Community-Engaged Teaching: What, So What & Now What?

Sarena D. Seifer
Community-Campus Partnerships for Health
Vanderbilt University
Nashville, TN ~ November 2, 2005
Community-Campus Partnerships for Health (CCPH)
Community-engaged teaching: lessons from the health professions

What is it?
Why do it?
What do we know about it?
What are the continuing challenges?
What resources are available?
Mission

To promote health through partnerships between communities and higher educational institutions
At-A-Glance

- Nonprofit organization launched in January ‘97
- Headquartered in Seattle, WA USA
- 16-member board of directors
- 1000+ members from communities and campuses across the US and a dozen countries
- Private and public funding
- Staff, students and senior consultants
Board Members

Chris Atchison, University of Iowa School of Public Health

Renee Bayer, University of Michigan School of Public Health

Cynthia Barnes-Boyd, Neighborhoods Initiative, University of Illinois-Chicago Great Cities Institute

Chuck Conner, West Virginia Rural Health Education Partnership, Spencer, WV

Diane Downing, Arlington County Dept. of Human Services, VA

Elmer Freeman, Center for Community Health Education, Research and Service, Boston, MA

Barbara Gottlieb, Brookside Community Health Center, Jamaica Plain, MA
Larry Green, Comprehensive Cancer Center, San Francisco, CA
Ella Greene-Moton, Flint Odyssey House, Inc. Health Awareness Center, MI
Susan Gust, Partners Three Consulting, Minneapolis, MN
Dennis Magill, Wellesley Central Health Corporation, Toronto, Canada
Daniel E. Korin, Lutheran Medical Center, NY
Carmen Patrick, Emory University medical student, Atlanta, GA
Richard W. Redman, University of Michigan School of Nursing
Monte Roulier, Community Initiatives, Columbia, MO
Douglas Simmons, University of Texas, Houston Health Science Center Dental Branch
Defining community
CCPH board of directors, 2005

What we mean by “community” is dynamic and inclusive; there is no “one” definition of community.

Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, disability, illness or health condition.

It can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need.

Institutions and individuals based out of institutions can be “the community” in certain situations. Grassroots organizations and community residents can be “the community” in certain situations.
Defining “community” in a community-campus partnership is more about the process of asking questions than about a strict definition of who “is” community or “represents” community:

“Are those most affected by the problem at the table? Are community members at the table? Are those who have a stake in the issue being addressed at the table? Do they play decision making roles?”

The purpose of the partnership drives the definition, therefore each effort must ask for the definition of community.
CCPH 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.
CCPH 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
Major Strategies

- Create and expand opportunities for collaboration and information sharing
- Promote awareness about the benefits of community-campus partnerships
- Advocate for policies that facilitate and support community-campus partnerships
- **Support service-learning and community-based participatory research in higher education**
Calls for Change in Health Professions Education, 1990-2005

All advocate a greater emphasis on service-learning

Council on Graduate Medical Education
Institute of Medicine Reports
Association of Academic Health Centers
Pew Health Professions Commission
Pew Practitioner Competencies for 21st Century

- Embrace personal ethic of social responsibility and service
- Rigorously practice preventive care
- Integrate population-based care and service into practice
- Improve access to care
- Provide culturally sensitive care
- Advocate for policy that promote health
- Work in interdisciplinary teams
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
SL is a Type of Experiential Education
A. Furco 1996

Recipient ← BENEFICIARY → Provider
Service ← FOCUS → Learning

SERVICE-LEARNING
COMMUNITY-SERVICE
VOLUNTEERISM
FIELD EDUCATION
PRACTICUM
INTERNSHIP
CLERKSHIP
Points of Departure: SL and Other Forms of Experiential Learning

- Balance between service and learning
- Emphasis on addressing community-identified concerns and broad determinants of health
- Integral involvement of community partners
- Emphasis on reciprocal learning
- Emphasis on reflective practice
- Emphasis on developing citizenship skills and achieving social change
Accounting—Learning by Doing
Biology—Life, Learning & the Community
Communication Studies—Voices of Strong Democracy
Composition—Writing the Community
Engineering—Projects that Matter
History—Connecting Past and Present
Medical Education—Creating Community Responsive Physicians
Peace Studies—Teaching for Justice
Philosophy—Beyond the Tower
Sociology—Cultivating the Sociological Imagination
Spanish—Construyendo Puentes (Building Bridges)
Institute of Medicine Report, 2002

The report recommends 8 curriculum content areas: informatics, genomics, communication, cultural competence, community-based participatory research, global health, policy and law, and public health ethics.
What is CBPR?

“...a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process; with all partners contributing their expertise and sharing responsibility and ownership to enhance understanding of a given phenomenon, and to integrate the knowledge gained with interventions to improve the health and well being of community members.”

