Original Paper

Individual Perspectives of Majority/Minority Partnerships:

Who Really Benefits and How?

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Majority/Minority Partnerships: Who Benefits?

Abstract: This study ascertained historically Black colleges and universities (HBCU) academic leaders' perceptions of equity between HBCU and predominantly White institutions (PWI) health professions school partnerships related to resource capacity, sustainability and scholarship. A focus group was conducted with seven HBCU health professions schools. A survey was sent to their PWI (n= 14) partners. Four themes including positive and negative experiences, challenges, and recommendations to continue relationships with the PWIs were identified. Dissemination of the survey to PWIs resulted in no responses. Benefits of the partnerships: increased HBCU publications and PWI efforts to embrace HBCU students. Inequities in the distribution of social resources and of social justice include the fickle nature of partnership, little interest among PWIs in promoting HBCU expansion and independence, a lack of transparency and clarity in communications, and PWI claims of ownership for ideas proposed by the HBCU. Dual institutional appointments were also identified as problematic.

Key words: Equity, focus group, majority/minority partnerships, public health ethics, resource

sustainability.

Majority/Minority Partnerships: Who Benefits?

Racial and ethnic health disparities in the United States have existed since the U.S. federal government record-keeping began more than 100 years ago. Black people continue to experience the worst morbidity and mortality rates, overall, compared with other racial/ethnic populations. In the 1985, the U.S. Department of Health and Human Services *Report of the Secretary's Task Force on Black and Minority Health*, documented for the first time that mortality and morbidity could be chronicled by race and ethnicity.[1] As a result, major efforts to implement national health policies, legislation, and programs at the federal and state levels were enacted to address this concern. One major effort was to establish majority/minority partnerships between the public and private sector agencies and institutions.

In health professions schools, particularly between historically Black colleges and universities (HBCU) and predominately White institutions (PWI) partnerships were established to engage in health disparities and other research.[2] The impact of these efforts has not been fully evaluated. Thus, there is a need to assess equity related to majority/minority partnerships associated with resource capacity, sustainability, and scholarship. *Resource capacity* refers to acquiring fiscal and human resources in order to conduct research consistent with partnership agreements during the project-funding period. *Sustainability* is the ability to continue the goals and objectives of the research after the project-funding period. *Scholarship* refers to measurable contribution to the scientific literature.

While the need to achieve equity is challenging, the authors propose using the public health ethics framework developed by Bayer, Gostin, Jennings et al., to address this problem.[3] Public health ethics is, "the interest and health of a group, the social justice of the distribution of social resources and the positive or social rights of the individual." [3 [p. 4]] This definition of public health ethics allows majority/minority institutional partnerships to be viewed within a context of the distribution of social resources and of social justice. For example, only

8% of Black students attend HBCUs.[4] These schools continue disproportionately to send their graduates to HBCU health professions schools. These 13 graduate HBCU health professions programs include medical, dental, pharmacy, veterinary medicine and graduate public health programs. These programs disproportionately accept Black students from both HBCUs and PWIs and operate with more limited funding than their PWI partners. Their graduates, in turn, disproportionately select careers serving minority and underrepresented populations.[5] A study ranking all U.S. medical schools' social missions found that the top three schools were Morehouse School of Medicine, Meharry Medical College, and Howard College of Medicine.[6] Social mission is consistent with social justice, which is consistent with public health. Given their profiles and graduate records, the HBCU health professions schools must be at least as creative as their PWI counterparts to ensure that their students receive the maximum educational experience.[7]

The location of HBCU health professions schools also contributes to why their graduates disproportionately serve underrepresented communities. Black health professions schools have historically served the communities surrounding them by building hospitals and other health service facilities on or near their campuses in order to support their students, faculty, and the local community. These students are exposed to the diseases and other adverse health conditions that are found in the communities that they will eventually serve.

