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# ***Ties That Bind***

**Creating and sustaining community-academic partnerships**

**Kynna N. Wright**

*UCLA School of Nursing*

**Pluscinda Williams**

*Community Co-Chair, CCHN-LA  
Committee, HAAF II*

**Shekinah Wright**

*Member, CCHN-LA Committee, HAAF II*

**Eli Lieber**

**Steven R. Carrasco**

**Haik Gedjeyan**

*University of California*

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Growing interest among academics and health professionals in finding new ways to study and address complex health and social problems has manifested in recent years with increasing community demands for research and program implementation that is *community-based*, rather than merely *community placed* (Minkler & Wallerstein 2008). In the United States, community-based participatory research (CBPR), with its emphasis on the creation and use of community-university or community-academic partnerships, is the prevailing paradigm to address these complex problems, especially those concerned with racial/ethnic disparities in health and health care. Essential principles of CBPR involve shared vision, equitable involvement, ownership and trust, capacity building, and immediate and long-term gains resulting in improved and relevant research (Minkler & Wallerstein 2008). For community and institutional partners, CBPR involves their active participation, mutual benefit and co-education, and sustained commitment to a process beyond studying an area of concern. It involves applying findings to achieve improved outcomes for the community. Once established, a challenge for community-academic partnerships is sustaining the partnership in the face of time and changes in its membership. While the need to strengthen the relationship between researchers and the community has been recognised, often from the viewpoint of the university partner, discussions on sustainability of partnerships have been few.

Reflections are shared, through the eyes of community members, on the core elements that tie the community and academic members together and the challenges in understanding and nurturing those ties so that the community-academic partnership is sustained over time, and on possible recommendations for sustainability. It is based on a CBPR that was conducted to (1) evaluate the functioning and future sustainability of the Community Child Health Network Study Los Angeles (CCHN-LA) community-university partnership and (2) evaluate

the experience and beliefs of the current CCHN-LA community-university partnership members in their understanding of current functioning. The paper reflects the thoughts of community partners after six months of establishing this partnership as part of their participation in the larger Community Child Health Network Study (CCHN).

### **THE FOUNDATION: COMMUNITY-ACADEMIC PARTNERED PARTICIPATORY RESEARCH**

Within the fields of public health, nursing and medicine, CBPR has been defined as a partnership approach to research that equitably involves, for example, community members, organisational representatives, and academic and/or clinician researchers in all aspects of the research process (Gebbie, Rosenstock & Hernandez 2003; Minkler & Wallerstein 2008). Community-academic partnered participatory research (CPPR), a form of CBPR that was coined by Chen, Jones & Gelberg (2006) is one approach to community program development and collaborative research that emphasises equal partnership for community and academic partners while building capacity for partnered planning and implementation of research-informed programs. A CPPR project involves a sequence of activities. These activities include: (1) identifying a health issue that fits the community priorities and the academic capacity to respond; (2) developing a coalition of community, policy and academic stakeholders that informs, supports, shares and uses the products; (3) engaging the community through conferences and workshops that provide information, determine readiness to proceed and obtain input; and (4) initiating work groups that develop, implement and evaluate action plans under a leadership council (Blumenthal et al. 2006).

Jones & Wells (2007) suggest that for CPPR, *community* can refer to individuals who share recreation or work or live in an area. They further define *community engagement* as the values, strategies and actions that support authentic partnerships, including mutual respect and active, inclusive participation, as well as power sharing, equity and mutual benefit, or finding the 'win-win' (Steuart 1993) possibility. Jones & Wells (2007) point out that some challenges in community engagement for physician and academic researchers include building trust with community members, learning what respect means in a community context, and understanding the timeframe and flexibility required to accommodate the course of events within the community engagement process. This is a dyadic process requiring both academicians and community members to work together. If this is learned, trust can be built and engagement can commence. Once the community-academic partnership is established, the partners work together using basic principles that govern and facilitate their research activities.

