



Partnership Matters

Communities and Campuses in Partnership to Improve Health

The Impact of Service-Learning on Health Professions Students: Early Lessons Learned from a National Demonstration Program

With support from The Pew Charitable Trusts and the Corporation for National Service, the Health Professions Schools in Service to the Nation (HPSISN) program began in 1995 when 20 health professions schools were funded to integrate service-learning (SL) into their core curricula. These grantees include schools of allopathic and osteopathic medicine, nursing, pharmacy, dentistry, allied health and public health, working in partnership with community organizations such as neighborhood clinics, public schools, homeless shelters and social service agencies.

The integration of SL into health professions education has become an increasingly important issue as trends in health services delivery have shifted to community-based settings. Service-learning has been suggested as an educational method for equipping future health professionals with the competencies they need to practice in a rapidly changing health services system.

In the Spring of 1996, the HPSISN program contracted with an evaluation team based at Portland State University to design and implement an evaluation of the program. The evaluation design developed for HPSISN focused on considering the different impact and perceptions of students, faculty, institutions and communities. Data for the evaluation is being collected through a variety of qualitative and quantitative methods.

In this article, we report on what we have learned thus far about the impact of SL on health professions students, based on data gathered in the 1996-1997 program year. Students arrive with real-life and prior service experiences that are assets to the SL efforts of HPSISN. In the context of the HPSISN program where service is expected to be part of the curriculum, achievement of program goals is greatest where SL is viewed as an educational method integrated into the curriculum that responds to specific academic objectives, rather than an activity that has been added in to an already full curriculum.

The transformational impact of SL on students was far more evident at HPSISN sites where SL was truly course-based and required, and did not involve an exclusive focus on community-based clinical work. Students were strongly affected by working with individuals in non-clinical settings where they could learn about the daily context of individuals' lives, and network of support services on which they depend. The challenges of ordinary life experienced by potential clients led to the greatest transformation of student views of the role of service in their profession. These students also felt that they gained awareness of people from circumstances different from their own, which helped them to understand community needs and services.

Students involved in course-based SL could make the linkage between service and course content, and articulated satisfaction with the chance to be involved in a community and not just be an isolated student. When the SL activity was optional and not course-based, fewer students and faculty participated, and fewer students could identify a linkage between the activity and their professional education. In all cases, students valued reflective activities related to their service experiences, especially when community partners were involved as facilitators of reflection.

In summary, the SL experiences had a substantial impact on students' sense of self, as provider of health services and as community participant. The value of these experiences as integral parts of the curriculum was demonstrated, and there was a clear message that experiences designed as "add-on" activities will have diminished benefit because of the other curricular demands placed on students. Individuals planning SL experiences need to consider the overall academic programs of these students, and ensure that community-based work is integrated in a seamless fashion.

~Written by *Sherril Gelmon and Barbara Holland*

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Sherril Gelmon is director and Barbara Holland is co-director of the HPSISN program evaluation. Both are faculty members at Portland State University. They continue to lead the HPSISN evaluation in 1997-1998. An executive summary and full report of the 1996-1997 HPSISN evaluation are available by contacting the HPSISN program office at 415/502-7979 or alisah@itsa.ucsf.edu.



MESSAGE FROM OUR EXECUTIVE DIRECTOR

Dear Friends and Colleagues,

We are pleased to share the first issue of our newsletter with you. Knowing that it is impossible for each of us individually to keep up with the many conferences, grants, programs and publications that might strengthen our community-campus partnership efforts, our goal for the newsletter is to provide you with easy access to such information in a succinct, readable format. If you have announcements to share or suggestions for improving the newsletter, please let us know.

In our first year, we have been busy planning programs, developing partnerships, raising funds and putting internal policies into place to ensure our future growth and sustainability. As we build our constituency and identify successful partnership models, CCPH is beginning to play an important leadership role in the policy arena. In August, we testified before a federal task force on the future of academic health centers (AHCs) and used the opportunity to advocate for a community-responsive model of academic medicine. Our recommendations included urging Congress to support community-campus partnerships through Titles VII and VIII of the Public Service Act (which authorize important health professions education programs) and to reimburse community-based organizations for their teaching costs.

