

Partnership Perspectives



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

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

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

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Walking the Talk: Achieving the Promise of Authentic Partnerships

Sarena D. Seifer

Introduction

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

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

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

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

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

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

On May 31, conference participants took part in one of five pre-conference intensive training institutes: Engaging Campuses as Authentic Partners: Tips and Strategies for Community Leaders; Essentials of Service-Learning Partnerships; Community-Based Participatory Research: Developing an Sustaining Partnerships; Practical Guidance for Authors Writing About Community-Based Participatory Research and Making Your Best Case for Promotion and/or Tenure: A Toolkit for Community-Engaged Faculty Members. Another group spent the day learning about community-campus partnerships and rural health workforce development in Willmar, MN, located 100 miles west of Minneapolis. That evening, participants boarded buses to the Weisman Art Museum for the conference opening reception hosted by the University of Minnesota Academic Health Center. The Frank Gehry-designed building provided a lovely setting for conversation and camaraderie. Welcoming remarks were provided by Susan Gust, CCPH board member and local community activist, Barbara Brandt, Vice President of Education for the Academic Health Center, and John Finnegan, Dean of the School of Public Health.

Striving for Authenticity and Equity in Partnership Relationships

The conference opened on June 1 with a presentation by Loretta Jones that challenged participants to strive for authenticity and equity in their partnership relationships. She drew on her experiences as founding executive director of Healthy African American Families II, a non-profit, community serving agency whose mission is to improve the health outcomes of the African American and Latino communities in Los Angeles County. The organization has partnerships with Charles Drew University, University of California-Los Angeles, University of Southern California and the RAND Corporation, all designed to create lasting effects in health policy and practice that will enhance the health status of the community.



Loretta Jones

Thanks to a lesson learned by a 94 year old community leader “who set the record straight,” Loretta shared that she no longer talks about “empowering communities” because “people are already empowered; we are helping them to redirect some of their power or to discover their power.” “The knowledge in communities is wide and deep,” she stressed. “I may not have a PhD from a university; I earned my PhD on the sidewalk.”

She stressed the importance of signing memorandums of agreement or understanding that spell out rights and responsibilities that all partners agree to, and pointed to an example from her agency (see <http://www.witness4wellness.org/council/agreement.html>). She also referred to the importance of establishing partnerships with organizations and institutions and not just particular people, because people “get on and off the bus” as their priorities change. She also acknowledged that not all are cut out for partnership work, noting that “not all researchers should be in communities.”

The second day of the conference on June 2 began with a popular feature of CCPH conferences: community site visits. Through community site visits, participants learn in-depth from local partnerships by spending about three hours touring and talking with the partnership's major stakeholders. This year, participants had a choice of 17 different sites to visit. Participants returned to the hotel for lunch and a group reflection facilitated by CCPH board chair-elect Chuck Conner.

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

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

The day ended with a Poster Session and Exhibitor Reception featuring over 80 posters and exhibits. Midway through the evening, participants enjoyed a special performance by the local Danza Mexica Cuauhtemoc Dancers, whose traditional dances and costumes are based in the ancient tradition of honoring the earth, youth and elders, and building community.

Issue Thrash: Collaborative Problem-Solving in Action

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

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

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

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

Funding Agency Perspectives on Partnerships

What perspectives do funding agencies bring to the whole arena of community-campus partnerships? When considering proposals for community-campus partnerships, what do they look for as evidence of an authentic partnership, of a promising program? In what ways are funding agencies themselves partners in these partnerships? The morning plenary panel on the last day of the CCPH conference on June 3 aimed to find out.

Joan Cleary, Associate Director of the Blue Cross and Blue Shield of Minnesota Foundation began by reminding us that although Minnesota is considered to be the healthiest state in the nation and has a high rate of health insurance (7.4% of people are uninsured at some point during the year), there are significant health disparities among the state’s growing immigrant and refugee population. The state has large Hmong, Somali and Liberian communities, a rapidly growing Latino population and the second largest urban concentration of American Indians in the U.S. The Minnesota Department of Health has documented higher rates of illness among people of color and a Brookings Institution report identified the Twin Cities (Minneapolis and St. Paul) as among the most racially segregated metro areas in the U.S.

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

The Foundation’s purpose is “to look beyond health care today for ideas that create healthier communities tomorrow.” It has recently decided to focus on the key social factors that determine health, going beyond genes, lifestyle and access to health care. Ultimately, its goals are to improve community health long-term and close the health gap that affects many Minnesotans. Since it was established 20 years ago, the Foundation has awarded \$20 million.

Joan emphasized the importance of partnerships to achieving the social change needed to create healthier communities. The Foundation provided a grant to the Healthcare Education and Industry Partnership (HEIP), a program of the Minnesota State Colleges and Universities, to support the development of a standardized training curriculum for community health workers (CHWs) through the state’s community college system. The Foundation’s successful nomination of HEIP under the Local Initiatives Funding Partnership led to a planning grant

from the Robert Wood Johnson Foundation. Through these efforts, the Foundation is serving as a catalyst to promote the use of CHWs as a strategy for improving health care cultural competence, addressing Minnesota’s healthcare workforce shortage and reducing health disparities.

Sarah Flicker, then Director of Research at the Wellesley Institute in Toronto, ON Canada titled her talk “Show Me the Money What Funders Look For.” She began by citing the Community Health Scholars Program definition of community-based participatory research (CBPR): “A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”

Wellesley has established a Resource Centre for Community-Based Research (CBR) that includes grantmaking, a student practicum placement program, a partnership brokering program and a CBR certificate program for those who complete 30 hours of training. Wellesley also cosponsors the Community-Based Participatory Research Listserv with CCPH (see resource section at the end of this article for instructions on how to subscribe).

Sarah noted the common interests of funders and community agencies: Making a difference, matching need to dollars and finding the “right match.” In awarding grants for community-based research, Wellesley looks for solid partnerships seeking to do timely and relevant methodologically rigorous research with strong community involvement at all stages of the research process (including proposal development) that is attentive to dissemination and action and has strong potential to impact programs or policy.

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When reviewing proposals, Wellesley peer reviewers look for capability to carry out the research, including the qualifications of the research team. This includes the credibility of the community partner(s) in the community. Reviewers also carefully assess the work plan, schedule and budget. She emphasized the importance of investing time in developing the budget and making sure that what’s proposed in the narrative is mirrored in the budget. “We find our reviewers can spend a third of their time scrutinizing the budget,” she said. “If a proposal involves working in diverse multi-lingual communities, we look for interpretation and translation services in the budget, for example. We look for attention to barriers to community participation. Are community members compensated adequately? Are services such as childcare and transportation provided or paid for?” She mentioned a proposal she reviewed that expected low-income community members to serve for a year on a committee that met monthly and only received a \$50 honorarium at the end of the year. Needless to say, the proposal was not approved for funding.

Reviewers also rate the potential impact of a project. Is it of sufficient scope to offer broad learning? Does it have a dissemination plan that reaches multiple audiences in appropriate

formats? “It’s fine to have a plan to submit articles for peer-reviewed publications. But we also look for dissemination products and strategies that will reach the intended audience. A 20-page report will not reach many youth, but an interactive website or theatre piece might.” Potential impact is also assessed in terms of the link to action. Sarah cited The Street Health Report as an example. Homeless people have largely been excluded from government census health surveys, which depend on people having an address or telephone number. The 1992 Street Health report was a groundbreaking piece of research which documented the health status and the barriers faced by homeless people in accessing healthcare. This report was the first of its kind in North America and continues to be cited today. Street Health is now conducting research to create the 2006 Street Health Report. The project is surveying 350 homeless men and women in Toronto about their health status, well-being and access to social services and health care. The resulting report will provide a sound evidence-base of knowledge to inform and strengthen advocacy efforts.

Cheryl Maurana, Director of the Healthier Wisconsin Partnership Program (HWPP) in Milwaukee, WI, began her presentation with the program’s mission: “to improve health through community-academic partnerships.” Funded by an endowment created through the conversion of the state’s Blue Cross/Blue Shield from a nonprofit to a for-profit entity, HWPP is based at the Medical College of Wisconsin (MCW) and governed by the MCW Consortium on Public and Community Health that is composed of four members selected from nominees by statewide and community health care advocacy organizations, four members who represent the medical school, and a final member selected by the Insurance Commissioner.

Through a statewide request for proposals process, HWPP makes grants for community-academic partnerships that involve MCW faculty, staff and students. In the program’s first two funding cycles, 49 partnerships received a total of about \$10 million. Each project funded by HWPP must be conducted by a partnership including at least one community organization partner and one Medical College of Wisconsin partner. The partnership requirement is based on the premise that community-academic partnerships will capitalize on the strengths and unique skills of both the community-based organizations and the faculty, staff and students of the MCW in order to address a community priority. Partnerships can be in varying stages of development ranging from newly formed partnerships to well established partnerships. Regardless of the stage of development, all partnerships funded by HWPP must provide clear evidence of a commitment to and capacity to achieve these three elements of the program’s Community-Academic Partnership Model:

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

1. Clear evidence of an understanding of the environment for partnerships.
2. Clear commitment to an agreed upon set of partnership principles, which is critical for the long-term success of a partnership. These principles are based on the CCPH principles of partnership and include developing common goals, building trust and respect, and understanding and emphasizing strengths and assets. Open communication and feedback are also critical, as is flexibility to evolve, mutual benefit, shared resources and shared credit.

3. Recognize and provide clear commitment to the stages of partnership development. When community organizations and academic institutions build relationships, it is important to understand that the partnership development goes through several stages. The partners must build relationships, assess needs, develop compatible goals, implement programs, provide feedback, and assess outcomes. These stages allow partners to become better acquainted, build trust, and develop ways to sustain the partnership and expand progress.

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

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

Cheryl concluded her remarks by emphasizing the role that funders, including HWPP, can play in being a partner and change agent in effecting systemic changes that can improve health.

Terri D. Wright, Program Director at the W. K. Kellogg Foundation in Battle Creek, MI, began her remarks with the founding mission of the W. K. Kellogg Foundation — a mission that has not changed in the 75 years since: “To help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations.” Although W. K. Kellogg died in 1951, his presence is still deeply felt in the work of the Foundation. “We in the Foundation are constantly asking ourselves and each other, ‘what would Mr. Kellogg think?’ It’s as if he is in the room with us. He was ahead of his time when he established the Foundation in 1930 and his vision still is,” she said.

Terri went on to discuss how community-campus partnerships and community-based participatory research are strategic approaches to operationalizing the Foundation’s mission. She challenged the audience to take their partnerships to the next level. “There is adoption of the concept of community-campus partnerships, but we are not taking it as far as it needs to go. There have been advances in the academic community, where the paradigm has opened up to begin to include CBPR. For example, we now have a new journal to publish CBPR that the Foundation is supporting (see <http://depts.washington.edu/ccph/books.html#JohnsHopkins1>). What is missing is the social action, the policy and systems changes that are needed to achieve health and economic equity,” she stated. “We need to reinfuse this social justice mission.”

She indicated that the Foundation’s grant making in this arena has evolved over the years based on the lessons it has learned. “We have found that in many cases, when our funding to universities ends, the partnership or program ends. We now emphasize the community over the campus. Communities hold the knowledge and have an infinite understanding of the issues,”

she emphasized. “Health requires community leadership and engagement. These are central to what partnerships should be fostering, not by-products.”

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

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

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

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

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

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

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

From Community Building to Policy Change

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



Angela Glover Blackwell

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

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

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

A Conference That Leads to Action

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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About the Author



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

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Summary of Outcomes — Issue Thrash Sessions

Conference participants met in small groups twice during the conference for “issue thrash” sessions that provided structured opportunities to explore shared issues and challenges, identify promising strategies and solutions, and recommend ways that CCPH and other key stakeholders could be supportive. Below is a summary of the outcomes of the issue thrash sessions. The CCPH board and staff have already begun to incorporate these into their deliberations and decision-making about CCPH priorities. We encourage you to review the summary for similar issues and challenges you may be facing and the innovative strategies and solutions proposed. At the end is a list of relevant resources available through CCPH and other organizations.

Sharing power and resources in community-campus partnerships

Issue #1: Unequal power and resource sharing in community-campus partnerships

Challenges/barriers:

- ✦ Unequal expectations.
- ✦ Unclear goal interpretation.
- ✦ Lack of critical engagement.

Strategies/solutions:

- ✦ Don't assume that the only expertise is coming from the academic side – assume that there is information to be shared.
- ✦ Don't assume that everyone has to do the same thing – if you trust them to do what they know, everyone can be doing what they do best.
- ✦ Have constant, direct communications.
- ✦ Involve the community side in the decision-making – that's how you get critical engagement and common goals.

Issue #2: Community doesn't benefit fully from student research since student reports are written in an academic language that community members have difficulty relating to.

Challenges/barriers:

- ✦ Students need to prepare scholarly reports for academic credit.
- ✦ Community organizations may be uncomfortable with scholarly reports for their own needs and might be reluctant to request alternative reports and ways of dissemination.
- ✦ Student time barrier due to academic schedules makes it difficult to prepare additional reports.

Strategies/solutions:

- ✦ Alternative/new requirements for classes – two products to meet both academic and community needs.
- ✦ True community-based participatory research efforts, where the community is a partner in each phase of project, including write-up and dissemination.
- ✦ Team teaching efforts, with faculty member and community partner as a team.
- ✦ Clear memorandum of understanding that encourages greater accountability regarding product(s) for dissemination.
- ✦ Employ a partnership “liaison” – an independent, third-party consultant to assess the level of satisfaction among and between partners and to help mediate challenges.

Issue #3: Working with multiple partners and dividing power among each partner.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ How many partners is a good size? ✦ When are there too many partners (what are the signs)? ✦ How do you ensure that power is distributed equally? 	<ul style="list-style-type: none"> ✦ There is no set number of partners – it’s a question of the partner commitment to their respective projects and the trust/rapport. ✦ Ensure there are available resources to manage the partnership. ✦ Make sure each partner has representation to advocate for its interest. ✦ Have formative evaluations and get regular feedback.

Issue #4: Professionalization is making it difficult for community members (i.e., elders) to be active decision makers in the community from which they belong. This is happening in many professions.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Results in shortage of people who are considered qualified to provide service. ✦ Restricts access/denies entry into specific area of work. ✦ Perpetuates class and ethnic and racial disproportionality. 	<ul style="list-style-type: none"> ✦ Create innovative opportunities for lay workers – start with a pilot project by allowing lay workers to partner with a professional to get more experience and continue their work. ✦ Advocate for increased funding for community colleges. ✦ When applying for grants, don’t add in credentials for staff. Instead, write the qualities and experience you want. Work with the community to articulate those strengths and don’t box yourself in.

Recommendations:

1. Change ethics of partnership (help address the slow transformation that is expected).
2. Model best practices.
3. Institutional changes that value community work (i.e., tenure tracks).
4. Develop a basic set of community concerns, expectations for, and frustrations with partnerships.
5. Have conversations about privilege and power: how does community find its way to university? Does power and privilege define the way academic/university approaches community?

Ethical issues raised by community-campus partnerships

Issue #1: Clarification of power dynamics within the community, within the university and between them.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Who's at the table? ✦ Who represents the community? ✦ Who determines who the stakeholders are? ✦ Who makes decisions around funding? ✦ Who decides what the research question is? 	<ul style="list-style-type: none"> ✦ Create guiding principles and ground rules. ✦ Have levels of partnership defined. ✦ Understand politics within community and within academia. ✦ Give community voice in determining solutions. ✦ Have process of assessing partnership (anonymously). ✦ Have rotating leadership. ✦ Clarify needs of each. ✦ Ownership by all balances power. ✦ Identify what has to be accomplished and determine tasks to deal with "power" balance.

Issue #2: Authorship – Writing up the project, process and results. Who participates and how – and who takes credit on published papers?

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Differing levels of literacy and comfort with academic writing. ✦ Giving credit to those who contributed ideas and action within the project, but maybe not the writing. 	<ul style="list-style-type: none"> ✦ Similar to partnership: each contributes strengths, list equally in alphabetical order. ✦ Negotiate with partners to meet needs: <ul style="list-style-type: none"> o Faculty may need to author for tenure. o Media air time. o Conference presentations. o Community forums. ✦ Each partner has a person involved in writing the article. ✦ Base authorship on audience. If academia, then university partner. If community, then community partner. ✦ Revisit authorship periodically as people's stations in life may change. ✦ Document process and decisions. ✦ Think broadly about what authorship means.

Issue #3: Guidelines for selecting partners.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ Explaining the decision/not explaining the decision. ♦ Deciding what won't be done. ♦ Internal conflicts (personal & within organization). 	<ul style="list-style-type: none"> ♦ Define guiding principles and rules as much as possible in advance. ♦ Identify key people within the partnerships you're seeking. ♦ Maintain relationships within potential partners (both academic & community organizations). ♦ Mutual acknowledgement and exchange of cultural sensitivities between academic and communities.

Issue #4: Who gives voice to voiceless? How is it decided what issues are to be addressed? By a community advisory board or (academic) institutions with the resources? When you give voice to someone who is voiceless, the result is not under your control and may go in a direction you cannot predict.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ Not understanding the culture of the other. ♦ What about conflict that arises between the agenda of the formerly voiceless and the academic institutions? 	<ul style="list-style-type: none"> ♦ Developing shared ownership/shared power. <ul style="list-style-type: none"> ○ Giving community members rotating leadership roles and opportunities to contribute to decisions. ○ Making funding decisions transparent. ♦ Defining/developing parameters and priorities. ♦ When possible, build relationships prior to seeking or obtaining funding (i.e., conducting ongoing assessment of community needs and priorities; academics attending community meetings).

Issue #5: Student thesis that involves a community-based participatory research project and a small community-based research team.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ Sustaining the relationship between the community research team and the student. ♦ Recognizing/reimbursing community work and keeping people at the table without funding or a formal structure. 	<ul style="list-style-type: none"> ♦ Obtain more information. <ul style="list-style-type: none"> ○ Does the community have a need that is being met by this research? If not, no further work; if yes, then it is possibly okay to go ahead. ○ What are the possibilities for a sustainability of this relationship (or related research)? Is it possible to integrate it into an ongoing collaboration? Begin a new collaboration?

- o Might the project build valuable community capacity?
- ✦ Need guidelines for student initiated research before the research is started, to ensure that community-identified needs or issues are being addressed.
- ✦ Student research should meet a need, address sustainability and build community capacity.
- ✦ Anticipate project end-result from the perspective of the community (not just to complete a thesis).

Issue #6: Keeping the community at the center of the partnership; establishing and maintaining trust between community and academic partners.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Recognizing the vulnerabilities of the community (i.e., language, legal status). ✦ Requirements of grants/funding/requests for proposals can create incentives that are contrary to being community-centered (i.e., short turnaround times for proposals, no funding for relationship-building). ✦ Sharing and ownership of resources funding, data, results and outcomes. 	<ul style="list-style-type: none"> ✦ Anticipate deadlines and funding needs that incorporate the community. ✦ Make agreements in advance and operate in good faith. ✦ Envision in advance what a successful partnership looks like, write community into the budget. ✦ Have physical meeting space outside the university/institution. ✦ Support creative dissemination strategies.

Recommendations:

1. Include sessions at next CCPH conference that gather and share experiences from vulnerable communities.
2. Better budgeting based on better planning. Identify clear goals, objectives, tasks, responsibilities – by partner.
3. Break financial dependence between partners. Agree on the principle of each partner receiving funds directly.

Community-campus partnerships that address major determinants of health and social justice

Issue #1: Cultural egocentrism: The way my culture sees things is the way you should see things. You should share (or adopt) my views, values, needs, perceptions.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ No room for other views/positions. ✦ Institutionalized and entrenched positions. ✦ Rewards specific groups, thus they have an entrenched interest in continuing their positions. 	<ul style="list-style-type: none"> ✦ Service-learning – trains providers among the community/culture they serve and they begin to understand and appreciate other cultures. ✦ Using lay health workers and reimbursing for their services.

- ✦ Having the skill set to negotiate cultural difference/to be aware of differences and to understand cultural beliefs.
- ✦ Building a diverse workforce.
- ✦ Broader definition of who is and who is not a health professional.
- ✦ Avoiding labeling programs and people.

Issue #2: Poverty (economic disparities) is a root cause of many social determinants of health such as: access to care, sustainable, education, employment, violence, and housing.

Challenges/barriers:

- ✦ Institutional racism.
- ✦ Influence of policy makers on economics and social welfare.
- ✦ Capitalism – in our American unfettered form.

Strategies/solutions:

- ✦ Teaching cultural humility everywhere, from K-12 schools on up.
- ✦ Campaign reform, less influence of “special interests.”
- ✦ More progressive tax policy.

Issue #3: Financial barriers prevent many communities from accessing health care.

Challenges/barriers:

- ✦ Lack of national health insurance.
- ✦ High cost of insurance.
- ✦ High cost of education.

Strategies/solutions:

- ✦ Universal health insurance re-structuring.
- ✦ Developing models of community health that reflect communities’ priorities, assets and values.
- ✦ No for-profit medicine.
- ✦ Involving the community in developing strategies for increasing access to health care.

Issue #4: Depression prevents New Americans/refugees/immigrants from maintaining chronic disease treatment protocols, e.g. Somalis because of post traumatic stress disorder have great difficulty maintaining diabetic treatment plans.

Challenges/barriers:

- ✦ Depression.
- ✦ Maintain treatment over time.
- ✦ Supports that are not appropriate to the culture.

Strategies/solutions:

- ✦ Prepare culturally competent providers through training, immersion programs, etc..
- ✦ Community health advocate to help people navigate the system and act as bridge.
- ✦ Cross cultural dialogue, coupled with cultural sensitivity training.
- ✦ Encourage long term relationships between provider service programs and community.
- ✦ Qualitative research around stressors, challenges, etc. of the targeted community.
- ✦ Urban planning to increase access to grocery stores, recreational areas, etc.

Issue #5: People living in poverty are disproportionately likely to live in neighborhoods with poor access to healthy food and safe places to exercise.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Physical and delivery infrastructure for maintaining fresh fruits and vegetables. ✦ Financial viability for shopkeepers and higher cost of fresh foods in poorer neighborhoods. ✦ Education/lack of understanding of healthy choices. 	<ul style="list-style-type: none"> ✦ Engage community partners and community leaders to properly define the issue and plan for solutions. ✦ Education on lifestyle issues such as how to buy and prepare healthy foods, how and where to exercise. ✦ Use of incentives to promote increased demand and sale of health foods. For example, policy tax breaks for shopkeepers when healthy food is sold.

Issue #6: Lack of access to healthcare

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ For profit health industry – producing profit vs. providing quality care. ✦ Cultural and linguistic barriers. ✦ Socio-economic inequalities and their consequence. 	<ul style="list-style-type: none"> ✦ Universal healthcare. ✦ Reformation of delivery system. ✦ School based clinics. ✦ Mandatory health curriculum in K-12 schools.

Issue #7: Substandard schools in low income areas leads to poor education and continues cycle of poverty (and poor health)

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Inequitable funding among schools. ✦ Poor teachers/low accountability for teachers. ✦ Substandard facilities. 	<ul style="list-style-type: none"> ✦ Change the structure of funding for schools by redistributing taxes. ✦ Change low income housing policies. ✦ Implement an incentive for teachers to teach in rural, low-income and less desirable areas. ✦ Emphasize value of teaching by increasing teacher salaries. ✦ Provide family support services.

Recommendations:

1. Increase awareness of the economic benefits of prevention.
2. Collect “real life” stories and develop a compendium of best practices to address social determinants of health.
3. Assess the health impact of social policies, including tax policies. Develop methods for how to undertake such assessments.
4. Widespread education and training in policy, politics and advocacy.

Sustaining community-campus partnerships

Issue #1: Getting the buy-in of top leadership of all stakeholders (and those that don't know they are stakeholders) at the beginning of partnership

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ What happens when leadership changes? ✦ How do you convince those that don't see themselves as stakeholders? ✦ Building a consensus around a uniform vision. 	<ul style="list-style-type: none"> ✦ Start with an agreed upon broad goal that comes from the community. Develop a strategic plan together. ✦ Implement a short-term, successful pilot project that helps to “bond” the group. “The glue that holds people together.” ✦ Continue to cultivate and groom new leaders and make sure leadership changes. Recognize all types of leadership. ✦ Celebrate accomplishments and contributions. ✦ Get stakeholders involved by trying to figure out their interests and ask them to get involved.

Issue #2: Sharing the financial responsibility to ensure the continuance of the services provided through the partnership (cost, revenues). Identifying tangible and intangible costs, as well as benefits.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Cost sharing: how do you decide what each entity contributes and gains? ✦ Identifying other funding partners that share this priority. ✦ Identifying educational opportunities that would expand capacity. 	<ul style="list-style-type: none"> ✦ Planning up front. ✦ Collect cost-benefit and other data that show benefits and other outcomes (financial and other) to stakeholders. ✦ Develop clear and defined curriculum. ✦ Push toward institutionalizing programs. ✦ Pursue multiple avenues for scholarship. For example, demonstrate the novelty of a program, increase its visibility, disseminate its process and results. ✦ Sell programs and partnerships internally. ✦ Involve non-traditional partners up-front (e.g., business community) and identify common interests with these partners. ✦ Multiple and diverse funders.

Issue #3: Difference between the theory of effective community-campus partnerships and the true core values of academic institutions.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ University investment may change when in-between external funding. ♦ How to transition elements of a program to community ownership. ♦ Systems of the bureaucracy and how long it takes to make our way through them. ♦ The amount of times it takes for change. ♦ The process of evaluation for promotion and tenure is not conducive to investing in and sustaining partnerships. 	<ul style="list-style-type: none"> ♦ Consistently and clearly communicate success of partnership, through evaluation and information dissemination. ♦ Highlight student and community outcomes as a result of service-learning. ♦ Develop and implement internal and external public relations marketing plan regarding the partnership and its outcomes. ♦ Champion issues and gather supporters within the partner institution (e.g., promotion & tenure committee, institutional review board, sponsored programs office). ♦ Develop a strategic plan.

Issue #4: Work cycles are different for each partner. This can facilitate or impede progress.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ Time and dollars needed for planning. ♦ Fatigue of partners (i.e., frustration of slow progress). ♦ Lack of communication and dissemination of outcomes. 	<ul style="list-style-type: none"> ♦ Find convenient times and locations for all members to meet. ♦ Serve food (i.e., potlucks, donated food). ♦ Commitment for release time from top leadership. ♦ Give stipend. ♦ Reasonable allocation of work to all members that is revisited regularly. ♦ Balancing process with tasks, work content with showing outcomes. ♦ Celebrate small victories, thank people. ♦ Ease the transition of partners by making sure there is orientation and debriefing.

Issue #5: How to sustain interest and growth in community-campus partnerships and how to measure sustainability.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ Ability to adapt to funding initiatives and availability. ♦ Establishing authentic buy-in from the university administration. ♦ How to make sure you have the right partners. 	<ul style="list-style-type: none"> ♦ Identify the community and funding sources including political allies that can help with funding. ♦ Have a strategic plan that identifies and incorporates the priorities of both academics and the community. What are the benefits to both partners? What are the long-term objectives that will foster sustainability?

- ✦ Research potential partners for previous experience in finance, academics and business skills.
- ✦ Use “does it fit with our mission?” – a worksheet to score requests for new partners and projects.

Issue #6: It is difficult to develop deep partnerships when people in both the community and on campuses change constantly and “rapidly” get “on and off the bus.”

Challenges/barriers:

- ✦ Short term commitments.
- ✦ Constantly changing personnel at universities and among community members.
- ✦ Funding beyond the initial start-up grant funding or capacity building.

Strategies/solutions:

- ✦ Real buy-in from the partners at the outset, not dependent on individuals.
- ✦ Plan for leadership succession.
- ✦ Require partners to put money on the table (in-kind as well as cash) as a demonstration of commitment.
- ✦ Shared vision and understanding of what it truly means to everyone.
- ✦ Strategic plan in place from the beginning to sustain work when the grant runs out.
- ✦ Develop reward systems at universities to keep the university people involved.

Recommendations:

1. Universities need to “share” to sustain partnerships:
 - o Resources.
 - o Sharing tuition with community partners who share instructional responsibility.
2. Make linkages with other sectors of society that share vision:
 - o Corporate world – corporate responsibility movement.
 - o American Association of State Colleges and Universities (AASCU) – American Democracy Project.
 - o Corporation for National and Community Service.
3. Campuses need to value partnerships – communities are partners, not data mines.
4. CCPH could establish clearinghouse of opportunities:
 - o Jobs.
 - o Scholarships.
 - o Resources.
5. CCPH could start their own peer-reviewed journal so we have somewhere to publish.

Assessing, documenting & realizing the benefits of community-campus partnerships to all partners

Issue #1: Documenting the authenticity of the partnership for others to see.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Being asked to evaluate a project at the end but not involved from the beginning. ✦ Identifying indicators of authentic partnership. ✦ Non compliant partners (i.e., resistant to sharing data). 	<ul style="list-style-type: none"> ✦ Identify core values with partners. ✦ Use memos of understanding process to promote equal ownership to all partners. ✦ Documentation – document indicators like # of report-backs to community and how budget is allocated, collect stories of impact of partnership.

Issue #2: How do we assess the real impacts of seemingly intangible community and campus investments in partnerships?

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Trend toward and value of quantitative measures may miss important impacts and investments. ✦ Delay between impact of partnership and when evaluation of partnership is conducted. ✦ Agreeing on what is a benefit. ✦ Integrating assessment and documentation in a more congruent way. 	<ul style="list-style-type: none"> ✦ Consensus and shared understanding of “logic model,” indicators and relationship of indicators to what you want to see changed. ✦ Do qualitative work well and help partners to understand the contributions being made. People have to understand the limits of the quantitative work. ✦ Identify and understand the questions that need to be answered. Each partner should have the chance to answer what they hope to learn.

Issue #3: Situation when one partner does not adhere to memorandum of agreement/understanding (MOA/U).

