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Self-Assessment for
Promotion from Research Assistant Professor to Research Associate Professor

Introduction: Since joining the faculty in the Department of Health Services at the University of Washington School of Public Health and Community Medicine (SPHCM) in July 1999, my teaching, research, public health practice and service activities have focused on understanding and applying the principles and best practices for promoting health through partnerships between communities and health professional schools. Creating healthier communities and addressing the social determinants of health requires collaborative solutions that bring communities and institutions together as partners and build upon the assets, strengths and capacities of each. My scholarship has been motivated by a deep desire to transform the way health professionals are educated and the way research is conducted for the benefit of communities, and to transform how communities view, access and influence higher educational institutions. In this self-assessment, I emphasize evidence for the quality, productivity and impact of my scholarship that might not be obvious from my CV. Taken together with the other components of my portfolio for promotion, I demonstrate that I have met the criteria for scholarship in teaching and service, and exceeded the criteria in research and academic public health practice.

Teaching: Although as a research assistant professor, I am not required to engage in classroom teaching, I collaborated with two faculty colleagues in my department to develop and teach a course in community-based participatory research (CBPR) that was offered for the first time this academic year (Sharyne Shiu-Thornton and Kirsten Senturia). CBPR is one of two major methodologies for community-academic partnerships that have been the focus of my scholarship (the other being service-learning).^{1 2} Combined with the Institute of Medicine's endorsement in 2002 of CBPR as a core competency in public health, I was thrilled to be able to contribute to the development of the first course on CBPR to be offered in the SPHCM.

I have engaged in significant amounts of out-of-classroom teaching on a regular and continuing basis since joining the SPHCM faculty. Because much of my work is focused on the application of community-academic partnerships in the health professions, my out-of-classroom teaching has primarily been in two areas: (1) mentoring students to advance the knowledge base in service-learning and CBPR and (2) equipping faculty with the knowledge, attitudes and skills to excel in service-learning and CBPR.

A good example of (1) is my mentoring of two UW doctoral students, Tanis Mihalynuk and Nancy Shore. Supervising Tanis as a graduate research assistant, I was able to guide and mentor her on an evaluation of the impact of a New York City-wide service-learning program on participating community agencies, medical students and medical schools. Serving on Nancy Shore's dissertation committee, I was able to guide and mentor her on a study of the Institutional Review Board challenges faced by CBPR practitioners. As evidence of the value of my contributions as a mentor, both of these students nominated me for the UW's graduate mentor award two years in a row.

A good example of (2) is my role as course director of Community-Campus Partnerships for Health's annual introductory and advanced service-learning institutes, each 3-day intensive

learning experiences for 25 health professional faculty from across the country that have been offered since 1997. As course director, I am responsible for developing the syllabus, recruiting faculty mentors, presenting several sessions and editing the proceedings. A longitudinal evaluation of participants demonstrated the institute's significant impact on curriculum change, with the majority incorporating service-learning into the courses that they teach.³ In August 2005, I will serve as course director for our first summer CBPR partnerships training institute, funded by the Centers for Disease Control and Prevention.

Research: My research *productivity* and *quality*, as measured by authoring peer-reviewed journal articles, giving peer-reviewed presentations at national professional meetings and obtaining external funding, is described in my CV. Therefore, in this section I highlight evidence for the *impact* of my research, focusing on one research project in particular: "Examining Community-Institutional Partnerships for Prevention Research." This CDC-funded project, which will conclude this fall, has had these objectives from the start:

- To identify and synthesize lessons learned about developing successful community-institutional partnerships for prevention research;
- To identify the key issues that emerge from what is known concerning factors that can facilitate and impede successful community-institutional partnerships and outcomes;
- To develop a set of recommended strategies for building community and institutional capacity for participatory approaches to prevention research at national and local levels; and
- To implement and evaluate one or more of these strategies at national and local levels.

The project is already having a substantial impact in policy and practice. For example:

- The Federal Interagency Working Group on Community-Based Participatory Research used our research findings to draft a program announcement for federal CBPR grant funding that was released earlier this year. Further, the NIH Office of Behavioral and Social Sciences Research supported us in offering a technical assistance call for applicants, and asked us to compile a list of possible proposal peer reviewers.
- The Healthier Wisconsin Partnership Program, a permanent endowment created by the for-profit conversion of the Blue Cross Blue Shield of Wisconsin, is basing the review criteria for its community-academic partnerships grant program on our research findings and invited me to design and facilitate its entire merit review process.
- Columbia University's Harlem Health Promotion Center and Morehouse School of Medicine's Prevention Research Center have asked our project team to help translate our research findings into improvements in their community partnerships by having us conduct an assessment and provide consultation.
- We are submitting a proposal to CDC this spring to establish a National Training and Technical Assistance Resource Center in CBPR.