Based on an extensive review of the literature, Israel et al. (2005, 2008) and Macaulay (2007) have identified a list of nine

principles or characteristics of CBPR that CPPR acknowledges. These characteristics include: (1) recognising community as a unit of identity; (2) facilitating a collaborative, equitable partnership in all phases of the research, involving an empowering and power-sharing process that attends to social inequities; (3) building upon strengths and resources within the community; (4) integrating and achieving balance between knowledge generation and intervention for mutual benefit of all partners; (5) fostering co-learning and capacity-building among all partners; (6) focusing on local relevance of public health problems and ecologic perspectives that recognise and attend to the multiple determinants of health; (7) disseminating results to all partners and involving them in the dissemination; (8) involving systems development using a cyclical and iterative process; and (9) involving a long-term process and commitment to sustainability.

Building upon these characteristics, CPPR concludes that in order to achieve successful academic engagement with community partners, some of the guiding principles need to include regular communication following mutually agreed upon reporting and mutual respect of values and cultural mannerisms (Jones & Wells 2007). It is important to note that no one set of principles will be applicable to all partnerships; rather, all partners need collaboratively to decide what their core values and guiding principles will be. According to Israel et al. (2008), these principles can be considered to be on a continuum, with those listed above being an ideal goal towards which to strive. There are several benefits to using a CPPR approach including enhancing the quality, validity, sensitivity and practicality of research by involving the local knowledge of the participants and bringing together partners with different skills, tools, knowledge and expertise to address complex problems (Jones et al. 2007).

### **THE CONTEXT: THE CCHN-LA COMMUNITY-UNIVERSITY PARTNERSHIP**

The Community Child Health Network Study (CCHN) parent study is a five-year, National Institutes of Health (NIH)-funded, multi-site, prospective cohort CBPR study of the influences of stress and resilience on maternal allostatic load and birth and child outcomes. Another main goal of the CCHN study was to examine how the community, family and individual levels interacted with biological influences and resulted in health disparities in pregnancy outcomes and in infant and early childhood mortality and morbidity. This study used a CPPR premise to guide all aspects of the study, including research design, participant outreach and recruitment, and dissemination of information. A diverse group of research experts from each of the funded sites worked together with community-based members at each of the sites and at the national level. The community experts brought experiences and analytical perspectives, while the research experts had a pulse on the latest scientific information relevant to acute and chronic

stressors affecting health. At the national level, the group used a working format of subcommittees, weekly conference calls and quarterly meetings to focus the work, which culminated in a unified vision, as reflected in the aim of the study, the hypotheses and the design.

At each of the five sites, local Co-Principal Investigators (Co-PIs) and Co-Investigators (Co-Is) from an academic institution and the community worked through a community-university partnership to design, implement and evaluate the research project at each of the local levels. Los Angeles, California, one of the sites within the larger CCHN study, had already created a community-university partnership over 14 years ago, and when the opportunity for grant funding through CCHN was presented to them, they worked together to write the proposal.

Once the grant was funded, as part of the funding requirement, in 2007 they created the Community Child Health Network Study Los Angeles (CCHN-LA) community-university partnership. The CCHN-LA community-university partnership is made up of university researchers from several departments at a large Southern California university, including the departments of medicine, public health, nursing, and psychology (referred to as 'academic partners' in this study). The community members (referred to as 'community partners' in this study) of the CCHN-LA community-university partnership were composed of members of the Preterm Workgroup of Healthy African American Families (HAAF) II. They were the lead community partner, a non-profit, community-based organisation that began in 1992 as a community-academia-government research partnership to study the experience of pregnancy and birth outcomes among African Americans and Latinos (Jones et al. 2010a,b; Wright, Jones & Hogan 2010). Community partners were composed of local grassroots members (including pregnant/parenting women and their partners, women of child-bearing age and fathers), representatives from local peri-natal programs from local city and county agencies, peri-natal community-based organisations (CBOs) and representatives from faith-based agencies.

