

***COMMUNITY -CAMPUS PARTNERSHIPS:
A NATIONAL STUDY OF ACADEMIC HEALTH CENTERS***

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This paper will examine the preliminary findings of the Community-Campus Partnerships study of the involvement of academic health centers in the community. In doing so, I hope to demonstrate the ways in which the traditional missions of academic health centers can be strengthened and enhanced through community involvement. I also will pose a set of questions and recommendations for consideration by academic health center leaders as they consider how to translate lessons learned from the study into practical strategies at their institutions. First, I will discuss briefly the study that was supported by the Health Professions Schools in Service to the Nation Program and Community-Campus Partnerships for Health (CCPH).

The Health Professions Schools in Service to the Nation Program is a national demonstration program of service-learning in 20 health professional schools, funded by The Pew Charitable Trusts and the Corporation for National Service. The program seeks to strengthen partnerships between schools of health professions and community-based organizations to equip graduates with community-oriented competencies, and to instill an ethic of community service and social responsibility among program participants. In April 1995, the program awarded three-year grants to 20 health professional schools to integrate community-based service-learning experiences into their required curricula. Through the program, we at CCPH are learning a great deal about the process and impact of service-learning in health professions education.

The other major funder is Community-Campus Partnerships for Health, a national organization founded in 1996 to foster partnerships between communities and educational institutions for the purpose of improving health professions education, civic responsibility, and the overall health of communities. CCPH pursues four major strategies to further its mission. They are to: (1) create and expand opportunities to collaborate and exchange resources and information relevant to community-campus partnerships; (2) promote awareness about the benefits of community-campus partnerships; (3) advocate for policies that facilitate and support community-campus partnerships; and (4) promote service-learning as a core component of health professions education. The academic health center is an important component of CCPH strategies to promote awareness and to advocate policies that facilitate and support community-campus partnerships.

There has been a growing movement within higher education concerning the societal relevance of higher education and the civic responsibility and moral development of college graduates. For a variety of reasons, universities are re-examining their traditional missions and their role and involvement in the community. University presidents have appointed task forces and councils to examine that role, created centers and offices of public service and service-learning, and appointed vice provosts for

outreach. CCPH was interested in the extent to which and why academic health centers were participating in these initiatives. More specifically, CCPH was interested in community involvement in relation to the traditional academic health center missions of education, research, and service as well as any involvement that might fall outside that traditional mission, such as broader community and economic development. After reviewing the higher education, health professions education, and health policy literature, we narrowed the focus to the forces, -climate, structure, and leadership related to an academic health center's involvement in the community . Within each of these areas, we decided to focus on community involvement in the following five domains: education; research; health care delivery; community service; and community and economic development. We formed a national advisory committee to provide guidance on our study design and the interpretation of our findings.

As the study developed, we decided that we wanted to examine academic health centers that, by objective criteria, appeared to be leaders among those institutions involved in the community . The study team selected eight academic health centers using the following criteria of whether they had: (1) participated in federal/foundation partnership initiatives; (2) developed institutional structures for coordinating partnerships; (3) developed community partnerships independent of grants; and (4) been recognized nationally for community service.

The study has two phases. The first phase focused on community involvement from the perspective of leaders of the academic health centers, their affiliated health systems, and each school of health professions. The second phase focused on the perspective of community organizations, institutional faculty, and staff involved in specific community-campus partnerships. To date, 80 percent of the institutional surveys have been received and analyzed.

In surveying academic health center leaders about their community involvement, we needed to deal with definitions of the terms used to describe this aspect of the university's mission. As interest in community involvement by universities has grown, so have the terms. To allow for a broader conceptualization of service, many universities are using the term "outreach." For example, Ohio State University defines (outreach) as "that aspect of teaching that enables learning beyond the campus walls; outreach is that aspect of research that makes what we discover useful beyond the academic community; is that aspect of service that directly benefits the public." In our review of the literature, we came across many different terms, and no consensus on their definitions. In addition to outreach, these terms included community service, public service, extension, academic-community partnerships, university-community partnerships, and community- campus partnerships. We chose to use the term "community involvement" to encompass a wide range of activities. The surveys included definitions of these terms.

The definition of "community" also proved to be a challenge. We included a question in the survey asking what the term "community" meant to the institution. Responses ranged from the neighborhood surrounding the school, to specific populations, such as minority communities, to international communities. In some academic health

centers, the leaders had consistent definitions of community. In others, definitions differed depending on the individuals' area of involvement, be it academic health center-wide, in the delivery system, or in an individual professional school.

The preliminary findings of the study reflect our first "cut" of both quantitative and qualitative data, and are presented in aggregate across the eight participating academic health centers. Respondents indicated that overall, external forces contribute either moderately or considerably to their institution's community involvement. They rated managed care and public perceptions of the institution as the dominant force. Community involvement was viewed as a balance of institutional self-interest and altruism. While several respondents noted that it is the "philosophical belief that it is the right thing to do," it is also clear that some academic health centers view community involvement as a strategy for survival in an era of managed care and a way to respond to increased calls for accountability of public and non-profit institutions.

