



Community-Campus
Partnerships for Health

Community-Engaged Scholarship: Successfully Navigating the Faculty Promotion and Tenure Process

Jen Kauper-Brown, Diane Calleson, Sarena D. Seifer

ICR Crossroads Conference

June 11, 2004



Our Mission

To foster partnerships between communities and educational institutions that build on each other's strengths and develop their roles as change agents for improving health profession education, civic responsibility and the overall health of communities



Challenges of Community-Engaged Scholars

- “If we want faculty to be involved in communities, but reward them for other activities, we are our own worst enemy.”
- “Research support and manuscript generation is the name of the game...community-based anything takes time, length, and breadth.”
- “Without leadership from the top, inclusion in mission statements and budget priorities, and faculty incentives, community efforts cannot succeed.”



Scholarship in the Health Professions

“Many untenured faculty find they must choose between doing the work that would contribute to career advancement and doing the work of the institution in linking with communities and educating students.”

Ron Richards, Building Partnerships: Educating Health Professionals for the Communities they Serve, 1996

“Applied scholarly research, teaching and service need clearly-articulated scholarship criteria. More appropriate and inclusive forms of documentation and peer review standards should be established. Sustained recognition and support for the applied interdisciplinary scholarship of academic public health practice should be institutionalized both within each school and the university.”

Association of Schools of Public Health, 1999



Scholarship in the Health Professions

“Publication in peer-reviewed journals is the typical end point in the mind of many researchers. For a results-oriented philanthropy, this is not enough.”

*James R Knickman and Steven A. Schroeder
Robert Wood Johnson Foundation, 2000*

“Participatory approach at the front-end of the research pipeline is the best assurance of relevance and utilization of the research at the other end of the pipeline.”

*Lawrence Green,
Centers for Disease Control and Prevention*



Current Reality

- Most frequently cited barrier is the risk associated with trying to achieve promotion and tenure
- Often viewed as service and perceived as an inferior activity, rather than being acknowledged as genuine scholarship
- Most academic institutions confer tenure and promote faculty based primarily on the quantity and caliber of peer-reviewed publications



Current Reality

- Time involved (relationship building, joint project development and implementation, discussing results with the community) often means longer timeframe for results generation and journal publication
- Alternative forms of dissemination often not recognized or valued as scholarly products
- Yardsticks for evaluation are the same but different evidence and appraisal process



Community-Engaged Scholarship

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 faculty member in a mutually beneficial partnership with the community. Community-engaged scholarship can be transdisciplinary and often integrates some combination of multiple forms of scholarship.

*Commission on Community-Engaged Scholarship
in the Health Professions, 2004*



Commission on Community-Engaged Scholarship in the Health Professions

- Champions for community-engaged scholarship
- Advocates for policy change
- Recommend approaches for:
 - peer-review
 - community involvement



Community-Campus
Partnerships for Health

“If your passion lies in access to health care and working with certain community groups...than you have to adapt the way you present your professional activities. So that standard committees on advancement will view you kindly.”

“How you frame the work is important, especially in research-intensive universities.”



Faculty Toolkit

Planning for Promotion and Tenure

- developing and sustaining your vision
- identifying and working with mentors
- showcasing your work and soliciting peer review

Creating a Strong RPT Portfolio

- the faculty portfolio
- the career statement
- the CV
- the teaching portfolio
- external letters - academic and community



Faculty Toolkit

Appendices

- profiles of community-engaged scholars
- RPT guidelines
- annotated bibliography
- annotated websites
- glossary of terms
- journals that publish community-engaged scholarship
- funding sources for community-engaged scholarship



Future Directions

- Commission report and recommendations
- Collaborative of health professional schools that seek to reform their RPT systems
- Additional toolkit pieces
- National network of senior community-engaged scholars in the health professions
 - mentors
 - national references
 - peer reviewers
 - cases for faculty development