Consider the history of the John A. Andrew Memorial Hospital, which was in Tuskegee, Alabama; the hospital closed in 1982. This was the first full-service hospital for African Americans in the South.[8] The philosophy of the hospital (whose medical director from 1902-1924 was Dr. John A. Kenny) was to meet the health needs of the people it served, regardless of race and economic status.[8] In addition to providing tertiary care, the hospital offered vaccinations and physical exams, and held prenatal and wellness baby clinics for the public.[8]

The hospital also provided training for Black doctors and nurses in a time when they could not work in White hospitals. There are many such examples.[9, 10] Many of these health care providers eventually established practices in communities where they are most needed.

Equitable fiscal and human resources are critical to the social missions and social justice missions of the HBCU health professions schools. Consistent with credible and trustworthy scholarship from all health professions schools, HBCU institutions must have the same opportunities for publication. If these conditions are not met, it is unlikely that racial and ethnic health disparities will be eliminated. Sharing capacity and scholarship in the research enterprise is essential if health equity is to be achieved. Hence, the need for equitable majority/minority opportunities for research.

Lack of African American participation in clinical and biomedical research—as subjects but most relevantly as scientists—is also problematic. Brown et al. reported on a growing body of literature that faults the large number of homogeneous population of White male biomedical scientists for the limited number of African American scientists and the lack of African American interest in terminal degrees.[11] Moore et al. suggest that one of the barriers to diversity in clinical and biomedical research is lack of diversity in research teams.[12]

There is a continuing need to improve the research capacity among academic health centers, particularly at HBCUs. One mechanism is to enhance the partnerships between HBCUs and research intensive PWIs. The overall goal of this research was to determine how to improve resource capacity, sustainability, and scholarship as one mechanism to measure the efficacy of majority/minority partnerships. Olifi et al. reported on how Research Centers at Minority Institutions (RCMI) programs at the

National Institute on Minority Health and Health Disparities (NIMHD) are designed to build capacity for biomedical research and training at minority-serving institutions (MSIs).[13] The programs were created as a mechanism fostering formal collaborations between research-intensive universities and MSIs and the need to support the RCMI programs. A consortium-level collaboration activates unique translational research approaches to reduce health disparities with close attention paid to each academic institution's history and its unique characteristics.

As a result of the foundation just described, five formal partnerships between research-intensive universities and MSIs have been formed. At the conclusion of Olifi et al.'s study, partnerships presented a multifocal approach, shifting cultural change and consciousness toward addressing health disparities and training the next generation of minority scientists. The authors concluded that more research is needed in order to increase equitable resources according to the respective strengths and contributions of the partnering institutions, allowing bidirectional interchange and expanding NIH and institutional investments by providing measurable benchmarks toward the elimination of health disparities.[14] Their findings provide evidence to support the need to evaluate efficacy as it relates to equitable capacity for sharing relevant information and resources between HBCUs and PWIs.

Building resource sustainability: Teaching workload at HBCUs vs. PWIs.
Moore et al. found that building resource sustainability depends on an array of factors, including faculty, research and lab equipment, and facilities and degree programs. They noted the important fact that teaching expectations at HBCUs typically exceed those at PWIs. Using a mixed-methods exploratory research model, Moore et al. collected data from eight HBCU members and eight PWI members in open-ended individual interviews regarding research capacity-building, research and development, federal research entities, and disability policy.[12]

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The purpose of the study was to provide a deeper understanding of the issues negatively affecting HBCUs, including teaching commitments as a barrier to fulfilling research commitments. The findings showed that HBCU faculty carried a 19-credit-hour teaching workload and that the interference of class prep time and no release time was a barrier to research activities. The entire panel from HBCUs expressed concerns centered on workload issues, the lack of adequate facilities, and most importantly, the lack of research funding support from federal agencies.[13]