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ How to maintain the focus when participants “get off the bus.” ✦ How to dissolve partnership and retain relationship. ✦ Initial forming of partnership may occur between individuals sustainability rests on support of the organization. ✦ Relationships among partners may be complicated (i.e., one partner organization may fund another partner organization.) ✦ Partners who do not understand what each other needs. ✦ Partners who want to change focus in the middle of the funding stream. 	<ul style="list-style-type: none"> ✦ MOA/U serves as a documentation trail to assess “why is the group not doing what the MOA/U said?” – are the expectations really clear? ✦ Is there room in the MOA/U for variety that tunes into individual culture/community setting? ✦ Include MOA/U prep time to assure appropriateness. ✦ Review/update MOA/U on an ongoing basis. ✦ Assign a “like partner” to mediate the problem. ✦ Be willing to break up.

Issue #4: How do academics and community partners decide who, what, where, when and why re: documenting and disseminating their best practices?

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Limited understanding and experience of the value of documenting ✦ There are not many incentives. Will it improve practice, are there other benefits? 	<ul style="list-style-type: none"> ✦ Have in place a valid partnership, meaning one that is trusting, interdependent and mutually beneficial. ✦ Move researchers into the community for first-hand experience. ✦ Establish a joint understanding of what is relevant information before a search for best practices begins. ✦ Establish regular and mutually accepted modes of communication. ✦ Involve front-line staff from both community and academic sides in the documentation process and in reviewing preliminary findings. This will help to reinforce the importance of documentation and dissemination.

Issue #5: Evaluating/assessing the relationship between the community and the institution as well as the effectiveness, impact and outcome of the work.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Development of useful instruments for gathering information about process and impact. ✦ Methods of collection of useful data (time, response rate, utility). ✦ Identifying resources for assessment outside of normal network (e.g. rely on local expertise with limited time and funds). ✦ Cost. 	<ul style="list-style-type: none"> ✦ Define “success” early on from each partner (academic, community, funders, other stakeholders). ✦ Recognize and utilize a variety of data collection/analysis methods. ✦ Contextualize existing instruments/data. ✦ Involve all partners in evaluation/assessment.

Issue #6: How do we navigate the role of “broker” between the academy and community?

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ What communities and scientists define as knowledge is often at odds. ✦ Dealing with longstanding histories of power inequalities between academia and communities. ✦ Organizational structures and timelines in academia and communities don’t mesh (i.e., tenure & promotion policies, grant cycles). 	<ul style="list-style-type: none"> ✦ Clearly defined memoranda of agreement/ understanding that are revisited on a timely basis. ✦ Protocol for conflict resolution developed and agreed upon up-front. ✦ “Glossary of terms” to educate both sides. ✦ Set up power-neutral organizational structure.

Recommendations:

1. Early, continuous dialogue among all partners is essential when forming research questions – to understand the culture, values and perspectives, and to realize full benefits.
2. Evaluation is challenging when trying to assess and document benefits of the partnership. Therefore, need to use diverse strategies and methods in case some fail.
3. Infrastructures need to be established that will remain in the community so that benefits will be sustained.

Student leadership and activism in community-campus partnerships

Issue #1: Facilitate and nurture emerging leadership and provide environment conducive to sustaining leadership.

Challenges/barriers:

- ✦ Funding and financial support.
- ✦ Generating and sustaining a sense of activism.
- ✦ Community connections – between students and community; between community and university; perceptions of community and perceptions of university.

Strategies/solutions:

- ✦ Enlist help of students in other departments. For example, engage business school students to do fundraising as a project.
- ✦ Provide recognition and publicity about their leadership (i.e., newsletter articles, awards, celebrations).
- ✦ Provide recognition from the academic institution (i.e., notations on transcripts, awards, references).
- ✦ Identify and engage role models (i.e., physicians who lead well).
- ✦ Encourage younger students to step up into leadership roles.
- ✦ Rotate leadership positions.

Issue #2: How to turn personal service-learning experiences into long term, more global awareness and activism of community issues.

Challenges/barriers:

- ✦ What is the final goal? It is a personal experience or a greater goal?
- ✦ How to maintain active involvement? How to encourage activism?
- ✦ How to make involvement more of a social concern than a resume booster?

Strategies/solutions:

- ✦ Mentorship and guided reflection from peers, faculty and community leaders.
- ✦ Maintain community involvement throughout the year.
- ✦ Personal values clarification (i.e., reflection on service-learning assignment prior to engagement in service-learning experience).
- ✦ Create culture where social activism is “cool.”
- ✦ Facilitate contextual learning and educate students about underlying issues, history, and consequences.

Issue #3: How do you develop and sustain students who are leaders and advocates while in their program and as graduates?

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ Student self perceptions of themselves as a leader. ♦ Students are often transient in the communities in which they attend school. ♦ Recognition of leadership and advocacy within the curricula (formal and informal) of health professions schools. 	<ul style="list-style-type: none"> ♦ Instill values early through service-learning, mentors and role models. ♦ Longitudinal service-learning experiences. ♦ Mentors and peers who are advocates and promote involvement in advocacy. ♦ Faculty training and incentives to mentor. ♦ Have advocacy work valued (i.e., within training program, professional organizations). ♦ Training on how to be community board members/advocates. ♦ Make community projects accessible to students. ♦ Match community objectives/needs to student desires. ♦ Establish campus-based office for community service and service-learning.

Issue #4: Juggling being a student and being a community activist/leader.

Challenges/barriers:
<ul style="list-style-type: none"> ♦ Time, scheduling, saying “no.” ♦ Institutional “valuing” community partnerships (or not). ♦ Some people step up to leadership and do everything. Potential for burnout. Others don’t step up.

Recommendations:

1. Increase student involvement and provide skill building at CCPH conferences.
 - o Pre-conference event focused on developing higher-level student leadership skills.
 - o Scholarship funds for students to attend conference, with schools asked to provide matching funding.
 - o Extend date for presentation proposals.
 - o Provide academic credit for attending the conference.
 - o Students with leadership experience apply to be “CCPH Scholars,” involving participation in pre-conference skills workshop, presentation of work and perhaps contribute to online toolkit described in recommendation #2 below.
2. Develop an online toolbox to support student leadership, project implementation and sustainability.
 - o Topics could include: how to run a fundraiser, health fair, student clinic, run a meeting, facilitate a group, write a grant, develop project objectives, publish a paper, public speaking, identify and work effectively with community partners, develop a budget, form a special interest group.

3. Build career development resources.
 - o What kind of jobs can I do/get?
 - o What should I look for in residency/fellowship/grad school/job?
 - o How do I negotiate leadership within a work setting?
 - o How do I develop a personal mission and philosophy to guide my career search and highlight community oriented approach in job seeking?

Community strategies for campus engagement

Issue #1: Getting the campus to participate in and support community initiated projects.

Challenges/barriers:

- ♦ Lack of understanding of community-based participatory research process and values.
- ♦ Finding the right person(s) to be community advocates and gatekeepers.
- ♦ Community not knowing how to approach and engage people on campus. There can be different language, agenda and priorities.

Strategies/solutions:

- ♦ Research which campuses have programs and faculty that connect to the issue of interest.
 - o Search department/faculty websites.
 - o Talk to any contacts on campus.
 - o Meet with intern coordinator, office of service-learning, campus ministries.
 - o Invite campus contact to be on advisory committees in the community.
- ♦ Consult the Campus Compact publication, “The Promise of Partnerships: Tapping into the College as a Community Asset.”
- ♦ Experienced community partners should present at conferences and venues where academics go to learn the process of community-based participatory research and community-academic partnerships.
- ♦ Cultivate at least one entry relationship, “go-to” person on the campus.
- ♦ Connect with campus faculty and staff on a personal level at events outside of work.
- ♦ Volunteer on campus and inter-campus committees.
- ♦ Look at other parts of the campus beyond the “usual suspects” you may already know or be working with.

Issue #2: Creating a common goal for both community and university/campus in a way that is fundable and fulfills the interests/needs of both sides.

Challenges/barriers:

- ♦ No perceived common goal.
- ♦ Targeting a specific community which has needs that are backed up by research.
- ♦ Accessibility of resources on both sides.

Strategies/solutions:

- ♦ Bringing people physically together from both the community and campus to discuss issues.
- ♦ Find people on both sides to bridge the gap (i.e., community-academic liaisons, community researchers).
- ♦ Encourage universities to do more formative research on community-perceived needs.

Issue #3: Establishing and formalizing community-campus partnerships and translating them into action.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Programs in rural and isolated these settings may not attract attention from universities. ✦ Not a true partnership (i.e., being asked for a letter of support at the last minute). ✦ Coordinating multiple principal investigators from multiple sites/universities to focus on accomplishing tasks. 	<ul style="list-style-type: none"> ✦ Identify a very good resource person. ✦ Identify a common need/goal. ✦ Use technology (i.e., conference calls, emails) to gather all interested parties in discussing issues and determining focus.

Issue #4: Ways to gain entry into the academic institution.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Institution already has community partners and doesn't need more. ✦ Institution is a big bureaucracy and can't figure out how to make connections. ✦ Changing relationship from being reactive (i.e., having students bombard us with requests for internships) to proactive (i.e., where we indicate what needs we have and students are matched to them). 	<ul style="list-style-type: none"> ✦ Train community partners on how to approach campus through workshops, peer mentoring, etc. ✦ Train university partners on the values, principles and practices of community-based participatory research. ✦ Use electronic discussion groups (listservs) to learn why and how people and programs similar to yours are connected with academic institutions. ✦ Develop and share models for developing effective memoranda of agreement/ understanding.

Recommendations:

1. Enable community to assert its power by providing education and training on how to utilize the principles of partnership effectively and how to navigate and negotiate the system.
2. Identify a liaison from the community or faculty to translate information between community and campus.

Campus strategies for community engagement

Issue #1: How do you move departments to “engage” in community-academic partnerships and develop systems to move students through the process from simple service-learning to community-based research? (Department may be within an academic institution or community organization).

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ✦ Lack of respect for the methodology and learning experience provided. ✦ Lack of information about “who” is doing “what” with “whom?” ✦ Unclear who coordinates the efforts and information and where the financial support comes from. 	<ul style="list-style-type: none"> ✦ Get students participating in service-learning and come to identify research opportunities. ✦ Look to peer institutions that are doing it well to learn from their experiences and to raise the prestige of doing it. ✦ Center available at the state-wide or campus level to gather and share information.

- ✦ Establish seminar series/work groups to get interested faculty and community members together and eventually establish interdisciplinary teams for community service, service-learning and community-based participatory research.
- ✦ Reallocate internal funds and seek donors (i.e., private foundations, state agencies) to match funds.

Issue #2: Perception vs. Reality. How do university perceptions of communities differ from reality? Equally important, how do community perceptions of university differ from reality?

Challenges/barriers:

- ✦ Many communities believe that university cannot or will not give them what they need.
- ✦ Many communities don't understand the capacities, needs and requirements of faculty and students (i.e., university does not have "unlimited" resources).
- ✦ University doesn't always see community as having knowledge and expertise.

Strategies/solutions:

- ✦ Multiple layers of education/information about the other.
- ✦ Have community members and college faculty teach together.
- ✦ Do a "road" scholar trip, where campus administrators and faculty members actually go and visit the community (i.e., a number of universities have state-wide or local community orientation tours for new faculty, often led by the president or provost).
- ✦ Critically reflect on one's engagement. Sit down together to discuss "perceived" difference vs. "real." Identify where you agree to disagree and then agree on a course to move forward together. Develop action-oriented plans.
- ✦ Establish "contracts" where expectations/responsibilities are put in writing. Describe what is "known," not what is "believed."
- ✦ Critique and celebrate programs, even the failures. Host discussions in the community. Ask, "what did we learn?"
- ✦ Educate university on experience/expectations in the community.

Issue #3: Need strategies that campuses can use to engage the community and buy into the concept of community engagement.

Challenges/barriers:	Strategies/solutions:
<ul style="list-style-type: none"> ♦ Promotion/tenure criteria. ♦ Time for relationship building not valued by university. ♦ Communities not understanding academic culture. ♦ Setting up structures, policies and processes that support engagement. 	<ul style="list-style-type: none"> ♦ Communities given lists of proposals to rank or vote on regarding their interest before submitted for funding. ♦ Translating science into meaningful results and dissemination promotes buy-in by communities as it demystifies the academic process. ♦ Get students involved early. ♦ Form an advisory council of campus and community representatives. Follow through on why advice was or was not taken. Host listening sessions where campus listens to comments and suggestions from the community. ♦ Faculty development that helps faculty identify and /or produce scholarship from their community work.

Recommendations:

1. Collect and disseminate best practices on:
 - o Town hall forums.
 - o Listening sessions.
 - o Faculty and student orientations.
 - o Memoranda of understanding and community impact statements.
 - o Identifying and engaging community leaders.
2. Develop information and strategies for educating both university administrators/decision-makers and politicians about the value of community-engaged work.
3. Do more community-based participatory research across institutions and programs to capture better the real results of engagement for all involved.

Recommended Resources

Principles, Policies, Contracts and Memoranda of Agreement/Understanding

CCPH principles of partnership

<http://depts.washington.edu/ccph/principles.html#principles>

Example from Loretta Jones' opening keynote presentation

<http://www.witness4wellness.org/council/agreement.html>

Community-campus partnerships resources webpage

<http://depts.washington.edu/ccph/partnerships.html#Tools>

Community-based participatory research resources webpage

<http://depts.washington.edu/ccph/commbas.html#Principles>

Community-Based Participatory Research (CBPR)

CBPR listserv

<https://mailman1.u.washington.edu/mailman/listinfo/cbpr>

Developing and sustaining community-based participatory research partnerships: A skill-building curriculum

<http://www.cbprcurriculum.info>

Progress in Community Health Partnerships: Research, Education and Action

<http://depts.washington.edu/ccph/books.html#JohnsHopkins1>

Funding

Directory of funding sources for CBPR

<http://depts.washington.edu/ccph/commbas.html#Conf>

Funding web links

<http://depts.washington.edu/ccph/links.html#Funding>

Partnership Matters newsletter

<http://depts.washington.edu/ccph/PM2006.html>

Community Partners

A Meeting of Minds: A Handbook for Community-Campus Engagement

<http://depts.washington.edu/ccph/2002fellows-freeman.html>

The Promise of Partnerships: Tapping into the College as a Community Asset

<http://www.compact.org>

Community Partner Summit convened by CCPH in April 2006
http://depts.washington.edu/ccph/PM_042806.html#NewsFromCCPH
Email: kristine@u.washington.edu

Students

Paper on Social Change through Student Leadership and Activism
http://depts.washington.edu/ccph/pdf_files/TR8.PDF

Student service web links
<http://depts.washington.edu/ccph/links.html#StudentService>

Changes in Promotion and Tenure Systems

Community-Engaged Scholarship Toolkit – has tips for developing a strong portfolio, examples of progressive promotion and tenure policies.
<http://www.communityengagedscholarship.info>

Commission on Community-Engaged Scholarship in the Health Professions – issued the report “Linking Scholarship and Communities” that makes recommendations for how health professional schools and their national associations can support community-engaged scholarship.
<http://depts.washington.edu/ccph/kellogg3.html>

Community-Engaged Scholarship for Health Collaborative – CCPH project funded by the US Department of Education that involves 9 universities that are working to build capacity for community-engaged scholarship, including aligning their promotion and tenure systems.
<http://depts.washington.edu/ccph/healthcollab.html>

Institutional Structures that Support Community Engagement

National Service-Learning Clearinghouse fact sheet on the topic
http://www.servicelearning.org/resources/fact_sheets/he_facts/inst_structure/

Service-Learning

Health Professions Schools in Service to the Nation Final Evaluation Report – national demonstration program of service-learning in the health professions.
<http://depts.washington.edu/ccph/guide.html#Publications>

Methods and Strategies for Assessing Service-Learning in the Health Professions
<http://depts.washington.edu/ccph/guide.html#Publications>

National Service-Learning Clearinghouse
<http://www.servicelearning.org>

Service-learning resources web page
<http://depts.washington.edu/ccph/servicelearningres.html>

Policy and Advocacy

Speaking Truth, Creating Power: A Guide to Policy Work for CBPR Practitioners

<http://depts.washington.edu/ccph/2002fellows-ritas.html>

Advocacy web links

<http://depts.washington.edu/ccph/links.html#Advocacy>

Cultural Competency

Cultural competency resources web links

<http://depts.washington.edu/ccph/links.html#Cultural>

Assessment Tools

Assessment web links

<http://depts.washington.edu/ccph/links.html#Assessment>

Community-campus partnerships resources web page – has partnership assessment tools.

<http://depts.washington.edu/ccph/partnerships.html>

Community-Engaged Scholarship for Health Collaborative – has tools for assessing institutional capacity for community engagement and community-engaged scholarship.

<http://depts.washington.edu/ccph/healthcollab.html#Updates>

Service-learning resources web page – has service-learning partnership assessment tools.

<http://depts.washington.edu/ccph/servicelearningres.html>

El Proyecto Bienestar: An Authentic CBPR Partnership in the Yakima Valley

Vickie Ybarra and Julie Postma

The Partnership

In 2002, the National Institute of Environmental Health Sciences (NIEHS) and the National Institute of Occupational Safety and Health (NIOSH) released a request for applications entitled, “Environmental Justice: Partnerships in Communication.” The purpose of their request was to support research “...aimed at achieving environmental justice for socioeconomically disadvantaged and medically underserved populations” through community-based research strategies (p.3). In response to this request for applications, a community member notified a University of Washington researcher that we had an opportunity to work together to write a community-based research proposal focused on the health of Yakima Valley agricultural workers and their families. It was funded, and El Proyecto Bienestar, or The Well-Being Project, was born.

The Yakima Valley is located in central Washington State, a rich agricultural region producing most of the nation’s apples and hops, along with many other labor-intensive crops. With the highest concentration of migrant and seasonal farmworkers in Washington State, the Yakima Valley has long attracted researchers interested in studying occupational and environmental health issues that effect this largely Hispanic migrant and seasonal farmworker population.

Within El Proyecto Bienestar, environmental justice refers to the equal protection and education of all communities regarding environmental and occupational hazards. The primary goal of the project is to develop strategies that will enable the community of Hispanic agricultural workers to effectively identify, characterize, and respond to the many occupational and environmental health risks they and their families face. El Proyecto’s approach is novel in that previous attempts at collaborative agenda setting in the Yakima Valley failed to incorporate the expertise of local agricultural workers, even though they were often subjects of occupational health research in the Valley. Within this partnership, data collection was designed to obtain key informants’ and Yakima Valley residents’ perspectives on locally relevant occupational and environmental health risks. Issues were identified by numerous members of the agricultural community including farmworkers, growers, health care professionals, and representatives from state agencies. A Town Hall Meeting was held so that farmworkers and their families could rank the issues that had been identified. With this information, El Proyecto’s Community Advisory Board developed a set of priorities. This research agenda will be used to support the project’s primary outcome: development of an issues-driven action plan to be incorporated into future community-driven research proposals (See Figure 1).

El Proyecto’s approach is novel in that previous attempts at collaborative agenda setting in the Yakima Valley failed to incorporate the expertise of local agricultural workers, even though they were often subjects of occupational health research in the Valley.

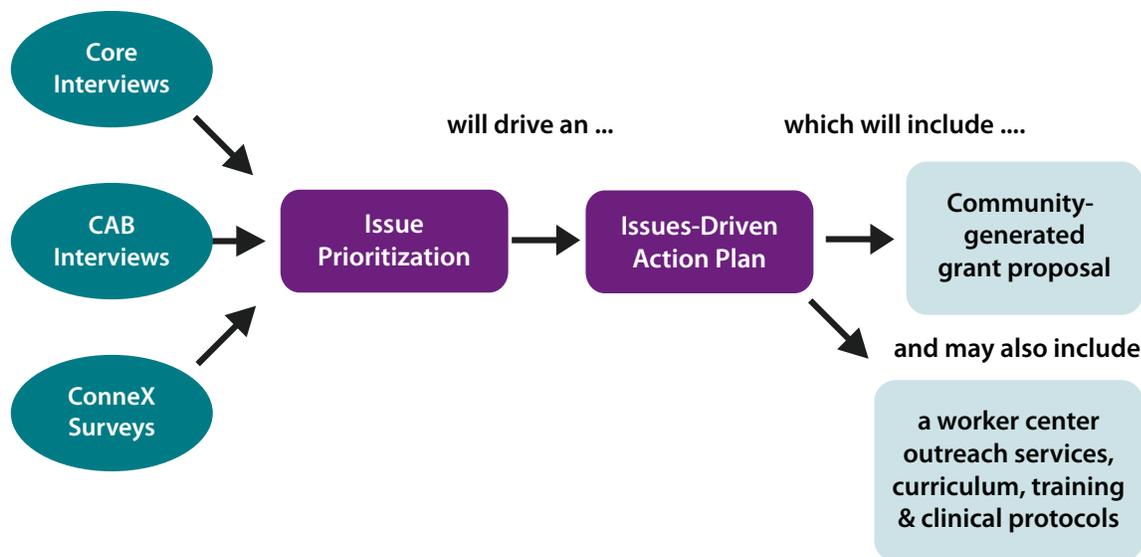


Figure 1. The El Proyecto Bienestar Research Process

CAB=Community Advisory Board ConneX=Connecting students to health careers

Strategies and Skills Used to Create an “Authentic” Community-University Partnership

Currently in its fourth and last year of funding, El Proyecto Bienestar is in a stage of reflection and planning for the future. What worked in this partnership? What challenges do we face? What made it “authentic?” El Proyecto Bienestar has created and maintained an authentic four-year academic-community partnership through cross-pollinating people and projects, partnering with the community using multiple levels of community involvement, building trust, and negotiating roles and budgets.

Cross-pollinating People and Projects

Although this particular partnership started in 2002, there was a historical relationship between the principal investigator, Dr. Matt Keifer from the University of Washington, and the community. Dr. Keifer is an occupational medicine specialist who has been faithfully coming into the community once a month for over ten years to provide medical care for patients who have been referred by family medicine physicians, primarily those with injuries and illnesses related to farm work. Through his work at the YVFWC he has demonstrated a commitment to farmworkers and their families in the Valley. He is someone who is trusted within the community. This history of collaboration and commitment brought the YVFWC “to the table” to discuss a collaborative funding opportunity.

Recognizing the breadth of potential opportunities between community and university partners is one way to maximize future partnership possibilities.

In addition, the YVFWC partners with other schools and research centers within the University of Washington including the School of Dentistry’s Northwest/Alaska Center to Reduce Oral Health Disparities and the School of Nursing’s Center for the Advancement of Health Disparities Research. Recognizing the breadth of potential opportunities between community and university partners is one way to maximize future partnership possibilities.

Partnering with the Community Using Multiple Levels of Community Involvement

El Proyecto Bienestar university partners include students and faculty from the School of Public Health and Community Medicine and the School of Nursing at The University of Washington. The project is also supported by the Pacific Northwest Agricultural Safety and Health Center, funded by the National Institute of Occupational Safety and Health.

Often researchers and funders of research struggle to determine which community member or community organization is the “true” representative of a community within a community-based participatory research (CBPR) project. Some CBPR has involved community-based organizations, others have involved grassroots, unaffiliated community members, and it could be argued that both constitute “involving the community.” However, in El Proyecto Bienestar we recognize that “community” broadly defined is not a homogeneous set of opinions nor can its diversity be accurately characterized by one community-based organization or by a handful of grassroots, unaffiliated community members. In this project we have endeavored to involve community, and to hear community voice, on multiple levels and using multiple methods. These have included 1) working contractually with multiple, established and respected community-based organizations that have responsibility for decision making for the project through their membership in the Core group; 2) involving community organization and leader representation on the Community Advisory Board; 3) surveying grassroots, unaffiliated community members to determine their environmental and occupational health concerns; and 4) holding a large Town Hall Meeting specifically recruiting migrant/seasonal farmworkers and their family members to elicit their concerns and priorities. No single one of these mechanisms by itself could be said to “represent the community”, but collectively we believe these voices do represent the community. This combined approach to community involvement created the first farmworker driven occupational and environmental health research agenda in the Yakima Valley.

Organizational community partners: Community involvement in El Proyecto Bienestar is institutionalized through the contractual involvement of three community-based organizations. (See Figure 2.) Three well-respected and established community-based organizations are involved as primary subcontractors with both fiscal and programmatic responsibilities, including the YVFWC, The Northwest Communities Education Center/Radio KDNA, and Heritage University. The YVFWC is a large community and migrant health center founded in 1978. The YVFWC is the primary health care provider for the Hispanic agricultural workers in the Yakima Valley. The Northwest Communities Education Center is a community based non-profit organization that, in 1979, created Radio KDNA. Radio KDNA is a community-owned, Spanish language radio station in the Yakima Valley that provides health education messages to their farm worker audience. A third community partner is Heritage University, a small private Hispanic and Native American serving institution. Heritage has been in the community since the early 1980's. The University of Washington and the community-based organization partners make up El Proyecto Bienestar's “Core group,” which meets regularly every month to determine policy direction and ensure grant commitments are being met.

Community Advisory Board: El Proyecto Bienestar's Community Advisory Board represents a variety of community interests including farmworkers, farmworker organizations, growers, and the Yakama Indian Nation. The Community Advisory Board was developed after the

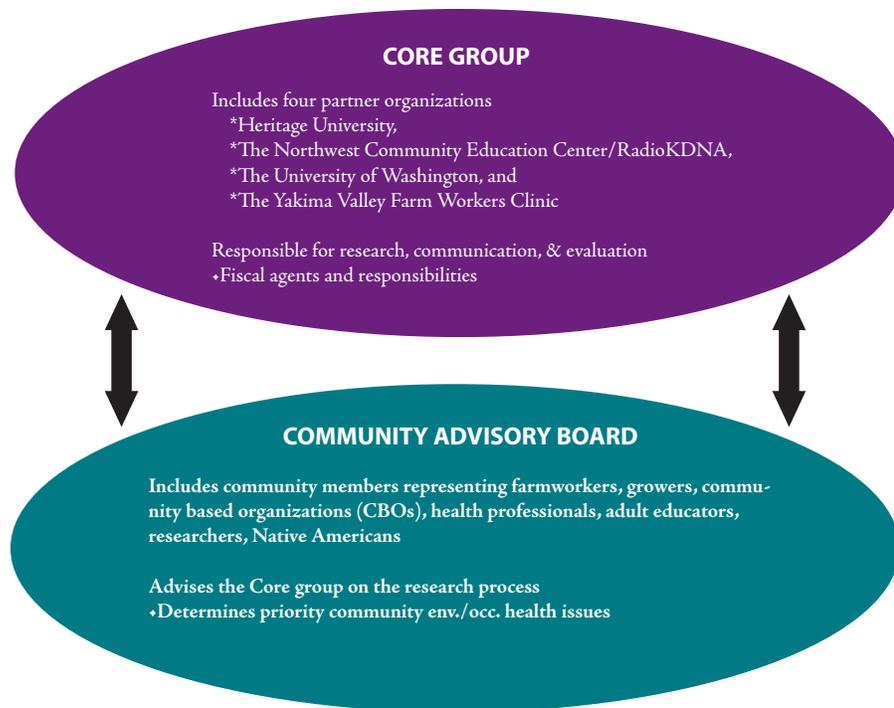


Figure 2. El Proyecto Bienestar’s Organizational Schematic

Core group took part in a nominal group process to determine constituencies of interest. Positions were advertised over the radio and by word of mouth. Members applied and were chosen by the Core group. Farmworkers are represented by a field worker, a dairy worker, a pesticide applicator, and a warehouse worker, as well as a representative from a farmworker organization. Others, while representing categories such as “student” or adult educator, come from farmworker families. The advisory board meets regularly with the Core group at least four times a year, with additional meetings as necessary. Meeting times with The Community Advisory Board are negotiated, and usually held in the evenings after the workday or on Saturdays.

Work is shared between the groups, with the Core group handling most administrative duties, external communication and evaluation. The Community Advisory Board contributes to the research process by making recommendations on the appropriateness and completeness of data collection instruments, data collection locations, and relevant forms of communication that will reach the farmworker community. In addition, The Community Advisory Board has the responsibility for prioritizing the many environmental and occupational health risks identified by the community for future work and funding.

Community Surveys: Over 170 farmworkers were surveyed in the community each of three consecutive summers as to what they thought the most important occupational and environmental health issues are in the Valley. Each summer’s survey had a different area of focus based on information gathered during the year leading up to the survey. Students from the community, most of whom were children of migrant and seasonal farmworkers, were used in survey administration, data collection and initial data analysis. Participants were recruited at community events, grocery stores, soccer games and other places that farmworkers gather in the community.

Town Hall Meeting: El Proyecto Bienestar held an evening Town Hall meeting in the third year of the project to generate environmental and occupational health priorities from farmworkers in the community. The Town Hall meeting was heavily publicized on local Spanish-language radio and other local Spanish-language media. The meeting was conducted in Spanish and translation was provided for English speakers. Childcare and food were also provided and helped reduce barriers to participation for the target community. Over 60 farmworkers attended the meeting, and provided valuable qualitative information that helped to complement the data collected through the summer surveys of farmworkers.

Building Trust

Successful historical relationships have been an important part of building trust among the partners in the first year of the project. That level of trust enabled the grant writing and project development to evolve quickly and collaboratively. Many processes were established in the first year including how decisions were to be made, how resources were to be divided, and how the community would be involved in the research process. In addition, a tragedy occurred during the first year of the project that brought the team closer together. At a national conference highlighting all the partnerships funded through the environmental justice grants, the project coordinator, Samuel Martinez, passed away. Samuel was a community leader who had been a driving force behind the project through his vision for improving farm worker health, and in fact the name of the project, “El Proyecto Bienestar,” was his idea. Although tragic and difficult, grieving together and supporting one another through Samuel’s passing provided a point of bonding for the Core group members.

Negotiating “Statements of Work” and Shared Budgets

The grant was written collaboratively over approximately three months. Statements of work were negotiated for each Core partner with corresponding budgets. Each community-based organization partner had an opportunity to articulate the staffing and indirect costs that they needed. The University of Washington established a subcontract with each of the community-based organizations. They, in turn, are responsible for billing the university every quarter for reimbursement. Although these roles and budgets were initially negotiated in the first year for the entire project, there was opportunity at each year’s budget renewal for each community partner to make changes based on their needs and the needs of the project.

