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Integrating Community Expertise into the Academy: South Los Angeles' Community-Academic Model for Partnered Research

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Abstract

The Problem: Charles R. Drew University (CDU) and community partners wanted to create a structure to transcend traditional community–academic partnerships. They wanted community leaders integrated into CDU's research goals and education of medical professionals.

Purpose of Article: To explain the establishment of the Community Faculty Program, a new model of community–academic partnership that integrates community and academic knowledge.

Key Points: Using CBPR principles, CDU and community partners re-conceptualized the faculty appointment process and established the Division of Community Engagement (DCE). CDU initially offered academic appointments to nine community leaders. Community Faculty contributes to CDU's governance, education, research, and publication goals. This model engaged communities in translational research and transformed the education of future healthcare professionals.

Conclusion: The Community Faculty Program is a new vision of partnership. Using a CBPR approach with committed partners, a Community Faculty Program can be created that embodies the values of both the community and the academy.

Key Words

Community health research, process issues, community-based participatory research, faculty, faculty, medical

This paper presents the development and the lessons learned from the Community Faculty Track, a unique model for community-academic partnerships. The partnership was established between CDU and community leaders in South Los Angeles, led by Healthy African-American Families (HAAF). The Community Faculty is (to our knowledge) the first of its kind model in which a university invites community leaders to apply to become faculty, with full rights and privileges, and heavily weighs their experiences and expertise for addressing the social determinants of health in their communities. Traditional faculty's unfamiliarity with key community stakeholders and/or rapid timelines to meet the demands of funding agencies have often created challenges to optimizing research strategies to improve health outcomes. These challenges include, but are not limited to, the lack of a shared set of community–academic health goals, lack of inclusion of unique insights of communities into health issues, and lack of trust between minority communities and researchers. This unique academic track was designed to build the structures necessary to bridge these issues using the principles of community-based participatory research (CBPR),1–5 an orientation to research in which community expertise is recognized on par with academic knowledge and involves community participation in every step of the research process.6 Essential elements of CBPR are mutual respect, shared decision making, and a focus on measurable changes

(effectiveness) in the community as a result of such research rather than research merely for hypothesis testing (efficacy).[5]

Long-term health outcomes may be more achievable when members of the community are involved in the identification of the health problems and possible solutions, planning and implementation of strategies, and outcome evaluation, thereby prompting a reconceptualization of academic science centers' approaches to community and population health.7,8 With community leaders as faculty, CDU expects to accelerate the process of scientific discovery and the dissemination and implementation of medical knowledge and technologies to under-resourced communities.[4] Our approach is in line with the *Lancet's* Commission on Education of Health Professionals for the 21st Century,9 which recommended that academic institutions build strong community relations to provide a context for education programs to achieve health equity. Building on strategies to have students learn in the community as part of their undergraduate medical education,10,11 this paper describes how CDU integrated community leaders into its research goals and education of medical professionals.

METHODS

Setting

CDU is a private, nonprofit, nonsectarian medical and health sciences institution located in the Watts-Willowbrook area of South Los Angeles founded in the aftermath of the 1965 Watts Rebellion to address inadequate medical services and the paucity of health professionals in South Los Angeles.12 CDU is composed of a College of Medicine (a satellite of the University of California, Los Angeles [UCLA] School of Medicine), School of Nursing, and College of Science and Health. The lead community partner, HAAF, began in October 1992 with a project funded by the Centers for Disease Control and Prevention in partnership with CDU and UCLA to study low birth weight and infant mortality among African Americans in Los Angeles. Presently, HAAF's programs address mental health, diabetes, asthma, and male health, and they promote bidirectional (community–academic) learning events such as conferences and workshops. CDU, UCLA, and HAAF developed trust over the course of 15 years, fostered by the success of numerous collaborative projects, resulting in publications with community co-authors.[1,13–18]

The DCE at CDU. The DCE in the College of Medicine, established in 2006 with its own budget and staff, reflected CDU's long-standing commitment to community engagement. The DCE established a new learning environment for faculty and students across the different colleges, community partners, and stakeholders, and presented the ideal location to house the Community Faculty. The DCE works closely with community partners by 1) obtaining insights into the barriers and facilitators they encounter for addressing key diseases, 2) using bidirectional and bilateral partnered approaches for priority setting, 3) discovering ways to move proven technologies and therapies more quickly into community practice, and 4) enhancing community and academic health advocacy and policy skills for implementing evidenced-based recommendations to improve and transform the health of low resourced and commonly disproportionately minority communities. DCE nurtured the conceptualization and implementation of Community Faculty.

