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RESEARCH ARTICLE

Toward decolonized fiscal relationships between universities and community organizations: lessons learned from the California community engagement alliance against COVID-19

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ABSTRACT

In September 2020, the US National Institutes of Health (NIH) allocated $12 million to support engagement with historically marginalized communities hardest hit by COVID-19. The award was designed to mobilize community-engagement in pandemic response, and to support partnerships as part of the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities. All aspects of the award were fast-tracked, and NIH utilized a 'more flexible' funding mechanism (OTA) to facilitate swift distribution of funds. In this paper, we draw upon an analysis of findings from a 2021 survey conducted with 11 California CEAL sites representing urban and rural settings, private and public universities, and established and new community partners and qualitative analysis of 2020–2022 site-wide meeting minutes. We describe the challenges posed at the federal (e.g. NIH funding), university, and community–university partnership levels as well as opportunities and creative workarounds. Challenges include delays in subcontracts and payments to community partners that undermined trust and reproduced unequal and hierarchical power relationships. We build upon our findings and collective experience to propose a framework for decolonized fiscal relationships between universities and community partners which contains key recommendations for funders, universities, and community partners.

Introduction[1]

Scholars have argued persuasively that decolonizing universities requires radical departures and reconfigurations of academic structures, particularly those linked to knowledge production and academic culture (Davies et al., 2003; Joseph Mbembe, 2016; Parker et al., 2018; Zembylas, 2022). Beginning to make changes in this historical and power-laden configuration requires recognizing knowledge as emanating from a wide range of sources and questioning the presumed universal applicability of Eurocentric theories and organizational behaviors (Burke et al., 2009; Freire, 2000; Parker et al., 2018; Wallerstein et al., 2020). Community-based participatory research (CBPR) and

community-engaged research (CEnR) have been recognized as approaches through which these aims may be achieved largely due to their focus on the coproduction of knowledge and attention to shared power (Fleming et al., 2023; Wallerstein et al., 2017, 2020). They have been shown to be effective in reducing inequities (Israel et al., 2012; Wallerstein et al., 2017), increasing research relevance and sustainability, and enhancing the public's receptiveness to research findings (Carter-Edwards et al., 2021). Despite this, little research has explored the fiscal processes that underly community-academic partnerships.

Wallerstein and colleagues' long-term national study of CBPR and CEnR best-practices identified equitable fiscal processes as crucial predictors of outcomes at the project and the partnership level (2020) What these processes for distribution of resources look like on the ground and who is involved in establishing and communicating about them – e.g. academic administrators who manage grant processes – remains underexplored. Carter-Edwards and colleagues' qualitative study of the fiscal challenges faced by Clinical and Translational Science Award (CTSA) researchers, community part-ners, and research staff explored difficulties in ensuring that pre- and post-award grant process expectations were met 'despite labyrinth administrative processes' (2021). Administrative burdens (Herd & Moynihan, 2019) outlined include contract negotiations, subcontract and subaward execu-tion and monitoring, and clear communication of fiscal and administrative expectations (Carter-Edwards et al., 2021). This research opened the discussion of the influential role that academic administrators play in CBPR and CEnR, and the need to include them as a key stakeholder group.

In this paper, we utilize our experience as community- and university-research partners in a statewide National Institutes of Health (NIH)-funded initiative to address disparities in COVID-19 risk, morbidity, and mortality (Casillas et al., 2022) to highlight the significant role fiscal processes of grant management play in potentially undermining community-academic collaboration, and thus, the co-production of knowledge and impactful health research. The California Community Engagement Alliance Against COVID-19 (STOP COVID-19, CA; hereafter, Alliance) was part of the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities, funded in September 2020 with US$12 million to support community engaged research and outreach in historically marginalized communities hardest hit by the COVID-19 pandemic. Each of the 11 teams in the Alliance includes staff and investigators from community-based organizations and an academic institution. The academic institutions include nine academic health centers (six University of California and three private institutions) and two universities without affiliated health centers; eight of these institutions are Clinical and Translational Science Awardees (CTSAs), three Research Centers in Minority-Serving Institution (RCMI) Awardees,[2] and one non-RCMI minority-serving insti-tution. Each of the 11 academic institutions has a long-standing community engagement program that supports relationships with CBOs, faith institutions, public health departments and programs, and other agencies including the Veterans Association (VA) and federally qualified healthcare centers. The Alliance required that at least half of the overall California CEAL funding be distributed to community partner organizations (Casillas et al., 2022; Rodriguez Espinosa et al., 2024).