Academic Public Health Practice: The Association of Schools of Public Health defines academic public health practice as the "applied, interdisciplinary pursuit of scholarship in the field of public health." Faculty involved in academic public health practice carry out the mission of "developing, integrating and applying new knowledge to improve public health in the population, and practice in public health agencies and in community, medical, and other public health organizations."⁴ I believe my work embodies ASPH's definition of scholarship in public health practice. Below I give illustrative examples of my academic public health practice

activities, categorized by the types of activities mentioned in the SPHCM faculty handbook. I also highlight notable achievements in each of the four areas singled out in the handbook.

Illustrative examples of academic public health practice activities.

- Evaluating a public health program or activity: I was principal investigator of the evaluation of the Urban Health Initiative, a foundation-funded service-learning program that involves all of the medical schools in New York City and a diverse group of community-based organizations that serve vulnerable populations. This fall, I will begin a three-year external evaluation of the Morehouse School of Medicine's Prevention Research Center's community-academic partnerships.
- Providing technical assistance to a public health or health care organization to help that organization improve its operations: Since 2003, I have been providing technical assistance to the 13 grantees of the HRSA-funded Community-Based Dental Partnership Program in order to improve their service-learning partnerships involving dental schools and community-based HIV/AIDS service providers.
- Providing training or mentoring to public health practitioners or professional groups: As course director and faculty mentor for Community-Campus Partnerships for Health's introductory and advanced service-learning institutes, I provide training and mentoring to 50 health professional faculty annually. I also provide customized on-site training and mentoring to 5-10 health professional schools and community-based health programs annually on such topics as service-learning course development and community-academic partnership building.
- Assisting local, state or federal policy makers with analysis or development of health policy: At the federal level, I have assisted the National Institutes of Health with its policies around the community involvement in research, and the Centers for Disease Control and Prevention with the recruitment and preparation of peer reviewers for its CBPR grant programs.

Scientific Rigor. My academic public health practice activities are not only grounded in conceptual frameworks that *reflect* our understanding of community-academic partnerships, but have *contributed* to the further development of these conceptual frameworks. For example, as principal investigator of the CDC-funded project "Examining Community-Institutional Partnerships for Prevention Research," I led the development of a rigorous qualitative methodology for synthesizing data on community-institutional partnerships from across nine collaborating organizations.⁵ As principal investigator of the Annie E. Casey Foundation-funded project Health Institutions as Community Anchors, I built upon an existing conceptual model for the community and economic development roles of *higher educational institutions* to develop a significantly expanded model that encompasses the additional roles played by *health institutions* such as hospitals, health systems and academic health centers.⁶

Positive Impact on the Target Community, Population or Organization. Perhaps my greatest positive impact in academic public health practice has been to establish and sustain the non-profit organization Community-Campus Partnerships for Health (CCPH). Founded in 1997, CCPH is a growing network of over 1,000 communities and campuses throughout the United States and over a dozen countries that are collaborating to promote health through service-learning, CBPR and other community-academic partnership methodologies. In just seven years, CCPH has become a valued and credible source of evidence-based information, professional development and advocacy for health-promoting community-academic partnerships. Through

CCPH's efforts, service-learning in health professional education has been steadily increasing; the feasibility and benefits of service-learning partnerships have been demonstrated across a wide range of health professional disciplines, degree programs and types of institutions, and policies and structures supportive of service-learning have been established. One of CCPH's most significant accomplishments has been articulating a set of "principles of good community-campus partnerships" that have been widely disseminated, cited and used by local partnerships to inform their work and by the CDC and other funding agencies in their "request for proposals" to encourage authentic CBPR partnerships.^{7 8 9 10 11}

Effective Dissemination. In addition to traditional academic forms of dissemination such as publishing peer-reviewed journal articles and presenting peer-reviewed papers at national professional conferences, I have been commissioned by federal agency officials and policymakers to prepare reports intended to inform their decision making. For example, the National Institutes of Health's Office of Behavioral and Social Sciences Research invited me to determine the infrastructure requirements of CBPR.¹² I have also written numerous articles for newsletters and magazines, fact sheets, resource guides and web pages based on my scholarship to reach a broad audience, especially from local public health agencies and community-based organizations. (See the "Other Non-Refereed Published Scholarly Publications" section of my CV). The WK Kellogg Foundation, recognizing the importance of the findings and recommendations of the Community Voices Service-Learning Partnerships Project on which I served as principal investigator, decided to publish the final report in booklet form, mail it out to over 10,000 individuals and organizations, and post it on its website!¹³

Leadership. I played a leadership role in establishing the Community-Based Public Health Caucus of the American Public Health Association, now a permanent "home" for APHA members who are dedicated to community-based teaching, research, public health practice and service. With colleagues from the University of Michigan School of Public Health, we successfully drafted and submitted a proposal to establish the Caucus to the APHA board of directors, organized the Caucus' first business meeting, and raised scholarship funds to enable more community leaders to attend the APHA conference and participate in Caucus activities.

