
Engaging a University: The CCHERS Experience

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Abstract

The Center for Community Health Education Research and Service, Inc. (CCHERS) is a partnership in health professions education between two private universities, an academic medical center, the city public health department, and a network of fourteen community health centers serving the diverse populations of the City of Boston. The CCHERS experience is one of being a catalyst for engaging a university in a collaborative agenda for the social and economic development of an urban community.

In 1991, a \$6 million grant from the W.K. Kellogg Foundation brought together an interesting partnership for the redirection and reorientation of medical and nursing education in Boston. The Center for Community Health Education Research and Service (CCHERS) was established as a partnership between Boston University School of Medicine, Northeastern University College of Nursing, the Boston Department of Health and Hospitals, and four community health centers in the city.

A representative group of individuals from each of the institutions was involved in a year-long planning process, along with fourteen similar partnerships that were also competing as potential grantees. At the time, the Community Partnerships in Health Professions Education initiative was the largest single effort in the history of the Kellogg Foundation.

The mission of CCHERS is: to educate health professions students for careers in primary care in community-based settings through “academic/community health centers;” to integrate service, education, and research to influence and change health professions education, improve health care delivery, and promote health systems change.

Today, the CCHERS partnership is composed of Boston Medical Center, the Boston Public Health Commission, Bouve College of Health Sciences at Northeastern University, Boston University School of Medicine, and fourteen community health centers. Besides medicine and nursing students, the CCHERS health professions education programs include students intered in pharmacy, physical therapy, social work, and other health professions. The current composition of the partnership reflects the dynamic change in the Boston health care environment. One of the initial CCHERS partners, the Department of Health and Hospitals, was dissolved as a result of the merger of Boston City Hospital and Boston University Medical Center, resulting in the successor institution, Boston Medical Center. The Boston Public Health Commission was created as the new entity in city government responsible for public health. At Northeastern University, the colleges of nursing, pharmacy and allied health were merged into the Bouve College of Health Sciences. The number of community health centers was expanded in order to accommodate increasing numbers of students.

The following case provides an example of how the experience of CCHERS served as the catalyst for the engagement of Northeastern University in an agenda of urban community development in partnership with its adjacent community of Lower Roxbury.

The CCHERS Partnership

The Center for Community Health Education Research and Service was established as the vehicle for the partnership to focus on community-based education of medical and nursing students. In addition to the education of students, CCHERS would promote and facilitate collaborative community-based research and services to the underserved neighborhoods of the City of Boston.

The questions for the CCHERS partners entering into this pioneering effort were:

- Can universities and communities work in collaboration?
- What are the mutual benefits of partnership?
- How will power be shared?
- How should a new organization be structured?

To say that the history and experience of communities working with universities was not a very positive one would be an understatement. The neighborhoods of Boston have the dichotomous position of being in “Medical Mecca,” yet exhibiting some of the worst health status indicators in the country. Articles and research grants on the persistent health disparities of racial and ethnic minorities in Boston appear in the tenure dossiers of the majority of faculty members of the three medical schools, two schools of public health, and four schools of nursing in the city. They measure the disparity and not the despair. They identify the problem but not the solution. They conduct the research but not the action.

A great cultural divide existed between universities and communities, which was characterized by the various individual perceptions and experiences of members within each of the arenas.

<i>University</i>	<i>Community</i>
University disrespect	Community distrust
Theoretical perspective	Practical orientation
Education mission	Service mission
Intellectual rhetoric	Concrete action
Analytical frame	Political arena
Stagnant culture	Dynamic environment

The challenge of the CCHERS partnership was to work through these perceptions and experiences to arrive at a mutually shared vision of education, research, and service in the communities served by the health centers. The core group of participants and representatives of the various institutions and organizations worked through a process based on the following principles of partnership:

- Mutual respect for the partners and their representatives.
- Mutual benefit accrual to all participating partners.
- Shared vision of mission to determine strategic goals and objectives.
- Shared decision making regarding the policies and resources of the partnership.
- Leadership at various levels and in multiple arenas.
- Work across boundaries of organizations, institutions, and communities.

