



# Partnership Vignettes

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Implemented by the  
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# HOW TO USE THIS RESOURCE

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This workbook contains four “vignettes”, or fictional stories that showcase typical events or occurrences. These vignettes were created by Michelle Marcus (Senior Research Associate, Georgia Health Policy Center) based on discussions with community-based organization leaders and community members in Atlanta between 2022-2023.

Each story narrates a potential experience of academic-community partnerships that is based on real-life experiences of community-based organizations. The vignettes help illustrate some of the challenges that can arise during collaborative projects as well as varying degrees of benefits of the projects for the community-based organizations and academic partners.

These stories are meant to stimulate constructive critiques of these hypothetical partnerships in order to imagine better and more equitable ways that collaborations can be carried out. The included discussion questions may guide critical thinking about the scenarios, and highlight some (but not all) lessons that can be applied to future partnerships.

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## CITATION

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# VIGNETTE ONE: THE EMERGING COMMUNITY-BASED ORGANIZATION

## STORY

A local jurisdiction has received funding to address Brownfield contamination in some neighborhoods facing multiple environmental justice issues. The local elected official for those communities hosts a kickoff event with community information and input sessions. The event is attended by Gina, an advocate who has started a small nonprofit focused on environmental justice issues, and also by Rachel, an academic researcher who studies environmental sciences and has a student who lives in one of the neighborhoods. At the event, they start talking about their work, and realize they could find mutual benefit by collaborating. Rachel starts attending some of the community partner's organization's meetings, and participates in some volunteer events. Through this involvement, she becomes increasingly aware of and invested in the complex inequities faced by this community. She wants to provide this insight to her students, and invites Gina to present to one of her classes. The following semester, this CBO and community serve as a recommended student research topic for her class, and several students meet with the community partner to learn more about the community, gather data and evidence, and provide a research report.

The next year, the student who lives in the community conducts a student research project on an issue of importance to the community partner. He meets several times with Gina, impressed by her efforts to inform residents and policy-makers. His project produces a valuable summary of evidence regarding the health hazards posed by a proposed industrial site in the area. However, the research only addresses a small portion of the CBO's research question, and the student graduates before further research can be conducted. Rachel continues to personally get involved in the CBO's activities, and the two collaborators meet occasionally for coffee and conversation, sometimes joined by other community members. When the CBO applies for some grant funding, the academic partner provides some data and evidence to support the grant, and advises on the project approach, without any formal agreement or compensation. Gina is still hoping to get some very specific questions answered about exposures and policy solutions, and to involve students and citizen science approaches to increase awareness. The faculty researcher has been working on their own research projects, which are primarily led by more senior faculty in their department. They discuss their community-based collaboration with their department, but it doesn't really align with the research interests of the other faculty members. Eventually, the academic hears about a modestly-sized funding opportunity that fits the alignment between the CBO mission and their own expertise, and seeks the approval from their department head to pursue it. Although the two partners have a relatively clear idea of what they want to do together – training residents to record and report contaminant sources in their community - developing it into a grant application has a number of challenges. The total amount of funding is not large, and the required university overhead along with the cost of the academic's time leaves less funding for the CBO than the partners feel is needed. Additionally, the university requires a considerable amount of documentation for the CBO to become a subcontractor, some of which the CBO

has never prepared before. The partners end up spending many hours together to complete the documentation satisfactorily, and have to have the department head provide additional approval, which is given somewhat grudgingly. The faculty researcher hopes that the department will become more supportive if this project goes well.

In spite of the considerable time commitment – which takes the Gina away from her direct work for days – and the fewer resources than originally expected, she feels like they need to go along with the terms because the potential benefits are still so compelling and there are no substitutes for this partnership. She continues to host student research projects, but after the first two years, realizes the considerable amount of effort to educate and build relationships with new groups of students every time. She develops an introductory module with the academic partner, which is delivered in class before the students meet with the CBO. Together, Gina and Rachel develop some activities to do with the students to accelerate their awareness, empathy, and understanding, and refine it over time.

## DISCUSSION QUESTIONS

What did Gina get out of this partnership that will likely advance her goals, and what did Rachel get that might fit with her academic/institutional needs?

What are some of the structures or practices that reduce the equity or benefits of this partnership for Gina?

What are some modifications to the approach and relationship that could help improve the partnership for both parties? Are there academic policies and practices that could be changed to facilitate better partnership?

What actions or conversations could these partners have undertaken to help them better achieve the partnership goals?