The present article reports a qualitative analysis of a focus group session with selected HBCU academic leaders in effort to discern equity between HBCU and PWI health professions school partnerships as described by resource capacity, sustainability, and scholarship. The goal of the research was to discern strategies to improve majority/minority partnerships. The specific aims were: 1) to identify majority and minority institutions that participate in majority/minority institution research partnerships, 2) to analyze qualitative data using a focus group methodology to evaluate the impact of majority/minority institutions research partnerships, 3) to describe a Survey Monkey questionnaire used developed to assess PWI perceptions of the impact of majority/minority institutions research partnerships, and 4) to recommend strategies to enhance the impact of majority/minority institutions research partnerships

Methods

Participants. Nine HBCU leaders were invited to participate in a focus group interview. All of the people who participated in the focus group sessions hold leadership roles at selected historically Black health professions schools, including schools of medicine, dentistry, pharmacy, and veterinary medicine. These schools have formed an association to advocate concerning

health and health care equity related to health professions education and health care delivery for underserved and underrepresented populations. The leaders meet annually with U.S. Congresspersons to advocate on behalf of their constituencies. A member of the research team (RCW) contacted a member of the advocacy group, explained the purposed research project, and requested and was granted 90 minutes to conduct the focus group session. Seven HBCU leaders agreed to participate.

Focus group methodology. Focus group methodology was used in our study because it provides a common platform and place for HBCU leaders to share their experiences related to equitable sharing capacity, building resources, publication scholarship, and sustainability. Use of a well-designed interview guide of questions (see Table 1) was developed to encourage group members to relax, open up, think deeply, and consider alternatives. These questions were provided to the participants prior to the scheduled FG to encourage reflection. During the FG, individuals were allowed to tell personal stories, laugh, revisit earlier questions, and disagree with others and the researcher.[14] Overall, the intent of FG was to provide an in-depth, contextually rich understanding of phenomena that emerge from participants' words and to explain "why" something occurred, not "what" resulted. In general, FGs provide trustworthy naturalistic data that can lead to important insights about human behaviors or perceptions by allowing all participants to say anything they would like to in front of the whole group.[15]

The FG allowed for sharing varied viewpoints, and permitted exploration and elaboration of what had been stated. A cost-effective approach, it allowed for a great range of responses in short period of time. The interactions among participants enhanced data collection by implicitly providing checks and balances on one another, which helps ferret out false or extreme viewpoints. The extent of shared views or the extent of diversity in viewpoints can be quickly assessed. Focus group dynamics may generate new thinking about a topic, which is likely to

foster more in-depth discussion. In the present case, it may generate a unique form of data about participants' experiences in majority/minority partnerships that otherwise would be unknown. A 90-minute FG was conducted.

Analysis of the focus group data. The research team for this study comprised two faculty and one staff member; one, an experienced qualitative researcher and moderator from a College of Education, one a senior public health ethicist/ health services researcher, and one health services program staff person. One of the authors (RCW) facilitated the focus group. The focus group session was audio-taped and later transcribed for analysis by an external service unassociated with this project. The second author (LBH) independently open-coded the data and discussed emergent themes with the first author (RCW). Triangulation, thick, rich description, clarifying researcher bias, peer review, and an audit trail as recommended by Creswell,[16] were used to enhance the rigor of data collection and analysis. The staff member (the third author) coordinated written and oral communication and conducted the initial literature review.

Proceeding with line-by-line coding, the researchers executed both initial coding and focused coding. Initial coding is an iterative process, whereby fragments of data including words, lines, segments, and incidents are closely studied. Using Charmaz's approach, small segments of the original transcription noted in the first column were categorized.[17] In the second column, gerunds, followed by a name or phrase, were used to retain participants' expressions and specific meanings. Gerunds were used to connote observable and conceptual action in the data.[18] This stage of analysis led to the focused coding whereby selected significant initial codes were tested against extensive data using the constant comparative method. Some passages were moved to better-fitting codes or to other categories or themes. Some themes coalesced, while others expanded. Coding line-by-line aided in making supporting

quotations more accessible. The methodical process of line-by-line coding, supported by direct quotations, was used to illustrate the researchers' decision-making and allowed them to feel confident that what they reported was representative of participants' perspectives.[19]

