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THE COMMUNITY RESEARCH, EDUCATION, AND PRACTICE CONSORTIUM: BUILDING INSTITUTIONAL CAPACITY FOR COMMUNITY-BASED PUBLIC HEALTH

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Growing numbers of public health researchers are recognizing the importance of community partnerships in achieving meaningful improvements in community health. Over the years, faculty, staff, and students at the Johns Hopkins Bloomberg School of Public Health (JHSPH) have been involved in community-based research, education, and practice. While we have made important contributions to the scholarship of public health and to the communities we serve, we have worked primarily in isolation, to the detriment, we believe, of our potential. This is typical of a university environment that promotes independent, entrepreneurial, academic activities often driven by categorical funding. We have also been hampered by an institutional infrastructure that often does not adequately address our needs as community-based researchers, educators, and practitioners.

The health and safety problems that distress the urban East Baltimore community surrounding JHSPH provide a constant reminder of the need to overcome the institutional and professional challenges to community-based participatory research (CBPR), education, and practice. The health threats in East Baltimore are persistent and devastating, and even our most significant contributions toward alleviating them leave much to do. Through collective action, we believe we can enhance the value of our work; improve institutional capacity for community-based research, education, and practice; and better serve the communities with which we work. We established the Community Research, Education, and Practice Consortium at JHSPH as a means of addressing these issues. To date, the Consortium has proved to be an effective vehicle for networking and collaboration among faculty, staff, and students and a successful mechanism for building institutional capacity. This article describes the activities of the Consortium, lessons learned, and future projects.

HISTORY AND THE NEED FOR THE CONSORTIUM

Johns Hopkins, a Quaker from Baltimore, founded the Johns Hopkins Hospital to serve the poor of the city. The East Baltimore neighborhood surrounding the Hospital remains primarily residential, with the two- and three-story brick row houses that are characteristic of Baltimore. It is an economically depressed area with high rates of unemployment and poverty, many abandoned houses, low high school graduation rates, and very poor health indicators. But there are also strong individuals, stable families, well-established churches, and active community groups working to improve their neighborhoods against great odds. The health institutions (the hospital and the schools of medicine, public health, and nursing) referred to collectively as the Johns Hopkins Medical Institutions (JHMI) serve as a primary source of health care, emergency care, and employment for nearby residents; they are also a source of frustration. Relationships between the predominantly African-American communities of East Baltimore and JHMI are sometimes strained.

Against this background, a group of MPH students at the JHSPH sought to change the way Hopkins and these communities viewed one another. As a class project, the students planned and hosted a forum—"Neighbors: East Baltimore and Hopkins." The students invited members of the community to the school to join in a dialogue about their organizations, their neighborhoods, current interactions with JHMI, and their needs and hopes for the future. This forum had a powerful impact on all in attendance. The community leaders stressed that they needed resources to build community capacity (e.g., skills and expertise, grant assistance, financial support, and in-kind contributions). They also encouraged Hopkins researchers to build closer relationships with the people of East Baltimore and to develop research collaborations that benefit study participants as well as the larger community.

Inspired by this experience, two JHSPH faculty members approached the Associate Dean for Professional Education and Programs to suggest creating a group that would work to elevate the status and visibility of community-based research, education, and practice at the school and enhance communication among faculty, staff, and students working with communities. In turn, this would develop the school's capacity to partner with neighboring communities to address the

Figure. Summary of activities for the Community Based Research, Education and Practice Consortium

Date	*Consortium highlights*
August 2000	Initial meeting of faculty working in community-based research, education, and practice at the SPH; founding of the Community Research, Education and Practice Consortium.
October/November 2000	JHSPH Strategic Plan 2000 section on community-based research, education, and practice submitted by the Consortium and adopted for inclusion in the plan.
February 2001	Consortium members attend Faculty Senate meeting to inform the Senate about the Consortium and discuss the new strategic plan section.
April 2001	Consortium listserv created to facilitate networking, share information, and send meeting notices.
August 2001	Consortium compiles document summarizing community-based research, education, and practice activities of JHSPH faculty and students.
October 2001	Consortium organizes Public Health Grand Rounds, "Building Bridges: Community-Academic Research Partnerships," held at JHSPH.
October 2001	Consortium submits proposal, "Building a Supportive Infrastructure to Enhance Community-Based Research, Education and Practice at the JHSPH," to the JHSPH administration, which is well-received.
November 2001	Consortium members conduct a review of JHSPH curricula to broaden course foci to include community health issues.
March 2002	Consortium members submit abstract of article describing Consortium activities to *Public Health Reports* and it is accepted.
June 2002	Administrative assistant hired to assist with Consortium work and the Johns Hopkins Urban Health Institute's community-based participatory research (CBPR) program.
July 2002	Consortium holds meeting with JHSPH Committee on Human Research representatives to discuss issues related to CBPR and human research policies.
September 2002	New, for-credit Graduate Seminar Series in Community-Based Research is offered; expands Kellogg Community Health Scholar seminar series.

health and safety problems of greatest importance to community members.

