

# **UIC Great Cities Healthy City Collaborative**

Status Report  
January 2007



# Discussion Objectives

- Provide an update on Phase 1 of the introduction of the Great Cities Healthy City Collaborative (formerly Healthy City Research Cluster).
- Respond to the most frequent question about the HCC, its purpose and products
- Seek input in the processes detailed in Phase II
- Allay anxieties about “our stuff”

# Reactions to the Organization of the Healthy Cities Research Cluster

- “How does this differ from what (insert name) does?”
- “What is GCI? Why is GCI doing this?”
- “We already do this?”
- “Is this strictly for research?”
- “It will never happen, everyone will protect their ‘stuff’”
- “Who is footing the bill?”

# Will The HCC Conduct or Simply Support Research?

- The HCC will support the research of all collaborators
- The HCC will work with internal and external partners in both research and research translation activities
- The HCC will work with GCI faculty scholars, fellows and UICNI staff to conduct its own research.

# What is the Healthy City Collaborative?

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The HCC is a trans-disciplinary collaborative that engages university, community and public entity partners in mutually relevant research, service and education efforts intended to benefit the health of the city.

# Why Collaborative?

- Strong reaction to ‘research cluster’
- Language influences the nature of the outcomes
- Addresses ‘in-group’ attitudes and language

## Definition

To labor together; work or act jointly

# Why Not Cluster?

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## Definition

A number of similar things growing or grouped together; bunched or placed together

Sounded a lot like business as usual

# Why Bother

- Over 70 known centers and institutes
- Fragmented, happenstance relationships
- Inconsistent approach to community engagement
- Independent operations
- Numerous independent community and professional advisory bodies

**Yet We Are One University**

# Why Bother

- Responsive to the research climate
- Lack an institutional approach to community participation in research
- Lack an institutional approach to dissemination of knowledge and findings
- Uncoordinated, over involved, fragmented approach to community relations

# Long Term Goals

- Establish a university-wide **infrastructure to support engaged research in health.**
- Develop and institutionalize **systems to support the translation** of research findings and new knowledge to real world application
- Formalize communications across programs involved in healthy city research

# **The HCC Will Guide Efforts to Secure Healthy City Designation for the City of Chicago**

A two year initiative to  
achieve WHO  
designation as a  
Healthy City

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# HCC Value Chain

Tangible benefits to  
university, public entity  
and community  
collaborators



# HCC Benefits to University Partners

- Validate the relevance and perceived value of community placed or community engaged research
- Identify and connect with potential community research, education and service partners
- Identify and connect with university colleagues engaged in complementary work
- Consult with community and public entity partners on research and practice issues
- Communicate research findings and new interventions to across community domains

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University of Illinois Great Cities  
HCC

