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April 30, 2007

TO: CCPH Members and Partners

FROM: The CCPH Board of Directors

RE: National Request for Proposals to Serve as CCPH's Organizational Home

Over the past ten years, CCPH has positioned itself as a leading source of inspiration, information, professional development and advocacy for promoting health through partnerships between communities and higher educational institutions. We have mobilized a learning community among our members and significantly advanced service-learning and community-based participatory research. **As we enter our second decade of leadership in the field, we are seeking an organizational home to be a partner with us in building on our strengths to achieve our mission in forward-thinking and innovative ways.**

As many of you know, the founding executive director of CCPH recently announced her decision to step down from her position with CCPH at the end of 2007.¹ This decision, coinciding with a celebration of the organization's 10 year anniversary, presents us with an opportunity to articulate the qualities and characteristics not only of the next executive director, but also of the organizational structure that would best support CCPH in the future.² After considering our options, we have concluded that issuing this national Request for Proposals (RFP) for CCPH's organizational home is the ideal way for us to capitalize on this opportunity. Letters of intent from interested non-profit organizations and institutions in the United States³ that can meet the expectations described in this RFP are eligible to apply. These include but are not limited to academic medical centers, community colleges, community-based organizations, community-campus partnerships, health professional schools, hospitals, health systems, national non-profit organizations, state-wide non-profit organizations and universities. **The receipt deadline for letters of intent is 5 pm PST on June 8, 2007.**

As CCPH's governing body, we have the responsibility and privilege of holding the legal and fiduciary authority and accountability for CCPH, an independent 501(c)3 non-profit organization. This document lays out our strategic goals, describes the assets we bring to the proposed partnership, specifies the characteristics we are seeking in an organizational home and provides details on the RFP process. It should be reviewed along with the April 2007 report prepared to celebrate our 10th anniversary, *Community-Campus Partnerships for Health: Celebrating a Decade of Impact*.⁴ In several places below, we refer to specific pages from that report.

Our Strategic Goals

CCPH's mission is to promote health through partnerships between communities and higher educational institutions (e.g., community colleges, colleges, universities, post-doctoral programs, academic medical centers). Eliminating health disparities and developing a health workforce that is diverse and community-responsive are central aims of our work. We embrace a broad definition of health and we believe that by combining the knowledge, wisdom and experience in communities and in academic institutions, we can achieve health for all. We advocate for collaborative solutions that bring communities and academic institutions together as authentic partners and build upon the assets, strengths, and capacities of each.

At the heart of CCPH are partnerships.⁵ In their truest form, these partnerships require time and commitment and have the power to transform the individuals and institutions that are part of them. As such, partnerships are an effective tool in ultimately improving health in our communities. Despite being formed with the best of intentions, however, authentic partnerships are very difficult to achieve. In facing the challenges before us, we are pursuing these strategic goals:

- Combining the knowledge, wisdom and experience in communities and in academic institutions to solve major health, social and economic challenges.
- Building the capacity of communities and higher educational institutions to engage each other in authentic partnerships.
- Supporting communities in their relationships and work with academic partners.
- Recognizing and rewarding faculty for community engagement and community-engaged scholarship.
- Developing partnerships that balance power and share resources equitably among partners.
- Ensuring that community-driven social change is central to service-learning and community-based participatory research.

The Assets CCPH Brings to Our Organizational Home

During our first ten years, CCPH has demonstrated stable and able leadership, forged significant relationships, developed a track record of successful programs and secured funding to support our work. We bring all of these assets and more to our organizational home.

Leadership & Relationships

An engaged board of directors – CCPH is governed by a board of directors that reflects key stakeholders in community-campus partnerships (see list of current board members in sidebar on page 1 of this document; see page 30 of the 10th Anniversary Report for a list of former board members).⁶ The board's use of the progressive policy governance model[®] ensures its leadership role and strategic focus on the ends we seek to achieve, while the Executive Director implements the means to achieve those ends.⁷ CCPH board members are eligible to serve for two consecutive three-year terms and most elect to serve the full six years – evidence of their passion for CCPH's mission and commitment to the organization's success.

A strong staff team – CCPH staff are professional, knowledgeable, responsive and believe deeply in our mission.⁸ CCPH also regularly appoints Senior Consultants who lend their experience and expertise to specific CCPH projects and programs.⁹ Many former staff members have become Senior Consultants after leaving full-time positions with CCPH.