Cross-pollinating people and projects, partnering with the community using multiple levels of community involvement, building trust, and negotiating roles and budgets are four ways that academic and community partnerships are created. But then what? Now that the partners are “at the table,” how do they communicate with each other? And make decisions? How is power shared among the different players? Consensus decision making is one way to share power in a group. Both the Core group and the Community Advisory board adopted consensus as a way to make group decisions. Admittedly, communication and decision making among this diverse group has been and continues to be a challenge. Adding structure to these processes is one way to facilitate participation and transparency in cross-cultural communication.

Consensus Decision Making

In Latin, consensus means to “think and feel together.” It is a process. Unanimity, which in Latin means “one spirit,” is the result (Butler, C.T. L & Rothstein, A., 2006). In a consensus

process: a) decisions are adopted when participants consent to the result of discussion about the original proposal, b) decisions aren't adopted until there is resolution of all concerns, c) participants can *agree to disagree* by acknowledging that they have unresolved concerns but consent to the proposal anyway (Butler, C.T. L & Rothstein, A., 2006).

One example of a formal consensus process is outlined in the book, *On Conflict and Consensus* (2006). In this approach, a proposal is presented to the group. After questions are clarified regarding the proposal, a broad and open round of discussion occurs. After that discussion, the facilitator calls for consensus. At this point, consensus may either be reached or unresolved concerns may be brought to the table. There are a variety of techniques that can be used to help structure the discussion at this stage. For example, each participant may be invited to express his/her approval or concerns one by one regarding the proposal. This approach works well in groups when there are language barriers or power dynamics that affect participants' willingness to speak their opinion. Alternatively, if a group is short on time, a simple show of hands of those that endorse the proposal may suffice. However, if there are concerns, they should be stated at this time.

Next, concerns are brought to the group. *The Facilitator's Guide to Participatory Decision Making* is a useful resource to help structure this stage (Kaner, S., Lind, L., Toldi, C., Fisk, S. & Berger, D., 1996). The authors provide a variety of "gradients of agreement" scales to be used when participants do not unanimously agree on the proposal. For example, one scale offers five choices for participants to express how they honestly feel towards a proposal. These include; 1) endorse, 2) agree with reservation, 3) mixed feelings, 4) don't like but won't block, and 5) veto. If, for example, a participant does not want to block a proposal but he or she has unresolved concerns that need to be discussed, that person could indicate "agree with reservation." This framework encourages discussion until all concerns are resolved.



After concerns are shared and potentially resolved, a call for consensus occurs again. If unanimity is not reached, concerns are restated. Discussion is limited to resolving once concern at a time. If unanimity still cannot be reached, participants can choose to step aside, declare a block, or reformulate the original proposal. Although "one spirit" may not have been reached through this process, the group will have been "thinking and feeling together" throughout the process. Participants in El Proyecto Bienestar have found this to be a fruitful exercise, and another way to share power between community and university partners.

The Core group's first opportunity to utilize and demonstrate success with the consensus decision making process was in negotiating the specific role of the Core in work flow and decision making, as distinct from the Community Advisory Board and other project stakeholders. This deliberative work, during which each component of the workplan proposed in the initial grant application was deconstructed and assigned responsibility, took three months and was at times difficult. However, that initial work has proven a basis on which the specific tasks of the project can move forward.

The consensus process was also successfully used by the Community Advisory Board when they refined the list of occupational and environmental health issues that the farmworker community had ranked during the town hall meeting (See Table 1). They started with a ranked list of 34 issues divided into three categories: exposures, outcomes, and contextual factors. In approximately an hour and a half they came to consensus on their four top issues. While the formal consensus process was not strictly followed (the issue was presented before the process was clarified, and issues were identified but not clearly grouped) it did provide some structure that, in conjunction with a good facilitator, encouraged everyone to participate and express their views.

The Role of Students

The involvement of local undergraduate students was built into the project during the grant writing phase, and has been a key accomplishment of the project. Community-based organization partners feel that development of local undergraduate students will help to develop and institutionalize knowledge and leadership around occupational and environmental health issues in the community. It is from an educated community young people that future community leadership will be drawn, and investing in that future leadership is one essential component to building capacity in the community.

For El Proyecto Bienestar, involvement of local undergraduate students was accomplished through the partnership with the YVFWC which operates a health professions pipeline program called “ConneX: Connecting students to health careers”. As a part of the pre-existing ConneX program, YVFWC provides a six-week summer enrichment program for 15-20 disadvantaged/low-income undergraduates from the Yakima Valley who are pursuing BA or higher-level health professions. During the grant writing phase, El Proyecto Bienestar partners decided to build on this existing cohort of undergraduate students by providing instruction in community-based participatory research during the six-week summer session, and using project resources to extend the summer session an additional two weeks for fieldwork in community survey data collection. In practice, the students brought many strengths that facilitated data collection such as bilingual ability and connections with the community. Later, the university partner was able to gain approval to grant credit to the undergraduate students for the CBPR instruction and fieldwork. In this manner the project benefits students in the short run (skill building and credit), provides an important source of data (surveys of grassroots community members) for El Proyecto Bienestar, and builds long-term capacity in the community by investing in local students.

Other examples of successful student involvement in local environmental and occupational health community-based participatory research projects include development of youth leadership through the POWER Project in south central Los Angeles which used population empowerment education as a tool to involve local high school youth in environmental justice work (Delp, L. et al., 2005), and involvement of high school, undergraduate, and graduate students in an prevention project with farmworkers in North Carolina (Roa, P. et al., 2004). While these two projects used distinct approaches to involve students in their environmental health community-based participatory research projects, each explicitly approached student’s involvement as a strategy for capacity building in the community.

Table 1. Consensus-in-Action: The Community Advisory Board Prioritizes the Issues

Note: Selected quotes illustrate stages of the consensus process. Not all comments were included in this table.

Consensus Process	Representative	Quotes (<i>italics represent text that has been translated from Spanish to English</i>)
INTRODUCTION		
Present the issue	Facilitator	<i>Dr. X, he's going to talk for about five minutes about what we're going to do...</i>
Clarify the Process	Primary investigator	<i>I want to give a little bit of orientation about ... the next step.</i>
Questions to clarify presentation	Adult educator	<i>Remind us where the students were recruited from and who they were?</i>
Clarify the process	Primary investigator	<i>So what we have is 3 lists, and we would like you to unite them...we would like to have priorities to 4</i>
LEVEL ONE		
Broad open discussion	At-large	<i>...you just take the first four that people took [from the town hall meeting]... that's the people, that's what they chose</i>
Broad open discussion	Facilitator	<i>What I'm thinking is [there are] too many ...maybe cut them, modify them ...</i>
Broad open discussion	Researcher	<i>If you had to merge these lists what would you think would come out on top?</i>
Broad open discussion	Healthcare professional	<i>If we were to try and select what we think they thought is the most important then I think we're misconstruing it</i>
Call for consensus	Facilitator	<i>So what do you think?</i>
LEVEL 2		
List concerns	Pesticide applicator	<i>I think they are all important but if you have to make the list smaller ... Let's say we can group under contamination [air and water] ... And also if you talk about issues of work ...you have to talk about low income and documents and being mistreated...</i>
List concerns	Adult educator	<i>Why did we break it out [into exposures, outcomes and contextual factors] and now we are going to put it back together?</i>
List concerns	At-large	<i>We need to follow ... the rule that they chose</i>
List concerns	Community based organization	<i>They were talking about injuries from work, I had the experience of seeing these issues with the workers, for me it's really important. Because it is not just the injury, but the separation of their families ...the way that it impacts the society, the community, the children, the family, those probably are the ones that have the main priority</i>
List concerns	At-large	<i>Why don't we leave 2, the first two of each one [category]</i>
List concerns	Farmworker organization	<i>... if you get hurt or you get injured, if you get sick, it's the same condition.</i>
LEVEL 3		
Resolve concerns	Warehouse worker	<i>We have to be realistic</i>
Resolve concerns	Facilitator	<i>I agree with everybody, that everything is important. But we don't have the capacity to see them all. So that's why we have to give – two, let's say four, so we can put all our time and emphasis, all our energy on those things and maybe next year we can see another four.</i>
Call for consensus	Facilitator	<i>Can we find consensus about that? ... I'm going to repeat the order. If somebody doesn't agree, they can raise their hands...pesticides & chemicals ... That's one of those priorities, the other one is going to be work related illnesses. Number three is going to be conditions, abusive conditions, workplace conditions and fourth one is work related injuries. So are we in consensus? And the ones that are not, the ones that don't agree raise their hand? ... - nobody? We find consensus, Doctor, thank you.</i>

While the specific mechanisms by which local students are involved in community-based participatory research projects will vary, investment in local students, particularly disadvantaged or low-income students who are from local families that have experienced the issues under study, is one important tool for building long-term capacity in the community. And without long-term community capacity building, community-university partnerships run the risk of exploiting the community for short-term gains.

Community Assertiveness Strategies

In sum, there are a number of strategies that El Proyecto Bienestar's community partners have used to ensure an authentic community-university partnership. The following methods help operationalize the idea that ensuring a genuine partnership is not just the responsibility of the university partner.

Fostering relations between university and community partners outside of the constraints of a grant process has proved important to the success of partnerships in El Proyecto Bienestar.

- **Community research review process:** For example, the YVFWC has set up its own institutional research review process. While not an IRB, the local process provides a mechanism for YVFWC to determine which research projects it will engage in, and sets out expectations for researchers who wish to partner with them. These include a commitment to a set of partnership principles, equitable distribution of grant funds, and organizational review and comments on findings.
- **Relationship development:** Fostering relations between university and community partners outside of the constraints of a grant process has proved important to the success of partnerships in El Proyecto Bienestar.
- **Local data collection:** Keeping data collection local with community members assisting in data interpretation helps keep the research relevant to the community.
- **Involvement of local students:** A crucial mechanism in building long-term capacity in the community.
- **Multiple levels of community involvement:** Including multiple community-based organizations as well as grassroots community members.
- **Multiple and ongoing methods for hearing community voices directly:** Methods may include community health surveys, key informant interviews, town hall meetings, and radio call-in shows.
- **Communication back to the community:** Transparency of the research process is maintained through regular meetings with community partners, public service announcements on radio and other Spanish-language media, and town hall meetings.
- **Building on research to create action that will benefit the local community:** Examples of potential benefits include locally relevant curriculum, clinical protocols, and possibly an intervention grant.

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Critical Reflections on Community-Campus Partnerships: Promise and Performance

Dana Natale, Kenneth Brook, and Todd Kelshaw

This article assesses a three-year Department of Housing and Urban Development (HUD) funded Community Outreach Partnership Center (COPC) at Montclair State University (MSU) in Montclair, NJ. With the support of systematic qualitative analysis, it shifts attention from the *execution* of community-campus partnering to practitioners' capacities for *reflection*. Grounded in Sharon Welch's (2000) conception of "risk" as a preferable alternative to "control," this essay explores the MSU COPC project using a framework that, we hope, provides an innovative means for creating, sustaining, and, fundamentally, understanding community-campus partnerships. The essay begins with an overview of the MSU COPC, then summarizes the research methods and conceptual framework for analysis, and finally focuses on one aspect of the MSU COPC that illustrates the utility of adopting an ethic of risk in the partnering process.

MSU COPC Assessment Project: Overview

In 2000, the MSU Center for Community-Based Learning (CCBL) assembled an ad hoc MSU COPC Planning Committee composed of university administrators, faculty, and staff; and local religious and organizational leaders, politicians, and government officials. The committee's initial task was to identify the COPC target area in consideration of HUD's racial, economic, and population density criteria. The selected area comprised Montclair's Pine Street and Glenfield Park neighborhoods.

Goals of the urban education issue area included closing the achievement gap, implementing a pilot mentor program, addressing the "digital divide," and facilitating a film documentary by students of the Montclair High School Center for Social Justice.

Subsequently, the Planning Committee conducted a public meeting in the target area that introduced the COPC project and afforded over 100 residents an opportunity to define their most pressing issues. Using this input, the COPC Planning Committee drafted a proposal that was submitted to HUD in 2001. This document named three primary issue areas: affordable housing, community organizing, and urban education. The COPC project objectives concerning the housing issue area included preservation of affordable residential units and increased opportunities for area residents' home ownership. The objectives pertaining to community organizing included the promotion of local pride through heightened awareness of local history and socioeconomic issues. Goals of the urban education issue area included closing the achievement gap, implementing a pilot mentor program, addressing the "digital divide," and facilitating a film documentary by students of the Montclair High School Center for Social Justice. In 2002, with HUD's approval of these objectives, an advisory board and executive committee were formed, and the project was underway.

The project's start was fraught with challenges, such as claims of community exploitation, inconsistent faculty participation, and resentment among the target area's middle class

residents, who opposed HUD programming in their neighborhoods. A significant number of community and campus partners had different initial expectations, intentions, goal interpretations, and communicative strategies, resulting in dissatisfaction and disagreement—especially regarding monetary distribution. Given such circumstances, at the end of the project's second year, COPC Advisory Board members wanted to gauge the project's success in creating sustainable community-campus partnerships. The MSU COPC Assessment Project was designed to empirically identify barriers and threats to this project (and to partnerships in general), shifting emphasis from executed products to reflective processes. Of particular interest is the gap that appears to exist between an ideal conception—or promise—and the reality—or performance—of partnership.

MSU COPC Assessment Project: Research Methods

Designed around MSU COPC partners' various interests, the research attempts to answer the following questions: How do the complex intentions of partnership stakeholders define, limit, and/or shape the partnership? How do we effectively negotiate the inevitable conflicting interests between and among community-campus partnership stakeholders? Does and should the partnership become a public entity of its own? What are our assumptions regarding community-campus engagement and how do they affect our practice of partnership?

The research team applied the methodological standards of Guba and Lincoln (1989) to ensure the integrity and credibility of the data and findings. Twenty-two semi-structured interviews were conducted with MSU COPC campus, community, and governmental partners. Interview questions addressed the COPC's organizational structure, processes, practical outcomes, and partners' perceptions of the project. Interview data were coded and analyzed with NVivo 2.0 software.

Theoretical Framework for Reflective Assessment

The research applied a grounded theory approach, combining emerging themes with Welch's conceptual framework of control versus risk orientations (2000). For Welch, healthy and productive relationships require participants' mutual willingness to relinquish some control in favor of an "ethic of risk." Such a framework provides a useful lens through which to examine the commencement, development, and sustainability of a community-campus partnership since it illuminates some key assumptions, attitudes, and communicative behaviors that might impede the partnering process. By identifying some factors underlying the distrust, disappointment, and objectification that too often characterize community-campus relationships, we may recognize means for intervention and improvement. Here, we introduce the basic concepts of Welch's framework.

"Responsible Action" Defined

In Welch's view, avoiding the often unintended consequences of partnering requires mutual efforts to re-imagine what, exactly, "responsible" action is, taking into account potential consequences of culture-contingent definitions of "goodness," "justice," "equity," "parity," and other core values. Further, partners must notice how their interaction may reflect and reinforce this problematic ethic, and take remedial steps. To recognize such "fundamental flaws in shared systems of values and behaviors," participants must enter into "a thorough engagement

with other communities, with other systems of knowing and acting” (Welch, 2000, p. 15). Essentially, then, how “responsibility” as a cultural concept is understood and enacted depends upon participants’ willingness and abilities to engage difference within and across perceived boundaries of community.

A Control-oriented Approach to “Responsible Action”

Welch observes that some cultural notions of responsible action assume “one can assure the aim of one’s action will be carried out” (2000, p. 14) and “effective action is unambiguous, unilateral and decisive” (p. 25). These conceptions are grounded in an “ethic of control,” defined as “a construction of agency, responsibility, and goodness which assumes that it is possible to guarantee the efficacy of one’s actions” (p. 14). Throughout her book, Welch observes that the dominant Western-democratic tradition of partnership celebrates a conception of responsibility that is grounded in oppositional attempts at control, leading to relational and substantive problems. Within this assumedly homogeneous “moral and political imagination” (p. 14), partnerships inevitably experience setbacks and defeats, often resulting in exasperation and demoralization that perpetuate the control orientation by fostering self-interest. In this mindset, partners expect a shared *vision*, determined through imposition, but not a shared *agenda* that honors different value systems. Single-handedness rather than collaboration is the preferred mode for identifying and solving community problems.



An ethic of control in partnership manifests unwillingness to be accountable for (or even reflectively aware of) faulty, inconsistent, or problematic beliefs, behaviors, and systems. Although the intention of most community-campus partnerships is to function as a potent and sustainable vehicle for remedying difficult social, political, and economic problems, many founder despite their good intentions (Wiewel et al., 2000, and Mayfield and Lucas, 2000). Welch warns that good intentions are beside the point, for even well-intentioned people may base their objectives upon a control-oriented definition of “goodness” that, if acted upon, can lead to devastating unintended consequences such as objectification, oppression, gentrification, militarism, and even genocide (2000, p. 17).

A Risk-oriented Approach to “Responsible Action”

Welch advances “an alternative construction of responsible action,” which she calls an “ethic of risk” (2000, p. 14). This approach shifts concern from unilaterally produced outcomes to collaborative partnership processes, entailing members’ critical engagement and ongoing reflection. Throughout, participants should be reciprocally open and responsive to critical insights from different perspectives (p. 18) since solid moral reasoning can only emerge from “the material interaction between multiple entities with divergent principles, norms, and mores...” (p. 124). In this sense, healthy partnerships embody conflicts—not just coalitions. Partnership that eschew conflict for false senses of uniformity cannot adequately critique their assumptions and communicative actions pertaining to justice, goodness, equality, morality, social responsibility, etc. Conversely, partnerships that acknowledge and even celebrate their cultural differences are likely to practice and produce understandings and actions that bear long-lasting community benefits, despite periods of confusion and vulnerability.

Reflective practitioners of community-campus partnerships must monitor the extent to which different cultural systems of beliefs, values, and communicative practices advance control, power, and alienation (Welch, 2000, p. 15). Such reflection is only possible from a risk orientation, given its allowance for mutually self-critical engagement. Inclusion of multiple perspectives helps partnerships to recognize and remedy limitations across belief, value, and behavioral systems, enacting processes of exposure that Welch calls “communicative ethics.” The result may be made collaboratively (“community and solidarity”) rather than imposed culturally (“justification and universal consensus”) (p. 15). This does not mean that healthy community-campus partnerships are devoid of inequities; power and class disparities are typical, and they create tensions that require strategic mediation rather than avoidance. Applying communication ethics, then, is especially important in such contexts because it mitigates “the dangers of isolation and self-justifying ethical systems by its involvement in political coalitions and its openness to political conflict” (p. 126).

The communicative ethics process requires what Welch (2000) terms mutual “accountability” and “respect.” Accountability begins with the “recognition of wrongdoing and imbalances of power and leads to self-critical attempts to use power justly” (Welch, 2000, p. 15). This kind of moral accountability is integrative rather than distributive; participants assume and practice action that is collaborative rather than unilateral. The outcome is a willingness to interact with and empathically understand others, to better know not just one’s partners but also oneself. Respect, which is Welch’s second requisite of communicative ethics, is defined not as sympathy for others but as “an acknowledgement of equality, dignity, and independence” (p.15).

Appropriateness of the Framework

In summary, Welch’s theory asserts that social relationships rely on how partners may variously conceive and practice responsible action, according to ethics of control or risk. Whereas a control orientation is traditional in Western-democratic contexts, a risk orientation is preferable given its requirement of participants’ mutual accountability and respect. This theory provides an appropriate framework for describing, evaluating, and prescribing community-campus partnering. As “action on issues of justice *with* (not for) members of another community, and *serious* attention to the history, art, literature, ethics, and philosophies of other communities” (Welch, 2000, p. 16), the approach helps practitioners to move from shortsighted and inadvertently divisive “service” to reflective development of engaged and sustained community-campus partnerships.

Discussion: An Emergent Paradigm for Reflective Community-Campus Partnerships

Toward the reflective development of community-campus partnerships, this discussion begins with the identification of three interwoven themes emerging from the data, then evaluates the assumptive origins of such themes, and finally prescribes a shift from a reactive to a reflective approach to partnership. This reflective analysis is derived from rich and revealing interviews conducted with COPC partners.

Emergent Themes: Gentrification, Identity, and Interest

Within the context of community organizing, the MSU COPC experienced the challenge of managing divergent social identities and civic interests, as well as conflated objectives. Such themes are reflected in the assessment project’s interview data.

During the project period, a new train station was constructed within the COPC project area, as part of a direct rail link to Manhattan. This resulted in gentrification that fragmented the community along economic lines, pitting landlords against tenants and homeowners against renters. COPC community organizing efforts began to continually overlap with its affordable housing efforts as community organizers’ roles shifted, with newfound concern for preserving affordable housing. Some area residents organized to contest rent gouging by advocating the enactment of rent control. COPC organizers were challenged to navigate the competing interest groups and their political tactics during this phase.

As a backdrop for the formation of affordable housing interest groups, the COPC target area comprised at least two demographically distinct neighborhoods with conflicting class interests. As Table 1 illustrates, 1990 census data show significant demographic disparities between the target area (including both the Pine Street and Glenfield Park neighborhoods) and Montclair Township in general. However, it is important to note that the target area’s two neighborhoods differ significantly in terms of racial composition and poverty level. Also, each neighborhood features internal diversity that is not recognizable in the census data, including both middle class and poor residents who respectively resisted and welcomed MSU and HUD interest and involvement; supported and despised their area’s gentrification; and felt included in and alienated from the local political process.

Table 1: 1990 Census Data for Montclair and Areas Comprising the MSU COPC Target Area

Geographic Location	Size (sq.mi.)	Pop.	Pop. Density (sq.mi.)	% White	% Black	MHI	% Below Poverty
Montclair	6.3	37,729	5,983.6	66	31	52,442	6
“PineStreet/Glenfield Park Neighborhood”	.36	4,403	12,231	26	70	*	16
Census Tract 167 Pine Street/surrounding neighborhoods	.19	2,135	11,237	41	54	28,125	6
Census Tract 171 Glenfield Park/surrounding Neighborhoods	.17	2,268	13,341	11	85	26,658	26

* Undeterminable

Considering the different demographic and social facets of the COPC target area, it is not surprising that the rent control initiative sparked intense town-wide conflict, splintering the COPC “community” along lines between landlords and tenants, and homeowners and renters. Many middle- and upper-income property owners resisted a rent control proposal, which was generally supported by moderate- and lower-income renters.

At the outset of the COPC project, all partners shared an interest in ensuring housing affordability and economic diversity in the target community and Montclair overall. Partners were divided, though, on how closely the COPC should be associated with community organizing efforts around affordable housing, especially pertaining to rent control. The COPC Advisory Board struggled to balance multiple spheres of local influence. A few partners, who were also Montclair residents, became community leaders, but beyond the aegis of the COPC project. This resulted in conflicting roles and resources. Other COPC partners vehemently protested such actions, claiming these partners were out of bounds and damaging fledgling relationships. The COPC itself never took an official position on the rent control issue, and ultimately experienced severe interpersonal and ideological rifts.

The Consequences of a Control-based Ethic of Partnership

A willingness on the parts of both university and community members to give up some ideological and behavioral control involves taking risks in the form of moral accountability. All partners are accountable not only for successful outcomes and innovative strategies, but for the assumptions, behaviors, and policies they support and/or condone. These assumptions, behaviors, and policies perpetuate the very social problems the partnership seeks to address by maintaining the ideologies that underlie and support structures of injustice and discrimination. The COPC Assessment Project's research findings identified many barriers and challenges to the partnership that resulted from a risk-averse control orientation among and between partners. Such behaviors included the exclusion of controversial entities/personalities, the avoidance of conflict, a lack of willingness among partners to create and be accountable for an independent partnership identity, an imbalance in governance and decision making, and unclear communication between partners regarding partnership goals, intentions, expectations, and limitations. This conditional embrace of mutual accountability caused partners to perceive each other as untrustworthy, to view control-oriented behaviors as disrespectful and insincere, and to generate reactive behaviors that perpetuated the cycle of competition and alienation.

In defining community identities and issues, the illusion of simplicity prevented real opportunities for project partners to speak candidly about their confusions.

The MSU COPC organizers had authority in identifying the target community and its pressing issues. It is important to note that the designated "community" was not as discrete and homogeneous as initially presumed. As described above, it was a combination of at least two socially and economically distinct communities, aware of each other but socially, politically, and economically divided. Treated as a bounded entity, the target area was a product of convenience and contrivance. Furthermore, the issue of affordable housing, although responsive to area residents' input, was a product of HUD-defined criteria.

In defining community identities and issues, the illusion of simplicity prevented real opportunities for project partners to speak candidly about their confusions. Nearly all respondents in the COPC assessment research mentioned experiencing internal conflict about affordable housing issues, but, in lieu of means for coordinated discourse, chose their own ways of dealing with such issues. COPC partners on either side of the issue became reluctant and, at

times, unwilling to share information supporting or opposing rent control. Additionally, some partners became unwilling to work together on any COPC-related issues.

Welch's theory of responsible action (2000) provides a means for evaluation. Community-campus partnerships are typically assumed to involve two entities: a university and a community. This construction obscures the existing diversity in both the university and the community. A community is not the same as a geographically or demographically defined neighborhood (Peterman, 2000). If a university uses geographic, social, and economic variables to define the "community" with which it wants to partner, it will learn that such an area includes any number of distinct, interwoven, and shifting "communities." Although individuals within an identified geographic area may live in proximity and appear similar based on social, racial, and economic measures, they are self-assembled into multiple "communities" with both shared and conflicting interests. These self-defined "communities" overlap and divide geographic areas in terms of the various issues or interests that have been used to define them. Barriers and rifts may result from social and public policy questions that pit interest groups against each other over scarce resources (such as whether to invest in senior housing over school renovations) while overlaps may occur when issues apply commonly to various interest groups (such as a proposed park closure or cuts in community policing resources).

The tendency of universities to use such determining categories is motivated by the fundamental assumption of a bounded community, which is never much more than a statistical construction meaning little to those residing within the so-called "community." The notion of an exogenously defined, bounded community is consistent with an ethic of control as it allows for the identification of both an easily defined "problem" and the subsequent development of a unilateral solution, the aims of which can be satisfactorily assured. This assumption has been institutionalized through the expectations of funding agencies, which typically require grantees to identify community needs in simplistic, quantifiable terms.

Toward a Risk-based Ethic of Partnership

Our data suggest that MSU COPC goals were obstructed by a lack of communicative ethics, not as a result of the participants' divergent perspectives. According to Welch's theory of responsible action (2000), the discernment of norms and strategies requires mutually reflective interaction within and across communities' cultural identity-groups. In Welch's words, "genuine communication has not occurred until we become aware of the flaws in our culture that appear quite clearly from the vantage point of [other cultures]" (p. 127). The notion of a segmented community, inclusive of multiple and diverse units, exposes various, and often conflicting, interests, intentions, attitudes, beliefs, and communicative behaviors. Handled with unilateralism, community life is subjected to the convenient assumptions and intentions of empowered interests. With an ethic of risk, however, problems may be reasonably and justly addressed and, if not tidily resolved, at least managed effectively.

The problems of the MSU COPC, including the hardening of social identities and positions, could have been mitigated by fostering the process of communicative ethics, as conceived by Welch (2000). Such an effort would have allowed the partnership itself to become a transformative agent, providing all partners with the lens of the "other" and allowing

questioning of the community's various assumptions, logic, beliefs, and behaviors in a climate of mutual accountability and respect. However, partners within the COPC framework did not (and institutionally could not) ask if their beliefs and behaviors were perpetuating some level of injustice, and, if so, what could be done to right that wrong.

Controversy and conflicting interests were identified by nearly all interviewees as obstructing MSU COPC goal achievement. Interviewees mentioned numerous conflicting interests among partners, many of which reflected distinct partner perspectives regarding economic justice, political persuasion, and resource allocation. It is not unreasonable to expect community-campus partnerships to be rife with conflict and setbacks. Such a condition presents a challenge requiring communicative ethics, but does not predispose a partnership to failure. If engaged with an ethic of risk, conflicting perspectives could serve to transform partners and lay the foundation for sustainable, responsible, and just partnerships. In the case of the MSU COPC, conflicting perspectives became problematic due to lofty, unrealistic, and unilaterally imposed goals, such as the attainment of a shared *vision* toward rectifying problems rather than a shared *agenda* working toward the achievement of short-term goals in the expectation of maximizing the opportunity for future action toward justice.

If engaged with an ethic of risk, conflicting perspectives could serve to transform partners and lay the foundation for sustainable, responsible, and just partnerships.

It is unrealistic to expect any partnership to anticipate all potential challenges prior to planning and embarking upon programs and initiatives. MSU COPC partners never anticipated the affordable housing and community organizing efforts to overlap into a community movement for rent control. If organizers and participants had enlisted an ethic of risk from the onset, there would have been a flexible process for mitigating emergent challenges through communicative ethics, yielding genuine responsible action. Prior to embarking upon collective strategizing and action, partnerships such as the MSU COPC must develop a cultural foundation solid enough to absorb, digest and respond to arising circumstances, yet flexible enough to allow the involved entities independence and room to develop their identities and relationship within a dynamic community.

It is equally unrealistic to expect partnership to be successful—much less possible—in all situations. When prospective partners are unwilling to engage in the process of communicative ethics around an issue, such an issue may not be appropriate for that particular partnership to take on. Within partnership processes, some issues will simply have to be left off the table due to irreconcilable perspectives or interests. This is not to be seen as a weakness of the partnership, but rather as a reality of partnerships in general; no one partnership is a cure to all ills. Such issues can and should be dealt with outside the partnership within or between individual community groups.

The notion of risk versus control, when applied to community-campus partnerships, provides a model for both developing an effective partnering process and assessing the partnership's process and outcomes. Additionally, if implemented in the development of partnership, a risk orientation should close the gap between the historical performance and yet-unrealized

promise of partnership. A critical aspect of the implementation of such a model requires reflectively confronting a few thorny questions: Is it possible that our historical and cultural understandings and expectations of partnership are fundamentally flawed? Is it possible that a primary outcome of partnerships, especially those between universities and communities, should be the ideological transformation of partners, meaning that all participants emerge from the experience with newfound understandings of both themselves and one another? Is it possible that without such an experience, genuine and sustainable partnerships for social change will be an unrealized goal?