**Value Chain**  
**Segment 1 University Partner**

Benefit Priority 1  
Vehicle to fulfill stated mission

Benefit Priority 2  
Positive impact on perceptions  
of state legislators

2

UIC Health Science Campus

Benefit Priority 1  
Enhances public image

Benefit Priority 2  
Enhances status in  
Illinois Medical District

3

UIC Centers and Institutes

Benefit Priority 1  
Greater access to resources

Benefit Priority 2  
Attractive to potential  
funders

4

UIC research, education  
and service providers


Benefit Priority 1  
Meets Program expectations

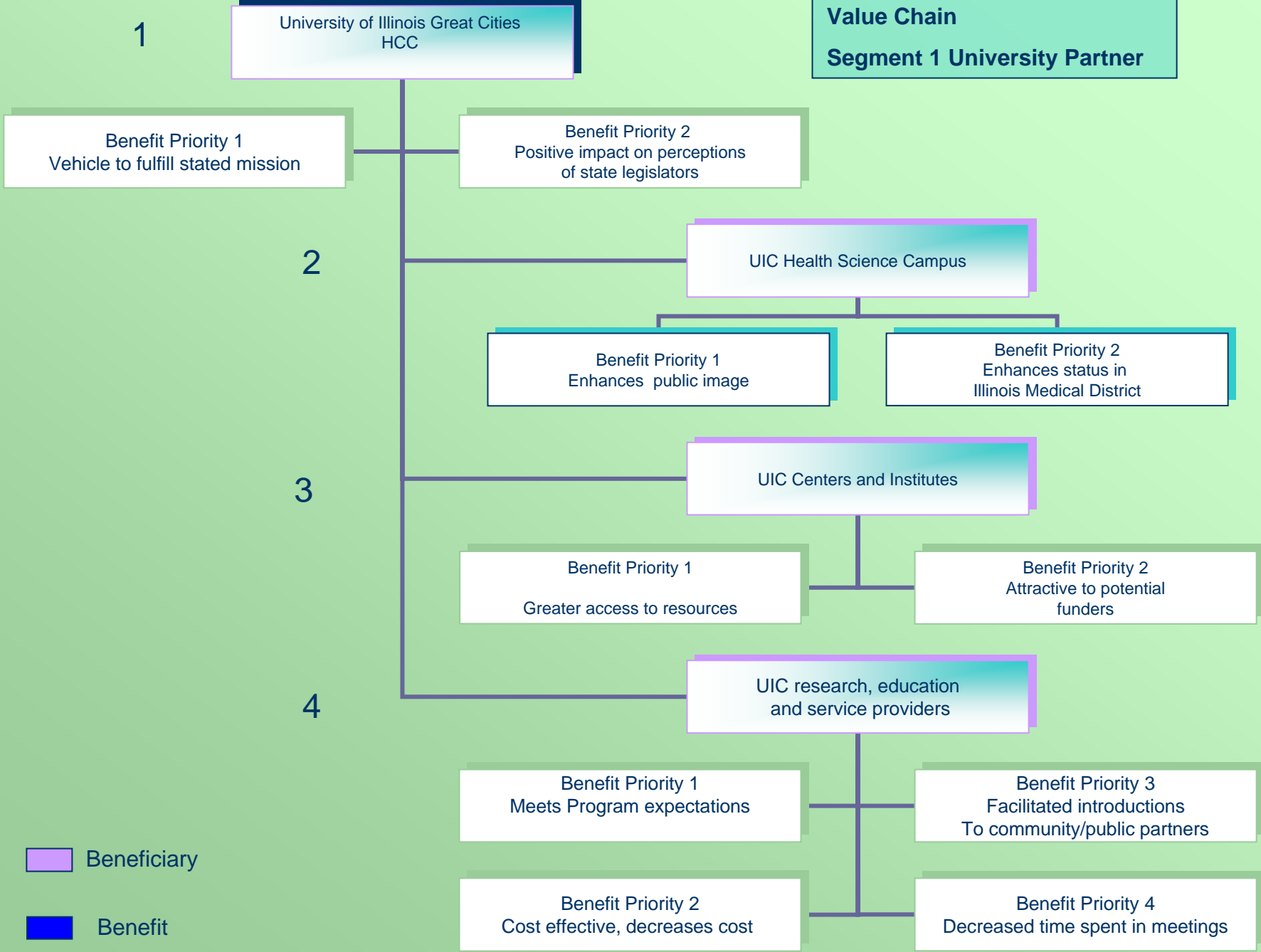
Benefit Priority 3  
Facilitated introductions  
To community/public partners

