



From Service to Community-Engaged Scholarship: Partnerships that Transform Communities, Student Learning & Research

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Outline

- Community-Campus Partnerships for Health
- The Engaged Campus
- Service-Learning
- Community-Based Participatory Research
- Community-Engaged Scholarship
- Resources to Support this Work

Mix of presentation, small group & large group discussion

Intended outcomes

- Deepen understanding of and excitement for the engaged campus
- Distinguish between the “doing” of community engagement and the “scholarship” of community engagement
- Assess the potential for CES
- Conceptualize ways of doing and documenting CES that are valued by your discipline/profession, department, school
- Identify ways that LLU can strengthen support for CES, including through RPT
- Identify supportive resources locally and nationally



Mission

To promote health (broadly defined) 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
- 1,200 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

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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

There is no “one” definition of community

- Geography
- Age
- Ethnicity
- Gender
- Sexual orientation
- Disability, illness or health condition
- Common interest or cause
- Shared values or norms



Defining Community

CCPH board of directors, 2005

Defining “community” in community-based research 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 those who have a stake in the issue being addressed at the table?
- Do they play decision making roles?



Principles of Partnership

CCPH board of directors, 1998

- 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

CCPH board of directors, 1998

- 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



What is an engaged campus?



The Engaged Campus

“The engaged campus is not just located *within* a community, it is *intimately connected* to the public purposes and aspirations of community life itself. The engaged campus is unable to separate its unique responsibility for the development of knowledge from the role of knowledge in a democratic society to form the basis for social progress and human equality.”

Campus Compact



The Engaged Campus

The Engaged Campus Vision *expands the scope* of our work from student involvement in service and service-learning to campus-wide involvement in community partnerships. Service and service-learning remain crucial to education students for life-long, informed and active citizenship. Yet these strategies *are only two* of the many possible ways that campuses can and do collaborate with their communities in order to promote positive social change.

Campus Compact



The Engaged Campus

“The Engaged Campus involves interdependent, reciprocal and sustained relationships between campus and community.

Ultimately, the Engaged Campus is a process rather than a destination.”

Minnesota Campus Compact



The Engaged Campus

An Evolutionary Process

Charity → project → social change

Service → scholarship

Community oriented → community based →
community partnership

Furthering 3 traditional missions → 4th mission
as “institutional citizen”

Fragmented → coordinated → strategic



Campus Assets

CCPH 1997 Conference

Human resources: knowledgeable faculty, staff, students

Services: health care, day care, transportation, legal aid

Materials: food donations, recycling

Facilities: meeting space, sports facilities, libraries

Economic support: employment, loans, purchasing coop

Emotional support: caring faculty, staff, students

Equipment and technology: AV, computer, internet

Policy and advocacy: credibility, relationships, political skills

Cultural activities: festivals, museums, music, theater

The Engaged Campus Key Themes



Reciprocity

Mutual partnerships

Community development

Community benefit

Civic responsibility

Civic and moral development

Knowledge for a purpose





The Engaged Campus Methods

Community service

Service-learning

Community-based participatory research

Community and economic development

Leadership and advocacy



The Engaged Campus

- 98% of campuses offer service-learning courses, which combine academic with community work
- 98% of campuses have one or more community partnerships, most commonly involving nonprofit organizations (95%), K-12 schools (90%), and faith-based organizations (62%)
- \$4 billion in student volunteer service
- Growth in campus structures to support faculty/student engagement
- Growth in community-based participatory research

Campus Compact Member 2004 Survey, 44% of 950 members reporting

An engaged campus: How do we know one when we see one?





