Original Report:
Research and Programs
Addressing Community-Level
Determinants of Health

Academic-Community Partnership Development to Enhance Program Outcomes in Underserved Communities: A Case Study

Meg Skizim, MPH[1]; Nick Harris[2];
Claudia Leonardi, PhD[1];
Richard Scribner, PhD[1]

Purpose: A community-academic partnership was developed to assess community needs and restructure a variety of community-based programs that provide services to underserved communities in New Orleans, Louisiana.

Methods: The community and academic partners utilized five phases to assess community needs and restructure programs: 1) meetings; 2) narrowing the scope of community programs; 3) data collection and analysis; 4) emphasizing target programs; and 5) improving sustainability through grant submissions and grant development training.

Results: Survey data were collected and analyzed pre- and post-community-academic partnership between November 2014-November 2016 in New Orleans, Louisiana. The data supported the need for community-based programs run by a community organization known as the Dillard University Office of Community and Church Relations (OCCR). The survey results showed that community members expressed interest in: screenings for chronic diseases, such as diabetes; attending exercise classes at local churches; attending financial management workshops; and health fairs run by the community organization. In the future, screenings, workshops, health fairs, as well as exercise and diet programs, will take place at all churches participating in the community-based, umbrella program, Churches in Unity program.

Conclusion: A formal community-academic partnership, involving the assignment of an academic liaison, restructured programs for a community partner to better serve the needs of a community that is at-risk for a multitude of obesity-related health problems faced by underserved communities. *Ethn Dis.* 2017;27(Suppl 1):321-328; doi:10.18865/ed.27.S1.321.

Introduction

Academic-community partnerships are increasingly utilized to change, implement and enhance community-based programs.[1,2] Such partnerships are beneficial because specific responsibilities are evenly distributed among community members, community-based organizations, academic researchers, and key stakeholders.[2,3] The academic-community model influences all stages of program development, implementation and evaluation by incorporating multiple perspectives to best address problems faced within communities. In particular, programs addressing health disparities and the social determinants of health can benefit from melding knowledge and experience from both communities and academia.[1]

Keywords: Academic-Community Partnerships; Health Disparities; Social Determinants of Health

[1]Louisiana State University Health Sciences Center School of Public Health
[2]Dillard University Office of Community and Church Relations

Address correspondence to Meg Skizim, MPH, CHES; Stanley S Scott Cancer Center; 1700 Tulane Avenue; New Orleans, LA 70122. mskizi@lsuhsc.edu. 713.823.0639

Prior research shows that the success of academic-community partnerships is largely based on trust, communication, and long-term commitments between the two entities.[4,5] Without these key components, academic-community partnerships can struggle or fail to complete their objectives and goals. These components are also principles in community-based participatory research (CBPR), which is used as a framework to guide community-based health research.[6] Furthermore, the CBPR model incorporates engagement and feedback from communities as a means to better understand how to address specific social issues from the participant's perspective.[6] The CBPR model can aid in the development and implementation of community-based programs.[6]

This article describes the rationale, development, methods, and results of an academic-community partnership between the Dillard University Office of Community and Church Relations (OCCR) and Louisiana State University Health Sciences Center School of Public Health (LSUHSC-SPH). The purpose of our project was to build a strong academic-community partnership, guided by CBPR, to restructure community-based programs. Program enhancement was completed by assess-

ing the needs of a community in New Orleans and restructuring programs based on those needs. The restructuring of programs sets up a framework to conduct quasi-experimental research to measure program outcomes and effectiveness in the future.

Background, Setting and Rationale

A variety of community-based programs were created in New Orleans to address the obesity epidemic in southern Louisiana.[7] Louisiana has some of the lowest health rankings of any state in the country, and many New Orleans residents are affected by obesity and a variety of co-morbidities such as heart disease and diabetes.[8-9] The social determinants of health and health disparities, which negatively impact minority populations,[1,10,11] further compound the epidemic.

