Perspectives on Benefits and Challenges to Developing a Co-Teaching/Co-learning Exchange between Community and Academic Partners

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ABSTRACT

Background: To train future professionals in health disparities and social determinants of health, Academic Health Centers are using curricula exclusively developed and instructed by faculty.

Objective: To examine the perceptions and attitudes of faculty and community stakeholders towards the benefits of and challenges to developing co/teaching/co-learning exchange programs.

Methods: Faculty from six academic professional schools at a single institution and community members participated in focus groups. Interviews were video-recorded and reviewed for themes.

Results: Both faculty and community participants felt that partnering in the design and implementation of lectures addressing the social determinants of health could enhance curriculum and provide real-world context for the learning experience.

Conclusion: Our findings add to the literature examining the challenges of engagement between faculty and community and offer new insights on the value of co-teaching/co-learning experiences.

KEYWORDS: Co-teaching/co-learning, community-academic partnership; health disparities curriculum; Benefits; Challenges.

Background

As we move into an ever-changing world, simple textbook knowledge about a health problem is not sufficient when confronted with growing complex public health issues.[1-3] In 2015, the Institute of Medicine convened a committee to provide recommendations on how to strengthen health professional education by addressing the social determinants of health in and with communities.[4] They emphasized that making the social determinants of health a core component of all health professionals' lifelong learning pathway would stimulate the competence, skill, and passion to take action, both individually and collectively, on these crucial contributors to individual and community health, and to partner with others to take this action".[4]

While an increasing number of Academic Health Centers (AHC), are developing curricula to train future professionals in health disparities and social determinants of health, many of these curricula are exclusively developed and taught by faculty.[5-11] A few studies explored the engagement of both, faculty and community stakeholders, to co-develop curriculum material.[10,13] The co-teaching model is defined as a method that shifts from a traditional faculty-exclusive student teaching to a paradigm of active collaboration, ongoing professional learning, and shared leadership during the teaching process with other stakeholders.[12] Among these studies, one from the University at Calgary, Alberta, Canada, described an interprofessional co-learning activity between nursing and social work students, faculty and persons who were living in a homeless shelter.[10] Community members and students reported benefits from their co-teaching/co-learning experiences.[10] One example, from a long-standing community-academic partnership, described a weeklong experiential action learning course, developed and implemented by faculty and community member teams, to enhance their capacity to use a community-based participatory research (CBPR) approach in their

communities.[13] Furthermore, the co-learning process was well received by both the community and the faculty participants, as it provided opportunities to create an equitable and safe learning environment of mutual respect; a platform to addressing inequities and ensuring that community knowledge is central to the research efforts.[13]

Like CBPR, where the collective coordination of expertise and resources among local communities and academic researchers is central to the design and implementation of research,[14] we posit that melding the wisdom of faculty with the wisdom and lived experiences of persons in communities impacted by health disparities will co-generate comprehensive, context-specific knowledge that addresses the social determinants of health. As a step toward designing the co/teaching/co-learning exchange, our academic-community partner team hosted focus groups discussions to better understand the perceptions and attitudes of faculty and community stakeholders regarding the benefits of and challenges to creating a learning exchange that would provide co-teaching and co-learning experiences.

Methods

History of Partnership

The co-teaching/co-learning initiative was conceived by the community partners, Ulysses and Chrysalinn Archie, the co-founders of the Baltimore Gift Economy (*BGiftE*), and Laundette Jones, PhD, MPH, a faculty in the Departments of Epidemiology and Public Health & Pharmacology at the University of Maryland School of Medicine (UMSOM).

Baltimore Gift Economy (BGiftE), a program of Fusion Partnerships, is a community-based organization in Baltimore City, which provides resources and services to communities that help uplift, empowers and fills the needs of its members, while building and bridging

communities. Baltimore City is a diverse and eclectic city. Even amid geographically outlined neighborhoods, each block represents a micro-community. On any given day, these micro-communities are filled with families and neighbors facing joys and triumphs, as well as heartache and grief. While some City dwellers bask in affluence, many more know the struggles of trying to secure housing, finding safe and supportive schools, and feeding families with minimal resources. *BGiftE* believes that regardless of circumstances, by treating others with dignity and helping them understand their gifts and how to use them, communities can be strengthened and rebuilt from the inside out.

