Becoming Allies for Positive Change – A Unifying Goal for Community-Based Research

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Abstract

Based on one community partner's experience in the Healthy Public Housing Initiative, the concept of becoming allies in advocating community change is explored as a unifying framework for the initial engagement and partnership development process. Integrating advocacy and community change as a central partnership goal allows the community's expert knowledge to emerge and be heard and supports relational equity in community-university partnerships.

The reasons for academic interest in community-based participatory research are myriad. (Ramaley, 2001; Young, 1995) It is often the marginalized status of a community, such as health disparities, income inequality and disproportionate burden of pollution, which draws an academic institution toward working with a specific community. Marginalized communities are the loci of problems and issues that many academic researchers want to study, for a mix of self-interest and social concern in many cases. The community's reasons for becoming involved tend to be very practical and based in community benefit. A defining characteristic of individuals and organizations that are leaders in local communities is their effort to improve the lives of their family and neighbors. They are responding to the insults that the status quo has heaped on their communities. At their best, community leaders are agents of change, looking to redistribute resources and gain access to the power and capacity needed to improve the every day realities of people's lives in their community.

Greene-Moton, (2003), Holland, (2003), and Katz, (2004) concur that to move beyond the history of the "town-gown" divide, campuses engaging in partnerships with communities need an approach that respects the importance of and the need for real change on the ground within a community. This approach must be clear-eyed about the structural differences between the partners and also be committed to moving beyond these differences to a place of alliance and equity. Communicating and allying effectively across class and other divides stands as a central challenge to academic persons intending to work within community-based participatory research.

Campus community partnerships cross several different cultures of class, race, ethnicity, and often gender. Academics and academic organizations rarely experience the structural disrespect so often faced by members and organizations from marginalized communities. Social groups with higher standing in the American social hierarchy are more accustomed to being considered "the norm" and to being "heard"

when they speak. Their members, thus, are often less aware of the silencing that accompanies the status of being "outside the norm." This silencing can become self generated, that is, being silenced leads to being quiet, as a protective mechanism and can easily undermine effective give-and-take processes within multi-class and multi-cultural groups. Within a multi-class partnership, it is important to take very deliberate steps to listen and to assure that all members of the partnership are being heard and that there is a collective will for every voice to count, particularly in decision-making.

The intention to listen, to hear and to effectively engage other partners in collaboration plays a critical role in the successful development of a partnership. Implicit in this intention is the commitment to incorporate a portion of one's partners' mission into the combined effort. The concept of becoming allies provides a unifying framework for the initial engagement process. Identifying this within the HPHI project as a mutual goal for positive change helped to clarify the partners' relationship as it had developed through time. The mutual validation of seeing ourselves as 'allies in improving community health,' has become clearer in the mature stages of the project and functioned as a unifying and equalizing agent. Newly emerging community-university relationships can benefit from the ally concept as a building block in the early stages of exploring potential partnerships.

History of West Broadway Task Force in the Healthy Public Housing Initiative

The Healthy Public Housing Initiative (HPHI) in Boston, Mass., is a community-city-university participatory research project that is testing the impact of housing interventions, including integrated pest management, on children's asthma symptoms in Boston's public housing. From 2000 through 2004, the HPHI project planned and conducted focus groups, indoor environment surveys, and a series of housing interventions in 60 households with asthmatic children. The HPHI collaborative includes the Boston Public Health Commission and the Boston Housing Authority (BHA); the three Boston degree-granting schools/programs of public health: Boston University, Tufts University and Harvard University; West Broadway and Franklin Hill Housing developments' tenant task forces; the Committee for Boston Public Housing; Peregrine Energy Group and Urban Habitat, Inc. This paper documents the history of the involvement of the West Broadway Family Development in South Boston, Mass., and its representative body, the West Broadway Task Force, in the HPHI and draws lessons for community-campus partnerships from their experience.

