New York City
African CBO Forum:
Transformation through Collaboration

February 19, 2011

Center for the Health of the African Diaspora
CHAD Conference – A Perspective

This forum is an annual program of the New York University Langone Medical Center (NYU) School of Medicine’s Center for the Health of the African Diaspora (CHAD) - one of the centers of the Institute for Community Health and Research

The Institute for Community Health seeks to reduce health inequities in underserved populations by engaging in community-based research, education and training.

The planning committee for the 2011 conference included leaders from major CBOs and other organizations serving African immigrants in New York City:

- African Hope Committee, Inc.
- CAMBA
- African Refuge
- African Services Committee
- Bellevue/NYU Program for Survivors of Torture
- Office of the Mayor of the City of New York
New Day, New Design

The focus of the Sixth Annual Conference on the Health of the African Diaspora was a change in form from the previous five conferences: from treating illness to transforming communities.

**Mission**
Launch collaborative networks to enhance health services for the increasingly diverse African immigrant community in New York City

- Community-Based Organization Leaders
- Researchers and Academicians
- Religious Leaders
- Health-care Providers and their students
- Foundations and other funders
- Government Agencies

- Networking
- Information Sharing
- Skill Building
- Leveraging Resources
- Building Alliances
- Enhancing Advocacy
- Improving Research
- Focusing Fund-Raising
- Optimizing Services
Institutions Attending

- African Health Now
- African Hope Committee, Inc.
- African Life Center
- African Refuge
- African Services Committee
- AKSA
- Bread for the World
- CAMBA
- Fair Housing Counselor
- FEBS Health and Human Services System
- The Gambian Society
- KIN
- Kwakin Advam
- Nurudeen Islamic Charity Organization of NY, Inc.
- Refugee and Immigrant Fund
- RIF Asylum Help Center
- Sierra Leone Nurses Association
- Union of Sierra Leonean Organization
- USSLD
- Bellevue/NYU Program for Survivors of Torture
- CUNY Black Male Initiative
- Fair Haven Clinic
- Gilead Sciences Inc.
- Hunter College
- Isabella Geriatric Center
- Johns Hopkins Bloomberg School of Public Health
- New York Medical College
- NYU College of Nursing
- NYU Global Public Health Action Network
- NYU School of Medicine
- Weill Cornell Medical College
- Mayor’s Office of Immigrant Affairs
- NYC Office of Emergency Services
- Office of the Mayor of the City of New York
- CUNY School of Journalism
- NextMedia
Setting the Context

NYU Medical School leadership welcomed the participants

Mekbib Gemeda, Assistant Dean for Diversity Affairs and Community Health; Director of CHAD, New York University School of Medicine opened the conference by addressing the growth and diversity of the African community in New York City (NYC). No longer is the community only one of transient students, here to study and soon return to their home communities. Rather, now, NYC has a much broader African immigrant demographic -- including a large professional community as well as many who are among the world’s most traumatized, from war. These shifts necessitate changes in approaches to research, education and training, services and service delivery.

Mariano Rey, M.D., Senior Associate Dean for Community Health Affairs; Director, Institute for Community Health and Research, New York University School of Medicine provided context for the work of the conference by reminding participants that the NYU Community Health and Research program is the largest in the country and includes the Center for the Health of the African Diaspora (CHAD) as well as The Center for the Study of Asian-American Health, The Center for Latino Health and The Center for Health and Human Rights. He pointed to the evolution, over the years -- from a focus on individual illnesses to the transformation of the health of a community. It is that transformation which requires the collaborative efforts of all involved.
Influential Leaders Signed On

Two esteemed leaders addressed the group

Imam Souleimane Konaté, Imam of the Masjid Aqsa reminded the audience that although many African immigrants are tri-lingual (speaking French, English and Arabic or another African continental language) and quickly adapt to life in NYC, many remain deeply distrustful. This deep distrust is often a result of experiences with opportunistic defrauders, fear of detention or deportation by authorities due to immigration status and global media images feeding intra-racial conflict. In order to serve the community, the Imam insisted, providers must build trust and trust can only be nourished in the community.