The Office of Community and Church Relations (OCCR) is a community center that was created after Hurricane Katrina to provide community outreach programs, such as physical activity and diet programs, to underserved individuals in New Orleans.[12] Since 2007 the OCCR has developed and implemented a variety of community-based initiatives, some of which include but are not limited to: 1) developing and implementing health fairs; 2) building community gardens; and 3) engaging youth and adults in a variety of educational programs and campaigns to raise awareness of obesity and obesity-related diseases.

To continue to support community needs, the OCCR receives grant funding from local, regional and national organizations. One such funder is the University of Alabama at Birmingham's Mid-South Transdisciplinary Collaborative Center for Health Disparities Research (Mid-South TCC). The Mid-South TCC is a consortium of academic institutions working together to reduce the burden of chronic diseases in Southern and Mid-Western states, which have some of the worst health rankings/outcomes in the United States. The Mid-South TCC aims to address social determinants of health, focusing specifically on obesity and chronic diseases. The Louisiana State University Health Sciences Center (LSUHSC) is one of the academic institutions in the consortium. LSUHSC is responsible for several public health projects, as well as providing academic expertise to community organizations throughout the state of Louisiana.

The program directors of the Mid-South TCC and the director of the OCCR identified a need for academic-focused research support to help finance, restructure and enhance the OCCR's community programs. This need was determined after many stakeholder meetings, proposals, progress reports and informal discussions. To address the needs of the OCCR, a partnership was created between the community organization and academic institution. Initially this partnership was created between a social determinants of health academic expert and the OCCR. However, the initial development of the partnership lacked the key components of trust and communication. To mend the relationship. an academic liaison from LSUHSC-SPH was assigned to create a long-term partnership, and to assist in assessing OCCR programs and community needs.

This article discusses the methods of developing, assessing and evaluating this partnership and offers noteworthy results from the OCCR's community-based programs.

Theoretical Framework

This academic-community partnership was guided by the community-based participatory research (CBPR) theoretical framework.[6] The CBPR approach is used to enhance community-based programs and studies by providing added value to both the academic researchers and the participating community.[6] This increased value is accomplished by a mutual collaboration and exchange of expertise from the researcher, community, and stakeholders throughout the research process to increase health outcomes by creating social change.[6,13]

As a collaborative effort, we decided to use this model as the foundation for our partnership because it aims to improve health and reduce disparities by involving the individuals in the community who are in need of health-related resources.[6,13] The CBPR approach is particularly significant for marginalized communities and communities of color as it embraces the goals of empowerment and control.[14]

Utilizing this framework in an academic-community partnership setting is important because, in many cases, past academic-community partnerships have struggled over issues of trust and involvement.[13-15] It was critical that both parties agreed to be transparent, honest and embrace the same goal; in this way, the community pro-

grams could have appropriate resources and a program design that would maximize program benefits. The CBPR model supports the foundation of academic-community partnerships by enabling community members to play a large role in the development of community-based initiatives to reach a common goal among both parties.[16] For this academic-community partnership, specific phases were utilized based on principles from the CBPR framework to ensure efficiency and effectiveness of the partnership.

Methods

The Mid-South TCC research staff and the director of the OCCR determined that the OCCR programs would benefit from additional academic input to narrow the scope of targeted programs. In response to this request, LSUHSC, in collaboration with the OCCR director, submitted an application to the Mid-South TCC for community capacity funds to employ an academic liaison for one year. The liaison was responsible for assisting the OCCR with assessing community needs and restructuring community-based programs to address those needs. The academic liaison was selected by the social determinants of health core leader and the director of the OCCR. The liaison had a master's degree in public health, was a certified health education specialist, and had past experience working on a variety of obesity-related public health programs, some of which were community-based. Furthermore, the liaison had a pilot project with the Mid-South TCC and was familiar with the TCC staff, including the director of the OCCR.