The West Broadway Task Force began working on public health issues through initiative of the local community health center in 1995. Task force members were trained as asthma health advocates and conducted surveys in their housing community as an educational tool. They found a high rate of asthma and high exposure to respiratory irritants among residents surveyed. This generated interest from two of the future HPHI co-principal investigators who collaborated with the task force in 1997 and 1998, to conduct a more rigorous study of housing conditions and health symptoms

(Hynes et al, 2004). Overheating was a major problem identified in the survey. Subsequently, the community health center won a grant from the Urban Environment Program of the Environmental Protection Agency to support the advocates' ongoing education of their neighbors about asthma and indoor air quality. The health center and the asthma health advocates continued informally using surveys as an educational tool after the EPA funding ended. They found that health symptoms as reported by residents improved after the Boston Housing Authority replaced an aging steam heating system that caused chronic overheating of apartments with a new hot water heating system.

A year later, the two university researchers returned to the task force and community health center with ideas about a larger and more ambitious research project: the Healthy Public Housing Initiative. It would include a second housing development, a third university, and several city and community agencies as well as asthma-related interventions. The earlier survey work with universities and the citywide environmental health organizing with the Committee for Boston Public Housing (CBPH) and the Franklin Hill Task Force, both community organizations to be included in HPHI, had been positive experiences for the task force. In November 2000, the task force board voted to join the HPHI collaborative and support the research project within the development with the feeling of re-joining old friends in a new, albeit larger, community-based participatory research project.

This new partnership was different from earlier projects in significant ways. The proposed scale and scope of HPHI pushed the community-university dynamics from personal level interactions in a small-scale community survey project to large team meetings on a research-driven, multi-party intervention project in need of significant grant funding. A complex research design that seemed to change often left the community out of the development of the research questions except to verify that the questions addressed broadly defined problems facing residents. Design questions, time pressures and funding needs were the dominant engines that drove early HPHI project discussions. For several months few of the core planning meetings included the West Broadway community partners until the site visit of a major prospective funder. Foundation staff then insisted that community partners, including housing residents, have a significant role at all decision-making stages; other HPHI funders concurred. The complexity of the emerging work plans, the lack of experience in designing scientific studies; the sheer size of the overall project budget and multiple source funding all prevented the community partners from putting up more than a lackluster attempt to become more involved in core planning and decision-making as the funders had recommended.

While community partners were to have specific project roles and responsibilities within the larger research project, most of the time community partners did not have input into the overall research project budget. The role of the community partners, including the West Broadway Task Force, was to recruit and supervise residents who would be trained to conduct surveys on health and housing conditions and to collect health and environmental data during a year-long integrated pest management

intervention in the homes of asthmatic children. The most difficult community negotiations at the project start concerned the stipend for the resident participants, the rate of pay for the community residents to be hired to gather the data, and the estimated time to be allotted for these tasks in the budgets of the two community contracts. Grasping the detail and timeline of tasks to be carried out by the community partners thoroughly occupied the health center and task force staff and left little time or capacity for having a substantive role in early decision-making.

HPHI had been envisioned as a community-based participatory research project and therefore had included several important elements to meet this intent. Regular team meetings including all the partners took place at rotating sites with rotating chairs and open agenda development. Decision-making was generally by consensus and discussion was encouraged to be frank. Once the research design was finalized, funding secured and the project started, university investigators and students as well as private and city partners were very generous with their time and energy to assist the community partners. Substantial effort was made to provide sufficient and relevant training for the community health advocates, task force and health center staff, and university partners met often in the development to assure community success in carrying out the project on the ground and following the research protocol.

Community focus groups were proposed by the universities as "additional means of assessing links between housing and resident health, to identify resident priorities for interventions and to complement and inform the more quantitative environmental assessment survey" (Vermeer et al, 2004). The community partners took great interest in the focus groups, seeing them as a means to engage potential new leaders from the community and to invigorate their own community organizing efforts. The community partners were trained by a university partner using Richard Krueger's (2000) methods to facilitate the focus groups, and they were carried out as the first task of HPHI with 74 residents participating. Focus group results were then used to refine the survey of indoor environment and respiratory health, thus assuring that resident concerns were reflected in it. In the latter stage of HPHI, the focus group results have been used as a compass to keep the intervention research and data analysis on course with community concerns.