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Kenneth Brook is a professor of Anthropology at Montclair State University. He has served as Chair of the Department of Anthropology, Director of the BA-MA Program in Practical Anthropology and Chief Negotiator for Local 1904, AFT, AFL-CIO. He is one of the founders of the Service-Learning Program at MSU and has been designated as a Service-Learning Scholar. As such, he assisted in the conceptualization and drafting of the successful MSU Learn and Serve and COPC proposals. As an applied urban anthropologist, he has numerous publications and presentations in the areas of anthropology and gerontology, and anthropology and service-learning. As Chief

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Todd Kelshaw is assistant professor of Communication Studies at Montclair State University. His research and scholarly writing considers deliberation and dialogue in public meetings, with special care for the institutional inclusion of citizens' voices in policymaking. This interest is shaped by broader concerns about contemporary organizational life as it is influenced by forces of globalization, post-modernity, and democratization. His teaching interests include organizational, group, and interpersonal communication topics, with emphasis on connections between theory and practice. He is particularly interested in experiential- and service-learning initiatives, and practices of civic engagement.

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Men on the Move: A Partnership to Create Educational and Economic Opportunities

Victor Motton, Elizabeth A. Baker, Alfronzo Branch, Freda L. Motton, Teresa Fitzgerald, and Ellen Barnidge

“We can break the life threatening choke-hold patriarchal masculinity imposes on black men and create life sustaining visions of a reconstructed black masculinity that can provide black men ways to save their lives and the lives of their brothers and sisters in struggle” [1]

As with many other community-campus partnerships for health, our partnership started with a focus on disease, particularly disparities between African Americans and whites in the incidence and prevalence of disease within our community. In our interventions we focused on the risky lifestyle behaviors associated with these diseases (e.g., smoking, physical inactivity, poor nutritional intake). As community members and academic partners learned to listen to each other in new and different ways, the importance of focusing on the underlying factors influencing health and health behaviors began to take precedence. The result of this new focus is the Pemiscot County Men on the Move (PCMOM) program, a program that addresses educational and economic opportunities as they directly and indirectly affect the health of African American men. We hope that by sharing our story about the development of the PCMOM program, we can facilitate other coalitions interested in addressing health disparities in moving from a focus on disease and risky lifestyle behaviors to a focus on the underlying conditions (i.e., social determinants) that act as barriers to change and therefore to health disparities.

As community members and academic partners learned to listen to each other in new and different ways, the importance of focusing on the underlying factors influencing health and health behaviors began to take precedence.

Starting with the numbers

As is traditional for public health initiatives, we began our work together by looking at the surveillance systems. We wanted to see what they could tell us about the basic demographics within Pemiscot County and determine if there was any evidence of disparities in disease among African Americans and whites in Pemiscot County.

Pemiscot County, MO is a rural community covering 493 square miles. Without a metropolitan area, it is home to approximately 19,800 people. Twenty-six percent of Pemiscot County residents are African American and 30% live below poverty (in comparison to 10.6% in MO as a whole) [2]. State-level data suggest disparities in a number of health outcomes. For example, for every 100,000 African Americans in Pemiscot County 608 die of heart disease in comparison to 450 deaths due to heart disease for every 100,000 whites¹. Similar patterns emerge for deaths due to AIDS (11 per 100,000 for African Americans, 1 per 100,000 for whites), and cancer (258 per 100,000 for African Americans and 199 per 100,000 for whites)[2]. State data systems also show that African American men within Pemiscot County

1 Data were collected from the Missouri Information for Community Assessment. The data were scaled to 100,000 in order to show population differences.

have death rates that are twice as high as African American women within Pemiscot County (1693 vs. 842 per 100,000)[2].

Going Beyond the Numbers: Working Together to Assess and Document Community Health

These numbers tell a story about the conditions that exist in Pemiscot County. However, in order to understand truly what is happening in our community, we had to take into account the context in which we work and live.

To do this, we conducted our own assessment of our community. This assessment included several different methods of collecting community information including interviews, focus groups, and the development of posters illustrating the community's health. The posters were later used to prompt further discussion. From these various data collection methods, we generated information about the strengths and assets within our community as well as the challenges we face. We also discovered that when we asked about the "community's health" (rather than disease), using methods that allowed for inclusion of a variety of voices, we generated discussion of the fundamental determinants of health and disease, or social determinants.



While we cannot review all of our findings here, it is useful to share some of the specific information that we gathered in our assessments. We found, for instance, that young African American men often leave school with few skills and/or inadequate skills and a poor sense of their own abilities due in part to the poor opinions expressed by teachers and administrators. They see little hope for the future given these few skills. Moreover, they look around them and see few jobs, little opportunity for personal development, and few positive male role models. In discussions among community members, this was in turn seen as leading to risky health behaviors that combined with other individual and social factors leads to poor health outcomes. Community residents reflected further on these issues (in additional community meetings) and saw that both individual (personal) responsibility as well as problems with community infrastructures led to these risky health behaviors and disparities in health outcomes.

In our assessments, the community participants indicated that while there were a number of committed individuals and organizations within the African American community, they needed to do two things. First, they needed to find better ways to work with the young men to address these issues. Second, in order to create changes in community infrastructures, they needed to improve their relationships with individuals in governmental positions and community organizations. In both instances, it was clear that the history of the community needed to be taken into account before moving forward.

In order to be effective at working with the young men it was essential to have the men in the community take the lead in developing and implementing programs. However, to do this the community needed to acknowledge that many of the men in the community had similar experiences to the ones the young people were currently experiencing. Therefore, in order to

have adult male role models, the community first needed to work with adult men to enhance their skills, to expand their capacities and hope. With these new strengths the men could then transfer and model this, to younger men.

In terms of working with individuals in governmental positions and community organizations, history also plays a crucial role. Specifically, Missouri is the *Show Me* state. According to the Missouri History website this title refers to the conservative, stubborn nature of our population [3]. The history of Missouri also reflects events that have challenged racial relations between whites and African Americans. This is in part due to the Missouri Compromise. Based on powerful white interests and the resulting Missouri Compromise, when the rest of the land within the Louisiana Purchase was annexed to the Union as free, Missouri was annexed as a slave state [4]. This reinforced the perception, and the experience, that state and federal governments would abandon African Americans living in our communities if it benefited the white majority. This understandably led to distrust between races and structures that reflect institutional racism. Taken together, these historical facts still influence our ability to work with governmental and community organizations — and across racial divides — and, to develop programs to improve health among African Americans in Pemiscot County.

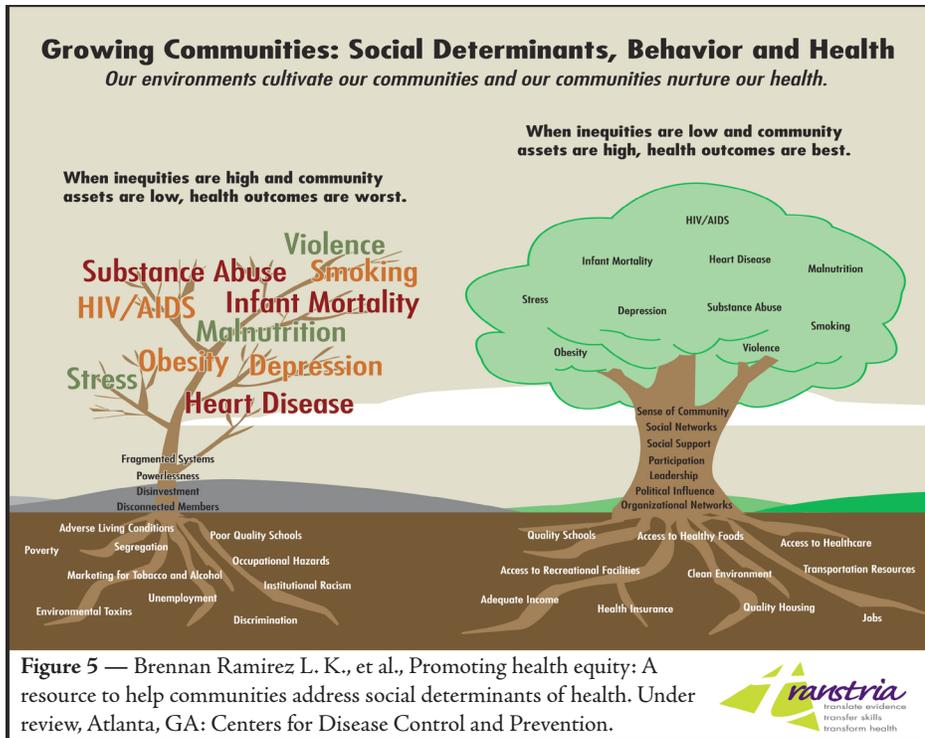
Re-enforcing Existing and Developing New Partnerships to Help Us Move Forward

Clearly, our findings from the community assessments led us to change the focus of our interventions from physical activity, nutrition, and smoking to more fundamental or social determinants of these risky behaviors. We decided we needed to focus on creating educational and economic opportunities for African American men. Because our community-academic partnership was initially focused on disease, we needed to find ways to share this information with existing and new partners in a way that helped us to describe how disease was related to social determinants. In other words, we needed a way to help everyone get on the same page and have the same understanding of how the fundamental issues uncovered in the assessments were associated with health. We found that Figure 5 was particularly helpful to us in putting these issues within a health context.

Figure 5 clearly shows that by focusing on improving the fundamental determinants in the soil (e.g., eliminating institutional and individual racism, providing adequate income and meaningful work, ensuring a clean environment, access to healthy foods and places to be physically active, providing quality schools) in a way that builds and nourishes the tree (e.g., by using methods that increase sense of belonging), we can decrease the negative health outcomes in our community. The figure and the framework it suggests, reflected our new way of thinking about things in a way we could share with others.

We not only needed a way to describe how social determinants were associated with health outcomes, we also needed to reconsider how to work with partners, both existing and new, in ways that maximized participation and helped us head in our new direction. To do this in

Because our community-academic partnership was initially focused on disease, we needed to find ways to share this information with existing and new partners in a way that helped us to describe how disease was related to social determinants.



a meaningful way, we did the following: 1) invited partners to join our new efforts; 2) held meetings at times when our new and old partners could participate; 3) created communication patterns within our meetings that enabled new and existing partners to feel welcome; and 4) organized our efforts so our partners knew we were serious about our pursuits (agendas, minutes, etc.).

Moving Toward Action

With our new partnerships in place, we revisited our assessment data. This review and the discussions that followed led us to recognize the complexity of relationships within our community. What continually emerged through this process was the need to create educational and economic opportunities for African American men in our community. We realized we needed to find out who else in the community was addressing these issues and how. We found some programs that were doing work in these areas including our local General educational development (GED) program, a mentoring program that assisted youth with homework, and a mentoring program that provided youth with financial skills.

We also looked at academic perspectives on educational and economic development. In particular, our community and academic partners jointly read about social learning theory and the importance of providing problem solving and goal setting skills to the men in our programs. We saw this information as particularly helpful in understanding issues related to personal responsibility and its incorporation into our intervention programs. In order to understand how the problems with community infrastructures influenced health behaviors and health outcomes, we read about intersectionality. We saw intersectionality as a framework to help us understand how race, class and gender acted together to create the conditions we saw and experienced within Pemiscot County. We also discussed the history of integration in Pemiscot County schools and businesses to understand how this history influenced existing conditions.

As we filtered these other programs and perspectives through our own experiences, we were able to synthesize what we learned and began to envision the programs we wanted for our community. As we did so, we came upon a program, Fatherhood First, with many of the elements and the philosophy that we saw as critical to creating change. The Fatherhood First program was the only program in our community that focused on the specific needs of African American men. While the program did not have a focus on educational or economic development, it did work with men to help them develop self-esteem, and problem solving and goal setting skills. One of the most important features of the program was that it created an environment different from other programs in the community. Rather than the more typical program environment shrouded in institutional racism, the program provided an environment of support and comfort. Men in the community trusted the Fatherhood First program, as did the local community organizations that referred men to the program. Therefore, we worked with the existing GED and Fatherhood First programs to pilot test our intervention. We found that by doing this, we were able to get more men excited about getting their GED. In addition, our program provided a vehicle for men to give back to the community through various community activities (such as Back to School events).

This initial pilot did not however have the funds to do a more thorough assessment or address some of the barriers men faced in obtaining additional education or jobs (transportation, child care, no jobs available). Sadly, the Fatherhood First program lost its funding. But through our continued efforts and commitment to partnership, we were able to obtain additional funds through the National Institutes for Health National Center for Minority Health and Health Disparities. With our new funding, we are working with local politicians, businesses, and schools to enhance and develop educational and economic opportunities for African American men in our community. We have recently had an opportunity to work with the mayor and county wide economic development efforts. We have also been able to get an African American woman elected to the school board for the first time.



Lessons Learned

We have learned many things about our partnership through these efforts. First and foremost, we recognize the importance of focusing on the foundation for health in our community. This has at times been challenging. On the one hand, we have had criticism from individuals who feel that our step-by-step approach to addressing educational and economic development does not adequately recognize how national and global social and economic forces influence these issues in our own community. On the other hand, public health practitioners and funders have criticized us because we do not have a categorical disease focus. As residents of Pemiscot County, we experience life as a complex web. Through the process of community discussion, we recognized this web as the interconnectedness between basic education, life skills, the ability to obtain and/or create jobs, hope, and health. As a member of our community planning committee stated, "In addition, with self-esteem and a GED we will motivate men to search out and pursue additional education and a better life. We are providing a fishing pole and the skills to use it. We are also working to create jobs. But even if there is not necessarily the best

fishing around here they will have the tools to do well whether they stay or leave here. They will carry these traits and new traits as they raise their own kids. We are also showing the community that we can plan and implement a program that serves the community...they see African Americans putting back into the community — working together. We are helping more than just the men — we're helping the community as a whole. We are improving community health.”

Too often, others have come into our communities and told us what is best for us and why our health problems exist. While some of the programs instituted through these outsiders have resulted in meaningful improvement in our lives, we believe that in order to change the status quo, community members must be active in defining the focus of interventions and the ways of creating change. Pemiscot County Men on the Move is a product of this type of community input. We recognize that there are national and international factors that influence the economic and social conditions, and therefore health, within Pemiscot County. That said, we either can accept these conditions as unchangeable or we can work within partnerships that enable us to see the potential in working to develop educational and economic opportunities through participatory and grassroots strategies.

Too often, others have come into our communities and told us what is best for us and why our health problems exist.

We have also learned a lot about sustainability. Sustainability for us is a commitment to our participatory process. This process enables us to bounce back from challenges and lack of funding, stay engaged, and make a real difference. While we will always need money to run our programs, the glue that holds the partnership between community and academic partners together goes far beyond finances. In order to stay engaged, all partners need to be involved in thinking about how our program is developed. This requires each of us to go beyond simply doing our various job tasks to developing a common understanding of the issues. One way we have done this is by developing a book club for our staff that enables us to stay focused on the reasons why we are doing this work, and helps us to think about how and what we are doing. We also recognize that this type of learning is important for the community at large, and have an on-going book drive to increase the number of books in the local public library by African Americans, about African Americans, and about issues related to race and racism.

Last, but not least, we recognize that within our rural communities we need to build bridges that enable us to move forward. We have seen the benefits of working with and enhancing existing community organizations and political structures. When building on positive structures, we can benefit from the trust and relationships built with the community, and we can blend these with other groups that may not have these relationships but have important contributions to make to the community.

Conclusion

Pemiscot County Men on the Move is moving forward. We are beginning to understand how the various factors come together to influence the ability of men in our community to obtain jobs and an education, and the influence this has on health as well as other aspects of their

lives. Our hope is to develop a program in which men participate in creating a new generation that is better able to respond to the challenges they will face. To do so requires acknowledging both the collective and individual aspects of their experiences.

We believe that even small changes have the potential to strengthen the fabric of our community and enhance the likelihood that individuals will be able to reach their full potential. We hope that a change in any part of the fabric will have ripple effects. As stated by Margaret Mead, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”



Acknowledgments

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About the Authors



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Alfonzo Branch has been involved with a number of community organizations and was project manager for the Pemiscot County Fatherhood First program. He is currently a staff member for the Pemiscot County Men on the Move program.



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Narrating the Journey: Immersion Learning in the Migrant Latino Community

Michael F. Bassman and Kendra E. Harris

Introduction

A successful Academic Service-Learning program must first provide for students the ability to integrate the classroom experience and the application of theory in practice. While it is hoped that students develop a sense of civic engagement and responsibility, they will need, at the same time, to marry learning abstract academic concepts with solving real community needs. Rural Eastern North Carolina offers a rich abundance of opportunities for students to experience immersion learning while addressing community needs through productive partnerships between campus and community. Through such a partnership with East Carolina University (ECU), a dedicated but underserved elementary school and a rural community join forces with a very special group of students and faculty to address literacy and language barriers, health and safety education, and the development of leadership and civic engagement in future health care and education professionals.

Rural Eastern North Carolina offers a rich abundance of opportunities for students to experience immersion learning while addressing community needs through productive partnerships between campus and community.

A recent significant influx of immigrant Latino families in Eastern North Carolina, particularly migrant farmworkers, has created great need for educational support, especially in reading and language education for the children and adults of primarily Spanish-speaking families. Additionally, given the significant presence of the university's school of medicine in the community, future medical and education professionals practicing in this region will need to develop a comprehensive cultural understanding of the Latino community and their health, nutrition and safety education needs as well as gain a greater appreciation for diversity in order to best serve this population.

Program Overview

Such an educational experience is being developed at East Carolina University under the direction of Michael F. Bassman. His work with the Honors Program and the EC Scholars Program at ECU has long supported community engagement and the university's mission of "serve" (to serve), leadership development and undergraduate research. These programs for academically talented undergraduates stress the value of early opportunities for participation in community outreach, the development of leadership skills, engagement in research and the use of Academic Service-Learning as an integrated part of the curriculum, providing a rich foundation for developing partnerships between the community and the campus.

The Honors Program invites academically motivated first-year students who have applied to ECU meeting minimum criteria of 1200 combined Verbal and Math SAT scores or a 26 or better ACT score and an unweighted high school GPA of 3.5 or more. The EC Scholars Program is a comprehensive, four-year educational experience including a competitive, merit-

based academic scholarship. Each year, between twenty five and thirty incoming first-year students are chosen to participate in this program. Within this group, there are four Early Assurance Scholars (and four Alternates) chosen, who, upon completion of the EC Scholars Program with a cumulative GPA of 3.5 or better, are guaranteed admission to the Brody School of Medicine (BSOM). For these students, the MCAT and interview requirements are waived, as well. Typically, at least 90% of students in each class of EC Scholars are in pre-medical or allied health related or education courses of study. In order for EC Scholars to maintain their scholarships, they must successfully complete required coursework and the conditions necessary for graduation with University Honors, which include maintaining a GPA of at least 3.5 and completing an independent Senior Honors Project.



In teaching the EC Scholars in a required first-semester Humanities seminar, Dr. Bassman found them to lack experience with and exposure to rural communities, rural health education and cultural and social diversity, and he found they have had limited opportunities to participate in research and to develop and practice leadership skills outside of extracurricular clubs. Either through experience or bypass credit, these incoming students exclude themselves from critical research and educational opportunities that would better prepare them to serve rural communities and immigrant families in particular. It is crucial that they gain insight as soon as possible into the community, families and health education issues of the Latino migrant farmworkers and put theory into practice by stepping outside the classroom and into the world of their future clients.

The purposes of this ongoing and evolving community engagement instructional program are to 1) foster and develop in emerging healthcare professionals at ECU an understanding and appreciation of community diversity, social engagement and activism and an understanding of the health, nutrition and safety issues faced by Latino families in rural North Carolina, 2) provide literacy tutoring and educational mentoring to first- and second-grade Latino children at an elementary school in rural Eastern North Carolina, and 3), provide health, nutrition and safety education for Latino children and immigrant families through both the tutoring program and through adult English as a Second Language (ESL) classes provided at the elementary school.

The groundwork for this program was begun in Academic Year 2004-2005. During the Fall Semester, EC Scholars were involved in Kindergarten Readiness programs across Pitt County with the intention of serving as mentors and reading tutors. The university students were valued highly by teachers and children alike, but in crowded classrooms they were often ultimately used as teacher assistants and they did not have the opportunity to work individually with the children.

This program model provided us with several important lessons. Notably, it fostered limited community involvement outside the schools. Family and community events held on campus drew none of the invited elementary students and families, despite our sending invitations in

Spanish and English and creating social events featuring food and refreshments. We discovered the need to find familiar, community-centered locations for the social events, such as Belvoir Elementary School. The university, we surmised, represented an intimidating and distant location to families where traffic and parking regulations are complex and campus is unfamiliar territory. Second, assigning university students to schools across the county made it difficult to keep track of them and their progress. Finally, Scholars and elementary students alike would have benefited more from a full-year experience, rather than limiting it to one three-month semester where opportunities for tutor-child bonding were shortened and elementary children faced the second half of their school year with no tutor/mentor.

Using these and other lessons learned in the first year, the program was modified for Academic Year 2005 – 2006 so that the EC Scholars would work only at one school for the full academic year, would incorporate the work into two sequential semester-long courses in their first year and would work only on reading with first- and second- grade students. Through the Pitt County Schools and the work done during the first year of the program, ECU began the partnership with Belvoir Elementary School, an underserved K-5 elementary school in rural Pitt County about twelve miles from the ECU campus. Additionally, the program was modified to include tours of Mt. Olive Pickle Company and Carolina Turkey to familiarize university students with some of the local agricultural industries in this region, and to include a trip to Washington, D.C. to visit the U.S. Holocaust Museum and the National Museum of the American Indian. During this second year of the program, family and community events were held at the elementary school where we experienced strong participation.

University students delved into family life and the challenges children faced outside of school. An ongoing reflective journal of their experiences was one of several key class assignments. The journals are evaluated on students' effort, forthrightness and the energy put into the reflection process. Attitudinal shifts, soul-searching exploration and honest reflection are among the primary goals with journal assignments, which are assessed on a regular basis throughout the semester. The semester culminates in a final project in which groups conduct community assessments in which they evaluate what primary challenges face the community and what resources are currently available and how they are being utilized. They develop recommendations and present their findings to the class and invited guests, including City Councilors. While the community assessments completed by most students in the seminar proved to be disappointing in this past year, it is hoped that the expanded program will generate extended contact with the families of the elementary children, facilitating a more in-depth exploration of the community and more comprehensive research resulting in observations and recommendations of a more proactive nature, such as bringing a chapter of El Pueblo to the region. El Pueblo serves the state of North Carolina as a nonprofit advocacy organization focused on enrichment and strengthening of the Latino community through advocacy, education and legislative action.

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Since the university tutors bonded easily with their mentees during this second phase of the program, we expect that this will continue to provide a particularly salient link with this

community as the program engages university students with the children and families. This bonding has shown to be effective in reducing in the university students' cultural and ethnic misperceptions, even for those demonstrating racist beliefs prior to their involvement with the project. To further the connections between the university and elementary students, the children come to campus as special guests for a day to tour the library, eat lunch with the university student tutors and participate in a session of Storybook Theater put on by students and faculty from the ECU Theater department. For most of the Belvoir students, it was their first visit to ECU, despite living within close proximity to campus. They received ECU sweatshirts, notebooks and pencils to welcome them and generate a sense of belonging and accessibility to campus. We called them the "Belvoir Scholars" and emphasized that in several years, they could be "EC Scholars" and attend ECU or another university, planting the seed early that attending college was one of several options open to them.

The next phase of this program, to begin in Academic Year 2006 – 2007, seeks to include more intensive reflective work as the university students work individually and in small discussion groups to process their experiences with the Belvoir community. Additionally, nutrition, health and safety education will be included for the children and families through increased accessibility for the mothers to ESL classes and additional reading experience for the children. By combining reading and language tutoring in the elementary school and adult ESL classes with health, nutrition and safety education, several community needs can be addressed while providing a rich educational experience for students training to become future medical professionals and educators.

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Project Design and Instructional Methods

First- and second-year EC Scholars are required to take two courses during their first semester, and one each in their second and third semesters that directly relate to cultural diversity, rural community health issues and the study of current events from a multidisciplinary perspective. All of these courses incorporate Academic Service-Learning and community engagement in their curricula. The Rural Health Literacy Instruction program will span an entire academic year, incorporated as part of the first- and second-semester required courses.

Since at least 90% of incoming EC Scholars at ECU are intending to enter the health or education professions, first-year students in the EC Scholars Program will participate in educational experiences designed to illuminate issues of poverty, immigration and integration, cultural diversity, racism and nutrition, health and safety education in rural communities. In addition, they will be engaged in Academic Service-Learning through providing in- and out-of-classroom tutoring on reading skills with first- and second-grade students identified as primarily Spanish-speaking. Reading materials will focus on nutrition, health and safety and incorporate educational activities created by the university students in fulfillment of course requirements. They will incorporate the health, nutrition and safety education that the children receive at school in order to bring the lessons into the home.

Each year, an EC Scholar will be paired with a First Grade or Second Grade student at Belvoir Elementary School for the duration of the academic year as a reading tutor and educational mentor. University students will also conduct health and safety education through existing ESL classes for adult family members of the immigrant Latino community of this school. Elementary students will use books and materials focused on health, nutrition and safety, and will be given their own books with which to continue to practice reading and learning.

The university student tutors will work with the Spanish-speaking elementary students for two hours per week by tutoring reading in a combination of in-classroom shadowing and one-on-one work away from the classroom. Term projects will involve students in examining and researching community educational needs for health, nutrition and safety and will develop and conduct educational experiences for the elementary children and their families. Scholars will be required to conduct a case study as part of their second-semester follow-up course documenting what each has observed and learned in working with the Belvoir students regarding home life, environment and the effect on health. University student tutors will participate in individual and small group discussion sections focused on reflective processing of their experiences and they will attend workshops on poverty, diversity and prejudice and engage in leadership development activities. They will be required, beginning in the Fall 2007 semester, to take a co-requisite course introducing them to rural health education, also incorporating the Academic Service-Learning element of the curriculum. They will see the housing in the migrant farm workers' community and will learn about the work carried out in the agricultural arena. Additional activities such as interaction events with parents and families will occur at Belvoir Elementary School.

The Belvoir students will be invited to the ECU Campus twice each semester to tour the library and parts of campus, to attend a Story Book Theater presentation and have lunch with the EC Scholars as part of the educational mentoring process and to foster increased academic motivation and accessibility to postsecondary education.

Based on research conducted during the Spring 2006 semester by two graduate exchange students, the ESL classes currently held at the elementary school in the evening will be incorporated into the program. This research indicated a level of frustration felt by mothers of this community. They indicated their desire to learn more English so they could assist their children with homework, increase their involvement with the community and seek employment outside the home. However, their role as primary caregiver for the families' children made it difficult to attend the ESL classes provided, despite the convenience of being located at Belvoir. This research finding provided an opportunity to expand the tutoring program to include the opportunity for interested mothers to attend the ESL classes and bring their children to the school where they would have additional reading time with the university tutors.

Second-year EC Scholar students will serve as project mentors to the first-year students, fostering leadership development, providing guidance and support for first-year students, and providing the opportunity for them to continue their work with the Belvoir Community.

Parallel ongoing research by professors within the ECU Department of Psychology will examine the effects of participation on both Belvoir students and the university tutors and will be incorporated into the evaluation of this program.

After participation in this program, the ECU students in the first year have shown a greater appreciation of the cultural diversity and some of the socioeconomic issues faced in a rural community. Through this partnership with the Belvoir community, these university students are providing valuable tutoring and educational mentoring to the primarily Spanish-speaking elementary school children and through the experience will be better prepared to serve the immigrant families and other clients in rural Eastern North Carolina, either through service in education, the medical professions or social activism. During the second year of the program, the reading test scores of the first- and second-grade elementary students participating in the program will be compared to the scores of their peers who are not participating in the program. First- and second-grade teacher reports indicate their students participating in the program demonstrate an increased interest and engagement in classroom participation at school.

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Evaluation Plan

The program will be evaluated during the 2006-2007 school year to measure its effectiveness in 1) developing diversity awareness and appreciation, leadership skills, a commitment to community engagement, and reducing racism in the EC Scholars, 2) improving reading performance, academic achievement motivation and incorporating the nutrition and safety education received at school into life at home with the family, and 3) increasing the awareness of the parents of immigrant families of the importance of healthy nutrition and safety issues in a rural community.

Conclusion

Many students in the Honors Program and many of the EC Scholars represent ECU's largest and most academically motivated group of potential health care professionals who will serve in the largely rural eastern North Carolina. Therefore, it is critical to begin sensitizing these students as early as possible to the differences in culture and the complexities of healthcare for the population of this region, particularly underserved groups such as migrant Latino farm families. Because of the accelerated progression of academic coursework in the pre-health courses of study, second-, third-, and fourth-year students tend to focus on the specifics of their major- related coursework rather than on the valuable immersion learning opportunities available to them. As a result, it is essential that students take part in educational experiences during their first year in which they will gain understanding and appreciation of the cultural, social and occupational diversity of this community, apply the theory learned in the classroom, and be able to incorporate their learning into future educational experiences. Partnerships with schools such as Belvoir Elementary School can address key educational goals of both university and elementary students and augment innovative programs and curricula while providing valuable community service. Critical elements of this partnership have included the

excellent stewardship of Belvoir Principal Glenn Joyner, the development of relationships with the school community through Reading First Coach Ruth Millar, and the strong support of teachers in the classroom as well as faculty support at ECU. Due in part to Belvoir Elementary School's commitment to this partnership with ECU, the school was recognized for excellence in supplemental education, most recently by being awarded the Bank of America Entrepreneurial Award in May, 2006.

The "Crossing Local Borders Immersion Education Program" is designed to engage both university and elementary students in learning from each other and bridging the differences in language, culture and perspective. It utilizes Academic Service-Learning and community engagement to help each grow in their understanding and appreciation of the other's world and generate an excitement about continuing to explore through education and partnerships between community and campus.

