Community Campus Health Liaison

Creating Community-University Partnerships for a Healthier Minnesota
Background and Goals

In 2005, a Memorandum of Understanding was signed by the leadership of the department of Family Social Science, the former College of Human Ecology, the Academic Health Center, and University of Minnesota Extension, outlining the creation of the Community-Campus Health Outreach Liaison position. The Memorandum has as its foundation a broad definition of health, in which healthy individuals are embedded in healthy, well-functioning families, who come together to form healthy, vital communities.

Community health is, in turn, influenced by the broader social, cultural, economic, and environmental context. The factors influencing health go beyond disciplinary boundaries. Working effectively with communities requires cross-disciplinary collaborations that will include not only the clinical health professions, but disciplines from across multiple colleges and campuses. It was this knowledge that led to the creation of the Community-Campus Health Liaison position.

The CCHL was intended to fulfill a need for greater collaboration between University of Minnesota Extension and the Minnesota Area Health Education Center. The position was located in a third unit, Family Social Science, that would be seen as a “neutral” environment, without predetermined ideas about health, community, or the departments and programs involved.
Background and Goals

The stated goal of the initiative was to “utilize community integration to link University of Minnesota students to important community resources, teach students about rural community vitality and facilitate educational opportunities to link University students to service-learning in the community.”

During the first six months of the initiative, a series of conversations with key administrators and faculty helped to focus the goals for the position:

1. To increase the capacity of faculty, staff, and students to work authentically and cooperatively with community partners; and
2. To increase the number of health professions students participating in educational activities in underserved communities.

The development of a strategic plan was advised by key administrators from each partner unit, including Jan McCulloch from Family Social Science, Barbara Brandt from the Academic Health Center, and Jeanne Markell from Extension. In order to achieve the stated goals, three primary strategies were included in the plan:

Strategy one: Increase level of collaboration between AHEC and Extension through the development of pilot projects.

Strategy two: Foster collaborations between faculty and community organizations by launching community-campus teams to work on collaborative community health projects.

Strategy three: Increase the capacity of faculty and staff to partner with community entities by providing partnership coaching and community resources.
Strategic Connections: 
Minnesota Extension and Minnesota Area Health Education Center

University of Minnesota Extension is embedded within communities across the state of Minnesota. Extension offers programs related to nutrition, parenting, youth development, community leadership and economic development, and other health-related areas.

The Minnesota Area Health Education Center (AHEC) is a program of the Academic Health Center at the University of Minnesota. The AHEC program focuses on building the health care workforce in rural Minnesota.

Increasing collaboration between Extension and AHEC would align University resources in rural Minnesota, and increase our impact in Greater Minnesota communities.

Intergenerational Healthy Aging Collaborative

The Intergenerational Healthy Aging Collaborative brings together the youth development and community organizing expertise of Minnesota 4-H Youth Development with the health careers expertise of the Minnesota Area Health Education Center. Funded by the Minnesota Department of Health Office of Rural Health and Primary Care, the Collaborative is developing a new model for 4-H clubs. This new model will

1. Increase the interest and preparation of school-aged age youth for health careers related to healthy aging and long-term care;
2. Engage youth and elders in collaborative activities designed to encourage intergenerational connections and promote community health and healthy aging.

The first pilot club formed in Perham, Minnesota in October, 2007. A second club has been initiated in Moose Lake. Over the course of five months, club members will learn about health careers, healthy aging, and community health. They will interact with health care professionals and health professions students, and plan and implement an intergenerational community health project in collaboration with area seniors. Educational resources that have been developed for the clubs will be shared with 4-H clubs across Minnesota. Extension and AHEC are joined in this work by Perham Memorial Hospital and Home, Moose Lake Hillside Manor West, Post-Secondary Education Options, the University of Minnesota Health Careers Center, and the Vital Aging Network.

Clinical and Translational Sciences Award

Minnesota AHEC and University of Minnesota Extension’s Community Vitality have partnered to propose a series of rural health workshops as a part of the Academic Health Center’s application for the Clinical and Translational Sciences Award. The workshops would help bring together community experts, faculty, and students to discuss community-identified health issues and formulate community health action plans. The CTSA grant was submitted in early November 2007.
Strategic Connections:
Minnesota Extension and Minnesota Area Health Education Center

Health and Nutrition/Interprofessional Education Sites Partnership

Through the Medical Education and Research Costs Fund, the Academic Health Center has provided funding for Interprofessional Education (IPE) sites around the state. The IPE sites develop interprofessional health care teams to address community-identified health issues. After the teams have been developed, health professions students are integrated into the teams, and the projects serve as sites for interprofessional education.

