Community-Engaged Scholarship: Co-Producing Knowledge for Societal Impact

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Community-Campus Partnerships for Health
AAAS Meeting, Vancouver, February 2012
Agenda

• Linking Scholarship and Communities

• Community-Based Participatory Research as a Strategy for Mobilizing Knowledge

• CES4Health: Disseminating Peer-Reviewed Products of Community-Engaged Scholarship

• Questions, Discussion and Resources
Linking Scholarship and Communities

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Mission

To promote health (broadly defined) through partnerships between communities and higher educational institutions.
CCPH Goals

- **Leverage knowledge, wisdom and experience** in communities and in academic institutions to solve pressing health, social, environmental and economic challenges.

- **Build capacity** of communities & academic institutions to engage each other in authentic partnerships that balance power, share resources and work towards systems change.

- **Ensure community-driven social change** central to the work of community-academic partnerships.
Defining Community

CCPH board of directors, 2005

There is no “one” definition of community

- Geography
- Age
- Ethnicity
- Gender
- Sexual orientation
- Disability, illness or health condition
- Common interest or cause
- Shared values or norms
Defining “community” in community-engaged work is more about the process of asking questions than about a strict definition of who “is” community or “represents” community:

- Are those most affected by the problem at the table?
- Are those who have a stake in the issue being addressed at the table?
- Are those with the resources (e.g., knowledge, connections, funding) needed to address the issue at the table?
- Do they play decision making roles?
Definitions

- **Community engagement** is the application of institutional resources to address and solve challenges facing communities through collaboration with these communities.

- **Scholarship** is teaching, discovery, integration, application and engagement that has clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique that is rigorous and peer-reviewed.

- **Community-engaged scholarship** is scholarship that involves the scholar in a mutually beneficial partnership with the community.

*Linking Scholarship and Communities, Commission Report, 2005*
*(download from Community-Campus Partnerships for Health www.ccph.info)*
Figure 1 | Community-Engaged Teaching, Research, and Service

- Research:
  - Community-based participatory research
  - Practice-based research

- Teaching:
  - Community-based learning
  - Practice-based learning
  - Service-learning

- Service:
  - Community service
  - Academic public health practice
  - Clinical service
  - Community-oriented primary care

Community-Engaged
Scholarship Defined

• The activity requires a high level of expertise.
• The activity breaks new ground or is innovative.
• The activity has significance or impact.
• The activity can be replicated and elaborated.
• The work and its results can be documented and disseminated.
• The work and its results can be peer reviewed.

Adapted from Recognizing Faculty Work, by Robert Diamond and Bronwyn Adam (1993)
From Service to Scholarship

- Key point #1: Engagement is not necessarily scholarship.
- Key point #2: Service is not necessarily scholarship.
  - Must use a scholarly approach (grounded in work that came before)
  - Must document and create product that can be disseminated and subjected to critique
Challenges for Faculty in Current System

- Time involved in developing partnerships
- Collaborative and interdisciplinary nature of CES
- Expectations of funding agencies
- Funding and journal hierarchy
- Diverse dissemination pathways and products
- Diverse measures of quality, productivity and impact
- Lack of peer review
- Limited opportunities for community partners
- Traditions of senior scholars and institutions
Faculty for the Engaged Campus

- An initiative of Community-Campus Partnerships for Health funded by the Fund for the Improvement of Postsecondary Education (FIPSE) of the US Dept. of Education (2007-2010)

- In partnership with the University of Minnesota and the University of North Carolina at Chapel Hill
Faculty for the Engaged Campus

- Faculty with commitment and competencies for CES are central to institutionalizing and sustaining community-academic partnerships

- Persistent challenges:
  - Few professional development pathways
  - Not easy to identify peer reviewers
  - No accepted method/vehicle for peer review, publication and dissemination of non-journal products
  - No clearly defined/accepted community partner roles
  - Institutional cultures slow to change/adapt
FEC Components

- Innovative competency-based models of CES faculty development
- CES4Health.info – peer review, publication and dissemination of products of CES
- Online database of faculty mentors and portfolio reviewers (facultydatabase.info)
- Redefining “peer” in peer review to include community partners
FEC Sites: Examples of Faculty Development

- Learning communities
- Competitive “fellowship” programs
- Grants programs focused on partnership building and CBPR
- Training (some associated with grants program)
- Theory based (Diffusion of Innovation)
- Mentoring (from faculty and community)
Recognizing CES:
Transforming University Policies & Practices in Canada

GOALS & OBJECTIVES

- Form learning community around institutional change strategies, policies and practices that support and advance CES
- Ensure university tenure and promotion policies and practices recognize and reward CES
- Implement innovative mechanisms for developing community-engaged faculty
- Establish vibrant and sustainable network of universities that support and advance CES
Recognizing CES:
Transforming University Policies & Practices in Canada