# VIGNETTE TWO: THE COMMUNITY BOARD REPRESENTATIVE

## STORY

John moved to his neighborhood about 10 years ago, began getting to know the community, and started attending local meetings. Although he also grew up in a low income neighborhood, it was working class and neighbors were very engaged. In his new neighborhood, he is surprised to see how much of a sense of hopelessness there is. People don't really have the time or the willingness to engage in activism or community organizing, and there are many unhealthy coping skills being used. It doesn't take too long before he's in a leadership position in the neighborhood association, and advocating to city and county officials about the issues he sees. He is invited to join a task force convened by a local health system and the county government to work on solutions. While they come up with some promising strategies, the task force is purely advisory, and the strategies that the health system decides to implement aren't ones that he thinks will have a big impact. However, at a public event to promote their work, one of the other task force members introduces him to a friend who is on the community steering committee at a local university. The friend knows about John's active role in his community, and invites him to apply to be on the committee. It sounds intriguing – this board doesn't just provide recommendations, but actually has joint authority to apply for and allocate funds, propose studies, and direct initiatives.

He joins the committee and initially he's very hesitant to participate. He sits quietly in many of the meetings, not sure what his expertise is or what he has to contribute. After a few months, he gets to participate in one of the board's routine training sessions in which he learns more about the research process and the role of the community voice. Close to a year in, an issue comes up – a funding opportunity related to community engaged cancer prevention – in which he feels experienced after his father died of colon cancer. He starts to express his opinions about this issue, and when he does, he's surprised to find how much his voice is respected; that the academics that support the board ask him relevant questions that he can answer authoritatively, and heed his suggestions.

One thing he appreciates about the board is that they have the power to engage community members before deciding which projects to fund. They conduct surveys with a number of communities and their populations of interest, ask people to help prioritize issues and then align projects with those priorities. However, John feels they could go further. Some people he contacts to complete the survey express to him that they are more concerned with living conditions, ones that he knows affect their health, than they are with specific diseases, and they don't feel like the survey captures that. He proposes a small project to obtain more qualitative data from community members in order to revise the survey, and after several years gets approval. One of the faculty members who works closely with the board gets a modest internal grant, and uses John's input to design their interviews and focus groups.

One benefit of serving on the board is that members can take classes or even pursue a degree for free. After a few years, John completes an MS in environmental sciences, which also gains him a promotion at work (the board only requires about ten hours a month, and just provides a small stipend). He starts thinking about ways to leverage his new degree. After his time on the board, he also becomes very well versed in CBPAR and the research process, and

has heard many issues raised by the community, more than the institution can possibly address. He wants to take on more of the research role himself, and decides to start a small consulting firm on the side. He's excited to begin work that involves additional outreach to the community. Initially, he gets a few small jobs doing community engagement for development projects and environmental studies, but soon an opportunity comes up to subcontract on a research project.

The project, led by the environmental science department, is not governed by the community board so there is no concern about conflict of interest, but his contacts at the university are invaluable for making the partnership happen. John is proud of the work he does, but it is an overall frustrating experience. Even with a data sharing agreement in place (at considerable effort and expense for certifications), he has to make multiple requests for data from the academic partner, and go through negotiations to have it provided in the format that he needs. Furthermore, he is only engaged for his small portion of the work, and most of the critical decisions about the project are made without consulting him. Although his outreach deliverables show strongly-held community opinions, the study design was already written into the funding proposal, and there is no time or budget to incorporate additional data sources. When he gets feedback from community members, he does not necessarily have the power to make sure that those words are heeded. In fact one community member that he knows well tells him point blank that the research project is focusing on the wrong question and failing to measure important factors in their community. However, there's not much he can do.

Part of the challenge is the faculty member he's initially working with. Although she does a lot of community work, she is resistant to community led research ideas or solutions. He realizes that in spite of some shared identities, this professor personally had a lot of opportunities in her life, and seems to have a blind spot to the way that entire communities lack the same opportunities that she had. During one of his research presentations, he connects with another professor in that department who has had the lived experience and community exposure to be more open to community-led research. In fact, much of her openness comes from a recent project focused on toxic exposures among unhoused pregnant women, in which she encountered several women with similar backgrounds to hers who simply seemed to have had a few instances of bad luck where her luck had happened to be good.

In spite of his disappointment with the lack of influence he has over the project from the subcontractor side, he continues to grow his work. In fact, he soon quits his former job and does his consulting work full time. Over time he learns to write contracts that give his firm more flexibility. The schedule flexibility and community engaged focus give him more time to attend community meetings and events, which help him stay aware of emerging concerns. As his firm grows, he sees an opportunity to be the lead organization on a particular grant. With considerable advocacy from some of his academic collaborators, he is awarded the grant, and brings on the university as a research subcontractor for data management and analysis. Executing that first subcontract with the university is a wild ride – the legal team keeps trying to send him contracts with the university as the lead – but it eventually gets completed with some follow-up by the faculty partner and the Dean. In spite of the challenges, John is thrilled with the extra share of funding this gives him, as well as the power to let community engagement drive the research process.

