

Lessons Learned from a Decade in a University-Community Partnership: Keys to Successful Engagement and Outreach

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Abstract

The University of Alabama and Bibb County community have implemented a community-based partnership for meeting the health-related needs of rural children over the past ten years through the Bibb Child Caring Project (BCCP). Through school-based health fairs the project provides a head-to-toe physical assessment and health screenings. The efforts of the BCCP have made a huge impact on the health status of the children of Bibb County. Many health conditions are discovered that would otherwise go undetected and untreated. Research findings have provided the rationale for the development and implementation of interventions that focus on leading healthier lifestyles and securing health insurance to all rural children in the county. Based on the lived experiences of the partners, the key components of commitment, communication, collaboration, flexibility, trust, and maintaining a mutually beneficial relationship have been identified as factors critical to the success of the partnership.

Introduction

Community partnerships are generally formed to respond to opportunities, threats, or mandates (Kegler and Wyatt 2003). A coalition is the most common form of community partnership. Within this coalition, information and resources are shared for planning purposes, administration, technical assistance, or advocacy. Coalitions may involve a mix of professional individuals and grassroots citizens (Mansergh et al. 1996). Strong partners include faith-based organizations, local governmental agencies, and academic institutions (Lashley 2007).

Community organization in the form of a partnership or coalition is most successful when the efforts are organized around a project or problem that is viewed as important and relevant for the community (Farrell et al. 2004; Evans, Koul, and Rennie 2007). Moore and others (2000) report that partnerships build and strengthen networks that benefit the community and student learning. Community partnerships are powerful organizations that spur interaction among key parties and serve to focus tasks, guide decision

making, facilitate communication, undergird cohesiveness, and support leadership. Partnerships evolve over time, and roles develop and change. According to Kegler and Wyatt (2003), effective partnerships are characterized by participation, satisfaction, commitment, quality planning, and implementation. Effective partnerships thrive in positive climates where conflict is managed and members are engaged.

The University of Alabama and Bibb County community have implemented a community-based partnership for meeting the health-related needs of rural children over the past ten years. Through this partnership the Bibb County Child Caring Foundation (BCCCF) evolved. The partnership has been highly successful in achieving the following goals: (a) ensuring that every child is enrolled in an insurance program; (b) ensuring that every child receives age-appropriate medical care and health information; and (c) ensuring that every child develops expectations about personal health, hygiene, and prevention. The partnership has evolved over the past ten years, and it includes key components that are believed to be the basis for success. This article examines those key components necessary for success while providing a detailed description of the Bibb Child Caring Project that resulted from the strong partnership created between the University of Alabama and the Bibb County community.

The Bibb Child Caring Project

The Bibb Child Caring Project (BCCP) was created to examine health disparities in rural children and to develop interventions that would promote access to insurance, medical care, and health promotion. The project utilizes school-based health fairs as a mechanism for providing a head-to-toe physical assessment and health screening for Bibb County children. The University of Alabama Institutional Review Board (IRB) approved the project on ethical grounds.

Initially, the BCCCF authorized a research team from the University of Alabama to assist in the design and implementation of the school-based health fairs. The research team, composed of faculty from the College of Community Health Sciences (CCHS) and Capstone College of Nursing (CCN), developed the survey instruments employed in the BCCP. These include a parent consent form, parent questionnaire, and health evaluation form. The parent questionnaire requests information about family demographics, such as family income and head of household education. It also seeks information concerning a family history of diabetes

and child health utilization, such as the last time the child saw a health professional and the number of times in the last year the child sought care in a clinic, doctor's office, or emergency room. Additionally, the survey gathers information about whether or not the child maintains a regular health care provider and the number

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of times the child missed school due to illness. The health evaluation form includes spaces for health professionals to record vision, hearing, and scoliosis screening results, a dental examination, a brief head-to-toe physical examination, and blood hemoglobin for anemia.

Type 2 diabetes mellitus risk factors such as elevated cholesterol, elevated glucose, and the presence of acanthosis nigricans are also evaluated on the health form.

The BCCCF provides a series of incentives for both students and teachers to encourage full participation. All students who return the forms, regardless of permission status, are entered into a prize drawing. Kindergarten through eighth grade students are entered into classroom raffles for prize drawings within homerooms. The ninth through twelfth grade students also participate in prize drawings and a \$10 cash drawing per homeroom. Teachers obtaining an 80 percent return rate are given a \$25 gift certificate for school supplies. Teachers having a greater than 90 percent return rate are additionally entered into a drawing for a \$100 gift certificate.

The health fairs are conducted for two to three days at two elementary schools, a junior high school, and a high school in the southern part of the county during each fall and three elementary schools, one middle school, and a high school in the northern portion of the county during each spring. During year one, a team of local health care providers carried out the health fairs with assistance from community volunteers, health occupation students, and CCN nursing students and faculty. In subsequent years, the college of nursing has provided students and faculty as the primary data collectors.

