

**THE SCHOLARSHIP OF COMMUNITY ENGAGEMENT:  
Is Faculty Work in Communities A True Academic Enterprise?**

**Introduction**

“The scholarship of engagement means connecting the rich resources of the university to our most pressing social, civic and ethical problems, to our children, to our schools, to our teachers and to our cities...I have this growing conviction that what's also needed is not just more programs, but a larger purpose, a sense of mission, a larger clarity of direction in the nation's life as we move toward century twenty-one” (Boyer, 1996, p. 14).

In *Scholarship Reconsidered*, the late Ernest Boyer contends that in addition to valuing the generation of knowledge (traditional scholarship), higher education should also support the application of knowledge through faculty engagement in community-based research, teaching and service (Boyer, 1990). Boyer and other leaders have strongly advocated that institutions should encourage faculty members to use their expertise in new and creative ways to work with communities for long-term community improvement (Boyer, 1990; Harkavy 1996; Lynton, 1996).

Generating support in academic health centers for faculty work in communities is a challenge for both external and internal reasons. Externally the survival of clinical departments and their faculty are dependent on the ability to maintain clinical revenue. Other health professions schools, such as schools of public health, are often equally dependent on research and state-funded grants and contracts to legitimate their existence. Community based activities are often not consistent with the demands for clinical revenue generation or grant acquisition.

Internally, faculty roles and rewards policies can be significant barriers to providing faculty members the means to show active commitment to community-based problems (Richards, 1996, Seifer, 2003, Calleson, 2002). Thus, untenured faculty are

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more likely to receive promotion for publishing in a peer-reviewed journals than for showing an active commitment to addressing community problems (Richards, 1996, Bok, 1982). It is thus not surprising that faculty are less likely to use their disciplinary expertise to address community-based problems (Dodds et al, 2002). It is too professionally risky.

The Institute of Medicine's November 2002 Report endorsed work by Boyer emphasizing the need to shift faculty roles and rewards to support faculty commitment to communities. The *Future of Public Health* recommended that "academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that strengthen public health practice," and that the National Institutes of Health should increase the proportion of its budget allocated to population and community-based prevention (IOM Report, Nov. 2002 pg. 2).

This paper defines the work that faculty engage in with communities and synthesizes and builds on previous work regarding how to document, assess and incorporate this work into promotion and tenure guidelines. Secondly, we raise questions regarding whether all work by faculty in community-based settings is scholarship and provide models for determining its scholarly elements. Lastly, we suggest future directions for policy change in the academic health center setting.

### **Defining the Scholarship of Community Engagement**

As a result of Boyer's effort to expand the framework for scholarship, institutions of higher education are using broader definitions of scholarship, encompassing a continuum of faculty work ranging from discovery, to the integration of discovery with

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application, to work that is primarily the application of faculty expertise. The *Association of American Medical Colleges'* (AAMC) recent status report on faculty appointment and tenure indicated that medical schools are introducing new faculty tracks and career pathways (citation), thus recognizing a range of scholarly activities. The AAMC has also advanced the scholarship of teaching (Simpson, 1999) through the development of a teaching portfolio used in promotion and tenure decisions.

Within this expanded scholarship framework, we posit that faculty work in communities exists along this continuum, ranging from community-based 'work' that emphasizes discovery to that which is more applied in orientation. Community-based participatory research and service learning tend to integrate discovery with application, community-based clinical work and community service may tend toward the applied end of the continuum. In this paper, we use the term the *scholarship of community engagement* to reflect this range of faculty work in communities, including community-based participatory research, service learning, community-based clinical practice, and community service/outreach. Schools of Public Health use the term 'public health practice' to reflect applied faculty work in community settings.

