

Strengthening Community-Academic Partnership to Advance Health Equity

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ABSTRACT

The development and utilization of a tool to assess the partnership between academic researchers and community members is a critical strategy towards maintaining and strengthening the partnership. The Centers for Disease Control and Prevention (CDC) funded Morehouse School of Medicine Prevention Research Center (MSM PRC) has worked cooperatively with the communities in which its research is being conducted through the Center's Community Coalition Board (CCB). The CCB and the MSM PRC collaboratively worked together to develop and enhance the Community Coalition Board's satisfaction survey (CCB satisfaction survey). The CCB satisfaction survey is a 48-item assessment that evaluates the functionality of the CCB over a 12-month period. Results of the satisfaction survey are presented to the CCB and recommendations from the CCB are developed on how to improve members' experience and participation over the next year. This process illustrates the importance of community engagement and aids in further empowering the CCB and enhancing its ongoing partnership with the MSM PRC.

KEYWORDS:

Community-Based Participatory Research, Community health partnerships, Community health research, Power sharing, Health outcomes

A central element of community-based participatory research (CBPR) is the partnership with the community. CBPR is a collaborative approach that involves engagement with community members, ideally, in all phases of the research process. Among the key elements and results of CBPR are multidirectional expertise-sharing, responsibility, and ownership in the research process.^{1,2,3,4}

In community-academic partnerships, it can sometimes be challenging to achieve ideal relationships, levels of trust, and communication practices among all members of the team.^{5,6} However, it is important to understand how best to develop, achieve, and maintain a successful partnership between academic researchers and community members.⁷ The development and utilization of a tool to assess the partnership and its mutually agreed values and priorities, can be a central component of a comprehensive strategy towards partnership accountability and sustainability. The purpose of this manuscript is to detail the processes and outcomes associated with the development and utilization of a satisfaction survey to facilitate ongoing quality improvement for strengthening community-academic partnerships through the establishment of a community governance structure designed to facilitate planning, implementing, and executing CBPR, community engagement, and other related activities in partnership or collaboration with communities. To demonstrate this process, we assessed the application of a community collaboration in an academic institution, a Centers for Disease Control and Prevention (CDC) funded Prevention Research Center (PRC).

In 1984, the U.S. Congress granted the Department of Health & Human Services authority to establish a network of PRCs through the CDC. The main objective of the PRCs was to administer applied research focused on public health prevention and to address health disparities and concerns of socially disadvantaged communities as well as actively engage the

community in the development, design, implementation, evaluation, and dissemination of research projects. In 1998, the Morehouse School of Medicine Prevention Research Center (MSM PRC) was established and assumed a notable position as the first and only Historically Black College and University among the 26 PRCs in the nation. The mission of the MSM PRC is to advance scientific knowledge in the field of prevention in African American and other minority communities while disseminating new information and strategies of prevention.

The MSM PRC has worked cooperatively with the communities in which its research is being conducted in Atlanta, Georgia, through the Center's Community Coalition Board (CCB). The CCB includes community members (in majority membership) from Metropolitan Atlanta's Neighborhood Planning Units (Y, V, X, and Z), and those representing priority communities outside of Atlanta (rural and Hispanic), academic partners (e.g., Emory University, Georgia State University, and Morehouse School of Medicine), as well as health and social agencies (e.g., local and state health departments) serving either the city of Atlanta or the state of Georgia. The CCB operates at the core of the MSM PRC's endeavors, directing the center with a pivotal governance role in shaping and contributing to its diverse activities, programs, and health interventions. The collective knowledge and community-driven insights of the CCB play an instrumental role in formulating guidelines and participating in decision-making to ensure that the MSM PRC operates in full alignment with community needs, strengths, and values.^{8,9} The MSM PRC, in turn, provides the CCB with evidence-based research to improve health outcomes in their communities as well as the resources and scope to support both short-term and long-term sustainability goals.⁸ A close and effective partnership between the CCB and the PRC enhances the academic institution's understanding of community needs and assets and fosters research that

is genuinely responsive to the health concerns of communities and populations with which it serves and collaborates.⁹

The CCB and the MSM PRC collaboratively sought to develop an assessment tool to maintain and strengthen the community-academic partnership to conduct CBPR, as well as reaffirm the roles and responsibilities of the CCB itself, resulting in a feedback loop for accountability and quality improvement for the partnership. After concerted deliberation, the Community Coalition Board satisfaction survey (CCB Satisfaction Survey) was created in 2010 by the Data Monitoring and Evaluation Committee (DME) of the CCB in collaboration with the MSM Evaluation and Institutional Assessment team. The DME, comprised of a smaller group of non-academic community board members and PRC staff, focuses on community-academic partnership development, review and assessment of the Center's data, and the Center's dissemination efforts. Today, the survey remains a vital instrument for tracking and monitoring the progress of the CCB in executing its functions and the ongoing relationship with the MSM PRC. Through the years, the satisfaction survey has evolved to ensure that the MSM PRC is accountable to CCB satisfaction survey results and to take actions to improve the experience of board members to enhance and sustain a mutually beneficial relationship between the MSM PRC and CCB.