Resources

CCPH www.ccph.info

Scholarship

<http://depts.washington.edu/ccph/scholarship.html>

Commission

<http://depts.washington.edu/ccph/kellogg3.html>

Toolkit

<http://depts.washington.edu/ccph/2002fellows-calleson.html>



Community-Campus
Partnerships for Health

Contact information

Jen Kauper-Brown

Community-Campus Partnerships for Health

(206) 543-7954

jenbr@u.washington.edu

www.ccph.info



Group A: Identifying Potential Partners for “Promoting Healthy Living” Project

Case Study: Your local health department, working with public health faculty persons from a nearby university, is developing a proposal in response to a federal Request for Applications (RFA). The RFA is seeking proposals that will develop effective interventions to increase physical activity in order to reduce disparities in asthma, diabetes, exposure to environmental tobacco smoke and obesity. Potential strategies will look at school and worksite-based interventions, the built environment, and policy-related barriers to increasing physical activity. A community-based participatory research model must be used, involving key partners from sectors relevant to the topic.

Task: Brainstorm which community and institutional partners from your setting should be invited to participate in this partnership and why. In addition, list some of the pros and cons associated with these choices.

After the brainstorming session, report on which community institutional organizations and/or individuals you selected and why, and the pros/cons of each.

Use the following questions for discussion during and after the brainstorming:

- What kind of agencies should be invited? What kinds of academic departments should be invited?
- How is “community” defined and who “represents” the community?
- Who decides who belongs?
- Is membership comprised of individuals from organizations or organizations represented by individuals?
- When partnership members are organizations, who decides which organizations are involved, how they are selected for membership? In the case of community-based organizations, who decides the extent to which they are able to represent the community in which they operate?
- When partnership members are individuals, who is able to represent whom?
- How many members do you want on your partnership? How many is too many? How many is enough?
- How will members be invited?
- Why would individuals and organizations want to get involved with this partnership?

Hartwig, J Kauper-Brown, M Williams. “A Skill-Building Workshop on CBPR Partnerships,”
ICR Crossroads Conference, Hartford, CT. June 12, 2004.



Group B: Navigating through difficult decisions: Transparency and Communication

Case Study: The funding for the “Promoting Healthy Living” initiative has been cut by 20% (for a total reduction of approximately \$100,000) in the second year of the grant. The partnership needs to make some decisions about what to reduce or eliminate in the budget. The health department, which serves as the fiduciary for the grant, has 50% of the budget (including funds for project staff and other direct costs related to running the project); the university involved has a 25% share of the budget (partial salary support for 3 faculty, 2 graduate student research assistants, supplies and travel); and two community-based organizations each have 12.5% to support 2 full time staff people and for other project-related costs.

Task: Discuss how this scenario could unfold, and potential strategies for navigating successfully through this difficult situation.

Use the following questions for discussion:

- Who has the ‘final say’ on these decisions?
- What are each partner’s self interests and how may these differ from the interest of the partnership?
- What other resources does the partnership have to support the initiative?
- What agreements or understandings has the partnership adopted which could help to guide the decision making in this situation?



Resources for Identifying Potential Partners

Tips and Strategies

- **Building on prior positive working relationships** among at least some of the potential partners is a step in the right direction when establishing a new community-institutional partnership to address a public health issue not previously addressed by this particular group of partners. Drawing upon the trust that is already present can lead to the initial willingness to get involved and the commitment to develop more long-term trusting relationships. When this is not possible, engage a core group of dedicated participants.
- **Organizational membership**, rather than individuals, helps to bring the entire resources of the organization to the partnership, and if an individual who participates on a given project leaves, then the organization is committed to identifying another person to be involved.
- **Starting with a small number of diverse partner organizations** may facilitate your success with drawing upon diverse ideas and resources while keeping the number of partners small enough to be able to adopt and adhere to a set of participating principles and operating norms.
- It is also essential to **have early, tangible successes**. These will help to sustain enthusiasm among partners, and will require that the goal setting process be very realistic, with milestones set at short, medium and long-term intervals.