## **EVALUATION OF FUNCTIONING AND FUTURE SUSTAINABILITY**

From this larger parent study, community and academic partners were interested in holding each other accountable to the CPPR process and in evaluating the functioning and future sustainability of the CCHN-LA community-university partnership. Therefore, an evaluation study, also funded by the NIH, was conducted to meet these additional goals. The evaluation study used mixed data collection methods, including a survey (N = 53) that was handed out at each of the bi-monthly Preterm Workgroup meetings, which were the key times all academic and community partners of the CCHN-LA community-university partnership would come together to discuss study-related business. This was done

to identify key elements and barriers in order to foster effective community-university partnerships. Through an iterative process, community and academic partners jointly developed two surveys and a semi-structured interview guide that were used to facilitate the dialogue sessions (community dialogue sessions (N = 22); open-ended survey (N = 27)). This interview guide was adapted from the work of Israel et al. (2003), and included six domains of measurement: General Satisfaction, Partnership Impact, Trust, Decision Making, Organization, and Structure of Meetings.

Dedoose, a web 2.0 rich internet application for the management and analysis of mixed methods research data, was used to organise, excerpt and code the qualitative data in this study. Dedoose also allowed for the integration of the qualitative data and coding activity with participant demographics and quantitative survey responses. Following the development and inter-rater reliability evaluation of the code system based on the key themes, research team members searched for, extracted and coded content informing any number of themes represented in the code system. Dedoose features then provided for the visualisation of patterns in the qualitative data based on coding activity, participant characteristics and responses to survey questions. Following the identification of patterns that informed the key research questions, the associated excerpts were extracted. A review of these excerpts provided for a deeper understanding of the observed surface patterns and then served as an interpretation and presentation of study results.

Data for this secondary evaluation study were collected at three time points over a two-year period. This article reflects on data shared by community members during the Time 1 collection phase, conducted from August 2008 to January 2009.

In general, community partners were largely female (66 per cent), African American (92 per cent), Latino (6 per cent) and Caucasian (2 per cent). In terms of their relationship with the community-university partnership, 18 per cent of the community partners had had a longstanding relationship and had been part of the Perinatal Workgroup and the CCHN-LA community-university partnership for seven years or more, as compared to 100 per cent of the academic members. The majority of community partners, however, had been involved for less than one year (41 per cent for 6 months or less; and 32 per cent for 7 to 12 months). Nevertheless, both academic partners (100 per cent) and community partners (97 per cent) felt a very strong commitment to the partnership and to sustaining the relationships between academic and community members.

## **DEFINING SUCCESS**

Partnerships are formed for a variety of reasons, ranging from seeking to address and understand a particular health problem, in this case causes of poor birth outcomes, to meeting funding requirements for community involvement in a grant proposal. For the individuals and organisations involved, the definition

of 'success' is multifaceted (Seifer 2006). Furthermore, success is defined differently for new or emerging partnerships and established partnerships, since time plays an important role in the impact of the partners' activities and in the quality of the partners' relationships. Developing and sustaining partnerships is often a non-linear process involving many 'starts', times to pause, and times to reflect and 'restart'.

The top three intermediate measures of success for the CCHN-LA community-university partnership from the community partners' perspective focused on the relationships among partners and included shared leadership (97 per cent), communication (91 per cent) and trust (91 per cent). Academic partners, on the other hand, were much more interested in the achievement of group goals (31 per cent) and the benefits of participating in the CCHN-LA community-university partnership (30 per cent) and in the decision-making process that facilitated meeting grant outcomes (27 per cent). Through open-ended surveys, many community partners reflected that, when they came to the bi-monthly HAAF Preterm Meetings, they wanted to share in the leadership and development of the meeting agendas and topics discussed. In addition, they wanted to work on building relationships, especially in the areas of communication and trust, both within the community partners, many of whom were new to the CCHN-LA community-university partnership, and between community and academic partners. However, community partners shared that they felt that academic partners had a set of goals for each meeting, which often drove the meeting, but these goals were different from their goals and were not effectively communicated to the community partners. This led to many of the community partners feeling that they did not share in the leadership of the partnership and this led to a sense of mistrust of the academic partners and to a disconnect in terms of expectations and goals of the partnership.