Fatima Shama, New York City Commissioner of Immigrant Affairs shared the charter of her office, established during the Koch administration to facilitate the successful integration of immigrant New Yorkers into the civic, economic and cultural life of NYC. The commissioner detailed a number of ways her agency stands ready to serve, including, ensuring confidential access to city services in immigrants’ first language and being the bridge between city services and the individual/family. Census data was offered to elucidate the diversity of the African Diaspora in the city. Indeed, virtually all African countries are represented and spread throughout the five boroughs.
Vanessa Leung, Deputy Director, Coalition for Asian American Children and Families offered the results of her experience building coalitions across interest groups. In working across culturally diverse groups of Asian Americans, she found, a crystal clear mission was essential. Specifically, by focusing on policy and advocacy for children and families, her organization was able to offer constituents something they neither had time nor capacity to deliver, but found to be essential. This focus gave CAACF a grounded purpose to exist.

Maria Mottola, Executive Director, New York Foundation provided an inside view of how foundations make their funding decisions. Her advice was tempered with the sober reality that it’s difficult to obtain foundation funds, as they are limited. Ninety-five percent of foundations give less than $1M and often decisions are based on personal relationships and interests. Targeting the right foundation and preparing an excellent proposal are critical to gaining consideration. “How you do your work” is more important than “why your work is needed,” in pitching an foundation. Further, the audience was advised to know its community and be sure to include how the work will evolve as the community evolves.
A Panel of Experts Offered Insights

On building community health programs and engaging federal sponsors

Dr. Joseph Ravenell of the NYU Center for Healthful Behavior Change at the NYU School of Medicine walked the audience through his experience in partnering with an academic institution to deliver services. He stressed the essential nature of connecting with the community in the community, over time. In his work with African American men and hypertension, he focused his efforts in barbershops and faith based organizations. First, he built trust and mutual positive regard in the community by a consistent presence. Then he began to intervene with research programs and services.

Dr. Olugbenga Ogedegbe, Director of the NYU Center for Healthful Behavior Change at the NYU School of Medicine encouraged the audience to connect the health priorities of the community with the funding available through centers of excellence (such as the National Center for Minority Health and Health Disparity) and the research agendas of health care/academic institutions. He added that federal entities are now requiring that there be a community-based component for most research endeavors, so it is a propitious time to invest in build trust-based alliances among researchers, federal funders and CBOs.

Both Drs. Ravenell and Ogedegbe underscored the need for CBOs to engage with federal programs designed to advance community health through Community Base Participatory Research and comparative effectiveness research.
A Panel of Experts Offered Insights

On effective research partnerships

Adeyinka M. Akinsulure-Smith, PhD,  
Assistant Professor,  
Department of Psychology, City College,  
CUNY Psychologist,  
Bellevue/NYU Program for Survivors of Torture  
Founder, Nah We Yone, Inc.

Andrew Rasmussen, PhD,  
Assistant Professor of Medicine, NYU School of Medicine  
Research Director, Bellevue/NYU Program for Survivors of Torture

Together Drs. Akinsulure-Smith and Rasmussen provided a roadmap for effective research partnerships based on their West African Family Project. They outlined the challenges of a beneficial collaboration, highlighting specific ways in which trust is either built or broken—including the strategic importance of rigorous framing questions (e.g., define “community member”), the setting of a detailed collaborative agenda as well as consistency in meetings. They stressed the critical step of following-through after the project is completed in fostering a bond between researcher and community.
A Taste of Africa for Lunch

The New York University Langone Medical Center Catering Team complemented a full morning with a delectable African buffet for lunch.

Chef – Margaret Gyapomaa, a native of Ghana, prepared a full feast for the conferences’ 60 participants, including a late day run to the Bronx for just the right ingredients.

Some of the highlights of the menu were:
- A creamy lamb and peanut butter stew
- A delightful spinach and salmon stew
- Traditional African yams

... the perfect accompaniment to an hour of robust networking
Getting Organized

*At registration each attendee was randomly assigned to a working group*

**Working Group A:**
To enhance advocacy and capacity, better service through shared resources, enhanced capacity to acquire federal and foundation funding through collaborative programs (CBOs)

**Working Group B:**
To enhance service through closer engagement with foundations, locally (Foundations)

**Working Group C:**
To raise funds from federal institutions on research-focused interventions/programs (Federal Entities)