Creation of Community Faculty. In 2008, Ms. Loretta Jones put forward a recommendation to her longstanding partner, Dr. Keith C. Norris (CDU Vice President for Research, co-creator of DCE, and interim university president at that time), to create a structure transcending traditional community–academic partnerships. She challenged CDU to recognize the experience, knowledge, and active contributions of community leaders in health research and pedagogy as being on par with traditional faculty, and to bring community to the university. This "Community Faculty" would be composed of community leaders and advocates with a history of work grounded in the social and environmental determinants of their communities' health, thus ensuring relevance and authenticity. These new faculty would build trust, enhance community–academic partnerships, impart real-world experiences and unique community perspectives to faculty and students, and advance health research and professional education. This idea complemented the long history of primary care faculty engaged with the community,19 introduced by Dr. Alfred Haynes, CDU's founding Chair of the *Department of Community Medicine*. By now, the College of Medicine had nearly 40 years of community-focused research and 20 years of CBPR experience with a trusted network of community leaders and organizations; a track record for service; research excellence; ability to identify and mobilize human and mate-

rial resources within the community; and partnered grants and publications. The first step consisted in inviting members and heads of community-based organizations to work with a cohort of CDU faculty to develop the vision and mission statement for a Community Faculty.

Process. Giving university faculty appointments to persons with significant and highly valued experiences, even if they do not have an advanced degree, is not new. Highly visible business and political leaders without terminal degrees may be given adjunct faculty positions because of their real-world experiences.20,21 However, giving a faculty appointment to a community member solely because of his or her community expertise was unprecedented. The question was how to incorporate the knowledge and expertise of community leaders with a "PhD of the sidewalk" in the social determinants of health and how to weave their experiences with the rigors of academic teaching and research. Dr. Norris, along with Dr. Richard Baker, the Dean of the College of Medicine, fully supported the concept and participated in its development. They invited the Associate Dean for Faculty Affairs and the Director of Faculty Development to assist in ensuring that such a strategy would meet academic and accreditation standards. The DCE Director, Dr. Forge, and Ms. Jones co-chaired the process in which academic and community leaders met biweekly for about 18 months. Ms. Jones identified community leaders who would likely be interested in, and of value as, a Community Faculty. Prospective members of the Community Faculty worked closely with Dr. Forge and Ms. Jones, career academic faculty, the Associate Dean for Faculty Affairs, and the Director of Faculty Development through regular and numerous ad hoc meetings, in addition to email correspondence, to develop the vision and details of the new Community Faculty Track. There was modest attrition of some community leaders (about one-third of the original cohort did not complete the process due to the time commitment and rigor of the process, which lasted more than a year). During this time, prospective Community Faculty members learned about faculty responsibilities, and career academic faculty in the Appointments and Promotions committee learned about the knowledge and expertise that community leaders possessed. The involvement of the community leaders as a group rather than as individuals led to rapid mobilization and mutual engagement as previously reported,22 accomplishing key objectives by consensus, such as creating the vision statement, naming of the new program as Community Faculty (a term analogous to clinical faculty at many medical schools), and building trusting relationships.

Structural Changes in the College of Medicine. The College of Medicine had two faculty tracks: the career academic track, composed of traditional faculty, and the Prefix Series track (which replaced the adjunct faculty series), composed of part-time or voluntary participation in clinical education, community service, or research. Prefix Faculty are often self-employed or funded through an employer other than the College of Medicine or its affiliated sites. They make important contributions to the mission of the college, but are not career academic faculty. Traditionally, this is seen in part-time clinical faculty where clinicians in non-university practice settings achieve faculty appointments linked to their teaching duties or other services to the university.