### **Is All Faculty Work in Communities Scholarship?**

This continuum creates a challenge for advocates of the scholarship of community engagement because it raises a logical question, is *all* faculty work in communities scholarly activity? On the one hand, advocates of this form of the scholarship of engagement want to legitimate it and contend that it measures up to traditional notions of scholarship (i.e., discovery and knowledge generation). On the other hand, others argue

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that applied 'work' such as community service or outreach, may not be a scholarly activity, but it should count as part of the review for promotion and tenure because it directly benefits communities. As a junior family medicine physician faculty member noted in a recent discussion at the AAMC Medical Colleges 2002 conference (Calleson, 2002), she is involved in innovative clinical work in a poor urban community and it is valued by her department, yet she struggles to make it have a central role in counting toward her promotion and tenure. She has been encouraged to write and reflect on this work in her clinical practice.

### **Aligning Institutional Mission with Faculty Work**

“If we want faculty to be involved [in communities] but reward them for other activities, we are our own worst enemies.”  
Associate Vice Provost, Public Academic Health Center, (Calleson et al., 2001)

At the core of this discussion, as noted by Boyer (1996) and Sandmann (2000), is that faculty work should be framed within the context of the department's missions and measures of assessment should be developed based on the actual 'work' in which faculty are engaged and to which they are committed (Boyer, 1996; Sandmann, 2000). This is especially true for faculty who are involved in community-based work and whose department's mission directly supports these activities, regardless of whether they are all scholarly activities. Thus, just as the applied work of teaching and clinical work are critical to academic missions, service and other forms of community-based scholarship by physicians and other health professionals are equally valuable and should be recognized and assessed in faculty promotion and tenure guidelines.

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Two proposed models can help committees determine whether an activity is scholarly. Glassick (1997) proposed a useful model that involves evaluating faculty work as scholarship based on the degree to which a faculty member establishes clear goals, adequate preparation, uses appropriate methods, has significant results, creates an effective presentation of the work, and reflects critically on the activity. Diamond (1993) suggests a model for scholarship that “requires a high level of discipline-related expertise, breaks new ground or is innovative, can be replicated, documented, peer reviewed and has a significant impact (p.12).”

### **Assessment of the Scholarship of Engagement**

This shift initiated by Boyer regarding how we *define* and *conceptualize* scholarship has led to important discussions regarding how to best *assess* scholarship in communities using Boyer's framework (Lynton, 1995; Glassick, 1997; Driscoll, 1999; Sandmann, 2000; Maurana, 2000). Several projects throughout the 1990s sought to define and document ways to assess the scholarship of engagement. Each of the projects (Lynton et al, listed below) had a slightly different focus and used language germane to the specific disciplines. The majority of the policy discussions on the scholarship of engagement have been at the undergraduate levels in the arts and sciences disciplines.

*Demonstrating Excellence* was published in 1999 by the Association of Schools of Public Health. It has been an important document for delineating tracks for faculty who want to focus on public health practice. It has been less successful outside of Schools of Public Health, largely due to its disciplinary specific use of language. As a result, its framework, assessment plan and recommendations have not expanded

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significantly beyond public health to the clinical health professions. Thus, there is a need across the health professions to create framework and policy agenda that integrates this form of scholarship across the clinical and public health arenas.

Many of these documents emphasize that faculty 'work' in and with communities, should be evaluated based on a full range of process, product and outcome measures and should be framed within the scholarship model that Glassick (1997) or Diamond (1993) have proposed. As Maurana noted, "Boyer's model of scholarship of discovery, integration, application and teaching all apply to community scholarship, but the principles, processes, outcomes and products may differ in a community setting" (Maurana et al, DATE). It is also essential that mission statements are tied to faculty promotion and tenure guidelines (Sandmann et al, 1996).

- 1995, Lynton, E.A. *Professional service: Why it is needed, and what it is, and how it can be documented and evaluated*. Washington, DC: American Association for Higher Education
- 1996. Sandmann et al, *Four Dimensions of Quality Outreach*. Michigan State University.
- 1999, Driscoll, A. & Lynton, E. A. *Making outreach visible: A guide to documenting professional service and outreach*. Washington, DC: American Association for Higher Education.
- 1999, *Demonstrating Excellence in Academic Public Health Practice*, Council of Practice Coordinators, Association of Schools of Public Health, ASPH, Washington, DC.
- 2000, Maurana et al, *Community Scholarship, Working with our Communities: Moving from Service to Scholarship in the Health Professions*. Prepared for Discussion at the Community Campus Partnerships for Health 4<sup>th</sup> Annual Conference.

