



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

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Community-Campus Partnerships for Health

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# Outline

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

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- 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

*CCPH board of directors, 2005*

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



## 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

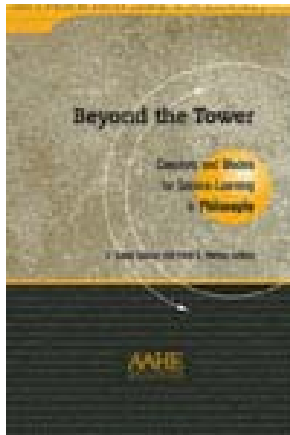
Emphasis on addressing community-identified concerns and broad determinants of health

Integral involvement of community partners

Emphasis on reciprocal learning

Emphasis on reflective practice

Emphasis on developing citizenship skills and achieving social change



# Service-Learning Across the Disciplines

Titles of AAHE Series

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

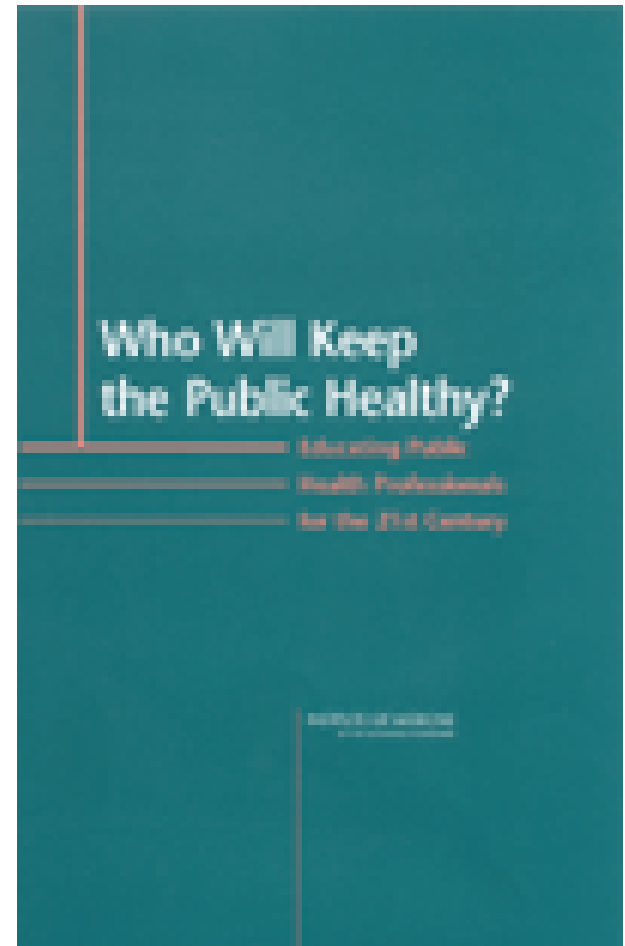
Spanish—Construyendo Puentes (Building Bridges)

## 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



# Community Partners

(examples)

AIDS task force

American Red Cross

Boys and Girls Club

Catholic Church

Middle Schools

Free Clinics

Head Start

Hospice

Housing Authority

Planned Parenthood

Salvation Army

Senior Center

Sheltered Workshop

Youth Center

Wilderness on Wheels

WIC Program



# 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



# Citations

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- Connors K, Seifer SD, Sebastiann J, Cora-Bramble D, Hart R. (1996). Interdisciplinary collaboration in service-learning: Lessons from the health professions. Michigan Journal of Community Service Learning. 3:113-127.
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# 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

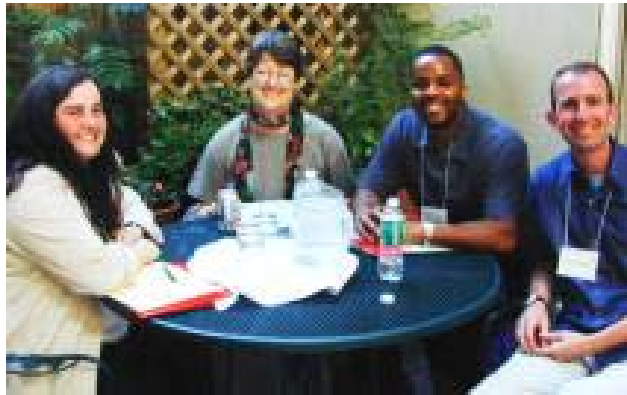
# Resources

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](http://www.ccph.info)



# Mark Your Calendars!

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

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

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

**5<sup>th</sup> 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](http://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](mailto:ccphuw@u.washington.edu) or  
visit us online at [www.ccph.info](http://www.ccph.info)