According to community partners of the CCHN-LA community-university partnership, several key elements or 'ties' that can 'bind' (e.g., strengthen or sustain) the partnership. If these key elements are not identified and addressed by members of the partnership in a timely and culturally appropriate manner, feelings of frustration and mistrust can occur, leading to a weakening of the ties that hold the relationship together and ultimately to the loss of community partners within the partnership. Community members initially identified key elements for authentic community-academic partnerships and then 22 community partners further reflected upon these aspects through community dialogue sessions. These ties included *trusting relationships, understanding and respecting cultural differences, communication, and shared power*.

### **Trusting Relationships**

Strong relationships are at the heart of successful partnerships, even as participants acknowledge the lengthy, sometimes challenging, course to develop them. Community members often

do not trust academic researchers or the research process (Jones & Wells 2007). This scepticism and cynicism can be deeply rooted in past community experiences with research and outsiders to the community which, at best, brought no demonstrable benefit to the community and, at worst, caused irreversible harm (Israel et al. 2006).

Trust was identified by community partners as a fundamental component of authentic and healthy community-academic partnerships. While community partners recognised that it takes time and energy to develop trust, they felt that this was a core element that was needed for all relationships, both those between their community partners and those between community partners and academic partners. This is illustrated by two quotes from community partners. Interviewee I (2009) said:

*I think that's what it is, trust, and the fact that people have grown accustomed to each other. People start to know each other. People start knowing each other on a first name basis. It's not like, 'Hey Dr. [X]' or 'Hey Miss [Y]'. It's like, 'Hey, [Z]'. People start to know each other on a friendlier basis ... you're a person. I'm a person. We're talking. We're sharing information.*

Interviewee 7(2009) commented:

*Because in order to make change, build a partnership and build trust ... you, I mean community and academics have to be dedicated, you have to be committed. And you have to know that there's an outcome. And in order to do that everybody has to come and stay at the table.*

Many community partners also reflected that they were initially more trusting of other community partners than of the academic partners. However, they felt that the community partners needed to keep an open mind to allow the academic partners to show their commitment to the partnership and to gain the trust of the community partners. This is illustrated by the following quote from one community partner, Interviewee 10 (2009):

*But I see often that when new community members come to the table they are skeptical of the academic members, which is to be expected and then over time once they get to know the academic members and see that they care about the interests of the community more trust is developed. Trust building takes time.*

Community partners also reflected that, for trusting relationships to develop in a partnership, the partners involved needed to consistently exhibit certain behaviours and characteristics. These included being open and honest, being able to listen well and being able to speak frankly about contentious but important issues. This is illustrated by the following two quotes from community partners, Interviewee 2 (2009) and Interviewee 3 (2009):

*I think it's [trust] getting better because I think that a lot of the community members that are at the table say when something goes*

wrong. And I think the facilitator continues to remind them to say, 'You're right' and 'talk'. And so I think they're starting to learn that the academics are starting to learn that people are starting to say what's on their mind even if it may be something that may cause some static.

*I keep coming back to the CCHN-LA partnership because I have trust and I'm comfortable with HAAF and this partnership. I get questions answered. They guide me in the right way. They make me feel like – they have made me feel that I can trust them and that I'm valuable, my voice is valued. And now I can speak out honestly about how I feel about anything going on in the partnership or the research.*

Listening to and addressing needs identified by community partners is a factor in facilitating the development of trust and the overall success of the partnership. Community partners are more likely to get involved and stay involved in a partnership when their issues are emphasised and addressed (Seifer 2006).

