

CCPH EXECUTIVE DIRECTOR SARENA SEIFER
KEYNOTE PRESENTATION
AUSTRALIAN UNIVERSITIES COMMUNITY ENGAGEMENT ALLIANCE
ANNUAL CONFERENCE
JULY 2010

Good morning, it is really great to be here. We've been obsessing about this trip for months now. I would like to begin by describing Community-Campus Partnerships for Health (CCPH) because I think the way we think about our mission, our purpose, our values, and the work we do is not only central to the organisation but also has parallels in how you might think about your own work at institutional and community levels, and the partnerships you're involved with.

CCPH promotes health through authentic partnerships between communities and higher educational institutions. We view health broadly as physical, mental, social and spiritual well-being and emphasise partnership approaches to health that focus on changing the conditions and environments in which people live, work and play. We envision an equitable society in which all can participate and prosper. We're actually having a discussion on our board right about possibly changing our name because health often connotes a more narrow focus than the social justice and institutional change we're actually trying to achieve through the work that we do.

We are a non-profit organisation. We got started in 1997 and our history grew out of the service-learning movement in the United States. In the mid 90s, many government and foundation reports continually pointed out that universities were not producing the health professionals needed in communities. They were not producing the doctors, nurses, dentists, social workers and others who were prepared to work in interdisciplinary teams, to work with culturally diverse communities and to help people improve their own health. Many of the recommendations in these reports centred on changing the way health professionals are educated.

In response, we ran a program that preceded CCPH that was called the Health Professional Schools in Service to the Nation Program.^{1,2} The idea behind the HPSISN program was that if we changed the curriculum so that students spent more of their time serving and learning in communities and outside of hospital and classroom settings, we would produce health professionals committed to making change in communities. The initiative funded 17 institutions in the US and their community partners to develop service-learning partnerships. During our annual meetings, the idea for starting CCPH got hatched. The group who came together to form the organisation could have decided on a very narrow mission around promoting service learning in the health professions, but they wisely observed that universities and colleges have many assets and we needed to think more broadly than just about the curriculum or just health professional schools. Thus, CCPH is about promoting health through community-campus partnerships that include service-learning, but also include community-based participatory research and broader community and economic development partnerships. And about promoting health by mobilising all the assets of universities, not only those that reside in health professional schools.

We have a 15 member board and in our governance structure we are trying to model the very partnerships we espouse. We have individuals on the board who are

community activists, government employees, students, faculty, academic administrators and so forth. We made the decision early on not to construct a board that specifies a particular number of people in different categories. Rather, we wanted a board that could speak broadly and deeply about the notion of partnerships.

Over the years, we have had a number of Australian connections. Universities in Australia have joined CCPH and presented at our conferences. I was here a few years ago as a visiting scholar at the University of Sydney's School of Indigenous Health Studies. We've also hosted visitors from Australia, most recently Rae Walker from La Trobe University, who presented on her model of trust between organisations. Ella Greene-Moton on our board just came back from Melbourne from the Australian Health Promotion Association meeting and similar to what you're all talking about in universities, hospitals and public health departments are having very similar conversations about community engagement and partnership. There are many opportunities to forge connections across sectors.

Every word in our name and mission statement is critical and as you can imagine we spent a lot of time thinking through these. The first word in our name is **community**. We decided right off the bat, we're not going to adopt a particular definition of community. We believe that defining community is more about asking questions about who's at the table and who needs to be there, then it is about a precise definition. Are those most affected by the issue or problem being addressed at the table and in decision making roles? We have to continually ask ourselves this question and be sure we are engaging the individuals who are most affected on a day to day basis. Many community engagement efforts stop with the positional leaders and organisational leaders but do not involve as decision makers those who are most affected by the issue or problem.

The next word in our name is **campus** and we made the decision early on not to call ourselves Community-University Partnerships for Health because there's a very strong system of community and technical colleges in the U.S. that we wanted to be sure to include. We also chose the term campus to connote all the assets that colleges and universities can bring to communities. At our first conference, John McKnight who pioneered Asset-Based Community Development led a session in which participants were asked to respond to the question, "What assets do higher educational institutions have that could be of value in building stronger communities?" The list generated covered a lot of ground, from human resources that include students, faculty and staff to educational and cultural resources like libraries, sports facilities and the beautiful art gallery we visited last night. For us, campus denotes the broad range of assets that higher educational institutions have to offer.