Over the course of the four-year project, there have been opportunities for honest, often charged and tense, airing of differences, disagreements, and perspectives on the nature of the collaborative, the nature of the research, and its relevance to the lives of residents in public housing. Some of these opportunities arose during routine project meetings due to the honesty of community partners and other collaborative members when they expressed their frustrations with top-down decision-making, generally having to do with budget and project coordination. A number of these opportunities, though, have been sought and planned by various members of HPHI in order to re-think a component of the research, to reflect as a group on strengths and weaknesses, to improve the relevance of HPHI's research for public health in public housing, and to make our decision-making more collaborative and inclusive.

The focus groups provided the first structured dialogue, that is to say, group discussions organized around a major project issue, planned in a way that provides all voices and kinds of expertise to have a say and to be heard. The focus groups allowed for the uninterrupted voices of the community to reach the HPHI team. This yielded a detailed and nuanced view of residents' opinions and thoughts on their family's health, the conditions of their apartments and the development in general and the connections between these two. The second dialogue was a root cause analysis, a probing method suggested by one of the university partners to determine how best to carry out our intervention within the limits of the budget. The third was a two-part process designed by team members to engage the entire collaborative including the community health advocates in determining priority areas for applying HPHI research finding to policy change and development. The fourth structured dialogue was a forum with public housing residents, community partners and HPHI researchers to link the research questions back to the issues raised in the focus groups. This was part of a Ford Foundation-funded process to support community involvement in data analysis and interpretation and to enhance the meaningfulness of the project research for residents' lives.

Since the completion of data gathering in February 2004, the HPHI team has taken several public opportunities to evaluate the collaboration as a whole, including several half-day internal debriefings and the New England School of Law conference, "Forging Creative Alliances: Collaborative Problem Solving for Environmental and Public Health Issues." These evaluations and the structured dialogues have had the effect of clarifying our common goals and bonds but have also given us the time and trusted space in which to deliberate upon mistakes and lessons learned for future community-based collaborations and to make some mid- and late-course corrections. The following insights for community-university partnerships in research are drawn from these.

Lessons Learned
The Structure and Goals of Partners at Project Beginning Frame and Affect the Entire Project

The pre-HPHI relationships between universities and both communities started small and developed organically utilizing the community-based participatory research principles. Their small size allowed personal relationships to develop and bridge the divides across class and inequality. The HPHI group dwarfed these earlier efforts. This newly constituted larger collaboration benefited from existing relationships but did not have time to 'gel organically' in its new configuration. The immediate goal of preparing a large research project, the size of the team being assembled and the university control of grant writing established a university and research driven project, a structure that the awarding of funding solidified. Although funders strongly encouraged equal community involvement, all but one awarded the funding to the universities as principal investigators.

One community organization reported joining HPHI in order to prove "what public housing residents already knew: that the conditions of their apartments are making their families sick." Community participants wanted "the research to be so fabulous (that) it would provide the proof that the Boston Housing Authority needed money, and the research results would get the money to BHA" to fix the apartments. However, traditional university driven research, unless compelled to provide actionable results, usually operates outside of the direct action realm. The standards of interpretation to which traditional research is held often precludes definitive statements of causality yet this is precisely the outcome that community partners wanted. Researchers usually conclude with more questions for further research. Strictly research oriented projects "for research sake" will not address community concerns directly or quickly.