The next few sections synthesize these documents and present a plan for how to evaluate the scholarship of engagement with a focus on process, product and impact measures using a language that incorporates both clinical and public health arenas. It allows for both orientations including those who believe that the scholarship of engagement should include an integration of discovery with application, and those who advocate for a greater focus on application. We have included 'community service' in this framework because we believe there are community service projects by faculty that can demonstrate the scholarly components articulated by Glassick (1997) and Diamond (1993).

### **Process Measures for the Scholarship of Community Engagement**

Advocates of the scholarship of community engagement stress that the collaborative inquiry and the relationships that form between faculty and communities to examine and address problems should be an essential part of a faculty member's assessment (See Table 1). In an evaluative context, these are considered *process* measures (Chelimsky, & Shadish, 1997). The emphasis on process measures differs from traditional models of faculty assessment that focus on products such as numbers of publications in peer reviewed journals.

Couto in a feature article on the 'Scholarship of Engagement' emphasizes that community-based participatory research "requires that students, faculty members and community partners listen to one another, deliberate critically about common problems and issues, arrive at solutions to mutual problems creatively in a community setting, and

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work together to implement solutions” (Couto, 2001, pg. 5). Other writers on the topic have made similar observations about the importance of including process measures in a faculty member's assessment. Maurana et al. noted that “community scholarship requires the scholar to be engaged with the community in a mutually beneficial partnership. Community-defined needs direct the activities of the community scholar” (Maurana et al, 2001, pg. 6).

It is these process measures that are unique to the scholarship of community engagement. Process can have an important effect on community health improvement. It can lead to increased community leadership and community capacity for sustaining community health intervention programs. Attention to process also plays an important role regarding whether or *not* communities will continue to work with faculty and students over the long term. In addition, the collaborative inquiry between faculty and communities can strengthen the overall quality and validity of a project.

Catherine Jordan, organizer of GRASS Routes (Grass Roots Activism, Sciences, and Scholarship) at the University of Minnesota posits that the manner in which the faculty member and community come together is of critical importance to the success of a community-based project and that certain skills are required in order to ensure that this relationship is initiated and maintained in a manner that creates trust, sustains the collaboration, and enhances the scholarship. In her own experience, community partners have rejected the participation of several university researchers because of their difficulties establishing credibility within the community, their subtle displays of disrespect for community residents' contributions, and their self-serving motives. This rejection on the part of the community highlights the importance of process-related skills

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and the need to communicate their importance by integrating the assessment of such process variables into faculty evaluation.

These process measures, however, have been only a peripheral part of departmental and institutional promotion and tenure guidelines. In order to make these process measures important to a faculty member's assessment, however, advocates of this form of scholarship will need to tailor existing tools on collaboration and partnerships developed by leaders in the field. Process measures on collaboration have been developed by Roz Lasker (<http://www.cacsh.org/cresources.html>), Barbara Israel and Larry Green (CCPH, Community Toolbox for Community-Based Participatory Research). The questions on community scholarship developed by Driscoll (1999) and Maurana (2000) using Glassick's framework also have great potential to assess these process measures.

### **Products of the Scholarship of Engagement**

The process measures described in the previous section are an important and radical departure from traditional promotion and tenure guidelines. The emphasis on producing products as delineated in a faculty member's curriculum vitae is still the 'gold standard,' with peer-reviewed articles generally regarded with the highest value within the traditional promotion and tenure framework. Within a framework of the scholarship of community engagement, the conceptualization of products as a means to disseminate information is broader. There are three primary types of products that can be used to assess faculty members' work in communities.