The final word in our name is **partnership** and we spent a significant portion of time early on developing principles of partnership. We didn't just huddle in a room of fifteen board members to come up with a set of principles. We engaged our members and the broader community of people interested and involved in community partnership work through forums, focus groups, discussion sessions at our conferences, and online. We asked, "What does it mean to be in a partnership? What are the values that underlie this kind of work? What are the essential ingredients for success?" The first set of principles were adopted by our board in 1998, and we revisited them in 2006 and made a few changes. We encourage emerging and

established partnerships to develop their own principles, using these as a starting point or guide. Hundreds of partnerships across North America have done just that. We don't argue for simply adopting the CCPH principles of partnership because the process of discussing them is as important as the words that end up on the page. The last principle – that partnerships can dissolve and need to have a plan for closure – was added in 2006. When the principles were first developed in 1998, many community-campus partnerships were new and this didn't seem to be an issue. But as partnerships have some history, they begin to face questions about their sustainability. For example, if core funding for a partnership is cut, partners have to consider: Are we staying together in the absence of funding, are we more than just the money and if we are going to be dissolving, let's not just say "the grant's over, see you later," but let's plan a process for closure.

CCPH Principles of Partnership

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

1. Partnerships form to serve a specific purpose and may take on new goals over time.
2. Partners have agreed upon mission, values, goals, measurable outcomes and accountability for the partnership.
3. The relationship between partners is characterised by mutual trust, respect, genuineness, and commitment.
4. The partnership builds upon identified strengths and assets, but also works to address needs and increase capacity of all partners.
5. The partnership balances power among partners and enables resources among partners to be shared.
6. 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.
7. Principles and processes for the partnership are established with the input and agreement of all partners, especially for decision-making and conflict resolution.
8. There is feedback among all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
9. Partners share the benefits of the partnership's accomplishments.
10. Partnerships can dissolve and need to plan a process for closure.

Also in 2006, we brought together a group of 23 community leaders from around the United States for a Community Partner Summit (see:

<http://depts.washington.edu/ccph/cps-summit.html>). The Summit convened individuals who were active in their communities and had years of experience working in university partnerships. We wanted to understand the perspectives of communities involved in these relationships with no academics or university administrators in the room - what they thought about working with universities, why they did this work and how these partnerships could be improved. One of the pioneering pieces of work that came out of that conversation was a framework for

authentic partnerships.³ There are three components to it: One is that **the process of partnership** is critical and it has to be a quality process. This quote on our board is from Ella Greene-Moton, and her quote at the summit was “we are not just talking about a process that involves partners, there needs to be a process of shared decision making.” The partners at this meeting spent a lot of time talking about how they were often asked to be on advisory committees but they wanted to be involved as decision makers. So now we’re starting to see models of shared power in which community and academic partners are making decisions together.

The second part of the framework is that the **outcomes of partnerships** have to be meaningful and tangible to communities. A quote from Vickie Ybarra who worked for a migrant health centre in Washington state at the time of the Summit, helps to make this point. She said, “OK, we can work together on community-based participatory research, but only if you support our kids in the pipeline. Bring them to campus for programs, teach them skills they use to be more marketable, give them academic credit.” When university researchers want to study the Latino population, they come to the health centre because it's a trusted organisation and an access point into the community. The health centre takes its position seriously and wants to ensure that research is going to lead to tangible community benefits. They are involved a lot of community collaborative research that is very important. What’s interesting about this quote is that while the research is important, what's most important and meaningful to the community is having more Latino children graduate from school and go onto higher education. There's a significant educational achievement gap between Latino and non-Latino whites in this part of Washington State and many other areas across the US. For Vickie, negotiating any research relationship with a university must include programs and policies that address this point.

The third and final part of the framework for community-campus partnerships is that **transformation** has to occur at every level when you do this kind of work. It’s not just about change in the community but about change in the institution. Do we have the mission, values, promotion and tenure policies, and so forth in our institutions to support authentic partnerships with communities? Do we have the policies and systems in place that are going to allow us to be transparent in our partnerships with communities?

The last word in our name is **health** and what we mean by health isn't only medical care and your ability to see a doctor but all the environmental, social and economic factors that contribute to health. For most of us working in this area, it has been a real struggle to get researchers and policy makers looking in the places that determine health. There’s a story of a man who lost his keys right next to his car in a parking lot, but where does he look for the keys? Where the light is across the lot, not where he actually dropped them. The same is true for health. For too long, we’ve been focusing on where the light is, individual health risks and behaviours, and not broader factors that are the predominant contributors to health. For example, focusing on getting people to eat healthy foods but paying insufficient attention to access to affordable food in grocery stores and in schools and to federal agricultural policy that encourages farmers to grow corn that becomes high fructose corn syrup used to make the high-calories drinks that contribute to obesity.