MISSION AND WORK OF THE CONSORTIUM

With the encouragement of the Associate Dean, we held an initial meeting of faculty from different departments who were known to be working on community research and/or service projects. We established the Consortium as a network of faculty, staff, and students who work together to advance community-based research, education, and practice at the school by promoting a CBPR agenda; we chose the name "Community Research, Education, and Practice Consortium" to reflect the range of the faculty's work and our commitment to educating and training students in CBPR and community health. We are facilitating the development of an infrastructure that will enhance community-based research, education, and service. Because many of these initial goals concern the internal policy and culture of the school and JHMI, we decided to focus our initial efforts internally.

We created a listserv to announce meetings and facilitate communication; it includes about 50 faculty, staff, and students (largely doctoral and post-doctoral) who expressed an interest in the Consortium's work. Much of our work is accomplished through ad hoc subcommittees that report to the larger group. Several core faculty share leadership of the Consortium; faculty time committed to the work of the Consortium is not compensated but is considered service to the school.

Strategic plan

The establishment of the Consortium coincided with the revision of the school's strategic plan, which serves as a blueprint for the school to assess its goals and monitor its progress toward the fulfillment of its mission. At the suggestion of the Senior Associate Dean for Academic Affairs (who was leading the revision process), a subcommittee of the Consortium developed and submitted a new section aimed at advancing community research, education, and practice within the school. This section states the goal of "ensuring that the school has state-of-the-art capacities to promote community-based research, education, and practice," because "an institutional commitment to community-based research, education, and practice creates an environment that encourages faculty, staff, and student participation in community-based work, encourages the development and testing of models for conducting such work, enhances our ability to create new and flexible relationships with a variety of public and private institutions and the community, and further strengthens the school's role in improving the health of communities." We also identified four objectives and corresponding recommendations to attain the goal. This new section of the strategic plan was readily adopted; this formal recognition enhanced the visibility and credibility of the Consortium and its work.

Infrastructure

Part of the strategic plan was to secure the necessary infrastructure needed for CBPR. There is an effort underway currently at the school to identify an off-campus site designed and equipped for community-based participatory research, as specified in a document the Consortium developed detailing the physical, human, and financial resources needed to improve the institutional infrastructure for CBPR. We continue to review other mechanisms to obtain needed resources to support this goal.

Public Health Grand Rounds

The Consortium organized an event entitled "Building Bridges: Community-Academic Research Partnerships" as part of the school's Public Health Grand Rounds series. Collaborating with The Johns Hopkins Urban Health Institute (UHI), InterAction (the school's community outreach program,) and the Community Health Scholars Program (a post-doctoral training program funded by the W.K. Kellogg Foundation), the goal of the event was to educate our colleagues about community-based participatory research, increase the visibility of CBPR at the school, and reach out to our community partners. Moderated by the Dean and supported with funding from the school and UHI, the event featured Dr. Lawrence Green, well known in the field of community health research, as keynote speaker. The Grand Rounds also highlighted the partnerships between researchers at the Schools of Public Health, Nursing, and Medicine and their community partners. In a "convention atmosphere," individual academicians and community members representing each partnership displayed a large sign with the name of the project and the partners involved. A representative from each group spoke briefly about the purpose of their partnership. This kick-off event called attention to the presence of the Consortium and set the stage for our future initiatives.

Education and training

Education and training are priorities for the Consortium. There is a growing need within the JHMI for courses that provide a theoretical basis in community-based research and offer students practical experience working with communities. While courses exist within each of the Schools of Public Health, Medicine, and Nursing that include some aspects of community health, a coordinated curriculum based in the JHSPH would assist students in identifying a course of study that is responsive to their interests in community-based health science, principles, and research methods. The Consortium has initiated a series of actions to build a stronger curriculum, including: requesting that faculty who teach courses in health education program planning and assessment, advocacy, program implementation, and sustainability also emphasize and apply concepts, principles, and methods of community health research; examining curriculum sequencing to facilitate optimal course offerings; planning for a community health concentration within the Masters of Public Health curriculum; and creating a year-long seminar course on the science and art of community-based participatory research that will build on an existing seminar series (established through the school's Community Health Scholars Program) and will include faculty from the university as well as the community.

The Consortium is also working with InterAction to provide student opportunities for experiential learning linked to selected courses and the needs of participating organizations. Traditionally, InterAction had been run by students on a part-time basis. Since the inception of the Corsortium, the school's administration has, for the first time, funded a full-time coordinator to staff the InterAction program. Some Consor-

tium members have also been involved in the school's Health Resources and Services Administration (HRSA) funded Mid-Atlantic Public Health Training Center that is working to provide training and continuing education opportunities to the public health workforce in the Mid-Atlantic region.

Human research policies

Given the unique nature of community-based research, there is a need for Committee on Human Research (CHR) policies at the school that can accommodate studies that are participatory and collaborative in nature. Consortium members are currently working with the school's Office of Research Subjects and the CHR to review existing mechanisms, promote understanding of the issues facing community-based researchers, and advocate the formation of protocols that can be reviewed and approved in a timely manner and that do not compromise the integrity of the research or the interests of research participants.

