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Building Local Health Capacity Through the Development of a Community–Academic Partnership: Early Lessons From the Duvall Initiative

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Abstract

This article describes the development and implementation of the Duvall Initiative, a community–academic partnership (CAP) based at the University of South Florida's Sarasota-Manatee campus. Developed through the Evelyn Duvall Endowed Chair of Family and Community Health, the Initiative was designed to strengthen local human service capacities and improve community health outcomes across Florida's Suncoast region. The project builds on a framework piloted at Ball State University and adapts it to satellite campus resources and opportunities. In its inaugural year, the Initiative convened an academic conference, launched a fellowship program, supported regional capacity-building efforts, and partnered with local agencies to provide technical assistance and strategic planning. We document the Initiative's formation, outline key outputs from its first year, and explore how endowed faculty positions can serve as institutional anchors for sustainable community engagement. Lessons learned offer practical guidance for replicating the model in other regional or resource-variable higher education settings.

Keywords: community health, community capacity building, community–academic partnerships, addictions, substance misuse

Community–academic partnerships (CAPs) have a well-documented history as a promising practice for addressing local public health challenges and enhancing community capacity to address mental and behavioral health issues (Drahota et al., 2016; Lantz et al., 2001; Minnick et al., 2022, 2024). As mechanisms for addressing community problems, CAPs often align faculty research, student engagement, and institutional resources with the strengths, needs, and priorities of the communities they serve, producing mutual benefits for both academic institutions and local stakeholders (Campus Compact, 2025; Community–Campus Partnerships for Health, 2025; Detroit Urban Research Center [DURC], 2025; Minnick et al., 2022, 2023, 2024).

Although CAPs have demonstrated success at many institutions, and particularly large research universities, the literature offers little guidance on how to develop and nurture these coalitions on smaller regional or satellite campuses, where faculty and student resources may be more limited. Moreover, no published studies to date have examined how a funded academic position, such as an endowed chair, can be strategically leveraged to initiate, finance, and sustain a long-term CAP.

This article presents a description of the first stage of a longitudinal study that explores two interrelated questions: (1) How can a CAP be initially developed and operated on a satellite university campus? and (2) How can an endowed chair or similarly structured faculty position be utilized as a core mechanism to support, scale, and sustain that partnership over time?

To address these questions, the research team documented the formation, implementation, and first-year outputs of the

Duvall Initiative, a newly launched, addictions-focused CAP that is operated by the Duvall Chair of Family and Community Health at the University of South Florida Sarasota-Manatee (USF-SM). Data, descriptions, and process analyses are discussed for activities occurring in the inaugural year of the Duvall Initiative, which took place from June 1, 2024, to May 30, 2025.

Community–Academic Partnerships

A public health–oriented CAP is a strategic collaboration between university faculty, staff, and students, and community stakeholders such as nonprofits, health and social service providers, schools, elected officials, and residents. These partnerships are developed to address shared goals through strategic mutual engagement, assessment, and evidence-informed action (Drahota et al., 2016; DURC, 2025; Minnick et al., 2022, 2024). CAPs operate by leveraging university-based resources such as faculty expertise, student labor, research infrastructure, and institutional convening power to support community-driven initiatives, improve local service capacities, and enhance population health outcomes. More concretely, CAPs frequently support efforts related to workforce development, environmental strategies, evaluation, grant procurement, and applied research (DURC, 2025; Minnick et al., 2022, 2024).

Ball State Community–Academic Partnership Framework

The Ball State CAP model was developed in 2020 at Ball State University, a public R2 institution in Muncie, Indiana. The model utilizes the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework and the Community Anti-Drug Coalitions of America framework to guide its activities (CADCA, 2018; SAMHSA, 2019). Collectively, these models emphasize ecological theory, cultural responsiveness, coalition building, sustainability, evidence-based practices, and continuous quality improvement.