We asked respondents to identify the most important external force that contributes to their academic health center's community involvement, and to provide us with an explanation. We found, for example, that CEOs of the affiliated health system viewed managed care as a major factor in their community involvement because it not only created competition in terms of health plan selection, but also influenced public perceptions about these plans. Thus, strong community involvement was viewed as a key element for remaining competitive. Leaders of health professions schools and academic health centers, on the other hand, viewed managed care as a major factor in their community involvement because it challenged them to shift the curriculum to non-hospital settings. Therefore, community partnerships for education were seen as a key response to this challenge.

Six factors emerged as the strongest facilitators of an academic health center's community involvement. These factors, which were similar across the different domains studied, are: (1) supportive leadership at all levels; (2) a clear definition of both mission and community; (3) sufficient financial and human resources; (4) faculty commitment; (5) effective institutional structures; and (6) long-term relationships with community-based organizations. Effective institutional structures included offices of community-based education, Area Health Education Centers, and centers for community-based research.

There remain ongoing challenges to community involvement. These include the need for leaders to: (1) communicate their vision and develop specific implementation goals; (2) be supportive of faculty roles and rewards; (3) enhance collaboration across schools of health professions (i.e., especially between nursing and medical schools); (4) address competition for community-based training sites; and (5) push for greater community involvement in academic policy and programs. Again, these factors were similar across the different domains studied. Praise and recognition were the most commonly cited examples of faculty rewards for community involvement by academic health center leaders. However, respondents at the individual school level frequently

cited the lack of more substantial rewards, such as promotion and faculty release time, as a significant barrier to greater faculty involvement in the community .

Issues about competition for community-based training sites and historic turf battles between medicine and nursing were raised primarily by nursing school respondents. They expressed the concern that nursing has been in the community for decades and now medicine is trying to enter that "territory." Nevertheless, this challenge presents an opportunity for the two disciplines to collaborate in education and in improving community health. While many of these institutions have long-standing, positive relationships with many community-based organizations, the tensions of "town- gown" relations have not evaporated completely. For the institution to operate effectively within the community , a level of trust and commitment needs to be developed, and this often takes time. Even when an individual faculty or staff member has developed good relationships with the community, this does not necessarily translate into goodwill and acceptance for the entire university .

Respondents outlined challenges yet to be overcome. Many respondents commented that the traditional definitions of faculty scholarship, roles, and rewards continue to be major barriers to an institution' s sustained community involvement. At least one school in our study has revised its promotion and tenure policies to recognize and reward faculty community involvement. We found that community involvement is greatest in the educational and clinical domains; it is less apparent in the research and community service domains, and even less in community and economic development.

The second phase of the study will examine in-depth the specific projects and initiatives that comprise the community involvement of the selected academic health centers in each of these domains. But even at this point in our analysis, themes are beginning to emerge that define typologies, or continuums of community involvement.

This continuum encompasses acts of charity, community-oriented projects, and programs that bring about real social change. For example, some community initiatives involve donated goods and services. Others are time-limited projects with a narrow focus, or projects that aim to solve the root cause of a complex societal issue. There also exists a continuum of community-oriented, to community-based, to community partnership initiatives. Clearly, some community initiatives are oriented toward addressing community issues or concerns, but are not actually based in community settings; others are based in community settings but also feature limited involvement of the community. Finally, some projects are more like partnerships that involve the community more fully in planning and decision-making.

CCPH realizes that the findings of the study are drawn from a select group of academic health centers that are leaders in community involvement and, to some extent, may represent "best practices" in this area. Furthermore, we currently do not have another group of involved institutions with which to make a comparison. Still, our findings lead us to the following ideas and recommendations:

- (1) In developing a strategic approach to community involvement, academic health center leaders should consider how to further enhance the teaching, research, and service missions through community initiatives.
- (2) Leaders must address some controversial and challenging issues, including defining the community that is served by the academic health center, assessing current community relations, and defining the civic responsibilities of academic health centers. In doing so, however, leaders will create a vision and a strategic approach to community involvement. -
- (3) Communicating that vision and the initiatives that stem from both within and beyond the academic health center are important.
- (4) To promote community involvement, academic health centers leaders also should encourage collaboration across all health professions and schools in the university. For example, at the University of Washington, the deans of the health sciences have approved a set of principles for community-based research that speaks to community involvement in research design and how the findings will be used. This is perhaps the most difficult task, as it requires the sharing of power and control.
- (5) Finally, academic health centers must increase involvement of the community in the planning and implementation of partnerships. However, the gains derived from meaningful community partnerships will far outweigh these difficulties over time.