**Working Group D:**
Partnership with academic institutions to advance capacity to develop service/intervention programs, to acquire federal grants with joint application and to research/evaluate programs (Academic Institutions)
Ready for Action

*Each working group was facilitated by a CBO leader to*

- Identify and commit to at **least three concrete actions** in service of the group’s stated focus
- Determine the highest impact, practical **first steps** to be taken
- Enlist **volunteers to complete** the tasks

*Each facilitator/CBO leader is also the task leader and responsible for follow-up.*
Facilitators & Recorders = Part of the Solution

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Passyna Bula Bula - Facilitator
CAMBA
Tamiru Mammo - Recorder
NYC Mayor’s Office

Clarisse Mefotso Fall - Facilitator
African Hope Committee, Inc.
Daniel Okobi - Recorder
2nd year MD/PhD student, NYU School of Medicine

Mary Kay-Diakite - Facilitator
African Services Committee
Lynda Nwabuobi - Recorder
1st year MD student, NYU School of Medicine

Adeyinka M. Akinsulure-Smith - Facilitator
City College/NYU School of Medicine
Jonatta Moore - Recorder
African Refuge
With An Eye Toward the Future

*Students were involved throughout the process*

NYU MD and MD/PhD students and students from the NYU Masters Program in Global Public Health were involved throughout the forum and will continue to be involved in implementation:

- As pre-conference Literature Researchers
- As Conference Attendees
- As Working Group participants
- As Recorders and Reporters of action planning
- As Conference Planners
- As Action Plan Implementers

*Developing an early tie to the community and the community building process*
On the Subject of CBOs

**They discussed**

<table>
<thead>
<tr>
<th>Problems/Issues</th>
<th>Ideas</th>
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</thead>
<tbody>
<tr>
<td>1. Needs assessment - inadequate data by population groups</td>
<td>1. Develop one campaign • Identify shared goals for larger pan-Africa community • Start with a dialogue program for parents to better communicate with children</td>
</tr>
<tr>
<td>2. Cumulative census data by continent (pan-Africa) is needed – beyond data by country</td>
<td>2. Develop criteria for membership</td>
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<tr>
<td>3. Improved outreach from CBOs</td>
<td>3. Research/Evaluation (academic research collaborations)</td>
</tr>
<tr>
<td>4. Better CBO resources for families</td>
<td>• Needs assessment • Census revisions to better account for population • Better culturally competent survey design for more accurate data</td>
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<td>5. Better CBO resources for youths</td>
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<td>6. Innovated/targeted outreach</td>
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<tr>
<td>7. How to better capture organizations that can’t be defined as CBOs?</td>
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<tr>
<td>8. Help community address cultural barriers</td>
<td></td>
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<tr>
<td>9. Barriers to collaboration - financial - time</td>
<td></td>
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<td>10. Cultural barriers to collaboration - ethnic cultural and religious diversity of community</td>
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<tr>
<td>11. How to encourage collaboration</td>
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<tr>
<td>12. Inadequate capacity infrastructure/staff resources</td>
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<tr>
<td>13. Standards/criteria for membership in coalition</td>
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<tr>
<td>14. How to establish leadership of coalition</td>
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<tr>
<td>15. Issues of identity</td>
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**Parking Lot – for discussion later**

Budget is a major criterion for coalition membership
# CBOs

They decided

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Child Communication Program</td>
<td>Mamadou Niang (NextMedia) - Djeneba Toure (AKSA)</td>
<td>6 Months</td>
</tr>
<tr>
<td>1. Create a Media Plan</td>
<td></td>
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<tr>
<td>2. Test ideas with a focus group</td>
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<tr>
<td>3. Intra group communications vehicle to communicate with:</td>
<td></td>
<td></td>
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<tr>
<td>a. Parents and children (members)</td>
<td></td>
<td></td>
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<tr>
<td>b. CBOs (providers)</td>
<td></td>
<td></td>
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<tr>
<td>Develop Criteria for Coalition Membership (using Coalition for Asian</td>
<td>Rev. Judy Brown (African Refuge) - Tuelo Minah (African Hope)</td>
<td>6 Months</td>
</tr>
<tr>
<td>American Children and Families approach for building coalitions)</td>
<td></td>
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<tr>
<td>Needs Assessment Proposal</td>
<td>Lola Nana Eyeson-Akiwowo (African Health Now)</td>
<td>6 Months</td>
</tr>
<tr>
<td>1. What are the needs of the community for use by the research institution?</td>
<td></td>
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<tr>
<td>2. Improve census data - are African immigrants under-reported because of identification issues?</td>
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</table>