## DISCUSSION QUESTIONS

What access or influence does John experience as a result of his engagement in the community board?

What practices or structures of the board advance community ownership of the research goals and outcomes? What structures prevent community participation or action?

Does John's engagement in the board advance the goals of the community? How can you tell?

How do the experiences/positionalities of the individual faculty members promote or prevent progress toward equity in this partnership?

Does the community context introduced in the first paragraph probably have an influence over the research-academic partnership? How does this context (and researcher awareness of this context) shape power dynamics between the community and the academic institutions or researchers?

What practices, habits, or structures for academic partners and institutions appear to have the best potential to advance equitable partnerships with community in this scenario?

# VIGNETTE THREE: THE ESTABLISHED COMMUNITY-BASED ORGANIZATION

## STORY

MoveUp, a 501(c)3 organization, has been around for almost 20 years working on several interrelated community causes, including food security, active living, and civic engagement, particularly for immigrant communities. While they have a robust set of core staff to operate the organization and run programs, they are constantly seeking volunteers and any other resources that might support their mission. Valerie, the active living program director, has been trying to find data and evidence on different types of initiatives that might work in her focus communities. It would be even better if she could get some rigorous evaluation of her own initiatives as well, but that is low on the priority list of funding and volunteer allocation. One day, she gets a call from Alvin, or “Dr. A”, a research professor looking for student projects for his urban health elective. Valerie enthusiastically suggests multiple ideas – searching for examples of effective environmental interventions (Alvin refers to this as a ‘literature review’), observing the number and types of users at certain parks and trails, interviewing an immigrant walking group about their experiences and preferences, and more. Dr. A starts with a literature review on the topic for one of the class assignments, and recommends the observations and the interviews as a final project option for the class. One student opts to interview the immigrant group, with a translator, and comes back filled with criticisms, ideas, and recommendations for better walking infrastructure in neighborhoods with high numbers of immigrant families – as well as new-found appreciation for the conditions many families are trying to thrive in.

The next year, the organization has a temporary staffing need to develop informational materials and host an event about their cause, and Valerie reaches out to Dr. A to ask for support. He refers them to a health communications professor, Dr. Hills, who incorporates the assignment in into her summer student communications laboratory. Many of the products are great, but a couple of the student groups turn in poor quality work that the organization can’t use. While the higher quality student projects contribute value to the organization, it also took a significant time commitment for the program director to meet with each of the student groups, view the student presentations, and provide feedback to the professor. Valerie thinks she should have received some compensation for her time – her budget is thin, her time is limited, and the value to Dr. Hill’s job and the students’ careers seems to outweigh the four flyers that she will polish up and use. However, she does not feel comfortable saying anything to the professor at this time. At MoveUp’s big annual fundraiser, Dr. Hills, as well as her adult child and several students, help staff the event as volunteers. As they are cleaning up, exhausted but feeling successful, Valerie finally feels comfortable enough to raise her concerns about the student communications products. Dr. Hills feels regretful, and promises to engage a graduate student to assist with supervising and critiquing student work in the future. She also invites Valerie to some topical lectures and research presentations, at which she gets to meet faculty from other local universities. One invites her to present to a class; another asks for input regarding interpretation of their research findings.

Valerie still sees a real gap in understanding how her work is impacting the community. One of the new faculty she has met, Dr. Cardona, has expertise in active living research and immigrant communities. Valerie approaches her with this research request, and the search for funding begins. Dr. Cardona writes several proposals which are not awarded. It takes several years before a really promising opportunity comes along, and their project proposal can become a reality. Then the next hurdle begins. Their project involves hiring members of the immigrant community to collect data, but the university refuses to hire some of the candidates due to their undocumented status. It takes a complicated arrangement with the university, MoveUp, and an immigrant services organization they occasionally partner with, to be able to pay the community researchers, and they are not able to offer benefits as a result (at least the partner organization does provide a wide range of free health and financial services). The project is now delayed by several months, so they work quickly to train and deploy the community researchers, since the project timeline was determined before the grant was even awarded. Overall, Valerie feels the project is a huge success. Not only do they collect data about active living supports for this population, the community researchers provide more valuable insight about the research design and data interpretation than she could have imagined. However, she has learned in the process that local transportation and parks budgets are drastically misaligned with community needs. Perhaps Dr. Hills and Dr. Cardona can help her communicate these findings to the relevant agencies and elected officials.

## DISCUSSION QUESTIONS

What was the initial alignment between Valerie's needs and the offers from her prospective academic partners?