Active and responsive members – Our growing membership – over 1500 communities and campuses from across North America and increasingly the world – are working to improve the health of communities through service-learning, community-based participatory research, broad-based coalitions, and other partnership strategies (see a map on page 3 of the 10th Anniversary Report). CCPH members are a diverse group of individuals and organizations affiliated with higher educational institutions, community-based organizations, health care delivery systems, student service organizations, foundations and government. What ties them together is their commitment to social justice and their passion for the power of partnerships to transform communities and academe. CCPH members are actively involved in the work of the organization, readily serving, for example, as members of advisory and planning committees, consultants on projects, and facilitators of interest groups.

Leadership, reputation and visibility – Widely recognized as a leader in the field of health-promoting community-campus partnerships, CCPH has quickly positioned itself as a valued and credible source of information, professional development and advocacy. We are noted for developing and advancing the CCPH principles of partnership, first announced in 1998 and revised in 2006.¹⁰ In addition to having a direct impact on partnerships in the field, the principles have also influenced policy and practice in journals¹¹ and funding agencies.¹² We are increasingly playing a direct role in developing and advocating for policies that support community-campus partnerships. For example, the CCPH executive director recently advocated for increased support for community-based participatory research before the Council of Public Representatives that reports to the Director of the National Institutes of Health.¹³

The ability to convene and connect – CCPH frequently plays the role of convener, connecting and bringing together diverse stakeholder groups (i.e., community-based organizations, national professional associations, funding agencies) and individuals to develop and advance ideas, collaborate on projects, and take action. Recent examples include the Wingspread Community Partner Summit of 23 experienced community partners who met to elevate the voice of communities in community-higher education partnerships,¹⁴ and the Invitational Symposium on Community-Engaged Scholarship which drew 120 leaders from community, academic, government and philanthropic settings to forge an agenda for recognizing and rewarding community-engaged forms of scholarship as critically important and legitimate.¹⁵

Individual and organizational relationships – In addition to its relationship with members, CCPH has strong relationships with many other individuals and organizations that are invested in its success. These include, for example, the approximately 20 individuals who regularly provide training and technical assistance through the CCPH Consultancy Network,¹⁶ the 8 universities participating in the Community-Engaged Scholarship for Health Collaborative,¹⁷ 12 schools and graduate programs of public health that comprise the Engaged Institutions Initiative,¹⁸ and the 9 partner organizations involved in the Examining Community-Institutional Partnerships for

Prevention Research Group.¹⁹ CCPH has sustained partnerships with the Kellogg Health Scholars Program, the Community-Based Public Health Caucus of the American Public Health Association, the Education Network to Advance Cancer Clinical Trials, the National Association of Community Health Centers, The Network: Towards Unity for Health and the Wellesley Institute, just to name a few.

Investor relationships – CCPH has succeeded in attracting diverse sources of financial support for its work. The WK Kellogg Foundation, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the US Department of Education and the US Corporation for National and Community Service are among the national funding agencies that have awarded CCPH with multi-year grants. Funding agencies call upon CCPH to assist their grantees to develop and sustain community-campus partnerships, as the Robert Wood Johnson Foundation Clinical Scholars Program, the WK Kellogg Foundation Community Voices Program, the Northwest Health Foundation and the Bureau of HIV/AIDS in the Health Resources and Services Administration have done. As the CCPH conference is held in different locations, we have consistently drawn support from local and regional funding agencies that resonate with our mission. For a list of philanthropic and government investors over the years, see page 31 of the 10th Anniversary Report.

Track Record of Successful Programs and Services

CCPH advances our mission and goals primarily through disseminating information, providing training and technical assistance, conducting research and evaluations, developing and influencing policies, and building coalitions. CCPH has reached well over 10,000 faculty, students and community partners through our programs and services. We leverage a relatively small budget and staff through strategic partnerships and engaged members to achieve remarkable results.

CCPH programs and services that will continue at least through 2008 are described briefly below. The history and evolution of CCPH programs and services since the organization's inception appear in the 10th Anniversary Report.