"This is what we decided in the time allotted today. If we had more time, perhaps we’d have a different focus. We did not have time to discuss the June 1 deadline; it may be too soon."
# On the Subject of Foundations

They discussed

## Problems/Issues

1. Small, not as powerful as big corporations
2. Direct, less bureaucratic
3. Grantsmanship (need to develop proposal skills)
4. Smaller target audience
5. Networking disadvantage
6. Accountability regarding budget
7. Need for capacity building
8. Lack of focus (too many goals)
9. Hard to reach/know small foundations
10. Knowing your foundation audience
11. Research to tailor the goal of the foundation to the CBO
12. Micro-financing/micro-grants
13. Lack of experience
14. Outsider/immigrant to the process
15. Difficulty in funding groups of questionable immigration status

## Ideas

1. Capacity building
2. Clarity in proposal
3. Foundation support for smaller groups (like Office of Minority Affairs)
4. Target the best fit foundations
5. Do your application homework
6. Thoroughly convince foundation of their gains from collaborating
7. Seek out groups of students or volunteers who are looking to help small start-up CBOs
8. Aggressively network with foundation members
9. Refine your application with people in the field (who can give advice)
10. Don’t give up on foundations
11. Go to where the foundations are
12. Establish collaborations with partner CBOs who can complement your skills
13. Be part of or attend similarly themed networks or conferences
14. Use the internet
15. Spend a lot of time developing your plan/pitch
16. Set goals, be specific, recruit advisory references as “trustees”
## Foundations

*They decided*

To focus on how to get grassroots organizations traction with foundations given:
- Lack of knowledge of the system
- No track record
- Perhaps advocating for an un-fundable venture
- Perhaps outside of the network:
  - Consider ways to get word out about this conference in order to begin building the network
- To connect smaller start-ups with resources

### What

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Connect with student groups and create a directory - there are many graduate students who can provide grant writing services for CBOs</td>
<td>Ekpenyong Ekanem (Global Public Health Action Network, NYU)</td>
<td>6 Months</td>
</tr>
<tr>
<td>Plan for a well-attended grassroots summit to connect CBOs with providers/funders - Develop a service/theme organized LISTSERV for smaller organizations</td>
<td>Clarisse Mefotso Fall (African Hope) Ramatu Ahmed (African Life Center)</td>
<td>6 Months</td>
</tr>
<tr>
<td>Establish 5 connections with conference attendees</td>
<td>Esi Quayson (NYU School of Medicine)</td>
<td>6 Months</td>
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On the Subject of Federal Entities

They discussed

**Ideas**

1. Federal Entities
   a) National Center for Minority Health and Health Disparities
   b) CTSI
   c) CBPR
   d) NIH
   e) NIMH - under NIH
2. List of organizations with concerns
3. Defining the needs of each CBO
4. Follow-up meetings to discuss concerns
5. Write proposals about the community
6. Communities need to be educated about the federal entities, e.g., their requirements
7. Create a LISTSERV of NIH announcements
8. Create a network of CBOs (follow-up meetings and LISTSERV)

**Thoughts**

1. How to tap into these programs?
2. What are the skills necessary to make this happen?
3. What is the health priority in your community and does it match with the federal/state entity’s priority?

To raise funds from federal institutions on research-focused interventions/programs
**Federal Entities**

*They decided*

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Create a network to keep all of this going</td>
<td>Mekbib Gemeda (NYU)</td>
<td>10 Months</td>
</tr>
<tr>
<td>Follow-up meeting; come back together regularly to see where the issues array so that services can be designed</td>
<td>Mekbib Gemeda (NYU)</td>
<td>6 Months</td>
</tr>
<tr>
<td>LISTSERV of CBOs and NIH announcements</td>
<td>Mekbib Gemeda (NYU)</td>
<td>6 Months</td>
</tr>
<tr>
<td>Community (CBO) Education, e.g., get information to CBOs on what is required to work with NIH</td>
<td>Network</td>
<td>12 Months</td>
</tr>
</tbody>
</table>