Ball State's CAP organizes its work around nine core components: shared leadership, community service, technical assistance, grant writing, applied research, training and education, community networking, student involvement, and evaluation and dissemination (Minnick et al., 2022, 2023, 2024). This model was selected as the foundation for the Duvall Initiative because of its alignment with public health and addiction priorities and its demonstrated adaptability for addressing diverse community needs. Overall, the framework provides a strong theoretical foundation and a concrete set of activities to guide the development of new CAPs.

The Evelyn Duvall Endowed Chair of Family and Community Health

The Evelyn Duvall Endowed Chair of Family and Community Health was originally established in 1986 through a philanthropic gift from pioneering family scholar Dr. Evelyn Duvall. Seated within the School of Social Work on the University of South Florida's Sarasota-Manatee campus, the Chair was created to advance research, education, and service that improve the health and well-being of families and communities in the Sarasota-Manatee region and beyond (USFSM, 2025). The USF-SM campus is a regional branch of the University of South Florida, located 60 miles from Tampa. As part of a large R1 research institution, USF-SM offers more than 40 undergraduate, graduate, and certificate programs, with many students completing coursework fully online. Residential facilities at USF-SM opened in 2024, allowing students to live on campus for the first time (College of Behavioral and Community Sciences, 2025).

Since its inception, the Chair has served as a catalyst for translating research into practice and strengthening local systems of care through an emphasis on four primary goals: advancing family and community health research, fostering meaningful community engagement, facilitating the translation of research into practice, and strengthening human service capacities in the Sarasota-Manatee region. Supported by an annual operating budget of over $100,000, the endowed structure provides institutional continuity, adaptability, and credibility, positioning the Chair as a foundational academic asset for long-term public health advancement in the region (USFSM, 2025).

Community and University Demographics

The tricounty area of DeSoto, Manatee, and Sarasota serves as the regional focus of the Duvall Chair. These Gulf Coast communities include urban centers, coastal suburbs, and rural agricultural communities. Since 2020, the area has experienced substantial

population growth, with each county population increasing by 6–11%, resulting in a combined estimated population of 946,087 residents as of 2023 (U.S. Census Bureau, 2025a, 2025b, 2025c).

Sarasota County (469,013 residents) is heavily senior (38% age 65+) and faces youth substance use and mental health concerns above state averages, alongside 145 overdose deaths reported in 2023 (Florida Department of Health, 2025). Manatee County (441,095 residents) has seen recent declines in youth alcohol and marijuana use, though the county experienced 167 fatal overdoses in 2023. DeSoto County (35,979 residents) has high poverty (26%) and elevated youth vaping and marijuana use, though overdose rates remain low, with just four reported overdose deaths in 2023.

The tricounty's behavioral health system is coordinated by the Central Florida Behavioral Health Network, which aligns over 70 organizations through system coordinators for child/family well-being and behavioral health. Each county has prevention and behavioral health coalitions of varying strength, and treatment is provided by regional nonprofits such as Centerstone and Operation PAR. Although medication-assisted treatment is available, syringe services are absent, and naloxone distribution is limited to service organizations and pharmacies.

Methodology

The development and progress of the Duvall Initiative was documented using a descriptive, process-oriented approach that was guided by ecological systems theory (Bronfenbrenner, 1986). This framework emphasizes how nested systems at the micro, macro, and meso levels interact to shape health outcomes. Data sources used to inform this article included meeting notes from the leadership and planning teams, program documents, regional health reports, and direct observation of Initiative activities. Outputs such as conferences, fellowships, advisory roles, and community events were also systematically recorded for inclusion, and stakeholder perspectives were tracked through formal and informal interviews.

Development of the Duvall Initiative

In 2024, the USF School of Social Work launched efforts to revitalize the Duvall Chair of Family and Community Health. Over the previous 2 years, the position had been held on an interim basis following the retirement of a previous chairholder, who had served since 2009. Seeking to maximize the impact of the endowment, social work leadership sought to expand the Chair's role beyond its original mandate of hosting an annual conference that included an enhanced focus on scholarly output and community engagement.