Like clinical faculty in the Prefix Series track, community leaders represented specialized functions and interests within the community and the university (Table 1.) In 2009, CDU added the category of Community Faculty to the Prefix Series to foster and facilitate the collaborative production and sharing of knowledge between the community and the university.23 The first cohort of community leaders each had at least 15 years of experience working in the community. Many of them had worked on collaborative research projects and co-authored publications, so were not naïve to the workings and currency of academia: education, service, research, publications, and grants. This established a high level of credibility for the proposed Community Faculty Track. Two university research infrastructure endowments were designed to support DCE and the Community Faculty Track, including compensation for teaching, research, or administrative roles commensurate with other Prefix Faculty. Still, just like clinical faculty in the Prefix Series, their primary source of employment was elsewhere. Most Community Faculty have other jobs related to their community organization, so compensation was structured similarly to an adjunct faculty based on teaching or research activity. Once a candidate for Community Faculty had been approved through the appointment and promotions committee and given an appointment by the dean, they enjoyed the same rights, privileges, and responsibilities associated with academic appointment and rank as faculty in

other series, such as access to the library, a university email address, and some support for travel to conferences.

Preparation of Community Faculty for Teaching Responsibilities. CDU requires all teaching faculty to attend Academic Boot Camp (ABC), a 12- to 16-hour professional development workshop for developing skills in classroom instruction. Topics included student learning concepts, designing a three-part course portfolio and syllabus, and student assessments. Community Faculty were required to participate in ABC to develop curricula and pedagogical practices for transferring their community knowledge to students and faculty. This process was critical to ensure that students receive consistent, high-quality educational experiences and that institutional faculty standards for pedagogy meet accreditation standards.

Community Faculty Appointment Process. As any other appointment in the Prefix Series, community members submitted application dossiers to the Office of Faculty Affairs with assistance from the DCE. Dossiers included a nomination letter, academic letters of reference, verification of completion of ABC, curriculum vitae, self-statement, and a faculty activity plan detailing planned workshops or research collaborations. This plan served as a memorandum of understanding between the faculty member and his/her program and as an assessment tool to quantify the achievements of Community Faculty. Preparing Community Faculty members required substantial effort from the DCE director and the director of faculty development.

In accordance with the policy and procedure for all

Table 1. Community Faculty[a]

	Name	Gender	Area of Expertise
1.	Robert García	Male	Civil Rights
2.	Nancy Halpern-Ibrahim	Female	Housing/Environmental Justice/Public Health
3.	Kupaji Jaliwa[b]	Female	Community Engagement
4.	Andrea Jones[b]	Female	Community Engagement
5.	Loretta Jones[b]	Female	Community Engagement/ Community Partnered Participatory Research
6.	David P. Lee	Male	Social Work/Public Health/HIV/AIDS
7.	Anna Aziza Lucas-Wright[b]	Female	Community Engagement/Cultural Competency/Faith-Based Community
8.	Dretona Maddox[b]	Female	Social Welfare
9.	Cleo Manago[b]	Male	Cultural Competency/African American Males' Health
10.	Charles McWells[b]	Male	Faith-Based Approaches to Health
11.	Charlene Meeks[b]	Female	Government/Welfare Reform
12.	D'Ann Morris[b]	Female	Community Immersion/Adolescent Community
13.	Norma Mtume[b]	Female	Marriage and Family Therapy/Trainer of Trainers/Drug Addiction
14.	Jovita Murrillo	Female	Social Work/LGBTQIQ/Latino Health
15.	Marta Navarro	Female	*Promotora de salud* (Health Navigator)
16.	Andrés Ramírez	Male	Community Organizer
17.	Jeanette Robinson Flint[b]	Female	Social Justice/African American Women's Health
18.	Rev. Joe Waller	Male	Faith-Based Community
19.	Pluscedia Williams[b]	Female	Community Engagement
20.	Angela Young-Brinn[b]	Female	Program Management

[a] Faculty appointment updates can be found at http://axis.cdrewu.edu/functions/community-engagement/faculty.

