence had a name and a process called "Community-Based Participatory Research". We were unaware that these types of research projects were becoming charted territory in various locales around the country. Instead, we developed our research projects by the seat of our pants along two, parallel goals: one of conducting research of an intervention strategy to reduce childhood lead poisoning and, two, to conduct this research using a model that would level the playing field between the university and the community while building community capacity for governance and leadership.

The outcomes of the governance model of our community university partnership became as important as the outcomes of what we learned from our research projects. Building models of shared power is not easy work in a world where there are few examples from which to learn or to emulate. Attempting to level the playing field between the differences of privilege, education, geography, race, class, and other differences was no easy task and not without personal and professional, individual and institutional strife.

Even though the PNHHC no longer exists, the triumphs as well as some of the struggles live on. The work of the PNHHC was very transformative to some of us individually as well as positively affecting the relationship of how the University relates to its various community constituencies. Additionally, for some of us, we will forever do our work differently by building in principles of

shared power, respect, trust, mutual benefit and conflict resolution. We have formed deep, lasting relationships between community and university individuals. Sometimes, those looking at our model from outside the experience of the Collaborative, whether from the community or university perspective, distrust the work that came from the Collaborative. Some of the University of MN members have not only had their research credibility questioned by their colleagues, but have been tainted by their ability to form friendships across the divides of privilege and willingness to share power outside of the academy. Some of us on the community side of the equation have been challenged by our community colleagues for “fraternizing with the enemy.” Sharing power and leveling the playing field is a revolutionary act. It requires courage, tenacity, selfless-ness, transparency, ethical and moral leadership, and a commitment to do emotional and intellectual work for the common good.

### **Lessons Learned**

- Stated self-interest by every member of the collaboration is a good thing. Self-interest is only “slimy” when it is not declared, but guiding the opinions and actions of any particular member.
- Each and every process and detail of forming the partnership is discussed ahead of time including such things as: where the meetings will be held, time of day, if an individual member’s time is compensated in some fashion for participating (or not), and what constituency or organization they are representing. One important piece is to decide how decisions will be made: consensus, parliamentary procedure, or by other means.
- Conflict brings change and change is a good thing. But without a mutual acceptance of this fact, and a stated process for resolving the conflict, the conflict can become negative rather than constructive. Training in conflict resolution is essential.
- The partnership or collaborative would be well advised to state what the qualities and expectations are of its leadership. Training in leadership development may need to be included in the group as a whole or its individual leaders.
- Share credit and/or “take the stage” together whether that is on the cover of grant proposals, in journal articles, in front of a podium, etc.
- The relationships, the process to form those relationships, and tending to the relationships is the most important work of the partnerships.
- Develop a list of mutual benefits for the university and the community *before* embarking on the work.
- Periodically assess how the partnership is impacting the individuals and collective identities of the group -- what is being gained, as well as what is proving to be challenging in participating in this work.

### **Susan Ann Gust**

Susan Ann Gust is a community activist, mother, grandmother and small business owner of 29 years of a construction management company. Susan enjoys an active civic and professional life that merge her passion to make the world a better place by assisting in bringing people together of different cultural and class backgrounds to work collaboratively towards that goal. Her work in construction and economic justice led to her founding the ReUse Center in Minneapolis. The ReUse Center is the nation’s first, retail reusable building material store. Susan is also Co-Coordinator of an

initiative called GRASS Routes (Grassroots Activism, Sciences and Scholarship). This initiative on the University of Minnesota campus assists in the forming, mentoring and sustaining of community-university partnerships. She was a University of Minnesota Humphrey Institute Public Policy Fellow 2003-2004. Her civic work includes co-founding and serving on the Phillips Neighborhood Healthy Housing Collaborative and the board of Community University Health Care Center, a community clinic. She also is serving her 2nd term appointment as the Ward 6 representative to the City of Minneapolis's Public Health Advisory Committee.

## **The Charles B. Wang Community Health Center and Ohio State University: Successes, Lessons, and Compromises**

*Kenny Kwong, Director of Research & Evaluation, Charles B. Wang Community Health Center, New York, NY, [kkwong@cbwchc.org](mailto:kkwong@cbwchc.org)*

The Charles B. Wang Community Health Center (CBWCHC) was established in 1971. It provides comprehensive primary care, mental health, sub-specialty care, health education and social services to the Asian American community in New York City. For the past several years, the CBWCHC has been active in launching a number of community-based research projects in partnership with other organizations and institutions. Among these are the Breast and Prostate Prevention and Screening Study, the New York Cancer Project, and the Chinese American Elderly Depression Study. This case story focuses on two linked projects that the CBWCHC collaborated on from 2001-2005. The project targeted high smoking rates in the Chinese American population.