To ensure the veracity of the emergent themes, each participant was sent the FG transcript, asked to read it, and invited to provide any corrections or additional details to corroborate the initial findings and return comments via email on the Word document to the first author. We also scheduled individual meetings with participants. During those meetings, we offered a spoken synopsis of the findings to seek the participant's verification or additional commentary. No additional or new information was offered, supporting the conclusion that saturation had been reached.[15] Through these processes and by transparently seeking participant input (i.e., saturation) the point at which no new information was to be discovered was reached. The small sample, such as described in this manuscript, likely achieved saturation by staying focused on the phenomenon of majority/minority partnerships.

Table 1. Focus Group Questions
1. Please tell us about yourself and the institution you represent.
2. Describe the scope and practice of your relationship with the majority institution.
3. Who is your majority institution partner?
4. Describe the successes that you have experienced during this relationship. (Probe for how each respondent defines success).
5. Describe the challenges that you have experienced during this relationship. (Probe for how each respondent defines challenge).
6. Provide examples of those experiences that felt were positive during the relationship.
7. Provide examples of those experiences that felt were negative during the relationship.
8. Describe the tangible outcomes that have resulted from this relationship related to: (a) scholarly publications and (b) improved research capacity. How have the (a) scholarly publications and (b) improved research capacity benefitted your institution? The majority institution?
9. Describe how new knowledge resulting from this relationship has benefitted: (a) your institution; (b) the majority institution; (c) community engagement practice; and (d) teaching and/or student outcomes at your HBCU.
10. Describe your sense of how willing the majority institution is to sustain the relationship once the funding has ended. Provide examples to support your beliefs.
11. In your opinion, what is the potential for sustaining the activities/research once the formal relationship has ended? Provide examples to support your beliefs.
12. What recommendations would you offer to continue the relationship in relationship to the promulgation of (a) scholarly publications and (b) improved research capacity?

Survey development and dissemination. Using the results from the analysis of the focus group transcript, the authors developed a survey designed to measured PWI leaders' perceptions of majority/minority grant-funded partnerships.

Table 2. Survey Instrument

*1. Below is a list of statements about majority-minority grant-funded relationship. Please indicate the extent to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. We have documented outcomes to demonstrate the success of our majority- minority relationship.				
2. The majority-minority relationship has resulted in scholarly publications for our institution.				
3. The majority-minority relationship has resulted in scholarly publications at our HBCU partner institution.				
4. The majority-minority relationship has resulted in improved research capacity for our institution.				
5. The majority-minority relationship has resulted in improved research capacity at our HBCU partner institution.				
6. Scholarly publications from majority-minority relationship have benefited our institution.				
7. Our majority-minority relationship has resulted in new knowledge.				
8. New knowledge resulting from this relationship has benefited our institution.				
9. New knowledge resulting from this relationship has benefited our HBCU partner institution.				
10. New knowledge resulting from this relationship has benefited community engagement practice at our institution.				
11. New knowledge resulting from this relationship has benefited community engagement practice at our HBCU partner institution.				
12. New knowledge resulting from this relationship has benefited teaching at our school.				
13. New knowledge resulting from this relationship has benefited teaching at our HBCU partner institution.				
14. New knowledge resulting from this relationship has benefited students at our school.				
15. New knowledge resulting from this relationship has benefited students at our HBCU partner institution.				
16. New knowledge resulting from this relationship has benefited students at our HBCU partner institution.				
17. The majority institution is willing to sustain the relationship once the funding has ended.				
18. The HBCU partner institution is willing to sustain the relationship once the funding has ended.				
19. Overall, the majority and minority partnership has benefited our HBCU partner institution.				
20. Successes from the majority-minority relationship have benefited both institutions in the same ways.				
21. Successes from the majority-minority relationship have benefited both institutions equally.				
22. We have experienced challenges during our majority- minority relationship.				
23. During the majority- minority relationship we addressed challenges in ways that satisfied both institutions.				