When you look at what we're trying to do at CCPH, we strive to leverage the assets, the knowledge systems and the resources in communities and institutions – not to blend them, but to bring them together in a way that values and honours each in order to advance social justice.

Another important framework for us is that of the **engaged campus** – a campus that is not just located within a community, but is intimately connected to the community. Engaged institutions see the future of the community and their own future as inextricably linked. To be an engaged campus is an evolutionary process – it doesn't happen overnight. We're trying to help institutions to move along a continuum: from models of outreach, charity, volunteerism and community service and individual disconnected projects to strategic models that linking them towards social change; from being community-placed to community-partnered; from service and outreach to models that link the effort to the academic missions of teaching and research. We talk a lot about community-engaged scholarship, linking the community work that faculties and students do to the core business of universities as a way of making change and validating that work. We also talk about expanding the three traditional missions of universities: research, teaching and service to include a fourth mission of institutional citizen – being a civic actor, convener and advocate. Universities are often major employers and real estate developers. How can they advance community and economic development through these roles?

So how do we operationalise all this? I talked about our mission, our name, the words we use and what we mean. So what are we trying to do? Our work is centred on these strategic goals:

We're trying to **leverage the knowledge, wisdom and experience** in communities and academic institutions to actually make a difference. For example, we just concluded a national initiative called the Health Disparities Service-Learning Collaborative that involved schools of public health across the United States and their community partners, working to address health disparities. One of the outcomes of the Collaborative was reforming public health curricula to include longitudinal service-learning experiences in the community that would have more substantial impacts than episodic short-term community service projects.

We aim to **build capacity** and much of our work is about helping to ensure people have the skills, knowledge and competency to effectively engage with communities. We have an online curriculum about how to develop sustain community-based participatory research partnerships, for example.

We **support communities** in their relationships and work with academic partners. I mentioned the Summit that brought community partners together to perform a network and achieve change collectively. We do a lot of work with community organisations on how to effectively partner with academics. For example, we just recently finished an initiative in New Hampshire, where a coalition of community groups there that are working to improve minority health. They had been approached by universities frequently to conduct studies together but they wanted to be proactive. They wanted to identify up-front what are our priorities, what do we want to do research on, what are we trying to understand in our own community? They didn't want to sit and wait for academics to approach them with their research ideas. They

wanted to answer these questions before they started engaging with academics and they took a year and a half to do just that.

We're also doing a lot of work on **recognising and rewarding faculty** for the work they do in communities. Much of this is around changing the promotion and tenure system, which is a big nut to crack but we're working on it. There are examples now of universities that have started to change their policies and of course it's not just about the policies, it's about changing institutional culture. One of our approaches has been to create collaboratives of universities that want to work together and make that change and support each other.⁴ One of the big issues for community-engaged faculty is that while journals are great, there are so many other products that come from this work that are valuable and valued by communities and policy makers – technical reports, policy briefs, training manuals, educational videos, etc. – but these aren't peer reviewed and don't usually "count" for promotion and tenure. So we launched CES4Health.info, an online system for publishing products of community-engaged scholarship that are in forms other than journal articles.⁵ Community and academic peer reviewers assess each product and an accompanying application that describes the scholarship and community engagement underlying it. Over 20 products have been peer-reviewed and published so far. We're surveying authors, reviewers and users for their feedback, and have received enthusiastic responses so far, including from a dean who wrote that "CES4Health.info is a godsend" for community-engaged faculty who are being considered for promotion or tenure.

We are working to **balance power and share resources** in these partnerships. We talk a lot about CCPH on our board as trying to serve as a moral compass. I think a lot of times we're in the position of asking questions about why are you doing what you're doing? You talk about it being a partnership, are you balancing power? Are you sharing resources to try and get at the underlying contributors in the partnership? Are you working to address underlying issues of inequity?

And ultimately, we are working to ensure that **community-driven social change** is central to community-campus partnerships. We're not about "partnerships for partnership's sake" or only devising short-term band-aid solutions to community concerns.

What is the current reality of community-campus partnerships? From where we sit in the US and Canadian context, there's certainly a lot of buzz about community engagement and partnerships in higher education circles. Universities are talking about it, they're trying to move in this direction. One Community Partner Summit participant, who works in a bank on economic development initiatives with her local university, made this observation about the current reality: "There's a lack of understanding within universities about what they're doing and why. This one office in our university has changed its name three times since 1995. First it was community service, then it was service learning, now civic engagement. It's a pretty word and concept but now there's a disconnect. The university thinks that anything outside the walls is engagement." What we find is there institutional bridging structures and positions being established and while these are important, from a community standpoint it is unclear how to engage with them and how to be involved with them in a decision making role. It can feel like it's more being done "to them" than done "with them" and this is something we need to work on changing. There is a

tremendous amount of passion and commitment among community partners who have been at this for some time, but for many communities, the benefits of engaging with academic institutions aren't that clear.