The health fairs are conducted in the school gymnasiums and organized into a series of stations. There is on average an 85 percent participation rate, resulting in more than three thousand participants each year. Students have the option of not participating in any aspect of the health fair with which they are not comfortable. Following receipt of the parent survey, an attempt to follow up is made for any survey indicating that children had no insurance coverage. Outreach is conducted to enroll families in a source of health

care coverage. Additionally, referrals are provided to parents for follow-up care or further evaluation for any questionable finding that is identified through the school-based health screenings. The county school nurse follows up with health referrals to ensure that the children are provided with medical/dental care.

Keys to Success of a University-Community Partnership

Based on the lived experiences of partners over a ten-year period, six key components have been identified as factors critical to the success of the partnership. These factors are commitment, communication, collaboration, flexibility, trust, and maintaining a mutually beneficial relationship. These keys to success have been corroborated in the literature related to successful partnerships, and will be discussed generally and in the context of the partnership under review.

Commitment/Ownership

The most important key to success of the partnership is commitment of partners to the project. Commitment is viewed as a prerequisite for successful partnerships. Ownership of the project or problem is essential for commitment (*Evans, Koul, and Rennie 2007*). Initial indicators of success are related to perceived commitment of partners (*Kegler and Wyatt 2003*). Strong personal relationships reflect commitment and ensure that all partners are heard and valued (*Moore et al. 2000*).

A concern in involving university partners is the perception of a lack of long-term commitment (*Shiple et al. 2005*). The question of university commitment is articulated by the depth of involvement (*Mullins and Gilderbloom 2002*) and by turnover in personnel at the university level (*Robinson and Fitzgerald 2002*). As a result of these concerns, it is imperative to gain broad-based meaningful support. Interdisciplinary collaboration at the university level will result in partnerships yielding effective outcomes (*Pearson and Johnston-Walsh 2006*).

Partnership perspective: The commitment of partners to the project is essential in order for the partnership to achieve the maximum potential. Commitment is very strong from the University of Alabama across numerous departments. Community support is strong and broad-based. Partnerships for continued guidance, funding, and support are well established and have developed a strong will to see the project succeed because of its far-reaching positive effects.

Communication

According to Epstein and others (1997), communication is listed as one of the six types of involvement for supporting and facilitating community partnerships. Communication is essential for institutionalizing effective partnership programs and must be interactive with authentic experiences. The key to partnership success is open and frequent communication, with attention to varied types of communication (Moore et al. 2000; Shipley et al. 2005).

Partnership perspective: An open communication system is key to the success of the partnership, and ensures that the needs of all partners are expressed and addressed in a meaningful and timely way. The partnership involves primary partners and many supporting businesses, agencies, organizations, and individuals. The success of project implementation occurs through meaningful and planned communication to partners. Support of the numerous partners is essential to success. In order to implement a school-based health screening, a sampling of the partners involved includes the University of Alabama, the Bibb County Child Caring Foundation, the Bibb County School System, Bibb Medical Center, the Public Health Department, the Children's Policy Council, the Alabama Caring Program, ALL-Kids Insurance, Alabama Power Foundation, BellSouth Pioneers, ALFA Farmer's Federation, the Alabama Cooperative Extension System, Bradford Clinic, local physicians, churches, civic organizations, and many volunteers. Clear and open communication is essential in order for partners to understand roles and for the desired end result to be achieved.

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Collaboration

Collaborative partnerships are productive in building relationships that focus on important issues and removing barriers to success (Moore et al. 2000). Epstein and others (1997) name collaboration as one of six types of involvement critical in forming partnerships. Collaboration helps to identify and integrate resources and services to strengthen programs and practices. Collaboration among partners in developing outcomes, identifying resources, and providing interventions is essential for success (Farrell et al. 2004; Richards 2001; Lashley 2007). Opportunities for meaningful input, involvement,

and engagement by partners in decision making is key to the collaborative process (Pearson and Johnston-Walsh 2006; Farrell et al. 2004; Moore et al. 2000; Kurubacak 2006; Shipley et al. 2005).

Partnership perspective: In the local project, lessons learned include the necessity for the frequent discussion of the project to address any areas of concern and needed development. Discussion takes place in settings including the University of Alabama campus, the Blue Cross Blue Shield Caring Program office, meetings of the Rural Alabama Health Alliance, and many locations within the community to ensure that all stakeholders are involved and to ensure broad-based support. Needs for the project are identified and available resources are sought.

Flexibility/Adaptability/Responsiveness

As partnerships emerge, characteristics of leadership and structure develop. Over time, coalitions evolve to meet the changing needs of partners. Partnerships evolve through stages, and community context influences development. Members of the partnership influence who will join the coalition, and processes and structures change as membership changes (Kegler and Wyatt 2003). Success of the organization involves flexibility and the ability to redefine roles, incorporate feedback, and implement change (Shipley et al. 2005).

Partnership perspective: Over the ten years of its implementation, the project has evolved to meet the changing needs of the community and the university. Stakeholders have embraced the change that is key to growth and transition for the project to continue over time. As concerns are expressed, all partners review available options to determine the most appropriate solutions.