PARTNERS

• Memorial University of Newfoundland
• University of Alberta
• University of Calgary
• University of Guelph
• University of Regina
• University of Saskatchewan
• University of Victoria
• York University
• Community-Campus Partnerships for Health
PARTNERSHIP ACTIVITIES

- Annual partnership meetings
- Campus-based activities
- Cross-cutting workgroups
  - Institutional Assessment and Change
  - Faculty Assessment
  - Scholar Development
- Knowledge mobilization
Resources


1: Definition and Vision
2: Faculty Support & Involvement
3: Student Support & Involvement
4: Community Support & Involvement
5: Institutional Leadership & Support
6: Community-Engaged Scholarship
Questions?
Community-Based Participatory Research as a Strategy for Mobilizing Knowledge

With thanks to:
Sarena Seifer and Susan Gust
Community-Campus Partnerships for Health
Much of the research which is presented as community-based research could better be named community-placed research, located in communities but not involving communities as partners.

O'Toole et al., 2003 JGIM
What is CBPR?

“...a partnership approach to research that equitably involves ... community members, organizational representatives, and researchers in all aspects of the research process, with all partners contributing their expertise and sharing responsibility and ownership to enhance understanding of a given phenomenon, and to integrate the knowledge gained with interventions to improve the health and well-being of community members.”

What is CBPR?

“A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change...”

W.K. Kellogg Foundation, 2001

“Scientific inquiry conducted in communities in which community members, persons affected by condition or issue under study and other key stakeholders in the community’s health have the opportunity to be full participants in each phase of the work – conception, design, conduct, analysis, interpretation, conclusions and communication of results.”

Federal Interagency Working Group on CBPR, 2003
NIH Scientific Interest Group on CBPR, 2007
Community-Based Participatory Research  
(from AHRQ evidence report on CBPR)

- C. helps identify key issues
- C helps with study design, budget, proposal submission
- Participants recruited and retention systems implemented
- Measurement instruments designed and data collected
- Intervention designed and implemented
- Data analyzed and interpreted

Traditional Research Approach

Issues selected from data
Design: science and feasibility
Budget: research expenses
Recruitment and Retention based on science and “best guesses”
Measures adopted or adapted from other studies, psychometric testing
Intervention designed by researchers based on literature and theory

Researchers report findings from analysis and publish in peer review journals

Incr. motivation to participate
Incr. acceptability and “buy-in”
Enhanced recruitment and retention
Increased reliability and validity
Greater relevance and likelihood for success
Enhanced potential for translation and dissemination
Why Do CBPR?

Historically, research has...

• Rarely directly benefited and sometimes actually harmed the communities involved
• Excluded these communities from influence over the research process
• Resulted in understandable distrust of, and reluctance to participate in, research
• Been labeled by communities as parachute, helicopter or drive-by research
Why Do CBPR?

Health/social interventions have often not been as effective as they could be...

- Not tailored to the concerns and cultures of participants
- Rarely include participants in all aspects of intervention design, implementation and evaluation
- Focused narrowly on individual behavior change with less attention to broader social and structural issues
CBPR: A Case Example

CCPH 2006 Annual Award Recipient: The Charleston & Georgetown Diabetes Coalition

• **Mission:** To reduce and eliminate disparities for African Americans with diabetes through community action, health systems change, and collaboration

• **Partners:** 40 area churches, community centers, worksites, and libraries; Medical University of South Carolina College of Nursing
CBPR: A Case Example

The Charleston & Georgetown Diabetes Coalition

- **Mid 1990s** - Enterprise Community joins with Dr. Carolyn Jenkins, College of Nursing, to link 19 neighborhoods to conduct a needs assessment and improve health. Priorities include lack of access to education and skills for diabetes and hypertension management.

- **Late 1990s** – Community builds and opens a local health center that focused on primary care for hypertension and diabetes care.

- **1999** – CDC issues call for REACH 2010 Initiative. Community asked Dr. Jenkins to spearhead the development of a Coalition to apply for funding to address diabetes disparities in African Americans.

- **2000** – Completed assessment of needs and assets, developed community action plan.
CBPR: A Case Example

The Charleston & Georgetown Diabetes Coalition

• Weekly diabetes self management education is offered in 8 community sites where people congregate, taught by MUSC College of Nursing faculty and community health advisors who are certified diabetes educators.

• Local librarians, in collaboration with MUSC librarians and diabetes educators, teach people how to use the Internet to find credible diabetes information.