All aspects of the award were fast-tracked, from the Funding Opportunity Announcement to disbursement, and the NIH utilized a more flexible funding mechanism (Other Transactions Authority, or OTA) to facilitate swift distribution of funds first to the prime recipient (UCLA), who then distributed to the other 10 sites via subawards. These sites then worked independently with their academic administrators to establish mechanisms (e.g. subcontracts, consultant agreements, professional service agreements) to share funds with community partners. In this article, we outline challenges posed by federal and university bureaucratic structures to the equitable and timely distribution of grant funds to community partners; the implications of these challenges for the maintenance of community–university partnerships; and how these challenges both illustrate the persistence of colonizing structures in universities and the importance of their restructuring. We close with a framework and recommenda-tions for decolonizing university-community fiscal relationships. Our goal is to explore the complexities of this grant management as a case study from which we can garner lessons useful to inform improved processes and conceptualizations of community-academic partnerships.

We utilize the emerging literature on decolonizing university systems which attempts to address racist legacies and their current manifestations through changing curriculum and pedagogy, democratizing access, dismantling naming and building processes, and, rethinking organizational structures (Joseph Mbembe, 2016; Zembylas, 2022) to identify foundational charges applicable to fiscal relationships. Specifically, Joseph Mbembe (2016) argues that the legacies of colonialism can be found in university administration systems that are run according to business principles and translate higher education into marketable products. As a consequence, students have become less interested in knowledge for knowledge's sake, and much more in the 'material payoff, or utility, which their studies and degree have on the open market' (Joseph Mbembe, 2016). To decolonize these systems, he argues, means 'breaking the cycle that turns students into customers and consumers' (Joseph Mbembe, 2016), effectively disengaging from the audit culture in which faculty and students are assessed according to business principles and statistical accountancy.

Recent decolonizing efforts have been criticized as tokenistic, given the appearance of decolonization while leaving the underlying power structures that support colonial legacies and practices in place (Moosavi, 2020; Stein, 2019, 2020; Zembylas, 2022). We are less interested here in 'intellectual decolonization' as centered in classrooms and training programs, and more so in reconceptualizing knowledge production itself and how forms of knowledge production – such as those purported in CBPR and CEnR – have the potential to democratize access to the university and address its relevance and meaning to surrounding communities. We present our experience in the interest of beginning to answer the question of what it would mean to 'dismantle colonial power relations, values, and norms' present in higher education institutions (Zembylas, 2022), including their financial relationships with community organizations, especially important in the midst of public health emergencies such as the COVID-19 pandemic.

COVID-19 in California

The COVID-19 pandemic had a profound impact on California's population of 40 million residents. Racial/ethnic and low-income groups across the state experienced disproportionate health impacts of the pandemic (Bambra et al., 2020; CDC, 2020; Ettner & Grzywacz, 2003; Getachew LZ et al., 2020; Thomas et al., 2021): COVID-19 deaths among California's Black residents were 33% higher than their representation in the state population, 30% higher among Latinx residents, and 27% higher among American Indian and Alaskan Natives, and Native Hawaiian and Pacific Islanders (Boserup et al., 2020; California Department of Public Health, 2023; CDC, 2020; Chang et al., 2021; Escobar et al., 2021; Glance et al., 2021; Iyanda et al., 2022; Riley et al., 2021). In addition to higher rates of COVID-19 infection, hospitalization, and death, these groups experienced lower vaccination and treatment rates than White residents (Casillas et al., 2022).

Additionally, minoritized groups in California were overrepresented as essential workers, receiving little to no hazard pay or sick leave benefits, struggling to gain access to personal protective equipment, experiencing limited access to health care, and experiencing a higher burden of chronic conditions associated with higher morbidity due to COVID-19. Limited access to COVID-19 preventive resources including culturally and linguistically appropriate information and vaccination opportunities exacerbated disparities. The state of California dedicated significant resources to widely distributing test kits and masks, providing testing and vaccines, and supporting the engagement of underserved residents in pandemic efforts through community health worker programs. However, significant barriers remained, particularly in rural parts of the state.

