



*Sherry K. Gaines,
Susan J. Kelley, and
Lorine Spencer*

Partnerships with communities help universities respond to contemporary societal issues, enrich educational experiences, and offer opportunities for research and faculty practice. At Georgia State, three health-related programs link campus and community in projects for grandparents raising grandchildren, for migrant farm workers, and for inner-city child care workers.

Creating Health-Focused Academic Community Partnerships

Academicians in higher education are experiencing increased pressures within and outside the academy. Within the academy, faculty and staff sometimes must do more with fewer resources. Moreover, although some institutions of higher education are creating options for faculty to refocus their careers and to broaden the definition of scholarship beyond traditional research, many universities continue reward and recognition systems that perpetuate a publish or perish mentality. Higher education is criticized by some for its lack of responsiveness to society's problems. Some scholars and academic leaders believe that higher education's future rests in reclaiming a mission to advance communities (Hogness, McLaughlin, and Osterweis, 1995; Lynton, 1995).

One way to enact a plan to return higher education to community responsiveness is for it to embrace community citizens as partners. In authentic partnerships, partners fuse their different resources to strengthen targeted efforts. Establishing roles for community citizens in universities, and con-

versely for faculty and students in communities, is key to creating partnerships. While some faculty report successful collaborations with community citizens (Ostrom, et al., 1995; Hiram et al., 1996), most faculty are uninformed about how to initiate authentic academic-community partnerships and how to sustain the collaborations for the long term.

A View from Our Windows

The College of Health Sciences at Georgia State University is in the heart of Atlanta. As in most urban universities, our faculty have birds' eye views from their office windows of the surrounding communities. This urban setting has raised awareness among our faculty about how university resources can affect these communities. For years, the communities have opened their doors to our students for learning experiences and to our faculty seeking settings for their research. However, this experience taught us that entering a community for a short time is not enough to make a real difference and often leaves its citizens feeling used. Having learned valuable lessons, we are searching for ways to share our resources with the community that ensures mutual benefit.

From a recent university-wide reorganization, our College of Health Sciences gained two new academic units, the Departments of Social Work and Criminal Justice, that are connected to their health-focused colleagues through an orientation toward community-based interventions. The reorganization was an opportunity to revisit the college's vision and mission. The thought was not to ignore the college's history but to build on its strengths to create a new direction that capitalizes on the expertise it now represents. The college strives to have authentic partnerships with citizens and agencies, blending the strengths and resources of each partner to advance communities. It is this synthesis of knowledge and resources that can give our partnerships the strength to make a real difference in community vitality. The college believes:

- The mission of working with rather than for communities will enrich the education we offer students as they learn from faculty, practitioners, and citizens;
- Our research will lead to meaningful differences if we plan and conduct it in collaboration with community citizens and agencies;
- While academicians and nonacademicians have different agendas, our agendas are not counter but complementary; and

- Academicians and nonacademicians can learn from each other, building on our shared and diverse assets.

Our experience with partnerships such as the three described in this article helps us understand both academic-community partnerships and methods for their improvement.

Examples of Successful Academic-Community Partnerships

Faculty in the college have embraced the notion of working with local citizens to advance the health and well-being of individuals and families. The three examples that follow have been in place for a few years and have become integral partnerships for faculty research and practice as well as for student learning. Community involvement is key to maintaining the partnerships and making them meaningful to partners who are nonacademicians. Two of the partnerships were initiated to serve the urban community, Project Healthy Grandparents and Inside the Gate to Health. A third partnership, Migrant Family Health, was a unique effort to reach out beyond the urban setting, but our experience with transient populations in the urban community helped to make it successful. All projects have some extramural funding; however, the college continues to support each project financially as well.

Project Healthy Grandparents

College faculty founded Project Healthy Grandparents (PHG) in 1995 in response to the growing number of grandparents who are raising grandchildren from parent-absent households, many of whom have been abandoned, neglected, or abused by substance-abusing birth mothers. The grandparent-headed families served by PHG are predominantly low-income, African-American families with two or more grandchildren, and the average age of the grandparent caregivers is 56 years, with many clients in their 60s and 70s. Some caregivers are great-grandparents raising their great-grandchildren; for example, one of our clients is a 79-year-old great-grandmother raising seven great-grandchildren on her own.

Almost 70% of children in our program have significant emotional and behavioral problems, as measured by the Child Behavior Checklist (Achenbach, 1991). In addition, many children have the serious health-care problems often related to exposure to drugs, alcohol, and poor prenatal care during pregnancy. The grandparent caregivers frequently have their own health problems, undoubtedly exacerbated by the

stress they experience as they raise their grandchildren in the adversities of poverty, crime-ridden neighborhoods, lack of access to health care, and lack of social support.