The relationship between community and campus partners is largely based on individuals and even in partnerships that have been around 10 or 15 years. They're still often dependent on one or two people at the helm and thus vulnerable if those individuals leave. Community groups sometimes lose their community ties when they get involved with universities. There is a growing group of community leaders that universities are hiring to be liaisons and work in communities, and as they move more into the institution, although they view themselves as the community voice within, they can become suspect in the communities that they've worked in for many years.

Is the predominant model a partnership in the principle-centred way I've described? Partnerships are often framed by the campus in the academic and teaching mission of the university and not around community issues and priorities. They are often driven by grant and program requirements. Over and over again we hear stories of universities obtaining funding to do work in the community but the community hasn't been consulted and involved in the design. The disconnects and contradictions can be quite dramatic. You can have one part of a university doing exemplary community-engaged research and teaching but at the same time, bulldozing a low-income neighbourhood to build a new building that the community hasn't had any genuine involvement in. We see significant infrastructure for community-academic partnerships being built on campus – offices of community engagement, vice provost positions, and so forth – with little investment in the infrastructure needed in communities to engage with campuses. Often communities serve only in an advisory role. There's also frequently an assumption that academic knowledge has greater value than community knowledge and those are obviously sentiments we need to work on.

I've been focusing here on what's not working, but of course there are models for what's working that we need to learn from and build upon. What is working is when there are strong relationships of trust, honesty, transparency and respect. When partners are viewed as equals in the relationship and when there are mutual benefits. When there's shared ownership. When there are clear definitions and roles and responsibilities. When partners are valued and compensated for their expertise. For most of the community groups involved in these relationships, this isn't their full-time job. They're not being paid to take students or do research. They may have it as part of their job description but most of the time it's not. Are we compensating them for their time and valuing their expertise in a tangible way?

These partnerships are working when partners gain skills that are transferable, when we're bringing communities together to learn from each other. Often these relationships can be very dyadic: an individual faculty working with an individual community partner. But when we bring the partners together to foster community and networking among them, we can have much more of an impact.

Partnerships are working when they have structures and processes that encourage sharing and control. We're seeing a lot more of these now. Boards that have equal representation or perhaps "50% plus one" in terms of the community composition

around the table in a partnership. An example from the 2010 winner of our annual CCPH award is a partnership in Boston called CCHERS (pronounced “cheers”), the Centre for Community Health, Education, Research and Service (see: <http://www.cchers.org>). The partnership involves multiple universities, community health centres, public schools and the health commission. They’ve evolved a bridging structure that has a board of directors with representation of the partners on it and they are the decision making body for the collaborative research and teaching that occurs through CCHERS. These sorts of models help to ensure that communities are involved as decision makers and not just as advisors.

Of course the leadership of these partnerships is really critical and in the case of CCHERS, the director is a boundary spanner who worked previously for years as a community health centre executive director and public health advocate before taking. Partnership leaders who can span the worlds of community and academe is really critical. Indeed, they must span multiple worlds because it isn’t just community and campus but the many sectors that need to be mobilised to make change.

Finally, I’ll touch upon the **characteristics of vibrant community-university partnerships** which is what we’re really talking about here. The WK Kellogg Foundation in the US has been investing in these partnerships for over twenty years now and they have observed that in vibrant community-university partnerships, partners are working towards the same goals, trying to improve the health and well-being of communities. They collaboratively plan and design mutually beneficial programs and outcomes. They engage in reciprocal learning. You can’t tell who’s the faculty, who’s the student, who’s the community leader – because all are learning and teaching together and benefiting from each other’s knowledge. They usually involve some kind of bridging structure. Vibrant community-university partnerships respect the history, culture and knowledge of each partner. Partners have expectations of each other and value and promote diversity. They continually assess what they're doing and report back and celebrate their successes.

So how do we apply what we’re talking about in a university setting? How can we incorporate the the principles and best practices of community-campus partnerships? this? I have tried to break it down into different components of the university:

Governance: Who sits on the board and the decision making bodies of your university? Are they reflective of the diverse communities you serve?

Mission and strategic plan: How are they determined? How is community engaged and involved in these decisions? Was there a draft you already prepared internally or did communities shape it from the start?