The framework of a conventional research application is technocratic in that a problem is highlighted, one hypothetical solution proposed and that idea is tested to see if there are any changes associated with the 'solution'. Researchers can then speak in terms of associations and odds ratios or significance. This is contrary to the community approach to fixing problems that focuses on strong statements of cause and effect. Community members experience the 'effects' and they want the cause to be remedied. Communities use their experience to define existing conditions, common sense to propose solutions and advocacy to motivate political will, change policy and find money. While driven by concern to help their neighbors in the developments, residents and community organizations participating in HPHI were unclear about the exact role of "research" in creating improvement. The West Broadway Task Force willingly entered into the HPHI project more because the partners' status could help highlight their issues in starker relief and confirm what "they already knew" rather than because of faith in the community benefits of research.

When the community-based research process is academically driven, it generally operates from the habit and the motive of studying a problem so as to understand it better and apart from the political objective to "fix" the problems highlighted and thus can draw the community away from their central mission. A principal investigator noted in our group evaluation that drawing the community into a research project did not necessarily strengthen the community partners. The political aspect of "fixing problems" that motivates the heart of community organizations needs to stand side-by-side with other research objectives within community-university collaborations. Once a study design is established and funding secured at the beginning of a project, it is very difficult to introduce goals not imagined at the beginning of the process and included in the project design and budget.

Academic Language Can Blunt Effective Communication
The emerging HPHI collaboration brought members of very different cultures and worldviews together. While all speak English, they had very different realms of expertise and did not speak the same "language." The funding applications required academic and professional expertise that focused early meetings on research design, sample size and possible interventions. The academic language was too esoteric for the

community partners who, as the project developed, felt as if they were on a train headed fast down a track they had never been on before. Community members tried to follow what was being proposed and university partners responded in good faith to community questions; but the conversation was dominated by academic terms, jargon and concepts. The speed of discussion and the scientific language left community members ill-equipped to envision the long-range effects of various choices they were asked to comment on and agree to.

The community activist organizations and public housing residents in HPHI were not conversant with study and budget design for nationally competitive research grants. With the press of grant deadlines, they did not have sufficient time or opportunity to understand how study design might affect the long-term impact and relevance of the results. Likewise, without the time for translation of language and concepts, the universities did not benefit from the nuances of the community's understanding applied to study design.

Active Work on Relationships Pays Off
The HPHI collaborative took root and grew, despite the structural and language inequity and the academic bias of the research proposed, through the increasingly evident commitment of individual members to the goal of improving the health of the community. In an internal evaluation, HPHI team members reflected on why they were attracted to the research collaborative. They articulated different yet complementary opportunities: "to work on a scale large enough to draw attention to the problem," "to engage in a process more complex than just blaming and to develop realistic solutions through a collaborative process that created traction at the end of the project," "to create physical benefits for the participating residents," and "to get more money for BHA to fix the problems".

In response to the question of what was successful about the HPHI collaboration, community and academic partners alike praised the personal commitment of all members. One member felt people had been "remarkable about learning to work together intelligently." Team members recognized that each individual's willingness to be honest with each other "created the glue for the collaboration." Success as a partnership came from "peoples' ability to put difficult issues on the table — it was not a lollipop process." As another member put it: "It was messy but it was real." The academics held themselves to high personal standards of community-based participatory research and even when they fell short, tried to respond openly to community and agency issues in a "spirit of shared learning." The resident advocates "liked working with the graduate students who took time to teach them skills, such as environmental sampling, and to de-mystify research procedures." The community appreciated "the respect and sensitivity that people brought to the different sides" and in turn liked how, on a personal level, the "residents (participants and workers) actively educated the (academic) partners." The partnership generated a realistic yet wary "respect for the (task of the) Boston Housing Authority," a natural target within the community for everything bad in public housing. The dialogue with BHA "kept

residents at the table and in the project" in the hope of achieving housing improvement. The relationships, which were formed in the day-to-day smaller group work of the project, emerged as one of the most appreciated products of the HPHI, even as members recognized the structural inequality within the team and within the research project as initially conceived.