CCPH Consultancy Network – Considered the “training and technical assistance arm” of CCPH, the Consultancy Network is comprised of individuals who serve as consultants to communities, campuses, partnerships, funding agencies and others on a fee-for-service basis.²⁰ Recent examples of organizations that have tapped into this resource include Yale University School of Medicine, New Hampshire Minority Health Coalition, Dana-Farber Cancer Center, Nebraska Methodist College, Northwest Health Foundation, Center for Border Health Research, and University of California-San Francisco.

Summer Service-Learning Institute – In its 10th year, this annual intensive training institute is one of CCPH's most popular programs.²¹ A unique and effective aspect of the institute's approach has been a mentoring model in which participants work in small groups and as individuals with mentors to further shape their own action plans for developing and sustaining service-learning courses and programs. A peer-reviewed paper in the journal *Academic Medicine* documented the institute's proven success in fostering curricular change.²²

Major Conference – CCPH has held a major national or international conference nearly every year since its inception. CCPH conferences are noted for their emphasis on inclusion, experiential learning and subsequent action.²³ Our 10th Anniversary Conference, held in April 2007 in Toronto with the theme of “Mobilizing Partnerships for Social Change,” drew over 650 CCPH members from 40 states and the District of Columbia in the US, 10 provinces in Canada, the Central African Republic, Germany, Ghana, India, Kenya, Nepal, Nigeria, Norway, the Philippines, South Africa, Sudan, Uganda and the United Kingdom.²⁴ The next major CCPH conference will take place in spring of 2009 (date, location and theme to be determined).

Annual Award – The CCPH Annual Award recognizes exemplary community-campus that build on each other's strengths to improve higher education, civic engagement, and the overall health of communities.²⁵ Since the first awards were announced in 2002, CCPH has recognized 17 partnerships that others can aspire to. Over the years, as partnerships have matured and evolved, the award has increasingly recognized those that can demonstrate significant community and institutional outcomes.

Wingspread Community Partner Summit – CCPH sponsored this landmark summit in April 2006 at the Wingspread Conference Center in Racine, WI with support from the WK Kellogg Foundation, Johnson Foundation and Atlantic Philanthropies. Twenty-three experienced community partners, including several CCPH board members, convened to elevate the voices of communities in advancing authentic community-higher education partnerships. Community partners articulated "what's working" and "what's not working" in community-campus partnerships from their perspective, and developed a framework for authentic partnerships.²⁶ CCPH provides staff support to mentoring and policy work groups that formed at the summit.

Health Disparities Service-Learning Collaborative – CCPH coordinates this Corporation for National and Community Service-funded collaborative of 7 schools and graduate programs of public health that are working to reduce racial and ethnic health disparities by engaging in authentic service-learning partnerships with communities. Program components include service-learning sub-grants, teleconferences and in-person meetings.

Community-Based Participatory Research (CBPR) Initiatives – CCPH coordinates a number of activities that help to advance CBPR as a strategy for social change. These include in-person training opportunities (e.g., since 2005, we have coordinated continuing education institutes on developing and sustaining CBPR partnerships at the American Public Health Association annual conference); teleconferences (e.g., the currently running Educational Conference Calls Series on Institutional Review Boards and Ethical Issues in Research);²⁷ and technical assistance (e.g., assisting funding agencies in the design of funding announcements and peer review processes).

Healthier Wisconsin Partnership Program Merit Review – CCPH manages the national merit review process for this component of a permanent endowment created by the conversion of Blue Cross & Blue Shield of Wisconsin to a stock insurance corporation.²⁸ The program funds community-Medical College of Wisconsin partnerships that address public and community health improvement. CCPH recruits and prepares merit reviewers (all of whom are from outside of the State of Wisconsin), matches proposals to reviewers, and facilitates in-person review meetings.

Community-Based Dental Partnership Program Training & Technical Assistance – CCPH provides training and technical assistance to the Community-Based Dental Partnership program of the Health Resources and Services Administration that funds dental schools, postdoctoral dental education programs, and dental hygiene programs to increase access to oral health care for underserved rural and urban HIV-positive populations.²⁹ CCPH coordinates teleconferences, prepares resource materials and facilitates in-person grantee meetings.

Learn and Serve America National Service-Learning Clearinghouse Advisor – CCPH is the Senior Program Advisor for Higher Education for this web-based clearinghouse.³⁰ This role involves preparing fact sheets and annotated bibliographies, facilitating web-based seminars, promoting clearinghouse resources on electronic discussion groups and responding to email inquiries about service-learning in higher education.