Relationship of trust

The success of a partnership is built within the context of a relationship that supports each partner. Development of mutual respect and understanding over time forms the foundation for establishing trust (Shipley et al. 2005). The importance of relationships within the partnership impacts the perspectives of stakeholders (Evans, Koul, and Rennie 2007). Sustainability is based on a relationship of trust, and trust is built by focusing on need (Moore et al. 2000). According to Kegler and Wyatt (2003), strong preexisting relationships and community networks are key factors for success.

Partnership perspective: The partnership thrives in a relationship of mutual trust and respect. Partners respect that certain established standards must be maintained, and this is directly related to the project integrity. When stakeholders agree upon circumstances,

boundaries, and responsibilities, partners respect these, and each partner carries out portions of the project according to established expectations. Trust among partners is built through this process.

Mutually beneficial relationship

A mutually beneficial partnership is based on identifying clear expectations (Shiple *et al.* 2005). A university-community partnership encompasses synergistic benefits that would not be realized in

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the absence of the partnership. The university seeks opportunities for teaching, research, and service. To this end, the university-community partnership offers the opportunity for a community classroom in which teaching and learning become real. Students gain realistic experiences and faculty are involved in practical application (Mullins and Gilderbloom 2002). Universities are able to collect data for research in full collaboration with community partners (Farrell *et al.* 2004). University-com-

munity partnerships integrate meaningful community service with instruction and teach civic responsibility (Lashley 2007; Mullins and Gilderbloom 2002).

Benefits to the community through a university-community partnership include provision of support through structure and organization. Guidance in planning and efficient intervention is a benefit to the community (Robinson and Fitzgerald 2002; Moore *et al.* 2000; Shiple *et al.* 2005). Partnerships thus improve goal attainment, perceived effectiveness of coalitions, and member satisfaction (Mansergh *et al.* 1996). Communities benefit from the resources of a university partner, including skilled faculty and creative and energetic students. Both the university and the community benefit from reduced costs as a result of partnership (Mullins and Gilderbloom 2002). The partnership benefits from funding opportunities available to each partner.

Partnership perspective: The established partnership thrives because each partner can contribute based on strengths and capacity, and the needs of each partner are met. The university benefits from outreach to communities and gains information from the data collected for community-based research projects. The community benefits from the resources and organizational structure

made available through the partnership. A great service to the community is accomplished through the partnership by screening and identifying health problems in children, and through the provision of health insurance for children without coverage.

Project Results

The efforts of the BCCP have made a huge impact over the past ten years on the health status of the children of Bibb County. Many health conditions are discovered through the health screenings that would otherwise go undetected and untreated. Common health conditions found during the health screenings include visual acuity problems (children needing glasses), dental caries, acute infection such as strep throat and otitis media, obesity, and elevated blood pressure. Extreme health conditions that have been detected include cardiac problems (including heart murmurs), lesions on tonsils (which required surgical intervention), benign tumor behind the tympanic membrane, physical abuse, elevated cholesterol, elevated glucose, type 2 diabetes mellitus (three cases were diagnosed in one year), and severe eye disease.

Opportunities for Research

The Bibb Child Caring Project is founded on the assumptions of community-based participatory research (*Israel et al. 2005*). Participant action research suggests that participants play an active role in the design, implementation, and validation of the research being performed. The research relies heavily on the community to develop programs and policies that are acceptable to the community. Relationships and partnerships are thus a critical component of any participant action-based research.

Since the BCCP's inception, a database has been maintained for aggregate data to record all variables related to the parent questionnaire, health form results, and referrals. Research has been conducted concerning rural children's insurance status and access to health care (*Carter et al. 2003*), unmet health needs (*Adams et al. 2006*), identifying type 2 diabetes risk factors (*Adams and Lammon 2007*), and obesity and blood pressure trends. Based on research findings, interventions have been developed and implemented that focus on leading healthier lifestyles and securing health insurance to all rural children in the county.

Future Directions for the University-Community Partnership

Since the inception of the project in 1995, the Bibb County Child Caring Foundation and University of Alabama partnership has emerged and evolved in numerous beneficial ways. The project was begun as a five-year pilot and is now entering the thirteenth year of the partnership and twelfth year of school-based health screenings. Over the years, and indicated as a need by qualitative and quantitative research conducted within the community, the partnership has endeavored to include many efforts that will improve the quality of life for children in the community. These have included an effort to raise funds for needed dental care early in the project, outreach to enroll and retain children in available insurance coverage sources, and a focus on childhood obesity as a result of research findings in the school-aged population.

The future direction of the university-community partnership will be grounded in a rich decade of experience and will seek opportunities for improvement and intervention. Research gathered through project implementation will be applied to determine priorities in school-based health screenings. Involvement of a broad array of community stakeholders will provide for the evolution of needed interventions. Immediate future directions will include (a) involvement of the local school Child Nutrition Program in intervention efforts; (b) development of a Web site with information on body mass index, health, and nutrition; (c) replication of walking intervention in local schools; and (d) raised awareness of prediabetes and diabetes detection and treatment. Additional interventions will be developed based on research priorities. The university-community partnership will continue to seek opportunities for outreach and engagement of community partners and other stakeholders to ensure the continued success of the project through broad-based support.

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