2. What would you like to experience in future partnerships relative to: (a) nature of PWI/HBCU interactions or (b) dissemination or production of scholarship?

3. In future PWI/HBCU partnerships, would like to see other specific outcomes related to:
a.   teaching?
b.   community engagement?

Next, we solicited names and email addresses from the nine HBCU leaders to identify their PWI partner contact. A grid was developed, which described the research at seven HBCU health professions schools. The grid included information by the HBCU on: research award, funding amount and duration of award, funding source, and distribution of funds between the HBCU and the PWI. The accuracy of the information in the grid was reviewed, enhanced, and confirmed by each HBCU participant.

Fourteen PWI partners were identified during this process. Each identified PWI was verified by its HBCU partner. The questions developed for the survey were emailed to the HBCU partners for the approval. First, we contacted PWI participants via the professional and encrypted version of SurveyMonkey with a pre-invitation. We explained the purpose of the study and provided a link to access the survey.

After the first week of the survey, no responses were received. We sent additional reminders and also solicited assistance from the HBCU leaders. Some even called to encourage their PWI partner to respond. The survey was also emailed from one of the members at a PWI, with no response. The HBCU representatives was then asked to call and assure that survey was received and to encourage a response from the PWI partner. Another call was made by a HBCU member to encourage a response; still, no response. A third letter and follow-up call was made; still, no response. In summary, following the pre-invitation, participants received at least six reminders inviting their responses. After trying to obtain responses across a six-week period, we closed the PWI survey with no responses.

Results

In this section, the positive and negative experiences that emerged from partnerships are first described, followed by an overview of the challenges. This section concludes with a description of participant recommendations on ways to continue the partnership.

Positive experiences. Nearly all of the respondents agreed that the PWIs used the HBCUs to expand the number of minorities in their cohorts. Often, PWIs could not have garnered particular grant awards without a HBCU affiliation. Because of the affiliations, PWIs made certain that HBCU students felt welcome and were working at the same level as students at the PWI.

A few respondents reported that having multiple PIs (principal investigators), including a PI from each participating school to ensure representation among all collaborating institutions facilitated communication. This practice, however, did not directly come from the PWI or HBCU. It was actually mandated by the funding agency. However, the opportunity for PIs to interact with the funding agency as well as within the grant directorate ensured that each institution had a voice. Another critical practice was the articulation of collaborative agreements that stated the terms and conditions of the agreement and included instructions for handling disagreements. One respondent stressed the importance of remaining vocal and maintaining contact with program officials to keep funders abreast of what was occurring within and across collaborating institutions. This practice has supplanted the prior reliance on a single PI that ultimately favored the needs of the PI's own institution.

Partnerships offered bridge grants and start-up compensation to support new HBCU faculty research. Partnership funding brought local HBCU community relationships to PWIs and strengthened program implementation that was recognized by funding agencies. Participants acknowledged that a significant increase in HBCU publications was one tangible outcome of the partnership.

Negative experiences. All of the participants conveyed the deleterious effects of partnerships. They described the lack of value placed on community outreach research, which is often designated as community-based participatory research (CBPR). One respondent explained that funding for the community outreach received the least funding. During the renewal application when budget cuts became necessary PWIs "were trying to cut the funds" earmarked for this component. Notably, funding reductions were proposed even though the original award was for translational research (i.e., a process of applying knowledge from basic biology and clinical trials to techniques and tools that address critical medical needs that is specifically

designed to improve health outcomes). Another respondent described the PWI focus during the partnership as "resource driven" rather than dedicated to addressing the needs of local communities. The "bottom line," as one respondent said, was that HBCUs received a small portion of funding for community outreach, which was not a major part of the overall research project.