Trusted sources of communication, in the form of community-based organizations known to provide support and resources pre-pandemic, were essential to cut through these layers of mistrust stemming from historical and contemporary injustices. The NIH CEAL initiative was designed to support community–university partnerships poised to get to work. The severity of the pandemic and the disproportionate impacts on minoritized, low income, and rural populations across the state informed community and university partnerships' efforts to address COVID-19 related disparities. In

the process of working together, these partnerships identified financial processes and practices that would better support equitable partnerships in the future and rapid response CBPR and CEnR.

Methods

We draw upon data from a qualitative analysis of open-ended responses in a survey conducted with 11 California CEAL sites representing urban and rural settings, private and public universities, and well-established and new community partners, as well as qualitative analysis of site-wide meeting slides and meeting minutes and minutes from a breakout session on payment structures held during a site-wide retreat. We also bring our decades of collective experience in CBPR and CEnR to bear on the analysis and interpretation of data.

We conducted an online Spanish/English survey of Alliance academic and community partners in August 2021 that included 14 questions regarding facilitators and barriers to implementation of CBPR and CEnR projects, strengths and challenges of the Alliance, community impact, and lessons learned in community–university partnerships. We requested at least one academic and one CBO response from each team. Community partners received a gift card ($25) for survey completion. One team member with expertise in qualitative methods and analysis coded all open-ended responses using reflexive thematic analysis (Braun & Clarke, 2019) and organized them in Atlas.ti. Reflexive thematic analysis engages with researcher subjectivity as a resource. In this case, this resource included the stances and positionality of community-based organization staff and academics working together. Coding included both deductive and inductive codes; those expected based on the concepts informing the open-ended questions, and those that emerged from narrative answers. Three team members discussed the codes and categorized them into themes and brought preliminary themes to Alliance-wide meetings. These meetings included community and academic partners; all engaged in discussion and review, which included thinking through the different institutional and organizational contexts underlying some responses. The overall findings are reported in (Casillas et al., 2022). For the purposes of this paper, we report on findings specific to discussions of funding, fiscal processes, payment mechanisms, and workarounds. The University of California, Los Angeles Institutional Review Board (lead site) determined that ethics review for this evaluation was not required (IRB #20–001715).

Site-wide PI meetings were held biweekly in 2020, and monthly in 2021–22. We reviewed slide decks and informal meeting notes ($n = 33$) and site-wide retreat minutes (November 2021). The analysis focused on discussions of funding, fiscal processes, payment mechanisms, and workarounds.

Results

Thirty-four surveys were completed, including 11 community-academic teams (17 investigators at 11 institutions and 19 community partners at 17 community organizations).

Our analysis illustrates challenges in funding mechanisms, university grant processes, and community–university partnerships, as well as creative workarounds. Delays in subcontracts and payments to CBOs undermined trust in community–university partnerships and reproduced unequal and hierarchical power relationships. Workarounds included creative approaches to payment (e.g. honoraria) and drawing on good will and personal relationships among fund managers (e.g. social capital). We report findings by level using illustrative quotes (see Table 1).

Federal level

Challenges with the funding structure were discussed early and continuously in site-wide team meetings and throughout open-ended survey responses. Analysis of meeting materials revealed the initial structure of the overall 12-month grant set the Alliance up for substantial challenges. In accordance with the goal of swift response and the utilization of a flexible funding mechanism (OTA), the NIH granted UCLA, the prime awardee, pre-spending authority of 10% of the overall grant while the

contract was being finalized. This meant that each site needed to submit revised budgets for 10% of the original amount, and have these revisions reviewed and approved by their contracts and grants office. UCLA's office of contracts and grants then had to review all resubmitted budgets and approve funding. This placed a significant burden on all sites, and sites with less experienced grant administrators were more affected. More nimble sites were able to comprehend the process and turn around the new budget quickly, whereas for others, budget revisions took months and included hundreds of emails between UCLA, the site Principal Investigator (PI), and the site grant administrators. By the time the final contract for the full amount was received, a new contract had to be established. These budgetary changes and reviews took place within university administrative offices. While this was occurring, community-partners were ramping up to carry out the expectations of the projects they had helped to design. Unfortunately, the granting of this pre-award spending authority created additional barriers delaying the distribution of funds to partnering organizations.

