



*The Evidence Base for
Community-Campus Partnerships:
Enhancing Student Learning & Community Health*

Sarena D. Seifer
*Community Connections:
Partners for Learning and Service Colloquium*
Medical University of South Carolina
April 2004



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 professions education, civic responsibility and the overall health of communities



At-A-Glance

- National nonprofit launched in January '97
- Headquarters in Seattle, WA
- 13-member board of directors reflect stakeholders in community-campus partnerships
- 1000+ members from communities and campuses across the United States and 12+ countries
- Private and public funding
- 5 staff



Our Mission

To promote health through partnerships
between communities and
higher educational institutions

HEALTH....eliminating health disparities

...achieving a diverse and community-responsive health workforce

PARTNERSHIPS....service-learning, community-based participatory
research and evaluation, policy and advocacy



Service-Learning

Academically-based community service

A structured learning experience that combines community service with preparation and reflection

Service-learning students not only provide community service but also learn about the context in which the service is provided, the connection between the service and their academic course work, and their roles as professionals and citizens



Community-Based Participatory Research

A collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and the social and cultural dynamic of the community, and integrate the knowledge gained with action to improve the health and well-being of community members

Israel B. Annual Review of Public Health, 1998.



We are working to...

- Build the capacity of communities and higher educational institutions to engage each other as partners
- Incorporate service-learning into the education of all health professionals
- Recognize and reward community-based teaching, research, service
- Develop partnerships that balance power and share resources among partners



Why Now?

Communities face complex challenges and need to draw on all institutions as assets

Public expectations of accountability and value, corporate citizenship, graduates

Gap between research and practice, teaching and practice

Disengagement in civic participation and democracy



"Researchers get a bad reputation as communities can feel heavily researched - people can feel like they were involved but did not benefit. There is a problem with the dissemination of findings."

"There is suspicion of dominant institutions. If I go into communities, all the relationship building is personal. People need to get to know me and trust me personally and know that I will deliver and not just disappear after the study. This happens over time."



"It is important that not all of the grants be funneled directly through the University as this may convey a message of dominance."

"Having an executive board chaired by the community majority has more teeth than just acting in an advisory capacity."



"Must of the research has not been culturally sensitive. The Center is in the heart of a city that has largely residents of color but the Center is mostly white. There has been insensitivity to cultural issues and no dissemination of research results. The community advisory committee has had to deal with all of this. Now the community requires that researchers describe their dissemination plans [as part of the research proposal]."



"You can't just walk in with the expectations of creating a partnership. It takes time to develop mutual understanding and make sure you don't exploit."

"It is key that all partners benefit, are clear what the benefits are and resources are shared."

"In our work together...we look at how the intervention might be sustainable and appropriate given our missions."



"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."



Principles of Partnership

- Partners have agreed upon mission, values, goals and measurable outcomes for the partnership
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment
- The partnership builds upon identified strengths and assets, and addresses needs
- Power is balanced among partners and resources are shared



Principles of Partnership

- There is clear, open and accessible communication between partners
- Roles, norms and processes for the partnership are established with the input and agreement of all partners
- There is feedback to, among and from all stakeholders in the partnerships
- Partners share the credit for accomplishments
- Partnerships take time to develop and evolve



What are outcomes of successful partnerships?

What are characteristics of successful partnerships?

What is the current state of
community-campus partnerships?

Where are partnerships going in the next 10 years?



Data Sources

- Review of literature on partnerships
- Member surveys & agenda-setting sessions
- Program consultations & evaluations
- Commissioned papers
- Demonstration & evaluation projects



Service-Learning Outcomes: Students

Gelmon 1998, JNE 2002

Transformational learning experiences

- clarification of values, sense of self

Changed knowledge, skills and attitudes

- awareness of determinants of health
- sensitivity to diversity
- knowledge of health policy issues
- leadership development
- community engagement



Service-Learning Outcomes: Community Partners

*Gelmon 1998, Seifer 1998,
JNE 2002*

Service expansion and enhancement

Staff recruitment and retention

Funding opportunities

↑ awareness of institutional assets/limitations

Eager to be seen as teachers and experts

Benefits of SL outweighed the burdens

Concerns: communication, logistics, needs-based and expert approaches



Service-Learning Outcomes: Faculty

Gelmon 1998, JNE 2002

Enhanced relationships - students, community

Linkage of personal/professional lives

↑ understanding of community issues

New career and scholarship directions

New directions and confidence in teaching

Concerns: time, lack of rewards, loss of control



Findings: Community-Campus Partnerships

Gelmon 1998, JNE 2002

Stronger relationships associated with:

- joint planning
- partners offered specific and active roles
- genuine sense of reciprocity
- student preparation and orientation
- single point of contact
- consistent, accessible communication



Findings: Institutional Capacity

Gelmon 1998, JNE 2002

- Clear definition of service-learning
- Link to mission and strategic goals
- Supportive leadership at all levels
- Effective institutional structures and policy
- Investment in faculty development
- Integration of SL into existing courses
- Long-term community relationships
- Ongoing assessment and improvement



Service-Learning Lessons Learned

*Gelmon 1998, Seifer 2000,
JNE 2002*

Service learning is powerful pedagogy

SL can contribute to competencies needed for
health professions practice

SL can benefit students, faculty, the community
and community-university relationships

Community can be effective educators

Community assets are often overlooked

SL requires schools to give up “control”



Partnership Outcomes CBPR

Israel 1998 and 2000, AHRQ 2001,

NINR 2001, O'Fallon 2002

- Overcoming the fragmentation and separation of individual from culture and context that are often evident in more narrowly defined, categorical research approaches
- Establishing trust between communities and researchers
- Improving research quality and validity by engaging local knowledge & theory based on experience of people involved
- Enhancing relevance of research question, quality and quantity of data gathered, and relevance and use of the data
- Facilitating the development and implementation of more effective public health interventions, including policy change



Partnership Outcomes CBPR

*Israel 1998 and 2000, AHRQ 2001,
NINR 2001, O'Fallon 2002*

- Joining partners with diverse skills, knowledge, expertise and sensitivities to address complex problems
- Providing resources and possible employment opportunities for the communities involved
- Improving health and well-being of communities involved, directly through studying and addressing important community needs, and indirectly through increasing their power and control over the research process
- Recognizing existing community resources and building community capacity to identify and conduct research



Characteristics of Successful Community- Campus Partnerships

- Partnership is formed to address genuine community concern and addresses strategic partner issues, not to get a grant
- Partnership builds on prior positive relationships, trust
- Partnership involves organizations and individuals as partners
- Partnership starts small, with CBOs that have a history of engagement and are well respected



Characteristics of Successful Community- Campus Partnerships

ASPH/CDC 2004

Trusting relationships

Equitable processes and procedures

Diverse partners

Leadership

All partners benefit

Supportive reward structures

Science enhanced by community involvement



Characteristics of Successful Community- Campus Partnerships

ASPH/CDC 2004

Balancing process and action

Ongoing partner development

Sustainable impact

Collaborative dissemination

Ongoing assessment, improvement and celebration



Community-Campus Partnerships Some Common Pitfalls

Institution receives funding based on location in disadvantaged community without involving community, sharing resources or using them to directly benefit people

Students consistently assigned to tour a neighborhood, conduct needs assessments

Lack of preparation and understanding of context

Faculty members structure community engagements without first assessing community's interests and needs, fail to plan with community partners

Episodic involvement based on grant funding, academic calendar

Leiderman, Furco, Zapf and Goss, 2003.



Current State of Community-Campus Partnerships

- Culturally competent health professionals
- Diversity of the health workforce
- Supply and distribution of the health workforce
- Improved health outcomes
 - Elimination of health disparities, increased access
- Healthy campus
- Access to information and technology
- Community and economic development

Significant investments by public & private funding agencies



Current State of Community-Campus Partnerships

- Predominant model: is it a *partnership*?
 - Initiated by campus, framed by academic mission and priorities
 - Driven by grant and program requirements
 - Disconnects and contradictions between different parts of campus, community, partnership strategies
 - Campus infrastructure: centers, offices
 - Community serves advisory role



Where are partnerships going in next 10 years?

- New models:
 - More coordinated & strategic
 - Inter-disciplinary & inter-professional
 - CBOs as centers of learning, discovery & engagement
 - CBO-initiated partnerships
 - Multi-CBOs & multi-institutional partnerships
 - Partnership intermediary organizations
 - Partnerships as a global phenomenon



Critical issues for sustainability

- Document & disseminate outcomes
- Balance coordinating & linking efforts with entrepreneurial spirit
- Find & pursue connections between the dots
- Supportive policies at multiple levels
- Communities and campuses view these partnerships as mission-critical
- Address key underlying power issues
- Infrastructure support for communities



CCPH Resources

www.ccph.info

- Member Connections
- Conferences ~ October 6-10, 2004 in Atlanta, GA USA
- Training Institutes
- Consultancy Network
- Biweekly E-Newsletter
- Annual Magazine
- Web-Based Clearinghouse
- Research and Evaluation
- Annual Award