• Local health providers work with people to improve diabetes control.
The Charleston & Georgetown Diabetes Coalition

Goal: Improved Health Outcomes

Example: Decrease or maintain decreased rates of lower limb amputation in African American men and women in Georgetown and Charleston

Lower Extremity Amputations by Race
(1999-2002)
Charleston County Males
CBPR: A Case Example

The Charleston & Georgetown Diabetes Coalition

Service-learning, CBPR and community-engaged scholarship

- 200+ students from the Medical University of South Carolina Colleges of Nursing, Pharmacy, Health Professions, Medicine, and Graduate Studies
- 51 interns from other universities
- 5 interns from local high schools
- 4 completed doctoral dissertations
- Dozens of academic and community presentations
- Peer-reviewed publications
CBPR Success Factors

- Trusting relationships
- Equitable processes and procedures
- Diverse membership
- Tangible benefits to all partners
- Balance among partnership process, activities and outcomes
- Significant community involvement in scientifically sound research
- Supportive partner organization policies and reward structures
- Leadership
- Culturally competent and appropriately skilled staff and researchers
- Collaborative dissemination
- Ongoing partnership assessment, improvement and celebration
- Sustainable impact

CCPH Principles of Partnership

- Partnerships form to serve a specific purpose and may take on new goals over time.
- Partners have agreed upon mission, values, goals, measurable outcomes and accountability for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, but also works to address needs and increase capacity of all partners.
- The partnership balances power among partners and enables resources among partners to be shared.
CCPH Principles of Partnership

CCPH board of directors, 1998 & 2006

- Partners make clear and open communication an ongoing priority by striving to understand each other's needs and self-interests, and developing a common language.
- Principles and processes for the partnership are established with the input and agreement of all partners, especially for decision-making and conflict resolution.
- There is feedback among all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
- Partners share the benefits of the partnership's accomplishments.
- Partnerships can dissolve and need to plan a process for closure.
Questions?
CES4Health.info: Disseminating Peer-Reviewed Products of Community-Engaged Scholarship

WITH THANKS TO:
CATHY JORDAN
EDITOR, CES4HEALTH.INFO
ASSOCIATE PROFESSOR, U. OF MINNESOTA
DIRECTOR, CHILDREN, YOUTH AND FAMILY CONSORTIUM
Products of CES

- Conventional: Journal manuscripts
- Diverse and Innovative:

Results of CES:
*Examples*: Policy briefs, videos, photo voice exhibits

Tools that can assist others in implementing or adapting the project in their communities:
*Examples*: Assessment instruments, instructional manuals, partnership agreements
Challenges of Disseminating Innovative CES Products

- Lack of dissemination mechanisms to broaden community impact
- Lack of peer-reviewed publication outlets
- Format of peer-reviewed journals not conducive to innovative CES products
- Traditional peer-review process may not find value in CES products
- Reward structures for faculty tenure, promotion and professional advancement
Challenges of Disseminating Innovative CES Products

- The traditions of the system
  - Impact: Need expanded definition (not just academic publications and journal impact scores)
    - Demonstrate community impact
  - What “counts” as scholarship: Need acceptance of diverse scholarly products (not just peer-reviewed journal articles)
A component of Community-Campus Partnerships for Health’s Faculty for the Engaged Campus Initiative, supported in part by the Fund for the Improvement of Postsecondary Education of the US Department of Education
Purpose of CES4Health.info

- Mechanism for peer review and online publication of products of community-engaged scholarship in forms other than journal manuscripts

- Intended to both increase impact of these products in communities and increase likelihood they will count in faculty tenure and promotion reviews
Minimum Submission Criteria

• **The CE** in CES4Health - Community engaged

• **The S** is CES4Health - The project that resulted in the product was approached in a scholarly way, and builds upon or is grounded in previous practice or evidence

• **The Health** in CES4Health – Defined very broadly
Examples of 34 Products Published to Date

- Community Based Participatory Research with Indigenous People (educational video)
- Partners in Research: Curricula to Prepare Community and Faculty for CBPR Partnerships
- Engaging the Underserved: Personal Accounts of Communities on Mental Health Needs for Prevention and Early Intervention Strategies (report)
- Toolkit to Establish and Sustain Year-Long Walking in Rural Communities
- Overtown Cookbook (evidence-based and taste-tested culturally diverse healthy recipes)
- Mapping Memories (digital stories of refugee youth and curriculum resources for engaging youth)
Submission Process

- Products in English considered year-round

- Submission = *product* (downloadable, linkable) and 12 question *application*

- Application questions probe rigor and engagement, as well as community benefit issues
  - Keywords: topics, type of resource, resource format
  - Product aims, development, quality, intended audience, significance
  - The project that resulted in the product — scholarly approach, rigor
  - Degree and quality of engaged approach
  - Reflection on strengths and limitations
  - Assurances regarding copyright and privacy
CES4Health.info Review Process

- Mirrors typical journals
- Screened by Editor for minimal criteria of engaged activity and health-related (broadly speaking)
- Screened by Editor for copyright or privacy problems
- Assigned to Associate Editor who assigns 2 academic and 2 community reviewers based on aligned interest/expertise
CES4Health.info Review Criteria

- **Appropriateness** for CES4Health.info

- **Clear Goals** - the degree to which the authors state the purpose of the product, its intended audience/users and clear goals and objectives.