**Community-Engaged
Scholarship for Health
Collaborative**

The Definition & Vision of Community Engagement

Consistent definition

Explicit in mission and strategic plan

Essential component of education

Essential component of research

Essential component of research

Alignment with strategic goals and initiatives

Gelmon SB, Seifer SD, Kauper-Brown J and Mikkelsen M. (2005) Building Capacity for Community Engagement: Institutional Self-Assessment. Seattle, WA: Community-Campus Partnerships for Health. www.ccph.info



**Community-Engaged
Scholarship for Health
Collaborative**

Faculty Support for & Involvement in Community Engagement

Faculty aware of what and why

Faculty involvement

Involvement of influential faculty

Community-engaged faculty as institutional leaders

Faculty development

Faculty incentives



**Community-Engaged
Scholarship for Health
Collaborative**

*Student Support For & Involvement in Community
Engagement*

Students regularly involved

Student incentives and rewards



**Community-Engaged
Scholarship for Health
Collaborative**

*Community Support For & Involvement in Institutional
Community Engagement*

Community recognition as an “engaged campus”

Understanding of each other’s needs, goals, resources and capacity

Sustained, ongoing partnerships

Consistent access of student and faculty as resources

Community voice and leadership within the institution

Community incentives and recognition



**Community-Engaged
Scholarship for Health
Collaborative**

Institutional Leadership & Support for Community Engagement

Comprehensive and coherent plan

Leadership support through words and actions

Policymaking body recognition

Coordinating structure(s)

Permanent paid staff

Administrator and faculty recruitment criteria

Explicitly and substantially recognized in faculty review,
promotion and tenure process

Ongoing, systematic evaluation and continuous improvement

Dissemination



**Community-Engaged
Scholarship for Health
Collaborative**

Support for Community-Engaged Scholarship

Explicitly and substantially recognized in faculty review, promotion and tenure process

Value dissemination of scholarship in multiple forms and venues

Value interdisciplinary scholarship

Value variety of funding sources

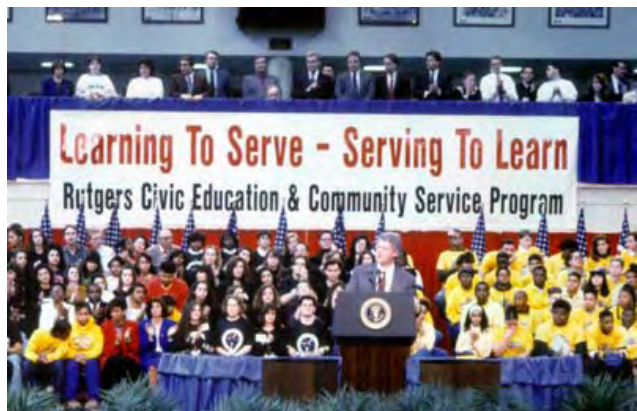
Value local community impact

Training of RPT committee members

Community participation in RPT process

Recognized and valued in all categories of faculty appointment

Mix of faculty seniority and rank



The Engaged Campus Why Now?

Tradition of seeking moral and public purpose

Public expectations of accountability and value

Disengagement in civic participation and democracy

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

Prepare graduates for practice

Translate research into practice and policy

Declining state funding for higher education

Funding agencies increasingly emphasizing community-academic partnerships as a strategy for change

Accreditation requirements



Trends Shaping Health Professions Education and Practice

Expectations of accountability, involvement, relevance

Continued pressure on costs

Increasingly managed and integrated care

New technologies

Advances in prevention, diagnosis and treatment

Changing role of health care and education consumer

Demographic changes

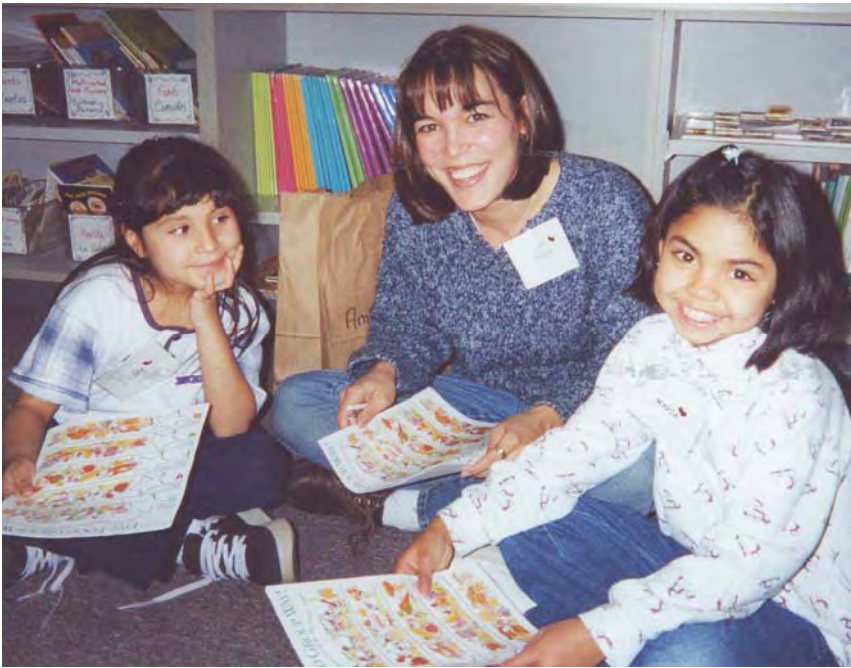
Disparities in health access and outcomes