This project was based on a belief that a project supporting grandparents who are raising abandoned, abused, and neglected children should respond to cultural and ethnic preferences, maintain family attachments, and support family ties, and it strives to be sensitive to cultural issues by empowering families and supporting family autonomy. Currently 75% of the full-time project staff and two-thirds of the graduate students working on the project are African-American. Students learn about providing health care, legal assistance, tutoring, mentoring, and social services in the home and community by assisting project staff in providing services to the grandparents and their grandchildren. Additionally, graduate students—some participating through paid graduate research assistantships, and others earning course credit for master's or doctoral research requirements—learn about the integration of teaching, research, and service in their assistantships.

The federal work-study student program is a great resource for community projects because the undergraduate students are paid by the university from federal funds, *not from the project*. Thus, student involvement in PHG—at any one time numbering 25-30—includes undergraduate, master's, and doctoral students from the college, as well as some in law, psychology, school counseling, education, and business. In addition, we have had students from other universities complete internships, research requirements, and clinical experiences through participation in PHG.

Many faculty and staff in the college, although not directly involved with PHG, have helped project staff find resources to help the grandparents. During the last holiday season, college staff “adopted” PHG as their community service project. They supplied Christmas gifts to one family, and assisted another that had lost all its possessions in a house fire. Several staff members serve as mentors to children and adolescents in the project and take the children to cultural events that their elderly grandparents could not physically attend or afford.

Services provided by the PHG staff include home visits by registered nurses, social workers, counselors, and legal assistants. During these home visits, families receive legal advice regarding child custody issues; counseling about social security and other public benefits; tutoring and mentoring of school-age children; and developmental screening for preschool children. When appropriate, children and grandparents are referred for mental health services and health care. Because some of our

families live in crime-ridden public housing developments, we offer assistance in finding more desirable housing for our families.

Monthly support group meetings for grandparents, undoubtedly one of the most successful components of the program, are where participants share their experiences, including their frustrations and successes related to raising their “grands.” The grandparents rotate as group leaders and set the agenda for meetings, and guest speakers address topics of interest to the participants. At the grandparents’ request we offer parenting support through “Parenting in the 90’s,” a course coordinated by a Georgia State social worker.

Through the integration of teaching, research, and service, PHG provides student learning activities, student and faculty research opportunities, and service for an underserved population in Atlanta. The project is based on a cross-sector collaboration model that involves partnerships with community agencies including the Legal Aid Society of Atlanta, Hughes Spalding Children’s Hospital, Gate City Day Nursery Association, DeKalb Addiction Center, and the Department of Child and Adolescent Psychiatric Services at Grady Health Systems, each of which provides different resources that contribute to the success of the project. For example, The DeKalb Addiction Center hosts our support group meetings and parenting classes and allows us to use their child care center during meetings, as well as being active on the PHG Community Advisory Board. The Hughes Spalding Children’s Hospital refers grandparents to our program, collaborates in planning services for families, and is also represented on our Community Advisory Board, as is The Gate City Day Nursery Association. The Department of Child and Adolescent Psychiatric Services at Grady Health Systems provides case consultation to our staff, family assessments, and psychiatric mental health services for children and grandparents.

The Community Advisory Board consists of five client/grandparents, the director of community relations for the university, and representatives from the partner agencies. Currently, all members of the PHG Community Advisory Board are African-American, and as such, are sensitive to the cultural issues of the grandparents served. Members also contribute valuable ideas on the types of services and on potential community resources.

To our knowledge, this is the first program in the United States that provides comprehensive home-based services specifically geared toward grandparents raising grandchildren, and the directors have presented its results at a national conference, in publications, and in the popular media.

The initial challenges of the project were to obtain referrals of grandparents who needed the services, to develop relationships with them and with partner agencies, to find students to provide services, and to seek funding for the long-term viability of the project. Now established, we have resolved many earlier challenges: we currently have a waiting list of 40 families, our relationships with our partner agencies are strong, students seek us out because of the enthusiasm of past students, and we have been successful in securing funding.