Once the academic liaison was assigned to the position, the individual met with the director of the OCCR to discuss the status of the programs and the next phases. The director of the OCCR works with many community-based organizations in New Orleans as well as a number of church leaders. The director's experience working with underserved communities, personal meetings, observations and interviews provided a unique perspective of the community and the health problems individuals' face. The director's experience with the community, and the academic liaison's experience working on community-based research projects, led to the development and implementation of five phases to assess and address the OCCR and community needs. Each phase took between one and five months to complete, and led to restructuring some of the OCCR community-based programs. The five phases included: Phase 1, meetings; Phase 2, narrowing the program scope; Phase 3, data collection and analysis; Phase 4, emphasizing targeted programs; and Phase 5, grant writing / development (improving sustainability through grant submission and grant development training). The details of each stage are described below:

Phase 1 – Meetings

The initial meetings between the OCCR and LSUHSC-SPH took place to determine which programs the OCCR was implementing and managing, their implementation and evaluation protocols, and overall outcomes and effectiveness. Each program was discussed in detail, so the academic liaison was able to target best practices and potential problems and barriers. These meetings gave the academic liaison much insight into the comprehensive, difficult and demanding programs of the OCCR. Furthermore, each program was solely run by the director, which limited the capacity to collect data and provide high-quality research protocols.

Phase 2 – Narrowing Program Scope

In order to narrow the scope of the OCCR programs and to ensure that each program was as efficient as possible, the academic liaison attended program sessions and community events to observe program protocols. After learning more about each program, the academic liaison assessed the situation and provided constructive feedback to the director. This feedback included how the programs could be tailored to incorporate stronger protocols and data collection. Additionally, there was discussion about types of evaluation tools that could be utilized to assess program outreach and effectiveness (ie, attendance numbers, pre- and post-program questionnaires, in-depth interviews and focus groups).

Phase 3- Data Collection and Analysis

The academic liaison obtained data that the OCCR had collected prior to the partnership. The data included: findings from a few surveys that were distributed at OCCR health fairs; attendance records at some programs; number of sessions; and program content. The data were limited, and there was not a database or system in place to record the collected data. The survey data, which were compiled and

Table 1. Survey results from participants of the 9th Annual Health and Housing Fair

Health fair outcomes	Results
Health exams, n=35	83% reported getting annual checkups The most common types of check-up that individuals receive is a physical exam (76%; 28 participants); a dental exam (43%; 16 participants); and a vision exam (27%; 10 participants). High blood pressure, cholesterol and diabetes were reported as the most common types of health issues
Health insurance and access, n=37	28 (76%) reported having health insurance When asked what types of health improvements individuals are interested in seeing in their community, respondents answered: access to free clinics and health insurance; access to affordable health care; better wait times in clinics and emergency rooms; more clinics and emergency care facilities; and obesity and weight loss services.
Housing, n=27	12 (44%) own their home 11 of 12 (92%) of the homeowners reported having home insurance 24 (89%) would attend a financial management workshop to manage their money

recorded in a database, were collected during the 9th Annual Health and Housing Fair, prior to the community-academic partnership (Table 1). The Annual Health and Housing fair is a health fair hosted by the OCCR on the Dillard University campus in New Orleans. This fair is open to the public, sponsored by the Mid-South TCC as well as a variety of non-profit and commercial organizations, and intended to provide a variety of health and housing information to attendees. Because the data were so limited, the academic liaison and the OCCR director determined more data were needed to further measure the impact of the health fairs, the health issues faced by community members, and resources needed/improvements that could be made.

The academic liaison and the director of the OCCR created new surveys to evaluate the health fairs. Two health surveys were distributed at these events to better understand health fair satisfaction, participants' interest in learning more about specific health issues, access to health care and available exercise programs. The survey questions were created by the OCCR director and the academic liaison, and passed out to health fair patrons by volunteers. The surveys were reviewed by the Mid-South TCC social determinants core academic expert. The surveys contained eight to 10 questions and included demographic and preventative health questions (binary [yes/no] and open-ended), such as interest in getting screened or learning more about specific health conditions (ie, diabetes and other chronic diseases). An Excel database was created for the data from the pre- and post-community-academic partnership surveys. The data were analyzed by the Mid-South TCC biostatistics core staff. The evaluation process and results from these surveys are presented in this article.

Phase 4- Emphasizing Targeted Programs (ie, Churches in Unity)

Information collected from the first three phases was used to determine which program(s) the Mid-South TCC would support. This decision was made based on several factors including: if the goals and objectives were aligned with Mid-South TCC project goals and objectives; capacity to implement programs; desired program outcomes; sustainability; and the potential impact on the community.

