ASPH Report

ENHANCING PUBLIC HEALTH RESEARCH AND LEARNING THROUGH COMMUNITY-ACADEMIC PARTNERSHIPS: THE MICHIGAN EXPERIENCE

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> *". . . Community lies at the heart of public health . . . interventions work best when they are rooted in the values, knowledge, expertise, and interests of the community itself . . . health encompasses the physical, mental, spiritual, environmental and economic well-being of a community and its members. We recognize the power of equal partnerships including community-based organizations, academic institutions, and health agencies, addressing health issues of the community. We understand that in order for these partnerships to be equal and for interventions to be community-based, community members must participate fully in the identification of health issues and the selection, design, implementation and evaluation of programs that address them."*[1]

The above statement was formulated by a representative group of community members, school of public health faculty, and health department leaders who engaged in the four-year (1992–6) initiative sponsored by the W.K. Kellogg Foundation named Community-Based Public Health (CBPH).[2] The CBPH National Policy Task Force had been formed out of the seven consortia taking part in the initiative to seek ways in which the lessons they had learned might be institutionalized in the policies of academic institutions, government agencies, and communities. These lessons suggested that research, teaching and learning, public health practice, and the work of community organizations could all be strengthened through the development of community-academic-practice partnerships, with each of the partners sharing expertise and playing equal and complementary roles in the design and implementation of interventions, and in the conduct of research and teaching.

The University of Michigan School of Public Health (UMSPH) was one of the academic institutions taking part in the CBPH Initiative. It was the principal academic component of two community-based partnerships, one in Flint and the other in Detroit. Each coalition included, along with UMSPH, the local health department and several community-based organizations. During the four-year period of the Initiative these coalitions developed and implemented a number of programs aimed at improving the health of their communities by strengthening the practice of their local health departments and the work of their community-based organizations. These programs included organizing and training village health workers and church health teams made up of community residents, designing and implementing church-based health education programs, subcontracting by health departments with community-based organizations to carry out education and screening programs, organizing health fairs and health summits, and encouraging middle and high school students to embark upon careers in public health and other health-related settings.

While the Flint and Detroit consortia were carrying out these and other programs, institutional change was occurring at the School of Public Health. By the end of the four-year CBPH Initiative the School had not only developed strong and continuing relationships with over twenty community-based organizations and health departments in Flint and Detroit, but it had also institutionalized several major components of the Initiative as permanent features of the School. These components, highlighted below, comprise the infrastructure of the School[3]:

The Community-Based Public Health Committee. A standing committee of the School was appointed by the Dean, with faculty representation from each of the School's five departments, and leadership from the School's principal student organizations and several of the School's community and practice partners. The CBPH Committee was the first official standing committee of the School to include community partners in its membership. The Committee has the responsibility of setting policy for the Office of Community-Based Public Health (OCBPH), promoting CBPH research and teaching in each of the departments, and eliciting support for CBPH policies and programs among the School's faculty and students and in the community at large.

The Office of Community-Based Public Health.[4] This office, a component of the Dean's office, provides support to the maintenance and expansion of the School's community-based public health activities by developing and helping to implement new partnership proposals, securing funds to support CBPH activities, facilitating linkages between UMSPH faculty, students at the School, the community, and practice partners for the design and implementation of community-based courses, internships, and research. While the OCBP

Director has over-all responsibility for the Office, its principal academic-community liaison work is carried out by the Community-Academic Liaison Coordinator,[5] a full-time facilitator who divides her time between the community and the School, identifying opportunities for collaboration. The Office also sponsors an annual Community Service-Learning Fair to bring together representatives from community-based organizations and health agencies with students and faculty to learn about potential joint learning and research opportunities.

Mini-Grants and Funding Supplements.[6] A program of small grants was established to enable faculty and student organizations to secure funding to assist in the development of community-based courses and workshops, adding community components to existing courses, and inviting community members to participate in the classroom and students to engage in field work in connection with their courses.