Collaborations within the university

By building on existing research and academic programs within the University, we seek to coordinate efforts and share resources. An important recent university-wide undertaking was the establishment of The Johns Hopkins Urban Health Institute (UHI). Since many of the UHI's objectives are similar to those of the Consortium, the Consortium has established itself as the school's link to the UHI. Also, the goals of the school's Community Health Scholars Program, which provides post-doctoral training in community-based participatory research, are consistent with the work of the Consortium. The Community Health Scholars Program's monthly seminar series has been a means of highlighting the community-based research of the Scholars, Consortium members, and our community research partners.

LESSONS LEARNED

Through the Consortium, we have taken advantage of opportunities at the JHSPH and the university to become a constructive and compelling advocacy group to promote community-based research, education, and practice. We identified six "lessons learned" that provide insight into the potential for acting collectively to build institutional capacity within a school of public health and enhance research, education, and service partnership activities to address the public health needs of communities effectively.

Organizing around a common vision

Consortium membership includes faculty from multiple departments within the school, representing expertise on a wide range of health issues. Consortium members are defined by their commitment to community-based research, education, and practice, rather than by their affiliations with specific departments and disease or injury specializations. Recognition of this common interest is an important feature of the Consortium. More importantly, realization of the shared challenges and infrastructure needs associated with community-based public health work and the collective potential to address those challenges provides the "value-added" that keeps Consortium members engaged.

Creating an inclusive, task-driven network

At present, the Consortium is open to all faculty, staff, and students within the university. Consortium members communicate through regular meetings and a listserve; e-mail and telephone calls are used for targeted, personal outreach and project-specific communication. Deliberate steps to encourage participation also include Consortium-wide updates on subcommittee progress, brief reviews of prior meeting minutes at the start of each meeting, and open invitations to participate in any of the Consortium subcommittee projects. We believe our efforts to develop an inclusive, responsive, action-oriented network may explain both the productivity and continued presence of the Consortium to date.

We also attribute continued participation in the Consortium to our focus on using participants' time effectively. Consortium meetings are scheduled based on need, and much of the work is done in subcommittees. This strategy provides individuals with a means of focusing their contribution in areas most relevant to them and optimizing their participation in Consortium activities. Since the Consortium works hard to operate efficiently and is task-driven, members trust that their time will be well-spent.

Seizing opportunities to further the Consortium mission

Discussion and development of the school's strategic plan provided an opportunity for us to articulate and advocate for an institutional vision for community-based research, education, and practice. The plan provided a substantive, short-term project that energized Consortium members and established the value of the Consortium. Organizing the school-wide Grand Rounds on CBPR provided another defined activity

that yielded a tangible, meaningful product. These short-term, substantive activities helped to build and sustain momentum around the Consortium's work.

Leadership support

The involvement of two associate deans at the school has enhanced the legitimacy of the Consortium's efforts, and has been important to the establishment and success of the Consortium. They alerted us about the opportunity to develop a section for the strategic plan and promoted the inclusion of our recommendations. They also encouraged the development of a detailed infrastructure plan. The deans have been strong advocates in discussions with key leaders who are relevant to our mission.

Defining the Consortium within the academic environment

The academic environment presents challenges to building a collaborative network that focuses on community-based public health research, education, and practice. Career development demands and the need to secure project and salary support can be disincentives to investing the time needed to build a network that is not defined by categorical funding. However, there is growing emphasis in public health on the value of community-academic partnerships, as evidenced by the increase in journal articles and funding opportunities for CBPR. By emphasizing the science of community-based public health, the research needs of the field, and the increasing support for community-based approaches to public health problems, we believe we have increased the legitimacy and appeal of CBPR within our academic culture.

Obtaining resources to sustain the consortium

The administrative tasks associated with maintaining the listserv, scheduling meetings, organizing responses to opportunities, and responding to information requests require resources. We realized early-on that these demands exceeded our available resources. In recognizing mutual interests and needs, the UHI, in collaboration with the Community Health Scholars Program, secured funds to hire a full-time administrator who is supporting the work of the UHI, the Scholars Program, and the Consortium.

CONCLUSION

We have demonstrated that there is value in organizing faculty, staff, and students who share a commitment to community-based research, education, and practice. We also appreciate the importance of persistence in mobilizing the relevant partners to achieve a sustainable network. It is now our challenge to continue the momentum of the Consortium, expand participation within JHMI, and ensure that the institutional accomplishments of the Consortium translate into real health benefits for our neighboring communities and the community-at-large.

We plan to expand the Consortium to include community members interested in increasing the visibility and impact of community research, education, and practice. We intend to continue implementing our school's strategic plan by reviewing the faculty appointment and promotion process that, at present, does not adequately account for the distinct characteristics and time demands of community-based work; by continuing to develop educational opportunities for students; and by advocating for an off-campus community research, education, and service site. We look forward to including community partners as full Consortium members now that we have made progress on some of our own institutional challenges.

The efforts of the Consortium to date represent an important first step toward organizing a broad network of community-academic partners commited to community-based participatory research, education, and practice. We believe this network has the potential to address complex health issues through partnership-based, innovative, comprehensive public health strategies.

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