

## **BRIDGING THE WATERS: UNDERSTANDING LINKAGES AS CROSS-CULTURAL PARTNERSHIPS**

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Though ultimately striving toward the same goal - improving the public's health - public health academics and practitioners often employ vastly different means to this end. The relevance of pursuing public health academic research in a practice setting is

frequently missed by practitioners, just as the benefits of knowledge gained in a practice environment can be undervalued in academic settings. Differences in institutional goals and time frames can result in misinformation and miscommunication as the two groups try to work on partnerships that advance public health.

Understanding each other's professional or corporate "cultures" can therefore become an important tool in establishing successful working partnerships.

### **A "Cultural" Approach**

Just like members of any other organizational culture - culture in this sense being rules, structures, behavioral norms, reward systems, principles, values and beliefs - academics and practitioners need to understand the other's cultural context in order to develop effective working partnerships. Such partnerships can help broaden perspectives and draw on the complementary strengths and resources of each partner.

To help facilitate greater understanding between the practice and academic worlds, the Council on Linkages Between Academia and Public Health Practice sponsored a roundtable discussion at the recent NACCHO annual conference in Houston, Texas. "*Can We Talk? How Do Practitioners and Academics Really Communicate for Effective Partnerships*" provided the opportunity for both sides to discuss the different cultures in which they work, identify cultural barriers and explore ways to overcome the barriers identified.

This article describes some of the basic cultural elements of both public health academia and practice that were discussed at the NACCHO roundtable session. The authors hope this will facilitate the development of a growing number of linkages between academia and practice by providing a basis for general understanding of each partner's circumstances. This understanding should facilitate the development of the elements of any successful partnership: honest, clear communication to define each parties' objectives, articulation of the results needed/desired by each partner (i.e., a publication, good public relations, etc.) and up-front discussion as to what each party *will* bring (as opposed to what they *can* bring) to the partnership.

### ***A Cultural Guide to Academia***

#### **The Academic Mission**

The primary mission of academic institutions is to create new knowledge (i.e., research).

Faculty responsibilities also include teaching and service, to varying degrees at different institutions. In general, academics are not in the business of providing direct public health service to the community. Communities are, instead, the context in which the knowledge generated by public health academicians is applied.

Consistent with this mission, communities can benefit from the synergies that flow from collaboration between and among important areas of social endeavor – research, education and public health services. Public health services can be a very important source of support for the academic mission because they can be designed to include a research component such as testing theories or models, applying existing knowledge or tools (surveys, etc.) to new subgroups, or comparing interventions.

### **The Academic System of Rewards**

Appointments (the academic's faculty rank), promotion, and tenure are important elements of the system under which faculty are rewarded for good performance. Faculty in tenure-track positions have limited time in which to "prove" themselves as they strive for promotion from the entry-level position of assistant professor, through associate professor to finally attain the rank of professor. Failure to be promoted to the next level within a specified time period usually results in the faculty member leaving the university.

The major indicator used to judge faculty eligibility for promotion in most institutions is the publication of peer-reviewed journal articles. This requires that the faculty's research must demonstrate new knowledge (previously unpublished), and meet high standards for quality.

There are many implications of the academic publication/tenure reward system to partnerships with practitioners. Faculty may be reluctant to release preliminary findings or final reports to the public until a manuscript has been accepted for publication (which can take as long as 12 months). Furthermore, faculty may be very concerned about the rigor of the research associated with the project, whereas the primary concern of practitioners may be implementing an efficient and effective program within budget and time constraints.

Academic culture encourages and rewards the development of specific expertise, which often means that a faculty member's knowledge may be extensive but narrowly focused. This limited focus can be frustrating when practitioners try to team with the best faculty match or combination of partners in a specific area. Compounding this may be the reality that faculty members, and even the administration of the school, may not be fully aware of each other's areas of expertise and research.

Although the traditional faculty appointment model is along tenure lines wherein faculty advance primarily through research, increasingly academic institutions are establishing clinical and non-tenure tracks. The practice component of the faculty member's expertise thereby complements their teaching and research responsibility. The effects of this new system of academic appointment on establishing linkages appear promising.