Phase 5- Grant Writing/ Development

The previous phases led to discussions about sustainability of the OCCR and Churches in Unity. The academic liaison used this as an opportunity to reiterate the importance of collecting data to report effectiveness and program outcomes. To obtain additional resources to help sustain OCCR and Mid-South TCC funded projects, the director and the academic liaison wrote and submitted a grant application to a local community foundation using the data that were collected as part of the partnership.

Evaluation

To evaluate the OCCR program prior to the partnership, the academic liaison and Mid-South TCC staff analyzed all data collected by OCCR, as well as the information that the academic liaison had recorded as part of first three phases. These evaluation efforts provided insight into which com-

munity needs were being met, which community needs still needed to be addressed, and additional resources are needed to assist OCCR efforts.

The academic liaison also started to collect new data including: process evaluation variables (eg, meeting minutes, attendance records, and total number of sessions/health fairs); and community assessment and formative data were collected via surveys, attendance records of health fairs, new partnerships created and the number of grants submitted. Furthermore, this data provided information regarding which evaluation tools could be eliminated, which tools needed to be revised and whether new tools needed to be introduced (ie, pre- and post-program questionnaires, focus-groups/interviews and quantitative data to determine program effectiveness, retention and sustainability).

Results

Phase 1 – Meetings

Meetings were conducted in the OCCR office on a weekly basis for about three hours per visit for one month. During these meetings, the academic liaison and the director of the OCCR identified 10 projects that the OCCR managed. The 10 OCCR programs included: Churches in Unity, community gardens, education programs at the Dillard University green house, Senior Lunch (discounted lunch for senior citizens hosted at the Dillard University cafeteria), Girls on a Run and Girl Trek, health and wellness fairs, public housing initiatives, a diabetes education program, Blue Friday (farmer's market that offers healthy cooking demos), and the You Do Matter (STEM program). In addition to meetings with the OCCR director, the academic liaison attended more than 10 meetings with community-based program leaders. During these meetings, meeting minutes were recorded and reviewed. The notes were reviewed to aid in the process of determining which community-based programs to enhance through Mid-South TCC funds, and which programs to move to other funding sources and organizations.

Phase 2 – Narrowing program scope

The meeting minutes and discussions were assessed to determine which programs had or could have the most impact on the community. The findings from these discussions led to the conclusion that some of the programs the OCCR was responsible for/helped facilitate could potentially be managed by other organizations. These programs already had support from other organizations and were not gaining much benefit from the OCCR. Therefore, the OCCR did not need to oversee each program, which would allow the director to focus attention and resources on Mid-South TCC funded programs. To further evaluate the programs, quantitative data were collected.

Phase 3 – Data Collection and Analysis

Three surveys were developed for, and completed by, patrons and exhibitors attending four health fairs. The first set of data was collected during the 9th Annual Health and Housing Fair, prior to the academic-community partnership (Table 1). This survey was distributed by volunteers (eg, community members) walking around the venue and approaching health fair patrons (N=100); 37 individuals completed the survey and all responses were included in the analysis.

The second set of data was collected after the academic-community partnership was established. Data were collected after the 10th Annual Health and Housing Fair and one Community Health Fair (Table 2). The surveys were distributed to 70 health and housing exhibitors (n=11 respondents) and 64 community fair exhibitors (n=23 respondents) via SurveyMonkey. The e-mail list was compiled based on the OCCR's exhibitor listserv. The majority of exhibitors provided health information and resources. Other exhibitors included vendors who sold home financial services, maintenance services and additional miscellaneous services. The results were collected to assess exhibitor satisfaction with the events, and to address any concerns or recommendations to create a better event for both patrons and exhibitors. In addition to the results displayed in Table 2, 45% of health and housing fair exhibitors reported feeling very satisfied with the fair and 55% reported feeling satisfied. Of the community exhibitors, 60% reported feeling very satisfied, 17% were satisfied and 22% were neutral.