To lead this effort, the school hired a faculty member with expertise in community–academic partnerships, public health, and community engagement. In alignment with the expanded priorities, the new chairholder formed the Duvall Initiative as a structured bridge between the university and local community. Initial development efforts included direct consultation with the architects of the Ball State CAP model to support its adaptation to the Duvall Initiative and the USF Sarasota-Manatee campus.

CAP Leadership Team

Consistent with the early steps outlined in the Ball State CAP model, the new chairholder launched the Duvall Initiative by assembling an informal leadership team composed of faculty, community stakeholders, and systems-level informants. This team included an assistant professor from the Department of Behavioral Health Science and Practice, the assistant dean for graduate studies on the USF-SM campus (and a criminology professor), a research scientist from the School of Social Work, and both the behavioral health system coordinator and the system coordinator for child and family well-being for the Sarasota and Manatee Departments of Health. Collectively, this group combined institutional knowledge, applied expertise, and systems insight to shape the Initiative's mission, objectives, and services. Further, their collaboration grounded the Initiative in academic rigor while ensuring responsiveness to local priorities with an emphasis on inclusive planning, iterative feedback, and the cocreation of a sustainable, community-centered model.

CAP Formation and Structure

Following the formation of the leadership team, the Chair continued employing the Ball State blueprint by planning a regional conference to formally launch the Duvall Initiative. A planning committee was convened to ensure broad representation,

including prevention, treatment, recovery, and harm reduction providers, local government representatives, public health officials, and individuals with lived experience. This approach grounded both the Initiative and the conference in multiple perspectives that accounted for local system, sociopolitical, and community realities.

In addition to organizing the inaugural Duvall Conference, planning committee members provided substantive feedback on the formation of the Initiative's primary objectives:

1. Collaboration—Leveraging the resources, energy, and expertise of USF to benefit Sarasota-Manatee communities through strategic partnerships.
2. Communication—Creating a networking platform for community stakeholders, service providers, and USF faculty, staff, and students committed to addressing community health challenges.
3. Education—Offering professional development and training opportunities for local organizations to enhance their workforce capacity and sector knowledge.
4. Grant writing—Supporting community partners in identifying and applying for funding from local, state, and federal sources.
5. Strategic planning—Providing systems-level guidance to improve local human services delivery and long-term community planning.
6. Community-led research—Assisting with the assessment, design, and evaluation of human service projects proposed by community organizations.
7. Community-engaged research—Conducting collaborative, practice-based research that informs and enhances community health interventions and service systems.

Collectively, these goals constitute the core of the Duvall Initiative's intended activities.

CAP Launch

The Duvall Initiative was informally launched in March 2025 with the hosting of the inaugural Duvall Pre-Conference Dinner, an event celebrating the contributions of the planning committee and community partners. The formal launch occurred on April 2 with the convening of the 2025 Duvall Conference, which was held on the USF-SM campus with the theme of "Collaborating to Tackle Local Substance Misuse: Creating Connections and Building a Community–Academic Partnership."

The conference featured multiple components aimed at demonstrating the potential of CAPs and encouraging participation in the Duvall Initiative, beginning with a keynote address delivered by the founders of the Ball State CAP. In their keynote, they provided an in-depth overview of CAPs with an emphasis on development, implementation, and outcomes. Their presentation concluded with an invitation for attendees to join the Duvall Initiative. Subsequent sessions continued this theme, which included a panel discussion on local addiction trends and service gaps, a naloxone training, a recovery art competition, and student poster presentations. The conference concluded with two hallmark events: the presentation of the inaugural Duvall Community Impact Awards, which recognized three local professionals for exemplary service in the field of addiction, and a closing keynote by a speaker with lived experience.

In total, 183 individuals attended the event, including several prominent public health leaders and elected officials. By the close of the conference, 81 community and university professionals representing 22 partner organizations had formally registered as members of the Duvall Initiative. Following the event, the leadership team was notably invited by local officials to assist in the creation of a new county addiction advisory board, and to participate in the review of local opioid settlement grant proposals, both of which served as early indicators of the utility of the CAP and its potential for long-term impact.