About the Authors



Michael Bassman completed his graduate studies in Romance philology at Brown University and the University of Connecticut with time off to spend a year in France and later a year in Romania as a Fulbright Scholar. After teaching six years, he decided to return to school to pursue his interest in Yiddish Studies, which, in time, led to the Holocaust. He studied at Yad Vashem Holocaust Institute in Jerusalem and the Hebrew University of Jerusalem. He later established the Holocaust Studies Program at East Carolina University (ECU).

Since 1998, he has served as Director of the University Honors Program at ECU, developing many comprehensive academic programs and undergraduate research opportunities, including academic service-learning and diversity appreciation. Under his leadership, the Program has grown from 450 to 1,400+ students, garnering administrative and faculty support and increasing visibility. The Office now oversees several fellowships and scholarships, the University Honors, the EC Scholars and the International Student Scholars Programs and the Office of Undergraduate Research.

He recently created the International Student Scholars Program, partnering academically talented International students with ECU Honors students. His leadership experience includes co-founding ECU's Ethnic Studies Program, for which he served as Director for ten years, co-organizing the UNC Consortium on Undergraduate Research, serving by gubernatorial appointment since 1995 on the North Carolina Council on the Holocaust, and election to serve as Councilor for The Council on Undergraduate Research. Dr. Bassman also serves as Assistant Vice Chancellor.



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Ethics in Community-University Partnerships Involving Racial Minorities: An Anti-Racism Standpoint in Community-Based Participatory Research

Hélène Grégoire and June Ying Yee

The elimination of health inequalities requires collaborative research approaches that are action-oriented and challenge the status quo. Community-based participatory research (CBPR) has gained recognition as a particularly useful approach for promoting health and reducing disparities. While this approach was developed in large part as an attempt to rectify ethical problems that are common in traditional research (such as the limited relevance and benefits of the research for the community), it continues to pose various ethical dilemmas. In a context where inequalities are racialized,¹ failing to reflectively address these dilemmas can result in furthering the exclusion of racial minority communities.

In order to address racial inequities, we argue for the use of an anti-racism research methodology within CBPR because of its emphasis on transforming research practices that have historically depended on and perpetuated unequal relationships between the researcher and the researched. First, we begin by clarifying why we see CBPR and anti-racism as compatible approaches and we highlight some of the ethical conflicts laid out in the CBPR literature. Next, we offer a few anti-racism strategies and examine the additional ethical challenges that the anti-racism lens enables us to perceive and address.

CBPR and Anti-Racism Research Methodologies

Meredith Minkler (2004) indicates that CBPR is rooted in two main traditions: action research, developed by social psychologist Kurt Lewin in the 1940s as a means to overcome social inequalities, and alternative approaches that emerged in the South from work with oppressed groups. In particular, Paulo Freire's work as an adult educator led to the development of participatory research as an approach that recognizes oppressed people's capacity to identify, analyze and find solutions to their problems and to collectively generate and control their own knowledge rather than letting outsiders be the "experts" on their situation. As a form of participatory research, CBPR acknowledges the strengths and experiences of all partners and attempts to shift the power of decision-making and knowledge production increasingly into the hands of research participants. It provides people with tools and opportunities to critically reflect on their situation, understand underlying causes of their problems, and seek ways to collectively effect change in their everyday lives and in the systems with which they interact.

¹ In Toronto, where the authors live and work, there is evidence that poverty is becoming increasingly racialized (Ornstein, 2006). Racial categories are constructed as different and unequal in ways that lead to social, economic, political and health inequities through a process known as racialization (Galabuzi, 2006). In this article, we use the term "racialized minority communities" to refer to non-dominant ethnoracial communities who, through the process of racialization, experience race as a key factor in their identity. In Toronto, where the dominant and privileged group is White, racialized minority communities are non-White.

Similarly, the task of anti-racism, argues George Dei (2005), is “to identify, challenge, and change the values, structures and behaviors that perpetuate systemic racism and other forms of societal oppression” (p. 4). According to Dei (1996) anti-racism can be defined as: “an action-oriented strategy that addresses racism and other interlocking systems of social oppression” — which may be based on gender, sexual orientation, age, physical ability, etc. — and “challenges the continuance of racializing social groups for differential and unequal treatment. Anti-racism explicitly names the issues of race and social differences as issues of power and equity, rather than as matters of cultural and ethnic variety” (p. 252). It is an approach that recognizes power differentials in research relationships and the privilege that comes with particular racial identities. It provides researchers with an opportunity to critically engage their own experiences in the research process (Dei, 2005). Anti-racism research is sometimes criticized for being partisan but part of its strength lies in making its biases known, in contrast to dominant research approaches that are supposedly neutral even though researchers have their own biases, often rooted in the dominant culture.

Overcoming health inequalities requires creating spaces where racialized communities can work together to affect the conditions that impact on their well-being. Anti-racist CBPR can create such spaces by bringing together different stakeholders to enter into a dialogue, better understand the nature of social oppression and take action to bring about change from an ethically grounded place. We hope that this paper will encourage further dialogue on the integration of these two approaches.

Brief Overview of Ethics in the CBPR Literature

Ethics have emerged as a growing area of discussion in CBPR circles. The literature acknowledges that CBPR raises particular ethical issues that need to be sensitively addressed. In particular, a number of authors have pointed to the inappropriateness of traditional ethics review procedures for CBPR, as these procedures are based in a model known as positivism, which separates thought from action, and subject from object, and assumes that research should and can be value free. Another problem is that emphasis is given to assessing risks to individuals without paying attention to risks to communities.

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Many of the issues identified in the literature arise from the collaborative and cyclical nature of CBPR. In addition to the inadequacy of traditional informed consent requirements, commonly identified challenges include insider/outsider tensions, the sharing of findings that could potentially harm a community (Minkler, 2004), and confidentiality in the context of collaborative data collection and interpretation. Some have explicitly pointed to the challenges raised by the different interests represented and the unequal power relations between them and how these relationships affect how and by whom decisions are made throughout the research process (Boser, 2006).² Fewer still have carefully addressed the complexity of intellectual

² For example, minority interests might be suppressed during decision-making surrounding the choice of research priorities, the analysis and the presentation of findings.

property issues (i.e., the question of who owns the knowledge) in the context of collaborative knowledge generation (Greenwood & Brydon Miller, 2006).

Although CBPR attempts to address some power related issues, not much is written about how to navigate the tricky political terrain of racism in research practice. Indeed, few contributions have been written from an anti-racist stance. Vivian Chávez and her colleagues (2005) note that the “trilogy of race/ethnicity, racism, and white privilege” has often been neglected in CBPR (p. 82). They use Camera Jones’ three-tiered framework for understanding racism, which draws differences between institutional and personally mediated racism, and internalized oppression. Minkler (2004) also uses this framework to explore real and perceived racism in a CBPR project in which she was involved. While this framework is useful, we feel that the literature on anti-racism offers tools, strategies and concepts that can enrich the dialogue on ethics in collaborative research.

Approaching CBPR from an Anti-Racism Stance

We propose approaching ethics in CBPR from an anti-racism stance because we believe this lens can deepen the dialogue and inform solutions to ethical conflicts that arise from dominant ways of thinking about and organizing research. Anti-racism concepts that might be useful in CBPR research, include: (1) how our own personal histories and experiences shape how we understand and interpret the world; (2) how knowledge that is produced through research impacts on personal and collective identities; (3) how institutions privilege traditional forms of research and inappropriately use standards that were designed for traditional models when assessing the value of other kinds of knowledge; and (4) how critical self-interrogation of one’s own values should be an on-going activity. In this paper, we direct most of our attention to the third notion.

Research that concerns racial minority communities typically operates in a context dominated by “white Anglo-European middle-class groups who have controlled academic discourse” (Birrell, 1989, p. 215). Not surprisingly then, traditional research has failed to reflect the experiences and meet the needs and expectations of racial minority communities who are under-represented in the academy. Historically, positivist research has dominated the academy as being the only credible and valid way of creating knowledge. This research paradigm has been criticized for creating and perpetuating the myth that objective knowledge exists. What is deemed to be objective knowledge is largely rooted in a Western worldview. The dominance of this paradigm has resulted in various negative impacts on racial minority communities, including unequal power relations between the researcher and the researched; barriers that limit racial minority communities’ participation in shaping research processes; and the lack of say of research participants about how their knowledge should be used.

To some extent, CBPR has attempted to address some of these issues with its emphasis on collaboration with stakeholders. Yet those working in CBPR rarely directly address the problem of white privilege and institutional racism. Although CBPR and anti-racism researchers both work with stakeholders to find a common understanding about the goals of the research, community-based researchers could benefit from exploring the anti-racist question of how to “work with their subjects in a genuine spirit of collaboration and power

sharing in the context of an open insidious denial of the privilege that comes with particular racial identities (e.g. white identity):” (Dei, 2006, p. 8). An anti-racism stance can enable CBPR to deal with the problem of white privilege and systemically entrenched institutional racism.

CBPR is largely about creating space for those who come from alternative perspectives, such as feminist, queer and racialized ways of knowing, to have a “voice” in the process of research. To do so, however, inevitably creates tension, particularly for those who are in privileged institutional positions and whose dominance remains invisible to oneself. Many studies have, sometimes inadvertently, reinforced negative stereotypes about racial minority communities; this can easily happen when the assumptions of a study are based on a model that emphasizes the deficiencies of a community. When this occurs, the research design, framing of research questions, and interpretation of the research unintentionally reinforce the dominant stereotypical thinking about communities instead of presenting communities as creating healthy acts of resistance to oppression. These studies, although they may have been carried out in consultation with the community, still fail to incorporate meaningful anti-racist analysis of what is happening in the research process. There is therefore a need for those who are in privileged positions and, in particular, those whose research approaches continue to be rooted in the positivist model (knowingly or not) to engage in a form of consciousness-raising.

Institutional review boards (IRBs — i.e., the university- or hospital-based committees responsible for ensuring that research projects are ethical) should set in place the conditions to encourage research participants to be creators of knowledge and resisters of oppressive research. The opportunity for IRBs to engage in critical self-reflection would challenge institutionally entrenched acts of racism. As commented by Chavez, Duran & Baker (2003, p. 85), “institutionalized racism works to establish the dominant culture and its way of doing things, including traditional forms of research as the yardstick that measures and establishes credibility.” In other words, acts of institutionalized racism are perpetuated when IRBs work to legitimate and justify a set of practices that are considered dominant by marginalized communities. Anti-racist institutional change is needed to allow knowledge to come from the community and to be defined in ways that may be different from the dominant cultural norm.

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Approaching CBPR from an Anti-Racism Stance: Two Case Examples

The two examples in this section are based on work carried out with Access Alliance Multicultural Community Health Centre, a community health centre that serves immigrants and refugees in Toronto, Canada. Access Alliance’s mission is to work to promote health and well-being and improve access to services for immigrants and refugees in Toronto by addressing medical, social, economic and environmental issues. Its vision is that of a future in which diverse individuals, families and communities can achieve health with dignity. To advance towards that vision, Access Alliance is committed to engaging in and enabling CBPR as a means of promoting health, furthering the understanding of health inequalities, gathering

evidence needed to make policy change happen and improving programs and services. The organization has developed a statement of values and principles that draws from CBPR principles and the anti-racist framework. These values and principles are: 1) community benefit; 2) capacity-building; 3) collaboration and inclusion; and 4) equity and dignity. Not satisfied with traditional ethics review boards and wanting to ensure that the research taking place at Access Alliance is consistent with both accepted ethical standards and these values and principles, the centre has established its own Research Ethics Committee. All research involving Access Alliance's clients and/or staff needs to be approved by this committee.

June Ying Yee, co-author of this paper works at Ryerson University, School of Social Work, which has the following mission statement: "The Ryerson School of Social Work maintains our work with communities, expressed in our collaborative community-based research, community service and in educational relationships with field placement settings. Most defining is our on-going struggle to stand with communities that experience oppression and marginalization as we pursue our commitment to social justice." Despite the progressive orientation of her department, as a racial minority academic, June struggles on a daily basis with institutional structures that do not address the hidden forms of white privilege and institutional racism found in research processes. By working with Access Alliance, she is able to work through issues of white privilege and institutional racism given the organization's integration of CBPR principles with the anti-racist framework.

In partnership with June and representatives from other community agencies, Access Alliance has received Canadian Institutes of Health Research funding to conduct workshops with racial minority consumer-survivors, service providers from the mental health sector, and policymakers, to explore and address systemic discrimination in the mental health care system. As required by Access Alliance, the project underwent an ethics review process. Access Alliance's ethics review differs from traditional ethics reviews in that it includes questions about the relevance of the research to Access Alliance's mission and vision, community participation, the nature of the partnership, the removal of barriers to participation (e.g., linguistic and financial barriers), data access and ownership, and capacity-building.

The experience of going through such a review created a dialogue amongst the working group members, inviting us to critically reflect on ownership and power issues and to anticipate ethical tensions. In particular, it allowed us to think upfront about how we might use our research design to create processes that would enable equitable access and participation by racialized minority communities who normally are left out of participation in research. This included integrating an educational component into our workshops to ensure that participants would gain something out of them. The working group has had to discuss the question of who has and should have a voice at the table in driving the project. Though most of the working group members are racialised minority individuals, most of us have a degree of institutional power (e.g., academic, executive-director of a mental health agency and other representatives of community agencies). While the working group believes there should be more consumer-survivor participation on the working group itself, increasing that participation is not simple. First, if we are to meaningfully engage racialized minority consumer survivors, adequate funding is needed to pay for their food, transportation, time and cost of participation in the

research process and therapeutic sessions. Otherwise we run the risk of exploiting these communities once again. Secondly, the argument that racialized minority individuals with institutional power cannot represent communities, fails to look at the complexity of who is an insider and negates the premise that the lived experiences of those sitting at the table need to be valued as authentic knowledge. This dialogue will continue as the group plans for next steps to ensure that the research has institutional and policy level impacts.

Access Alliance collaborated with June on another research project that examined the systemic and individual barriers experienced by visible minority social workers in mainstream social service agencies. One of the ethical dilemmas that arose in this study concerned the presentation of the findings. Many interview quotes were obtained from racial minority people about what they perceived to be acts of discrimination. However, when reviewing the data, the steering committee, which was composed of people who were primarily White, reacted with these types of questions and comments: “can you show us any of the findings that show less negative data and more positive data?” or “I do not arrive at the same interpretation and conclusion that you did about that quote.” Such comments prevented the researchers from being able to fully conduct an anti-racism analysis on the data and limited the anti-racism methodology to only guiding the conceptual framework of the study, specifically the questions asked of participants for the research study. As a consequence, the researchers comment that: “In the report, you will find detailed direct quotes from participants in the research to allow for their experiences to be shown explicitly without interpretation. As part of an anti-racism research perspective, there is little analysis by the researchers of the data, rather it is the data that leads and directs the findings. This method acknowledges that no one is free of bias and allows you as the reader to reflect on the data from your own social location” (Yee, Wong & Janczur, 2006). It is evident from the example that different interpretations of the data emerged. Clearly, one’s race, gender, class, and sexual orientation affect data analysis and interpretation. It was frustrating for some to not be able to conduct the analysis from a clearer anti-racist perspective. However, when an anti-racist analysis is applied, readers of the research will often comment that the research is biased and does not look at all sides of the issues. The assumption is that the research was poorly done and quickly came to conclusions that are not valid based on western standards. Being committed to eliminating racial inequalities, therefore, often turns out to be a fine balancing act between maintaining both integrity and credibility.

Conclusion

Almost inevitably, research that denounces racism raises accusations of non-objective and biased findings. It does not rigidly prescribe to the normative standards of traditional research because the methodology required to work in this area needs to shift to a focus on the racism and the way it operates. Yet, due to the denial of privilege by many who act as gatekeepers to the kinds of research that can be conducted, racial minority communities are unable to express what they are truly experiencing even when they are invited to participate in research about themselves. When one combines CBPR and anti-racism research methodologies, one can more clearly see the relationship between politics and research and the need to question how knowledge is produced and oppression maintained, as well as critique social, political and economic institutions for the purpose of taking action against social inequality. Coupled with anti-racism, CBPR has greater potential as a strategy to address health inequalities.

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About the Authors



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Sharing Intellectual Authority

Semerit Seanhk-Ka and Sara Axtell

One component of a public scholarship research agenda is the exploration of how community and academic partners come together in “productive and respectful working relationships” (Alter, 2005, p. 482). This paper describes a ten-year journey of coming together to teach a course on community organizing for public health students. A critical aspect of this course is the partnership between the instructors and Healthy Powderhorn, which later became the Powderhorn-Phillips Cultural Wellness Center. The mission of the Center is to unleash the power of citizens to heal themselves and build community. The philosophical cornerstone of the Center’s work is the People’s Theory of Sickness which states that loss of community and loss of culture are the root causes of illness in individuals and decay and violence in communities. The Center addresses health deficits by increasing personal responsibility and group capacity to heal through behavior and lifestyle changes. Participants are guided by elders, teachers and kinship networks of people who know and can relate to the deep cultural ways of healing through a community care giving system (Azzahir & Barbee, 2004)

The philosophical cornerstone of the Center’s work is the People’s Theory of Sickness which states that loss of community and loss of culture are the root causes of illness in individuals and decay and violence in communities.

In this paper, we describe the evolution of our course, as well as the story of our personal evolutions. Through these stories emerge the principles and practices of sharing intellectual authority in the classroom.

Sara’s Story

As a graduate student in the early 1990’s, I had worked as a campus organizer, creating spaces for students to talk about race, class, gender, sexual orientation, and other forces that shaped our lives.

I grew to be a part of a close community of mostly lesbian, bisexual, and transgender activists from many different cultural backgrounds. Through these relationships, I learned about the ways that people are privileged and marginalized.

When I finished my degree, I entered a post-doctoral fellowship. My advisor offered me the chance to teach a course on community organizing, building on my work as a student. I accepted. As I developed the course in 1995, I structured it around the concepts that had been vital to my own organizing—privilege, oppression, social location, and alliance. I envisioned us trying to understand our own social locations—the ways in which our identities were privileged or marginalized—and the implications this held for our own organizing. We would study how oppression is institutionalized, and how it affects people’s ability to participate in community initiatives. The class would run the way we had run community meetings, by consensus and as a collective. We would study organizing projects, both through written case studies and through discussions with local organizers, to uncover principles and best practices.

While attending a celebration in the Powderhorn neighborhood, I picked up some materials about a project called Healthy Powderhorn. The project was using a grassroots approach to surface people's concerns about the health of their community. The focus was on developing resources from within the community to respond to these concerns. I wanted to understand, and I wanted my students to understand, the way that the organizers pulled people together, and created a space where people's concerns, resources, and hopes for themselves and their communities could emerge. I phoned the director of the project, Atum Azzahir, and she invited me to bring some students over to talk with her.

Semerit's Story

I was one of the students who first went to meet at Healthy Powderhorn. Born in Haiti, exiled at the age of twelve, and a physician for fifteen years, I had been seeking, for as long as I can remember, a community where I could reconnect to a sense of belonging. The African elders I met at Healthy Powderhorn introduced me to a process of apprenticeship, an immersion in cultural study that would demand submission to cultural authority. In this work, I confronted the fact that my prolonged education in the academic setting had caused an intellectual exile. My work, and even who I was, had become irrelevant in the African community. This sense of irrelevance to my own people represented as serious an alienation as the geographical exile from my home. I became engaged in elder guidance and community building through resurfacing ancient cultural ways and wisdom; this changed the course of my life and work.

A couple of years later, Sara asked whether I would be a guest lecturer in the course to present the Cultural Wellness Center as a case study. I was filled with mixed emotions. I remembered how the feminist-based process of the course meetings—which included circular seating arrangement, check-in of a personal nature at the beginning of the class, and personal journals as the backbone of class assignments—had deeply touched me.

I remembered that, later, I had come to know that the features of the course which gave me a sense of homecoming belonged to my culture's knowledge and practices.

I wanted to help teach this course in which I had felt so at home; yet I was afraid of what would happen to my community's experience in a university setting. My fear stemmed as much from a recognition that the university's spoken and unspoken regulations and attitudes were hostile to my cultural work as from a recognition that, having trained for so many years in that system, I was very vulnerable to its seductive power. I had noticed a chameleon-like change of attitude depending on whether I was surrounded by academic peers or community members. And my community noticed it as well: "you dismissed me, that time when you were with all those doctors," some would say; or, "even your body language is different when you are with them; it hurts my feelings."

It all felt like a huge risk. I doubted my capacity to present our work with the fullness of its value and dignity. I sought the guidance of my elders.

My elders' guidance was: "The work of the Cultural Wellness Center cannot be represented as a case study or example of something defined by another system. You can only present this work if you, yourself, define and articulate the intellectual context within which it exists. It cannot be compared to or contained by the intellectual context of the rest of the course. It must both define and stand on its own intellectual ground."

I did not set out to insist on sharing intellectual authority. However, because I was bound to follow my elders' instruction to establish the intellectual context of the work of the Cultural Wellness Center as autonomous, neither containing nor being contained in that of the overall course, the course then became an implementation of shared intellectual authority.

Early Developments — Semerit

I vividly remember the first presentation of the concept of separate but equal intellectual tracks. I wove around myself a deep cloak of my experience of cultural reconnection. I recounted my journey of building the community I had been seeking since exiled from Haiti. I recounted the journey in the intensely personal and cultural way I had lived it, and was continuing to experience it. Quite unexpectedly, in that presentation, I realized I was being fully myself in an academic setting, for the first time in over twenty years.

Quite unexpectedly, in that presentation, I realized I was being fully myself in an academic setting, for the first time in over twenty years.

Immersion in cultural story telling casts a certain spell on its audience. There was magic—and the clearly welcomed presence of the Sacred and Ancestral world.

The distance between the two worlds now juxtaposed was great enough to be jarring and to raise many questions, defenses, discomforts and confusion as well as admiration in the minds and reactions of the students.

We had instructed the students to keep the two tracks parallel. It was not until that first presentation that we realized the extent to which we needed to both develop and teach the skills necessary to achieve that goal.

Through countless debriefing and fine-tuning meetings, we endeavored to live the parallel tracks we were teaching. The course structure, the co-teaching interactions and methodology evolved to model the principles and skills outlined at the end of this article. We designed a course with five sessions—as opposed to one—of exposure to the Cultural Wellness Center's curriculum. Students were asked to meet at the Wellness Center for those sessions. And the sessions were taught by a community of several cultural elders rather than by one individual.

But this evolving collaboration would also surface conflicts along the way.

Coming to Maturity — Sara

As the Center's role in the course grew, I began to feel conflict about how the Center defined community—emphasizing culture—and how I had defined community in my own life, which

was cross-cultural and defined by sexual orientation. This was at a time when I was trying to become pregnant, and my partner was planning to adopt the baby so we could raise her together. We felt vulnerable, in some ways at the mercy of the medical and legal systems.

How did the Center regard my life situation? How did they regard others in my community— young queer youth who were homeless, transgendered people who were disregarded, sometimes brutalized?

It was not that I was trying to compare these experiences to the experiences of race we discussed at the Center. It's that I wanted the experiences to somehow register in the minds of those I was working with.

I had created community with people who were creating new places for themselves in their communities, and some whom, to a degree, had been expelled from their communities. It was with these people that I had found a sense of home and belonging.

So, the message that community shouldn't or couldn't be formed in this way seemed to invalidate all that we had been working towards. What was my responsibility to other European-American gay, lesbian, bisexual and transgender (GLBT) people, and to GLBT people from the African, Latino, Native, Asian communities whom I cared for and who had cared for me? What were the implications for my work at the Center?

Finally, Semerit felt that, in order for us to continue our work together, I needed to immerse myself in the work of the Center, and begin working with Janice Barbee, a European American elder there.

My initial work at the Center focused on GLBT people in the European American community. How do we hold queer people in the community? How do we create a community that people don't feel forced to leave? This was the first time I studied "leaving community" as a cultural pattern. European American people had looked for religious freedom, for land, for economic opportunity by leaving our own people. Is that why I now came to this solution for other problems as well?

As I engaged in this work, I felt less of my energy going into the conflict. Being grounded in my own cultural community released me from seeking a resolution to the conflict. It was not that I found the answers to all my questions about community, but I became more comfortable with living with questions, without having answers.

Being grounded in my own cultural community released me from seeking a resolution to the conflict.

Recognizing the cultural patterns that underlay how I thought about sexual orientation and community sparked a desire to look at the cultural patterns in other aspects of my life. How were my ways of thinking and teaching about community organizing bounded by my cultural assumptions?

When I became an apprentice in the European-American community at the Center, I entered a process of cultural self-study. We asked questions about our people's understandings of the body, of time, of our relationship to the land. Before, all of my self-reflection had focused only on whiteness, and not at all on culture. But before I could share intellectual authority, I had to understand the bounds and the contours of my own cultural knowledge.

I had been educated within an academic system that held itself to be objective, somehow outside of culture. But I began to understand the cultural foundations of the academic knowledge that I worked so hard to attain. And I began to understand that there are other threads of European-American cultural knowledge, from outside of the academy. I learned that in order to be an effective teacher, I have to hold all of these threads of knowledge—what I have learned at the university, what I have learned about whiteness and the experiences of privilege and marginalization, and what I have learned about my own culture.

I came to see part of an answer to my questions about community. Leaving my own cultural community was not a solution—not a way to resolve conflicts about sexual orientation, and not a way to absolve ourselves of whiteness.

The Course Today — Sara and Semerit

Sharing intellectual authority continues to be a journey. We continue to make missteps and corrections. And this evolving journey profoundly impacts not only us, but our students.

In our fifteen week course, a full third of the sessions allow students to sit with elders at the Center. The elders help the students to surface knowledge from within themselves, just as the organizers did in the early days of Healthy Powderhorn.

In their final papers, our students describe their experiences in the course, and what they have learned. Much of what they write mirrors our own work to share authority. They write about discovering and keeping hold of the knowledge of where they are from and who their people are as they progress through the academic system. They write about reconciling with the history of their people, and the implications it holds for their work. They write about going to communities to listen and learn, rather than to bring solutions and save.

The Principles of Sharing Intellectual Authority — Semerit and Sara

Several groups have forwarded principles of good partnerships (e.g., Community-Campus Partnerships for Health, 1998; Leiderman, et al., 2003). These principles focus on issues such as shared goals, good communication, and, perhaps most importantly, shared power. To these principles, we would like to add another set of related principles—principles for sharing intellectual authority in partnerships.

We live in a world where academia is the only recognized authority over knowledge and knowledge production. The modern European cultural basis for that approach to knowledge is so all-pervasive it becomes invisible. When we began our co-

When we began our co-teaching, the idea of sharing intellectual authority was foreign in the university setting, and we would have overlooked it if it hadn't been clearly articulated by our elders.

teaching, the idea of sharing intellectual authority was foreign in the university setting, and we would have overlooked it if it hadn't been clearly articulated by our elders.

The philosophy underlying knowledge production at the university cannot be the guiding force in a partnership between university and community, because the university does not acknowledge the knowledge systems that form the fabric of each culture, and thus does not recognize the need for sharing intellectual authority.

The first principles, then, to emerge out of our work are:

Principle 1: Academic knowledge does not exist apart from culture, but itself represents a cultural perspective.

Principle 2: There is a need for the academy to acknowledge other cultural knowledge systems and to recognize that authority over knowledge must be shared.

It was not enough to recognize the need for sharing intellectual authority or to have the sincere intention to do so. We also had to learn how.

Principle 3: Sharing intellectual authority has required that we study our own cultural knowledge systems, as a part of a community and guided by cultural elders.

In order for academics and professionals to be effective in community partnerships, they must be willing to undertake an apprenticeship in their traditional culture. This cultural self-study is just as vital for European Americans as it is for people from other cultural groups.

In this apprenticeship, giving authority to cultural elders creates within the academic or professional a lived internal process of sharing intellectual authority. This internal experience in turn forms the basis from which the transforming professional can then teach what she is practicing.

Principle 4: We need to be able to live with conflict, ambiguity and paradox.

When sharing intellectual authority, there inevitably will be conflict and differences of opinion. But when we are grounded in our own cultural knowledge systems, we do not feel diminished or threatened by those conflicts and are able to go forward with our work.

Putting Principles Into Practice — Sara and Semerit

The principles outlined above required a transformation of the structure of the learning environment:

Practice 1: Class sessions are held both on campus and at the Cultural Wellness Center.

Enough class sessions are held at the Cultural Wellness Center to create a sense of equal importance of each setting as a site of knowledge production.

Practice 2: Setting the stage for parallel intellectual tracks happens at the very first session, when each of us speaks about our perspective.

Each of us speaks with full authority, without preamble or comment from the other.

Practice 3: We don't frame or interpret each other's comments.

Part of my (Sara's) role as a European-American teacher is to model my own process of coming to terms with the harsh realities of the historical relationships between European American people and other peoples. So, I work with students, especially European Americans to debrief from sessions with Cultural Wellness Center teachers. However, I am very careful to help students to process their responses and reactions, but not to re-interpret what the other teachers have said.

Practice 4: We talk explicitly to students about learning to hold multiple perspectives, without placing them into a hierarchy.

At the first session, we discuss the challenges of holding multiple perspectives within an academic culture that urges us to find one "right" or "best" way.

Practice 5: We address European American culture directly.

In a discussion of culture in the United States, it is important to talk directly about European American culture, and to address any misunderstanding among students that culture is something that "other people have." This helps to put European American students on a more equal footing with the rest of the class, so that they are not just in a role of "helper" to other cultural groups, but are themselves cultural beings, living in communities with both problems and resources.