[b] Founding member.

appointments in the Prefix Series, the dean of the College of Medicine reviewed the recommendations from the Appointments and Promotions Committee and was responsible for the final approval of the dossiers and granting faculty appointments to qualified applicants. Like the Prefix Series, Community Faculty appointments have an annual performance review and a 2-year expiration date that may be renewed as many times as the DCE and the faculty member wish. Community Faculty conduct seminars, mentor students and faculty, contribute to the development of educational curricula (for student and faculty development), and may lead or co-lead publications and research projects. They participate in the College of Medicine faculty governance structure and are active on various boards and committees, such as the Institutional Review Board, CME Advisory Committee, and the Faculty Development Advisory Board.

RESULTS TO DATE

Nine community leaders representing eight community agencies, including the Los Angeles Urban League and Shields for Families, received Community Faculty appointments in 2010; four more joined in 2011; and five more joined in 2014 (Table 1 or http://axis.cdrewu.edu/functions/community-engagement/faculty). Achievements to date include engagement in research projects, two of which are pilots funded by CDU's Cancer Research Center led by Community Faculty, presentation of posters and leading workshops at conferences such as the American Public Health Association, organizing three local conferences on cancer prevention, and holding a national symposium in 2012 to solicit feedback on the Community Faculty model (Table 2). Table 3 provides a sample of their participation in knowledge transfer through collaborative publications.

Table 2. Sample of Conferences at which Community Faculty Have Led or Presented

Name	Conference	Purpose (e.g., presentation, poster, leading a workshop)
Loretta Jones	Center for Clinical and Translational Research and Training (CCTST) Community Engagement Speaker Series Medical Grand Rounds, University of Cincinnati, Cincinnati, Ohio, Oct. 3–5, 2011	Presentation: "Partnering with Communities to Improve Health through Translational Science" with Dr. Keith Norris
Anna Aziza Lucas-Wright	"Present Your Body: Cancer Awareness in the Faith Community" Los Angeles, CA, Aug. 16, 2013	Planning and moderating conference
Pluscedia Williams	"Health and Inter-professional Education for the Underserved: Model Programs and Innovations" Pacific Grove, California, April 25-27, 2010	Poster: "Academic Boot Camp (ABC). Step One To Developing Community Members as Faculty"
Loretta Jones	13th Research Centers in Minority Institutions (RCMI) International Symposium on Health Disparities, San Juan, Puerto Rico Dec. 9–13, 2012	Presentation: "Community Faculty Model to Promote Translational Research"
Charles McWells	National African American MSM Conference on HIV/AIDS and Other Health Disparities; Los Angeles, CA Jan. 21, 2013	Poster: "CDU Community Smoking Cessation Project for At-Risk Men"
Norma Mtume	Breaking the Silence Conference IV Oct. 13, 2012	Presentation: "What's Self Love Got to Do with It? (strengthening self-esteem as a protective factor for reducing HIV risks)"
Robert García	US EPA Conference Workshop on New Partners for Smart Growth Denver, CO, Feb. 12–15, 2014	Keynote Speaker: "Real Community Lawyering and an Inspiration."
D'Ann Morris	National Institute on Minority Health and Health Disparities 2012 Summit on Science of Eliminating Health Disparities Summit National Harbor, Maryland Dec. 16–19 2012	Poster: "The Design of the HCNI: Community Partnered Approach to CVD Risk Factor Reduction in South Los Angeles" Poster: "An Iterative, Community Feedback-Driven Approach to Household Survey Design"

Table 3. Sample of Recent Community Faculty Collaborative Publications by Area of Concentration (Community Faculty Members in Bold)

