

Creating the Space to Ask “Why?”

Community-Campus Partnerships as a Strategy for Social Justice

A Draft Paper Prepared for the Community-Campus Partnerships for Health (CCPH) 15th Anniversary Conference

A growing network of community-campus partnerships and partnership supporters will convene in Houston, TX from April 18-21, 2012 for the CCPH conference. The conference theme, “Community-Campus Partnerships as a Strategy for Social Justice: Where We’ve Been & Where We Need to Go” compels us to critically examine ourselves, our practices, and the systems in which we live and work as we leverage partnerships to solve pressing health, social, environmental and economic challenges.

The conference coincides with our 15th anniversary and the announcement of our new mission statement: *to promote health equity and social justice through partnerships between communities and academic institutions.* We have written this paper to explain our new mission and to help frame discussions of *why* we engage in community-campus partnerships. The paper is labeled “draft” because we view it as a work-in-progress, to be informed and improved upon by reflection and dialogue before, during and after the conference.

Since our inception, CCPH has played a leadership role in advancing authentic partnerships that build capacity, generate knowledge that directly benefits communities, and influence policies that affect health. We view health broadly as physical, mental, emotional, social and spiritual well-being. We emphasize partnership approaches to health that focus on changing the conditions and environments in which people live, work and play so that all may participate and prosper.

At our first conference in 1997, we engaged participants in a series of conversations to begin to articulate principles of good community-campus partnerships. Broad input was sought on the draft principles that emerged from the conference and a final set was adopted by the CCPH board of directors in 1998 and widely disseminated. Through a similar process, the principles were re-examined and revised in 2006 (see below). The CCPH principles are not intended to be prescriptive or to be adopted verbatim, but rather to provide a starting point or framework for discussion when forming or periodically reflecting on the progress of a partnership – to help clarify terms of engagement and expectations among partners. The authenticity of a partnership is likely best determined by the consensus of its members.

CCPH Principles of Partnership

1. Partnerships form to serve a specific purpose and may take on new goals over time.
2. Partners have agreed upon mission, values, goals, measurable outcomes and accountability for the partnership.
3. The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
4. The partnership builds upon identified strengths and assets, but also works to address needs and increase capacity of all partners.
5. The partnership balances power among partners and enables resources among partners to be shared.
6. Partners make clear and open communication an ongoing priority by striving to understand each other's needs and self-interests, and developing a common language.
7. Principles and processes for the partnership are established with the input and agreement of all partners, especially for decision-making and conflict resolution.
8. There is feedback among all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
9. Partners share the benefits of the partnership's accomplishments.
10. Partnerships can dissolve and need to plan a process for closure.

As the principles were being re-examined and revised in 2006, CCPH convened experienced community partners from across the U.S. to provide a stronger community voice to the advancement of authentic community-campus partnerships. Our contention at the time, still largely true today, was that community perspectives were usually missing from deliberations and decisions about these partnerships. Participants in that inaugural National Community Partner Summit articulated a framework for authentic partnerships comprised of three essential components:

- Quality processes that are relationship-centered.
- Meaningful outcomes that are tangible and relevant to communities.
- Personal, institutional, community and political transformation.

In the year leading up to our 15th anniversary, we have been critically examining CCPH's name, mission, values and vision. After reflecting on the organization's accomplishments, scanning the environment, and conducting a SWOT analysis (strengths, weaknesses, opportunities and threats), the "brand" or "theme" of CCPH that clearly stood out as consistent from our beginning was our commitment to principle-centered partnerships for a purpose: health equity and social justice. In other words, what we kept coming back to was "why" we do this work. Our 2009-2010 board chair Susan Gust summed it up well in her keynote presentation at the 2010 conference of the Australian Universities Community Engagement Alliance:

The word health, it means everything. As a community activist, I can spin it to mean anything I want it to mean. I do really mean that. Health is all the things that affect us in our lives, the lives of our family and the lives of our community. It's the lighting quality in this room, how it makes us feel and whether or not it's right for our eyes. It's the quality of the water with which we brushed our teeth this morning. It's how we got here including all the different methods of transportation but also how we got here in our own personal journeys. That is what CCPH and I mean by the word "health."

Equity is just that: equity. How do we really start to build systems that allow us to be together, to not just passively coexist and not just collaborate by travelling back and forth between sectors but how to stay together and build models of shared power. We haven't yet achieved that in our evolution as human beings. Equity is about exploring our path together to build those shared power models. But first, we must not think about "how" to achieve health equity or the best practices of working together towards health equity. Instead, we have to pursue the "why", and not rush to the "how." I'm asking you for this time we have together...to consider the "why". I'm hoping I can provoke you into doing this maybe for the rest of your lives, to stay in touch with the "why".

We believe it is important for our mission statement to clearly state *why* we engage in community-campus partnerships. The original wording, "to promote health (broadly defined) through partnerships between communities and academic institutions" didn't fully capture our vision of health equity and social justice. We realized that we needed to explicitly include the words "equity" and "social justice" in our mission.