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Community-University Partnerships to Bridge the Non-Profit Digital Divide

Carin Armstrong, Kris Becker, Kristin Berg, Thomas S. E. Hilton, Donald Mowry and Christopher Quinlan

Introduction

The economy and society of our country is increasingly dependent on the management of information systems using technology. Nonprofit agencies, including many health related agencies, have increasingly fallen behind the Digital Divide and are not realizing the potential that technology integration can have on the populations and the communities they serve. An evaluation of local nonprofit agencies receiving United Way support revealed that many nonprofits fall far short of the basic benchmarks that are important indicators of information technology integration and that would greatly increase their organizational effectiveness and service delivery capacity (Ryberg, Mowry, Saxrud, Welbourn, & Lor, 2002). Moreover, this study revealed that many agencies were functioning in a reactive versus a proactive manner, and steps such as planning funds for technology acquisition and replacement, updating software (especially security software), maintaining documentation on networks, creating backup and disaster recovery plans, generating long-range strategic plans, formulating staff training and development action plans, and considering compatibility in hardware and software were often not being taken.

Nonprofit agencies, including many health related agencies, have increasingly fallen behind the Digital Divide and are not realizing the potential that technology integration can have on the populations and the communities they serve.

In addition, many past technology-focused initiatives have fallen short of goals to integrate technology in meaningful and effective ways. For example, early on the focus was on improving access of underserved groups or agencies to technology and internet resources. However, access is necessary but is not sufficient to bridge the divide—nonprofit agencies also need assistance in building technology capacity, creating relevant content and information systems, training staff in information systems management, and developing useful applications. Another major mistake has been to focus primarily on technology in ways that amount to asking the wrong questions, such as beginning with numbers of computers, access to the Internet, and other technology-focused questions (Gilbert, 2006). According to Tom Hilton, one of the primary members of this community-campus collaboration, the important questions began with the mission and goals of the organization, and he has stated that (personal communication, April, 2005):

“The Information Systems (IS) field has changed dramatically in the last ten years. Information systems now impact all levels of every organization in every country of the world. People in the IS field now focus less on the technical aspects of an information system and more on how the technology can help an organization solve business problems and achieve goals.”

The goal of this project was to utilize the expertise of students, faculty and staff of the University of Wisconsin (UW)-Eau Claire, in full collaboration and partnership with staff from community-based organizations, to refocus on organizational mission and goals, develop long range strategic plans for technology, and strengthen the information systems of community-based organizations. The project scope necessitated a multi-semester partnership with successive teams of students providing long-term define-design-build-test-deploy-support information systems services. The project included the development of new applications to better serve the overall community as well as the constituents of the community-based organizations.

A second set of goals was focused on enhancing the academic learning of students, engaging them in meaningful community service, fostering civic engagement skills, and forging ongoing community-campus collaborations to address identified community needs.

Community-Campus Partnership Development Stage

The project planning and collaboration development phase of was aided by a Learn and Serve funded planning grant from the Upper Midwest Campus Compact Consortium (UMCCC) in a category of grants labeled “Building Social and Economic Capital.” The structure and process of this grant program could serve as one model for encouraging the development of strong community/campus partnerships. The planning grant was separated from the implementation grant, and grantees were expected to develop “comprehensive partnerships that will significantly impact the economic health of local communities.” The planning grant period was nine months, and it was followed by an implementation grant submission opportunity. Although it was not necessary to have received a planning grant in order to be eligible to apply for an implementation grant, partnerships that did not receive a planning grant were required to demonstrate “substantial collaborative planning” in their proposal (UMCCC, 2003).

The United Way of Greater Eau Claire and the University of Wisconsin-Eau Claire have enjoyed a long-term collaboration on several fronts. The United Way collaborates with the campus community service office, service-learning office, leadership programs, and it offers numerous and varied internships and volunteer opportunities to students. In addition, many university staff serve important functions within the United Way as members of the board and chairs of subcommittees. Two of the project directors, Donald Mowry and Kris Becker, have a long and productive working relationship dating back to a community-campus collaboration in the early 1990’s focused on formulating comprehensive community goals for the millennium called Healthy Communities 2000.

The working group that met regularly for nine months to form the partnership and plan the implementation of the project consisted of key representatives from both campus and community. The university members included Tom Hilton, the chair, and two other faculty from the Information Systems Department, the chair and one faculty member from the Economics department, and the Director of the Center for Service-Learning. Community partners included the Executive Director of the United Way and representative staff members, most of whom had some responsibility, official or unofficial, for information systems, from five area nonprofits including the Eau Claire YMCA, Regional Enterprises for Adults and

Children, the National Alliance for the Mentally Ill-Eau Claire Chapter, the L.E. Phillips Senior Center, and the Epilepsy Foundation of Western Wisconsin.

This planning stage was crucial to the partnership in that it was a time devoted to forming interpersonal relationships based upon knowledge of each other and each agency, trust, and mutual respect. The overall goals and vision of the collaboration were developed, as well as the specific and detailed plan for the project. Finally, the actual second stage implementation grant proposal was developed and refined in an atmosphere of shared decision making, open communication, and flexibility. Although this planning group met regularly, unlike many regular committee style meetings the partners seemed to develop a genuine enjoyment of the process and the time spent together which may be because there was a conscious attempt to fashion the partnership around existing models (Maurana, Beck, & Newton, 1998) or benchmarks (Torres & Schaffer, 2000).

In the fall of 2004, the partnership eagerly awaited word on the acceptance of its implementation grant submission. Although the proposal reached the final round in the review process, ultimately it was not selected for funding. In many cases agencies come together only long enough to collaborate on preparing a proposal for funding, and if the funding is denied that also signals the end of the partnership. In this case, and as an example of the CCPH Principles of Good Partnerships (1998) that good partnerships evolve, in only three weeks this partnership realigned itself and continued with the project with a more focused mission. The new mission included the mutually agreeable departure of the economics faculty along with a new set of goals that did not include furthering the work of an existing Center for Economic Research as part of the project, but it maintained a focus on bridging the digital divide for nonprofit agencies.

In many cases agencies come together only long enough to collaborate on preparing a proposal for funding, and if the funding is denied that also signals the end of the partnership.

Problem-Based Service-Learning Course Implementation

This realignment also enabled the partnership to successfully apply for a different grant from the UMCCC in the Engaged Department category. The partnership also was successful in obtaining private foundation support from the SBC Foundation to support the acquisition of needed hardware, software and networking equipment that was not possible with the federal dollars from the Learn and Serve grants.

UW-Eau Claire is one of only a handful of public universities nationwide that mandates service-learning as a graduation requirement. Although many students go far beyond the minimum, all undergraduates must complete a service-learning project of at least 30 hours. During the fiscal year 2002-2003, students worked with 333 unique agencies and accumulated a total of 87,445 community service hours. This project gave students an expanded opportunity to give back to their communities, to experience the satisfaction of contributing to agencies that are serving a community need, to experience all stages of an information systems design process from analysis and planning and design to implementation, to grow and develop their teamwork and leadership skills, and to strengthen an ethic of service and citizenship as part of their liberal arts preparation for careers and for life.

In the past, UW-Eau Claire's Center for Service-Learning, students and faculty have worked with various nonprofit organizations to meet information technology goals, but these efforts have generally been very narrow, very focused, limited to only 30 hours, and lacking in comprehensiveness, continuity and follow-up. Through this project, student teams used a project- or problem-based service-learning method that, according to Gordon (2000), "Engages students working in teams in the solving of real, community-based problems ... students are presented with problems and asked to seek authentic and viable solutions. Students organize themselves to use knowledge and skills to tackle these challenges and be of service to their community." (p. 3).

Each semester, five to seven teams of 4-6 students focused on the information systems goals of the five agencies in the project and 1-2 teams worked on the information systems of the United Way. Each team had two faculty mentors (one campus faculty and one community faculty member). The teams were drawn from the senior IS capstone class. Each team met with community and campus faculty on at least a monthly basis, and the community-campus partnership group continued to meet monthly.

The process of accomplishing the goals of the project was carefully linked with what could reasonably be expected of student problem-based service-learning groups over the course of a single semester. By having a continuing commitment to the agencies; comprehensiveness, continuity, and consistency was enhanced over the one semester only projects that had occurred in the past. During the fall 2004 semester, the first teams conducted a strategic analysis and generated a long-range strategic plan for information systems based upon the mission and vision of each agency. In the spring 2005 semester, a new set of student teams conducted an analysis and design of the needed systems to meet the strategic plan, and grouped them on a priority basis. In every case, more than one system was designed by students, and the remaining systems were continued to be designed by students in subsequent semesters.



In each semester student teams implemented part of the systems in the strategic plan, although in the first semester the primary focus was on developing the strategic plan. Student teams in subsequent semesters have continued to develop new systems for implementation until all systems were in place. The spring 2006 final semester in the two-year sequence focused on evaluation, analysis, dissemination, and planning for future cycles that would be managed by the agencies with the support of the United Way. .

This plan for this project included professional development for faculty mentors, student teams, and community partners. Although the original plan was to utilize the resources of NPower out of Seattle, this organization withdrew from an earlier, conditional offer of support as a result of a reexamination of its own mission and goals. Another higher educational agency, the Chippewa Valley Technical College, was able to join the partnership and provide staff development for the area nonprofits including the six that were members of the partnership.

Overall Project Outcomes

All five nonprofits, plus the United Way, have been able to establish long-term strategic plans for information systems. Since outcomes are highly individualized to the agency or “case study” needs, much more specificity of outcomes has been generated by each unique agency information system plan that was developed in the fall of 2004. In addition, the common goals that have been accomplished across agencies include the acquisition and installation of new systems, database development, network development, security of systems, software application development, training of end users, interactive web site development, and workstation updating, repair and configuration. Following this section is an important set of outcomes demonstrated by student teams, as well as an example of the outcomes achieved at one of the participating agencies.

A final overarching goal was to carefully attend to the process of developing a community-campus collaboration and to institutionalize the relationships, resources and support for the project so that it can be sustained beyond the time frame of the grant. We accomplished this outcome, but recent developments in the IS department have necessitated a shift to recruiting student teams from IS courses that occur earlier in the major sequence. The capstone students have been slated to become a critical part of a departmental effort to expand the support and assistance given to students who are just entering the major through supporting the provision of smaller class sections, mentoring, and tutoring. Once again, partnerships evolve.

The grant also funded the training of staff members of the United Way of Greater Eau Claire and staff members from each of the five nonprofit participating agencies who can, in the future, assume a leadership role within the United Way as well as in the community for facilitating the development of information systems in the 30 plus nonprofit agencies under the United Way umbrella of support as well as other community nonprofits.

University/Student Outcomes

Although the impact of the service experience on academic outcomes was hard to discern compared to previous semester’s capstone groups, the Problem-Based Service-Learning was judged to have an important and meaningful impact on the students’ understanding of ethical behavior and education for citizenship. The students not only were able to demonstrate an understanding of IS Ethics, but Dr. Hilton found them to have a higher degree of adoption of an IS Major goal of developing a career-long commitment to ethical behavior than past groups of students. Dr. Hilton commented:

“Knowing standards of ethical behavior does not guarantee adherence to them, and in general there is a gap that exists between what we know and how we act. The Problem-Based Service-Learning experience seemed to really help narrow this gap much more than the standard course instructional experience alone.”

The topic of IS Ethics was introduced about four weeks into a 15 week semester. In the 9th week, the student teams presented a formal IS project management and design walkthrough to the entire class. At the end of the term the student teams submitted a final, formal project report in a debriefing session to the instructor. The Table 1 presents a summary of Dr. Hilton’s

qualitative, four dimensional scale evaluation of the students' ethics-related remarks at these three time points:

Dr. Hilton also noted that:

- ✦ Every student commented on the positive community impact of the projects.
- ✦ Every student was pleasantly surprised at the gratitude expressed by the community partner.
- ✦ Many students reported a new sense of involvement and connectedness to the community.
- ✦ About half the students reported surprising, ethically significant experiences.

Over the course of four semesters of experience, only one team completed their project late with a substandard final project. However, the primary reasons for the poor performance appeared to be attributable to the team's low level of motivation and responsibility, and their resistance to working with both the community partner and the instructor.

Table 1

Date	Activity	Ethics-Related Remarks
Week 4	IS Ethics Review	Quantity: Few Insight: Shallow, Bored Altruism: Low Topics: Defense of file-trading by students
Week 9	Project Design Presentation	Quantity: Many Insight: Moderate Altruism: Moderate Topics: Varied, Project-based
Week 15	Project Completion Debriefing	Quantity: Many Insight: Deep Altruism: High Topics: Varied, Client-Related

Agency Specific Outcomes—Epilepsy Foundation of Western Wisconsin

According to Executive Director Kristin Berg, prior to starting the program, the Epilepsy Foundation of Western Wisconsin (EFWW) managed technology like many other nonprofit organizations – only as time and resources allowed. It was the norm to have many different operating systems running at the same time with a menagerie of different devices keeping everything together. When something broke, crashed or had a glitch, EFWW was at the mercy of whoever would come to fix the emergency. The lack of resources, knowledge and infrastructure lead EFWW to view technology issues as an obstacle that was too big to overcome. The problems were getting to be so profound that the staff was spending more time waiting on the technology than they were actually providing services.

The first set of students assigned to EFWW spent the entire semester evaluating the existing technology system as well as the values, mission, goals, and needs of the organization. This knowledge, along with EFWW's current strategic plan, was infused into a technology plan. The technology plan gave EFWW a blueprint for future funding needs and allowed technology-

specific grant proposals to be written to supplement the cost of implementing the plan. In the four semesters that EFWW has benefited from the program, the following upgrades and technological advances have been made:

- Implementation of a stand-alone server system
- Coordination of & upgrades to current software programs
- Troubleshooting and re-formatting of the main database
- Implementation of DSL instead of dial-up internet connection
- Installation of a firewall to protect all EFWW data on the server
- Identified technology volunteer to assist with maintenance and troubleshooting
- Annual allocation of resources for technology upgrades
- Technological needs added to the organizational strategic planning process

The most profound outcome of this program for EFWW has been the shift to forward thinking in regards to technology and resources. In the past it was much easier to simply pass over needs because “we’re nonprofit - we don’t have the money to do that kind of thing.” However, the agency now understands the importance of allocating appropriate resources to keep EFWW relatively up to date with our technology needs. Data must be secure and accurate if the agency expects to be able to provide the level of service that is pledged to the community and planned upgrades are done before emergencies develop. Technologically speaking, the Epilepsy Foundation of Western Wisconsin has finally been brought into the 21st Century.

Summary

For most non-profit agencies, the principle product is information and effective information systems management is critical to achieving the mission and goals of the organization. This project has demonstrated that community-campus partnerships utilizing a Problem-Based Service-Learning approach with capstone IS student teams can be a very effective way of bridging the nonprofit digital divide.

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Carin Armstrong is the Director of Administrative Services at the Eau Claire YMCA. Carin has worked for the YMCA for 12 years and prior to that was an auditor for a regional public accounting firm. She oversees the finance, technology and general administrative functions. Carin also volunteers at church, community events and a youth leadership program. The YMCA's mission is to build strong kids, strong families and strong communities. The YMCA accomplishes these goals through extensive programming and facilities. The YMCA also collaborates with many community agencies such as UW-Eau Claire, United Way, Literacy Volunteers, Headstart, Big Brothers/Big Sisters, Eau Claire Schools, and numerous other non-profit organizations



Kris Becker has been the Executive Director of the United Way of Greater Eau Claire for over nine years and she manages a staff of six employees and an annual budget of approximately \$2,000,000. United Way's role in community impact is strengthened by the numerous initiatives and proactive collaborative projects with the University of WI-Eau Claire and the corporate sector. Among them are the Emerging Leaders Program, Hmong Refugee Resettlement Project, a community-based Non-profit Grant Initiative, Youth United, Community Assessment, Gifts in Kind, Day of Caring, Children's Council and Healthy Communities. These initiatives position the United Way to create sustainable long-term positive changes in the community by enhancing the capacity of local non-profit organizations.



Kristin Berg was diagnosed with epilepsy as a young child and she struggled for many years before gaining control over her seizures. Kristin's struggle with epilepsy has spilled over into her professional life, as she is eager to give back to a cause she is very passionate about. Kristin began work with the Epilepsy Foundation of Western Wisconsin in the fall of 2000, first as an intern through the University of Wisconsin – Eau Claire, and as Executive Director since 2005. Since 2002, Kristin has also served as an epilepsy representative to the Wisconsin Council on Developmental Disabilities and in 2005 joined the Executive Committee. She is also a member of the Council's committees on Governmental Affairs, Citizen Empowerment, and Consumer Caucus. She is a longtime volunteer for the Girl Scouts of the USA and has been active with the local chapters of Big Brothers/Big Sisters and Special Olympics since moving to Eau Claire in 1998. Kristin received her B.A. in English from the University of Wisconsin – Eau Claire and has undergone professional training in grant writing, legislative advocacy and leadership development



Thomas S. E. Hilton is a professor of Management Information Systems (MIS) and chair of the MIS Department in the College of Business at the University of Wisconsin—Eau Claire. Dr. Hilton has been active in the field of business computing for over 25 years. His areas of expertise include information security, ethics, data communications, and human interface design. Prior to coming to UW—Eau Claire, Dr. Hilton was a professor of Business Information Systems at Utah State University. There he served as the director of BIS graduate programs, taught undergraduate and graduate courses, led ongoing curriculum reform, and performed research. Before beginning his academic career, Dr. Hilton worked as a system designer for what is now Accenture

Management & Technology Services (www.Accenture.com). There he worked on an inventory management system for the U.S. Navy, a wide area network for IBM retail outlet managers in Europe and the Middle East, and other system projects. He developed training materials on system development, trend analysis, and small system configuration. He also helped define the METHOD 1[®] information system development methodology. Dr. Hilton holds a PhD in system design and a BA in English, both from Brigham Young University.



Donald Mowry has been the Director of the Center for Service-Learning at UW-Eau Claire since 2001, although he has been active in the service-learning movement for over 15 years. A primary focus of the Center for Service-Learning in the past few years has been moving from a clearing house model to a partnership model advocating for fully collaborative, egalitarian, and ongoing partnerships with the community and students to meet community-identified needs. Successful programs developed thus far include Jumpstart Eau Claire, First Book Eau Claire, and the Eau Claire Literacy Action Network. Another focus has been advocating for the civic education and civic engagement of students, and the campus has been active in several initiatives including Campus Compact's Raise Your Voice, Wisconsin Campus Compact, Democracy Lab, and the American Democracy Project.



Christopher Quinlan is Director of Community Impact at United Way of Greater Eau Claire. In this capacity he works with numerous local non-profits to affect long-term, sustainable community change. Christopher holds a Masters degree in International Development and French Studies from the University of Wisconsin-Madison and BAs in International Studies and French from Brigham Young University. In addition to his work with United Way, he is also a volunteer for Heifer International and serves on the board of a local community-based organic farm.

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Community-Academic Partnerships and Institutional Review Board Insights

Sarah Beversdorf, Syed M. Ahmed and Barbra Beck

Introduction

Community and academia co-exist on the same planet, but they operate with different systems of accountability, process and communication. With an intersection of community and academia, a collision of cultures occurs. Within the scope of community-academic partnerships, the opportunities for culture clash are numerous. One of those opportunities happens when the academic Institutional Review Board (IRB) is involved.

With oversight for assuring the safety of human research study participants, the IRB is bound by federal guidelines, institutional precedent, and its own cultural understanding of research. The IRB's guiding principals may not be familiar to or seem reasonable to communities or even to individuals working within the same academic institution. This article begins with a story that outlines what happens when an urban-based IRB intersects with a rural community through a community-academic partnership. The remainder of the article discusses three sets of strategies for increasing the understanding of and communication between communities and academic institution IRBs.

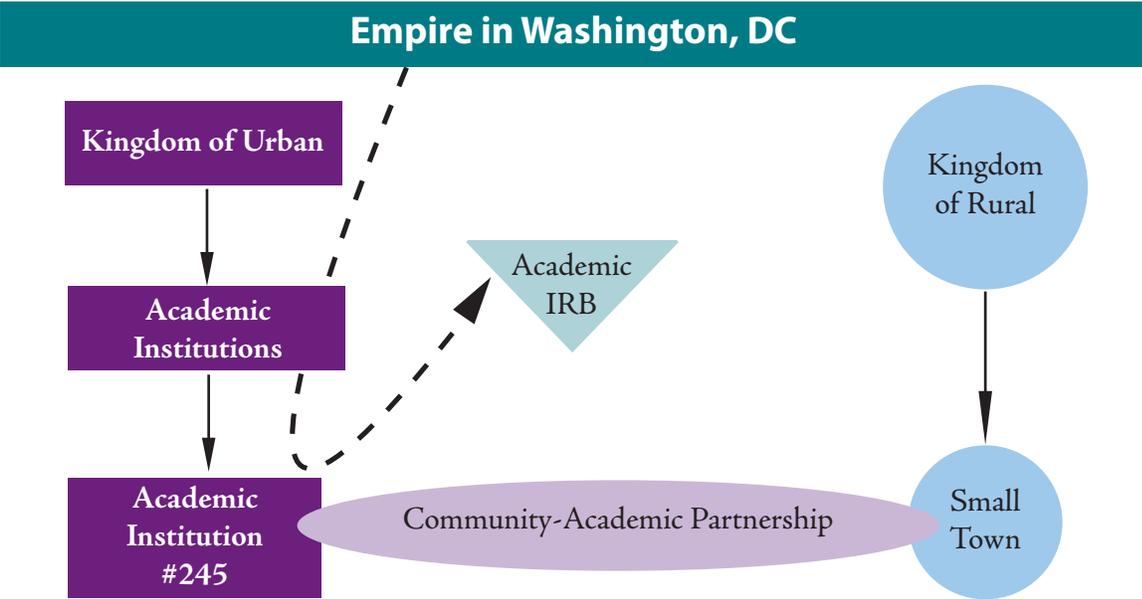
AcaInsti's, Kingdoms, and the Emperor

Our story begins many years after residents of SmallTown in the Kingdom of Rural developed a partnership with employees of Academic Institution #245 (AcaInsti #245) from the Kingdom of Urban [Figure 1].

Eight or 10 years passed – the dates weren't all that important to the partnership – and the relationship grew. Together, they focused on programmatic efforts to reduce substance abuse and support youth. In fact, the partnership seemed to be doing so well that the AcaInsti #245 folks determined that others in the Kingdom of Rural and the Kingdom of Urban needed to know about this good work! They set about planning how they would tell others about the success they had with their partnership (in other words, how they would contribute to generalizable knowledge). However, before they could share the great results with the Kingdoms of Rural and Urban, they needed to get some additional survey information from SmallTown, and they needed to do it in accordance with the rules and laws of AcaInsti #245. The research rules were determined by the Emperor in Washington, DC. The partners thought: "This is going to be an interesting intersection of AcaInsti #245 and SmallTown." No one in AcaInsti #245 had really tried to apply AcaInsti's rules to anyplace outside of AcaInsti, especially anyplace in another Kingdom, like SmallTown. Needless to say, they were a little concerned as to how it would all turn out....

Everyone did what they thought they were supposed to. The AcaInsti #245 employees, who were new to this research concept, participated in the Emperor's training on the importance of how to collect research information. AcaInsti #245 employees submitted a report to their

Figure 1: Relationships between the Community Academic Partnership and the Institutional Review Board



Institutional Review Board (AcaIRB) that indicated how they were going to do the research. Key residents of SmallTown understood that there were rules, and although they weren't exactly clear of the necessity for the rules and the reasoning behind the rules, they were willing to follow them. Everything seemed like it would be just fine, until... A very practical, down-to-earth SmallTown farmer said that if the research was done in the way that was mandated by the AcaIRB, almost no one would participate, and if no one participated then it really wouldn't be reflective of SmallTown, and if it wasn't reflective of SmallTown, then what was the point?

Well, this made a lot of sense to the new-to-research employees at AcaInsti #245, and so they said, "That's okay. We'll just not broadcast our successes; we'll not contribute to generalizable knowledge, and we'll carry on as we had been, doing good work with the community." The partners assumed that if they didn't conduct the survey as research, they could simply adjust their approach and implement the survey in the way that would obtain the most reflective picture of SmallTown. Given that everyone involved was primarily interested in seeing success in the community, this solution was satisfactory to all the partners. What they neglected to do, however, was tell the AcaIRB that they had changed their plans....

AcaInsti #245 employees and the SmallTown residents went ahead with their revised plans and gathered the information through a survey. The information that was collected was reflective of SmallTown, and the results indicated positive health impacts. While the partners shared this information generously in their own community, they were disappointed not to be able to share the information with others in the Kingdoms.

As the AcaInsti #245 employees further explored the distinctions between 'research' and 'evaluation of programs', it became clear that deciding to not do the SmallTown survey research in the manner approved by AcaIRB had many more implications than just a decision on the part of the partnership.

As time passed, inklings of trouble began to appear. As the AcaInsti #245 employees further explored the distinctions between ‘research’ and ‘evaluation of programs,’ it became clear that deciding to not do the SmallTown survey research in the manner approved by AcaIRB had many more implications than just a decision on the part of the partnership. Apparently, there were forms to be filed, protocols to be withdrawn, and a lot of other paperwork. This part of the process had not been in the training from the Emperor. Now the AcaInsti #245 employees had serious problems.

When the AcaIRB found out what had happened, they determined that since the information was intended to be gathered one way and then was gathered differently, the results could not even be used in SmallTown to share with each other. In other words, the information needed to be destroyed. This was very confusing to SmallTown residents, as they didn’t particularly care how the information was collected and they didn’t feel violated; they just cared that it accurately reflected their own situation. Which it was (accurate) and did (reflect their own situation).

Because the AcaIRB had never been to SmallTown or any place remotely like it, and had never experienced a relationship like that between SmallTown and those few AcaInsti #245 employees, they didn’t understand the motivation behind the efforts, and didn’t understand the reasoning behind changing how the information was collected at the last minute. They didn’t understand the power of a partnership, the respect and trust that was built and maintained, and the give and take that is paramount in a partnership. Confusion reigned for quite some time.

After multiple formal and informal conversations, and reviews, the AcaIRB seemed to understand and began to work with AcaInsti #245 employees to address the current situation and move forward. This led to conversations about how SmallTown and AcaInsti #245 could actually DO research (so that information could be shared) AND gather the information in a way that was truly reflective of SmallTown. Eventually, SmallTown-involved AcaInsti #245 employees came up with a solution, a very creative and logistically challenging solution, and worked with SmallTown residents to make it happen. The solution overcame the concerns voiced by the AcaIRB, AND met the needs of SmallTown. The AcaIRB accepted this, and the plan was advanced.

Eventually, SmallTown-involved AcaInsti #245 employees came up with a solution, a very creative and logistically challenging solution, and worked with SmallTown residents to make it happen.

When the day finally came to collect the information (*for the second time*), the systems were in place – or so they thought. It seemed to go like clockwork. After a few hours, the information was gathered and everyone went home. It wasn’t until a few days later that someone realized that there had been a glitch: information was collected from some participants who were not supposed to be in the study!

The first thing the partners did was contact the relevant individuals in SmallTown. An AcaInsti #245 employee, well-known in SmallTown, made the calls. They explained what had happened, apologized, and asked if there was anything they could do. Then they sent a formal

follow-up letter. Another SmallTown-involved AcaInsti #245 employee filed the deviation paperwork with the AcaIRB.

This time, the results of the process were much different. The AcaIRB accepted all the information and made no comments on the reported deviation. In addition, those who weren't supposed to participate in the information collection but did were forgiving of the error and supported the overall efforts of the partnership; this happened only because of the long-standing relationships that had been established. In the end, both the rules and laws of AcaInsti #245 and the SmallTown 'law of common sense' worked well.

Lessons Learned from Community-Academic Partnership IRB Interactions

This story reveals many lessons to be learned and questions that can be raised.

- The AcaIRB at AcaInsti #245 had a very limited understanding of the motivations of the community and the academic partners involved in the project, nor did the AcaIRB understand the context of the project or the partnership. The literature supports this reality. In a July 2006 Ovid/Medline search of "IRB and ethics and code of ethics", only 20 of the 244 articles included "community", and none of them included "partnership". How can IRBs increase their understanding of community-based research? What is their accountability to understand community-based research?
- It is essential that communities increase their understanding of research, research participation and IRBs. However, most community members have limited time (and interest) to attend to these issues. How can academicians increase community understanding while also respecting the time limitations of their community counterparts?
- In the end of the story, the survey was conducted a second time as a result of many conversations, some very creative thinking and a commitment to handle some complicated logistics. The intersection of community-based research and IRB requirements often necessitates such measures, which can cause a number of other challenges. Recent literature indicates some of the IRB-required processes may inhibit even well-educated academic faculty participants from participating in studies (Morahan, 2006). In addition, the time and money commitment needed for IRB protocol revisions, approval and reporting, particularly with multi-institutional collaborative research can be quite high and unexpected (Morahan, 2006) and thus could affect institution's pursuit and funding of future efforts. What are the long-term ramifications of these trends?
- The employees at AcaInsti #245 had completed the required training to conduct the research, but were new to IRB protocols and were not aware of the requirements related to withdrawing the study. Studies indicate that some hospitals do not have investigator human subjects research training requirements (Larson, 2004) and that many faculty are not clear on their own IRB policies related to education (Mavis and Henry, 2005). How can faculty and staff be better trained on the intricacies of their respective IRB process?

As the story demonstrates, communities and academia operate within different paradigms. Many communities conduct business through conversations, meetings and practicality. Many academic institutions conduct business through hierarchies, rules, and reducing liability. These cultural differences can have an impact on joint research ventures.

As academicians increasingly engage communities in research, challenges will continue on multiple levels. The remainder of this article discusses three sets of strategies to increase the communication and understanding between communities and academia around research. Those strategies are: engaging IRBs in community-based research; engaging communities in IRB systems; and the identification of potential Community-Campus Partnerships for Health (CCPH) roles at the national level.

Strategies to Enhance IRB and Community Communication and Understanding

One solution to the gap between communities and academia is communication. Academic institutions must initiate communication with communities, and communities must initiate communication with academic institutions. Both must be willing to listen. Another solution is changing the IRB structures or processes through which community-based research happens. These changes may be at the academic institution or community level.

The strategies below describe how IRBs can increase their understanding of and appreciation for community-based research. Most of these strategies were generated by participants at the 9th Annual CCPH Conference, held May 31-June 3, 2006 in Minneapolis, MN. Article authors and literature have added to the ideas.

Academic researchers skilled in community-based research can develop strong working relationships with one or two IRB staff persons, and thereby increase their understanding of the nature of community-based research.