Broadened definition of health



Small Group Discussion

1. What is the fundamental purpose of Loma Linda University (LLU)?
2. How would you describe LLU's predominant culture? What does it value most & least?
3. To what extent is LLU an Engaged Campus? Why?
4. What community/communities does LLU serve?
5. What would you point to as an exemplary example of LLU's community engagement?



The Engaged Campus Methods

Community service

Service-learning

Community-based participatory research

Community and economic development

Leadership and advocacy

SERVICE-LEARNING

Results of LLU Self-Assessment

n = 31

29%	1 - Beginner/novice
26%	2
23%	3
12%	4
10%	5 – Experienced/able to teach others



Service-Learning

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 academic course work
- ❖ their roles as professionals and citizens

SL is a Type of Experiential Education

A. Furco 1996

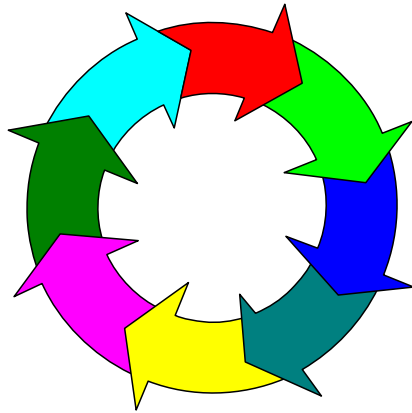
Recipient	←	BENEFICIARY	→	Provider
Service	←	FOCUS	→	Learning

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

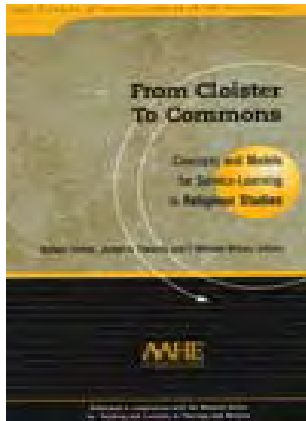
Emphasis on addressing community-identified concerns and broad determinants of health

Integral involvement of community partners

Emphasis on reciprocal learning

Emphasis on reflective practice

Emphasis on developing civic skills and achieving social change



Service-Learning Across the Disciplines

Titles of AAHE Series
Stylus Publishers

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

Religious Studies – From Cloister to Commons

Philosophy—Beyond the Tower

Sociology—Cultivating the Sociological Imagination

Spanish—Construyendo Puentes (Building Bridges)

WHY DO SERVICE-LEARNING?

Pew Practitioner Competencies

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: Student Outcomes

Transformational learning experiences

- clarification of values, sense of self
- attitudes toward underserved
- career exploration

Greater gains when non-clinical:

- awareness of determinants of health
- sensitivity to diversity
- knowledge of health policy issues
- Leadership & civic engagement



Service-Learning: Community Outcomes

Recruitment and retention of clinicians and staff

Expansion of services, patient base, capacity

Enhanced image

Access to health data

↑ awareness of institutional assets/limitations

Eager to be seen as teachers and experts

Benefits of SL outweighed the burdens

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



Service-Learning: Faculty Outcomes

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



Opportunities for community-engaged scholarship in SL

Funding

- Corporation for National and Community Service
- Health Resources and Services Administration

Journal articles, theme issues & sections

- Academic Medicine
- American Journal of Pharmaceutical Education
- Journal of Dental Education
- Journal of Nursing Education

Journals devoted to SL

- Michigan Journal of Community Service-Learning

CBPR

Results of LLU Self-Assessment

n = 31

45%	1 - Beginner/novice
39%	2
13%	3
0%	4
3%	5 – Experienced/able to teach others

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

Why Do CBPR?