The promise of funding spurred hiring and organization of people and resources necessary to deliver on the research aims and outreach plans. However, delays in fund distribution meant many partnering Alliance CBOs became responsible for covering additional salaries with no additional dollars. Because of their successful outreach and communication campaigns, CBOs were also in the difficult position of being seen as a community source for COVID-19 information and resources, but with no funding to support the work. Unlike their university colleagues, they did not have the reserves, whether from other grants or institutional investments, to draw upon while they awaited the distribution of promised funds. This placed a number of organizations and influential community partners in vulnerable positions: they were committed to supporting their communities in the midst of the pandemic, but without the promised resources to do so.

Once funding was distributed, partnering Alliance CBOs reported the funds were insufficient to cover the planned work: they did not have enough funding to cover expenses associated with the quick ramp-up of research and outreach activities. They needed funds to purchase COVID-19 signage (door hangers, lawn signs), personal protective equipment (masks, gloves), hand sanitizers, and gift cards to incentivize participation in rapid testing, vaccine clinics, and research activities.

University level

At the university level, academic partners reported difficulty in identifying efficient and timely mechanisms for paying community partners. Solutions to this problem were not uniform. Participating sites were incredibly diverse in structure and administrative competency and capacity, from familiarity with this NIH-funding mechanism to high staff turnover. As such, each site identified its own approach to administering funds. Approaches included paying community partners with stipends, honorariums, or as focus group participants, establishing consultant agreements, professional service agreements or subcontracts, as well as distributing funds through a third-party fiscal sponsor. Investigators from several sites shared their challenges with paying community partners without social security numbers or employee identification numbers. Work arounds employed to address these challenges are described in Table 1 include contracting with a community-based organization to facilitate payment, and working personal relationships with administrative staff to 'nudge' them to move invoices forward.

Community-based organization level

Understanding and defining allowable expenses also delayed payments to CBOs, as did the requirement of submitting invoices. In the midst of the pandemic, CBOs purchased what they needed to conduct COVID-19 research and outreach, hold vaccine pop-ups, and distribute rapid testing. Some of these purchases came under scrutiny by academic administrators. The amount – and sometimes tone – of emails questioning the rationale for purchases, and how they might be justified offended community partners who were under the strain of the overwhelming work of pandemic outreach. These communications threatened to undermine the hard-won trust that served as the foundation

Table 1. Illustrative quotes from open-ended survey questions and meeting/retreat minutes.