The CCHERS Board of Directors is composed of representatives of the partner institutions and organizations. Each partner had two representatives on the Board. The health centers are required to have at least one of their representatives be a resident of the community and/or a patient of the health center. By 1994, the partnership was looking at other opportunities for actualizing the totality of its mission, including research and service, and discussions began about incorporating the partnership as a 501(c)(3) not for profit corporation. The two university partners were opposed and did not understand the health centers' insistence on the need for another corporation. The main problem for them was the difficulty in explaining a new corporation to their respective institutions. In addition, they wondered what their relationship would be to a new corporation? For the health centers and the hospital this was a standard method of operating, given the volatility in the health care environment and their efforts to respond to constant change. In 1996, CCHERS was incorporated under the laws of the Commonwealth of Massachusetts and in 1997 received its ruling by the Internal Revenue Service as a tax exempt not for profit. While the universities continue to express their dissent, they remain active and vital partners.

Early during the initial planning phase with the Kellogg Foundation, it was realized that the success of CCHERS was going to rest on the development of personal relationships among the participants. As we grappled with the issues of change in health professions education, we raised issues of trust, power, and control. It became evident through the process that the challenges of the partnership were also the opportunities of the partnership:

- Trust people and people trust.
- Giving power can get power.
- Governance of partnership changes partner's governance.
- Change systems for systems change.

The individuals became the personification of their institutions. The relationships between the individuals would accrue to the institutions and organizations. Building trust was essential since there was little there to begin with. We learned that as people began to open up and trust, it was reciprocated. Giving up power often increased your own power in terms of alliances and buy in. The structured governance of the partnership would inherently influence the governance of the individual organizations. Change in our systems and processes of education and health care service delivery would lead to greater change in the health care system.

CCHERS and Northeastern University

The central office of CCHERS is located at Northeastern University, and the first Executive Director was a faculty member of the College of Nursing. Consequently, CCHERS has been uniquely identified with Northeastern University, more so than its other university and institutional partners. Northeastern University's credibility in the neighborhoods of Boston and its national recognition as a model of health professions education inevitably accrues to Northeastern. This has not been an issue of any significance for several reasons: 1) the community health centers unanimously support Northeastern as the host institution; 2) the impact of the turbulent health care environment on BUSM/BUMC/BCH; and 3) Northeastern enthusiastically embraced the CCHERS partnership.

The University's recognition of the significance of the CCHERS model to the University was evident when the first Executive Director of CCHERS was recruited to serve as Special Assistant to the President. The Northeastern University mantra of being "a national research university that is student-centered, practice-oriented, and urban- focused" is easily operationalized through the CCHERS partnership.

In articulating its urban focus, University President, Richard Freeland, states, “The overarching mission for the urban interest of the University should be to establish socially responsible partnerships with our surrounding communities that enable us collectively to identify common interests and concerns and to achieve mutually beneficial solutions.”

Based on the CCHERS experience, the College of Nursing changed its curriculum to being one that is completely community-based, as documented in the faculty’s book, *Nursing in the Neighborhoods: The Northeastern University Model*. The College became a leader and national model in nursing education. In 1998 when the University Board of Trustees voted to merge the College of Nursing with the Bouve College of Pharmacy and Health Professions, which created the Bouve College of Health Sciences, it also established a fund to support faculty- and staff-led initiatives to develop and promote integrated models of interdisciplinary health professions education. CCHERS was awarded the largest grant from the University to integrate other health professions into its model of community-based education through its network of community health centers.

Through the CCHERS partnership, Northeastern University became more engaged with its immediately adjacent community. The University became an active participant in the Lower Roxbury Healthy Boston Coalition through its work with Whittier Street Health Center. It was through this process, and the engagement with the Health Center, that the University became more integrated into the community. It was through this process, and engagement with the community that the University became more committed to the social and economic development of the Roxbury.

Communiversality Partnerships

The following provides examples of the University’s engagement with community partners to promote the social and economic health of the community through education, health care, and housing.

The Health Careers Academy

In 1994 the Superintendent of the Boston Public Schools made a commitment to public education reform and announced the school department’s interest in developing several pilot schools in the city. A competitive process was implemented and proposals were submitted from many different groups across the city. Interest within the CCHERS partnership emanated from the communities and the community health centers. Their interest in the partnership was the opportunity “to grow their own health care providers.” What better way than to engage the universities in a commitment to the children of their communities. The Board of Directors of CCHERS authorized the development of a proposal for the creation of the Health Careers Academy (HCA), a college preparatory school emphasizing careers in the health professions.