Many forces are challenging AHCs to develop sustainable partnerships with their surrounding communities. In many communities, however, AHCs are viewed with skepticism, not as partners: is their aim to improve health, or is it to produce a scholarly publication, increase specialty referrals or find placement sites for their students? Creating healthier communities, overcoming complex societal problems and preserving the "best" of academic medicine requires collaborative solutions that bring communities and AHCs together as equal partners.

We are eager to work with you to identify the key policy issues that impact community-campus partnerships and efforts to build healthier communities. On policy issues ranging from the financing of health professions education to faculty promotion and tenure to guidelines for community-based research, CCPH aims to draw upon the assets of its members, board and staff to serve as a national voice. We hope you will join us in our efforts as we move forward. You may contact us by mail at CCPH Program Office, 1388 Sutter St., #805, San Francisco, CA 94109, ph: 415-502-7979, or e-mail: ccph@itsa.ucsf.edu.

In partnership,

Sarena Seifer

Sarena D. Seifer

CCPH UPDATE

CCPH is pleased to welcome Joanna Hunter as our new program coordinator. Joanna will be assisting in the development of CCPH membership and conference activities. Prior to joining CCPH, Joanna worked at the San Francisco Glaucoma Research Foundation. Welcome, Joanna!

CCPH's fax-on-demand is now up and running. Simply dial 1-888-267-9183 and select #9502 to obtain the document index. This service will allow you to access CCPH articles, conference announcements, membership opportunities and more.

Do you need a speaker for an upcoming faculty development workshop on service-learning? Would you like expert assistance in developing your institution's strategic plan for community-campus partnerships? CCPH can work with you to design customized training and technical assistance in these and other areas. Contact associate director Kara Connors for more information at 415/502-4771 or karac@itsa.ucsf.edu.

Become a member of the CCPH network today! For membership materials, contact program coordinator Joanna Hunter by phone: 415/502-7933, or by email: ccph@itsa.ucsf.edu.



SHOWCASING LEADERS

J. HERMAN BLAKE

J. Herman Blake grew up as one of seven children cared for by his single mother, and raised by an entire community in Mount Vernon, New York. His experience growing up in this 'extended family' during the depression influenced his strong belief in "always including others." "Those families that took me in as a child gave me unconditional love. And then there were the elders; they loved to talk to me and to hear me read. They loved to see young people excel." While his childhood experience had a powerful impact on his work with youth today, Herman Blake remembers the wise voice of his friend and mentor, Septima Clark who inspired Herman to "always bring along the next two generations in your work." Her vision for social justice has been integral to Herman throughout his career as a change maker, beginning as a partnership builder between grassroots communities in South Carolina, New Mexico and Tennessee with the University of California, Santa Cruz, to his service as President of Tougaloo College in Mississippi, and now as the leader of a health and educational motivational program involving several inner-city churches and their youth, and Indiana University Purdue University Indianapolis (IUPUI). This program inspired a collaborative health education project sponsored by the American Association for the Advancement of Science which includes 25 churches and 500 youth under 16 years of age.

The rewards of Herman's work is "seeing the outcomes in terms of grassroots community residents who have become involved in the University. They are the salt of the work." His success is visible; many of the youth that he has worked with in the past are now obtaining their degrees at IUPUI. For those striving to make a difference in their communities and institutions Herman shares his thoughts by echoing the famous words of Langston Hughes, "Listen eloquently."

~Written by Kara Connors

J. Herman Blake is the Vice Chancellor for Undergraduate Education at IUPUI and can be reached by phone: 317/274-8990, or email: jhblake@iupui.edu.