How did Valerie's action goals eventually get met through the partnership?

What assets did Valerie and Dr. Cardona bring (or develop) that enabled an eventually successful project?

What institutional trainings or practices could be formalized to promote more efficient and equitable partnerships in future?

# VIGNETTE FOUR: THE COMMUNITY HEALTH WORKER

## STORY

Cindy has lived in her neighborhood for over 35 years. She has always been the kind of person who helps out in the community and serves on local boards. She grew up in a very similar community, but feel like things are getting worse and worse. She's deeply concerned about certain issues, especially among youth. When a local professor, Dr. Larson, attends a community meeting and says they are looking for community health workers for a youth mental health initiative, it sounds like a great opportunity to align her work with her passion, and make a real difference in her community. Once she gets hired and the project starts, she feels fulfilled by the work. She feels like she has a good collaborative relationship with the professor in charge and most of the other investigators. While Dr. Larson is White, and Cindy is Black, she finds that he is a great listener who whole-heartedly validates her fears and opinions. He attributes it to his upbringing, in a poor family surrounded by a community with few resources but a tendency to help each other out.

The project has some ups and downs. The intervention design was developed ahead of time based on evidence from other communities, and as a result some elements of the project aren't ideal for kids in Cindy's neighborhood, who continue to be exposed to sources of trauma on a regular basis. Thus, overall impacts aren't what they hoped to see. The professor had actually anticipated this, and initially envisioned it as the first phase in a ten-year initiative. He even collected some data from participants regarding changes to the program. But the funder, who hoped to see evidence of immediate impacts and scale an 'evidence-based' program, not have kids tell them how to change the program, simply doesn't renew the grant after the first two years. The CHW hears from community members – even years later – that they wanted the services, just in a different format. With what she has learned from being on the project, Cindy locates other services and resources for her neighbors, helps them navigate the system, and even assists them with barriers such as documentation requirements and transportation. If the project had been able to listen, and adapt, she thinks, it could have had revised intervention for much more significant results.

Although that project ends, Cindy wants to continue to serve in the CHW role. After a stint of temporary work, Cindy hears about a new CHW opportunity, and gets the job. This is a university that she hasn't worked with before, and a professor she's never met before, Dr. Marx. Dr. Marx has set ideas about what the community wants and needs, and what it's capable of. She feels that some assumptions by some of the lead academic investigators made them more resistant to making even relatively minor changes, such as unstated beliefs about that community's health literacy and self-efficacy. In this position though, she's able to work on an issue that is near and dear to her heart: young children's development. She considers herself pretty knowledgeable on this topic since she used to be a preschool teacher, and disagrees with the way that the lead professor is implementing the project. She has seen the struggles that parents and grandparents have connecting children to the environments and resources that they need. While she thinks that the intervention that the professor is studying is worthwhile,

she also knows how hard it is for families to come to a program every week, and to find time to apply the techniques that they're being taught at home. She sees the clients who are coming in to participate and realizes that it's a small slice of the population, and that many of the families who need help the most don't seem to be able to participate. Since she knows so many people in the neighborhood, she asks a few folks about it, and they describe barriers to her like lack of transportation, and simply lack of time to participate in a program in addition to their busy lives. Additionally, they tell her about some of the things they think would help them, and she passes those ideas on to the professor.

At first, the professor dismisses Cindy's ideas – after all, she's just the CHW, she doesn't even have a college degree. But Cindy is determined to make her point, and invites Dr. Marx to a 'family fun day' at the local recreation center. Dr. Marx sees it as a good recruitment opportunity (an aspect of the project she doesn't usually do). However, after talking to a dozen moms at the event and hearing a dozen extremely valid reasons why they can't or won't participate – as well as all of the ways they try so hard to support and protect their kids - she starts to reconsider what she thought she knew about this community. When the next funding opportunity arises the professor writes Cindy's recommendations into a proposal. It has to get a bit modified in the process, in order to fit what the funder is looking for, but they are able to significantly modify the intervention, adapting to a more common local worldview and addressing some deep social determinants of health faced by the community. The initial impacts are relatively small since so much of the effort focuses on determinants and not on health outcomes themselves. However participants say that it's making a real difference and they expect to see long-term permanent changes. Thankfully, they received five years of funding, which will allow them to track the longer-term changes expected by the time that participating kids enter school.

## DISCUSSION QUESTIONS

What institutional barriers did the initial research project face?

What assets did Cindy bring that enabled her to develop a successful project with Dr. Marx despite their initial lack of alignment?

How did the development of trust and personal capacity influence the outcomes of these partnerships?

What individual or institutional practices or systems might promote more efficient and equitable partnerships in future?