Disease Risk Awareness
1. **Jones L**, Bazargan M, **Lucas-Wright A**, Vadgama JV, Vargas R, Smith J, Otoukesh S, Maxwell AE. Comparing perceived and test-based knowledge of cancer risk and prevention among Hispanic and African Americans: an example of community participatory research. Ethn Dis. 2013 Spring;23(2):210–6.
2. **Lucas-Wright A**, Bazargan M, **Jones L**, Vadgama JV, Vargas R, Sarkissyan M, Smith J, Yazdanshenas H, Maxwell AE. Correlates of perceived risk of developing cancer among African-Americans in South Los Angeles. J Community Health. 2014 Feb;39(1):173–80.
3. Bazargan M, **Lucas-Wright A**, **Jones L**, Vargas R, Vadgama JV, Evers-Manly S, Maxwell AE. Understanding Perceived Benefit of Early Cancer Detection: Community-Partnered Research with African American Women in South Los Angeles. J Womens Health (Larchmt). 2015 Sep;24(9):755–761.
Health Beliefs and Behaviors
1. Bharmal N, Kennedy D, **Jones L**, Lee-Johnson C, Morris D, Caldwell B, Brown A, Houston T, **Meeks C**, Vargas R, Franco I, Razzak AR, Brown AF. Through our eyes: exploring African-American men's perspective on factors affecting transition to manhood. J Gen Intern Med. 2012 Feb;27(2):153–9.
2. Anderson AT, Jackson A, **Jones L**, Kennedy DP, Wells K, Chung PJ. Minority Parents' Perspectives on Racial Socialization and School Readiness in the Early Childhood Period. Acad Pediatr. 2015 Jul-Aug;15(4):405–11
3. Chung B Meldrum M, Jones F, Brown A, **Jones L**. Perceived Sources of Stress and Resilience in Men in an African-American Community. Prog Community Health Partnersh. 2014 Winter;8(4):441–51.
Community Randomized Trials
1. Williams JK, Ramamurthi HC, **Manago C**, Harawa NT. Learning from successful interventions: A culturally congruent HIV risk-reduction intervention for African American men who have sex with men and women. Am J Public Health. 2009 Jun;99(6):1008–12.
2. Cheng EM, Cunningham WE, Towfighi A, Sanossian N, Bryg RJ, Anderson TL Guterman JJ, Gross-Schulman SG, Beanes S, **Jones AS**, Liu H, Ettner SL, Saver JL, Vickrey BG. Randomized, controlled trial of an intervention to enable stroke survivors throughout the Los Angeles County safety net to "stay with the guidelines". Circ Cardiovasc Qual Outcomes. 2011 Mar;4(2):229–34.
3. Wells KB, **Jones L**, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Ong MK, Stockdale S, Ramos E, Belin TR, Miranda J. Community-partnered cluster-randomized comparative effectiveness trial of community engagement and planning or resources for services to address depression disparities. J Gen Intern Med. 2013 Oct;28(10):1268–78. Erratum in: J Gen Intern Med. 2013 Nov;28(11):1534.
4. Chung B, M. Ngo V, Ong M, Jones F, Johnson MD, **Mtume N**, Tang L, Pulido E, Gilmore J, Wells K. 12-month Outcomes of Community Engagement Versus Technical Assistance to Implement Depression Collaborative Care: A Partnered, Cluster, Randomized, Comparative-Effectiveness Trial. Ann Intern Med. 2014 Nov 18;161(10 Suppl):S23–34.
5. Stockdale SE, Tang L, Pudilo E, **Lucas-Wright A**, Chung B, Horta M, Masongsong Z, **Jones F**, Belin TR, Sherbourne C, Wells K. Sampling and Recruiting Community-Based Programs Using Community-Partnered Participation Research. Health Promot Pract. 2015 Sep 18. pii: 1524839915605059. [Epub ahead of print]
Community–Academic Partnering
1. Wells K, **Jones L**. "Research" in community-partnered, participatory research. JAMA. 2009 Jul 15;302(3):320–1. PMID: 19602693.
2. Vargas R, Maxwell AE, **Lucas-Wright A**, Bazargan M, Barlett C, Jones F, Brown A, Forge N, Smith J, Vadgama J. A Community Partnered-Participatory Research Approach to Reduce Cancer Disparities in South Los Angeles. Prog Community Health Partnersh. 2014 Winter;8(4):471–6
3. Sankaré I, Bross R, Brown AF, del Pino HE, **Jones LF, Morris DM**, Porter C, **Lucas-Wright A**, Vargas R, Forge N, Norris KC, Kahn KL. Community Partnered Participatory Research as an Effective Strategy To Build Trust and Recruit African American and Latino Community Residents for Health Research. Clin Transl Sci. 2015 Jun 21. doi: 10.1111/cts.12273. [Epub ahead of print]
4. Bowen C, Norris K, Mangione C, del Pino H, **Jones L**, Castro D, Wang C, Bell D, Vangala S, Kahn K, Brown A. "Faculty Participation in and Needs Around Community Engagement within a Large Multi-Institutional Clinical and Translational Science Awardee." *Clinical and Translational Science* [In press]
5. Brown AF, Morris DM, Kahn KL, Sankaré IC, King KM, Vargas R, **Lucas-Wright A**, **Jones L**F, Flowers A, **Jones FU**; Bross R, Banner D; del Pino HE, Pitts OL, Zhang L, Porter C, Madrigal SK, Vassar *SD*, Vangala S, Liang LJ, Martinez AB, Norris KC. "The Healthy Community Neighborhood Initiative: Rationale and Design." Ethn Dis [In press]