A number of the IPE teams focus on health issues that have a significant nutritional component. We have initiated a project that will connect Extension’s Health and Nutrition program with these sites. The pilot site for this project is the Hibbing Community College Dental Clinic. The Clinic is a collaboration of the Dental School and Hibbing Community College. Dental students come to the Clinic for a two (soon to be a four) week rotation. Health and Nutrition partnering with the clinic through two primary strategies:

1. The clinic hosts displays of nutrition education information developed by the Extension Nutrition Education Assistants (NEAs; initiated July 07).
2. Dental students will accompany Extension NEAs when they teach nutrition classes, and add a component on dental health and nutrition. This will both increase the breadth of the content that NEAs are able to offer to schools and other community groups, and help the dental students expand their skills in community outreach. (beginning January 08)

A second Health and Nutrition-IPE collaboration will focus on geriatrics. The IPE program funds a geriatric falls prevention program in Fergus Falls, Minnesota. The Ottertail County Healthy Aging Collaborative will expand this program by adding an exercise component, and connecting the program to nutrition education programs for seniors. While our initial application to USDA was not granted, we continue to look for foundation and other funding sources to support this project.

A third collaboration brought Regional Extension Educators together with health sciences faculty to plan an interprofessional education workshop focusing on obesity. Sixty-five students from across the health professions participated in the day-long worship on September 28 at IPE sites in Hibbing, Park Rapids, Brainerd, and New Ulm.
Connecting Faculty and Community-Based Organizations

Community-based organizations often have difficulty negotiating the campus in order to identify faculty partners for collaborative projects. Likewise, faculty may not have the time or community connections to develop relationships with community organizations.

Several offices on campus exist to help prospective partners connect, including the Career and Community Learning Center, housed in the College of Liberal Arts, and the Center for Urban and Regional Affairs (CURA). Off-campus, the Regional Sustainable Development Partnership works with a network of regional community-led boards to determine and fund projects that respond to regional priorities. We are developing informal referral networks among each of these programs, to increase the effectiveness and efficiency with which we help to launch partnerships.

The CCHL works with these and other offices on campus to connect university and community partners, and help launch collaborations that respond to community priorities, and provide opportunities for education and scholarship.

What does the CCHL do to help launch collaborations?

The Community-Campus Health Liaison provides a range of support to help launch new community-university collaborations. This work can be viewed as having two phases: making the initial connections, and launching the collaborative.

<table>
<thead>
<tr>
<th>Making the Connection</th>
<th>Launching the collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify potential partners</td>
<td>Schedule meetings</td>
</tr>
<tr>
<td>Convene introductory meetings</td>
<td>Document meetings</td>
</tr>
<tr>
<td>Provide transportation to faculty to community site</td>
<td>Be a familiar face at meetings for all parties</td>
</tr>
<tr>
<td></td>
<td>Debrief with each party after meetings</td>
</tr>
<tr>
<td></td>
<td>Act as cultural broker</td>
</tr>
<tr>
<td></td>
<td>Coach faculty in development of relationship</td>
</tr>
<tr>
<td></td>
<td>Grant writing</td>
</tr>
<tr>
<td></td>
<td>Conflict resolution</td>
</tr>
<tr>
<td></td>
<td>Help develop partnership agreements</td>
</tr>
<tr>
<td></td>
<td>Help navigate university policies, e.g., IRB, liability issues</td>
</tr>
</tbody>
</table>
Connecting Faculty and Community-Based Organizations

<table>
<thead>
<tr>
<th>Connections/Referrals</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>53</td>
</tr>
<tr>
<td>Source of Request</td>
<td></td>
</tr>
<tr>
<td>Community-Initiated</td>
<td>25</td>
</tr>
<tr>
<td>Campus-Initiated</td>
<td>28</td>
</tr>
<tr>
<td>Region</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>19</td>
</tr>
<tr>
<td>Urban</td>
<td>34</td>
</tr>
</tbody>
</table>

In the first 18 months of the position, the CCHL facilitated over 70 connections between individual and organizational partners. These connections have included both multidisciplinary connections within the university and connections between faculty or students and community-based organizations. Roughly 25% of these connections resulted in sustained collaborative work; the remainder were referrals that helped to introduce people with shared interests, but didn’t result in a sustained connection at this point in time.