Benefit Priority 2  
Cost effective, decreases cost

Benefit Priority 4  
Decreased time spent in meetings

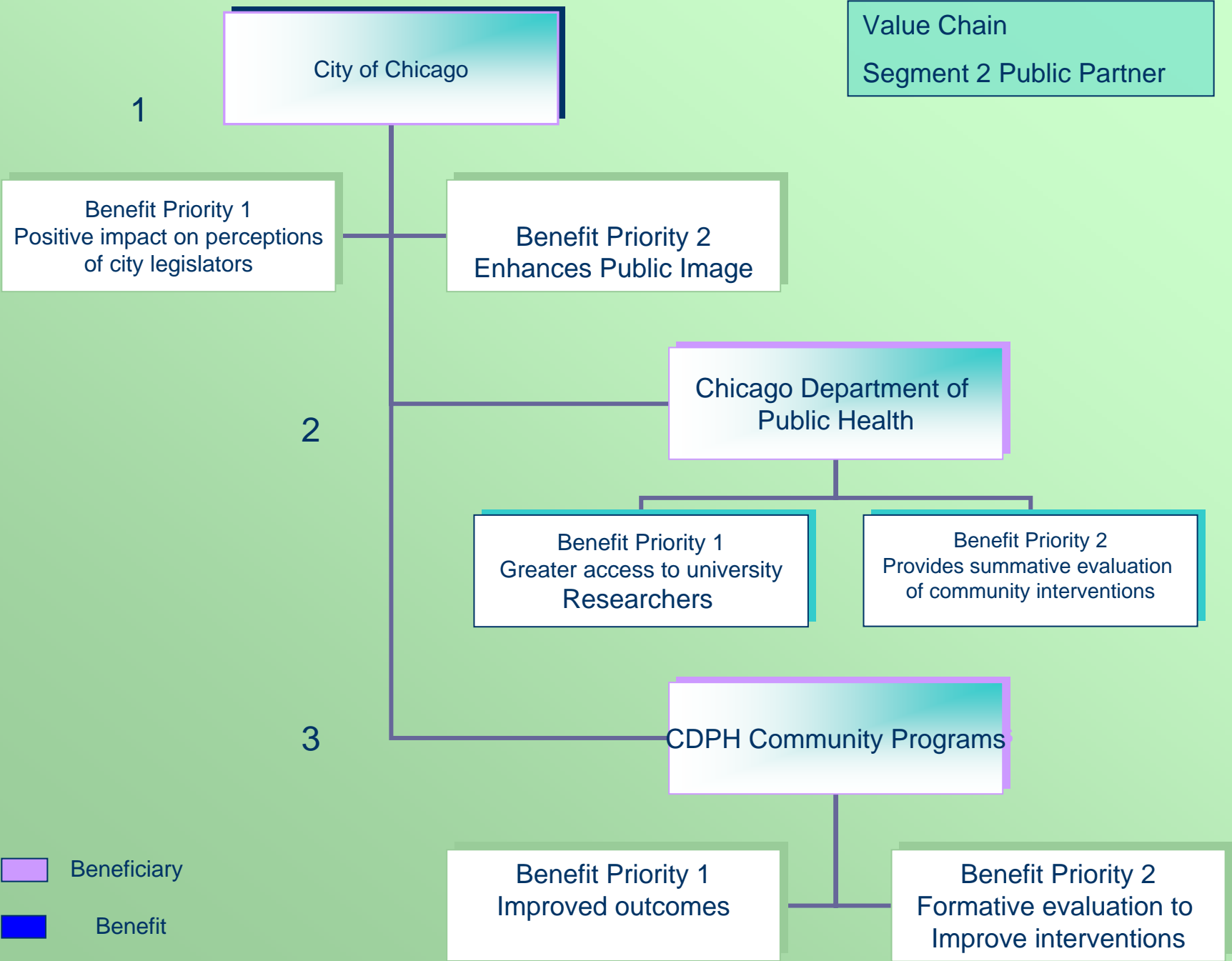
 Beneficiary

 Benefit



# HCC Benefits To Public Partners

- Communicate public health concerns and information needs to university and community partners
- Provide evaluations of public health interventions
- Contribute to the university and community research agenda
- Timely access to findings that impact the health of the city
- Evidence to inform policy decisions and programs



# HCC Benefits to Community Partners

- Communicate the concerns of the general public to university and public entity partners
- Contribute to the formulation of the university-community research and service agenda
- Present a balanced appraisal of community assets and needs
- Access to information to inform decisions at the local level
- Advocate for the equitable distribution of resources

1

UIC Community Zone

Value Chain  
Segment 3 Community Partner

Benefit Priority 1  
Tangible outcomes of  
University community partnership

Benefit Priority 2  
Solidifies relationship with  
UIC

2

Community Based Organizations  
and advocacy groups

Benefit Priority 1  
Enhances image in the community

Benefit Priority 3  
Involvement in determining research  
and service priorities

Benefit Priority 2  
Attractive to potential  
funders

Benefit Priority 4  
Vehicle to fulfill  
organizational mission

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Local community areas data users