The submission of non-basic science pilot proposals was encouraged. However, if an HBCU did not have a representative at the table when funding parameters were originally discussed, the HBCUs did not really know what was included. Even with the HBCU leaders currently sitting on the proposal-writing group's steering committee, a lack of clear information and transparency about the original proposal was indicative that the relationship was not really a relationship between equals. One respondent described this imbalance as similar to the power differential characteristic of a relationship between an older and younger brother. He asserted that in effect PWIs created no urgency "to change the status quo." Moreover, he asserted that PWIs maintained the dominant role because it suited their interests. This respondent emphasized that he wanted his HBCU to grow and expand. Within the historical and present context, this desire has remained just a dream. He pointed out that during the last 50+ years the number of medical students admitted to his HBCU remained unchanged at 28. He surmised that a good and equal relationship would want the HBCU to become independent at some point. In his experience, there was no urgency among the PWI to help HBCUs achieve this outcome. Stated simply, he proclaimed, "I don't like it." Similarly, another respondent characterized PWIs as working to preserve the status quo of HBCUs. He urged that PWIs support HBCUs desire to be independent and major forces in their own right.

Tacitly held conflicts about institutional loyalty became apparent when some HBCU faculty introduced themselves as faculty at the PWI rather than at their primary employer. One

respondent admitted to feeling perplexed that some HBCU faculty were "proud of [the] relationship." The dual appointment provision caused dilemmas related to HBCU faculty recruitment. At times, prospective faculty were so preoccupied with getting a dual appointment at the PWI, that the HBCU withdrew its offer. Dual appointments and related legal ramifications seemingly influenced institutional loyalty. If a faculty member failed to be successful at the HBCU, they could simply transition to the PWI. Because of this fail-safe relationship, it became unclear how much effort some new faculty hired would expend at the HBCU. One respondent asserted that several HBCU faculty who failed to appreciate the HBCU mission ended up representing the "establishment" rather than "their communities." In contrast, HBCUs recognized the PWI modus operandi was the value of visibly working with a person of color.

Another respondent described PWIs' dishonest attribution of original ideas when the HBCU approached the PWI with its own idea. "Within a short period of time, the idea appears as if it is theirs!" said one participant. After an HBCU researcher presented her idea, a PWI president told the group that they would send a memorandum of understanding (MOU), so that the HBCU "could tweak it." Infuriated by the offer, the HBCU leader stated, "That's backwards." Once the idea was announced, it became fair game for others to take and essentially cut out the HBCU interest and potential funding.

Participants asserted that there was little willingness to sustain the partnership after funding had ended. Participants emphasized that the outcomes of collaborations are highly person-dependent not institutionally centric. One respondent characterized this matter as an "engagement issue" that required a particular staff member who was willing to develop and cultivate these relationships. Several participants explained that the continuation of programs developed during the funding period were often not even a topic of concern. When partnerships

ended, formal relationships did as well, although, at times, some individuals from partner institutions continued to collaborate on research projects.

Challenges. Respondents described the lack of understanding and agreement about what constitutes a partnership. One respondent reported that he could not think of a full-fledged actual partnership with a PWI. He reasoned that PWIs probably perceived partnerships differently from partnerships in personal relationships. Respondents spoke about the lack of sustainability and expressed little likelihood that programs continue after funding ended. One individual described the fickle nature of "partnership" asserting that once the money leaves, the partnership also left. However, when funding was connected to programmatic initiatives, the loss of monies held significant implications for personnel. Loss of funding caused one respondent to have to find a way to secure funding to provide salaries for residents and interns as well as insurance and other employee benefits. In practice, an academic program created under the auspices of a grant might continue, but the partnership and tangible benefits were no longer the same when funding terminated. One respondent complained about the PWI hosting her HBCU students. Although the PWI hosted an inter-professional educational program, the HBCU ended up paying to support their students attending the PWI. He implored, "When it's a partnership," why is the HBCU paying for a student to attend the PWI? He wondered how much each institution contributed to the partnership. He asked if there was a consortium that guided allocations or if it was "potluck." Another respondent pointed out the necessity of clarifying a partnership from a MOU. He stipulated that a partnership was legally binding, whereas an MOU was "not enforceable by a court." He cautioned that the practice of treating MOUs as if there were legally binding was a fallacy. These sentiments illustrate the lack of equitable distribution of resources in the majority/minority partnerships.