In 2001, the Ohio State University initiated a collaborative project with the CBWCHC and the Asian American Network for Cancer Awareness, Research and Training, a national organization. Funded by the American Legacy Foundation, the aim was to develop and implement a culturally sensitive provider-led smoking cessation program geared to Chinese Americans in the NYC Metropolitan area. Two separate projects were funded: in 2001, a comprehensive tobacco survey was conducted about tobacco use in about 800 Chinese American households and results were subsequently published. From 2002-2005, the partnership conducted an evaluation of a culturally competent smoking cessation intervention for adult smokers of the CBWCHC. The study design involved one group of patients received new intervention while a comparable site served as a control group in which patients received usual care. This second project was entitled “New York’s Chinese American Tobacco Control Initiative.”

Ohio State University (OSU) was the lead in applying for the first grant. In working in this collaborative, the CBWCHC learned a great deal about some of the conflicts that can arise in negotiating the priorities of an academic institution and a community-based organization. The Health Center was more concerned with using funding to serve their clients and to help people to quit smoking, whereas the academic researchers were more concerned with research design to generate publishable data. This difference in philosophy and primary focus led to some struggles over funding and resource allocation, and ultimately resulted in compromise.

CBWCHC took on the lead role in grant application for the second project. They allocated 25% to OSU for project evaluation and consultation. An academic researcher who served as a champion of academic collaborators was concerned with this allocation because of the demands of resources and expertise required from the academic institution, but he also acknowledged the need for resources and infrastructure on the part of the Health Center.

The differences in culture and environment between a busy community health center and a research institution were exacerbated by the geographical distance between research partners. Since CBWCHC is located in New York City and OSU in Columbus, Ohio, correspondence took place during conference calls. Partners in the project were only able to meet in person once or twice a year. This precluded academic and community partners from being able to visit one another’s “home base” more frequently. If that could have taken place, it might have aided in increasing understanding of the context of the differences in organizational culture and focus.

Several components of the partnership were critical in making it work. First, both community and academic partners had to struggle with one another to articulate goals and reach compromises that took into account their differing viewpoints. Second, both groups needed a “champion,” or a person who was willing to do the work to bridge the gaps between the groups. Third, both groups shared the same goal of reducing smoking rates of Chinese American smokers and recognized that each entity has its unique contribution to achieve the goal.

Though analysis is still being conducted, the preliminary results of the intervention are positive—there was an overall reduction in smoking rates. Despite tight funding, competing priorities, and other significant challenges, the CBWCHC was able to achieve success in meeting the needs of their clients and in navigating a positive collaborative experience. Their relationship with OSU also set the stage for CBWCHC to embark on a number of other community-based research projects, and gave the health center knowledge and credibility as a community partner.

### **Lessons Learned**

- There is a difference in the culture, philosophy, and priority focus of academic research institutions and community based organizations.
- It is important to compromise on issues such as funding allotment and research design structure in order for each partner to meet their needs.
- Discussions about data ownership and publication need to take place beforehand, not after data is collected.
- It is beneficial to have a champion amongst a group of academic collaborators, or a person who works closely with colleagues in the community based organization to drive the project and is committed to some of the same goals and health outcomes as the community partners.
- Having more control of components such as funding allotment help to ensure that community partners get sufficient resources when they are shouldering most of the work.

### **Kenny Kwong**

Kenny is the Director of Evaluation at the Charles B. Wang Community Health Center. He received a Master's degree in Social Work from the University of Alabama at Tuscaloosa in 1989, became a licensed social worker in the State of New York in 1990 and has pursued the Ph.D. Degree in Social Welfare from the City University of New York since 1997. Kenny's areas of academic interests include community health education, outreach, and advocacy, cross-cultural mental health issues, and cancer education and screening. He has led the development of Chinese-American Healthy Heart Coalition and New York's Asian Tobacco Control Network with the goal to improve the overall health status of Asian immigrants in New York City. He used to serve as a training consultant and advisory board member for Excellence in Social and Emotional Literacy Project of Community School District 2. He serves as a member of the National Diabetes Education Program Asian American and Pacific Islander Work Group since 2002, and is currently the study team leader for a 4-year mental health research study funded by the National Center for Minority Health and Health Disparities of the National Institutes of Health. He is also the Co-Principal Investigator for a pilot research study to understand access to care for Chinese pregnant women, funded by the United Hospital Fund. Since 1995, Kenny has conducted numerous workshops and presentations in local and national conferences on the topics of immigrant health,

cultural sensitivity, mental health issues of Chinese-American families, community education and outreach, teenage depression and suicide, and health literacy.