Online Clearinghouse, Toolkits & Publications – CCPH maintains a wealth of online resources to support community-campus partnerships, with regularly updated web pages on service-learning, CBPR, community-engaged scholarship, funding opportunities; awards and fellowships; and calls for papers and presentations.³¹ In a given month, the CCPH website is visited by more than 3,000 people. CCPH publishes on average three reports, toolkits and resource guides each year,³² including the peer-reviewed Partnership Perspectives magazine,³³ Community-Engaged Scholarship Toolkit³⁴ and Curriculum for Developing and Sustaining CBPR Partnerships.³⁵

Electronic Discussion Groups – To foster a collaborative learning community, CCPH manages or regularly posts to over a dozen electronic discussion groups that are valued resources for information and problem-solving.³⁶ As an example, the CBPR e-mail community we cosponsor with the Wellesley Institute has over 3,000 subscribers.³⁷ Annual subscriber surveys indicate that 80% obtain books or reports, 30% apply for grants and 25% connect with new partners or colleagues they learned about through the list.

Membership services and benefits – Members can access these and other benefits³⁸:

- Partnership Matters Newsletter – a selective compilation of time-sensitive news is emailed to members every other week.³⁹
- Monthly Member Highlights – a monthly email that helps members stay connected to CCPH events, activities and opportunities for involvement.
- Customized email announcements based on member demographics and self-identified interests.
- Substantial discounts on fees for CCPH conferences, institutes and consultation.
- Publication discounts on CCPH titles as well as journals and publishers of leading books on service-learning and community-based participatory research.⁴⁰
- Opportunities to connect with colleagues who share their passion for partnerships and social justice – through face-to-face meetings, teleconferences and electronic discussion groups.
- Opportunities to influence policy on key issues such as increasing health workforce diversity,⁴¹ changing faculty promotion and tenure,⁴² changing accreditation standards⁴³ and increasing funding for community-campus partnerships.⁴⁴

Financial Resources

CCPH operates on an annual budget of about \$900,000 annually, generated through grants, contracts, consulting, event registrations, publication sales, membership fees and host institutional funds. Some of these funds are deposited and managed through CCPH's bank account as an independent 501(c)3 nonprofit organization, while others are deposited and managed through CCPH's organizational home. CCPH's Executive Director has primary responsibility for raising the funds needed to support CCPH operations.

At a minimum, CCPH can fund the expenses below through December 2009. (Beyond that point, we would expect the next Executive Director to raise needed funds).

- Moving CCPH archives, publications and equipment (e.g., scanner, computers).
- Salary and benefits for 3.0 FTE core staff positions (1.0 FTE Administrative Director/Conference Coordinator, 1.0 FTE Program Director, and 1.0 FTE Membership Coordinator); see Appendix on pages 11-12 for descriptions of current CCPH staff positions.
- Orientation and training of Executive Director and staff.
- Other costs associated with managing the programs and services described on pages 4-6 (e.g., essential off-site part-time consultants described on page 12, supplies, phone/fax).

With respect to the 1.0 FTE Executive Director, we expect the organizational home to contribute a portion of the position's salary and benefits (the exact percentage is negotiable, with CCPH contributing no less than 51%).

Our Expectations of CCPH's Organizational Home

We are seeking an organization not to simply serve as "host" but to be a partner with us in promoting health through community-campus partnerships and taking the organization and its impact "to the next level." We are looking for an organizational home for CCPH that has these qualities and characteristics:

Supportive Climate

- Supportive leadership at multiple levels (e.g. for higher educational institutions: board, president, provost, deans, faculty; for other non-profit organizations: board, executive director, staff).
- Mission, vision, values & strategic goals that are aligned and synergistic with those of CCPH.
- Active engagement in community-campus partnerships that exemplify the CCPH Principles of Partnership.⁴⁵
- Strong identity and presence as a community-engaged organization in these areas:
 - Service-learning
 - Community-based participatory research
 - Community-academic partnerships
 - Eliminating health disparities and developing a health workforce that is diverse and community-responsive
 - Health professions education (e.g., clinical health professions, public health)

- Assets (e.g., relationships, competencies, opportunities) that can help to sustain the work of CCPH, serve its members, and increase its impact.
- Able to partner with and support a 501(c)3 nonprofit organization.
- Openness to creative ways of structuring the partnership agreement with CCPH.⁴⁶