Dr. Jones is a biosocial researcher with broad training and expertise in the basic biomedical sciences and community and population health. For over 15 years, Dr. Jones received international recognition for her contributions towards understanding the relationship between mutations, sex hormone levels, and breast cancer risk. In addition, Dr. Jones serves as educational lead to an African American breast cancer survivor support group. These partnering experiences offered unique opportunities to Dr. Jones to learn how all aspects of life are impacted by cancer for these women with breast cancer; a disease she had studied for years only in cell cultures and mouse model. It became clear that these "traditional" laboratory research approaches alone could not adequately address the complexities of cancer health disparities faced by the survivors. This growing awareness became a key motivator for Dr. Jones to pursue MPH degree and fill in the gaps in her knowledge, and to gain a more comprehensive understanding of the interplay of biological, environmental, and social factors that drive health inequities.

University of Maryland Baltimore (UMB) and Community Engagement. UMB is comprised of six professional schools (Dentistry, Law, Medicine, Nursing, Pharmacy, and Social Work) and a Graduate School. The leadership of the UMB ranks Community engagement as a

high priority, hence the development of the Community Engagement Center (CEC), which has the primary objective to work collaboratively with neighbors, community associations, Schools, and other community leaders on projects of mutual benefit to Baltimore residents and UMB's campus community. Additionally, there are interprofessional initiatives and various service-learning opportunities that seek to build the capacity of community-based organizations, to improve the health and wellness of neighbors in Baltimore and beyond.

It was through an Interprofessional Service "Social Justice and Community" course that the co-founders of *BGiftE* first met Dr. Jones, not as a UMB faculty, but as an MPH student enrolled in this course. *BGiftE's* weekly community-supported organic food market provided service-learning opportunities for MPH students to extend their classroom learning, by volunteering for a total of 40 hours. This service-learning experience provided the foundation for a community-academic partnership built on trust and mutual respect. After completing the service-learning course, Dr. Jones later invited Ulysses and Chrysalinn Archie to develop a program that would meld the wisdom of both UMB faculty and community members, with the hopes of creating a novel learning exchange that provides opportunities for academic and non-academic stakeholders to build trusting relationships; the latter would result in effective strategies for developing health disparities and social determinants of health curricula for future professionals.

Focus groups

Participant Identification

Dr. Jones and the co-founders of BGiftE were awarded a seed grant for a pilot study to examine the perceptions and attitudes of faculty and community members towards the benefits of

and challenges to developing a novel learning exchange. Representative faculty were selected by Dr. Jones from the six different professional schools (Dentistry, Law, Medicine, Nursing, Pharmacy, and Social Work) at UMB. The co-founders of *BGiftE* led the recruitment for the community participants through flyer distribution and announcements at events hosted at UMB's CEC.

In recognition of power hierarchies within academic-community partners, we held separate focus groups for faculty and community members, then we invited the participants from both groups to a follow-up combined focus group to reflect and share thought collectively. All three groups were co-facilitated by Dr. Jones and one of the co-founders of *BGiftE*. Each community member participant received a $25 incentive at each focus group. The study was reviewed by the University of Maryland Baltimore Institutional Review Board and received a not human research determination.

Focus groups discussion

Open-ended questions adapted from Shea et al. were used to gather qualitative data from participants.[15] These introductory questions included: "What resources/activities are available for faculty to gain knowledge about the surrounding community? What are some of the barriers to gaining trust from members of the community? What ideas do you have for establishing trust? and What is the value of co-teaching/co-learning between faculty and community members"? All groups were held on the University's campus; each lasted approximately one hour and was video recorded with permission from the participants. The focus groups were conducted in October 2018 and March 2019. The video recordings were then reviewed by the research team and community partners to identify themes related to the questions of interest as they emerged.

Results

The faculty-only focus group had a total of seven participants (one male and six females) with at least one representative from each of the six schools (two attended from the School of Pharmacy) and ranging from Assistant to Full Professor. There were six participants in the community group (two males and four females); 10 of the total 13 returned to attend the combined focus group (five faculty and five community members). All faculty selected were knowledgeable about health disparities and social determinants of health, and most have provided formal instruction to students on these topics. The recurring themes during the discussions can be summarized into 1) the benefits of, and 2) the challenges to developing a co-teaching/co-learning exchange program (Table 1).

Benefits of a Co-Teaching/Co-learning Exchange between Community and Academic Partners

Opportunities to learn about the context and lived experiences of the community was a major topic discussed in the faculty focus group (Table 1). Indeed, participants felt it would be very useful for community members to talk about their experiences and how neighborhood matters. One faculty mentioned, *"there are many things we don't know……we can only know them if we can have a dialogue with the people from communities that allow us to understand what their needs are and how to translate what we know".* That statement was echoed by another participant who focuses on mental health *"I would need some people to share the mental health impact/experience in the neighborhood".* Several faculty participants also believed that having

community members lecture their students would be great. Notably, for those faculty who had previously worked with community members, they thought spending time with community partners would also be an opportunity to build trust(Table 1).