The projects launched have involved collaborative research, educational opportunities for students and faculty, and curriculum development. They have expanded access to community health education and other health care resources. Areas of focus have included environmental health, aging, diabetes, traditional foods, nutrition, youth development, dental health, and cultural competence in health care.

Roughly half of the connections were initiated by community entities and half initiated by university students, staff, or faculty. Sixty-two percent (62%) focused mainly on urban health and communities, and the remaining 38% focused on rural health and communities.

Two partnerships, one rural and one urban, are highlighted on the following page: the Indigenous Women’s Mercury Investigation and the Sabathani Health and Wellness Initiative.
Indigenous Women’s Mercury Investigation

The North American Water Office (NAWO) is an environmental justice organization focused on reducing energy waste and promoting energy transition. NAWO’s Indigenous Women's Mercury Investigation has collected oral histories from Ojibwe and Dakota tribal members across Minnesota to document the role of water and the value of fish to indigenous cultures. The CCHL has been involved with the IWMI in two ways: 1) by recruiting an interdisciplinary group from the School of Public Health and the Medical School to serve as a scientific advisory group for the project, and 2) by serving as evaluator for the IMWI planning process. The group has two major goals:

1. to document health outcomes for children of subsistence fishing families who may have been exposed to high levels of mercury; and
2. to develop appropriate health care resources for the families who have been affected.

This collaboration is part of a larger project of the North American Water Office that focuses on community education, advocacy, and health care resources related to mercury and fish. The IWMI just completed its year-long planning process, supported by Blue Cross and Blue Shield Foundation of Minnesota, and is beginning an implementation phase of the project, supported by Blue Cross and Blue Shield Foundation of Minnesota, the Minneapolis Foundation, the Bush Foundation, Women’s Environmental Justice Institute, the Jessie Smith Noyes Foundation, and Headwaters Foundation for Justice.

Sabathani Health and Wellness Initiative

Sabathani Community Center provides a broad range of programs and services to decrease barriers and build the capacity of south Minneapolis families and communities. Sabathani is developing a new health and wellness initiative, which seeks to promote healthy lifestyles and connect people with health care resources. The Community-Campus Health Liaison has connected Sabathani with the service-learning programs in several health professions schools. In the current academic year, Sabathani is hosting students from the Medical School, the Physical Therapy Program, the Dental Hygiene Program, and the Minority Pre-Health Sciences Student Association. Sabathani will offer each group of students a “mini-immersion” experience in which they will have the opportunity to learn from community residents and Sabathani staff about community life and the health in neighborhoods surrounding the Center. In turn, the student groups will contribute to the development of the new health initiative by providing health education and assistance with needs assessment and grassroots organizing to promote the new programs.
Partnership Coaching: Increasing Faculty Capacity

Cultural Wellness Center

The Cultural Wellness Center, located in the Powderhorn neighborhood of south Minneapolis, has worked with a variety of university partners over the past ten years. Elders at the Center have taken a handful of faculty into informal apprenticeships, to share their knowledge about cultural wellness and community engagement.

Now the Center is formalizing this program for faculty. The Community-Campus Health Liaison, along with Food Science and Nutrition Extension faculty member Craig Hassel are partnering with the Center to create a series of classes and professional development opportunities for faculty to build their capacity for cross-cultural community engagement.

The Center has also formed a Cultural Research Board. Through the Board, cultural communities will initiate their own inquiries into community health and cultural wellness. The Board also provides opportunities for academic researchers to consult with cultural elders and other community members about all phases of the research process, from framing research questions to interpreting and disseminating data. The CCHL helps to coach faculty during this consultative process.