Engaging IRBs in Community-Based Research

- ✦ Increase the level of communication with the IRB. This can be achieved a number of ways:
 - Academic researchers skilled in community-based research can develop strong working relationships with one or two IRB staff persons, and thereby increase their understanding of the nature of community-based research.
 - Academic researchers skilled in community-based research can volunteer to be a member of the IRB. IRBs are required to have or obtain expertise relevant to any reviewed protocol, and thus may significantly benefit from nonclinical, community-based expertise.
 - Academicians interested in community-based research can hold annual or regular meetings with the IRB members and staff. At least one institution found that a meeting of action researchers and IRB leadership led to future IRB reviews being “thorough, fair-minded, and thoughtful” (Brydon-Miller and Greenwood, 2006). Meeting topic areas may include:
 - ✦ Sharing models, structures, success stories or recommendations of how community-based research can be effective in protecting participants and be sensitive to the context of community (Hueston, 2006; Brydon-Miller and Greenwood, 2006).
 - ✦ Discussing specific examples of how IRB standards (e.g., consent) can actually inhibit some research from occurring. For example, immigrants from some countries may not want to sign their name on anything, for fear of the US or their own government retribution. In this case, the ‘wavier of documentation of consent’ might be an excellent and reasonable approach.

- ✦ Discussing the scope of the IRB. For example, to what extent is the IRB about the protection of human subjects and to what extent is it about the quality of the research protocol itself?
- ✦ When there are multiple institutions participating in the research study, consider what arrangements could be made to have primary and secondary IRBs, or a single IRB, rather than one protocol going through multiple different IRBs (resulting in a delay of approval).
- ✦ When working with communities, academicians may want to create an ‘umbrella protocol’ that outlines the key components of the study, with some ‘to be determined’ items. As the project moves forward, amendments can be made that describe the next steps. This approach provides an overarching framework for the study that gives IRB members and staff a context that they can refer to as the study proceeds.
- ✦ When community-based researchers are on national panels or advisory boards related to research, they can raise the issues surrounding community-based research and IRBs.

Engaging Communities in IRB Systems

- ✦ Create materials that describe aspects of research and research responsibilities/requirements. For instance, materials may describe what it means to be a research subject and/or what is an Institutional Review Board and/or what is the difference between research and programs. The Institute of Medicine has published a list of questions that research participants may want to know about research and participating in research (IOM, 2002).
- ✦ Create materials or hold discussions/workshops on how communities can benefit from IRBs. Examples of benefits include: assuring that the research methods are conducted in a culturally-appropriate manner; increasing the institution’s understanding of community processes and priorities; providing “participants with a sense of the process as a whole and of the possible implications of their participation, allowing for the development of a more genuine informed consent process” (Brydon-Miller and Greenwood, 2006, p. 124); stronger relationships and increased trust between partners, which can lead to additional projects or research.
- ✦ Hold discussions/workshops with communities on research, research protocols and IRBs. Topics might include:
 - What is the history behind IRBs – make it real (e.g., holocaust, Tuskegee, etc.).
 - Promotion and tenure in academic institutions – how does it work.
 - Benefits of research – specific examples of how research from years ago benefits this community today.
 - Informed consent – what it means, why it is important.
- ✦ Dialogue with community about the community’s history and future with research. Has research ever been done in this community? How has research happened in this community? What would this community like to see done differently in the future with research?
- ✦ Encourage community member representation on IRBs. Every IRB has opportunities for community members to participate. Local, community participation may help increase community members’ comfort and understanding levels with the process, which allow both community and academic partners to share that power more equally.

- ✦ Have a community IRB or another community approval process. While traditional IRBs focus on individual-level protection, a community IRB would focus on community-level protection.

CCPH's Potential Role at a National Level

While many IRB issues can be addressed at the institutional level, IRBs are dictated by federal guidelines, and thus, a national discussion needs to take place. Other authors have also suggested reforms or a national dialogue (Monahan, 2006; Emanuel, 2004; Edgar and Rothman, 1995). Given the community – academic focus of CCPH, it may be able to take a leadership role in this discussion. CCPH may also be able to provide valuable resources to its constituents. Potential roles for CCPH fall into two areas: education and technical assistance.

1) Education

- ✦ Develop educational materials that could be shared with IRBs. The materials might provide information on understanding the context of community-based research, considerations in community-based research, how community-based research is different from clinical research, and some key articles from the literature that demonstrate how IRBs can work with community-based researchers and communities.
- ✦ Develop educational materials or a toolkit that could be shared with researchers and community members. The materials or toolkit could be tailored to meet the needs of individual CCPH members, and might provide information on:
 - What is research?
 - What questions should communities be asking about research?
 - What is the IRB and why are the rules so stringent?
 - How can communities and academia work together to successfully and satisfactorily accomplish research?
 - What other resources are available?

2) Technical Assistance

- ✦ Be a resource for trouble-shooting support. Each community-based research study is unique, and therefore can raise unique questions. CCPH members might find it valuable to have a listserv or expert panel or some other time-sensitive and responsive system to tough IRB questions.
- ✦ Have a clearinghouse or other mechanism to share successful community-based research IRB protocols.
- ✦ Develop a model for a community research board. A template could be created that talks about why a community research board would be created, what the pros and cons might be, what challenges might occur and how to address them, potential structures, etc.
- ✦ Develop a framework and create models for community advisory boards. These might be similar to a research board but have less legal oversight. The framework and model might include:
 - What is the role of an advisory board?
 - What is their intersection with Institutional Review Boards?
 - Simple fact sheets and examples;
 - Tools for community advisory boards to utilize – newspaper articles; pamphlets; etc. These may demystify 'research'.

- ✦ Develop a sample/template consent form that is at the 6th grade reading level. The failure of research consent forms to be at an appropriate reading level for the majority of the US population is well documented (e.g., Paasche-Orlow, 2003; others). CCPH members could tailor the consent to meet the needs of their own IRB, but would be starting with an accessible document.

Next Steps

A number of steps can be taken to move the ideas presented here forward:

- ✦ Create a CCPH advisory group comprised of academic and community IRB experts to discuss recommendations of the article and develop a strategic plan to begin to move forward with specific tasks identified in the article;
- ✦ CCPH can partner with like-minded organizations (e.g., Institute of Medicine, Association of American Medical Colleges, Health Resources and Services Administration, Centers for Disease Control and Prevention) to initiate or facilitate a national IRB dialogue related to community-based research;
- ✦ CCPH, researchers and communities can present at conferences where members of national IRB panels and similar others are attending;
- ✦ CCPH members can choose one or two approaches from this article and advance the approach within their own institution or community.

Conclusion

It is critical that academic institutions and communities protect individuals participating in research. Having information and a dialogue that increases the mutual understanding of the two kingdoms of community and academia are essential precursors to the protection of research participants.

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Coming Together in the Fight Against HIV: MOMS' Principles of Effective Community Partnerships

Susan Davies, Angela Williams, Trudi Horton, Cynthia Rodgers, and Katharine E. Stewart

Introduction

HIV is the fourth leading cause of death for women ages 25 to 44, an estimated 70% of whom are mothers (National Center for Health Statistics, 2005). While the science related to HIV continues to make tremendous gains, HIV continues to spread, especially among those most vulnerable, as a result of insufficient resources to expand education, increase awareness, and provide testing and counseling services (Plowden, Fletcher, & Miller, 2005). Stigma has a particularly strong impact on mothers living with HIV, and while this population could benefit immensely from social support, too often they experience rejection and exclusion from their social networks (Ciambrone, 2002). Issues related to stigma and disclosure also prevent many individuals from participating in HIV prevention and treatment programs. Other obstacles include limited public support and overwhelmed service providers due to insufficient resources. In order to make strides in primary and secondary HIV prevention, novel approaches must be developed that earn the trust of at-risk community members and reinforce HIV service providers in their efforts. Such strategies will benefit from the integration of multiple diverse perspectives that generate more creativity and collective expertise. To be conducted effectively, they will also require more shared resources and cross-cutting collaborations.

In order to make strides in primary and secondary HIV prevention, novel approaches must be developed that earn the trust of at-risk community members and reinforce HIV service providers in their efforts.

This article describes a thriving campus-community partnership comprised of the University of Alabama at Birmingham's (UAB) Department of Health Behavior and seven key community-based organizations and healthcare clinics dedicated to serving individuals who are living with HIV. We share five partnership principles we employed to guide the project's development, implementation and evaluation. Some of these principles will be familiar to most readers, while others — or the way that we applied them in our community — are quite unique. All of them collectively generated enthusiastic collaboration among partners. Included in the discussion is: 1) how our fundamental goal (to support, empower, and validate our priority population) guided MOMS education and outreach efforts and helped synergize HIV efforts among our partners; 2) how we used several innovative and entertaining strategies to inculcate our community partners with MOMS' primary messages and aims; and 3) how MOMS used key opportunities to provide reciprocal support to our partners and cultural sensitivity to the community at large.

What is "MOMS"?

Making Our Mothers Stronger

The MOMS (Making Our Mothers Stronger) Project is a randomized, controlled behavioral trial for mothers living with HIV. Women who are over 18 years of age, HIV+, and a primary caregiver of a child between four and twelve years of age are eligible to participate.

The NICHD-funded 5-year project aims to reduce parenting- and health-related stressors and improve social support networks among HIV+ mothers, and ultimately improve the functioning of families affected by HIV. Many HIV+ women experience the challenges of being both a caregiver for their children and a patient themselves. Unlike most secondary prevention trials that aim to reduce HIV transmission and reinfection via sexual risk reduction strategies, MOMS aims to enhance quality of life issues by focusing on the specific needs of mothers and children affected by the HIV epidemic. While the MOMS Project is designed for women across the sociodemographic spectrum, our population closely reflects that of the larger population of persons living with HIV in the U.S: predominantly those of color and of low socioeconomic status. As such, our intervention aims to meet the stress reduction needs of mothers living with HIV and the stresses of stigma, multiple responsibilities, very limited resources and, potentially, discrimination. Through six weekly two-hour sessions, participants come together for small group sessions that focus on reducing stress, increasing coping skills and fostering supportive networks. While the educational and problem solving activities are an important part of the intervention, the peer-based support system provides an equally vital component: a sense of community for this previously isolated population.

Unlike most secondary prevention trials that aim to reduce HIV transmission and reinfection via sexual risk reduction strategies, MOMS aims to enhance quality of life issues by focusing on the specific needs of mothers and children affected by the HIV epidemic.

Why MOMS Needed Partners

While it can be said that all projects are more effective and relevant with the active involvement of the affected population, MOMS had unique barriers to participation that made partnership and community buy-in essential. The sensitive nature of the topic and the need to ensure confidentiality of patients' HIV status presented a hurdle to recruitment efforts: clinicians and service providers were unable to put us in direct contact with our priority population. Thus, we had to rely solely on them, our community partners, for referrals of potential participants meeting MOMS inclusion criteria. The following is a discussion of the principles and strategies we used to conduct a needed community-based program that could be adapted for use in other settings and populations to strengthen partner alliances and interactions.

Five Principles of Partnership that Contributed to MOMS' Success

Principle #1: Demonstrate that you value your partners' expertise and input.

We seized opportunities to interact and collaborate with seven core HIV organizations as our community partners: three HIV/AIDS community agencies (*Birmingham AIDS Outreach, AIDS in Minorities, AIDS Alabama*); three healthcare clinics (*1917 Clinic at UAB, Family Clinic at Children's Hospital, St. George's Clinic at Cooper Green Hospital*); and the statewide HIV coalition (*HIV Prevention Network*). We demonstrated how much we valued each by involving them from the start and seeking their expertise in key program aspects. Since its inception, MOMS sought and garnered the support and endorsement of our partner agencies. Having worked with many of these partners before on HIV-related projects, we integrated their experiences and perspectives into the MOMS Project proposal. Upon receipt

of funding, we looked to them for input on all aspects of the project, from program promotion and participant enrollment to intervention content and evaluation strategies. We created a Community Leadership Advisory Board, composed of three partner staff members and three community health advocates. This Board provided ongoing guidance to the MOMS investigative team throughout the project period. From the front lines of patient care and case management, these individuals were an invaluable asset, making suggestions that often turned out to be crucial (e.g., for confidentiality reasons, do not invite children to project informational meetings and do not put “HIV” on any recruitment flyers). Their input ensured that our intervention was responsive to the social and cultural characteristics of the participants, enabling us to more effectively engage mothers living with HIV into care. These project advisors reviewed all MOMS session materials, and even participated in mock intervention sessions, providing a friendly audience as well as invaluable feedback as our health educators were getting up to speed on intervention delivery.

Principle #2: Connect with partners by uniting around a central theme.

For us, that meant coming together in the fight against HIV. While working ardently on meeting the needs of HIV+ persons in our community, the MOMS Project raised provider awareness with regard to the unique needs of mothers living with HIV. As mothers with HIV are living longer, this underserved population needs support at various levels for coping with the multiple challenges their circumstances can bring. Increasing commitment to the fight is the recognition that living with HIV can negatively impact the mother’s children (via manifestations of maternal depression resulting from social isolation, multiple role strain and concern over children’s future well-being). As in many other communities, our HIV-focused clinics and community based organizations are largely overextended and understaffed. MOMS enables providers to increase the diversity of their service offerings by offering a needed program not currently available anywhere else. Further, the MOMS Project brought together a large, diverse group of service providers that prior to that had minimal interaction and even less collaboration together. Prior to the MOMS Project, few collaborative efforts existed in the community to address the rising incidence of HIV and its inherent problems. MOMS provided a needed bridge for learning about other partner activities, sharing resources and information, and reinvigorating individuals and groups working in the area of HIV/AIDS.

As mothers with HIV are living longer, this underserved population needs support at various levels for coping with the multiple challenges their circumstances can bring.

Principle #3: Create novel opportunities for positive partner interactions.

Recognizing that healthcare and community-based staff members have multiple concurrent obligations, we looked for innovative, time-efficient ways to strengthen the project’s alliance with these important partners. As we prepared to launch our recruitment efforts, we tried to come up with something a little different to make the MOMS Project stand out in our partners’ minds. Our partners are still talking about this very “outside the box” event.

“MOMS and POPS” (Power of Partnerships) was designed to encourage enduring relationships among individuals and groups working in HIV care, build enthusiasm for

the MOMS Project début to community participants, and provide a motivating activity to help increase retention of key MOMS messages, (e.g., eligibility criteria, intervention aims, participation requirements). Partner staff members were asked to perform a talent that illustrated the messages of the MOMS Project. Talent included impersonations (e.g., Diana Ross and the Supremes with “Ain’t No Mountain High Enough to Keep Me from MOMS”), humorous skits from well known commercials, musical performances and poignant poetry that embodied MOMS themes. Having the event on April 1st (April Fool’s Day) from 5 to 7 pm with great food and beverages (provided by corporate sponsorship) added to our ability to pull off an entertaining, inimitable evening. Each partner’s CEO/ Director served as a judge for the partner talent show. For the closing act, the MOMS team led attendees up to the stage to join in the finale chorus of “We Are the World.” This event generated tremendous enthusiasm and a huge turnout. It was the first event to capture the participation and support of all the core HIV clinics/organizations. As Medical Director of UAB’s 1917 Clinic (and Director of the UAB Center for AIDS Research) Dr. Michael Saag stated, “I think this is the first time when all of us have been in the same room at the same time, and, it’s about time!” Following the event, videotaped copies were presented to each POP along with movie treats at a prearranged special showing at each partner site. The MOMS team has used this video at subsequent recruitment and outreach activities. We attribute this event’s enormous success to our ability to use and build on the positive relationships previously established with our partners. Without this dynamic, we imagine it would have been much more difficult to convince these individuals to risk looking foolish in front of so many others. After first ensuring personal commitment to participate from each agency director, we engaged staff at each agency to help us identify an individual willing to serve as their agency’s “MOMS and POPS” coordinator. This person was charged with the task of generating collective support and enthusiasm, scouting for potential talent acts, and obtaining personal commitment from fellow staff. The MOMS team provided them with everything they needed, from ideas to props to pep talks, while also helping to foster a little competitive spirit among the agencies.

The encore second annual event, “MOMS and POPS II” (again held on April 1st) called on partners’ strategies, not singing skills, to highlight MOMS themes. Knowing that we could never replicate the famous inaugural MOMS and POPS, and appreciating our community partners’ time and schedule constraints, we sought to retain the entertaining, team-building qualities of MOMS and POPS while minimizing our partners’ preparation time. Partner teams competed in variations of two popular games: *MOMSpardy* (modified version of Jeopardy) and *MOMSboo* (modified version of Taboo). This event proved to be fun, entertaining and undemanding for attendees. Stormy weather coupled with the event being held on a Friday night (to keep it on April Fool’s Day) hindered attendance. We surmise that another crucial element was different from the previous year that may have reduced turnout: by merely having to show up at the event to participate in game show activities (rather than having to prepare an act and perform in front of your peers), we may have inadvertently reduced commitment and appeal for the event. After all, how often do opportunities come along for overextended service providers to join coworkers in planning a performance using skills rarely conducive to the work environment?

Principle #4: Find or create opportunities to reciprocate support for your partners in their efforts.

Community workers can be potent change agents, yet their multiple roles and responsibilities often undercut their efforts. In addition to the physical toll, significant emotional investment is inherent in their jobs. Such dedication and overload can severely affect health and well-being. MOMS has always placed high priority on supporting our community partners' efforts in various arenas. In showing appreciation and reverence for our partners, we offered both emotional and instrumental support, by providing stress reduction talks and wellness workshops at partner staff meetings and retreats, as well as tangible aid and resources via health fairs, health care summits, meetings and other initiatives. While participating in a partner's series of health fairs at housing projects, the MOMS team recognized that many attendees were more interested in giveaways than health related information. A new opportunity presented itself: MOMS started offering free hand massages, a win-win activity that allowed us to relieve the stress of attendees, provide them with a "free gift," and also give our team members time to talk to the attendees about the MOMS Project during the massage. This personal connection with so many of our community members elucidated to us one of the MOMS Project's fundamental tenets: "People don't care what you know until they know that you care". Perhaps the biggest indicator of a healthy partnership is when one faces a crisis situation and knows they can ask for and count on support and assistance from their partners. When budget cuts threatened to reduce AIDS funding and services, our three potentially affected community agency partners called on us, and we argued before the City Council on their behalf urging local officials to maintain current funding levels for these vital community service organizations.

Perhaps the biggest indicator of a healthy partnership is when one faces a crisis situation and knows they can ask for and count on support and assistance from their partners.

Fundamental to the practice of reciprocity is healthy, ongoing communication. MOMS kept support channels open and mutual enthusiasm heightened through steady communication with partners. These efforts took various forms: we met monthly with partner representatives at HIV Prevention Network meetings, hosted several Network meetings, attended "Lunch and Learn" events and weekly Pre-Clinic meetings, presented project information at staff meetings, attended fundraising events hosted by partner organizations, communicated with partners about potential funding opportunities, and sought partner input and referrals on issues affecting MOMS participants that were outside the scope of our services (e.g., housing, shelter, clothing, furniture, food, Christmas boxes, children's camp opportunities, etc.) We also provided ongoing support and encouragement via special occasion cards, candy baskets, homemade cakes and other small but appreciated acts of kindness.

Principle #5: Join forces with partners to create education and advocacy activities that raise awareness in the larger community.

In efforts to reduce HIV-related stigma and increase awareness of HIV's enormous impact on women, MOMS spearheaded a community event, "Faith, Facts, and Fashion" for World AIDS Day 2004. The focus was centered on Women and Girls and based on the United Nations theme, *Have You Heard Me Today?* The theme highlights how gender inequality

fuels the world AIDS epidemic. As World AIDS Day is an effort to extend life, the county's HIV Prevention Network planning committee — led by Angela Williams (MOMS Health Educator, Community Health Advisor and coauthor of this paper) — diverted from the gloom and doom message that is frequently bundled with AIDS awareness efforts to craft an event that celebrated the lives of women and girls. The primary challenge in planning this event was determining how to effectively engage the faith-based community. Ms. Williams used her expertise as a Community Health Advisor and active participation in faith-based organizations to develop a format that would appeal to a diverse group of participants. "Faith, Facts and Fashion" celebrated World AIDS Day with a fashion show showcasing the beauty and solidarity of *Women Leading Change* in faith-based organizations and the community. One hundred women, representing diverse community members, change agents, college faculty, staff, and students and consumers, used the stage to provide facts about HIV.

Women in **RED** (faith leaders and/or their wives) brought high fashion to the runway, modeling red apparel representing the HIV/AIDS Red Ribbon. The women in **BLACK** (clinicians, researchers, consumers, community advocates) donned black apparel and communicated an HIV/AIDS-related fact to the audience (e.g., *FACT: In the U.S, 58 % of new HIV/AIDS cases among 13-19 years are girls; FACT: Women are more likely to become infected with HIV during intercourse than men. Male-to-female transmission is estimated to be eight times more likely than female-to-male*). One of the key factors in the success of this event was the process of multiple agencies with somewhat diverse missions and target populations truly joining forces to host an event that was situated **IN** the community and designed to appeal to a wide variety of individuals **FROM** the community. Each organization or agency contributed at least one resource to the successful completion of planning and implementing this event (e.g., one agency took the lead in acquiring sponsors for the food and beverages; one agency took the lead in acquiring resources to cover the costs of printing programs). This event highlighted the significant impact that can be made on individuals in the community (who may not typically receive education and information from an individual agency) when multiple agencies work together proactively to develop an event designed to reach individuals from a variety of religious backgrounds, neighborhoods, professions, and affiliations.

Most important, in an area so plagued with overload-related staff burnout, MOMS generated renewed commitments among HIV clinicians and service providers to continue the fight against HIV.

Conclusion: Working Hand in Hand with our Community

Each MOMS event and activity strengthened the relational dynamics with our POPS. In addition, each partner gained a clearer understanding of how together we can offer a full circle of services to mothers who are living with HIV. The MOMS Project demonstrates the synergistic effects of working together, including increased connections of patients to services, improved social and professional networks, enhanced communication practices and strengthened collective problem solving. Most important, in an area so plagued with overload-related staff burnout, MOMS generated renewed commitments among HIV clinicians and service providers to continue the fight against HIV.

HIV is a tremendous public health problem and a significant threat to our communities. Reducing HIV disparity among women of color and/or economic disadvantage is dependent on much more than designing appropriate interventions; it will require concerted collective efforts among numerous community entities to ensure that those most in need (who are therefore also most reluctant to risk participating) are connected to services and feel safe in accessing them. Healthcare practitioners and community-based staff play a key role in the success of large-scale HIV intervention studies. Using creativity, commitment and reciprocity, MOMS gained the support and collaboration of seven HIV community service providers to develop and implement a unique, culturally appropriate community-based program. The MOMS model illustrates how strengthening campus-community partner relationships can lead to the successful development and implementation of a highly-tailored program for a hard to reach, underserved population.

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Angela Williams is a Health Educator and Community Outreach Advocate for the MOMS Project. She utilizes her leadership role in faith-based organizations, twenty years of project coordination experiences in the telecommunication industry, and activism in the community to help lead and support MOMS initiatives. Angela developed the concept for “MOMS and POPS,” “MOMS and POPS II,” and “Faith Facts and Fashion”. She is also a Community Health Advisor (CHA) for the Deep South Network for Cancer Control. As a CHA she collaborates with UAB and the community to promote cancer awareness messages, early detection efforts and participation in clinical trials, particularly among minorities.

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infection. She was the original principal investigator for the MOMS Project for HIV-positive mothers, and now serves as a co-investigator. She received her bachelor's degree in psychology from the University of North Carolina at Chapel Hill, her master's degrees in both medical psychology and public health from the University of Alabama at Birmingham, and her doctoral degree in medical psychology from the University of Alabama at Birmingham.

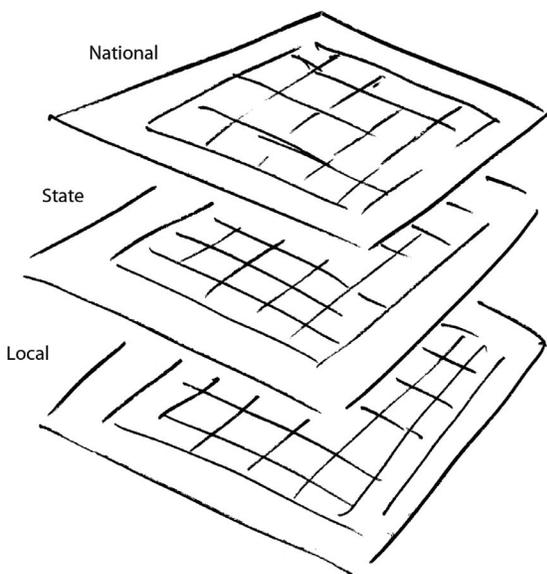
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Triple-Layer Chess: An Analogy for Multi-Dimensional Health Policy Partnerships

Karen J. Minyard, Tina Anderson-Smith, Marcia Brand, Charles F. Owens, and Frank X. Selgrath

Overview of the Concept

Evidence-based, strategic alignment of health policy agendas and investments across institutional boundaries and local, state, and national policy jurisdictions maximizes resources and strengthens outcomes related to state health policy. Based on this hypothesis, the Georgia Health Policy Center (GHPC) employs an approach to system change, research translation and policy application that is analogous to facilitating a game of three-dimensional chess.



Imagine any of a broad range of stakeholders simultaneously playing a complex game of chess on three boards - one above the other - representing each of three levels of activity within the health policy arena - local, state, and national. *Players*, in this instance, refer to individuals, organizations, or constituencies who influence health and health policy through their visions, agendas, investments, and actions. Table 2 provides examples of types of players and the relative moves they might make, or influence they might exert, in the Triple Layer Chess game of health policy and health improvement. To facilitate system change, GHPC translates findings from research in a way that assists players at each

level in understanding opportunities for winning the game by integrating their own strategic decisions with those of players on the other two levels. Checkmate outcomes occur when there is greater alignment among various parties both within and across the three levels, maximizing return on investments and magnifying the impact on health.

Alignment across Multiple Dimensions

The idea that greater coordination and collaboration among the multitude of players in the health arena is needed is nothing new:

An effective public health system that can assure the nation's health requires the collaborative efforts of a complex network of people and organizations in the public and private sectors, as well as an alignment of policy and practice of governmental public health agencies at the national, state, and local levels (Institute of Medicine, 2002).

Despite many efforts at greater collaboration across levels, more are needed (Tilson & Berkowitz, 2006). Multi-dimensional partnership models that reach across public-private or local-state-federal boundaries, such as “performance partnerships” used by the National Partnership for Reinventing Government (NPRG, 1999) and the collaborative models promoted by the national Turning Point program (Sabol B, 2002; Hahn, 2005) have succeeded in producing powerful changes to improve health.

Assertions Fundamental to the Triple-Layer Chess Analogy

It is a Frame of Mind, a Way of Thinking, a Set of Questions — In considering the relevance of the chess analogy, it may be tempting, particularly for actual chess players, to begin by asking practical questions such as - Who is the opponent? How do you determine what checkmate is? What are the rules for how different pieces are allowed to move? What does the board look like? Are there more than two colors? What if you cannot reach immediate alignment? (Fans of the board game may see Sandquist, 2001.) For the health system change purposes, however, we suggest using the metaphor as a way of thinking - an approach to problem solving that revolves around key strategic questions that are asked at all times with the three layer chess boards in mind. For instance, when engaged in a line of policy inquiry, GHPC researchers ask: What are the implications for local policy-makers and community leaders? How might state government or foundations create a more conducive environment for addressing the problem? What is the role of the federal government and national foundations or businesses in facilitating positive policy change? How do each of these levels of intervention and activity relate to one another? Evidence-based answers to these questions are translated for key public and private decision makers at local, state, and national levels with the intent to achieve greater alignment across the three dimensions and create opportunities for triple-layer chess. In cases where alignment does not exist and/or seems impossible to attain, players can work to strengthen the plays on one level. In the early stages, the intent and the strategic approach are important. The outcomes are often delayed, but are more likely to occur when people are considering a broader range of options. For example, when a policy at the federal level is not responsive to the local reality, local players can broaden their set of partners, strengthen local evaluation efforts, or more clearly articulate the local situation. Local players might also engage state leaders in understanding the local reality. Over time a stronger local and local-state alignment may create opportunities for creating more federal alignment.

When a policy at the federal level is not responsive to the local reality, local players can broaden their set of partners, strengthen local evaluation efforts, or more clearly articulate the local situation.

The complex interplay of actions on multiple levels in the health system is akin to systems thinking – “a paradigm or perspective that considers connections among different components, plans for the implications of their interaction, and requires transdisciplinary thinking as well as active engagement of those who have a stake in the outcome to govern the course of change” (Leischow and Milstein, 2006).

Playing the “game” requires strategy and creativity — The chess metaphor has evolved for the GHPC as a means to help frame and ultimately align critical decisions being made on

a continuous basis by a variety of stakeholders on multiple levels. The game of chess seems particularly applicable as it requires disciplined thinking, looking at the whole board (or system in the context of health), and thinking in advance about the intended, unintended, and delayed consequences of a particular move. In addition, chess players often make a move in present time thinking about the situations that move might create several plays into the future, all the while taking into account the possible responses and strategies of other players. Similarly, framing a health issue or policy decision using the metaphor may facilitate alignment among stakeholders by encouraging broad, strategic thinking that is less time-bound and restricted, and by influencing the information used, how the information is processed, and the range of possibilities considered.

Success requires seeing the “whole board” — In an article describing how he believes life imitates chess, Garry Kasparov, recently retired Chess Master, stated “There is something to be said about a chess players’ ability to see the whole board. Many [decision makers] are so focused on one problem, or a single aspect of a problem, that they remain unaware that solving it may require action on something that appears unrelated. It is natural for a chess player, by contrast, to look at the big picture” (Kasparov, 2005). Currently, in the health arena at local, state, and national levels, problem-solving activity appears to be taking place in a relatively isolated, crisis-dominated environment. Though this circumstance may be understandable due to the dynamic and complex nature of the factors influencing health and health policy, such deliberations often result in narrowly-defined, un-ambitious solutions considered by their designers to be absolute and complete. Here, again, the chess metaphor has value as a tool for framing issues. According to Kasparov, “There is no single solution to a chess game; you must consider every factor to produce a complete strategic solution.” Seeing the whole board in the instance of health is analogous to seeking to understand and consider the context of health – related systems, how they work, the relationships between various factors, the strategies and motivations of other players, and the influences affecting a particular problem or likely to leverage positive change – in order to devise meaningful strategies that increasingly align interventions and work toward checkmate.