Historically, research has...

Rarely directly benefited and sometimes actually harmed the communities involved

Excluded them from influence over the research process

Resulted in understandable distrust of, and reluctance to participate in, research

Been labeled by communities as parachute, helicopter or drive-by research

Why Do CBPR?

“(Public) distrust of medical research is firmly entrenched and is a significant obstacle to clinical trials participation....”

“Involving the community... in assessing the need for specific studies, and in planning and conducting the research itself have proven effective in overcoming distrust and expanding the reach of prevention and treatment advances into communities. Specifically, communities must be involved early in research protocol development, and researchers must ensure that the community benefits from participation and receives research results.”

**Translating Research into Cancer Care: Delivering on the Promise
National Cancer Institute, President’s Cancer Panel, 2005**

Why Do CBPR?

Health interventions have often not been as effective as they could be...

Not tailored to the concerns & cultures of participants

Rarely include participants in all aspects of intervention design, implementation & evaluation

Focused narrowly on individual behavior change with less attention to broader social & structural issues

Why Do CBPR?

High quality research and intense community involvement are not contrary to each other.”

“In many areas of health promotion & disease prevention, researchers and community advocates alike are beginning to focus their efforts further “upstream” in the socio-ecologic model, encouraging a greater emphasis on policy and environmental changes that facilitate proactive health choices at the individual level. CBPR is well positioned to address such approaches...”

AHRQ Evidence Report on CBPR, 2004

Who Funds CBPR?

“A dramatic increase in federal and private foundation support for CBPR has been observed over the past decade, with annual support estimated at \$45 million even before the infusion of substantial new CDC and National Institutes of Health support for such work in 2002 alone.”

Minkler M, Blackwell AG, Thompson M and Tamir H, AJPB 2003.

PAR 05-06 - Community Participation in Research –
NIH, AHRQ and CDC - May 18, 2007 deadline



Who Publishes CBPR?

Journal articles, theme issues & sections

- American Journal of Public Health
- Health Education and Behavior
- Journal of General Internal Medicine
- Journal of Urban Health
- Michigan Journal of Community Service-Learning

Journals devoted to CBPR

- Progress in Community Health Partnerships



A Case Example

CCPH 2006 Annual Award Recipient: The Charleston & Georgetown Diabetes Coalition

Mission: To reduce and eliminate disparities for African Americans with diabetes through community action, health systems change, and collaboration.

Partners: 40 area churches, community centers, worksites, and libraries; MUSC College of Nursing



A Case Example

History

Mid 1990s - Enterprise Community joins with Dr. Carolyn Jenkins, College of Nursing, to link 19 neighborhoods to conduct a needs assessment and improve health. Priorities include lack of access to education and skills for diabetes and hypertension management.

Late 1990s – Community builds and opens a local health center that focused on primary care for hypertension and diabetes care.

1999 – CDC issues call for REACH 2010 initiative. Community asked Dr. Jenkins to spearhead the development of a Coalition to apply for funding to address diabetes disparities in African Americans.

2000 – Completed assessment of needs and assets, developed community action plan.



A Case Example

Components

Diabetes self management education: offered weekly in 8 community sites taught by MUSC College of Nursing faculty and community health advisors who are certified diabetes educators.

Health literacy: Local librarians, MUSC librarians and diabetes educators teach people use the Internet to find credible diabetes information

Health care: Health providers work with people to improve diabetes control.

Service-learning: 200+ students from MUSC Colleges of Nursing, Pharmacy, Health Professions, Medicine, and Graduate Studies; 51 interns from other universities; 5 interns from local high schools



A Case Example

Primary Goal: Improved Health Outcomes

Increase by 5% annually (until >95%), the % of African Americans with diabetes meeting any of the ADA goals for health measures as evidenced by annual chart audits in 4 health care systems in Charleston and Georgetown Counties, by 9/29/06.