In 1995 the HCA was established as a school within a school, and based on two earlier existing programs at Boston High and Dorchester High. Initially, the school operated out of these two sites, and the administrative offices were located at Northeastern University. In 1998, CCHERS and Northeastern University filed an application with the Massachusetts Department of Education to establish the HCA as a Horace Mann Charter School and to relocate it to the campus of Northeastern University. The HCA has its own dedicated classroom building with a state-of-the-art computer classroom; students take their labs in biology, chemistry, and physics in the labs on the main campus and have full access to the campus facilities and resources.

The public charter high school has 170 students in grades nine through twelve. Sixty-six percent are African American/Black Caribbean, twenty-two percent are Latino, eight percent white, three percent Asian, and one percent Native American.

The University has engaged with the HCA through its Bouve College of Health Sciences, the College of Arts and Sciences, and the School of Education. The health careers curriculum was developed and implemented by faculty and students in Bouve College of Health Sciences. Graduate assistants serve as lab supervisors, and students from the College of Arts and Sciences serve as mentors and tutors for HCA students. Student teachers from the School of Education serve as classroom assistants and supervise extracurricular clubs and activities. The University has also provided for the joint hiring of faculty shared by the College of Arts and Sciences and the HCA. The University's desire for HCA student success is evident in their commitment to provide the Kaplan SAT Preparation course for all HCA juniors and seniors, which has led to an increase in the base SAT score required for admission.

The Northeastern University School of Education received a \$1 million unsolicited grant from the Kellogg Foundation to replicate the partnership model of CCHERS with the Cluster IV schools in the Boston Public Schools. Additionally, CCHERS/Northeastern received a separate grant from Kellogg for \$1.8 million to support the start-up of the Academy.

Whittier Street Health Center

The Whittier Street Health Center was one of the original founding partners of CCHERS. Whittier Street is a federally funded community health center serving an underserved population of predominantly African Americans and Latinos in Roxbury/North Dorchester. The Center provides a comprehensive range of primary care and other services including: pediatrics, adolescent health, internal medicine, ob/gyn, dermatology, diagnostic radiology, behavioral health, HIV/AIDS, dental and orthodontics, podiatry, WIC, and optometry.

A new office building, developed in the neighborhood of Roxbury as an economic development engine, was foreclosed upon by BankBoston and placed on the market for sale. The three bids to purchase the building came from: 1) Northeastern University; 2) the Mayor of the City of Boston, Thomas Menino; and 3) a joint venture partnership composed of Whittier Street Health Center, Madison Park Community Development Corporation and Trinity Financial Ventures.

The health center was physically located across the proverbial railroad tracks from the University in a sixty-year-old, city-owned building that was in a serious state of disrepair. The Center's need for a new facility was a well-documented community priority. In a meeting with the Mayor on Valentine's Day 1997, the Center and its partners agreed to withdraw their bid, based on a promise from the Mayor to house the Whittier Street Health Center in a building with the other city agencies, and a commitment to Madison Park to work with them to identify and support opportunities for the development of affordable housing in the community on other available parcels in the area.

While the Mayor anticipated a deal being struck between the bank and the city, Northeastern University was the bidder selected by the bank. The original deal for the building identified a number of "community benefits" that would accrue to the community. With Northeastern University identified as the preferred bidder, the community's response was for the University to commit to a new community benefits package, to be negotiated by a community task force. Along with other community benefits such as scholarships and support for youth programs, the negotiated deal would also provide the health center with 30,000 square feet of space, rent-free for the life of the thirty-year mortgage.

Since relocating into its new space, the health center and the College have begun to develop collaborative faculty and community practices. There is a broader range of services provided to underserved patients, and model programs are being developed to address specific chronic diseases such as asthma, diabetes, and hypertension.

The Center for Excellence in Asthma Care is being planned as a joint clinical practice with faculty from the Bouve College of Health Sciences and the clinical providers of the health center.

Davenport Commons

In 1997, the Boston Redevelopment Authority (BRA) issued a request for proposals (RFP) for the development of two vacant parcels of land in the Lower Roxbury neighborhood of the city. The University had leased the two parcels from the BRA over the previous five years for use as a parking lot. The University approached the local community development corporation about a potential partnership. Davenport Commons, a proposed \$51 million construction project of two apartment buildings and seventy-five affordable townhouse condominiums is an example of the University's engagement with the community to increase affordable housing opportunities for residents.