Faculty and student recruitment and orientation: How do you recruit faculty and students and how do you orient them once they are on your campus? Is there an opportunity to learn about the community and engage with community partners from day one? For example, new faculty at the University of North Carolina-Chapel Hill go on what’s called the Tar Heel Bus Tour, named after their sports team (see: <http://www.unc.edu/bustour/>). They travel the state and it’s not about sitting in the bus and looking out the window, but stopping and visiting the communities across the state where university partnerships are already in place and where are opportunities

for student and faculty engagement. They've actually tracked the outcomes and have documented faculty community-engaged scholarship that began with the community relationships begun on the tour.

Faculty roles and rewards: How do you engage communities in the review and development of faculty? Susan Gust and two other community leaders have co-authored a paper on why community partners should care about promotion and tenure.⁶ It makes important recommendations about involving community partners in the process, serving as members of promotion and tenure committees, serving as external referees of work that faculty do because in this sort of work, the peers aren't just academic peers, but community peers as well.

Research ethics review policies and practices: How do you assess the ethics of community-engaged research? Do you only examine the risks and benefits to the individuals that are involved in the research or are you also looking at community-level risks and benefits?⁷ Are there community members serving on your ethics review committees? In some communities in the US and Canada, particularly indigenous communities, there's a very strong community-driven model of research research. For example, the Navajo community has its own research ethics board that must approve all research conducted in and with the Navajo community.⁸ In Canada, the major health research funder has adopted an ethics policy for conducting research with Aboriginal communities that must be addressed in order to receive funding (see: <http://www.cihr-irsc.gc.ca/e/29134.html>).

Fiscal policies and practices: What are you university's fiscal policies and procedures? Is there a possibility for resources and grants to be shared with the community? Can the community get the grant and subcontract with you?

Business policies and practices: Where do you buy university supplies, food, equipment? Do you explicitly invest in local businesses? What considerations enter into the construction and renovation of buildings? For example, when the University of Michigan built a new building for their school of public health, they involved their community partners in its design and included space for community groups to meet in the building at no charge. They incorporated a community-engaged approach to the design of the building and aimed to ensure that communities would benefit from the building.

In closing, let me invite you to get involved in CCPH. Our next conference is in Canada and it's a Canadian-led conference called CU Expo, Community-University Partnerships: From Global Perspectives to Local Action, May 10-14, 2011 in the Waterloo Region of Ontario, not far from Toronto. The deadline for proposals is September 10, 2010 so you have time to submit one if you want to present. We'd love to have you come. CCPH isn't having our own meeting in 2011; we've decided to fully support CU Expo because it's synergistic with what we're about and we didn't want to compete with it (see: <http://www.cuexpo2011.ca>)

I hope between my presentation and CCPH board chair-elect Susan Gust's presentation we've been able to give you a flavour of how we think about community, how we think about community-campus partnerships and health and how we work together to leverage our collective knowledge to work for social justice. Thank you.

Works Cited

1. Seifer SD. (1998). Service-learning: Community-campus partnerships for health professions education. *Academic Medicine*, 73(3):273-277.
2. Gelmon SB, Holland BA, Seifer SD, Shinnamon A. (1998). Community-University Partnerships for Mutual Learning. *Michigan Journal of Community Service-Learning*. (5): 142-160.
3. Community Partner Summit Group. Achieving the Promise of Authentic Community-Higher Education Partnerships: Community Partners Get Organized. In: Fitzgerald HE, Burack C and Seifer SD (Eds.) (2010). *Handbook of Engaged Scholarship, Volume 2 - Community-Campus Partnerships: Contemporary Landscapes, Future Directions*. Michigan State University Press, p. 201-222.
4. Seifer SD, Wong K, Gelmon SB, Lederer M. (2009). The Community-Engaged Scholarship for Health Collaborative: A National Change Initiative Focused on Faculty Roles and Rewards. *Metropolitan Universities Journal*; 20(2), 5-21.
5. Jordan CM, Seifer S, Sandmann L, Gelmon S. (2009) CES4Health: Development of a Peer-Review Mechanism for Disseminating Innovative Products of Community-Engaged Scholarship. *International Journal of Prevention Practice and Research*. 1(1): 21-28.
6. Freeman E, Gust S, Aloschen D. (2009). Why Faculty Promotion and Tenure Matters to Community Partners. *Metropolitan Universities Journal*; 20(2), 87-103.
7. Shore N, Wong K, Seifer SD, Grignon J, Gamble VN. (2008). Advancing the Ethics of Community-Based Participatory Research. *Journal of Empirical Research on Human Research Ethics*. 3(2), 1-4.
8. Brugge D, Missaghian M. (2006). Protecting the Navajo People through Tribal Regulation of Research. *Science and Engineering Ethics*. 12(3): 491-507.