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Peer Reviewed Articles. The traditionally accepted product, especially for faculty researchers, is defined by an established number of descriptive or empirical articles in reputable peer-reviewed journals or presentations at national meetings. The importance of peer review is valuable and peer reviewed articles can communicate to others in the field lessons learned and descriptions of innovative prevention programs, and can serve as a vehicle for documenting research findings in community settings. Therefore, this type of product retains some importance in evaluation of community work.

Other Means of Dissemination. The critique by advocates of a scholarship of community engagement is that too much weight is placed in the promotion and tenure guidelines on publishing in peer-reviewed journals as a form of disseminating findings about a project. They contend that community partners do not value this type of product as compared to other forms of dissemination (Dodds et al, 2003).

Other methods of dissemination can provide valuable forums for reflective critique by peers *both* in the community and in the academy. These include community forums, newspaper articles, and “presentations to community leaders and policy makers at state and national levels” (Maurana, pgs. 16-17) among others. Jordan at the University of Minnesota worked with the Phillips Neighborhood Healthy Housing Collaborative to disseminate findings through a researcher and community-resident authored insert in the community newspaper. Her community colleagues developed an interactive theater piece to communicate information about lead poisoning prevention strategies, and instances of housing, race, and class discrimination directed toward families affected by high lead levels.

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Applied Products. Advocates also contend that greater value should be given to the applied products that faculty and communities develop in their work together. The development and refinement of applied products serves to “strengthen collaborative ties between academics and practice” and enables faculty to “apply disciplinary knowledge to practice” with communities (‘practice’ is a term used by Schools of Public Health) (Aday and Quill, pg. 40). Applied products such as this focus on the “immediate” transfer of knowledge into application, rather than the delayed transfer of knowledge into peer-reviewed journals, which is more characteristic of higher education. Applied products can include innovative intervention programs, policy changes at community, state and federal levels, and educational or other resource materials. These products can be evaluated by the extent to which they are implemented or used, and the degree of impact on learners (if educational in scope) or on community health.

Faculty can also provide invaluable technical assistance at community, state, and national levels by using their professional expertise to work toward community health improvement. It is this list of products that communities value and that can affect community health improvement (Dodds et al, 2003). Furthermore Rice and Richlin argue that it is these applied products that allow practice to “inform and enrich theory... theory and practice need to be mutually interactive, each building on the other” (1993, pg --).

### **Impact and Project Outcomes**

In the scholarship of engagement, impact represents the outcomes of faculty members’ efforts to foster and sustain change in communities and the academy. Impact occurs through the relationships faculty members develop and sustain with communities (see *process* section) and the applied products (see *products* section) they develop

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together to affect long-term community health improvement. Measures of impact on the community include changes in health policy, improved community health outcomes, improved community capacity and leadership, and increased funding to the community for health-related projects (Sandmann, 1999; Drisoll, 1999; Maurana, 2000 ).

For the academy, impact is measured by the faculty member's effort to institutionalize a community program or curriculum. Such change takes commitment by faculty since academic institution systems are strongly resistant to innovation. Other measures of impact address the student. Faculty who incorporate service learning into their teaching have the potential to contribute a wide range of educational outcomes including change in student attitudes, career choice, skills, and knowledge related to working with underserved populations.

### **Summary of Assessment Model**

The challenge for faculty who work in communities is that “community-based anything takes time, length and breadth” (Calleson et al, 1998). Commitment to the process of developing relationships with communities and working through an iterative process of developing useful products can take years, often extending beyond the life of grant funding. Thus, faculty may find it difficult to report outcomes in peer-reviewed journals prior to their review before a promotion and tenure committee. Similarly, other forms of impact may take years to achieve or may require additional research in order to document. These factors may limit a faculty member's ability to document these outcomes for the purposes of promotion and tenure.

