

## Principle 2: The relationship between partners is characterized by mutual trust, respect, genuineness and commitment

Paul J. Freyder and Thomas P. O'Toole



Freyder



O'Toole

Community-campus partnerships are in many ways no different than any other relationship—important to all relationships are trust, mutual respect, sharing of common interests and goals, and the delegation of roles and responsibilities. However, the circuitous path leading to successful community-campus partnering is traversed without the guidance and assistance of family, clergy, marriage therapists, or employment counselors. Such partnering is challenged further by the biases and expectations stakeholders often bring to the table on behalf of their respective institutions. Community groups might view their campus counterparts as having infinite financial resources at their disposal and might mistrust the stated intentions of the institution. Campus representatives, on the other hand, might view their community counterparts as not having the capacity or skills needed for critical engagement; they might consider them as a necessary but tedious component of a larger, academia-conceived, defined, and administered project.

While these preconceptions may have historical precedent, none are healthy to a partnership. Left unchecked, they will severely cripple or even derail any effort to build a successful community-campus partnership. A community-campus partnership must grow and mature, allowing the positive experiences to counter-balance or eliminate preconceived biases.

In this article, we describe the evolution of a partnership between the Salvation Army Public Inebriate Program (PIP) and the University of Pittsburgh Program for Health Care to Underserved Populations (PHCUP) that began in February 1993. We discuss concerns and biases of both the Salvation Army and the University of Pittsburgh at the onset of the partnership, how they were resolved or not resolved, and how the partnership has grown over the years into a nationally recognized service-learning model.

### Partnership description and current scope of projects

The partnership that has developed between the Salvation Army and the University of Pittsburgh is best viewed as a work-in-progress. While the progress is apparent in terms of capacity, scope, and expanded service-learning opportunities, it also is manifest in how the community-campus partnership has matured over the intervening years.

**Service:** When we first opened the Birmingham Clinic on a Saturday afternoon in February 1993, we were thrilled to have two clients inquire about

available services. We now see an average of 65 people every week in one of four free-care clinics that provide care six days a week. Annually, we provide close to 5,000 patient visits, all free of charge, to almost 2,000 individuals.

**Scope:** We have moved beyond strictly health care intervention to adopt a broader community agenda that now incorporates several social service agencies and the business community in providing care and assistance to individuals who are unsheltered homeless, victims of domestic violence, or trying to beat addictions and re-enter the workforce. Current service initiatives include: Health care to the homeless for which the clinics are part of the larger Pittsburgh Health Care to the Homeless network; Work Stabilization Program, a partnership funded by the Birmingham Foundation that provides a comprehensive supportive work and recovery environment for homeless individuals; the Immunizations Project, designed to improve preventive health services access to homeless clients; and an annual fall food and clothing drive that mobilizes the university community and heightens awareness to the needs of our clients.

**Service-learning:** Service-learning has become a fixture within the curriculum of the university's health profession schools. The original homeless health care curriculum within the medical, nursing, and pharmacy schools has grown to include the schools of public health and dentistry and longitudinal curricula concerning victims of domestic violence and poverty and pregnancy, home-bound elderly, and at-risk youth. During the six-month period of July to December 1998, 399 students engaged in 9,533 service-learning hours and the biggest challenge facing the partnership is keeping up with student demand.

**Partnership maturation:** Our reliance on volunteers and our commitment to health profession education and a "community-driven" focus have been core to the partnership. Physicians, pharmacists, nurses, HIV/AIDS case managers, and students comprise our volunteer corps and provide all direct service. PHCUP coordinates their efforts, including recruitment, scheduling, ensuring appropriate malpractice and/or academic coverage, and providing the initial training and orientation. The Salvation Army then provides on-site support, assistance, and coordination. In addition to the curricular and para-curricular activities for health profession students, the partnership has also become a service-learning site for several programs, including the *Bridging the Gaps* summer internship, Americorps, the Western Pennsylvania Area Health Education Center (AHEC), and the Schweitzer Fellowship Program.

The "community-driven" focus is sustained not only by maintaining frequent contact between the PHCUP and the Salvation Army to avoid the crisis-oriented dialogue that often defines partnerships that only communicate during problems or conflicts, but also by sharing day-to-day and program leadership responsibilities. Salvation Army staff and formerly homeless

persons are employed as paraprofessionals and mentors with direct contact with and responsibilities for the students participating in the projects; they also serve leadership roles on the Advisory Board. Likewise, the medical directors from each of the clinics assist in client management issues with the Salvation Army.