Recognizing the significant role that the system of promotion and tenure plays in the ability of faculty to engage in sustained academic public health practice, I have provided leadership for creating a more supportive system both within the SPHCM and nationally.¹⁴ For example, I successfully obtained funding from the WK Kellogg Foundation to establish the National Commission on Community-Engaged Scholarship in the Health Professions that released a set of recommendations in February 2005 for supporting community-engaged faculty through the promotion and tenure process. I also successfully obtained funding from the extremely competitive US Department of Education's Fund for the Improvement of Postsecondary Education for a collaborative of 10 health professional schools that will work to implement the Commission's recommendations over the next three years. (Of 1600 letters of intent, only 150 are invited to prepare full proposals and of those only 30 are ultimately funded).

My leadership in academic public health practice was cited by the American Association of Higher Education in recognizing me as a Young Leader of the Academy in 1997 and by the WK Kellogg Foundation in inviting me to serve on the planning committee for its 75th anniversary

seminar next year on schools of public health as engaged institutions. The WK Kellogg Foundation subsequently invited me to submit a proposal to provide technical assistance to schools of public health that attended the seminar that is pending now.

Service: I have deliberately sought out service opportunities that enable me to contribute my experience and expertise in community-academic partnerships.

University Service. For the past three years, I have been a member of the university-wide Faculty Council on University Relations. Among the Council's responsibilities is to strengthen ties between the UW and Seattle's diverse communities. As co-chair and now chair of the Council, I made this a central focus of the Council. As a result, the Council helped to host Ira Harkavy's visit to campus as a Walker-Ames Lecturer focused on community-academic partnerships, to increase faculty involvement in the annual Martin Luther King Junior Day of Service, and to increase the number and quality of nominations for the UW's annual outstanding public service award.

As my experience and expertise have become known at the UW, I am increasingly invited to share these as a member of UW advisory committees and councils. With its new emphasis on community-based participatory research, for example, the School of Medicine invited me to be a member of the advisory committee for the Robert Wood Johnson (RWJ) Clinical Scholars Program. The School of Dentistry invited me to be a member of the advisory committee for the RWJ Foundation-funded Pipeline, Practice and Profession Program that centers on community-academic partnerships. The Office of the Vice Provost for Educational Outreach invited me to be a member of its Rural Community Partnerships advisory committee. I have accepted all of these invitations because I feel it is important to contribute to the development of community-academic partnerships involving the UW and to help change the institutional culture so that such partnerships are simply the way we do business. For similar reasons, I also volunteered to organize a SPHCM-sponsored CBPR symposia series in the fall of 2001 and an SPHCM-sponsored conference on CBPR in spring of 2003.

Professional Service. Due to the interdisciplinary nature of my scholarship, I have undertaken professional service activities to advance community-academic partnerships across a wide range of health disciplines. In pharmacy, for example, I was the only person from outside of the profession to be invited to serve on a committee for the American Association of College of Pharmacy that led to a board-adopted policy statement encouraging member schools to incorporate service-learning into their curricula. In public health, I review proposals for Community-Based Public Health Caucus-sponsored sessions at the APHA conference, and I am a member of the National Advisory Committee for the Community Health Scholars Program, a post-doctoral fellowship program in public health that is funded by the WK Kellogg Foundation. In dentistry, I serve on the National Advisory Committee for the RWJ Foundation-funded Pipeline, Profession and Practice program. In nursing, I co-edited a service-learning theme issue for the Journal of Nursing Education. In allied health, I am a member of the National Advisory Committee of the CDC-funded Bridges to Healthy Communities, a service-learning initiative involving community colleges. In interdisciplinary health professions, I co-edited an issue of the Journal of Interprofessional Care on the theme of CBPR.

Future Directions: My vision of principle-centered community-academic partnerships is not easy to realize. Unfortunately, the predominant model of communities and academic institutions working together is not one of genuine partnership. In many cases, communities serve in advisory roles. Most relationships are initiated by the higher educational institution, framed by its academic mission and priorities, and driven by grant and program requirements. Typical scenarios, for example, are those in which a health professional school seeks out community agencies as service-learning or internship sites for their students or as a vehicle for accessing subjects for a research study. Despite the growth in community-academic partnerships over the past decade, the fact is that community-engaged faculty continue to report having few like-minded colleagues on their campus, and community-based organizations continue to tell stories of cases of “drive-by” research in which faculty get a grant, collect data from community members and leave without a trace. The vast majority of resources for community-academic partnerships – in terms of grant funding, training and technical assistance opportunities and the like – go toward building infrastructure at the academic institutional level, not at the community level. Over the last decade, for example, universities have established centers for community-based research, offices of service-learning and vice provost positions for community outreach. Community-based organizations and programs do not usually receive explicit support for their academic roles. Such supports need to be cultivated and provided. As a result, the relationships that form inevitably center around institutional priorities, take a “top down” approach and cease when external funding runs out.