table continues

Table 3. *continued*
Social Determinants of Health
1. Chung B, **Jones L**, **Jones A**, Corbett CE, Booker T, Wells KB, Collins B. Using community arts events to enhance collective efficacy and community engagement to address depression in an African American community. Am J Public Health. 2009 Feb;99(2):237–44.
2. **Jones L**, Lu MC, **Lucas-Wright A**, Dillon-Brown N, Broussard M, Wright K, Maidenberg M, Norris KC, Ferre´ C. One hundred intentional acts of kindness toward a pregnant woman: Building reproductive social capital in Los Angeles. Ethn Dis. 2010;20 [Suppl 2]:s2–36–s2–40.
Community Program Evaluation
1. Miranda J, Ong MK, **Jones L**, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Stockdale S, Ramos E, Belin TR, Wells KB. Community-partnered evaluation of depression services for clients of community-based agencies in under-resourced communities in Los Angeles. J Gen Intern Med. 2013 Oct;28(10):1279–87.
2. Martins D, Nicholas NA, Shaheen M, **Jones L**, Norris K. Development and Evaluation of a Compassion Scale. J Health Care Poor Underserved. J Health Care Poor Underserved. 2013;24(3):1235–46
3. Mango J, Cabiling E, **Jones L**, **Lucas-Wright A**, Williams P, Wells K, Pulido E, Meldrum M, Ramos A, Chung B. Community Partners in Care (CPIC): Video Summary of Rationale, Study Approach / Implementation, and Client 6-month Outcomes. CES4healthinfo. 2014 Feb 25; 2014 Feb 25;2014. pii: 87LWR5H2.

They have mentored or co-mentored numerous CDU and UCLA medical students' research theses, a graduation requirement for CDU medical students, as well as students' summer research projects. They teach and mentor in the National Institutes of Health–funded CDU/UCLA Health Disparities Center, the UCLA/CDU Resource Center for Minority Aging Research, and RAND/UCLA Robert Wood Johnson Clinical Scholars program, all of which have a strong foundation in CBPR. Table 4 presents a sample of presentations for students. Mentoring by Community Faculty gives students, postdocs, and junior faculty a grassroots perspective and teaches them how to interact with an array of community members and leaders.

Table 4. Sample Community Faculty Lectures/Seminars/Workshops for Students

Name	Title of Presentation	Students
Robert García	Civil Rights, Environmental Justice, and Health Justice for All	1st year students, Master in Public Health (MPH) Program
Nancy Halpern-Ibrahim	Community Organizing for the Public's Health: Esperanza Community Housing	1st Year MPH students
Andrea Jones	Community-based Participatory Research Methods and Applications	UCLA RWJF Clinical Scholars
Anna Aziza Lucas-Wright	Keys to Sustaining a Long-term Community-Academic Partnership	UCLA medical students (part of Health Services Research Seminar Series)
	Researcher Safety Strategies for Working in Community Settings	
Norma Mtume	Healthcare Reform: Implementing Integrated Care Strategies for the Reduction of Health Disparities	3rd Year CDU Medical Students (part of lecture series)
	The ACA: Inclusion of Public Health Workers for Greater Success in Reducing Disparities	CDU Pre-Health Society Students
	Diversity and Cultural Competency	CDU/UCLA 1st Year Medical Student Orientation
Jovita Murrillo	Multiculturalism in Health	1st Year MPH students