### **Understanding and Respecting Diversity**

Successful partnerships convene and maintain a diverse group of partners, including those who are directly affected by the topic of study (Israel et al. 2005). This involves engaging and mobilising a diverse group of partners in terms of race/ethnicity, socioeconomic status (SES), organisational affiliation, interests, and roles in the partnership.

There are many challenges to convening and maintaining a diverse membership in partnerships. One such challenge is the issue of culturally sensitive dynamics (Grace 1992), that is, the lack of cultural congruity that may exist between individuals of the same cultural group and between individuals of different cultural groups. These were palpable at the beginning of this CPPR research project. Racial/ethnic as well as class or SES differences were evident. An understanding and respect for these differences was a core issue identified by several in the community as something important to maintain and sustain the partnership. This is illustrated by the comment of one community partner, Interviewee 9 (2009):

*I think the only way that it's gonna make it work is if people respect the ideas and the concepts and voices of everybody at the table. I still think that there is a huge breakdown in terms of the respect of what the value is of the people who are living in the conditions, living and having the experiences ... You know life experiences, I still think that the researchers who are mostly White don't respect the input or the value of the people who are mostly of color that they're saying they want input from maybe because they don't understand what it likes to be of color. So I think that that has to be built. I think respect is a huge component. And keeping an open mind of how they really want to utilize this body of people that they say they want to work with.*

In addition, there was a perception by some of the community partners that the academic partners were better than

they were because of the SES resources (for example, education) they brought to the table. However, community members felt that it was very important for everyone, both community and academic partners, to be valued for the skills they had, and that no one set of skills was any better or worse than another. This was illustrated by one community partner, Interviewee 5 (2009), who stated:

*Not saying that they don't deserve that [power and respect]. I mean they [academics] did go to school ... but I definitely don't think it's a 50/50 thing. I think maybe it should be, 'cause there's a lot of other foot soldiers in the community that are not at the higher level of book education but have a lot to give from life experiences. We know the resources in the community that academics don't know because they don't live here and that's important information.*

In order for partnerships to be sustaining and successful, all members of the partnership must embrace diversity at all levels – racial/ethnic, social class, gender, organisational, and institutional affiliation. Differences may exist between community and academic partners in areas such as resources, life experiences, language, time demands, loyalties and level of commitment to the partnership. Through open and honest communication, and continual give and take, a level of trust needs to be established before partners can be explicit about understanding and responding to these differences (Israel et al. 2005; Seifer 2006).

### **Communication**

The articulation of co-learning emphasises that information needs to go in both directions in order to facilitate research and improve the problem-solving ability that can be applied to the current issue as well as to future issues. Academic researchers need to learn from community members the communication strategies that are used and that work in their communities (Israel et al. 2008). This process should be an integral part of formative research.

Communication was a major issue that was identified as something that could affect the sustainability of the community-university partnership either positively or negatively. From the community partners' point of view, communication included the language and terms being used (such as academic jargon and acronyms), feeling that value was not placed on what was being communicated. Community partners reflected that some academic partners used terminology that was not understood by community partners and, when they asked for clarification, their request was not honoured and they felt devalued. This is illustrated by the reflections of one community partner, Interviewee 12 (2009), who said:

*I think some of the most difficult times that I see that happens at a meeting is that even when languages are spoken out of turn and you go back and you tell them, 'could you please break it down to keep it at a common level where people could understand', it's like you continually have to reiterate it, reiterate it to them. No matter what you say it's still*

*not heard and they keep using the same terms that community cannot understand. And over time you feel that you are not valued and what you say is not valued.*

However, other community partners reflected that communication was a ‘two-way street’ and that community partners had to take responsibility for the communication process as well. These community partners felt that the community partners needed to take ownership for trying to learn the research process and the language used in the research process. This is illustrated by one community partner, Interviewee 3 (2009), who stated:

*I would have to say that we need to, we as a community need to understand the procedures and the language of their research. And you know what I’m saying, to get more educated on how they [academics] speak and do the research ... ‘Cause you know when people can’t understand the language, they seem to lose interest and then we don’t see them at the partnership meetings anymore. But we as community have to make the effort, it’s a two-way street.*

And still other community partners expressed that they had had positive experiences and good outcomes for both community and academic partners when community partners spoke up and asked during a meeting what terms meant and if academic partners would educate them in the research process. This is reflected in one community partner’s comment, Interviewee 2 (2009):

*And I think it was a very important learning curve for them as well. Because [after community explained they did not understand the language they were using] they [academics] did see at that point and took it as a learning opportunity to teach us the language so that we are all communicating in a way that makes sense to both community and academics. Then we can be true partners.*

Community members can learn communication and research skills and build networks outside their immediate environment through the experience. In this way, community capacity and competence is improved. Community competence, a term coined by Cottrell, refers to the ability of community members to collaborate effectively in identifying problems and needs, to reach consensus on goals and strategies, to agree on ways and means to implement their agreed upon goals and to collaborate effectively in the required action (Lasker & Weiss 2003). Community competence building begins during the formative research phase and should proceed through the entirety of CBPR.

### **Shared Power and Leadership**

Key to CPPR is the concept of community, partnership, and shared power and leadership (Minkler & Wallerstein 2008). Successful partnerships are characterised by jointly developed processes and procedures that pay particular attention to issues of equity,

shared influence and control over decision-making (Minkler & Wallerstein 2008). Shared power is believed to be important for quality in research in that it evolves from the people and reflects their voices; it is believed to be particularly useful to improve quality in transcultural research. Community partners reflected that the balance of power sat with the academic partners and that in order to have a sustainable partnership there should be a way to shift this balance, especially when it comes to decisions regarding money and resources. This was voiced by many community partners as illustrated by the two comments from Interviewee 11 (2009) and Interviewee 20 (2009) below:

*Power, leadership? I think it would probably be somewhere in between maybe 65/35, maybe 65 academia and 35 community.*

*However, on the level of when I think of how in terms of money, when I think of power in terms of, you know equal status in terms of how things are delivered or recognized, in an academic world I don't think that they [academics] give [community] the same power.*

A fundamental component of successful partnerships is the active involvement and shared influence and control of all partners involved in all aspects of the partnership. Partners seek to modify imbalances of power through shared decision-making and fair distribution of resources (Seifer 2006). Community members reflected that, while the partnership had a community PI and a community co-facilitator at the HAAF Preterm Meetings, they also had to take an active role in learning the leadership process and the research process, including budgets, so that they could become leaders within the CCHN-LA community-university partnership as well. In doing this, many community partners felt that these learned experiences would help them in sharing in the leadership process and the decision-making processes that occurred in the research process.

### **RECOMMENDATIONS FOR SUSTAINING NEW AND ESTABLISHED PARTNERSHIPS**

All findings were shared initially with CCHN-LA community partners during a debriefing session. During that time, community partners reflected upon the findings and came to the conclusion that all partnerships, whether emerging or established, could take a number of steps to increase their likelihood of success. It was decided by the community partners that it would be beneficial to continue to reflect upon these findings and to develop a list of recommendations, based on the CPPR model underlying the current research project, to address the key elements that were identified and then to share these findings and recommendations with their academic partners during another debriefing session. Below is the list of recommendations that community partners developed to sustain community-university partnerships.

### **Create Shared Goals**

While each research project has set measurable outcomes, it is important for all members of the partnership to understand what the goals are, who is responsible for achieving the goals and how these goals will be achieved. Incremental goals and milestones to meet the final research outcomes should be created jointly by both community and academic partners. All meeting agendas and goals for a particular meeting should also be jointly created by input from both community and academic partners. Transparency and open communication would facilitate the alignment of goals and objectives.