In the community focus group, several members thought that participating in the planning and/or delivery of lectures that affect the lives of people in their communities would be valuable (Table 1). One participant said, "*the idea of designing an education series where participants are asked to talk about any potential topics that they think people would come, listen and learn from their perspectives".* Another stated that it would be valuable to "*jointly produce something along with being able to learn something at the same time that would be the best."* Several participants felt that co-teaching/co-learning would provide unique opportunity for voices from the community to be heard, and the latter's concerns to be incorporated into the teaching, particularly as it relates to the direct context of the neighborhood. Context is important, as one participant stated, *"the disparities in the community and country are different for different groups of people".*

Challenges of creating a Co-Teaching/Co-learning Exchange between Community and Academic Partners

One of the challenges of co-teaching/co-learning initiative was building trust in communities, where there are histories of and ongoing miscommunication, neglect, and even conflict (Table 1). Faculty reported their difficulty relying on community leaders, because the leader is either transient or a political activist, thus frequently changing; and community members related the history of mistrust towards the healthcare system and health research activities. One participant, suggesting a way to build trust with academia, stated "*We as a*

community also have to reach out to the university and also try to build the connection." Several community members acknowledged the fact that this was their first time sharing a dialogue with a faculty member from UMB. They appreciated being able to voice their concerns to those who are interested in working towards addressing their health and wellness.

Discussion

Overall, we found a broad support from both faculty at the AHC and members of the community for creating a co-teaching/co-learning exchange; the participants recognized the potential benefits in coming together as a community and exchanging information and experiences. These findings are consistent with a prior study that highlighted community members' willingness to participate in and benefits from co-learning experiences with university students.[10] The feeling was mutual for students, as one of them expressed the ability to ''*feel incredible empathy for them [community members] as well as admiration for their courage and perseverance''*.[10] The co-learning theory postulated in this study also addressed in depth the processes and complexities of involving community members as co-learners and provided a basis for further developing and evaluating interprofessional education programs that actively include community members with students and faculty members.[10] Thus, this exchange may provide a unique platform for academic institutions and community members to work together to build trust, and to promote unity and sense of common purpose. Indeed, one community-academic partnership out of Charles Drew University created a community faculty program,[16] They reported that the "*knowledge, skills, and insights community leaders bring can have a lasting impact, not only on the quality of communication between academia and community and*

community level translational research, but also on the abilities and vision of a new generation of health care providers".[16]

Our findings are consistent with the reports examining challenges for faculty to partner with community members. These challenges include the lack of time and/or available training opportunities for community engagement. Similar barriers have also been found in other studies where faculty frequently cite lack of time, lack of funding or opportunities, and lack of formal training as significant barriers to conducting community-engaged research.[17-18] Future work should continue to explore what key resources would be required (e.g. funding support, incentives integrated into faculty promotion criteria) to allow investigators, who wish to participate in community-engaged research or teaching /learning opportunities, to do it effectively.[17-18]

Our findings are based on a convenience sample of faculty and community members and thus may not be generalizable to all AHC settings. Despite such a limitation, the present study was informative in supporting the value of creating educational programs that include inside knowledge of community health needs, risks, and priorities, all of which are important to inform health disparities curricula. Furthermore, such initiative will require investing time and effort to build trusting community-academic partnerships, provide institutional resources, and establish policies that support community engagement and community engaged scholarship.

Lastly, a novel area that deserves mention is the unique process of how this community-academic partnership was initiated. The community-academic partnership began with the faculty [Dr. Jones] seeking an opportunity to provide service to a community-led initiative and collaborate with its directors. This process, in contrast to the more common practice of faculty recruiting community partners to participate in a faculty-led initiative, may facilitate building

relationship based on trust and power sharing; all important principles for establishing and maintaining effective partnerships.[15,19]

In conclusion, our findings add to the literature examining the challenges of engagement between faculty and community and offer new insights on the value of co-teaching/co-learning experiences. Partnering in the design and implementation of lectures addressing the social determinants of health could enhance curricula and provide real-world context for the learning experience.

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References

1. Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public health reports. 2014 Jan;129(1_suppl2):19-31.

2. Braveman PA. Swimming against the tide: challenges in pursuing health equity today. Academic Medicine. 2019 Feb 1;94(2):170-1.

3. Minkler M, Rebanal RD, Pearce R, Acosta M. Growing equity and health equity in perilous times: Lessons from community organizers. Health education & behavior. 2019 Oct;46(1_suppl):9S-18S.