First-Year Outputs

Beyond the conference, the CAP's first year was marked by a range of activities that illustrated its emerging role and future promise in the region. These activities included the following:

1. Assisting a Circuit 12 workgroup focused on developing a trauma-informed service system.

2. Supporting the Florida Center for Early Childhood with outcomes evaluation planning.
3. Planning a quarterly newsletter to share local data, training opportunities, and grant announcements.
4. Serving on two nonprofit boards and multiple health advisory committees.
5. Establishing a fellowship program to support Duvall Initiative activities.
6. Hosting or sponsoring five community health events with regional partners.
7. Beginning development of a training institute to deliver targeted professional development opportunities.
8. Securing funding to pilot a substance misuse prevention program for college students and young adults.

Together, these activities demonstrate the Initiative's early potential for engaging in high-impact and sustainable community-driven practices and suggest the successful initial integration of the Ball State model within a regional satellite campus context.

Discussion: Development, Adaptations, Lessons Learned, and Year 2 Planning

Overall, the Duvall Initiative's inaugural year demonstrated how a CAP can be developed and operated on a satellite campus, the adaptations required from traditional models, and the ways an endowed chair can serve as a mechanism for facilitating and sustaining CAP activities.

Development and Adaptation

The Ball State model was shown to be an effective framework for structuring early leadership and CAP development processes. Its emphasis on community representation and knowledge to drive organizational planning was essential for crafting CAP goals and generating initial outputs. Success was further supported by the integration of faculty expertise in community organization and stakeholder insight into local service needs, both of which are core features of the Ball State model (Minnick et al., 2024). Early buy-in from university and community partners was also critical, and the use of an academic conference as a launch mechanism for the CAP also proved successful.

In comparing the Duvall and Ball State models, two notable adaptations clearly distinguished the Initiative from the Ball State CAP. First, whereas Ball State originally convened community workgroups through regular meetings, the Duvall Initiative prioritized integration into existing behavioral health systems. Initiative leadership embedded themselves in nonprofit boards, advisory committees, and public health workgroups, reducing administrative burden and ensuring alignment with the region's established infrastructure. This adaptation gives the Initiative flexibility to strategically target engagement in the community where it will be most impactful and could potentially be considered an enhancement to the Ball State framework.

Second, student engagement also differed significantly between models. Whereas Ball State was able to leverage its undergraduate and master's social work programs to create extensive experiential learning opportunities and CAP placements, USF-SM does not have an in-person bachelor of social work program, and its MSW curriculum is clinically focused, which does not align student educational activities with CAP goals. This difference prevented the Initiative from utilizing students in the same manner as Ball State. However, to adapt, the Duvall Fellowship Program was formulated, which will provide annual awards to students and faculty contributing to Initiative projects. In 2025–2026, the program will support a master of public health student and two faculty fellows, which consequently provides an example of how endowed chair resources can be used to strategically support CAP activities in ways not available to traditional CAPs.

Lessons Learned

In addition to the fellowship program, the endowed chair structure introduced unique advantages that can shape both the scope and sustainability of the Initiative. Discretionary funds provided flexible, responsive support for planning events, recruiting partners, and sponsoring programs without reliance on continuous grant-seeking. This capacity allowed the Initiative to further embed into existing systems rather than convening parallel ones, a critical adaptation for a satellite campus with limited administrative infrastructure.

The R1 context of USF also created institutional expectations for levels of research

productivity that do not exist at Ball State. In this regard, rather than focusing exclusively on community service, the Initiative expanded into evidence-informed intervention design, grant development, and other traditional research activities. By the end of Year 1, the leadership team had contributed to more than $6 million in federal grant submissions related to addiction prevention, treatment, and recovery, and were in the process of submitting several manuscripts for review in academic journals. This trajectory further illustrates how an endowed chair can strategically link scholarship, community engagement, and institutional resources to support both scaling and sustainability, while benefiting both the university and the community.