Community-Campus Network

With the Urban Health Liaison in the Academic Health Center, the CCHL convenes the Community-Campus Network. The Network provides opportunities for networking and capacity-building to university faculty and staff who engage in community partnerships. During the 2006-07 academic year, the Network focused on documenting and disseminating community-engaged scholarship. There are 45 faculty and staff on the Network mailing list. Typical attendance for a Network forum is between eight and fifteen faculty and staff. Topics addressed during the bi-monthly forums included:

*Action Planning to Impact the Promotion and Tenure Process* (Cathy Jordan, Consortium on Children, Youth and Families)

*Documenting Community Engagement in Academic Dossiers* (Cathy Jordan, Consortium on Children, Youth and Families)

*Documenting the Learning in Service-Learning* (Laurel Hirt, Career and Community Learning Center)

*Community Impact Statements* (Susan Gust, GRASSRoutes)

*Honoring Community Knowledge in Evaluation* (Janice Barbee, Cultural Wellness Center)

*Disseminating Results of Community Engaged Scholarship* (Ann Garwick, Nursing)

In the 2007-08 academic year, the group is focusing on bringing together university knowledge and community knowledge.
Challenges

Several factors make it challenging to launch community-university partnerships.

- **Differing Understandings of Knowledge.** In some cases, the university and the community have significantly different understandings of knowledge. What constitutes knowledge? How do we know something is true? Who owns the knowledge that is produced? These implicit understandings shape university policies that guide the development of partnerships, such as Sponsored Projects Administration policies regarding ownership of intellectual property, and may create conflict within a partnership.

- **Differing Timelines.** Time lines for work on and off campus are often quite different. Faculty often plan their programs of work for a semester or an entire academic year far in advance. This makes us less able to respond to emergent community requests.

- **Faculty with Focus on Engagement.** Currently, we have only a small cadre of faculty with the interest and capacity to do engagement work, particularly work that involves a significant cross-cultural component. Rewards for faculty engaging in this work continues to be an important issue.

- **Liaison Role.** Faculty and community members aren’t necessarily familiar with a liaison role, and may either decline the offered services, or want the CCHL as a permanent part of their project team.

Best Practices

Several best practices have evolved, that facilitate the development of community-campus partnerships.

- **Asset Model.** Approaching the community with an understanding of what assets and resources the community and university can each bring to an issue, and how these assets can be complementary, is vital in the creation of strong, equitable partnerships (Asset-Based Community Development Institute http://www.northwestern.edu/lpr/abcd.html).

- **Dedicated Time.** It is helpful to have a person with time dedicated to mapping the interests, activities, and needs, both on and off campus, who can help bring people together around common interests. This is true both for launching community-university partnerships and other kinds of interdisciplinary collaborations.

- **Curricular Infrastructure.** When students are engaged in community-based work, we are better able to go to the community with an asset to contribute, and better able to respond to community priorities.

- **Coordination with Other Community Liaisons.** When the CCHL works closely with other community liaisons on campus, such as the Career and Community Learning Center, Center for Urban and Regional Affairs, and the Regional Sustainable Development Partnership, we are better able to help community members navigate across different sectors of the university.

- **Faculty with Capacity for Cross-Cultural Engagement.** Faculty who have experience bridging cultures and community-campus relationships play an invaluable role in creating strong, sustainable partnerships.
Long-Term Documentation of Outcomes

In the second 18 months of the pilot, a three-part strategy will be used to document the outcomes of the CCHL’s work.

⇒ Directly after potential partners have been matched, an in-person or phone survey will ask the partner who made the request
   1. What CCHL support was most helpful?
   2. What wasn’t helpful?
   3. What additional support would have been helpful?

⇒ A phone survey administered at 6 months and 12 months after contact will document outcomes of each partnership launched.
   1. Are the partners still collaborating?
   2. What has been the role of each partner?
   3. What has been accomplished on the project?
   4. Are there any outcomes to report, in terms of student involvement?
   5. In terms of grants and other strategies for sustainability?
   6. In terms of community health?

⇒ A portfolio will be kept to document each project. Portfolios will include media coverage, publicity materials, and other project documents.

Recommendations

- Continue to follow pilot projects, in order to document the evolution of partnerships and track long-term outcomes.

- Consider creating additional liaison positions that focus on other strategic areas, for example, youth development, or sustainable agriculture.

- Create opportunities for faculty to develop their capacity to engage in partnerships, particularly cross-cultural partnerships.

- Develop curricular infrastructure that will allow students to collaborate on projects with community-based organizations.