Community Involvement in Data Analysis
Must Be Built into Research Questions

Early in the project, Brugge and Cole (2003) reported on the early understanding among 14 HPHI team members of the unique ethical goals implied within community-based participatory research. There was broad agreement among those interviewed that the "researchers would ask better questions because they understood the community" and that "the research could provide the community data that it needs to advocate for itself." While the team had the summaries of the focus groups and issues raised were the general topics for research, there was no process of engaged discussion between the academy and community on how the expected "knowledge to be revealed" from the research could be utilized by the community, either within its ongoing advocacy campaigns or as the basis for new campaigns. Thus as results from the research began to come in and investigators began to discuss the results with the community residents, the context for the community's use of the information in their advocacy was missing. The research questions and findings, having been designed by academics, were presented in the academic language of significance, odds-ratios, and "p" values. We had to find a way to engage the reality of community members' lives to shed light onto the findings emerging from the research. Further, the academics needed a framework against which they could test the usefulness of their findings to the community.

With Ford Foundation (Committee for Boston Public Housing, 2004) support in the later stages of HPHI, the West Broadway Task Force and several of the academic partners designed an interactive process to develop this framework by matching community environmental health concerns from the focus groups with researchers' questions and results. This team identified the common advocacy thread that defined the HPHI partnership: we were "Allies in Improving Community Health" and our common purpose was improving community health through advocacy and education backed up by relevant research findings and recommendations. This then became the basis for a structured dialogue that provided opportunities to correct the isolation of research analysis through mystification of language and statistics or through the seduction of science for its own sake.

The goals of the structured dialogue were to:
1. Articulate our grounds of partnership
2. Correlate community concerns and the research findings
3. Have researchers gain insight into which data analysis could assist the community's advocacy efforts, and
4. Have community members' issues fully heard for incorporation within data interpretation.

The centerpiece in the allies meeting was an exercise in which HPHI research questions and focus group issues, written in the language of advocacy, were placed side-by-side and compared for their commonality. Since the majority of the analysis within HPHI was being done by graduate students working under the supervision of the principal investigators, the students' draft research questions and background information were summarized on newsprint, as were the community's focus groups issues from the initial stage of the project. The newsprints were tacked to the walls of the meeting room. After dinner and an icebreaker exercise, resident activists and students took turns reviewing their issues and research questions for the group. The student questions had been coded by color and all participants used color dots to indicate which community issues they felt could be addressed by which research questions. The correlation of community issues with research questions was followed by a discussion to further illuminate the connections between community issues and the emerging research project analyses.

As the HPHI progressed and relationships deepened, a collective realization of the strengthening connections to each other emerged. These connections were substantially more evident after the allies meeting which afforded greater opportunity for both community and academic partners to dialogue about and further refine uses for the data gathered. The ongoing effort, since this structured dialogue, is to ensure that research papers coming out of HPHI explicitly discuss community issues and concerns as a focal point of our research and that the conclusion section of papers contain recommendations for action. It is clear that the earlier in a partnership this dialogue is held, the more it can enrich and deepen the appreciation each group has for the other's expertise and its relevance to their joint work.

Taking Time to Hear Each Other Deepens a Partnership and the Commitment to the Other's Agenda

The sense that the community "felt heard" was strong in both the residents and in the academic partners, as expressed in a follow-up evaluation of the allies meeting. Academics and community alike felt the meeting created a forum for genuine listening and hearing. The community thought the researchers learned that the residents have real problems with pests and heat. The academics reported seeing in stark personal terms the magnitude of the problems they have researched and how they affect peoples' lives in significant ways. This "snapped them out of the academic world" to see that these are not abstract research problems cleanly summarized in data. People live with these problems; they affect people's quality of life and health daily, and they cry out for solution.

After the meeting, community members thought the researchers understood that they wanted something done about their problems. In fact this message was received loud and clear by the academics, whom worried later in a de-briefing that the biggest risk to the project would come if the interventions showed improvements but there was no action afterward to implement the interventions system-wide. If that occurred and the universities left because the research project had ended and the funding ran out, the

community would think they weren't really in it for the community but rather to get the data and run.