Finally, this partnership has allowed us to further our understanding and identify potential outcomes through empirical and quantitative research efforts. Factors associated with volunteerism among students, residents, and faculty, along with the impact these efforts have on subsequent professional and volunteer pursuits, have been studied and reported in peer-reviewed literature.

### **The partnership from each stakeholders' perspective**

#### **The University of Pittsburgh perspective as told by Tom O'Toole**

I was referred to the Salvation Army by the director of the Pittsburgh Health Care for the Homeless Project, who told me they were interested in getting some screening physicals for their clients. I was interested in developing a clinical rotation in health care to homeless persons for medical residents at the University of Pittsburgh and was exploring potential sites for a clinic. I expected full latitude in clinical decision-making and the ability to teach groups of students and residents at the clinic. In exchange, we would provide free primary health care within our capacity and give health education talks on topics pertinent to this population.

In my first meeting with Paul, it was clear we were not necessarily on the same page on every issue. I needed clinical space provided at no cost in a safe, easily accessible area available on weekends and evenings, to accommodate volunteer schedules; the Salvation Army facility's location and relative safety were ideal, but the actual space was limited and privacy was at a premium. I needed access to a population of homeless adults willing to be cared for by residents from a local teaching hospital; the Salvation Army had a client-base that needed access to clinical services, but medication restrictions at the Salvation Army were (and continue to be) an issue. Paul was enthusiastic about using the site as a teaching laboratory for students and residents; however, I was suspicious of this enthusiasm since to my knowledge the Salvation Army did not have a track record of working with medical students and residents. How would they accept large numbers of relatively unskilled students rotating through the site? What would happen when teaching objectives clashed with service objectives?

What I did not anticipate needing at the outset, but that was critical to our success, was active buy-in and participation by the Salvation Army. The issue of autonomy and independence resulted in a compromise that over time has strengthened the partnership: Paul maintains a key to the facility and we are only given access when a staff member from the Salvation Army

*Our experience has been a positive one, largely because we started small and allowed room for growth, we stayed flexible to each others' evolving needs, and, most importantly, we built on a basic trust and respect we developed for each other.*

is present; we maintain the keys to clinic supplies and medical records. The reality of this arrangement is that while in the short run it protected our interests and autonomy, in the long run it created a much more interdependent relationship between our respective organizations.

#### **The Salvation Army perspective as told by Paul Freyder**

I received a phone call from Tom introducing himself as a physician recently relocated to the Pittsburgh area who was interested in exploring involvement with the Salvation Army and individuals in its programs, especially the homeless and other vulnerable populations. As we talked (or should I say, as I listened), Tom provided additional background on his involvement with and interest in individuals with alcohol and drug problems who were homeless and might be in need of medical services. The one thought that lingered for me throughout our initial conversation was that Tom was with the University of Pittsburgh, an affiliation that brought up mixed feelings—I had more negative than positive experiences working with the medical branch of the university, mostly in the area of their requesting access to our clients for their needs. What intrigued me was that Tom requested to come out to our program to further discuss what, if any, potential relationship might develop.

When we met shortly thereafter (and I was not feeling any urgency to meet), I was surprised to sense that this contact was more about our needs and, more importantly, the needs of clients coming into our program than the needs of Tom or the university. I found that Tom listened throughout most of our initial meeting — a phenomenon that was not expected. As we walked through our meager program facility, I was feeling more positive about some possibilities that might be worth exploring. In fact, I wasn't sure if our facility would be acceptable (location, limited space, client population and program needs, etc.). We concluded this meeting agreeing to reflect on what, if any, type of involvement might be worth further discussion.

From my perspective, I was very cautious about what an on-site primary care clinic would involve—liability; malpractice; coordinating health care services with the logistics involved with a rotating volunteer staff of medical students and physicians; balancing a whole-person centered perspective (medical, social, spiritual) with the medical profession's less comprehensive perspective on health care; and expanding the scope and depth of medical services, especially to one part of our facility, a social detoxification program. Tom kept the notion from the beginning that this was a Salvation Army clinic, not a University of Pittsburgh clinic. His perspective is a major factor in the clinic's overall stability and success.

When we did launch "our" clinic, I was not prepared to just open the clinic and let it run. The only thing I knew was that I had no idea what to expect

or what I had potentially unleashed. My positive gut feeling and sense of Tom allowed me to undertake this venture. I wanted to make every attempt to have a physical (staff) presence throughout the clinic to help in whatever capacity was needed. During the early months, another staff member or I was always present.