During the 10th Annual Dillard University Health and Housing Fair, Dillard University nursing students volunteered to distribute two surveys to fair participants (N=100). These two surveys, Health Information Survey and Health Insurance and Health Access Survey, had 38 and 25 respondents, respectively. Survey participants were predominantly African American, 68% reported that

Table 2. Survey results: Health and housing exhibitors, n=11 and community health exhibitors, n=23

Health Fair Outcomes	Results
Health fair participation and growth	100% want to participate in the event next year 86% are interested in participating in smaller health fairs or workshops centered around specific topics, such as physical activity, nutrition, diabetes and heart disease 73% secured new clients and contracts because of their attendance at the fair
Recommendations and feedback	100% would recommend the fair to other businesses "Motivate more Hispanics to participate" "Get the word out earlier" "More advertisements to major employers (hospitality groups, retailers, etc.)" [50% of participants reported seeing a television ad for the event] "Possibly more media participation from attending businesses" "Put larger signs out and/or move the event to the front of the campus" "Continue building and growing it while promoting it for next year" "It's already amazing" "Is there a way to encourage more people to attend the workshops?" "Events such as the CCC Health Festival are very beneficial to our communities; therefore, I'd like to see it continue to grow and improve because events like this are much needed" "It was an awesome event that made an amazing impact for the community" "All in all the Community Health Festival was a success. Your vendors provided great information and you had a good selection of vendors. There was something for everyone who attended." "GREAT event and great vendors. Enjoyed connecting with several agencies in the industry to spread the word about heart and health in the community."

they were between aged 30-69 years, and 78% were female. (Table 3)

Main findings of the survey include: 1) all exhibitors (100%) want to participate in the health fairs again; 2) 86% want to participate in smaller health workshops; 3) 94% reported liking the health fairs; 4) 51% of health fair participants aged ≥18 years wanted to be screened for diabetes; 5) 48%of those aged ≥45 years wanted to be screened for chronic diseases; 6) 63% were interested in exercise programs at their church; and 7) 89% would attend a financial management workshop to manage their money.

Phase 4 – Emphasizing Targeted Programs

To determine which programs should be enhanced, we assessed: Mid-South TCC project goals and objectives; capacity to implement programs; desired program outcomes; sustainability; survey data; meeting minutes and discussions; and the potential impact on the community. Based on our results, Churches in Unity, health fairs and community gardens were chosen for future funding and program implementation to address obesity and chronic diseases within the community.

Churches in Unity is a collaboration between the OCCR and nine churches of different denominations and located in predominantly African American communities in New Orleans. The mission of this program is to provide access to health-related resources and programs to underserved individuals. During the first phase of this project and after the elimination of programs, the OCCR director and the academic liaison agreed that the OCCR should condense services that were provided through several programs (ie, community gardens and health fairs) into one program, Churches in Unity.

Churches in Unity is now considered the umbrella program at the OCCR, and many programs will function under the Churches in Unity name. This model will create access to individuals who are affected by the social determinants of health and health disparities, as related to obesity. The participating churches will receive exercise equipment, health fairs, health workshops, and community gardens. This program will not only address obesity and metabolic disorders within these communities (Mid-South TCC and OCCR goals), but it will also raise awareness and provide health screenings for other chronic diseases.

Phase 5 – Grant Writing/ Development

Due to the academic-community partnership, the OCCR collected data that support the need for OCCR services, such as health fairs, health education, and exercise programs. The results from the surveys and data analysis led to the submission and funding of

Table 3. Survey results: 10th Annual Dillard University Health Information and Insurance Survey, n=63