One of the most important lessons we learned is that it is possible to build a program with only faculty and student resources—and minimal funding—while seeking extramural support. Initially funded with seed money from the college and staffed by faculty and graduate students fulfilling research requirements, we provided services to ten families and generated pilot data that were instrumental in obtaining funding from the Georgia Department of Human Resources to expand the pilot program to twenty-five families. Our success with these twenty-five families resulted in a five-year grant from the National Center on Child Abuse and Neglect and won us three more grants from the state. Thus, in less than two years we turned the college's initial investment of \$5,000 into over one million dollars in external funding, enough to staff the project with four full-time social workers, provide course release for the three faculty who direct the project, hire 20 graduate research assistants per quarter, fund a part-time van driver, and cover other operating expenses.

Unfortunately, there are many more grandparent-headed families who need our services than our program is currently funded to serve. Therefore we continue our funding efforts in order to institutionalize and expand.

Inside the Gate to Health

In 1995, the Gate City Day Nursery Association (GCDNA) approached faculty about a partnership that would open clinical sites to child and community health students and would provide service to a group of medically underserved children in the Atlanta community. GCNDA had worked with the college when it participated in a health care project sponsored by another community organization, and its director was pleased with how children were treated, the thoroughness of the health assessments, and, in particular, the follow-up care provided. At the initial meeting between the association and college personnel, major needs were identified as:

- assistance with training the day care center staff in first aid and cardiopulmonary resuscitation;

- health screenings, health classes with children, and education on women's health issues;
- intervention for mental health issues such as aggression and violence prevention; and
- educating staff to improve their relationships and interaction with children.

GCNDA was organized in 1905 by women in the Atlanta African-American community to provide free preschool to children whose mothers, although working full-time, were unable to meet the financial demands of private day care. Today GCDNA provides care for 500 children from 9 months to 5 years of age. The association offers educational, recreational, and social services, charging parents a sliding scale fee based on income. The association consists of nine day care centers, primarily in public housing developments, seven of which are within the immediate radius of our university and two in a nearby suburban area. The association now has 80 staff members, and all children currently enrolled are African-American.

The ensuing partnership, "Inside the Gate to Health," involves many faculty from the School of Nursing and has opened other partnership opportunities for GCDNA and the college. Students and faculty have provided first aid and CPR classes for staff, incorporated a health fair into GCDNA's annual "family fun day in the park," offered grief counseling, and given nutrition and hygiene classes for children. Nurse practitioner faculty have supervised student health assessments of over 150 children, including follow-up for those identified as having health problems. Research resulting from the partnership includes an examination of the health risks of inner-city day care providers as a faculty research project and an intervention study of caregiver-child interaction.

For the most part, financial and in-kind support for the project activities come from the college and the association. For example, funding was secured through a joint grant proposal to support the research on caregiver-child interaction. The collaborative grant-writing involved parents, teachers, social workers, and citizens from groups within the public housing development where the centers are located, although the instability of public housing in Atlanta has been a barrier to our receiving some funds for which we have applied. Another source of funds comes from the faculty who provide specific services at the centers: the group of faculty who provide health screenings for the children recently received funds from the Division of Nursing,

Department of Health and Human Services, to assist them in providing health care to medically underserved populations.

While the association has been a welcome partner, scheduling difficulties and the involvement of parents have been major challenges to the project. There are differences in the needs identified by the association administrators, teachers, and parents, and the college must understand these differences. We began the project with a discussion of what the director of the system viewed as the health care needs of children, parents, and staff. However, not meeting with staff and parents early in our involvement created difficulties in making the project a success. Our entree into the system would have been facilitated by seeking the opinions of those closest to day-to-day concerns, that is, teachers, their assistants, and parents. Such discussions came later in our partnership when we observed that some staff and parents were hesitant to work with the faculty and students. And, with many of our partnerships, there was a period of testing our motivation. Finally, we could enhance the partnership by assigning a faculty member full-time to the day care association, but resources have not permitted us to realize this goal.

Surmounting the challenges has been worthwhile. Faculty gain ready access to clinical experiences for students who work in the project as part of teaching courses in child health and community health nursing. Some faculty view the partnership as providing opportunities for their own practice and research, a part of their scholarship that documents the effectiveness of a collaborative model of health care in child day care centers. Our students enjoy the centers as a clinical site because they have unique learning experiences with children, learning from child care providers and parents as well as from faculty.

Migrant Family Health Program

For the past three years, some faculty in our college have moved from our urban setting to a rural area in the southern part of the state to provide a two-week intensive immersion learning experience for students. In addition, this program offers faculty research and practice opportunities and provides health services to migrant farm workers and their families. Students and faculty serve in a variety of settings, including a Migrant Education Program, in which children of migrant farm workers attend a preschool program during the day, the Migrant Health Program, and community health centers, as well as in the fields where migrant farm workers work and in trailer camps where they and their families live.