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Outcomes, however, *are* important and faculty and communities must work together to define reasonable goals and develop intermediate outcomes that can be highlighted while working toward long-term sustained change. Similarly, faculty committed to community-based work will need to generate products that balance “community priorities and university requirements for knowledge generation, transmission and application” (Sandmann, 2000) .

### **Future Directions**

Much work still remains for faculty and administrative leaders of academic units who would support or encourage promotions based on a “scholarship of community engagement.” There is much potential for academic leaders and faculty to reexamine current institutional promotion and tenure guidelines and to incorporate elements of the process, product and outcomes measures outlined in this paper.

This paper is also the framework for an ongoing educational policy study that will involve fifteen to twenty tenure and non-tenure track faculty from a wide range of health professions and institutional settings (i.e. research intensive and non-research intensive), in interviews, a short survey, and a review of their institutional promotion and tenure guidelines. The project will document how faculty have made the case to have their community-based ‘work’ count toward promotion and tenure (using process, product and impact measures), and what institutional policy(ies), procedures, and personalities made it possible for them to reach these goals. For example, faculty including Gelmon and Agre-Kippenhan (AAHE, 2002) were both promoted in their respective departments at Portland State University with strong track records of community involvement. They

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also developed a list of best practices for faculty members seeking promotion or tenure based on their scholarship of community engagement

(<http://www.futurehealth.ucsf.edu/ccph/scholarship.html>).

The findings from this project will be used to develop a summary of best practices and strategies for developing one's promotion and tenure portfolio to support junior faculty in their scholarly work with communities.

## **ACKNOWLEDGEMENTS**

This paper is supported in part by the Community-Campus Partnerships for Health (CCPH) Fellows Program, with grant support from the Helene Fuld Health Trust HSBC Trustee and the Corporation for National and Community Service. The views expressed are those of the authors and not necessarily the funding agencies. CCPH is a national non-profit organization that fosters health-promoting partnerships between communities and higher educational institutions. For more information about CCPH please visit <http://www.ccph.info>.

**Table 1. Documenting Faculty Work in Communities**

TYPES OF FACULTY/COMMUNITY INVOLVEMENT	PROCESS MEASURES	PRODUCT MEASURES	EVIDENCE OF IMPACT/OUTCOMES
<p>Community-based participatory research</p> <p>Community-based education (service learning)</p> <p>Community Service</p> <p>*Academic Public Health Practice (SPH)</p> <p>Community-Based Clinical Care</p>	<p><b>In each of these types of community involvement:</b></p> <p>Faculty are engaged with the community in a partnership of equals.</p> <p>The role of expert is shared, and the relationship with the community is reciprocal and dynamic.</p> <p>Community-defined needs and goals direct the activities of the faculty member.</p> <p>Lessons learned during the project’s implementation</p>	<p><b>Traditional Scholarship</b></p> <p>Peer reviewed articles</p> <ul style="list-style-type: none"> <li>• Descriptive</li> <li>• Empirical</li> </ul> <hr/> <p><b>Applied ‘products’ are tied to impact</b></p> <p><b>(1) Products</b> Development of a community-based intervention</p> <p>Guides for effective program and curriculum development</p> <p>Resource guides</p> <p>Tools, strategies and processes to effectively measure program outcome</p> <p><b>(2) Dissemination</b> Presentations to community leaders and policy makers</p> <p>State, regional and national presentation</p> <p>Leadership roles at state, national and community levels</p> <p>Newspaper articles</p> <p>Technical assistance</p> <p>Community presentations in the form of role play, theatre</p>	<p><b>Community</b> Improved community health outcomes</p> <p>Improved community leadership and capacity for health</p> <p>Increased community funding for projects</p> <p>Changes in health care policy or institutional policies affecting health</p> <p><b>Academy</b> Integration of students and residents into community-based efforts</p> <p>Evidence of changes in student attitudes, skills, knowledge through community-academic partnership</p> <p>Sustainability/ Institutionalization of the effort</p> <p>Improved research methodology, recruitment, retention, and validity</p>

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