Community-Based Research Principles. During the CBPH Initiative, the Flint consortium developed a set of Community-Based Public Health Research Principles which became the basis for the School's growing agenda of community-based participatory research. These principles stress the need for mutual engagement of community and academe in the formulation of research subjects and questions, the design and implementation of research projects, the ownership and dissemination of resulting information, and the application of research findings in interventions to improve community health.[7]

The School's increasing involvement in community-academic-practice partnerships reflects an underlying set of beliefs on how these partnerships strengthen research and learning. In analyzing the determinants of health status and health behavior, there is growing recognition among scholars and practitioners of the roles played by poverty, income inequality, racism, culture, history, control and the social networks in which people live and work. In fashioning effective policies and programs, public health scholars and professionals have been reflecting their understanding that individuals with health problems are embedded within networks of families and friends, in turn embedded within churches, schools, work places, and other organizations, which are in turn subsystems of communities and of society as a whole.[8] Robust research, quality teaching, and effective interventions reflecting these current approaches to public health scholarship and practice thus require an understanding of the community in all of its complexity and an awareness of its multi-dimensional characteristics.

Partnerships between the School, local grass-roots organizations, and public health agencies and providers provide a vehicle for expressing this multi-faceted view of health and disease in research, the design of interventions, and the education of future public health practitioners. Rather than viewing communities as objects of study or targets of programs, community-based partnerships recognize that public health problems are, at their core, the community's problems, and that locally-based organizations possess insights, experience, and problem-solving skills which make them invaluable participants in collaborative research and the education of students. Instead of viewing academic institutions as providers of resources to assist the community, this style of research and learning views each of the partners as sharing resources, expertise, commitment, and perspectives in mutually beneficial partnerships. It recognizes that community partnerships are not temporary, ad hoc relationships dependent upon an individual grant, but are long-term investments made by each of the partners for their mutual and continuing benefit. Carrying out public health this way strengthens research, improves teaching and learning, and enhances the community's capacity to define and address its own public health problems with the common goal of improved community health.

The School's commitment to these principles of community-based public health, strengthened and supported by its institutional infrastructure, has led to a growing number of research partnerships, projects, and programs expressing the principles and understandings described above. These include:

Community-Based Participatory Research Centers. The Detroit Community-Academic Urban Research Center (URC),[9] now in its sixth year, and the Prevention Research Center of Michigan (PRC),[10] now in its third year, were initially funded by grants from the Centers for Disease Control and Prevention under that agency's programs of urban research centers and prevention research centers. Growing out of the URC and adding other community partners, the Michigan Center for the Environment and Children's Health was formed, with support by the National Institute for Environmental Health and the Environmental Protection Agency. Funding from these and other governmental and foundation sources was added to the initial federal grants, so that these three centers have now brought over $29 million in research-based revenue to the partnerships they embody. These funds have been allocated among the partners following the research principles, which stress the joint ownership of research projects, by community, practice, and academic partners.

Over 18 research projects have been developed by these three partnerships since their inception. Both the URC and PRC partnerships were responsible for the creation of consortia which were successful in obtaining planning and implementation grants from CDC to engage in REACH projects to reduce health disparities in Flint and Detroit. Taken together, these 20 projects involve interventions to reduce youth and domestic violence, expand access to health services, promote better nutrition, improve diet, increase physical exercise, reduce asthma and the transmission of gonorrhea, prevent excess weight gain, reduce disparities in diabetes, infant mortality, and unhealthy adolescent behaviors. The programs reach African American, Latino, and other minority populations, both as to partners engaged in the interventions and populations whose health is the focus of the interventions. Community partners join with their academic counterparts in making presentations at scientific meetings, such as the American Public Health Association annual meetings, and in the co-authoring of articles resulting from the research.

Community Service Learning Activities. The long-term relationships developed between the School and its community and practice partners have also formed the basis for an increasing number of learning activities enabling students to connect theory-based learning in the classroom with practice-based experience in the field. The School engaged in a five-year "Special Project," funded by the Health Resources and Services Administration (HRSA), entitled Studying and Improving Minority Health in Michigan (SIMHIM). This program enabled ten students each year to attend workshops and receive training in multicultural community-based public health, to spend summer internships at community-based organizations engaged in public health programs, and to join in a second-year independent study course reflecting on their summer experience and connecting it to their classroom-based knowledge and their future career plans. Our community partners were also the sites of internship placements under the Americorps program, in which the School not only partnered with Detroit-based community organizations but also with four other units in the University.

A new set of inter-related service-learning programs is now beginning in Flint under a grant from the Ruth Mott Foundation, a recently formed foundation committed to improving the health and well-being of residents of that city. The Ruth Mott Community Scholars will follow the practice-based learning model established by the earlier SIMHIM project, while the Ruth Mott Community Explorers will engage high school students in a summer educational program learning the principles of public health followed by work at local community-based organizations viewing public health in action, and enriched by mentoring provided by School of Public Health graduate students. Also, the Flint component of the School's Summer Enrichment Program will enable promising minority undergraduates to engage in a summer experience working in public health practice settings and gaining skills to assist in admission and success at health-related professional schools. Taken together, these programs will enhance the pipeline leading from middle and high school through college and graduate school.