After the debriefing, community members reported understanding just how much the academics did want to help them. There was enthusiasm for "What's next?" and the residents began to outline steps for the academics to take to use the results of the research. Residents generated a list of actions they would like their academic partners to take in the future. It included:
• Design a program to integrate the interventions into the developments on a permanent basis,
• Attend meetings of BHA staff and the community, and
• Provide education on safer pesticide use and asthma for the community.

They further envisioned another subject for academic efforts by asking the universities to "write about how overcrowding affects asthma and health."

Through the allied process, each group had a clearer understanding of their partners' milieu. This was an important step toward equity and true partnership. The community had articulated two paths for future actions that the academy could take. First, the universities could actively join the community organizations in their campaigns for change after they translated the partnerships' findings into community friendly advocacy tools. The second path was for the academics to undertake research specifically designed to generate actionable results for the community. Directly incorporating possible academy actions into their future advocacy plans represents a significant step by the residents and the community. The possibility now exists for each partner to take on part of the other's mission and to complete the circle of partnership.

As the funding for HPHI research project draws to a close, the challenge remains how the HPHI partnership will continue to carry out its potential. Already new efforts extending some of the relationships built over the four years are emerging to carry on and deepen the partnerships through implementing lessons learned system-wide, in other words, to turn the findings into action and positive environmental change for residents of public housing. Having heard each other in meaningful ways, having grown to know and trust each other, and having gained insight about structuring equitable community-university partnerships, some of the HPHI members are looking to continue to use their collaborative relationships to improve community health through designing further environmental health projects that are based on the priorities of residents for integrated pest management and the findings of our intervention project. The recommendations that follow are ones that the West Broadway Task Force derived from HPHI that we will apply to our future collaborations.

Approach Partners as Allies for Positive Change
Wielding the least power, communities and the activist organizations that represent them need allies in making change. Academics need to recognize that the power they

wield is of more importance to the community than the knowledge they will glean and report from their studies. For effective community involvement the project must directly address the community's activist advocacy agenda. The only way for that to happen is for academics to steep themselves in the lived reality of the community they want to partner with before they start thinking research and plan on staying around along time after the research money is gone.

Before any specific study or project is considered, potential partners should ask themselves, "Whom do we want as a long term ally in making positive change in our communities?" "What do we have to offer to partners in the community or at the university, and what do they have to offer us?" "Do we want to work with these partners even when there is no funding?" "What areas are important to us that they can add meaning to?" These questions address the deeper linkages that are necessary to communicate as people. By asking them first, potential partners take the time to examine thoroughly their own goals and to be honest with themselves. Viewing our own motives from another's point of view requires us to reflect on what we are actually willing to give over the long term. The potential role as an ally requires loyalty and trust and a mutual adherence to a goal larger than any one participant but also brings the possibility that together allies can accomplish more than any can accomplish alone.

The stance as an ally requires equity among partners with the recognition that each partner's skills and unique contribution strengthens the whole. This involves respect for the distance between people's knowledge and willingness to find ways to engage on mutually meaningful basis. It also requires taking the time to recognize how others' knowledge is a valid and useful addition to a partnership. While academics need to understand statistics and the various means for determining the validity of findings to succeed in their field, it is not necessary for them to teach statistics to the community. Rather they should assure that the findings reported meet academic standards as part of their contribution to the partnership. Similarly, while community members need to know how to disarm systemic barriers hidden inside existing policies and practices to survive, it is not necessary for them to teach the experience of being marginalized to the academics. Rather they should assure that the research and subsequent findings address priority issues for the community as part of their contribution to the partnership.