Decrease or maintain decreased rates of lower limb amputation in African American men and women in Georgetown and Charleston Counties to \leq statewide mean for SC as evidenced by data obtained from ORS and DHEC, by 9/29/2006.

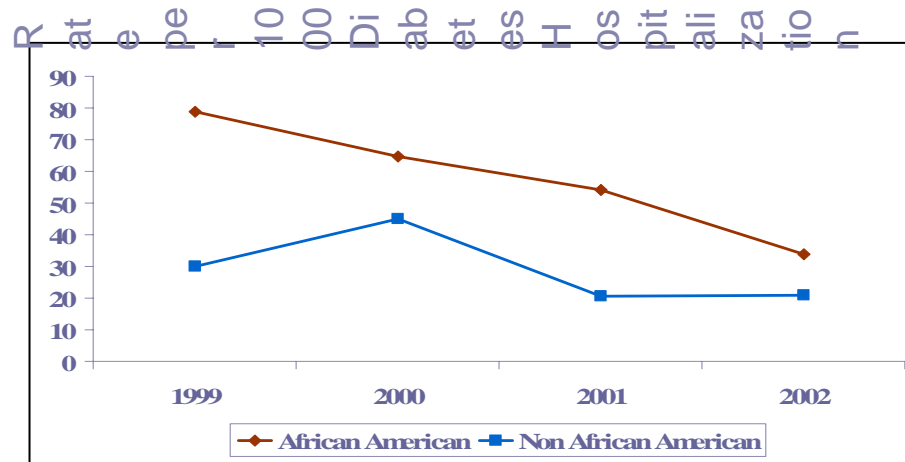
Maintain education opportunities using community health advisors and diabetes educators among African American people with diabetes and their support system at 4 classes per week in the community setting.



A Case Example

Documented Outcomes

Lower Extremity Amputations by Race
(1999-2002)
Charleston County Males





A Case Example

Community-Engaged Scholarship

4 completed doctoral dissertations

Dozens of academic and community presentations

Evidence-based, culturally competent diabetes education curriculum

Evidence-based state policy development

Peer-reviewed publications

Carlson BA, Neal D, Magwood G, Jenkins C et al. A community-based participatory health information needs assessment to help eliminate diabetes information disparities. *Health Promot Pract.* 2006 Jul; 7(3 Suppl):213S-22S.

Jenkins C, McNary S, Carlson BA, et al. Reducing disparities for African Americans with diabetes: progress made by the REACH 2010 Charleston and Georgetown Diabetes Coalition. *Public Health Rep.* 2004 May-Jun; 119(3): 322-30.



Small Group Discussion

What do you believe are the distinctions between community engagement and community engagement that is scholarship?

In what ways are you engaged in the community?

How might you or do you link community engagement with your teaching and research?

How might you or have you leveraged your community engagement into opportunities for scholarship?

~ BREAK ~



Community Engagement

An Essential Strategy

Health professional education

Health workforce diversity

Research relevance and translation into practice

Access to health care

Eliminating health disparities

Health and economic vitality of communities

Faculty roles are changing but the RPT system has not kept pace...



Current Reality

- A 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
- Faculty promotion and tenure often based primarily on the quantity and caliber of peer-reviewed publications & external funding, overlooking other products and impacts of scholarship



Current Reality

“A university’s values are most clearly described by its promotion and tenure policy and by the criteria used to evaluate faculty members”

Conrad Weiser et. al.
Scholarship Unbound for the 21st Century, 2000



History & Context

1997: Consistent theme from the start of CCPH

1998: Academic health center study

- Calleson D, Seifer SD and Maurana CA. (2000) Forces Affecting Community Involvement of AHCs: Perspectives of Institutional and Faculty Leaders. *Acad Med.* 77;72-81.

2000: Commissioned paper

- Maurana CA, Wolff M, Beck BJ, Simpson DE. (2001) Working with our communities: moving from service to scholarship in the health professions. *Educ Health*;14(2):207-20.