Community Health Scholars Program.[11] As the result of its years of development of community-based public health reflected in partnerships, research, and learning, the School received a six-year grant from the W.K. Kellogg Foundation to develop and implement a national postdoctoral training program. The objective of the Community Health Scholars Program is to provide training in skills related to community partnering and community-based research and learning for future faculty members of schools of public health and other health professional schools. The School's Office of Community-Based Public Health was named the National Program Office of this national program, and together with the Johns Hopkins School of Health and Hygiene and the University of North Carolina School of Public Health, the School is one of three training sites where postdoctoral training is provided.

The Community Health Scholars Program was the catalyst for the formation this year of the Community-Based Public Health Caucus[12] with the American Public Health Association, dedicated to the expansion of community-based public health principles in research, learning, and service, and the incorporation of these principles in policies.

Michigan Public Health Training Center. Principles of CBPH were again incorporated in this recently inaugurated training center, one of several funded under a HRSA program established to strengthen the competency of the public health workforce. Reflecting CBPH principles, the School has defined the public health workforce as including not only employees of state and local health departments, but also those employees, volunteers, members of community-based organizations, and health care providers who are engaged in addressing public health challenges by utilizing public health methods. The governing structure of the training center includes leadership of community and practice partners, and the assessment of competency needs and the curriculum designed to meet these needs will

reflect this broad definition of the public health workforce.

Plans for further expansion of community-based public health at the School of Public Health highlight two areas of development—service learning and technology enhancement.

Community-Based Public Health Learning. A growing body of literature has described the power of inquiry-based or problem-based learning, which incorporates student engagement in public health work at practice settings.[13] The School plans to develop models of the application of the principles of community-based public health to the implementation of service learning in teaching and learning. These models will involve course-related student field work with community and practice partners, relating student learning with community-based participatory research carried out with these partners, and utilize team teaching by academically based faculty, practice-based professionals, and community-based leaders and members. Plans are at an early stage for the creation of a "Community-Based Public Health Learning Partnership," whose principal focus will be the development of these partnership instructional models, to parallel the three principal community partnerships described above whose focus has been on participatory research.

Technology Enhanced Community-Based Public Health. Virtually all of the partnership work in which the School is currently engaged occurs through face-to-face contact. Those who have exercised leadership in furthering these partnerships believe strongly in the need for these close and continuing relationships to break down racial, cultural, and class barriers and promote trust and a sense of community. While technology such as e-mail and websites has facilitated the day-to-day work carried out by these partnerships, most of the planning and collaborative work occurs at meetings and work sessions bringing people together physically.

Technology enables collaborative research and learning which transcend the boundaries of space and time. Software has been developed to enable people to engage in joint research, to teach and learn, and to share expertise from virtually anywhere on earth. Public health has been behind several other fields (engineering, for example) in the utilization of these powerful tools of collaboration and learning. The School of Public Health plans to utilize these new technologies to further strengthen the existing community-based partnerships and to expand the reach of partnerships to communities throughout the state, the nation, and the world. While face-to-face contact is still essential to establish trust and develop initial relationships, technology can maintain and strengthen these relationships without the need for frequent meetings involving expensive and time-consuming travel. The OCBPH is exploring several potential partnerships involving these long-distance (in some cases, global) partnerships to gain experience and develop useful models.

Finally, the School is incorporating the principles and practice of community-based public health in the design of its partly-new and partly-renovated school of public health building complex. The central component of this project has been named the Community Crossroads. This area, which is being designed as the focal point of the building complex, will incorporate: (1) the headquarters of the School's community partnership programs, centers, and initiatives; (2) facilities available to our community partners for receiving instruction in the use of technology, accessing data to assist in their work, and having a "home base" when engaged in teaching and learning at the School; (3) facilities for the use of instructional and collaborative technology linking faculty and students with community and practice partners around the world; and (4) an environment rich with art and artifacts selected by our community partners as being representative of their cultures and traditions. The Community Crossroads will represent the visible and technological embodiment of the School's ultimate mission—the improvement of the health of communities.

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