## **Time and Money in Academic Environments**

In most major research universities, faculty salaries are only partially (and sometimes not at all) paid by the university. Faculty must raise the money to support themselves, their projects, and their research staff (if any) through grants and contracts. Federal fiscal year budgets and congressional appropriation schedules can affect the funding available for research. In addition, academic researchers view projects in one-, three- or five-year terms, based on the funding available. Many project ideas are kept on the back burner until funding sources arise.

## **The Academic Organizational Structure**

Academic institutions are generally organized into schools (i.e., arts and science, medicine, public health), departments within each school (i.e., epidemiology, health policy), and possibly divisions within each department. The degree to which administrative functions are centralized depends on the institution.

It is often difficult for public health practitioners to understand the independence under which departments, and even individual faculty, function. In fact, some institutions are described as "a loose federation of entrepreneurs." Faculty in general pursue their research interests and funding with only minimal involvement by any administrative entity, and do not seek permission or approval of their work from department chairs or

deans. Very often no central resource exists for outsiders to gain information on who is doing what within the school. This can frustrate the possibilities for beginning an academic partnership, since it is often circumstantial that academics and practitioners will ever meet.

## ***A Cultural Guide to Public Health Practice***

### **The Mission of Public Health Practice**

Most public health agencies have a specific mission related to improving the health of the community. Partnerships with academia can lead to fulfilling this mission by expanding the knowledge base for making decisions and formulating policy, enhancing the capacity of local public health agencies, and sharing resources.

### **Rewards in Public Health Practice**

In public health agencies, success is measured by improved health indicators, improved efficiency, reduced cost and improved consumer/community satisfaction. Success generally requires a team effort, often including outside players in the community. While

the local or state health officer or program director may act as the spokesperson for the health department, kudos or reprimands are generally directed at the organization as a whole, not the individual.

Financial incentives for performance are generally limited for governmental employees. Career advancement is based on job performance, longevity in the organization, and the funds available for personnel in that department. This rewards system is less responsive to individual initiative than the academic system. More effort is focused on project-related activities than on securing individual salaries or tenure. Publishing or formally presenting project results, while seldom required in practice communities, may informally contribute to an individual's professional development and positive job evaluation.

### **Time and Money in Practice Environments**

Practitioners must respond to real-world events, working on a timeline that requires the best possible decision be made given the available information. This frequently means the release of incomplete or unpublished data or research findings, a

situation inherently different from that of the academic. Addressing this key difference up front (before the project begins) can be crucial to an effective working partnership.

Budget and political cycles can also affect public health agencies. Whether due to city or county councils, state legislatures or a corporate or philanthropic funder, time commitment to projects frequently revolves around funding cycles and elections. Health officers are responsible for defending line items in the budget to elected officials who control final appropriations. In an election year or in fiscally uncertain times, budgets and hiring may be frozen. As a result, leadership must also devote time to proposal writing and securing additional funding to support department programs.

### **The Practice Organization Structure**

While academics tend to be free agents when pursuing their research objectives, individuals within a public health agency are always acting on behalf of their organization. This inherent dichotomy is crucial, since individuals employed by an agency need first and foremost to be responsive to the directions and regulations inherent in their system. In effect, the responsibility to represent the organization limits the freedom of practitioners in communication and action. It is important for the academic to be aware of, and receptive to, this constraint.

Similarly, the results and dissemination of information about projects are subject to a review process within the agency. This is vastly different from the 'peer review' requirements that an academic's work undergoes prior to publication. Since written

documents represent the work, conclusions, or policies of an organization/agency rather than of an individual, they must often be approved and reviewed through an internal,

multi-layer chain of command. Political priorities, budgets and project priorities may influence this review process.

### **So, WHY link academia and practice?**

Even though both practitioners and academics may be interested in partnering on a project, the investment of additional time and work into understanding each other's cultural priorities and biases may be crucial to the project's ultimate success. So, if it requires so much additional effort and resources, why do it?

Though there is a cost - as highlighted throughout this cultural guide - both the academic and the practice partners have assets and resources that are mutually beneficial.