2002: CCPH Fellow Diane Calleson

2004: Kellogg-funded Commission and Toolkit

2004: FIPSE-funded Collaborative



Current Reality

“With the expansion of community engagement in the health professions, a troubling issue has arisen in many schools:

Faculty roles are changing, but the faculty review, promotion, and tenure system has not kept pace.”



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,
Former Official, Centers for Disease Control and Prevention*



Scholarship in the Health Professions

“Federal funders of research and academic institutions should recognize and reward faculty scholarship related to public health practice research”

“Academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that strengthen public health practice”

“Schools of public health should “provide increased academic recognition and reward for policy-related activities.”

Institute of Medicine, 2002



Challenges in Current RPT System

- Time involved in developing partnerships
- Collaborative and interdisciplinary nature
- Expectations of funding agencies
- Funding and journal hierarchy
- Diverse dissemination pathways and products
- Diverse measures of quality, productivity and impact
- Lack of peer review
- Limited opportunities for involvement of community partners



Commission Recommendations

For health professional schools:

Adopt and promote a definition of scholarship that includes and values CES

Adopt RPT policies that reflect this new definition of scholarship

Ensure that community partners are meaningfully involved in the RPT process



Commission Recommendations

For health professional schools:

Educate and prepare RPT committee

Invest in faculty recruitment, retention and development

Advocate for increased extramural support

Take a leadership role on campus

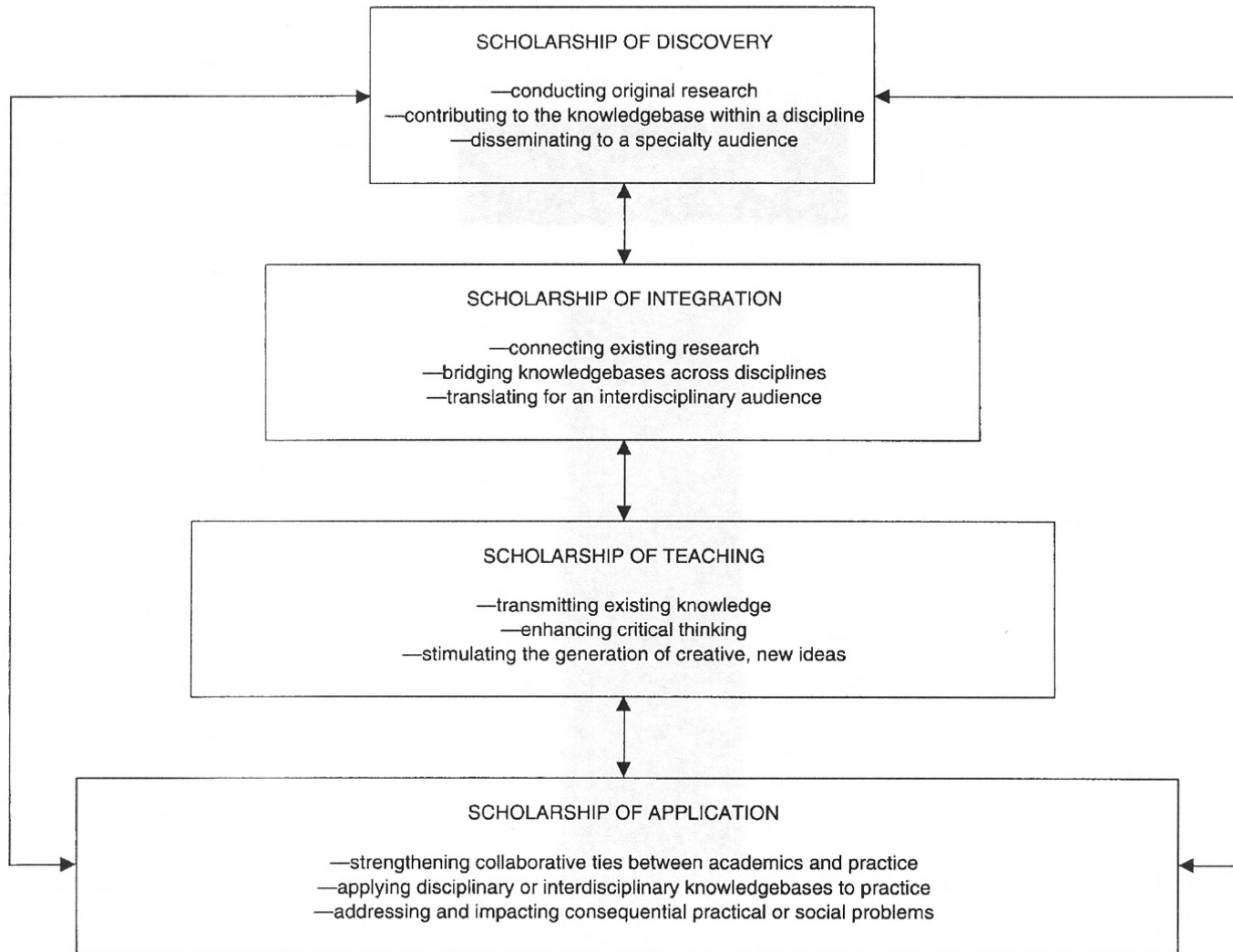


Figure 1. Concept: Dimensions and emphases of Practice-Oriented Scholarship.

(Aday & Quill, 2000 –
Based on Boyer 1990)

Glassick criteria for evaluating scholarship 1997

Clear goals

Adequate preparation

Appropriate methods

Significant results

Effective presentation

Reflective critique



**Community-Engaged
Scholarship for Health
Collaborative**

Definitions

Community engagement: application of institutional resources to address and solve challenges facing communities through collaboration with these communities

Scholarship: teaching, discovery, integration, application and engagement; clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique that is rigorous and peer-reviewed

Community-engaged scholarship: involves faculty member in a mutually beneficial partnership with community

COMMUNITY-ENGAGED SCHOLARSHIP

Results of LLU Self-Assessment

n = 31

35%	1 – Minimally engaged
30%	2
16%	3
13%	4
6%	5 – Significantly engaged



Small Group Discussion

*Moving from Community
Engagement to CES*

“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...