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Application: Playing the Game

Play can be initiated at any level, by any player, at any time. Case examples demonstrate the game being initiated at the national, state, and local levels and moving on the same, the other, and all three levels.

The National Game: Aligning Federal Programs Internally Based on Powerful Evidence of State and Local Needs

Marcia Brand is associate administrator for rural health policy in the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). The agency uses its \$6.6 billion annual budget (FY 2006) to expand access to quality health care for

all Americans through an array of grants to state and local governments, health care providers and health professions training programs. Marcia is a master Triple Layer Chess player. Her national game includes leading a Health and Human Services (HHS) Rural Task Force that spanned across all 12 HHS divisions to assess how to better expand and improve the provision of health care and social services in rural America. She also works with the National Advisory Committee on rural Health and Human Services, coordinates with other governmental agencies such as those focused on research and mental health, and informs the regulatory process as it relates to rural health. The Office of Rural Health Policy has natural national-state and national-local strategies. Through these strategies Marcia collaborates with State Offices of Rural Health and State Rural Health Associations nationwide. The Office's grant programs for outreach, network development, planning, emergency medical services, and the Mississippi Delta create national-local links.

In a recent expansion of a pharmaceutical program, Marcia was able to play on all levels simultaneously. She coordinated knowledge of national regulation across federal divisions, mobilized regional and state organizations (State Offices of Rural Health, State Hospital Associations, the Delta Regional Commission and the Appalachian Regional Commission), and provided technical assistance to local hospitals. This example of triple layer checkmate worked to fill in the healthcare gaps for people who live outside the economic and medical mainstream and resulted in more affordable access to medications for rural people.

Marcia has learned that playing triple layer chess does not come without challenges. There is always the need to balance rural needs with limited resources. There is also a balance between those who might abdicate rural responsibility and those who have a rural bias that everything rural is good. Marcia has found that partnerships are often easier when a financial or grantee relationship exists. Other relationships may take more time investment.

The triple layer environment is very complex and constantly changing. Interest in rural issues varies within and between local, state, and federal governments and this influences legislation, budget, and priorities. As interest group priorities change rural efforts are influenced. Leadership is key. In other words, it helps to have people at all levels who know how to play the game.

The State Game: Aligning Public and Private Investments Based on Community Learnings

Charles Owens is the Executive Director of the Georgia State Office of Rural Health. Georgia's State Office of Rural Health (SORH) works to improve access to healthcare in rural and underserved areas and to reduce health status disparities. The Office oversees programs related to primary care, hospitals, migrant health, homelessness, professional shortages, and rural networks.

Charles has created state-state partnerships with a variety of state focused groups such as the Georgia Hospital Association, HomeTown Health (a rural hospital association), public health, Area Health Education Centers, the Medical College of Georgia and many others that have resulted in investments in rural health.

The Office made a state/national move when a partnership was built with the Robert Wood Johnson Foundation's Southern Rural Access Program for rural investments. Another state-national collaboration exists with the federal Office of Rural Health Policy, which results in federal government investments in Georgia's rural programs. The Office also has many state/local partnerships through investment of state resources, the Medicare Rural Hospital Flexibility Grant Program, Migrant Health and others. The focus of these efforts is to provide healthcare to meet individual community needs. Healthcare is provided in a manner that is receptive and through a vehicle that the community can and will support. The focus is a healthcare system that networks the various delivery models and improves the lives of the citizens of the area. This model promotes the development of the local game through incentives for local partnerships to solve rural health challenges.

Healthcare is provided in a manner that is receptive and through a vehicle that the community can and will support.

Spring Creek Health Cooperative (SCHC) is an example of triple layer checkmate. The SCHC is a partnership across four southwest Georgia counties in which providers, public health, and community leaders seek to improve health through disease management, pharmaceutical access, health screenings, and patient education. The SCHC began through the support and encouragement of the SORH and has become somewhat of a money magnet. Because the health needs in this geographic region are so great, many are interested in helping. They just needed a credible entity in which to invest. Spring Creek provided that investment entity. In this case, a simple state-local move resulted in a full scale Triple Layer Chess game with national, state, and local, public and private investments of more than one million dollars. Spring Creek is now able to generate income of \$345,000 per year for the services it offers, which contributes greatly to their sustainability.

The Local Game: Aligning Local Partners with a Common Purpose

Frank Selgrath was the founding director of the Coastal Medical Access Program (CMAP) in Brunswick, GA, which began in 2002. CMAP's mission is to provide pharmaceutical assistance, chronic disease case management and free access to primary health care for medically needy residents of Camden, Glynn and McIntosh Counties in Southeast Georgia. This is accomplished through collaboration among the medical community, faith-based organizations, local businesses and volunteers.

Frank's Triple Layer Chess playing abilities were apparent early. The local game is apparent in the mission, "collaboration among the medical community, faith-based organizations, local business, and volunteers." These local collaborations have resulted in: two free clinics providing 3,504 visits for 1008 patients (75% of which are ER diversions); five MedBank locations providing \$6.6 million in pharmaceuticals for 2,312 patients; and case management for 408 chronically ill patients. Local volunteers clocked 23,000 hours over three years valued at nearly one million dollars. Other in-kind contributions of space, equipment, and supplies are valued at more than one-half million dollars. This is clear indication that there is mastery of the local game.

Leveraging Resources

Original- Seed Money

Philanthropic Collaborative of Rural Georgia \$185,000 in 2002.

Since Then

Public funding	\$1,053,230
Private Funding	\$1,325,700
Total Cash	\$2,378,930

Volunteer Hours

2002	2,040
2003	10,600
2004	9,750
Total	22,750 Hours
Value	\$980,000

In-Kind Contributions

1. Free Space	\$200,000
2. Equipment/Supplies	\$376,000
Total In-Kind	\$1,556,000 In-Kind

Total Resources Raised
\$3,934,930



Table 1

network applied for and was granted one of the federal Office of Rural Health Policy's Network Development grants.

Frank also played the local-state game. CMAP was founded with a state access grant and the collaborative took advantage of the technical assistance provided by the GHPC to build sound organizational and programmatic foundations. CMAP leaders also built local-state relationships with the Georgia's Office of Rural Health Services and the Georgia Rural Health Association. The organization was recognized as the state's Outstanding Rural Health Agency for 2003. Frank made a local-national move when the

All of Frank's local, local-state, and local-national strategies paid off with an opportunity to play on all three levels. The Georgia Governor's Office received a state planning grant from HRSA and chose four communities to serve as pilots in developing access for uninsured employees in small business. CMAP was chosen as a pilot site because of their previous organizational and programmatic success. This is an example of a national, state and local collaboration that puts CMAP in the national limelight and creates more opportunities to leverage resources. Frank's Triple Layer Chess moves are a story of leveraging resources as can be seen by Table 1.

Implications for Community-Campus Partnerships for Health

For communities, some partnerships may already be masters of the local-local game – having brought local partners together to address community needs. An important lesson from this work is don't be afraid to look up – bring state-level partners into your local game and leverage them into relationships with federal-level players. The nine *Principles of Good Community-Campus Partnerships* (CCPH, 1998) still apply and are appropriate even for partnerships that bridge the state and federal levels.

The Health Policy Center experience provides insight for the campus applications. In 1996, Georgia rural health systems faced a bleak future. A study for the state Medicaid program revealed that in rural markets, hospitals, physicians, pharmacies, and nursing homes were at risk of closure. It appeared that the solution would involve the development of new local and regional partnerships among community leaders and healthcare providers to strengthen local health care systems.

In partnership with the SORH, GHPC designed, tested, and implemented a community intervention to facilitate the development of rural health networks across the state. What began in 1996 as an intensive approach to understand and facilitate network development processes in 30 rural health systems in Georgia has since become a dynamic, iterative process of research and reflection, translation, and implementation of policy and practice at the local, state, regional, and national levels – a virtual game of triple-layer chess (Minyard, et al., 2003).

- ♦ **THE LOCAL GAME** — Tools and methods derived from field research and practice between 1996 and 2001 included: the creation of a theory of change for health system transformation, “Keys to Success” for system development, a self-assessment tool for measuring a network’s progress toward transformation goals, and the design of a technical assistance approach tailored to networks’ needs.
- ♦ **THE STATE GAME** — In 2001, findings were translated for state policy makers and philanthropies through reports, issue briefs, and presentations, resulting in a partnership that leveraged more than \$2 million for grants and technical assistance. Iterative research enabled the refinement of the “Keys to Success” and the creation of Developmental Milestones against which networks could measure progress.
- ♦ **THE NATIONAL GAME** — In 2002, the GHPC was contracted by the Federal Office of Rural Health Policy to apply their evidence-based approach to technical assistance and network development to support 41 Federal Office of Rural Health Policy Network Development Grantees. In consort with this activity, the GHPC developed a framework for tailoring technical assistance approaches, a logic model for network development, and an inventory of leadership characteristics necessary for network development. These tools are shared with other states through Community Health Systems Development Institutes conducted by the GHPC.

Since 1996, findings from GHPC’s rural health system development practice and research have been integrated into local, state, and national policy and translated into useful tools and technical assistance methods now applied in almost every state. Perhaps even more relevant, though, is that the triple-layer chess metaphor inspired the translation strategies used by the Center and made extensive dissemination and incorporation possible. Further, findings from the technical evaluation and from providing technical assistance to federally-funded communities enable the Center to provide feedback to the Federal Office of Rural Health Policy regarding opportunities to strengthen grant programs and align internal programmatic resources to better support states and rural communities. University partners hold powerful starting positions for playing Triple Layer Chess and making the moves that result in triple layer checkmate.

Since 1996, findings from GHPC’s rural health system development practice and research have been integrated into local, state, and national policy and translated into useful tools and technical assistance methods now applied in almost every state.

Table 2

Examples of Potential Players Local, State and National	Types of “Moves” or Influence on the System
Community Representatives	Their needs and demands drive the system Firsthand experience enables diagnosis of system breakdowns Relationships and understanding uniquely prepare them to create community specific solutions needs Behaviors affect health status Communicate with state and national decision-makers
Health and Human Service Providers	Provision of individual and population-based services Volunteerism Application and advancement of clinical expertise Political engagement through associations
Insurers	Establish rates, scope of benefits Processes may affect or regulate access Partnering with Businesses
Government <ul style="list-style-type: none"> ◆ Elected and administrative ◆ Health, Economic Development, Transportation, Education, Labor, Public Safety, Justice, etc. 	Regulation Appropriation of funding Agenda-setting Partnering with private sector Grant making for local demonstrations Assuring budget accountability Working across agencies to align investments based on common visions
Businesses/Private Sector	Offer coverage Implement workplace wellness programs Exert market influence Invest in local programs which may impact their costs and employees’ health status Create employment that impacts individuals’ income (a determinant of health status)
Philanthropy	Invest in the resolution of health challenges Take risks and fund innovations Convene other stakeholders Leverage investments with other foundations interested in health improvement Make relatively autonomous investment decisions Fund evaluation and research to further innovation Provide operational and programmatic support for non-profit organizations working to improve health and community conditions
Faith-based Institutions	Provide a lens for understanding local perceptions, values, culture and need Source of wisdom in designing local initiatives and broader policies Serve as an educational and outreach resource Have established relationships and trust

Table 2 (continued)

Examples of Potential Players Local, State and National	Types of “Moves” or Influence on the System
Schools	Serve as conduit or enabler Educational success affects health status Influence opinion Programming to promote fitness in kids Policy decisions may impact health indicators such as obesity
Researchers	Partner with communities to support local decision-making, assessments, intervention design and evaluation Conduct research and translate findings to inform decisions Source of neutral, non-partisan data and analysis Provide facilitation and technical assistance Use unique vantage point to identify opportunities for system change and strategic alignment Contribute to health policy literature

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As director of the Georgia Health Policy Center, Karen Minyard, PhD leads the policy, research, and technical assistance programs of the center. Before pursuing her PhD, Minyard worked in nursing and hospital administration for 15 years.

In 1996, Minyard was instrumental in the launch of “Networks for Rural Health”, an external facilitation and technical assistance program designed to help providers and community leaders in Georgia to build sustainable local systems focused on access and health status improvement. Through this work, 19 rural health network systems emerged and today, 15 continue to function as 501(c)(3) organizations. These networks have achieved direct fiscal and societal benefit for rural Georgians. Minyard serves as an officer on the founding board of the Community Health Leadership Network, a national partnership dedicated to helping communities achieve healthcare access, the board of the National Network of Public Health Institutes and has provided numerous consultations and presentations for groups and organizations that seek to build stronger health care systems.



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Health Promotion in Rural Alaska: Building Partnerships across Distance and Cultures

Cécile Lardon, Elaine Drew, Douglas Kernak, Henry Lupie, and Susan Soule

The Center for Alaska Native Health Research¹ at the University of Alaska Fairbanks is working to build health research partnerships with remote Yup'ik communities in southwestern Alaska. Through a closer look at one of the Center's partnerships, this paper addresses the process and importance of developing a mutual cultural understanding among collaborative partners. By mutually engaging in a process of co-learning from the start, community-campus partners can develop a shared understanding of the project goals, the process of decision making and resource sharing, and realizable expectations for building local capacities and sustainable infrastructure.

Conducting Community-Based Participatory Research (CBPR) for Health in Remote Alaska Native Villages

The Yukon-Kuskokwim river delta region (nearly 41,000 square miles) forms a flat, marshy coastal plain that has supported the Yup'ik subsistence way of life for thousands of years. Yup'ik is the indigenous language, and the culture of the region is one of the most intact of all of the indigenous groups in Alaska. Approximately 100 to 700 residents reside in each of the smaller villages that are accessible only by boat (in summer), snowmachine (in winter), or bush plane (all year). The geographical remoteness of these villages, combined with weather conditions in the region, an underdeveloped telecommunications infrastructure, a less than reliable power supply, and a host of other factors present researchers with significant challenges that increase costs and time needed to complete research. Since strong kinship and personal, face-to-face communication is the social norm, researchers must spend additional time in villages to make themselves known, trusted, and accepted.

Often, past research was carried out in ways that were incongruent with participants' cultural values and practices, resulting in interpretations and intervention efforts that were invalid or ineffective.

Indeed, the success of health research in Alaska is dependent upon local community and village government cooperation. Often, past research was carried out in ways that were incongruent with participants' cultural values and practices, resulting in interpretations and intervention efforts that were invalid or ineffective. Furthermore, investigators rarely included Alaska Natives in the decision making process that surrounded the research effort, and participating communities were rarely informed of the results of the research, contributing to the knowledge drain from Alaska Native communities (Foulks, 1989). That approach, known as "research carpet bagging", is just one factor that led the U.S. Interagency Arctic Research Policy Commission to create the "Principles for the Conduct of Research in the Arctic" (U.S. Interagency Arctic Research Policy Committee), and the Alaska Native Science Commission to adopt the Alaska Federation of Natives' "Guidelines for Research" (Alaska Federation of Natives, 2005). These principles and policies were written to ensure Alaska Native participation in the conduct of research and in the resultant policy and knowledge dissemination and utilization.

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Health among Alaska Natives

Beginning in the latter half of the 20th century, the cumulative effects of various colonizing forces, in conjunction with successive waves of massive population loss (due to infectious diseases contracted from Europeans), gradually caused this mobile culture to settle at permanent village sites. Today, a fairly typical Yup'ik village has a combined elementary and secondary school, local village council, health clinic, post office, church, community center, airstrip, electricity, phones, and satellite televisions. Indoor plumbing and flush toilets are much more common now, but don't exist in every village, or in every household in a village that has a water and sewer system. The general economic pattern is characterized by a mixture of harvesting local resources for commercial and subsistence use with wage employment from public sector positions such as education, administration, and health and social services. Rural villages in Alaska (including those in the Yukon-Kuskokwim Delta) are in an economically difficult situation as many of the modern amenities require monetary resources, while the opportunities for generating money are extremely limited.

Traditionally, the Yup'ik lifestyle has provided several health benefits, such as foods high in n-3 polyunsaturated fatty acids and other nutrients. However, the consumption of traditional foods is in decline in many villages, and many people engage in less physical activity than a generation ago. These changes are associated with rising rates of obesity, heart disease and diabetes (e.g., the incidence of diabetes among Yup'iks has doubled in the last 10-15 years and the number of overweight children has tripled in the last 20 years). Alaska Native leaders have indicated a strong priority to develop increased capacity for health improvement strategies.

Cultural factors, such as acculturative stress and collective trauma, have often been implicated as contributors to behavioral health problems in American Indian and Alaska Native communities (Duran & Duran, 1995). Research on culture and chronic disease indicates that an understanding of cultural beliefs and perceptions of disease are critical for a number of reasons. For example, individual perceptions of the cause of an illness and its symptoms serve as guideposts for self-monitoring, self-management, and the treatment seeking process (Schoenberg, Amey, Stoller, & Drew, 2005). Similarly, cultural beliefs and traditions related to healthy living can form a strong basis for encouraging and strengthening healthy behaviors (Stephanich et al., 2005). Also, research has shown that a detailed understanding of the local cultural context is central to health assessment and program development (Schulz et al., 2005).

The Center for Alaska Native Health Research (CANHR)

CANHR seeks to examine the factors contributing to rising rates of obesity, diabetes and heart disease among Yup'ik people in Alaska utilizing a collaborative research model that involves tribal and community leaders and groups. The original funding for CANHR included three research projects related to obesity, diabetes, and heart disease: a genetics study, a nutrition and physical activity study, and a study of cultural and behavioral factors linked to these diseases (the Cultural Understanding of Health Project). (A fuller description of CANHR and its research can be found in Boyer et al., 2005.)

The Cultural Understanding of Health Project of CANHR

The Cultural Understanding of Health Project had three goals: (1) to document a Yup'ik

definition of health and wellness that can guide research, evaluation, and interventions; (2) to examine the relationships between cultural-behavioral health, nutrition, and weight in a Yup'ik sample; and (3) to translate these research findings and make them useful to participants through a community-based health promotion program. The focus of the rest of this paper is the third goal, which involves a health promotion project currently underway in one Yup'ik village.

A Brief History of the Project

In 2004, Cécile Lardon and her colleagues conducted a series of focus groups in two villages participating in the CANHR study and with Yup'ik employees of the regional tribal health corporation. These focus groups formed the basis for a cultural definition of health and wellness (Wolsko, Lardon, Hutchison, & Ruppert, in press) and, subsequently, the development of a Yup'ik Wellness Questionnaire for use in the CANHR study (the development of this questionnaire will be published separately).

During a CANHR data collection trip in the spring of 2004, Cécile Lardon approached Henry Lupie, the then Tribal Administrator of one of the participating villages, about the possibility of working with that village to develop a regional model of health promotion based on the data collected by CANHR. In the summer of that year, the Tribal Council discussed the proposal and voted to permit the health promotion to take place in their community. No formal plans for how to conduct health promotion with Yup'ik people existed at the time. Rather, the plan was to develop the intervention approach and its evaluation in collaboration with members of the host community.

Work began in the fall after the fishing and hunting seasons were over and subsistence food gathering was completed. Originally, the project was staffed by one part-time team leader from the village along with Cécile Lardon (the project principal investigator at the university in Fairbanks), and Susan Soule (a part-time health promotion specialist in Anchorage). The first step was a community presentation of the research findings pertaining to that village. We presented a PowerPoint slide show that summarized the results of several health indicators (e.g., cholesterol, weight, percent body fat), nutrition, physical activity, questionnaires (e.g., stress, coping, and social support), as well as some basic information about health and the health indicators used in the study. The presentation was given in Yup'ik by a Yup'ik language specialist who had translated most of CANHR's research materials and thus knew how to translate scientific terms used in the study. Following the presentation was a discussion about the data. For example, what did community members make of the differences in nutrition between elders and young adults? Why are some elders not eating much traditional foods? Why are girls gaining weight so much earlier than boys? The participants then identified key topic areas from the presentation and articulated what they would like to see addressed in a health promotion project.

We were able to add a second team leader position, and the two leaders began meeting every 3-4 weeks with a health promotion committee made up of 10-15 volunteer members from the community including several elders, community leaders, former members of a now defunct community wellness team, and others. The staffing of the team leader positions and the membership of the committee has changed over time, but eventually we built an

experienced leadership team (Douglas Kernak and Henry Lupie) and a core group of about nine people. Soon after the community presentation, the committee identified three focus areas for the project: Increasing traditional Native food in the diet, increasing physical activity, and decreasing stress. An important step was naming the project Piciryaratgun Calritlerkaq (Healthy Living Through A Healthy Lifestyle). There was a retreat for the whole health promotion committee in March of 2005 and there were several two-day training sessions for the team leaders in Fairbanks and Anchorage provided training in computer skills, project planning, implementation and evaluation.

Cécile and Susan began fairly regular (about every 4-6 weeks) trips to the village. These trips involve two full days of travel (a bit less for Susan) and about three days in the village – weather permitting. In fact, several trips have had to be rescheduled due to bad weather and last minute decisions about travel have had to be made based on the weather report for the Kuskokwim Delta.

Over the past two years, we have developed a model for health promotion that combines elements of strategic planning and community development with Yup'ik cultural approaches to education, training, organizing, and leading.

The Conceptual Model for Community-Based Health Promotion and Its Application

Over the past two years, we have developed a model for health promotion that combines elements of strategic planning and community development with Yup'ik cultural approaches to education, training, organizing, and leading. This model is continually being revised and refined based on what we have learned. Most of the mutual learning related to the project happens in informal conversations; usually when we can meet face-to-face, but sometimes in phone conversations. We have all needed to be flexible and patient with each other and with people we have brought in to help with a particular aspect of the work.

Piciryaratgun Calritlerkaq has three equally important elements: developing local expertise, developing a local infrastructure, and developing a process. Developing local expertise includes training in a variety of skills related to the project, including health education, computer skills, and program management, as well as training in research. Of equal importance has been educating the university staff in Yup'ik culture and local customs. For example, in a recent conversation about increasing community participation in the project, Cécile, Douglas and Henry educated each other about common practices and challenges community change agents face and local norms related to participation and volunteerism.

Second, the development of a process for health promotion focused on clarifying roles, communication, and growing local support for the project. We have all stressed the importance of being true partners who share decision-making. We also each have unique roles in our partnership (based on our expertise, experience, age, and gender) and in our respective social settings. Not surprisingly, it has taken some time to fully understand what we each bring to the project and to develop a partnership based on who we are. Given that funding for the project comes from the National Institutes of Health (NIH) through the university, there are some inherent power inequalities that can only be corrected by funding the project with grants that come directly to the community. Over time, some responsibilities have shifted from the

researchers to the team leaders (e.g., follow-up data collection on several health indicators including cholesterol, blood pressure, percent body fat, and survey data). Similarly, the content of many of our conversations with each other has shifted from training and planning sessions to interactions that are focused much more on identifying issues that need attention and problem solving.

The team leaders and the health promotion committee have developed action plans for 14 objectives related to eight goals. Implementation has begun on several action plans; others are close to implementation. Each action plan also includes an evaluation specific to each objective.

Communication is a vital component of any working relationship, and is especially important when people work across cultures and geographic distances. Cécile and Susan have traveled to the village approximately eight times per year to guarantee a minimum of face-to-face time not only with the team leaders, but also with the health promotion committee and other community members. In addition, we have held weekly phone conferences that have helped enormously, but have some challenges including unreliable phone service in the village and lack of visual cues. The phone and email are essential in bridging the times in between visits, but they put Douglas and Henry at a disadvantage since English is not their first (or primary) language. Written language, especially, is easily misunderstood.

Third, developing a local infrastructure for health promotion and community change has involved local staff and a project office in the community hall where the tribal council offices and other community programs are located. Technology has been extremely important in a number of ways. Computers, internet access, phones, and a fax machine help connect the team leaders to resources and people outside the village. For example, Douglas and Henry have utilized the internet to locate materials for health education and to research and select necessary equipment (e.g., pedometers). We have also experimented with web-based video conferencing to be able to see each other during our weekly meetings, but the connection has not been good enough to make that work. Equally important have been the relationships we have developed with local and regional tribal organizations, state agencies, and others who may be able to provide some support. Frequent contact with the Tribal Council is especially important, as are connections to the regional tribal health corporation. Douglas and Henry were awarded a small community grant from the health corporation to support efforts to increase physical activity. At an Alaska Native Health Research Conference that was held in Anchorage earlier this year, Douglas and Henry were able to connect with a representative from the Indian Health Service who continues to serve as a wonderful resource.

Some of the collaborative mechanisms that have been most useful on all levels of collaboration include:

- ♦ Regular and direct contact about research planning, dissemination of findings, and applications at local and state policy levels.

Given that funding for the project comes from NIH through the university, there are some inherent power inequalities that can only be corrected by funding the project with grants that come directly to the community.

- Co-authorship of research presentations, reports, publications, data descriptions, and other relevant materials to the community (in Yup'ik and English).
- Power sharing — Decisions about the goals, implementation, and evaluation of the project are made jointly.
- Knowledge sharing — Learning from each other about health, culture, change mechanisms, local ecology.
- Workshops and training to build local capacity and self determination.
- Building linkages to other tribal health entities in Alaska
- Collaboration with other biomedical research efforts in Alaska and circumpolar north to share protocols and methodologies.

Closing Thoughts

Community-centered health promotion offers all participants a number of benefits that go well beyond the health issue being addressed, but are just as important. Researchers gain a much deeper and more culturally-based understanding of the health issue(s) to be addressed – and they gain that understanding within the social, economic, geographic, and political contexts in question. A simple example is the interactions between the location of the village, the price of fuel, opportunities for earning money, the shelf-life of various foods, and cultural preferences for foods as they relate to the actual food intake of a particular group of people and, consequently, expressions of health and chronic disease. Researchers also have the opportunity to better understand the mechanisms for change in their partnering community and can be of more help in suggesting specific strategies for behavior change. Community partners, on the other hand, can gain better access to information about health issues (especially in situations where data are being collected from their community) and about approaches that have worked in other communities. Learning research and program planning/evaluation skills is important for community members to function as full partners in a community-campus partnership and to be more critical consumers of research outside of that partnership.

Of course, there are responsibilities that come with any true partnership. In community-centered health promotion and CBPR, it is vital that all partners understand the cultural and organizational systems they operate in, including the limitations and constraints of those settings. For example, Douglas, Henry and the health promotion committee had to understand the limitations of the university bureaucracy in relation to hiring staff. Cécile and Susan had to understand that hiring decisions in the village are made based on an assessment of the “whole person”, as opposed to a narrow set of job qualifications used by the university. Together, we had to develop a process for hiring staff that could work in both contexts.

In community-centered health promotion and CBPR, it is vital that all partners understand the cultural and organizational systems they operate in, including the limitations and constraints of those settings.

It is important to point out that we are not making a distinction between *knowledge* and *beliefs* (i.e., the researchers have knowledge of health, and the community partners have beliefs about health). We are assuming that all partners come to the table with some shared knowledge and some unique knowledge about the issues at hand. By engaging the CBPR process through this lens of shared expertise, we can promote healthier communities through co-learning partnerships that are both respectful and more sustainable over time.

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Cécile Lardon is an Associate Professor of Psychology at the University of Alaska Fairbanks. She completed her PhD in community and organizational psychology at the University of Illinois at Chicago in 1999 and then moved to Fairbanks. She teaches undergraduate and graduate courses in community psychology, research methods, industrial/organizational psychology, and program evaluation. Her research interests include community development, empowerment, and leadership, health, and community-based research approaches. For the past five years, she has been a researcher the Center for Alaska Native Health Research studying the cultural and behavioral components of obesity, diabetes, and heart disease in Yup'ik communities. She is also involved in her own community, serving on the Board of the Ester Community Association and on the community advisory councils of several other organizations.



Elaine Drew is an Assistant Professor at the University of Alaska Fairbanks. She moved to Alaska in 2004 after completing her PhD in anthropology at the University of Kentucky. Occupying a joint appointment in CANHR and the Department of Psychology, Elaine is teaching courses in medical anthropology and social science research methods while building a research program on health disparities among Alaska Natives. Currently, she is developing projects to examine the cultural and political economic factors shaping chronic disease risk among Yup'ik Eskimos in remote Alaska villages, including a project on diabetes risk and Yup'ik body image and a project on gestational diabetes with Yup'ik women.



Douglas Kernak is a health promotion team leader of Piciryaratgun Calritlerkaq. As an Americorps volunteer he developed and implanted a recycling program in his community. He has served on the tribal council, search and rescue group, the volunteer fire department, and is currently one of the board members for the utilities company. He is the father of three children and is a commercial fisherman. Douglas learned many subsistence life skills from his mother, brother, uncle and through his lessons he learned from himself as well. He has been a health promotion leader since February 2005.



Henry Lupie is a health promotion team leader of Piciryaratgun Calritlerkaq. He has served his community in many ways: As a member of the Tribal Council, the Tribal Administrator, He has also taught Yup'ik as a first language in both the B.I.A. School System and then the State operated school, between 1972 thru 1987. Henry is the father of 3 children and the a grandfather of 5. Henry has been Commercial fishing since the mid-1960's. Henry has been a health promotion team leader since October of 2005.



Susan Soule received her M.A. in psychology from Goddard College in 1974. She has worked with the rural communities of Alaska since 1979 when she moved to the village of Aniak where she lived and worked as director of the Kuskokwim Community Counseling Center. In 1987 she accepted employment with the State of Alaska Division of Mental Health as their Rural Services Director. She continued her career in state government for 18 years, working primarily with Native villages on prevention of substance abuse and suicide and on the development of a network of trained village-based counselors. Since her retirement from state government in 2005 Ms. Soule has worked in Alaska and abroad as a consultant and trainer in the areas of community health promotion and suicide prevention.

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