The PWIs involved in the program often depended on HBCUs to provide training in cultural competency. Near the end of a grant, a PWI had hired an individual to provide this training. When the funding ended, the HBCU hired that individual. However, it was the grant funding that led to development of a cultural competency curriculum. Moreover, when the grant ended, the PWI wanted the HBCU to continue teaching the cultural competency curriculum.

Recommendations to continue the relationship. Several respondents remarked that in the future, that partnership leaders be comprised by multiple PIs. Another respondent emphasized that the goal of a good partnership ought to be characterized by the extent to which it enhanced the HBCU's capacity rather than created a dependency. However, none of the participants suggested that partner PWIs demonstrated this type of commitment to their HBCU.

Discussion

Participants pointed out both challenges and benefits of majority/minority "intended" collaborations. They reported the fickle nature of "partnership" and its lack of sustainability because once funding ended there was little likelihood that programs would continue. Overall, they opined that PWIs held little interest in promoting HBCU expansion and independence. They characterized partnerships as suffering from a lack of understanding and agreement about what constitutes an effective collaborative relationship. Collaborations built on a highly person-dependent foundation rather than an institution-centric one often halted the continuation of work, once the individuals involved retired or left the institution.

Participants identified few benefits of majority/minority partnerships. However, one obvious positive outcome attributable to partnerships was an increased number of HBCU publications. They also praised the PWI efforts to embrace HBCU students and ensure that they were afforded opportunities comparable to PWI students. Participants also described problems

that ensued from the lack of clarity in communications that governed expectations for pilot funding. They expressed dismay that PWIs claimed ownership for ideas that were originally proposed by the HBCU. They shared how dual institutional appointments resulted in less commitment among HBCU faculty to their primary employer and diminished loyalty to the HBCU mission.

The temporal nature of funding can lead to ethical dilemmas in institutional collaborative research. If there is no plan for sustaining programs after funding ends, these initiatives may foster sporadic research and unmaintainable programs—a disservice to students and both institutions. Without attention to succession planning, or how to maintain partnership activities once funding ends, the impression develops strongly that related research, service, and scholarship efforts are not really critical, that they are ancillary rather than essential.

The study findings implied that community-based participatory research was less valued in comparison to other kinds of research. This is oxymoronic when you consider that some if not most of the partnerships were funded in part by translational research grants. By their very nature, translational grants are designed to impact population well-being and disease management. That community-based participatory research persistently received less funding calls into question the potential of efficiently and effectively moving basic science findings to population health. Mechanistic study results coupled with plans to move findings into population care cannot be devoid of understanding the nature of daily living activities and patient perspectives.

Notably the findings reported in this study emerged from a single focus group of seven participants who held leadership positions in their respective HBCUs. While the sample size was small, combined with member-checking and processes designed to ensure that findings were an accurate representation of participants' experiences, the results suggest that a concentric

expansion of HBCU participants might reveal similar findings. We were unable to ensure majority institutional participation, because not one of the 14 PWI leaders responded to survey, even after repeated and attempts to contact them.

The findings signify the need to develop majority/minority partnerships that are grounded by efforts to ensure mutually acceptable benefits. Moreover, the findings highlight the need to use the public health ethics framework to remedy these long-standing problems. The diverse society that we share requires nothing less than honest conversations and earnest efforts to ensure mutual benefits.

The researchers suggest that much more work is needed to truly appreciate the experiences of the African American students who study at PWIs. Little to no research to our knowledge has investigated this matter. One must ask who ultimately benefits from the majority/minority partnerships and in what capacity—teaching, scholarship, or research? Given that the purpose is to advance the number of African Americans entering the health professions, we ask: How well is this goal being met? How are the African American students attending PWI being socialized into the profession? How well do their training experiences meet their expectations?

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