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

Does your community-engaged work meet this definition of scholarship? How? Why? Why Not? How might it?

Talk to



Is Community-Engaged Scholarship Right for You?

Is opportunism and self-interest driving the agenda?

Do you and your team have the necessary skills?

Would you find it challenging to participate in a co-learning and reciprocal research relationship?

Are you more comfortable with a linear approach to research?

Are you uncertain/skeptical about the scientific rigor of CES?

Do you have adequate time to invest in developing a community-academic partnership?

Examining Community-Institutional Partnerships for Prevention Research Group, 2004



Is Community-Engaged Scholarship Right for You?

Do you have a clear community of identity to work with? Do the people you've called a "community" really see themselves this way?

Do you believe that attending to social inequities should be part of an agenda for scholarship? You may worry that this objective clouds the research process and could reduce objectivity and integrity.

Are you committed to a participatory process, to community participation in the entire research process, and to delivering meaningful value and benefits to the community?

Examining Community-Institutional Partnerships for Prevention Research Group, 2004

CES and P&T

Example: University of Arkansas

Is important to the discipline, human health or health of the public.

Has moved the discipline or practice arena forward.

Is published in peer-reviewed, high quality, high impact journals.

Has resulted in contributions in policy or program design, lead to new developments in the field or been incorporated to address a public health problem and will influence public health status in the community.

Has stimulated the work of other researchers or practitioners.

Has influenced teaching activities of faculty member or the department.

CES and P&T

Example: University of Arkansas

Has influenced activities in the community, in other communities or with other agencies or organizations or has resulted in the creation of a new, ongoing partnership to address public health issues in a community (local, state or national).

Demonstrates the faculty member's ability to incorporate new developments in the field and transfer knowledge and techniques to problems influencing public health.

Has resulted in the advancement of capacity building for delivery of the core functions of public health at the local, state or national level.

CES and P&T

Example: University of Arkansas

Publications

- Journal publications, list of citations, references by others
- Textbooks or scholarly books
- Monographs, technical reports, reports to an agency or community, policy statements

Funded Research or Practice-based Activities

- Funded grants, contracts, fellowships or other awards for research, public health practice or training activities.