Able to Meet Minimum Investments for a 5-Year Period Beginning in 2008

- Enter into 5-year, renewable partnership agreement with CCPH to serve as its organizational home.⁴⁷
- Employ a 1.0 FTE Executive Director and contribute to a portion of his/her salary and benefits (the exact percentage is negotiable, with the organizational home contributing no more than 49%). The CCPH board has the authority to appoint and dismiss the Executive Director.⁴⁸ S/he may be recruited from within the organization or recruited from outside.
- Employ a 1.0 FTE administrative assistant, funding 100% of his/her salary and benefits.
- Employ additional staff positions with funds from CCPH (3.0 FTE core staff positions through December 2009) and funds raised/secured by the Executive Director (as indicated in section on Financial Resources on page 7).
- Provide office space for CCPH staff and archives.⁴⁹
- Provide office equipment (e.g., computers, fax machine, photocopier).
- Provide internet access, email, website hosting and server.
- Provide infrastructure support (e.g., human resources, computing, financial management).

Our Process for Selecting CCPH's Organizational Home

A committee comprised of CCPH board members, staff and advisors will review the letters of intent and recommend that a small group of finalists be invited to prepare full proposals. The CCPH board will review these recommendations and invite finalists to prepare full proposals. A committee comprised of CCPH board members, staff and advisors will review the full proposals. Site visits will be conducted before a final decision is made by the CCPH board. Persons with a conflict of interest (e.g., involvement in a letter of intent) will not participate in this process.

Key Dates

Receipt deadline for letters of intent: 5 pm PST on June 8, 2007.

Applicants notified of decision with guidance for preparing full proposals: July 9, 2007.

Receipt deadline for full proposals: 5 pm PST on September 14, 2007.

Site visits of finalists: October 2007 – November 2007.

Applicants notified of decision: December 2007.

Public announcement of decision: January 2008.

Transition to organizational home: January 2008 – July 2008.

Organizational home operational by July 2008.

How to Obtain More Information

Questions about this RFP should be sent to ccphrfp@u.washington.edu. Anonymous questions and their corresponding answers will be posted on the CCPH website at www.ccpH.info.

Instructions for Submitting a Letter of Intent

Electronic and hard copies of the letter of intent must be received by 5 pm PST on June 8, 2007.

The letter of intent should be no more than 7 pages long and should be signed by a senior representative of the organization (e.g., executive director, president, dean). The letter of intent should have 1 inch margins, be in typeface no smaller than 11 point font and be single-spaced.

The contact person named on the letter of intent will be notified by email that the letter of intent was received. That same contact person will be notified no later than July 9, 2007 regarding whether an invitation is being extended to submit a full proposal. Guidance for preparing full proposals will be provided at that time.

Please send *one original signed* letter of intent and *ten copies* by regular mail to:

Community-Campus Partnerships for Health

Attn: CCPH Board of Directors

UW Box 354809

Seattle, WA 98195-4809

(For overnight mail: 1107 NE 45th Street, Suite 345, Seattle, WA 98105, Tel. 206-543-8178)

Please *also* send the letter of intent by email attachment in MS Word or PDF format to ccphrfp@u.washington.edu

Please include **only** these items in the order listed:

Section 1: Applicant Information (one page on organizational letterhead)

1. Indicate name of the applicant organization.
2. Indicate the applicant organization's website.
3. Indicate which category below best describes the applicant organization. If none of the categories below are appropriate, please specify one that is.
 - Academic medical center, community college, community-based organization, community-campus partnership, health professional school, hospital, health system, national non-profit organization, state-wide non-profit organization, or university
4. Indicate the following information about the main contact for the organization (*Note: This is the main contact person used for all correspondence about the letter of intent*).
 - Name, Title/Position, Organization, Street Address, City, State, Zip, Phone/Fax and Email Address
5. Indicate how you heard about the RFP.

6. Include signature of senior representative of the organization (e.g., executive director, president, dean)
7. Include typed name and title of person signing the letter of intent, along with the date signed.

Section 2: Narrative (6 pages)

Please answer these questions in the narrative of your letter of intent, following these headings in the order listed. This is your chance to “make your best case” for why your organization should be the home for CCPH.