In 1994 and 1995, we provided 1150 episodes of care to migrant farm workers and their families. Of that number, 518 were health assessments of children attending the Migrant Education Program. These included complete physical examinations, hearing and vision screenings, hemoglobin checks, height and weight measurements, and treatment and referral for identified problems. Students accompany the school outreach worker on home visits to give health education, counseling, and an explanation of identified problems and the importance of follow-up. Another 622 episodes of care took place at other sites. In 1996, health assessments and screenings of 233 children were given. While the project allows many research opportunities, we have taken care first to develop relationships with the farm workers, their families, and the community. This past year, focus group methods were used to examine the perception of health by migrant farm workers and their families, and we expect the results of this research to help us develop interventions.

Cross-sector collaboration has been central to our success in working with the farm workers. Community individuals and agencies help plan and coordinate the project, and the partners hold several meetings throughout the year for this purpose. Agencies that participate in these planning sessions include the local hospitals, community health centers (CHCs) from Tift and Colquitt Counties, Migrant Education Program, Migrant Health Program, Chambers of Commerce, Federated Women's Club, and the Southwest Georgia Area Health Education Center (SOWEGA-AHEC). We also include farmers and local physicians in our planning.

Each community partner contributes different resources during planning and enactment of the project. SOWEGA-AHEC hires an individual to coordinate the project who obtains donations from local businesses, helps with directing individuals to sites, and obtains permission for us to offer services at the farms and in the trailer camps. This coordination plays a key role in finding volunteers and interpreters, as well as professionals, to supervise and teach our students in their agency or program. Community health centers and the Migrant Health Program provide supplies and identify the types of services needed by the farm workers and their families. Also, the CHCs help to obtain consents for service provision and space, linkages with referrals, medication, and follow-up care, and to sponsor each year a health fair that offers additional experiential learning opportunities for our students. The Migrant Education Program also obtains needed information and parental consent for screenings, physical exams, and treatment of the children in the schools. Dorminy Medical Center

contributes a 40-foot mobile unit with space, equipment, and supplies for use at the farms, trailer parks, and health fair, as well as two staff members to drive the unit.

Other important partners include outreach workers and community participants who help us understand cultural considerations and orientations. The local power company donated electrical connection for the mobile health unit at the trailer parks and farms, and the Chamber of Commerce, local merchants, and other citizens furnished housing, hygiene items, and additional needed supplies. The Albany State College School of Nursing also participated in 1995 by assigning students and faculty to help with the health care.

Because of the response of the academic and community partners to the project, we have needed few extramural funds. Beyond in-kind contributions, donations of funds have allowed project personnel to cover operating and travel expenses. Last year, donors gave more than \$1,500 in cash to the project, and medications, supplies, hygiene items, and other important contributions accounted for approximately \$2,000. Our School of Nursing Kellogg Foundation-funded Community Partnerships in Health Professions Education project contributed around \$10,000, and the school itself gave another \$2,000 for supplies, travel, and other needed items. With the addition of research, we will be seeking extramural funds to support applied studies.

Evaluations of the project are positive and have resulted in local and state newspaper coverage. Our community partners encourage us to return each year, and neighboring communities have asked that we expand the project to more counties with migrant farm workers and their families. Students and faculty describe the project as broadening their perspectives and contributing to both their cultural sensitivity and their ability to plan and provide holistic health care. Participants express pride in their contribution to the community, and local health care providers tell us that this project helps them identify potential health problems early and allow them to find linkages for appropriate follow-up. This is especially important since the Migrant Health Program has limited staff and resources, and early identification of problems and follow-up contributes to better health and more effective use of resources. Because of the project, farm workers and their families do not use expensive emergency room visits as often.

Although the farmers are sometimes concerned that we are taking the farm workers away from their work, our involvement has helped many of them realize the added benefit of having a healthier workforce. Data collected and provided to the community are helpful to community leaders who plan future health care services.

The Chambers of Commerce view this project as beneficial in recruiting farm workers back to their counties, while local industries provide opportunities for families to remain in their area, attracting a workforce to parts of the state that have lost industry opportunities because of a diminished population.

Finally, the farm workers and their families view our involvement positively. We often see the same families repeatedly, which has helped us to establish relationships with them and to gain more credibility with families we have not seen. Some farm workers tell us that this is the only opportunity they or their families have to get health care as they travel to harvest seasonal produce. To show their appreciation, the farm workers and their families cook a traditional Mexican dinner at the end of the project and offer entertainment for the faculty, students, and volunteers.