Dissemination other than publication

- Oral and poster presentations, seminars, short courses or training
- Presentation at professional meetings, advisory group meetings, hearings before Congressional or legislative committees, oversight or board



Small Group Discussion

What other products of scholarship are possible besides peer-reviewed journals?

What are examples of such products resulting from your community-engaged work?

How might their quality be assessed?



Community-Engaged Scholarship Toolkit

*A faculty toolkit for developing strong portfolios
for promotion and tenure*

Calleson D, Kauper-Brown J, Seifer SD. Community-Engaged Scholarship Toolkit. Seattle: Community-Campus Partnerships for Health, 2005.

<http://www.communityengagedscholarship.info>

Supported by grants from the WK Kellogg Foundation and the Fund for the Improvement of Postsecondary Education, US Department of Education, Helene Fuld Health Trust, Corporation for National Service



Intended Audience

- **Faculty:** for strong portfolio development
- **Senior faculty and Administrators:** to use in mentoring junior faculty
- **Individuals responsible for faculty development:** They can incorporate materials into institutional workshops, trainings
- **Graduate students, fellows:** for developing a vision and planning academic careers



Toolkit Goals

➤ **Planning Goal:** Provide faculty with tools and resources to enable them to carefully plan and document their community-engaged scholarship.

➤ **Portfolio Goal:** Enable faculty to produce strong portfolios so they can successfully be promoted and/or receive tenure.



Toolkit Components

UNIT 1: Planning for Promotion and Tenure

- Developing and Sustaining Your Vision
- Identifying and Working with Mentors
- Showcasing your Work and Soliciting Peer Review

UNIT 2: Creating a Strong Portfolio

- The Faculty Portfolio
- The Career Statement
- The Curriculum Vitae
- The Teaching Portfolio
- External letters – academic/peer and community partners



Toolkit Components

Resources

- Profiles of Community-Engaged Scholars
- RPT guidelines
- Glossary of scholarship terms
- Annotated bibliography
- Annotated websites
- Journals that publish community-engaged scholarship
- Funding sources for community-engaged scholarship



Small Group Discussion

How can CES be highlighted in a portfolio for promotion and tenure?

- The Career Statement
- The Curriculum Vitae
- The Teaching Portfolio
- External letters – academic/peer and community partners



Develop a strategic approach to community engagement & CES

Conduct a campus assessment of community engagement - build upon strengths, assets

Review mission and strategic plan - how can community engagement further both?

Review accreditation requirements - how can engagement enable you to meet them?



Develop a strategic approach to community engagement & CES

Gain clarity and consensus on definitions and purpose

Review curriculum - where can engagement enhance?

Create or enhance existing support structures

Collaborate across disciplines and the campus

Examine faculty roles and rewards policies

Invest in the development of faculty, students, community partners and staff



Develop a strategic approach to community engagement & CES

Engage community partners in a dialogue

Develop principle-centered partnerships

Promise less.....deliver more

Become involved in this movement....

California Campus Compact

Community-Campus Partnerships for Health



Small Group Discussion

How can/should LLU develop a strategic approach to community engagement & CES?

What do you need to support your involvement in CES?



Stay Connected & Informed

www.ccph.info

Bi-weekly Partnership Matters e-newsletter

Electronic Discussions Groups – including CBPR Listserv

CBPR Resources Webpage

CBPR Partnerships Curriculum

Community-Engaged Scholarship Toolkit

CBPR and Service-Learning Workshops and Training Institutes

CCPH Consultancy Network



Mark Your Calendars!

American Public Health Association Conference – CBPR
Continuing Education Institutes, November 4-5, 2006 in Boston

10th Conference – April 11-14, 2007 Toronto, ON – Proposals due October 6

CBPR and Social Justice Conference – June 2007, Hartford, CT
(Institute for Community Research)

Summer CBPR Institute – June 26-29, 2007, Jackson, MS (HBCU
Faculty Development Network)

Summer Service-Learning Institute – July 2007, Cascade
Mountains, WA

Further questions & discussion



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