This project is being developed as a joint venture between the University, Madison Park Community Development Corporation (CDC), Trinity Financial Ventures, and Housing Innovations. The 250 units of student housing (apartments) will be jointly owned with a thirty-year lease back to the University. The usual experience of universities is that they make money from student housing, this case being no exception. The usual profits will be used to subsidize the sale of the seventy-five townhouses (condominium units) to make them affordable for eligible community residents.

The University and the CDC faced almost universal opposition from the community. Many believed that the RFP was "wired" for the University. The community also did not favorably receive the only other competing proposal, which proposed a Walgreen's drugstore and very little housing. Other issues were raised that challenged the University-CDC partnership: 1) the proposed parcels for development were outside the geographic area of the CDC and therefore it was not an eligible bidder; 2) the University already owned several, much larger parcels of undeveloped land "on its side of the tracks" and did not need to "expand any further into the community"; and 3) the BRA process was flawed and intentionally or unintentionally discouraged other proposals from potential developers.

The community's opposition to the proposal was supported by the three African American elected officials: the district's City Councilor, State Representative, and State Senator. They led a negotiating group with representatives of the community that met with the Mayor and the BRA. The University and the CDC were invited to subsequent meetings, and thirteen months later there was a groundbreaking.

The Davenport deal became an intricate and unique approach to financing affordable community housing. The University purchased the land from the City for \$250,000. The City committed another \$250,000 in site improvements, such as lighting and sidewalks. The University leased the land to Madison Park for thirty years for \$1.00 per year for development of the project. When the construction is completed, Madison Park will lease the two apartment buildings to the University for \$3 million per year for thirty years. At the end of the thirty years, the University will own the two student residences, Madison Park's leasing of the land will cease, and there will be an increase in affordable homeownership in Roxbury.

At the groundbreaking, the familiarity and optimism of the participants—the result of long hours of confrontation, negotiation and conciliation—was obvious to those in attendance. Mayor Menino remarked, "We could not have done this without Northeastern's commitment, its talented people, and its willingness to stay at the table to make it happen."

The landmark agreement was a first in the City of Boston, home to numerous colleges and universities. For the first time, a university had engaged in a process with its neighboring community, recognizing the impact that students have on the affordable housing market in the city and

committing to help address the problem. The unprecedented deal ensures affordable housing for seventy-five families in the community, decreases competition from students in the housing market, and provides construction jobs for community residents.

Lessons of Partnerships

There have been many lessons learned as a result of developing pioneering partnerships between communities and universities that can be drawn from the CCHERS/Northeastern experience:

- Successful partnerships require building trust and maintaining open and honest communication.
- The personal relationships that develop between the individual representatives of the partners are critical.
- Representatives of organizations, institutions, and communities should not promise more than they can deliver. Promises must be kept.
- Pay attention to the details—the devil’s in them. Don’t let the small things become deal breakers.
- Building partnerships takes time. It is a process, not an event.
- Successful partnerships are structured to ensure sharing of power, control, and decision making.
- Everyone must understand and appreciate what the individual partners contribute to the partnership.
- Successful partnerships take time to learn the culture, values, and principles of the individual partners.
- Successful partnerships require leaders that can be effective in multiple arenas.

University/Community Benefits

The Roxbury neighborhood of the City of Boston has experienced the deterioration characteristic of many urban areas across the country. Rather than turn its back on the problems of this neighborhood, Northeastern, to its credit, has made a commitment to community revitalization and social and economic development in partnership with the community. It is evident in the efforts that have been discussed in this article, that an engaged university can truly provide the leadership required for change. President Freeland recognizes that, “Northeastern is a better university for our location in Roxbury and our ties to this community.”

Through CCHERS, its first significant partnership with the community, the University was able to see the mutual benefits that such partnerships have for the community as well as for the University. Faculty became engaged in collaborative community-relevant research; health professions students had the opportunity to experience patient care and services in the real-life context of the underserved neighborhoods of Boston.

Based on these experiences, the University has established the Urban Outreach Council, chaired by former Governor and Distinguished Professor, Michael Dukakis. The Council’s work is focused on developing community-university partnerships in the areas of public education, employment and training, health care, and economic development.

By becoming more engaged and integrated with its community, Northeastern enjoys the benefit of having the trust of the community; when it took its ten-year master plan for development to the Boston Redevelopment Authority for approval, it received broad community support

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