- **Adequate Preparation** - the degree to which the authors appropriately reference or build upon prior work in the area.
CES4Health.info Review Criteria

• *Methodological Rigor* - the degree to which the authors justify the appropriateness of methods chosen with respect to the goals, questions and context of the work

• *Significance* - the degree to which the product adds to existing knowledge and benefits communities

• *Effective Presentation* - the clarity of the presentation style, the accuracy of the product content, and the appropriateness of language and visual aides for diverse audiences
CES4Health.info Review Criteria

- *Reflective Critique* - the degree to which authors provide critical reflection about the work, informed by both academic/institutional and community feedback.

- *Ethical Behavior* - the degree to which authors provide evidence of a collaborative approach characterized by mutual respect, shared work, and shared credit (and approval by an institutional review board and/or community-based review mechanism, if applicable).
Making CES Count in P & T Reviews

- Fills a gap: Offers rigorous peer review and broad dissemination
- Authors include citations in peer reviewed publication section of dossier
- Educates administrators and committee members
  - Send letters to those identified (congratulatory and educational)
- Demonstrates impact: Track “hits” and downloaded products
- Documents service of reviewers and associate editors
  - Send appreciation of service that can be included in dossier
Making CES Accessible to Communities

- Fills a gap: High quality applied products, along with guidance for their use, are freely available online

- Robust search options:
  - Keyword, title, author
  - General topics (e.g., nursing, social and behavioral sciences)
  - Specific topics (e.g., HIV/AIDS, domestic violence)
  - Specific populations (e.g., homeless, refugees)
  - Methodological approaches (e.g., focus group, survey)
  - Resource types (e.g., evaluation tool, curriculum)
  - Product types (e.g., DVD, website)

- Demonstrates impact: Track “hits” and downloaded products

CES4Health.info
Perspectives of Authors

- Decision to submit
  - To get product published
  - Curious to see what review process would reveal
  - To have product disseminated
- High satisfaction with elements of review process
- Satisfaction with content of narrative review
- Responses not as timely as some would have liked; process has since been streamlined
- Products now noted as peer reviewed on CV
“CES4Health.info is both a wonderful educational tool and an appropriate and well-organized venue for peer review publication. It is so unique and so important. Thank you!”

“I appreciated the depth of background, justification, and rationale that was required of the reviewers. It instilled faith in the rigor and value of the peer review process.”
“Thank you so much. I appreciate this notification, and the explanation. Our Faculty has revised its standards for tenure, promotion, and evaluation (in a pilot study) to reflect the scholarship of engagement but, of course, we are embedded in the culture of the typical publicly-funded research intensive university - i.e. many T&P committees are dubious. In fact, getting [the author's] tenure approved, the first under our new guidelines, was somewhat challenging. CES4Health is a godsend.”

~ A Dean, upon receiving notification of faculty’s publication
Comments from Community Leaders

“An easy-to-use website so it will be a regular stop for my work.”

“The more this develops, and the more resources that are available, the more powerful this will become. I am excited for that!”

“As a community-based peer reviewer for CES4Health.info, what excites me most about this resource is its potential to widely disseminate high quality products that can improve the health of communities.”
Perspectives of Users

- Over 1,800 people have downloaded products to date
  - All products have been downloaded
  - Range from 15 – 146 downloads per product

- Reasons to access CES4Health.info
  - Curious
  - Familiar with CCPH resources and wanted to see this new one
  - Wanted to become familiar before submitting a product
  - Wanted to become familiar before applying to be a reviewer

- Want more products available
Themed Calls for Products

• 2010: Refugee and Immigrant Health

• 2011: Aboriginal and Indigenous Health

• 2012: Maximizing Community Contributions, Benefits and Outcomes in Clinical and Translational Research

• 2012/2013: Arts and Health
QUESTIONS?
Resources and Opportunities

- CCPH website: http://ccph.info
- CES toolkit: http://communityengagedscholarship.info
- CES4Health.info: http://CES4Health.info
- Database of faculty mentors & portfolio reviewers: http://facultydatabase.info
- Canadian Partnership website: http://cescholarship.ca
- Critical Junctures Conference: http://criticaljunctures.ca

- CCPH Conference, April 18-21, 2012 in Houston, TX USA
- CU Expo, June 12-15, 2013 in Corner Brook, NL Canada
- Stay connected through CCPH Listservs, Facebook, Twitter & LinkedIn: http://ccph.info