Federal– NIH Funding receipt and set up	Timing – challenges with funding delays	*The most limiting part was the delay and the expectation that we were supposed to work on the project without funding for six months and then spend all of the funding within six months.* **Community partners cannot be expected to work without funding. It delayed** *implementation of the projects that we were planning with them (academic, survey)*
		The original promise of having funding spurred CBO to hire, and then they were financially strapped with the costs because we couldn't get payment to them fast enough. Nearly broke them!
		But the positive impact is that they have a great infrastructure in place now that, with luck, they will be able to sustain to some extent after funding ends. (academic, survey)
		The main barriers have been the significant delay of funding from UCLA which delayed our ability to fund our community partner. **There seemed to be an expectation that we would be able to work on the project without any funding. We were only able to do limited work without** *funding. (academic, survey)*
		We have had massive barriers in obtaining and spending the funding. The initial funding was delayed six months. The first supplement was also late.(academic, survey)
		From our experience, I agree that UC does have some responsibility in this. And NIH also contributed to the problem as **we sometimes did not have money (and contracting) in place by the time the project started and it was the community entities that suffered the consequences – they had to float the money and they don't have those sorts of resources.** *It was the trickle-down from NIH through RTI, through UCLA, through UCI to finally reach the community that left the community on the losing end of the deal. (academic, meeting minutes)*
	Administrative burden	*The set-up of 11 institutions receiving subwards from UCLA adds to the time for us to subaward to CBOs. We need to have ours in place first and then we start the process for setting our own sub-awards to partners. (academic, retreat minutes)*
		Confusion and delayed handling of financial matters. **It seemed we were forever receiving messages to submit invoices but we had no agreements in place yet,** *no money transferred to our institution. (academic, survey)*
		Because we don't have a negotiated rate with NIH, our indirect rate is capped at 10%. That's LOW. Basically, we had to closely monitor our hours to make sure we didn't lose money doing this project. If there were some way to get indirect rates up to like 15% for community-based organizations, that would be awesome.(CBO, survey)
University	Administrative burden	**Funding mechanism was unfamiliar to University and it was in some ways challenging to implement** *(academic, survey)*
		This type of work is not typical at this institution, so setting up the paperwork and getting the right approvals hasn't always been easy because we often have to simultaneously figure out who needs to be made aware and who needs to approve of certain activities. **Some activities (for example, using Zoom) were not approved, so we had to be creative with borrowing resources from other institutions and finding other ways to get things done.** *If it weren't for the inherent dedication of some partners, things might have fallen apart at this point. (academic, survey)*
		Implementing subcontracts for partners – the contracts and grants offices were already over stretched from other new COVID funds, adding on a short-term complex contracting process was stressful for the administrative teams. **The slowness (and complexity) of the contracting process for the partners created friction and delayed projects.** *Also, the decision was made to have each academic institution subcontract with their partners, rather than UCLA subcontract with all the partners. This decision was partially administrative (UCLA could not handle the amount of contracts) and also we felt the funds coming directly from the academic institution partners were interacting with would help to sustain and build existing partnership and give partners a familiar point of contact for their contract. However, because each academic institution had to account for the indirect funds at their institution, this likely resulted in less funding getting to the community partners overall.(academic, survey)*
		Non profit partners can't charge to a grant without an MOU in place. . . .and most of the time the MOU at UC gets tied up somewhere and delays the process. *Average of about 60 to 90 days for an MOU. (CBO, retreat minutes)*
		Some challenges with incentives and rapid purchase of equipment for community members- Community partner needs to invoice monthly **AFTER work is completed (not able to access funds ahead of time)** *(academic, survey)*
		Most CBOs were able to set up the purchase order or MOU quickly, **the delay was on the university system;** *however, a couple were not able to easily provide coverage of liability and insurance which created significant delays. (academic, survey)*
		The funds were distributed by checks, although the complexity varied by partners. One partner was directly employed by the organization, so that was straightforward. However, the other two partners needed a 501(c)3 to receive the funds and then distribute to them, which has been a bit challenging to execute since they had limited capacity to handle those details. (academic)

(Continued)

Table 1. (Continued).

	Understanding guidelines: what is 'allowable'	*Some challenges have been related to **understanding guidelines for what kinds of purchases were or were not allowed, waiting for the funding to show up (we were originally expected to start at the beginning of September), and trying to plan spending as prices for everything (from PPE to basic goods) kept rising**. We tried to structure the agreements with as much flexibility as possible, which helped.(academic, survey)* ***The idea of 'allowable' vs. 'unallowable' expenses really created problems for community-based organizations we are working with.** (academic, meeting minutes)*
	Workarounds	***We obtained a small internal seed grant that enabled us to disburse half of the total funding to the community.** (academic, survey)* *We used two ways. First, we paid community health workers directly as independent contractors or consultants. Second, we provided a subcontract to a CBO so they would pay the community health workers. (academic, survey)* *The funding was helpful since the pandemic brought additional basic expenses (e.g. PPE, videoconferencing software, etc). However, **not all community groups had the capacity to receive the money so some of our partners are getting their funding through other organizations, which is not always ideal**. (academic, survey)* *It took a significant amount of time to establish methods to pay our community collaborators, which included CBOs (non profits) and healthcare systems ... We worked closely with our research administrators and **identified out of the box ways to pay people and move purchase orders forward**. (academic, survey)* *We were able to support the participation of the promotoras as outreach workers and focus group participants. **They were not hired as staff, however, which is a challenge.** (academic, survey)* *Lengthy process for onboarding vendors. No workarounds, **but we expedited with gentle reminders to administrative staff** (academic, survey)* *One challenge we face within our institution is the ability to compensate research participants quickly and adequately. **We got around that barrier by contracting with one of the community partners to facilitate payment.** This partner was able to purchase and distribute gift cards quickly to participants engaged by each research team. (academic, survey)*
Community-Academic team	Fiscal challenges	*We couldn't cover all expenses associated with materials (i.e. door hangers, lawn signs, hand sanitizers, clothing for promotoras, gloves, masks), gift cards for vaccine incentives, food and refreshments for mobile vaccine clinics, funds for stipends including others. (CBO, survey)* *We prioritized getting money out into the community at the expense of having adequate administrative support to get some of the work done. (academic, survey)* *One time consultant payments (very easy). Didn't work: **subcontracts were burdensome to some partners that were already understaffed and overstressed by COVID** (academic, survey)* *Contracts with our 3 main CBO partners based on deliverables; vendor status for compensating individual advisors and consultants for our COVID Research PCAB based on number of consultation sessions in which they participated; visa cards for incentives for focus group and interview participants.(academic, survey)* *Unable to create a sense of security and certainty - that the funding would not only help with the current emergency but also with capacity building to support future responses. (academic, survey)* ***The money paid to the participants was not enough, for the surveys they could have been given more because it took a long time. It is also important that promotoras are paid full time.** (CBO, survey)* *I think the funding was not enough, we still cannot understand many issues that are important to the community. There are still questions to know about the community, especially the issue of the pandemic... (CBO, survey)*
	Opportunities/benefits	*Funding! Most participants are small nonprofits with tight budgets and anything to pay for our time is a godsend. Most of us do networking and collaborations as an 'above and beyond' piece beyond our work that earns us the money to keep our doors open. Being compensated for participating in collaborative is a surefire way to keep participation high. (CBO, survey)* *a Blessing to have any amount as we are often working with no funding. **It helped to provide some amount of compensation during a time of uneasiness, fear and loss of work for our volunteers.** (CBO, survey)* ***The funding was able to support what was previously volunteer work**, especially for one partner that has been historically unfunded or underfunded (they were very appreciative). It was nice to be able to support their time and also support other partners as they were brought in later (for example, to support churches hosting vaccination sites). (academic, survey)*