In our college, a partnership of this type has depended on the commitment of faculty who are willing to engage in lengthy planning and pre-implementation activities without the proper release time to accomplish it. We have found that it is essential for one faculty member to lead an effort that requires trips to meet with partners, complex scheduling, and solicitation of support. Staff support eases the burden and, in our case, we have one staff member accompany faculty and students to the project to assist with paperwork, running errands, and unanticipated problems. We typically give faculty credit for participating; however, we also use volunteer faculty and administrators. The same happens for students, some of whom participate as part of their course work and others who, along with alumni, find the project so meaningful that they volunteer their time. We have found it helpful to offer lodging to those who participate, and negotiations with local motels and support from Chambers of Commerce have kept lodging costs to a minimum.

The benefits of this project for the farm workers and their families, faculty, students, and our other partners have continued to escalate. Consequently, the project has grown so much in both scope and in its public acknowledgment that each year we struggle with how to manage such a large partnership. Allocating a small amount of our budget to the project (in our case, about \$5,000) gives faculty the seed money they need to get started, but our faculty continually seek extramural funds to support their efforts. Administrators of faculty in partnerships of this complexity can be helpful in finding resources such as seed money, grant writing editors, or fundraising to support the project. We have found it beneficial to involve both university administration and rural legislators from the project area by keeping them well-informed.

Completing the Cycle: Future Work

The university and our community partners view our partnerships as positive. However, we have been increasingly concerned about how to improve our academic-community theme. Most of our partnerships develop opportunistically: as faculty learn of a community need or want a certain student experience, they develop partnerships with community agencies or citizens. As resources become tighter, we know that we will be unable to support all partnerships. Also, the absence of strategically planned partnerships increases the potential for diluted impact. Continuing in this fashion could mean that we will not be able to support any partnership fully, and joining partnerships that are hurriedly formed will increase the likelihood of short-term projects. We want to establish a structure that allows for development of authentic partnerships that take into account both partners' needs and ideas.

Reaffirming our commitment to communities, the college is working hard to plan its actions toward academic-community partnerships strategically. Our overarching principle is that we blend teaching, research, and service in interdisciplinary work. We also believe that the success of academic-community partnerships is dependent on the support of our administrators, the dean, associate dean, chairpersons, and directors. Consequently, we have begun a major effort to first develop administrators as leadership teams. We are also beginning an initiative to develop faculty and staff in the college. The purpose of all this is to teach us to work in interdisciplinary teams and to improve our partnerships with each other. By learning to work together, our academic-community partnerships will also improve, as will our ability to teach students to work in interdisciplinary teams. Our strategic plan specifically states that measurable results are expected from our academic-community partnerships. We will use the gap between our current community involvement and our aspirations to plan actions needed to take to meet our goals of increased services. To change our structure, we are creating a development/mentoring plan and an evaluation/reward plan for each member of the college, both based on a broadened definition of scholarship. Benchmarks will help faculty and staff track their progress in interdisciplinary and synthesized teaching, research, and service.

Suggested Readings

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Is your institution a metropolitan university?

If your university serves an urban/metropolitan region and subscribes to the principles outlined in the Declaration of Metropolitan Universities printed elsewhere in this issue, your administration should seriously consider joining the Coalition of Urban and Metropolitan Universities.

Historically, most universities have been associated with cities, but the relationship between "the town and the gown" has often been distant or abrasive. Today the metropolitan university cultivates a close relationship with the urban center and its suburbs, often serving as a catalyst for change and source of enlightened discussion. Leaders in government and business agree that education is the key to prosperity, and that metropolitan universities will be on the cutting edge of education not only for younger students, but also for those who must continually re-educate themselves to meet the challenges of the future.

The Coalition of Urban and Metropolitan Universities brings together institutions who share experiences and expertise to speak with a common voice on important social issues. A shared sense of mission is the driving force behind Coalition membership. However, the Coalition also offers a number of tangible benefits: ten free subscriptions to *Metropolitan Universities*, additional copies at special rates to distribute to boards and trustees, a newsletter on government and funding issues, a clearinghouse of innovative projects, reduced rates at Coalition conventions. . . .

As a *Metropolitan Universities* subscriber, you can help us by bringing both the journal and the Coalition to the attention of your administration. To obtain information about Coalition membership, please contact Dr. Bill McKee, University of North Texas, by calling (940) 565-2477 or faxing a message to (940) 565-4998.