Although this network will become its own entity and self-sustaining, we need to rely on the people who have the resources and the space to get started. Right now, that is NYU/Mekbib Gemeda.
Academic Institutions

They discussed

**Ideas**

1. Tap on doors - telling academic institutions what CBOs have to offer
2. Make information available to CBOs and institutions
3. Set-up a network website where information is available to CBOs and institutions
4. Workshops that provide information
5. Use e-mail newsletters and a website to be dispersed regularly with specific focus, e.g., grant-writing, CBPR
6. Workshops to regularly provide resources
7. Having some small financial resources available to CBOs

**Barriers**

1. Barriers identified and how to overcome them
2. Linkage to resources from both CBOs and institutions
3. What is one going to offer the other party?
4. What you can learn from the partnership?
5. Looking within academic institutions for resources before going into the community
6. Barriers
   - Funding
   - Getting the right contact person
   - Visibility (CBO and institution)
   - Raising awareness
   - Using resources
   - Competing priorities – common goal in partnership
   - Culture (e.g., meeting deadlines, how institutions function)

**Overcoming Barriers**

1. Going into community rather than sitting and waiting for someone to come to you
2. Identify one contact person at the CBO, rather than sending the academic to a new person each time.
3. Capacity building
4. CBOs have to also go knocking rather than waiting to be asked. They have something to offer.
5. Institutions and CBOs need to ask questions, e.g., how is this beneficial to us?
6. On-going partnership with CBO and institution
## Academic Institutions

**They decided**

<table>
<thead>
<tr>
<th>What</th>
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</thead>
</table>
| Website/communication strategy  
- focused initially on grant-writing | African Refuge  
African Hope  
Alex Boafo (Kwakwaduam)  
Mekbib Gemeda (NYU) | 6 Months |
| Workshops for other CBOs on:  
- Grant writing  
- Capacity building  
- CBPR  
- Fund-raising | AdeYinka Akensulure-Smith (NYU)  
Helen Cole (NYU)  
Mekbib Gemeda (NYU)  
Alex Boafo (Kwakwaduam) | 6 Months |

**Partnership with academic institutions to advance capacity to develop service/intervention programs, to acquire federal grants with joint application and to research/evaluate programs**
Conclusions

*Working groups agreed on several key opportunities*

- Information sharing
- Networking
- Skill building
- Needs assessment

- **MUTUAL SUPPORT**
  - **DIRECTORY/LISTSERV**
  - **FUNDING SOURCES**
  - **NAVIGATING THE SYSTEMS**
  - **GRANT/PROPOSAL WRITING**
  - **LEVERAGE VIA COLLABORATION**
Conclusions

A few themes recurred throughout the conference

Successful collaboration requires investment in trust-building within the community. “Showing up” consistently and over time is crucial.

Building networks to share information, knowledge and skill is needed, desired and seen as a key first step to building successful collaborations.

Understanding needs and requirements of the parties will support efficient and fruitful partnerships.

CBOs working together and with foundations, federal entities and academic institutions can greatly assist all involved in serving the African immigrant community in New York City.
Conclusions in Action

Some considerations

Compile a list of organizational leaders interested in collaboration. Be careful to get permission before publishing information broadly.

Convene a follow-up event and ask each CBO leaders and medical students to invite others who are equally interested in collaboration and community building.

Continue development of a public web-based resource/information center for CBOs, asking key CBO leaders to function as an advisory board for the endeavor.

Reconvene CHAD Planning Committee for follow-up and continued oversight.
Center for the Health of the African Diaspora

The goal of the Center for the Health of the African Diaspora (CHAD) is to improve the health of people of African descent through enhanced research and education in health disparities and improved opportunities for sharing best practices and collaboration among individuals and organizations active in addressing these inequities. CHAD has evolved over the years into a tremendous resource in New York City on issues related to the Health of the African Diaspora.

CHAD was established in 2006 to join the Center for Asian American Health and the Center for Latino Health under the umbrella of the Institute for Community Health and Research (ICHR).

The Center’s community partners are located throughout Manhattan, the Bronx, Brooklyn, and Queens. Programs and activities of CHAD have been supported in the past by NYU Africa House, Mentoring in Medicine, Inc., the Josiah Macy, Jr. Foundation, and the Clinton Foundation.