1. What is your vision for the future of CCPH?
2. Why does your organization want to be the home for CCPH?
3. How will your organization meet or exceed the expectations outlined in the RFP (i.e., our expectations of a supportive climate and minimum investments as described on pages 7-8).
4. What process and priorities would you propose for identifying the individual who would serve as the Executive Director of CCPH?
5. What challenges might you encounter in serving as CCPH’s organizational home and how might these be resolved?
6. What expectations do you have of CCPH?
7. What questions/issues do you feel you would need answered/addressed before entering into a partnership agreement with CCPH?
8. How did you decide whether to submit a letter of intent and who was involved in making that decision?

APPENDIX: CURRENT CCPH STAFF

Below is a summary of current CCPH staff and key functions. We also regularly employ work-study students as office and project assistants. The organizational home may wish to propose a different staff configuration.

The Executive Director (1.0 FTE) provides visible leadership for the organization, translates the board-articulated ends into a strategic plan of action, raises funds, supervises the staff team, develops new partnerships and programs, communicates about CCPH through presentations and publications and serves as liaison to the CCPH board and the CCPH organizational home. The Executive Director also manages the CCPH Consultancy Network, Annual Awards, Health Disparities Service-Learning Collaborative, Learn and Serve America National Service-Learning Clearinghouse Advisor, Healthier Wisconsin Partnership Program Merit Review and Community-Based Dental Partnership Program Training & Technical Assistance.

The Administrative Director & Conference Coordinator (1.0 FTE) manages daily office operations; oversees staff recruitment; supervises administrative staff; manages budgets; manages consultant/vendor contracts and relationships; processes invoices and reimbursements; edits biweekly member e-newsletter; and coordinates CCPH's major conference (including developing conference documents, staffing the conference planning committee, supervising conference staff and consultants/vendors, etc.).

The Program Director (1.0 FTE) administers projects relating to community-campus partnerships, including policies and structures that build capacity and support for these partnerships. S/he provides technical assistance, plans and conducts workshops, develops new partnerships and programs, raises program funds, provides substantive support to program advisory and planning committees, conducts original research, writes reports and resource materials, continuously assesses and improves programs, and supervises graduate research assistants and student interns.

The Membership Coordinator (1.0 FTE) develops and maintains membership materials, databases and website; processes membership applications and renewals; responds to inquiries from members and prospective members; negotiates and implements member benefit agreements with publishers and vendors; edits monthly Member Highlights and bi-monthly featured member.

The Administrative Assistant (1.0 FTE) serves as a main point of contact for CCPH; coordinates the Executive Director's calendar and schedule; supports the Executive Director, Board of Directors and programs by scheduling calls/meetings, preparing meeting minutes, making travel arrangements and processing reimbursements; coordinates printing and shipping of materials; recruits and coordinates student volunteers; processes supply orders and updates inventory.

The Graduate Research Assistant (0.5 FTE) supports CCPH research, evaluation and program development projects alongside staff and advisory committees; searches, reviews, analyzes and summarizes literature, web sites and other sources of information; drafts reports, papers, surveys and fact sheets; conducts telephone interviews and conference calls; prepares meeting and call minutes; and assists in planning and conducting meetings.

Off-Site Part-Time Consultants (depending on the infrastructure resources available through the organizational home, some or all of these positions may not be needed): Bookkeeper, Accountant, Auditor, Webmaster, Editor/Graphic Designer, Summer Service-Learning Institute Coordinator, Conference Registration/Exhibits Manager and Lawyer.