of these partnerships. The length and depth of pre-existing relationships became particularly important here as partners worked through these challenges together, providing context for the administrative burdens presented, and buffering communications between administrative and CBO staff.

Framework for equitable fiscal processes

Decolonizing fiscal relationships does not equate to simply providing training for community partners in university processes. Because university fiscal procedures are largely inflexible due to the need to remain in compliance with federal and state oversight, this inflexibility requires 'community partners to adapt to existing structures without institutional understanding of the community partners' circumstances and needs' (Carter-Edwards et al., 2021). The framework we outline is designed to promote a culture in which academic researchers and administrators demonstrate collaboration and foster trust by 'releasing equitable control' to community partners and by promoting flexibility in the face of changing research needs (Carter-Edwards et al., 2021). This includes acknowledging and cultivating the necessary expertise community members bring to challenges such as pandemic response, in line with CBPR and CenR approaches.

Figure 1 provides a visual representation of the framework. At the *funder level*, the ability to 'create a sense of security and certainty' in funding sustainability and equitable access is a priority. This means that federal agencies (e.g. NIH) should consult CBOs, such as those envisioned as partners in CEAL efforts, in FOA and RFA design and funding mechanism oversight. Such consultation acknowledges the expertise community partners bring to such initiatives, as well as the diversity in infrastructures their organizations may represent. This recognition should be extended to the allocation of awards: allocating funds directly to community investigators as Principal Investigators
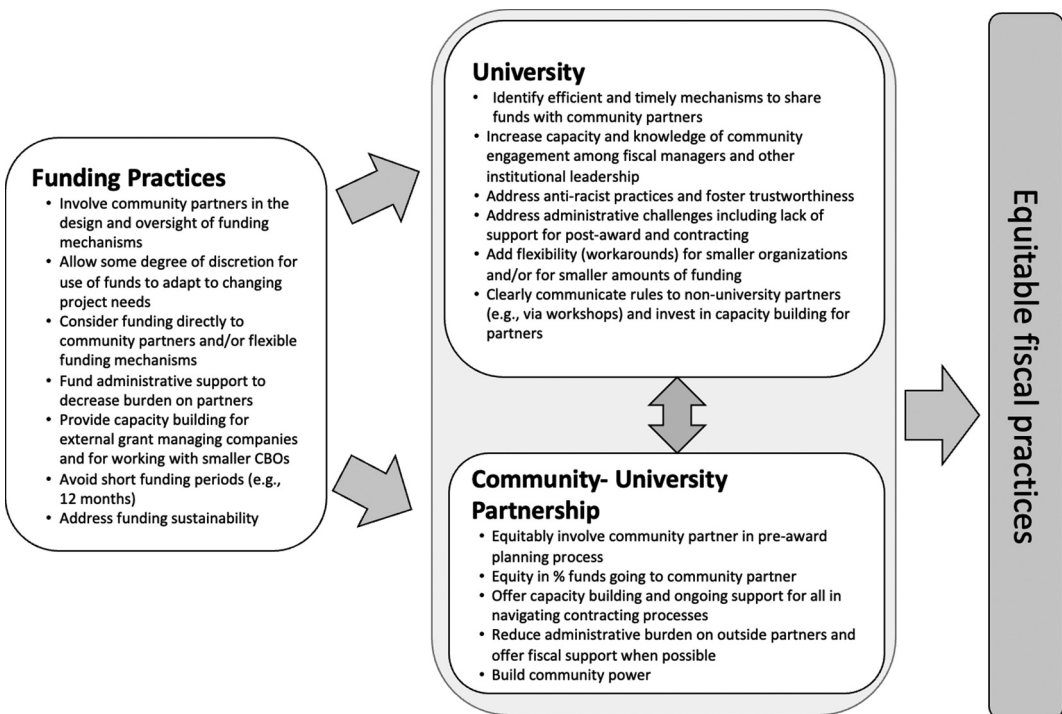