Academics can gain new opportunities and attract additional resources to enhance teaching, research, and service. By linking with practitioners, academics gain colleagues with "real world" experience to enhance curriculum planning and provide case studies. Guest lecturers bring a different perspective to the classroom. Students gain access to practice networks for class projects, practica sites, mentoring and future employment opportunities. Partnerships provide research opportunities for testing of models, testing survey and other data collection tools, implementation and evaluation of demonstration projects and analysis of data, policies and program designs. Faculty can enrich their knowledge, skills and creativity through professional relationships with practitioners who have a wealth of expertise in applying theoretical public health to real-life public health problems.

Public health practice can offer access to various resources. Practitioners (both individuals and organizations) possess a wealth of "local" knowledge. Having worked in the community, they possess more intimate knowledge of local neighborhoods, key individuals, community perceptions and culture, services, local history and they have knowledge of factors related to previous public health successes and failures. Practitioners generally have long-standing relationships with communities and individuals and can facilitate appropriate access to target populations.

Finally, more funders are including partnerships as criteria for funding. Even if an organization only funds direct service delivery, opportunities may exist to build in evaluation of contrasting services or service delivery methods, evaluation of services to a new or specific population, or testing of a new data collection tool or data analysis method.

The practice community also has much to gain. These partnerships provide opportunities for technical assistance, education and access to additional resources. For example, academics can provide technical assistance in designing and implementing programs, collecting and analyzing data, and evaluating impact. Partnering with academia may lend more scientific rigor to a project or the findings, which may be useful when presenting the project to funders or politicians. Individual practitioners can benefit from the exchange of

information and ideas with both faculty and students. The agency can benefit from the presence of faculty and students in the same manner and may also receive informal or formal educational opportunities.

Publishing and disseminating the results of projects can also lead to broader recognition for the practice agency. Academia has many resources that can enhance the practice of public health. Students are capable of carrying out many needed tasks and providing consultation and technical assistance to practitioners as a part of their education. Partnerships may include library privileges, use of meeting/classroom space, and other institutional resources. As a result of familiarity with the literature and professional relationships with individuals around the country and world, academics often are aware of larger trends and new approaches to issues.

When it comes to actual funding, some grants are clearly directed to academic institutions, especially schools of medicine, nursing, or public health. However, there is a trend toward including partnering and/or community involvement as criteria for funding.

These trends point to the increasingly clear benefits to partners, to the community and to the overall advancement of public health that results when academic and practice partnerships occur.

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## **BOX 1**

### **ADVANTAGES TO INNOVATIVE PARTNERSHIPS BETWEEN HEALTH DEPARTMENTS AND ACADEMIC INSTITUTIONS**

*To schools:*

- *Student placement opportunities*
- *Access to data and programs*
- *Research opportunities*
- *Achievement of school's service mission and enhancement of institutional image*
- *Increased possibility for success of grant requests*

*To agencies:*

- *Student placements aid workload*
- *Student placements enhance recruitment pool*
- *Increased possibility for success of grant requests*

- *Teaching responsibilities enhance current knowledge of public health problems and their application to problem solving*

## **BOX 2**

### **ACADEMIC RESOURCES (IN ADDITION TO FACULTY) THAT CAN BE TAPPED BY LOCAL HEALTH AGENCIES**

- Physical facilities and technical capacity to analyze public health data
- Physical facilities to support meetings, seminars, etc.
- Continuing education credits by accessing both qualified teachers and an accreditation mechanism
- Access to survey research centers for the design and execution of community surveys
- Underwriting of consulting expenses which might otherwise be prohibitive

## **BOX 3**

### **ELEMENTS TO CONSIDER WHEN ENHANCING THE PROCESS OF COLLABORATION**

- Provision by the local agency of financial support for students and the assignment of space for students and faculty to conduct work.
- Granting of faculty status to practitioners, and assigning space and resources in the academic environment for practitioners.
- Committed leadership by academic and practice partners and investment in the philosophy of collaboration.
- Shared goals and objectives which provide a complementary fit between organizations.

*This list was compiled by C. William Keck and Christopher Cooke.*