In the development of the CCB Satisfaction Survey, the DME decided that the following eight major areas were to be assessed to best evaluate the functionality of the CCB over the period of 12-months: 1) mission, vision, and administration; 2) leadership; 3) training and technical assistance; 4) community engagement and response; 5) communication; 6) collaboration; 7) individual members and the CCB; and 8) collective CCB members and the CCB. Corresponding questions were developed for each of the eight areas. This resulted in the

48-item CCB Satisfaction Survey, which consists of a combination of close-ended questions and a few open-ended questions to share feedback and recommendations for CCB improvements to enhance relationships with the MSM and the communities served. Table 1 contains examples of domains covered in the survey.

Table 1: CCB Satisfaction Survey Domains

The CCB Satisfaction Survey is administered annually and anonymously through Qualtrics, a cloud-based platform for distributing surveys, and takes about 20-30 minutes to complete. Typically, the CCB Satisfaction Survey is launched every June, two months before the annual CCB retreat in August where the CCB and MSM PRC plan for the center’s activity for the next year. The CCB members are provided access to the survey through an email notification announcing its launch. Instructions are provided and the CCB members have up to 4 weeks to complete the satisfaction survey. Weekly emails, phone calls, and/or text message reminders are sent to encourage timely completion of the survey. Upon receipt of a representative sample of survey responses (75% or greater), the raw data will be compiled, cleaned, and then descriptively analyzed to determine the percentage satisfaction rate for each question based on a 5-point Likert Scale of least to most satisfied (i.e., very satisfied, satisfied, neutral, dissatisfied, and very dissatisfied). The results are then tabulated and graphed, and common themes will be derived from the open-ended questions.

The DME will review the results of each year’s survey preliminary results where the non-academic community members and academic members of the board jointly provide constructive insight and feedback before a detailed report is subsequently developed for presentation at the

annual CCB retreat. The DME also develops questions to guide discussion on the satisfaction survey results during the CCB retreat. After the first year of survey administration, the CCB requested a comparison of yearly results to track changes over time. For a more simplified and appropriate presentation of the results, the Likert scale responses for very satisfied and satisfied were combined to determine the percentages for each question over the yearly time frame. Aggregation of the results using this method is also useful when working with small sample sizes, as was evident by CCB membership pool. Further data analyses were not warranted for the same reason.

The results of the CCB satisfaction survey between non-academic and academic board members are similar. Both groups have similar results on all the survey domains i.e. leadership, mission, vision, and administration, collaboration, and communication. When satisfaction survey results are presented during the August retreat, both non-academic and academic board members give similar feedback on how to improve the relationship between the CCB and the MSM PRC.

To ensure the continued utility and value of the CCB Satisfaction Survey towards collective action, the CCB and MSM PRC initiated a process to iteratively review and update the survey. During this time (2020-2021) the scope of work of the CCB (as a board & individual membership) and PRC (as it relates to the CCB) evolved and was further defined. Additionally, past assessment data was reviewed. Based on those actions, the survey was initially revised to reflect changes in the scope of work of the CCB and MSM PRC to obtain richer data on the experience of board members. Members of the DME pilot tested the revised survey. This process resulted in the current revision of the survey, which now encompasses the definition of the meaning of each question and domain to reaffirm its value. As a result, additional questions and definitions of key terms were added to the survey. Now CCB members can appropriately answer

close-ended survey questions and detail the contexts behind their responses as applicable for open ended questions. It is essential that the satisfaction survey be assessed and updated every 5-10 years for continued usability. To enhance the accuracy of comparative data analyses, it is recommended to minimize variability in survey questions within a specific category. It is also advisable to compare responses only for identical questions across multiple years. A notable strength of the tool is the flexibility in which it can be updated without reducing its validity and reliability. Additional survey domains and survey questions can be added based on recommendations from the CCB to further enhance understanding and encourage participation of members.

Based on the guided discussion around the presented results of the CCB Satisfaction Survey, recommendations from the CCB are developed on how to improve members' experience and interactions with the community and the MSM PRC over the next year. Guided by feedback from the CCB members, CCB and MSM PRC leadership decide which recommendations they will focus on based on the feasibility of implementation within a 12-month period. Availability of resources (e.g., manpower and funding) is a major consideration in making this decision. An action plan is then developed to implement the CCB's high-priority recommendations. The action plan is then presented to the CCB members for feedback at the next bi-monthly meeting following the retreat. Any additional feedback from the CCB members is incorporated into the action plan. Activities to realize the recommendations are implemented and tracked throughout the year to determine the level of accomplishments. Challenges and barriers to implementation are also documented and provide context for any limitations of the community-engaged process.