### **Build Trust Among and Between Community and Academic Partners**

Trust is a hallmark of authentic community-academic partnerships. It is something that is built over time, and it requires respect of oneself and others, strength of character, and motivation to work to move beyond past negative histories and experiences that may have caused mistrust in the past. It is established by commitment to the partnership, its shared mission, its values and its goals, and to the process of collaboration. It is manifested by the things partners say in words and do in their actions, for example, saying that they will attend a community-university partnership meeting, and then showing up and actively contributing. Trust is a two-way street. It requires active participation and cooperation by both community and academic partners, and is an issue that must be revisited frequently if partnerships are going to be sustained over any length of time. Community members reflected that both community and academic partners could draw upon the trust that was already present in the members of the partnership that had been with the partnership longer. This could lead to an initial willingness of newer partners to get involved and help them to establish a commitment to develop more long-term trusting relationships.

### **Embrace Diversity in the Partnership**

Community partners reflected that the diversity of the partnership, whether racial and/or ethnic, SES, gender, organisational, or institutional affiliation, was a major strength of the partnership. Although differences may exist among partners in such areas as goals, life experiences and resources, community partners felt that, first, a level of trust was needed in all members of the partnership (for example, between and within both community and academic partners) and to be transparent about discussing these differences. Once the differences were brought out in the open, then partners could work towards understanding and accepting these differences.

### **Enhance Communication through a Common Language**

Lack of communication can foster distrust between community and academic partners. Finding a common language with which to discuss the various aspects of the research project and research process is crucial to the sustainability of the partnership.

Community partners felt that they needed tools and/or resources to help promote effective communication between their community and academic partners. They suggested that community and academic partners jointly create a glossary of terms that are commonly used in their research project and that this glossary should be available at community-university partnership meetings for all members. They also suggested that there be cross-education of the two groups, where community partners would educate the academic partners on terms and language used in the communities in which the research project was taking place, and where academic partners would share research terminology with community partners. In addition, community partners recommended that at all meetings, if anyone was unfamiliar with a term, they should speak up immediately and ask for clarification, and that if clarification was asked for, it was the responsibility of the meeting facilitators to make sure that this was addressed before moving on with the meeting.

#### **Develop Criteria, Rationale and Procedures for Educating New Partners**

Community partners reflected that, because so many of the community partners were new to the partnership, many of them felt disconnected from both the community and the academic partners and from the research study itself, not for lack of interest, but perhaps because of a lack of knowledge regarding CPPR, community-university partnerships and the research process itself. Therefore, they recommended that both community and academic partners create a document that communicated why someone would want to join the partnership and the expectations of participation. In addition, all new members, both community and academic, would be required to participate in an orientation session, which would be co-facilitated by a community and an academic partner and which would welcome them into the group, define the vision, mission and goals of the group, and their role in the partnership. An educational or welcome package of information should also be given to all new members.

#### **Share Power and Leadership Equally**

Community partners felt that they wanted to embrace the CPPR model, which recommends a high degree of joint power and leadership at every step of the research process. A key feature of CPPR initiatives is the emphasis on joint community and academic leadership and ownership (Jones et al. 2007; Wright, Jones & Hogan 2010). To community partners, this sharing meant that a central goal of CPPR and the community-university partnership would be to build the capacity of community members in the partnership. Community partners recommended that the community-university partnership and affiliated work groups and subcommittees should be headed by one or more community leaders and also one or more academic leaders, who would work together to meet the goals of the community-university

partnership. This would require ongoing training for community partners in the areas of leadership, meeting facilitation and public speaking, and would help to build the capacity of the community partners not only for the benefit of the partnership, but also for the larger community in which they lived and served.

#### **Address Issues of Financial Sustainability**

Partnerships need to consider ways to make projects sustainable beyond a single grant or funding period from the very start of the partnership. Community partners felt that they should have shared responsibility in understanding and creating the projects budget, and in finding and securing additional funds for current and future CPPR projects of the community-university partnership. They recommended that academic partners educate community partners in the process of identifying funds (for example, through funding websites, joining list serves and/or attending funding workshops) and securing funds (such as grant writing). Investment in building the community's capacity in these areas would not only give community partners additional skills and expertise that would help to sustain the partnership and projects that they worked on, but would show the community partners that the academic partners were committed to the growth of community members and ultimately to the sustainability of the partnership.