Year 2 Planning

Looking ahead, Year 2 priorities will focus on strengthening evaluation, deepening community engagement, and expanding the Initiative's reach. A comprehensive outcomes evaluation framework will be developed to monitor implementation and impact across academic, service, and community dimensions. Membership growth, the launch of the Duvall Training Institute, and other service initiatives will provide additional platforms for training and engagement with community partners. Collectively, these strategies will test the Initiative's capacity to generate sustainable community and institutional impact and position it as a replicable model for universities seeking to establish or scale CAPs on satellite campuses.

Limitations

Several limitations exist when interpreting the early outcomes and development processes of the Initiative. First, the chairholder who founded the Duvall Initiative had substantial prior experience developing community–academic partnerships, including formal training from SAMHSA on coalition development. Further, the chairholder's background also included senior roles in both academia and state government, which offered a unique blend of expertise in service delivery and policy-oriented public health work. This combination of competencies likely influenced the design, credibility, and momentum of the Duvall Initiative in ways that may not be easily replicable by groups who lack leadership with comparable professional experience or institutional positioning.

Second, the availability of discretionary funding through the endowed Chair significantly shaped the Initiative's development and reach. These funds supported participation incentives for planning committee members, such as invitations to the Duvall Dinner hosted at a high-end local restaurant, and branded thank-you items including water bottles and T-shirts. Discretionary funding also supported the successful launch of the Duvall Conference, enabling the provision of continuing education credits across multiple professional fields, the hosting of a recovery art competition, coordination of student poster sessions, and catering of a complimentary lunch, all of which enhanced attendance and stakeholder engagement.

The Ball State CAP demonstrated the feasibility of launching and sustaining a partnership with minimal financial resources; however, it remains unclear whether a satellite campus could replicate these outcomes without dedicated funding. Although this question was not explored in the current study, insights from the implementation team and direct consultation with the Ball State CAP developers affirmed the critical importance of offering continuing education credits and providing meals to secure participation and initial buy-in. Individuals aiming to replicate the CAP model in other settings should consider these resource-related factors in their planning.

Finally, the success of the Duvall Initiative during its first year was due in large part to the strength and dedication of its leadership team. As with the Ball State model, the Initiative benefited from a committed and capable team that was deeply invested in the development of the CAP. The presence of this organizational element is an essential, yet often variable and context-dependent, factor in CAP structures that represents a significant determinant of programmatic success that can be hard to replicate universally across environments.

Conclusion

This study provides preliminary evidence that the formation of a CAP is possible within a smaller, satellite campus setting. Further, the formation of an 80-member CAP representing 22 university and community organizations within a 12-month period offers a practical benchmark for institutions seeking to establish similar

initiatives. First-year outputs and process data also highlight the value of leveraging an endowed chair position to facilitate development, promote growth, and support sustainability. For organizations seeking to replicate the success of the Duvall Initiative, three specific recommendations are presented for consideration:

1. Use existing systems. Integrating into established behavioral health networks reduced duplication, allowed the Initiative to add value quickly, and limited administrative burden.
2. Tailor student engagement. Where undergraduate pipelines are limited, targeted fellowships for graduate students and faculty can sustain meaningful involvement.
3. Leverage endowed, or other internal/community, resources. The discretionary funds and research expectations tied to the Chair role created capacity to support programming while positioning the Initiative to compete for external funding. This structure also enabled the Initiative to benefit both the community and university simultaneously.

Finally, despite early successes, the Initiative's first year also revealed several challenges. These issues included limited student involvement, heavy administrative burden, and the need for additional systematic evaluation, all of which shaped the development of Year 2 priorities. In this regard, the Initiative will focus on expanding fellowships, embedding into additional health service systems, and developing a comprehensive evaluation framework to document outcomes. These strategies reflect an intentional response to Year 1 challenges and will strengthen the Initiative's role as a regional infrastructure for addressing emerging health needs.

Overall, in a period of shifting public health priorities and uncertain funding streams, this study contributes to the literature on scalable, high-impact CAPs and provides transferable guidance for universities seeking to adapt the model to their own contexts.

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