Despite its usefulness as a tool to assess community-academic partnerships for research, there are notable limitations to the CCB Satisfaction Survey. First, due to the relatively limited

pool of respondents (on average, 17 active members in a given year) within the CCB, the potential for ensuring complete anonymity when disseminating the survey results becomes challenging. This increases the risk of inadvertently identifying respondents given the small and interpersonal nature of the CCB. A second limitation arises from response bias due to hesitancy in being critical of the CCB and the PRC, which inadvertently obscures members' "true" satisfaction with the CCB partnership with MSM, thus influencing the overall validity of the data collected. These limitations highlight the need for careful consideration and strategies to mitigate these issues which include, ensuring anonymity by reporting aggregated results and requesting that respondents be transparent when completing the satisfaction survey to enhance their experiences in the CCB and with MSM to improve community health. Despite these limitations, the survey produces reliable results of the CCB members perceptions and experiences. In addition, it is critical to highlight the importance and purpose of the CCB members' responses to the CCB satisfaction survey as essential for guiding the work of the CCB for the effective operation of the MSM PRC.

Conclusion

As the MSM PRC and CCB continue to work together, both entities recognize the immense need for regularly updating the CCB Satisfaction Survey to align with the evolving scope of their work together to ensure the partnership is strong and that collective values and priorities continue to be at the forefront. This process of assessment and adaptation allows the tool to remain relevant and valuable in capturing vital feedback for continuous growth and improvement of the CCB and its ongoing partnership with the MSM PRC. Ultimately, the purpose and function of the CCB Satisfaction Survey and implementing recommendations based

on findings from the tool, highlights the importance of community engagement and helps to further empower the CCB through spotlighting their importance and meaningful contribution in the community-academic partnership for community-engaged research. By embracing community-level empowerment, the CCB members actively participate in decision and policy-making processes. This collaboration between the MSM PRC and the CCB has become a catalyst for addressing health disparities and advancing health equity and justice within underserved neighborhoods of Atlanta and other minoritized and marginalized communities in Georgia. The enduring partnership between the MSM PRC and the CCB serves as a model for community-centered research, fostering positive change and promoting healthier futures for the marginalized and minoritized communities.

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Table 1: CCB Satisfaction Survey Domains

Mission, Vision and Administration
<ol style="list-style-type: none"> 1. Clarity of the vision the CCB 2. Follow through on The CCB's activities 3. Planning process used to prepare the CCB's objectives 4. Commitment of The CCB to build and sustain a diverse membership 5. Location of CCB meetings 6. Frequency of CCB meetings 7. Duration of CCB meetings 8. The structure of CCB meetings are adequate 9. Routine matters are handled quickly
Leadership
<ol style="list-style-type: none"> 1. Collaboration between CCB leadership and members 2. CCB leadership's active engagement of CCB members 3. Opportunities for CCB members to take leadership roles in CCB initiatives 4. Opportunities for CCB members to take leadership roles in PRC initiatives
Training and Technical Assistance
<ol style="list-style-type: none"> 1. Training and technical assistance provided by MSM PRC staff/faculty 2. Training and technical assistance provided by CCB members
Community Engagement and Response
<ol style="list-style-type: none"> 1. The CCB's working relationship(s) with elected officials 2. The work of the CCB members within to local communities to address and resolve their concerns 3. The CCB's contribution to improving health/human services in region or state
Communication
<ol style="list-style-type: none"> 1. Use of communication tools to promote awareness of the CCB's goals, actions, and accomplishments 2. Communication between and among CCB members and MSM PRC staff/faculty 3. Communication between the CCB and the broader community 4. Extent to which CCB members are listened to and heard by MSM PRC staff/faculty 5. Communication between the CCB and Morehouse School of Medicine administration (i.e. president, departmental chairs, etc.)
Collaboration
<ol style="list-style-type: none"> 1. Efforts to promote collaborative action with MSM PRC staff/faculty 2. Collaboration between MSM PRC staff/faculty and CCB members 3. Collaboration between CCB leadership and members 4. The CCB's collaboration(s) with local communities/coalitions 5. Collaborative activities among CCB members

Individual Members and the CCB

1. My abilities are used effectively
2. I understand my role in the CCB
3. My time is well spent on the CCB
4. I am satisfied with what the CCB has accomplished
5. I feel that I have a voice in what the CCB decides
6. I really care about the future of the CCB
7. I understand the tasks of the CCB

Collective CCB Members and the CCB

1. Opportunities for CCB members to access non-monetary personal/professional development opportunities (i.e., grant writing workshops, conference participation, attendance)
2. Fairness with which funding opportunities are available to communities (i.e., mini-grant funding)
3. CCB members regularly participate in meetings
4. New CCB members are adequately oriented
5. CCB members demonstrate high interest in its activities
6. CCB meetings run smoothly
7. CCB members seem well informed