Benefit Priority 1  
Access to community specific  
information

Benefit Priority 2  
Involvement in setting data priorities

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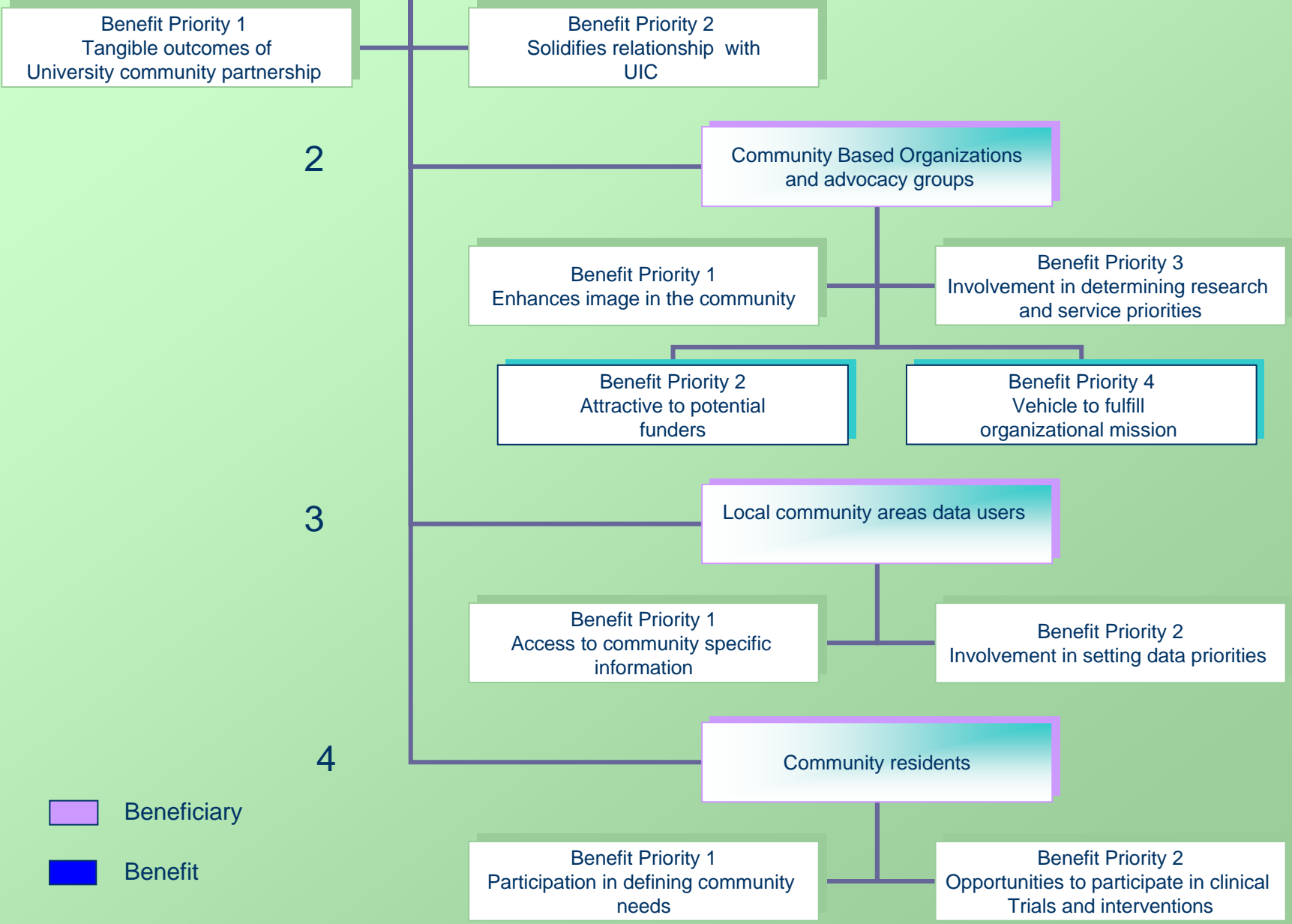
Community residents