MODELS THAT WORK

In the late 1980s, the University of Maryland Medical System—a non-state-owned teaching hospital—began to invest more of the system's human and economic resources in the surrounding low-income, predominantly African American community. While historically the Medical System "provided excellent medical care to the community's residents regardless of their ability to pay," the hospital's executive leadership recognized a need to be more socially and economically responsible to the surrounding community.

In turn, development initiatives at the Medical System have focused on hiring minority personnel in executive management and forming business contracts with minority-owned construction and medical supply firms. Today 30% of its purchasing contracts are from minority-owned businesses. In addition, the Medical System initiated a variety of community-academic partnerships in the areas of education and career development, and disease prevention and health promotion. These partnerships have not only supported the economic base of the community, but enabled the hospital to "thrive and expand its business in Baltimore City."

The University of Maryland Medical System is an example of how teaching hospitals can go beyond traditional education and clinical service missions. These efforts by Maryland and other hospitals are often the result of external pressures as well as internal initiative. Local governments are increasingly critical of teaching hospitals for not adequately addressing the health of the surrounding communities. Critics contend that while the teaching hospitals are rich in both economic and human resources, they are overly focused on specialized biomedical research and providing high-tech clinical services.

Hospitals are also under pressure to become vertically integrated—a process by which not-for-profit hospitals become formally affiliated with home health care units, hospices, surgery centers, and outpatient clinics. As was the case with the University of Maryland, providing visible benefits to the community through community economic development is in the hospital's self-interest. It enhances the hospital's community relations and helps to assure "that patient flow will continue into the hospital, and patient outflow will remain in the hospital system." With this interplay of external pressures from local governments and communities, and from the rapidly changing delivery system, one can expect more teaching hospitals to begin initiating community relationships aimed at improving the overall quality of life in those communities.

~Written by Diane Calleson

Diane Calleson is currently directing a national study funded by the HPSISN program that is examining the community involvement of academic health centers. For more information, please refer to: Schimpff, M.I., et al (1996). *The University of Maryland Medical System invests in its community's minorities*. *Academic Medicine*, 71(6):604-612, and Irvin, R., Dowling, W., et al (1995). *The provision of community benefit in an era of healthcare: A literature review*. (unpublished). Washington, DC: Catholic Health Association.



Announcements

The Bureau of Primary Health Care has published a directory of 380 community-based training opportunities designed for health professional students and residents to plan primary care rotations, residencies and research. Copies are available for \$5 through the American Medical Student Association, phone: 703/620-6600 ext 217. Site listings are also available on the web, <http://www.bphc.hrsa.dhhs.gov> (see under the section "BPHC Databases").

The 1998 Primary Care Achievement Awards: Call for Nominations

Awards of \$5,000 each may be given to three individuals and three organizations in recognition of excellence in advancing primary care through education, patient care or research in the United States. Eligible individuals must demonstrate training in primary care competencies. Nominees from the full range of health professions will be considered if their achievements are in the area of primary care. Entry Deadline: May 15, 1998. For more information, contact Samantha Lekus, 415/476-8181 or <http://futurehealth.ucsf.edu>.



UPCOMING EVENTS

"Principles and Best Practices for Healthier Communities," April 25-28, 1998, Pittsburgh, PA. Registration materials due out in January. For more information: 415/502-7933 or ccph@itsa.ucsf.edu.

"Action-Taking Charge of the Future," Annual National Forum On Quality Improvement in Health Care, December 7-10, 1997, Orlando, FL. For more information: 617/754-4805

Coalition for Healthier Cities and Communities meeting, December 7, 1997, Charleston, SC. For more information: 312/422-2635, or <http://www.healthycities.org>

CCPH Summer Institute on Service-Learning for Health Professions Faculty, July 25-28, Leavenworth, WA. Application materials due out in January. For more information: 415/502-7979 or ccph@itsa.ucsf.edu.

Center for the Health Professions
Community-Campus Partnerships for Health
University of California, San Francisco
San Francisco, CA 94143-1242

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Community-Campus Partnerships for Health is designed 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.