Health fair outcomes	Results
Age	68% were aged 30-69 years
Sex	78% female 22% male
Preventive health	Of 23 participants, 63% were interested in exercise programs at their church 51% aged ≥18 years old were interested in being screened for diabetes in a faith-based community setting 48% (n=27) aged ≥45 years were interested in being screened for chronic diseases such as heart disease, prostate cancer, or kidney disease in faith-based or community venues 47% were interested in learning more about specific health issues, such as diabetes, heart disease, kidney disease and cancer Of the specific health issues, individuals expressed interest in learning more about: heart disease (41%); diabetes (27%); kidney disease (21%); obesity, depression, eye care, infant care and menopause (7%)
Neighborhood environment	When asked if participants had suggestions about resources that they would like to have in their neighborhood, responses included: Better city maintenance (eg, garbage collection, blight removal, and yard services); help with youth; prevention services; information about women's health; information about housing, imprisonment, restoration and home depot; information about student loan forgiveness; police sub station
Health insurance	Of 23 participants, 92% reported having health insurance 40% reported that they were interested in learning more about the Medicaid Expansion Program Of 23 participants, 13% were interested in enrolling in the Affordable Care Act
Health fair satisfaction and recommendations	94% reported liking the health fair When asked what participants would like to add to the health fair, the responses included: Everything was great (n=4); Information about women's health (n=2); Retirement advice (n=1); and Transportation/pick-up (n=1)

a grant proposal requesting $15,000 from a local community foundation to support OCCR programs. The funding has provided Churches in Unity programs with exercise equipment for workout sessions, cooking/nutrition programs, and maintenance of nine community gardens that were previously developed by the OCCR. The academic liaison will create measurement tools (eg, pre- and post-program questionnaires, BMI measurements, records on class attendance, etc.) to ensure that the OCCR is monitoring the maintenance and success of these endeavors.

Discussion

Prior to the development of the OCCR and LSUHSC-SPH academic-community partnership, the OCCR was responsible for many community-based projects and programs. All of these endeavors were good ideas, but some were not executed properly, and some did not serve a purpose to fulfill Mid-South TCC funding objectives. The academic-community partnership enabled the OCCR director and the academic liaison to strategically discuss how to narrow the scope of the OCCR while still addressing the target goals and objectives to improve community health related to obesity and other chronic diseases. Each partner provided specific sets of skills and expertise, which led to enhanced data collection and evaluation tools. Through these collaborative efforts, the academic-community partnership produced results that established a need and desire for health fairs, specialized health screenings, and community engagement. These results aided in narrowing the scope of the projects and emphasizing others to provide the best resources to community members.

Though we found many successes of the academic-community partnership, some limitations need to be addressed. Unfortunately, due to a lack of funding, the OCCR will not always have the paid support of research staff to help analyze and collect data. However, the academic institution (LSUHSC-SPH), as well as the liaison, are committed to supporting the OCCR through volunteer services. Survey participants reported living in a variety of zip codes, so the results presented are not representative of the OCCR community service areas. However, the majority of the zip codes reported in the surveys are located in the New Orleans Metropolitan area. In the future, the OCCR will continue to develop the Churches in Unity program, which represents churches and communities throughout New Orleans.

Conclusion

Overall, the OCCR/LSUHSC-SPH academic-community partnership has achieved the goal of restructuring OCCR's community-based programs. The development and success of this partnership was strongly based on communication, active participation and collaboration between the community, community organization, academic staff and stakeholders. As a result of this partnership, the OCCR director was able to focus on the community's needs, and identify organizations and individuals who are in the most need of resources. The academic involvement was essential because it provided a different perspective on how each program could be more effective in the community, which will benefit the community, organizations and individuals in the future. Furthermore, the partnership enabled the OCCR to expand its reach and scope of work by submitting proposals for additional funding. In the future, the OCCR will work with LSUHSC-SPH staff to conduct a variety of health screenings and health workshops focusing on specific diseases and conditions, such as cardiovascular disease, diabetes, cancer and mental health. These screenings and workshops will take place in churches participating in Churches in Unity. The OCCR will limit the health fairs to one or two annually and re-allocate funding to support these screenings and workshops. Through both activities, OCCR will collect data that will be used to inform future policies at the neighborhood, community and city level.

Acknowledgment

This work was supported by a grant from National Institutes on Minority Health and Health Disparities (U54MD008176).

Conflict of Interest

No conflicts of interest to report.