4. National Academies of Sciences, Engineering, and Medicine. A framework for educating health professionals to address the social determinants of health. National Academies Press; 2016 Nov 14.

5. Cené CW, Peek ME, Jacobs E, Horowitz CR. Community-based teaching about health disparities: combining education, scholarship, and community service. Journal of general internal medicine. 2010 May;25(2):130-5.

6. Coria A, McKelvey TG, Charlton P, Woodworth M, Lahey T. The design of a medical school social justice curriculum. Academic Medicine. 2013 Oct 1;88(10):1442-9.

7. Karpf M. The role of academic health centers in addressing health equity and social determinants of health. Academic Medicine. 2019 Sep 1;94(9):1273-5.

8. Landry AM. Integrating Health Equity Content Into Health Professions Education. AMA journal of ethics. 2021 Mar 1;23(3):229-34.

9. Noriea AH, Redmond N, Weil RA, Curry WA, Peek ME, Willett LL. Development of a multifaceted health disparities curriculum for medical residents. Fam Med. 2017 Nov 1;49(10):796-802.

10. E. Rutherford G. Peeling the layers: a grounded theory of interprofessional co-learning with residents of a homeless shelter. Journal of Interprofessional Care. 2011 Sep 1;25(5):352-8.

11. Smith WR, Betancourt JR, Wynia MK, Bussey-Jones J, Stone VE, Phillips CO, Fernandez A, Jacobs E, Bowles J. Recommendations for teaching about racial and ethnic disparities in health and health care. Annals of Internal Medicine. 2007 Nov 6;147(9):654-65.

12. Bacharach N, Heck TW, Dahlberg K. Co-teaching in higher education. Journal of College Teaching & Learning (TLC). 2007 Oct 1;4(10).

13. Coombe CM, Schulz AJ, Brakefield-Caldwell W, Gray C, Guzman JR, Kieffer EC, Lewis T, Reyes AG, Rowe Z, Israel BA. Applying experiential action learning pedagogy to an intensive course to enhance capacity to conduct community-based participatory research. Pedagogy in health promotion. 2020 Sep;6(3):168-82.

14. Wallerstein N, Duran B, Oetzel JG, Minkler M, editors. Community-based participatory research for health: Advancing social and health equity. John Wiley & Sons; 2017 Oct 23.

15. Shea CM, Young TL, Powell BJ, Rohweder C, Enga ZK, Scott JE, Carter-Edwards L, Corbie-Smith G. Researcher readiness for participating in community-engaged dissemination and implementation research: a conceptual framework of core competencies. Translational Behavioral Medicine. 2017 Sep 1;7(3):393-404.

16. Del Pino HE, Jones L, Forge N, Martins D, Morris DA, Wolf K, Baker R, Lucas-Wright AA, Jones A, Richlin L, Norris KC. Integrating community expertise into the academy: South Los Angeles' community-academic model for partnered research. Progress in community health partnerships: research, education, and action. 2016;10(2):329.

17. Nokes KM, Nelson DA, McDonald MA, Hacker K, Gosse J, Sanford B, Opel S. Faculty perceptions of how community-engaged research is valued in tenure, promotion, and retention decisions. Clinical and translational science. 2013 Aug;6(4):259-66.

18. Chung B, Norris K, Mangione C, Del Pino HE, Jones L, Castro D, Wang C, Bell D, Vangala S, Kahn K, Brown AF. Faculty participation in and needs around community engagement within a large multiinstitutional clinical and translational science awardee. Clinical and translational science. 2015 Oct;8(5):506-12.

19. Egid BR, Roura M, Aktar B, Quach JA, Chumo I, Dias S, Hegel G, Jones L, Karuga R, Lar L, López Y. 'You want to deal with power while riding on power': global perspectives on power in participatory health research and co-production approaches. BMJ Global Health. 2021 Nov 1;6(11):e006978.

Table 1. Benefits of and Challenges to Developing a Co-Teaching/Co-learning Exchange as Perceived by Members of the Academic Health Centers and the Community

	Academic Health Centers Members	Community Members
Benefits	Acquiring knowledge about the context and lived experiences of community	Opportunity to be heard and to suggest topics directly relevant to the community
	Expanding the student knowledge about the community	Opportunity to both provide information and learn something new at the same time
	Opportunities to build community trust	Potential for incorporating the context of neighborhood into the teaching
Challenges	Histories of mistrust between academic and communities	Histories of mistrust between academic and community members
	Lack of formal opportunities within some schools to become more engaged with the surrounding communities	Lack of awareness on how to build connections with the academic health centers