ENDNOTES

- ¹ See memo from the founding executive director at http://depts.washington.edu/ccph/pdf_files/l-ed307_doc.pdf.
- ² See memo from the board chair at http://depts.washington.edu/ccph/pdf_files/l-board307_doc.pdf
- ³ CCPH has a growing membership in Canada and members in over a dozen other countries. We believe it is prudent, however, to retain the organization's headquarters in the U.S. because the majority of members are in the U.S. and the bulk of funding for CCPH comes from U.S. sources.
- ⁴ http://depts.washington.edu/ccph/pdf_files/10AnnivReportfinal.pdf
- ⁵ <http://depts.washington.edu/ccph/principles.html#principles>
- ⁶ For board member biographical sketches, see: <http://depts.washington.edu/ccph/boardmembers.html>
- ⁷ <http://www.policygovernance.com>
- ⁸ <http://depts.washington.edu/ccph/staff.html>
- ⁹ <http://depts.washington.edu/ccph/srconsultants.html>
- ¹⁰ <http://depts.washington.edu/ccph/principles.html#principles>
- ¹¹ For example, the journal *Progress in Community Health Partnerships: Research, Education and Action* reviews manuscripts for the extent to which they demonstrate adherence to the CCPH principles: <http://pchp.press.jhu.edu/>
- ¹² For example: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-4110-filed
- ¹³ <http://copr.nih.gov/minutes/fall2006.asp#A11>
- ¹⁴ <http://depts.washington.edu/ccph/cps.html>
- ¹⁵ http://depts.washington.edu/ccph/pdf_files/Feb2007.pdf
- ¹⁶ <http://depts.washington.edu/ccph/mentor.html>
- ¹⁷ <http://depts.washington.edu/ccph/healthcollab.html>
- ¹⁸ <http://depts.washington.edu/ccph/engaged-inst.html>
- ¹⁹ <http://depts.washington.edu/ccph/cbpr/intro/intro.php#f>
- ²⁰ <http://depts.washington.edu/ccph/mentor.html>
- ²¹ <http://depts.washington.edu/ccph/servicelearning.html>
- ²² Seifer, SD and Connors K (2000). Advancing educational innovations for improved student learning and community health: the CCPH faculty service-learning institute. *Acad Med.* May;75(5):533-4
- ²³ <http://depts.washington.edu/ccph/conf-overview.html#PastConfs>
- ²⁴ <http://depts.washington.edu/ccph/conf-overview.html>
- ²⁵ <http://depts.washington.edu/ccph/awards.html>
- ²⁶ <http://depts.washington.edu/ccph/cps.html>
- ²⁷ <http://depts.washington.edu/ccph/irbcalls.html>
- ²⁸ <http://www.mcw.edu/healthierwisconsin>
- ²⁹ <http://depts.washington.edu/ccph/dentalpartnership.html>
- ³⁰ <http://www.servicelearning.org>
- ³¹ <http://depts.washington.edu/ccph/dentalpartnership.html>
- ³² <http://depts.washington.edu/ccph/guide.html#Publications>
- ³³ <http://depts.washington.edu/ccph/PP.html>
- ³⁴ <http://www.communityengagedscholarship.info>
- ³⁵ <http://www.cbprcurriculum.info>
- ³⁶ <http://depts.washington.edu/ccph/faq.html#Listservs>
- ³⁷ <http://mailman1.u.washington.edu/mailman/listinfo/cbpr>
- ³⁸ <http://depts.washington.edu/ccph/members.html>
- ³⁹ <http://depts.washington.edu/ccph/guide.html#PartMatters>
- ⁴⁰ <http://depts.washington.edu/ccph/books.html>
- ⁴¹ http://depts.washington.edu/ccph/pdf_files/sullivan-testimony.pdf
- ⁴² <http://depts.washington.edu/ccph/kellogg3.html>
- ⁴³ <http://www.lcme.org/standard.htm#servicelearning>

⁴⁴ <http://copr.nih.gov/minutes/fall2006.asp#A11>

⁴⁵ <http://depts.washington.edu/ccph/principles.html#principles>

⁴⁶ For example, key components of this signed written agreement that will need to be negotiated are: under what circumstances is the organizational home the fiscal agent for CCPH funds vs. CCPH being the fiscal agent; what happens to indirect funds associated with grants awarded to CCPH, etc.

⁴⁷ The specifics of the relationship between CCPH and the organization will be spelled out in a partnership agreement signed by the CCPH board and the organization. The partnership agreement would be renewed if both CCPH and the organization concur the relationship is mutually beneficial and working well. The definitions and criteria for this evaluation will be developed jointly by CCPH and the organization.

⁴⁸ CCPH is currently based at the University of Washington School of Public Health and Community Medicine (UW) and is managed there through a subcontract between CCPH and UW. All CCPH staff, including the Executive Director (ED), are UW employees and subject to UW's personnel policies. The ED is a regular full-time faculty member at the UW and principal investigator of the CCPH-UW subcontract. The CCPH board has the authority to appoint and dismiss the ED, even as that person could continue as a faculty member at the UW. Although the relationship with our organizational home in the future may be different, we would retain the authority to appoint and dismiss the ED.

⁴⁹ The current CCPH office space occupies 1,250 square feet.