Benefit Priority 1  
Participation in defining community  
needs

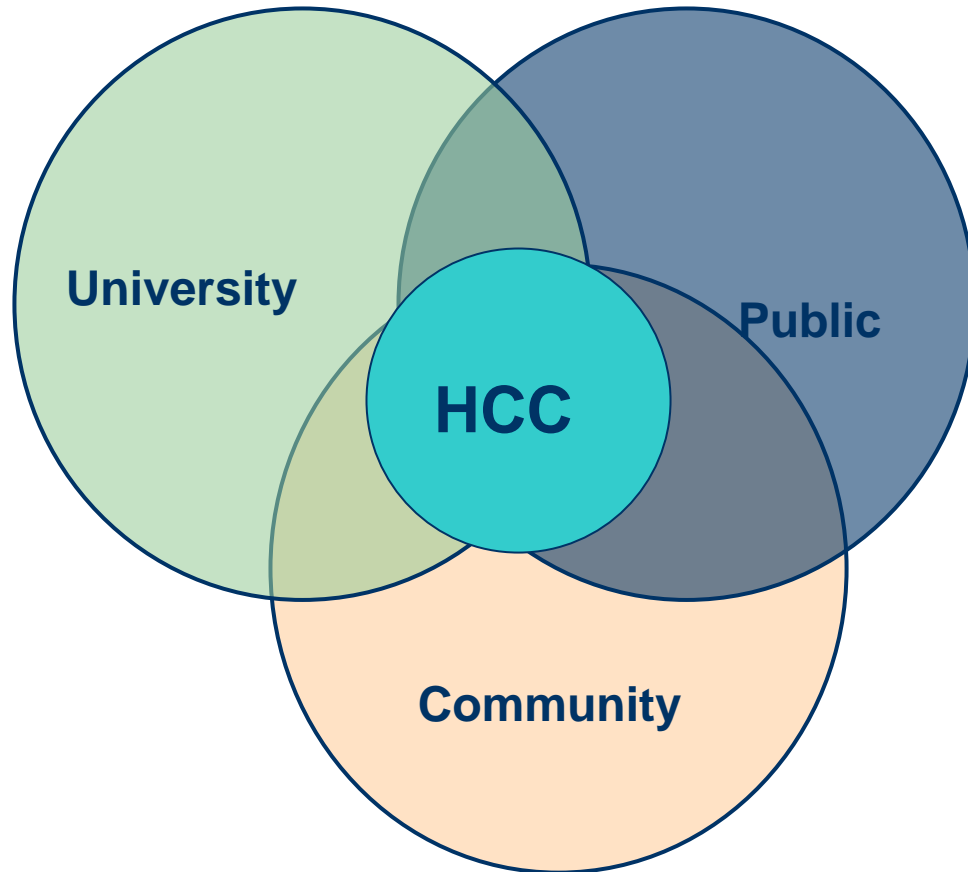
Benefit Priority 2  
Opportunities to participate in clinical  
Trials and interventions

Beneficiary

Benefit



# HCC Focus Area



# First Steps

Year 1

**Patience and  
Perseverance**

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# Phase I University

- Diffuse anxiety
- Define the university's role as collaborator in achieving the "healthy city"
- Outline a research, practice and policy agenda consistent with the role identified for UIC
- Conduct internal assessment of talent and resources that are complementary to the HCC
- Outline the "Dream Gap" defined as the difference between resources at hand and those required

# Phase I Community

- Diffuse suspicion and doubt
- Identify community/university groups and programs
- Appoint initial planning group
- Conduct community summit (May 2007)
- Resurrect the UIC Faith Community Partnership Program
- Outline the “Dream Gap” defined as the difference between what is and what is desired

# Phase 1 Public Partner

- Enhance credibility
- Identify current collaborative efforts
- Resolve contract language issues
- Identify current interest and planned initiative
- Outline the “Dream Gap” defined as the difference between what is desired and what is possible

# Status

- The table are set
- Plans communicated to senior leadership
- Strategy developing to detail the scope of our involvement across the city
- Preliminary communication with a key public partner
- Start-up funds identified
- Community planning group identified and facilitator selected

# Status

- Faith Community Partnership resurrected

# What Else is Needed?

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- Patience and impatience
- Buy in and ambassadors
- Collaborative planning opportunities
- Manpower and resources
- Eventually space

# Next Steps

**Open Discussion**

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