Figure 1. Framework for equitable fiscal processes.

(Pis) and providing necessary capacity building in fund management to enable smaller CBOs to serve as recipients (see Plumb et al., 2004 for an example).

Consultation with CBOs would likely result in a timeline for FOAs and RFAs that reflects the time needed for community and university PIs to develop budgets and research designs together and timelines that support long-term sustainability. It would also allow for investment in the administrative capacity of CBOs of different sizes to partner in CBPR and CenR.

The multiple layers of administrative management evident in our Alliance indicate a need for alignment across institutions so that administrative teams can establish contracts, MOUs, and subawards and organize people and resources needed to conduct research and outreach. Community–university partnerships should not embark on research and outreach without the necessary financial and administrative support.

At the *University level*, it is crucial to educate fiscal managers involved in pre- and post-award support about CBPR and CenR. Grant administrators are often distanced from research, especially with underserved populations. Like community–university partnerships, they too contribute to the mission of the university in supporting equity research. Administrators should communicate with community partners using CBPR principles of trust, respect, and shared decision-making. Moreover, it is important to engage university leadership – Chancellor's or President's cabinet, Dean of Research, CTSA leaders – in training on the centrality of CBPR and CenR studies to moving forward the university's missions (e.g. opportunity, social mobility, social justice) and their contribution to local communities. University leadership and administrative staff need to recognize that expertise resides outside the university walls and should be held accountable to the standards of professional ethics of partnering with historically marginalized communities. Institutional policies used to compensate community partners should not reproduce histories of institutional harm to marginalized populations (e.g. undocumented, non-English speaking, and rural).

University fiscal managers should hold workshops on academic institutional policies (e.g. timelines, rules) and processes (e.g. the pre-award process, including the potential of not receiving funding) for community partners and communicate regularly with them. Workshops could include grant writing and pre- and post-award trainings and information about institutional fiscal practices or requirements. Fiscal managers can develop standardized resources (e.g. community partner toolkits), and ask community partners to review materials, offer input, and partner in presenting the material to current and potential CBO partners. In addition, fiscal managers and the community–university partnership should meet early in the pre- and post-award periods to identify best practices in paying community partners such as cash advances or up-front payments and processes to quickly issue payments.

At the *community–university partnership level*, it is necessary to create mechanisms to support the equitable involvement of community partners in the pre- and post-award processes. For pre-award, this includes time to discuss a range of interests/prioritization of research questions, shared decision-making, and involvement in grant writing. It also includes time to engage in discussions regarding budget categories, payment mechanisms and timing, and capacity for the proposed tasks. These mechanisms should include financial support for the time and thought needed for this work (Carter-Edwards et al., 2021). Quick RFAs, like the CEAL OTA, make this difficult. However, putting such mechanisms in place for some awards may make responding to quick RFAs possible. Full engagement and transparent communication should extend into the post award period. Community partners should be fully engaged in budgetary decisions and the establishment of project governance structures from pre- to post-award (Carter-Edwards et al., 2021; Wallerstein et al., 2020).