Author Contributions

Research concept and design: Skizim, Harris, Leonardi, Scribner; Acquisition of data: Skizim, Harris, Leonardi; Data analysis and interpretation: Skizim, Harris, Leonardi; Manuscript draft: Skizim, Harris, Leonardi, Scribner; Statistical expertise: Leonardi; Acquisition of funding: Skizim, Scribner; Administrative: Skizim, Harris, Leonardi; Supervision: Skizim, Harris, Leonardi, Scribner

References

1. Brown AF, Morris DM, Kahn KL, et al. The Healthy Community Neighborhood Initiative: rationale and design. *Ethn Dis*. 2016;26(1):123-132. https://doi.org/10.18865/ed.26.1.123. PMID:26843805.
2. Wallerstein N, Duran B. Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *Am J Public Health*. 2010;100(100)(suppl 1):S40-S46. https://doi.org/10.2105/AJPH.2009.184036. PMID:20147663.
3. Carney J, Maltby H, Mackin K, Maksym M. Community-academic partnerships. How can communities benefit? *Am J Prev Med*. 2011; 41(4S3):S206-S213) https://doi.org/10.1016/j.amepre.2011.05.020.
4. Calderón JL, Norris KC, Hardigan PC, Calderón LA, Hays RD. Case study of an unsustainable community-academic partnership: toward core standards for the structure of emerging participatory research. *Ethn Dis*. 2015;25(3):363-372. https://doi.org/10.18865/ed.25.3.363. PMID:26673638.
5. Ross LF, Loup A, Nelson RM, et al. The challenges of collaboration for academic and community partners in a research partnership: points to consider. *J Empir Res Hum Res Ethics*. 2010;5(1):19-31. https://doi.org/10.1525/jer.2010.5.1.19. PMID:20235861.
6. Viswanathan M, Ammerman A, Eng E, et al. *Community-Based Participatory Research: Assessing the Evidence: Summary.* US: Agency for Healthcare Research and Quality; 2004.
7. Parent CM, Barthe-Prevost A. New Orleans Community Health Improvement Plan. New Orleans Health Department.2015. Last accessed February 2017 from http://www.nola.gov/getattachment/Health/Community-Health-Improvement/New-Orleans_Community-Health-Improvement-Plan_May-2015.pdf/
8. United Health Foundation. America's Annual Report Health Rankings. A Call to Action for Individuals and their Communities. 2016. Last accessed February 2017 from http://assets.americashealthrankings.org/app/uploads/ahr16-complete-v2.pdf
9. New Orleans Health Department. Community Health Data Profile: Healthy Lifestyles in New Orleans. June 2013. Last accessed February 2017 from http://www.nola.gov/health-department/data-and-publications/reports/healthy-lifestyles-in-new-orleans-community-2013/
10. State of Louisiana Department of Health and Hospitals. Eliminating Health Disparities 'From a Grass Roots Perspective. 2009. Last accessed February 2017 from http://new.dhh.louisiana.gov/assets/docs/GovCouncil/MinHealth/HealthDisparitiesReport200809.pdf
11. Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2008. Last accessed February 2017 from https://www.cdc.gov/nccdphp/dch/programs/healthycommunities-program/tools/pdf/SDOH-workbook.pdf
12. Dillard University Office of Community Relations. Last accessed February 2017 from http://www.dillard.edu/index.php?option=com_content&id=1531:office-of-community-relations&Itemid=237
13. Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promot Pract*. 2006;7(3):312-323. https://doi.org/10.1177/1524839906289376. PMID:16760238.
14. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health*. 1998;19(1):173-202. https://doi.org/10.1146/annurev.publhealth.19.1.173. PMID:9611617.
15. Dobransky-Fasiska D, Brown C, Pincus HA, et al; RNDC-Community Partners. Developing a community-academic partnership to improve recognition and treatment of depression in underserved African American and white elders. *Am J Geriatr Psychiatry*. 2009;17(11):953-964. https://doi.org/10.1097/JGP.0b013e31818f3a7e. PMID:20104053.
16. Holkup PA, Tripp-Reimer T, Salois EM, Weinert C. Community-based participatory research: an approach to intervention research with a Native American community. *ANS Adv Nurs Sci*. 2004;27(3):162-175. https://doi.org/10.1097/00012272-200407000-00002. PMID:15455579.