#### **Deal with Conflict Quickly and Respectfully**

Community members reflected that conflicts and disputes within community-academic partnerships were common and should be viewed as necessary to growth. However, communicating about their resolution would create a legacy of problem-solving strategies (Jones & Wells 2007). Community partners recommended that a key way to sustain partnerships was for community and academic partners to jointly create a project work plan that included a written guideline for conflict resolution and a visual flow-sheet model that would help to simply illustrate the path that would be taken to resolve all conflicts that might arise. Ideally, this should be done at the beginning of the partnership, but it could be done at any time during the partnership. The guidelines should be concise and in a language that both community and academic members could understand (see Figure 1, overleaf).

**Figure 1: Community-University Partnership Guidelines for Conflict Resolution**

The community-university partnership recognises the need for encouraging open, respectful dialogue, and encourages input from all participants. Acknowledging that such free flow of ideas may lead to conflict that can be simply defined as disagreement, the community-university partnership adopts the following guidelines for resolution of any such conflict in a way that is best for the whole group and the mission of the community-university partnership.

- 1 *Identify the problem.* If a concern or disagreement arises, there will first be determination by those involved if it relates to the current research project. Efforts will be made by those involved to identify the core issues of the disagreement and resolution will be attempted by the parties involved by using the steps below.
- 2 *Look at options.* Potential options for resolution will be listed and individuals will be allowed to explain why the particular option being proposed provides information on how the project will be impacted. Efforts will be made to come up with as many creative solutions as possible.
- 3 *Areas of agreement.* Discussion will be facilitated to identify those areas upon which everyone agrees in order to narrow outstanding issues for discussion.
- 4 *Preferred solution.* Through a process of consensus building, the preferred solution will be identified.
- 5 If resolution of the issue cannot be reached, the issue will go to the community-university partnership Steering Committee.
- 6 Issues not resolved by the Steering Committee will go to the Principal Investigators and Co-Investigators for resolution, based upon all of the previous information and discussion.

It is understood that the process is based on maintaining an environment of trust and respect, and a basic understanding of the goals of the community-university partnership. Discussion will be held without blaming anyone for the conflict and will support the exploration of creative solutions.

## **CONCLUSION**

As indicated above, the Community Child Health Network Evaluation Study not only aimed to identify and synthesise knowledge about the CPPR process within the CCHN-LA community-university partnership, but also sought to develop strategies to foster community-university capacity for participatory research at national and local levels. Information from the first six-month evaluation was shared with the local academic partners at another joint debriefing session. Since then, the academic partners have agreed to the recommendations and they have begun a plan to implement them. These recommendations, as well as reflections from other study sites, were also shared with the community and academic partners of the national Community Child Health

Network parent study during their annual partner meeting. The recommendations were utilised by the national partners in their restructuring of the CPPR process at the national level to help in the creation of a team of community workers who would be trained to assist at the local sites in collecting birth outcome data, which is currently being conducted.

CPPR is time consuming and filled with challenges as local communities and outside academic researchers collaborate to navigate difficult ethical and methodological terrain, addressing issues of trust, understanding and respecting cultural differences, communication, and shared power and leadership. Yet community-university partnerships can work through this process and sustain the partnership through building trust within and between community and academic partners by embracing diversity, increasing communication through a shared language and by sharing power equally in all aspects of the research process. If community-university partnerships include financial sustainability by building the capacity of the members of the partnership through orientation and education, they may find a methodology that holds immense promise for ensuring that research focuses on topics of deep concern to communities. This would be conducted in ways that enhance validity, build community capacity, promote systems change and work to reduce health disparities.

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