Israel, BA Annual Review of Public Health, 1998
Core Competencies in CBPR

Community Health Scholars Program

Understand values & mission of community-based public health
Understand social determinants of health & developing skills and commitment for
fostering community and social change
Knowledge of and skills in applying CBPR principles, theoretical frameworks,
models and methods of planning, implementation & dissemination
Ability to transfer skills to the community, thereby enhancing community
capacity, and ability to share skills with other faculty
Ability to work effectively in and with diverse communities
Understanding of the policy implications of CBPR and ability to work with
communities in translating the process and findings of CBPR into policy
Ability to balance tasks in academia posing special challenges to those engaged in
CBPR in order to thrive in an academic environment
Ability to write grants expressing CBPR principles.
Knowledge of community-based teaching and learning approaches
Ability to negotiate across community-academic groups
Health Professions Schools in Service to the Nation Program

The Pew Charitable Trusts
Corporation for National Service

1994-1998 Demonstration Program
1998-2001 Replication and Dissemination Program
HPSISN Grantees

Georgetown
George Washington
Loma Linda Univ.
Northeastern
Ohio
Regis
San Francisco State
Univ. of Connecticut
Univ. of Florida

Univ. of Illinois-Chicago
University of Kentucky
Univ. of North Carolina
Univ. of Pittsburgh
Univ. of Scranton
Univ. of S. California
Univ. of Utah (2)
Virginia Commonwealth
WV Wesleyan College
<table>
<thead>
<tr>
<th>Community Partners (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS task force</td>
</tr>
<tr>
<td>American Red Cross</td>
</tr>
<tr>
<td>Boys and Girls Club</td>
</tr>
<tr>
<td>Catholic Church</td>
</tr>
<tr>
<td>Middle Schools</td>
</tr>
<tr>
<td>Free Clinics</td>
</tr>
<tr>
<td>Head Start</td>
</tr>
<tr>
<td>Hospice</td>
</tr>
<tr>
<td>Housing Authority</td>
</tr>
<tr>
<td>Planned Parenthood</td>
</tr>
<tr>
<td>Salvation Army</td>
</tr>
<tr>
<td>Senior Center</td>
</tr>
<tr>
<td>Sheltered Workshop</td>
</tr>
<tr>
<td>Youth Center</td>
</tr>
<tr>
<td>Wilderness on Wheels</td>
</tr>
<tr>
<td>WIC Program</td>
</tr>
</tbody>
</table>
Project Focus
(examples)

School-based health education
Health promotion and disease prevention
- teenage pregnancy
- domestic violence
- oral health

Worksite-based health education
Companionship
Case management
Mentoring and tutoring
Rural access to care
Findings: Students

Transformational learning experiences
  – clarification of values, sense of self

Taken more seriously when it’s required

Greater gains when non-clinical:
  – awareness of determinants of health
  – sensitivity to diversity
  – knowledge of health policy issues
  – leadership development
Findings: Faculty

Primary motivators: personal values, belief in improvement of overall learning
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 re: time, control of curriculum
Findings: Community Partners

Service, economic and social benefits

▲ awareness of institutional assets/limitations

High value placed on relationship with faculty

Eager to be seen as teachers and experts

– campus involvement limited

Benefits of SL outweighed the burdens

Concerns re: communication, logistics, needs-based and expert approaches
Findings: Community-Campus Partnerships

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

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
Lessons Learned

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”
Challenges

Clear vision, definitions, goals, resources, outcomes
Resistance to change
Rigid and over-loaded curriculum
Disciplinary boundaries
Lack of roles and rewards for innovation
Accepting the implications of true partnerships
History of town/gown relationships
Culture of needs-based and expert approaches


Recommendations

Review mission and strategic plan - how can community-engaged teaching further both?
Review accreditation requirements - how can community-engaged teaching enable you to meet them?
Review curriculum - where can community-engaged teaching enhance?
Assess and build upon strengths and assets
Recommendations

Create or enhance existing support structures
Collaborate across disciplines and the campus
Examine faculty roles and rewards policies - what constitutes scholarship?
Invest in faculty development
Engage your community partners in a dialogue
Develop and promote principle-centered partnerships
Promise less.....deliver more
Resources
Through Community-Campus Partnerships for Health

- Training Institutes
- Customized Consultation
- National Conference
- Online Newsletter
- Online Syllabi Clearinghouse
- Resource Guides & Toolkits
- Promising Practices

www.ccph.info
Mark Your Calendars!

**APHA Conference** – CBPR institute – December 2005, Philadelphia, PA - Registration Now Open

**9th Conference** - May 31-June 3, 2006, Minneapolis, MN – Registration Now Open

**9th Service-Learning Institute** – July 21-24, 2006 in WA State – Applications available in November 2005

**5th Annual Award** – Call for nominations out in November 2005
Stay Connected

**CBPR Listserv**
*Co-sponsored by CCPH and Wellesley Central Health Corporation*

https://mailman1.u.washington.edu/mailman/listinfo/cbpr
or www.ccph.info

**Service-Learning in Higher Education Listserv**
*Sponsored by National Service-Learning Clearinghouse*

http://www.servicelearning.org
Community-Campus Partnerships for Health

We invite you to join a growing network of communities & campuses that are collaborating to promote health

Contact us by phone 206-543-8178 or email at ccphuw@u.washington.edu or visit us online at www.ccph.info