Characteristics of Effective Partners

- Willing and committed
- Ability to adopt multiple roles
- Organizational mission in alignment
- Good negotiation, problem-solving and conflict resolution skills
- CBO History of engagement in the community
- Ability to obtain resources
- CBO staff/volunteer capacity and willingness
- High degree of political knowledge
- Engaged, competent researchers
- Ability to foster collaboration among members
- Support and involvement from CBO's top leadership
- Access to decision-makers within the community



Example Partnership Policy on this Topic

“Criteria for Selecting New Partners for the Detroit Community-Academic Urban Research Center (URC)” (Revised and adopted January, 2002)

- Organizations with a health, human service and/or community development mission, operating in and working with one or more of the URC communities in southwest and eastside Detroit, that have a prior, positive working relationship with current URC partners.
- Organizations that are embedded in, well respected by, and/or involve staff from the communities in which they work.
- Organizations with a history of working on URC-affiliated projects and/or activities that emphasize prevention, family and community health issues, and/or enhancing community capacity building.
- Organizations that are interested in and willing to work within the overall goal (i.e., addressing social determinants of health) and specific priorities (i.e., access to quality health care, physical environment, violence prevention) established by the URC Board.
- Organizations that are willing to adapt and adhere to the operating norms and “Community-Based Participatory Research Principles” adopted by the URC Board.
- Organizations that are willing and have the capability to assign a representative and an alternate to be a member of the URC Board. The representative should have the authority in their organization to make decisions without having to go back to the leadership within the organization, or, at the least, have easy access to the leadership as well as their active and visible support of URC activities.
- Organizations that are willing to actively participate, through, for example, the involvement of one or more representatives, at the monthly URC Board meetings and on steering committees for specific URC-affiliated projects and attending and participating in national, regional or local conferences, workshops and meetings, as appropriate.
- Organizations that are willing and have the capability to facilitate ongoing, two-way communication between the partner organization and the URC Board that fosters collaboration, coordination, development of new projects and participation in special activities involving the URC partners.

K Hartwig, J Kauper-Brown, M Williams. “A Skill-Building Workshop on CBPR Partnerships,”
ICR Crossroads Conference, Hartford, CT. June 12, 2004.



Resources for Navigating through Difficult Decisions

Tips and Strategies

- **Give careful consideration to decision-making processes very early on in the development stages of your partnership.** Consider such questions as:
 - does everyone always need to be at the table?
 - who gets the final say? on which issues? (e.g. budget, staff, dissemination etc)
 - differing levels of responsibility? (funder, institutions, community)
 - how will you balance process and action?
- **Develop a set of “Operating Norms”** for your partnership. Engaging in a collaborative process for developing these can enhance trust among the partners involved. This set should be a living, breathing and dynamic document that can be revised based on team process evaluations and periodic review and discussion by the partners. Operating Norms differ from CBPR Principles in that the Norms provide guidance to the partnership in how it works together to get things done (for example, at meetings and during small group and one-on-one interactions) while the Principles serve as the overarching blueprint to ensure that the research is conducted using the CBPR model.

A set of Operating Norms can outline the strategies for decision-making chosen by individual CBPR team (e.g., consensus, etc.). For example:

- **Meetings facilitated by someone with considerable group process experience**
- **Community members serving in positions of power** - such as chairing the board and/or serving as principal or co-principal investigators, and participating in all levels of decision-making, can help to create a balance of power between community and institutional partners.
- **Hold regular meetings of the partners that are accessible to all partners** – and ensure that meetings take place during convenient times, with available parking, child care, food.
- **Ensure that all members have an opportunity to express their opinions and be heard**, especially when multiple languages are spoken, encouraging quieter members to contribute their ideas,
- **Resolve conflicts when they occur**
- **Ensure that all partners are involved**, to the extent they are interested, in the day-to-day operations and governance of the partnership.



Resources for Navigating through Difficult Decisions continued

- **Work through discussions of potentially divisive issues (e.g. budget cuts, issues of racism, partners are not getting work done) before they arise.** Use role play exercises like the one in today's workshop to prompt frank discussion and promote a better understanding between partners.

Example Partnership Policy on this Topic

The "70% Rule" for Consensus Decision Making

Given the challenges associated with reaching absolute consensus, the use of the "70% rule" is recommended. A community partner in the Detroit Community-Academic Urban Research Center indicated one of the reasons why the Board was able to engage in meaningful discussions and make decisions was the "70/30 rule - if I can get behind this 70% then I would do so." The application of such consensus decision making requires group facilitation that gives everyone an opportunity to continue to voice their opinions until issues are resolved, including a commitment on the part of all participants to share leadership actions to both accomplish tasks and maintain collaborative relationships.