DISCUSSION

The Community Faculty provides a new model of advanced community-academic partnerships to accelerate research and to transform the education of future healthcare professionals. Community leaders, now prepared to function as Community Faculty, can help to shape the formulation of research projects, guide the research priorities of the university, and deepen the education of health professional students, many of whom intend to work in communities impacted by health disparities. The success was possible because CDU restructured its institutional practices. This takes time and requires the involvement of community leaders, faculty, and administrative leaders. Including the traditional CDU faculty legitimized the process that created the Community Faculty. Including the Appointment and Promotions Committee, Deans and Division leaders, Office of Faculty Affairs, and the university president in the creation of this track made faculty development resources available and reinforced a high level of institutional commitment to the endeavor.

We recognize that part of what facilitated this process was the long-established relationships between CDU and various community leaders, particularly Ms. Jones and Dr. Norris, as well as the unusual level of support from the Dean of the College of Medicine, the Associate Dean for Faculty Affairs, and the Director of Faculty Development. These unique circumstances fostered the creation of the Community Faculty. But now that a roadmap has been created, the ability of other health professions institutions with a similar commitment to community health can create the same or similar faculty track.

Nevertheless, the program still has its detractors among faculty who believe that people without a terminal degree have no place in the academy. The support of senior CDU and UCLA faculty and the favorable feedback from the Western Association of Schools and Colleges have helped to counter the detractors. In the end, we may be unlikely to change their mind. Hence, the wider dissemination of this model may require an initial approach limiting the program to those with at least a master's degree or to create a non-faculty track with many faculty privileges, but more along the line of a specialized adjunct track. The goal is to create new models of health professional education to strengthen health systems in an interdependent and rapidly changing world.[9]

The increase in projects using a CBPR approach in communities across the country reinforces the importance of community involvement in the design, implementation, and evaluation of research methodologies.24 Often the diversity and cultural differences that exist between universities and communities pose a series challenges to developing community–academic partnerships. The Community Faculty has helped to accelerate the conduct of community-partnered research. For example, Ms. Aziza Lucas-Wright, principal investigator of a pilot study, conducted a survey on cancer screening, related knowledge, and attitudes with churches in South Los Angeles. She reached 755 African-American congregants, outperforming traditional faculty in recruitment with this population.25 Ms. Jones provided leadership and expertise on a study that found that using community engagement approach for implementing quality improvement programs for depression with community-based service providers resulted in improved mental health, physical activity, and homelessness risk factors for study participants.26 The Los Angeles County Department of Mental Health featured this study in its 2015 African-American Mental Health Workshop27 and has made the presentation available on its website as a resource.[28]

The impact on the community of the Community Faculty can be gleaned from their collaborative publications (Table 3). This program has forced traditional faculty to rethink the value of including community perspectives into research projects, and has become a source of great pride for the community, because they contribute to the training of future health professionals and provide guidance to the research designed to improve the health and wellbeing of Los Angelenos. We believe that developing a community–academic partnership modeled after the Community Faculty can ameliorate many of these challenges by enhancing community capacity and embedding leaders of key community partners within the academy.

CONCLUSION

The Community Faculty Program presents a new paradigm of partnership that involves discovery and transfer of knowledge with clear goals, diligent preparation, appropriate methods, monitoring of results, effective presentation and rigorous reflective critique. They help to prepare health professional students and faculty for meaningful engagement with communities to transform the health of medically underserved communities. The knowledge, skills, and insights community

leaders bring can have a lasting impact not only on the quality of communication between academia and community and community level translational research, but on the abilities and vision of a new generation of health care providers.29

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