Equity means all people have full and equal access to opportunities that enable them to attain their full potential. The determinants of equity are the social, economic, geographic, political and physical environment conditions in which people are born, grow, live, work and age that lead to the creation of a fair and just society. Inequities are created when barriers exist that prevent individuals and communities from accessing these conditions. Social justice is about sustaining a flourishing human existence, meeting fundamental human needs, and eliminating oppression. Social justice is linked to health in three interrelated ways:

- Health is constructed through the social and political conditions we experience and is therefore necessarily influenced by the just or unjust power arrangements that determine those conditions.
- Health is an asset and a value, enabling people to live fully and realize their potential.
- Health is a public concern associated with decisions that a society makes for the collective good.

A deep dialogue about why we engage in community-campus partnerships is especially important now as interest in community engagement and community-academic partnerships is growing, in particular around research. We share the concern, for example, raised by the planning committee for the recent National Community Partner Forum on Community-Engaged Research that community-based participatory research (CBPR) could simply replace the conventional approach to research without embracing social change, policy change, paradigm shifts and power sharing. In other words, if the "why" of social justice is not central to CBPR, then it is an empty buzzword, co-opted for purposes that can harm communities.

We believe health equity and social justice need to be pursued both *within* partnerships and *through* them.

Attending to equity and justice issues *within* partnerships, for example, compels us to ask such questions as: Who governs the partnership? Who makes decisions and how? How are conflicts handled? How are funding, indirect costs and other resources distributed? How are community members' time and expertise valued? Are community members who are actually affected by the issue being addressed serving as leaders and decision-makers? Are partners committed to working together even if there is no funding to do so? With respect to CCPH, we need to ask ourselves similar questions and critically examine how we create an inclusive organization in which community and academic partners can equally participate in, contribute to and benefit from the organization.

Attending to equity and justice issues *through* partnerships means pursuing policy, practice and systems level changes that will support the health of our communities. The specific changes needed depend on the focus of the partnership and could include, for example, policies, practices and systems at federal, state, regional and local levels as well as at those of corporations, organizations and institutions. As CCPH board member Ann-Gel Palermo points out,

It's just as important to create policy questions as research questions – we are usually focused on designing the research activities but not attending to the policy research and analysis pieces as an integral part of the design. It's usually an afterthought. Meetings from the very beginning need to include an agenda item that deals with the policy implications of the work – and by policy I don't mean to imply only public policy like legislation and regulations, but also institutional and organizational policy. What often gets community partners excited about being there is seeing that change is being talked about early on. It may take a while to get there, but it's being talked about upfront and not an afterthought.

For CCPH, we must consider how we leverage our assets as an organization to play a greater role in ensuring the policies, practices and systems are in place for community-campus partnerships to thrive and have impact.

We invite you to join with us in embracing an agenda for community-campus partnerships in which the goals of health equity and social justice are at the forefront. On the next page, we offer questions for you to reflect on prior to the conference.

During the conference, you will join an Issue Thrash group that meets two times to:

- Consider what social justice means and why it is or could be central to community-campus partnerships;
- Critically examine the justice and equity issues that play out within and through community-campus partnerships;
- Identify strategies and resources for advancing justice and equity within and through community-campus partnerships; and
- Guide CCPH on how we can embody and advance social justice and best support community-campus partnerships to realize their full potential.

Notes will be taken during the Issue Thrash groups that will contribute to the final version of this paper. We anticipate adding, for example, questions that partnerships can ask to assess if and how they are attending to justice and equity issues within and through their partnerships, suggested strategies and resources, and recommendations for CCPH and various key constituencies. The notes and paper will be widely disseminated and used to inform decisions made by the CCPH board and staff.

Questions to Reflect on Prior to the Conference

If you are not currently involved in a partnership, please consider the questions about partnerships either in the context of past partnerships you've participated in or in the context of your work in general.

What motivates you to work in and with communities?

What does social justice and equity mean to you?

How do you pursue social justice and equity?

What issues of equity and justice have arisen within your partnership? How have you addressed these issues?

What policies, practices and systems need to change to ensure greater justice and equity within your partnership?

What are the policies, practices and systems that need to change for your work to succeed and have lasting impact?

Are you explicitly working to change these policies, practices and systems? If not, what do you need to begin to do so?

What is your sphere of influence to make change? Your partners' spheres of influence? How are you engaging key stakeholders?

How might you disseminate your work in ways that could contribute to policy, practice and systems level changes?

Are there "right" and "wrong" reasons for pursuing community-campus partnerships? If so, what are they?

How do we hold ourselves, our colleagues and our institutions accountable for their stated principles and their actions?

What is the one question you find yourself most often asking in trying to achieve your partnership goals?

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The section of this paper on page 2 that defines health equity and social justice was excerpted and adapted from material in *Roots of Health Equity: A Web-Based Curriculum for the Public Health Workforce*, National Association of County and City Health Officials, 2012.