Intending to become allied with future partners sets a higher standard for a relationship that encourages organizations to ask a full range of questions of themselves and their potential collaborators, questions that go to the heart of the meaning of their efforts together. If potential partners are committing to use as Ayvazian (1995) suggests, their "significant authority" on behalf of their partners, they will be more deliberate in forming partnerships. All partnerships take time and effort and it is in the best interest of academics and communities for careful consideration of just how the missions of organization and community might mesh to dominate the early phase of relationship development. It takes time and commitment to meet the criteria that Stanton (2003) has laid out for a successful collaboration; it is when partners know they "do not always

have to be in the room when decisions are made." They can trust that their "interests are well enough understood and will be looked after by their partners when they cannot participate in a meeting, just as they understand and will look after the interests of their partners, if they are absent." Setting the high standard of being allies builds in care and protection of the potential partner as a consideration right from the start.

Start Small and Work Toward Long Term Equitable Relationship with a Community

Starting small and building on experiences of success provides opportunities for dialogue on larger issues and for mutual interests to emerge. Knowing that the success of a partnership will hinge on its shared goals should spur partners to engage in an organic process of partnership development (Brugge and Cole, 2003). Funding the early stages of partnership development is a tricky matter and starting a project and a relationship at the same time can easily overwhelm both efforts. Most community organizations either are or feel they are on much more tenuous financial ground than academic organizations and university indirect rates can eat up budgets. These issues can create sticking points even though they are rarely under the control of the academic researchers. Academics might need to carry out small projects without funding or to put in some time before funding to work together on partnership building. Small projects with small local funding sources provide time for the development of a cadre of individuals in each organization who are learning about the other's culture, skills and potential contributions without major responsibilities generated by a large new project. Personal relationships can neutralize some power differential. Personal engagement over time coupled with a willingness to grow and learn from each other provides opportunities for understanding the other's strengths and unique challenges. Major funding or large projects need to emerge from the strength of a growing partnership.

Use Structured Dialogues for Partnership Development

The challenge in developing relational equity in community-university partnerships is allowing the community's expert knowledge to emerge and be heard. One model for actively focusing on building an equitable relationship is to use structured dialogues to allow the larger, underlying issues motivating each partner to emerge. Issues that are experienced and lived by marginalized communities require thoughtful attention and attentive listening. Academic researchers need to resist the urge to develop research questions independently of the lived experience of people facing difficult issues in their daily lives. When university researchers take the time to delve with an open mind into their partners' experiences and insights, rich mutually engaging lines of thinking can emerge.

The HPHI experience suggests that, as a start, a combination of community focus groups followed by in-depth partner dialogues on the issues raised can create an early foundation to an effective partnership. First, the focus groups need to go far beyond the staff and the board of the community organizations to authentically reach the grassroots and to hear in-depth their concerns. The credibility of the effort is enhanced

within the community when grassroots people are heard. Second, a multi-part dialogue similar to the allies meeting should take place between the community and university partners and serve as an exploration of potential partnerships focused on change at the community level. The first part of the dialogue should feature the focus group results and the community's advocacy campaigns and address questions, such as:

- What are the community members' primary issues?
- What is the community's mode of operating to try to create positive change?
- What type of information would the community like to know to support their current advocacy campaigns?

The latter part of the dialogue should entail the academy presenting the existing knowledge and research on the community's issues, outlining possible research questions and giving their reasons why these questions might be relevant to the community. The university should address questions such as:

- What are the knowledge and the sustainable interest that the academic partner brings to the community for their advocacy campaigns?
- Is there research that the university can undertake with the community that could answer any questions of significance for the community?
- Is it possible for our joint learning to impact the landscape of reality?
- How can the proposed research result in solutions for community concerns?

After discussions, each group should meet among themselves to share their impressions and concerns and to determine how the possible partnership might enhance or detract from their own mission. If both groups are interested in going forward, they should then do a priority-setting or meshing process aligning potential research questions with the issues until the partnership "clicks." The structured meeting would encourage an equitable dialogue to take place — one that utilizes the common language of human experiences.

There exist many ways for relationships and partnerships to work. Recognizing early on the importance of developing mutual personal relationships can increase the possibility for success in the crucial work we all have before us: improving the health of our communities.

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See http://www.hsph.harvard.edu/hphi/ for more information on the project.

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