Discussion and public health implications

New structures are needed to provide resources and support for CBPR and CEnR projects. Funders and universities need to restructure the way they allocate funding to community partners who seek to

conduct research with academic institutions and provide resources and support for the development and maintenance of strong, equitable, and bidirectional community–university partnerships. Smith (1999) has argued that '… it is not enough to hope or desire change. System change requires capability, leadership, support, time, courage, reflexivity, determination, and compassion. It is hard work…' Despite the difficulty, this work is foundational to ensure we establish the structures necessary for community-university teams to respond to the next public health emergency. Below, we provide several recommendations for funders and universities to effectively support CBPR and CEnR projects.

For funders, we recommend a model that prioritizes topics that are important to community partners, supports community partners to find academic partners, supports community partners during the application process, builds capacity among the partnership to conduct CBPR, and provides funds directly to the community (e.g. CBOs). Models like this exist. Well over 20 years (Plumb et al., 2004) ago, the California Breast Cancer Research Program (CBCRP) began to create training models to support co-learning in research design, budget development, and project governance for community–university partnerships. CBCRP issues a separate contract and budget to the community and university partner. This is a stark departure from the current model of funneling funds through the university, which reifies unequal power relations in research design and project implementation. Most recently, NIH established the Community Partnerships to Advance Science for Society (ComPASS) and issued funding opportunities available only to community partners focused on structural determinants of health. Ensuring that community partners have the resources (e.g. training, computing systems, personnel), they need to prepare and submit applications for such funding opportunities remains an important goal. For example, the first ComPASS cycle highlighted challenges that some community partners faced in successfully preparing and submitting proposals, despite bringing important lived experience and innovation for addressing health equity in the process. Small CBOs in particular faced challenges due to having staff with multiple roles, no administration or financial departments, and staff members with limited English or technology comfort. Thus, alternative funding models, especially those that can support grassroots and/or smaller size CBOs that do not often benefit directly from research funds yet serve the most marginalized populations, are needed. Advocating for and implementing such models will require universities to relinquish power – in the sense of primary fiscal control – and financial benefits in the form of indirect costs associated with total grant awards.

For universities, we recommend a model in which institutions dedicate resources to establishing strong bidirectional partnerships that are sustained over the long term. Rather than the current model of minimal engagement on behalf of universities – other than through the time and efforts of individual PIs – we suggest a model in which universities approach potential community partners the same way they approach highly desired faculty. That is, approach community partners with attention, care, and respect. What would it mean for universities to approach CBOs with welcoming dinners and enticing start-up packages? What if we turn the tables and have CBOs conduct several days of interviews with university administrators about their grant administration processes to decide whether a university would be a good partner? Given that CBOs are proven essential partners in addressing intransigent health inequities and in improving the impact universities have in their own communities, such a shift in orientation seems appropriate.

Such a shift in control of resources and power could ultimately lead to decolonizing university structures to ensure that marginalized communities are allocated and receive funding to address health inequities in their own communities (Fleming et al., 2023). Scaling up such a model will require fundamental changes in how universities operate, how research is defined, originated, and funded. Essentially, it requires a shift to equity in control of resources and decision-making, a dismantling of current hierarchies of power. It may also require decentering English as the primary language of research in multilingual settings like California in recognition that 'colonialism rhymes with monolingualism' (Joseph Mbembe, 2016).

Barriers to implementation of our proposed framework are many, from political will to entrenched institutional culture, to the cultures and economies of scarcity in which many universities and community-based organizations function. However, the COVID-19 pandemic showed that entrenched governmental systems are capable of swift, flexible action. Examples include the identification of housing – often in hotels – for those previously ignored by local governments and left on the streets to enforce their physical isolation (Department of Homelessness and Supportive Housing [DHSH], 2024); granting of temporary leniency (or reduced immigration enforcement) for those without formal identity documents (Loweree & Reichlin-Melnick, 2020); implementation of a temporary financial support program akin to universal basic income (US Dept of Treasury, 2024); and engagement with harm reduction strategies where before there had been resistance (Antezzo, 2020). The urgency of the pandemic enabled the kind of broad and creative thinking necessary to implement decolonizing strategies proposed.

We provide these recommendations – and share our experiences – in the interest of beginning to answer the question of what it would mean to 'dismantle colonial power relations, values, and norms' present in higher education institutions (Zembylas, 2022), including their financial relationships with community organizations.

Notes

1. The participants of this study did not give written consent for their data to be shared publicly, so research supporting data is not available.
2. One RCMI is part of a CTSA.

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