



Community-Engaged Scholarship for Health Collaborative

Meeting Synopsis: 1st Annual Meeting

The Community-Engaged Scholarship for Health Collaborative, a three year initiative funded by the U.S. Department of Education's Fund for the Improvement of Postsecondary Education, is comprised of a diverse group of ten health professional schools¹ that seek to recognize and reward community-engaged scholarship as central to the role of faculty members at their own institutions and nationally. Campus teams reflecting such key stakeholders as community partners, provosts, deans, department chairs, promotion & tenure committees and faculty members convened for the first annual meeting of the Collaborative from February 16-18, 2005 at the Vanderbilt Center for Better Health in Nashville, TN.

The goals of the first meeting were to create a shared understanding of the project's goals and objectives, build knowledge about community-engaged scholarship (CES), identify assets and areas for focus of each team's work, and achieve consensus on project documentation, learning and assessment strategies.

Prior to the meeting, teams completed an assessment tool specifically designed by the project evaluation team to assess the capacity of their school and university for CES and to identify opportunities for action². Each team's initial assessment will serve as a baseline for annual re-assessments, enabling teams to track their progress and focus their work. The teams also completed an action planning document designed to assist them in developing team goals, as well as strategies for achieving these goals over the three years of the Collaborative.³

Guided by John Kotter's organizational change model,⁴ the meeting's agenda was organized to assist teams in developing the Collaborative's plan to achieve the eight essential steps to sustained organizational change. The meeting included a variety of expert presentations, guided reflection and strategy sessions.

1: Establish a need for change and a sense of urgency. Based on information culled from the team self-assessments, teams considered the current context, culture, and compelling need for building the case for catalyzing action and change. Compelling reasons included: enlightened self-interest (i.e. ability to attract diverse students and faculty, increasing emphasis of funding agencies on CES); changes in the settings for the delivery of health care and the competencies needed for health professional practice; and fulfillment of the institution's mission.

2: Form a powerful guiding coalition and equip it with resources. Teams discussed their strengths and assets, as well as related initiatives, resources, and key constituencies that could be useful in supporting and guiding their work. Strengths and assets included: administrative, student, and community leadership; on-campus centers and programs; and fund-generating projects. Key constituencies included: faculty senates, newly-tenured faculty, university development staff, alumni associations, faculty development staff, community leaders, and funding agencies.

3: Create a clear vision and plan for achieving and evaluating achievement of vision. As a group, teams discussed the significant challenges to achieving change and strategies for addressing them. Challenges included: lack of understanding of and respect for CES; lack of faculty mentorship and role models; and lack of venues for funding and publishing CES. The discussion of strategies focused on the need for a systematic approach for addressing these issues in academic institutions. Change must address and be supported by faculty (new and newly-tenured to senior), academic leadership, faculty advocates and faculty development activities. Additional strategies included: orientation for new and newly-tenured faculty; development of clearly defined standards for CES; changes in review, promotion and tenure (RPT) processes; changes in processes used to recruit and hire faculty; institutional infrastructure to support CES; and curricular reform.

Each school also worked together as a team to refine their action plans and strategy for the first year of the project. Plans included the following types of activities: initiating campus dialogue and education about CES; making revisions to RPT criteria; revisiting the campus mission; and identifying current CES activities and capacity.

In addition to the work each team will be pursuing on their individual campuses, the group identified three areas of broad-based action that the Collaborative will work on together. Listed below are the work groups and their goals.

- **Sustainable Funding of CES:** to identify sources of institutional and external funding support for CES; to develop strategies for expanding institutional and external funding support for CES; and to develop proposals for funding to support CES in Collaborative member schools.
- **Faculty Development:** to develop, test, and refine strategies and materials for developing community-engaged faculty and for training faculty more broadly about CES; to develop, test, and refine strategies and materials for educating and training RPT committee members about CES. The work of this group will be informed by the Community-Engaged Scholarship Toolkit.⁵
- **Peer Review of CES:** to develop criteria and a system that Collaborative schools can use for peer-reviewing products of CES that are not currently peer-reviewed. The work of this group will be informed by recommendations made by the Commission on Community-Engaged Scholarship in the Health Professions in its recently released report.⁶

4: Communicate the vision. 5: Empower others for broad-based action. Teams discussed how they will share their goals with key constituencies on their campus and empower these groups for playing a role in campus changes. Strategies included: providing education to all parts of the campus chains of command and influence, including potential naysayers; using media to communicate CES outcomes and accomplishments to community members and elected officials; and the inclusion of CES as a part of other campus efforts (e.g. strategic planning).

6: Plan for and create short-term wins. 7: Consolidate gains and produce more change. 8: Anchor new changes in the culture. Teams began the discussion of how to share work among Collaborative schools and more broadly. Strategies included: holding educational teleconference calls (e.g. ‘How does community-engagement become community engaged scholarship?’ and ‘Highlights/core elements of best practice RPT guidelines’); developing documents and PowerPoint presentations on the Collaborative for use in communicating about the project; and regularly scheduling opportunities for sharing of status reports and accomplishments among the teams.

Teams also worked in discipline-related small groups to discuss how to serve as liaisons to and prompt action from their national professional associations. Strategies included: building upon existing relationships with key association leaders, staff and committees; presenting and publishing the Collaborative’s work through association meetings, journals and publications; and proposing supportive position statements and policies that associations can adopt.

Next Steps

Upon returning to campus, the substantive work of the teams toward achieving the project’s goals and objectives will take place. The Collaborative teams and staff will communicate and share resources through the Collaborative listserv (fipse-collaborative@u.washington.edu), website (<http://depts.washington.edu/ccph/healthcollab.html>), conference calls, progress reports and the activities of the three work groups.

For questions regarding the Collaborative, please contact program director Jen Kauper-Brown (jenbr@u.washington.edu or 206-543-7954).

¹ The schools participating in the collaborative, in alphabetical order, are: Auburn University Harrison School of Pharmacy, Case Western University School of Nursing, Indiana University School of Dentistry, Loma Linda University School of Public Health, University of Cincinnati College of Allied Health Sciences, University of Colorado School of Pharmacy, University of Massachusetts Worcester School of Nursing, University of Minnesota Academic Health Center, University of North Carolina-Chapel Hill School of Dentistry and Vanderbilt University School of Medicine.

² Gelmon SB, Seifer SD, Kauper-Brown J., Mikkelsen M. (2004) Community-Engaged Scholarship for Health Collaborative: Institutional Self-Assessment. Seattle, WA: Community-Campus Partnerships for Health.

³ Gelmon SB, Seifer SD, Kauper-Brown J., Mikkelsen M. (2004) Community-Engaged Scholarship for Health Collaborative: Action Planning Document. Seattle, WA: Community-Campus Partnerships for Health.

⁴ Kotter JP. Leading change. Boston: Harvard Business School Press, 1996.

⁵ Calleson D, Kauper-Brown J, Seifer SD. Community-Engaged Scholarship Toolkit. Seattle: Community-Campus Partnerships for Health, 2005. <http://www.communityengagedscholarship.info>.

⁶ Commission on Community-Engaged Scholarship in the Health Professions. *Linking Scholarship and Communities: Report of the Commission on Community-Engaged Scholarship in the Health Professions*. Seattle: Community-Campus Partnerships for Health, 2005.