Few colleges or universities have developed a strategic institution-wide approach to their involvement in community and economic development. As a result, they are often involved in conflicting or contradicting activities. For example, a university might be developing a set of strong partnerships with community agencies for service-learning, while at the same time advocating for changes in zoning regulations opposed by community members that would allow the campus to expand into an adjacent low-income neighborhood. It is not uncommon for a university’s “undergraduate campus” and “health sciences campus” to be isolated from each other when it comes to community partnerships. Further, colleges and universities located in the same community rarely coordinate their community involvement, thereby competing, duplicating efforts or limiting their potential for long-term impact on a community’s health.

Similarly, few community improvement or revitalization efforts have developed a strategic initiative-wide approach to their engagement of colleges or universities. Community change initiatives might involve students as interns or faculty as a contracted program evaluator, while overlooking the many other resources the academic institutions have to offer. The lack of trust and a history of institutional indifference to community voices is often a major contributor. Communities frequently identify concerns around unbalanced power and resources, institutional racism, cultural disregard and mistrust when interacting with anchor institutions. These concerns must be directly addressed for community-academic partnerships to realize their potential to improve a community’s health.

Although the predominant model of “community-academic partnerships” in actual practice is not actually a partnership, exceptions do exist. A number of factors and characteristics facilitate authentic partnerships, and I have significantly contributed to our understanding and application of these through my teaching, research, public health practice and service activities. The focus

of my scholarship in the future will be to continue to better understand and apply these factors and characteristics, to test new models of community-academic partnerships and to better translate the findings into sustained changes in policy and practice – in Seattle and across North America.

Citations

¹ “Community-based participatory research is 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 action to improve the health and well-being of community members.” (Israel B, Schulz A, Parker E and Becker A. 1998. Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-202.)

² “Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens. Service-learning strives to achieve a balance between service and learning objectives; emphasizes community concerns, broad determinants of health, reciprocal learning, reflective practice and citizenship skills; integrally involves community partners; and involves a principle-centered community-campus partnership.” (Seifer SD. *Service-Learning: Community-Campus Partnerships for Health Professions Education*. 1998. *Academic Medicine*. 73: 273-277).

³ Seifer, SD and Connors K. Advancing educational innovations for improved student learning and community health: the CCPH faculty service-learning institute. *Academic Medicine*. 2000; 75(5): 533-4.

⁴ Council of Practice Coordinators (1999). *Demonstrating Excellence in Academic Public Health Practice*. Washington, D.C.: Association of Schools of Public Health

⁵ Examining Community-Institutional Partnerships for Prevention Research Group. *Examining Community-Institutional Partnerships for Prevention Research: Final Report of Findings and Recommendations*, 2004.

[Corporate authorship; I am the principal investigator of the project]

⁶ Seifer SD and Kauper-Brown J. *Health Institutions as Community Anchors*. Interim Report to the Annie E. Casey Foundation, 2003.

⁷ Centers for Disease Control and Prevention, Program Announcement 02003, Community-Based Participatory Prevention Research, Notice of Availability of Funds, 2002 [<http://www.phppo.cdc.gov/od/oser/PRPA02003.asp>]

⁸ Healthier Wisconsin Partnership Program Request for Proposals, 2004

[<http://www.mcw.edu/display/router.asp?docid=435>]

⁹ Jacoby B. *Building Partnerships for Service Learning*. San Francisco, CA: Jossey Bass Publishers, 2003.

¹⁰ Centers for Disease Control and Prevention, Program Announcement 04087, Participatory Research on Community Interventions To Increase the Utilization of Effective Cancer Preventive and Treatment Services, Notice of Availability of Funds, 2004

[<http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/pdf/04-5433.pdf>]

¹¹ Bailis NB and Melchior A. Promoting and sustaining civic partnerships: a conceptual history, framework and call to action. *Constitutional Rights Foundation Service-Learning Network* 2004; 10(1): 1-5.

¹² Seifer SD, Shore N and Holmes S. *Developing and sustaining community-university partnerships for health research: infrastructure requirements*. Bethesda, MD: National Institutes of Health, 2002.

¹³ Seifer SD and Vaughn R. *Community-Campus Partnerships for Health: Making a Positive Impact*. Battle Creek, MI: WK Kellogg Foundation, 2004. [http://www.wkkf.org/Pubs/Health/ccph_brochure_00250_03764.pdf]

¹⁴ Seifer SD. Documenting and Assessing Community-Based Scholarship: Resources for Faculty. In: Minkler M and Wallerstein N (editors). *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass Publishers, 2002.