We do not always see things from the same frame of reference, but over the past six years we have continued to forge through the evolution of the clinic, its service, volunteer basis, expanded health professionals, and consistent integration of the whole-person model of care. This model is anything but stagnant in a constantly changing environment. In hindsight, the time we spent in developing our relationship, trust, and willingness not to be bound by what should or is normally expected paid off. Our approach has been to determine what is required to make this clinic of value to the individual and community, the university, medical students, and the Salvation Army.

### **Evolving issues in the partnership**

Over the past six years, the partnership has grown and evolved in multiple ways. Fundamental to this process has been the time spent working together and earning the respective trust of each other. It has also been dependent upon a closer merging of our mutual interests. The success of the Salvation Army and the PHCUP are intertwined and not mutually exclusive anymore. As a result, we are seen and viewed externally more as a seamless unit providing comprehensive services to a homeless population rather than two organizations sharing the same physical space.

Another important element to this evolutionary process is the transference of trust from the individual level to the organizational level. Ensuring compatibility between each organization's staff and conveying a united message and mission are critical to this next stage of collaborating. At times, this may require taking a position at odds with members of one's own organization. However, when based on a mutually accepted objective or principle it moves beyond reproach. This process of institutionalizing a partnership also provides the basis for perpetuating the partnership beyond the tenure of its original architects.

Our evolutionary process also has been furthered by externally funded initiatives. These grants not only have provided much needed financial resources and leverage, they also have helped to better define both our partnership and our product. The Health Profession Schools in Service to the Nation Program (HPSISN) grant helped us formalize a community-based interdisciplinary service-learning curriculum. The Corporation for National Service Learn and Serve: Higher Education grant provided the impetus to replicate the model in other community settings. Most recently, a grant from the Birmingham Foundation has allowed us to partner with Goodwill Industries and Mellon Bank in developing a welfare-to-work initiative for homeless adults.

Finally, it is critical that some form of self-review and appraisal occurs on a frequent basis. Any experience can be considered positive if a lesson can be learned from it. This also provides the basis for determining where partnership energies should be directed. Towards this end, we have dedicated substantial resources into documenting what we do and reviewing it at a monthly inter-agency advisory board meeting. We discuss both educational and service issues reflecting the shared interest of both organizations in these outcomes. This step ultimately sets the stage for a community-campus partnership to mutually set future goals and objectives that will define the partnership through the next series of initiatives and programs. It is at this stage in the evolution of a partnership where we now stand, awaiting the next series of unforeseen challenges ahead.

### **A Checklist for Potential Partners**

It is important to note that every partnership will have its own set of unique challenges and issues that reflect both individual and institutional concerns. Our experience has been a positive one, largely because we started small and allowed room for growth, we stayed flexible to each others' evolving needs, and, most importantly, we built on a basic trust and respect we developed for each other.

There are some fundamental checks to any process that we list below. Overall, the sum of a community-campus partnership is far greater than its parts and half the fun is the journey getting there.

The following is a checklist for potential partners when sizing up each other and mapping out areas for partnership:

- 1) Get to know the strengths and weaknesses of each other, particularly as it relates to the partnered activity;
- 2) Appreciate the priorities and incentives of each stakeholder involved, ensuring mutual beneficence as an outcome to the partnership;
- 3) Identify and appreciate areas of mistrust—do not underestimate them or disregard them but instead set benchmarks for overcoming them;
- 4) Start small and grow and allow space, time, and forgiveness for mistakes and lessons along the way;
- 5) Keep track of progress made towards your priorities and goals (Are they being met? If not, why not? Are your partner's goals and objectives being met? If not, why not?);
- 6) Take time out to thank your partner for the commitment and sacrifices they are making;
- 7) Stay flexible and remember that as a partner your loyalties must extend beyond your home base of support (e.g. academic department, CBO) to include your partner and his or her interests as well; and

- 8) Enjoy the richness and diversity that comes from moving outside the cloistered confines of only working with one of your own to moving into a community-campus partnership.

*Paul J. Freyder is the Institutional Director for Rehabilitation and Emergency Shelter Services for the Salvation Army in Allegheny County, Pittsburgh, Pennsylvania. Paul has been involved with several Community-Campus Partnerships that provide service-learning opportunities for medical, nursing, pharmacy, social work, and special needs students through the University of Pittsburgh, Duquesne University, and the Community College of Allegheny County. Paul is a licensed Social Worker, National and Pennsylvania State Certified Addictions Counselor, Certified Clinical Supervisor, and Nationally Certified Criminal Justice Specialist. Paul is a founding member of Community-Campus Partnerships For Health (CCPH) and served as the Board Chair for CCPH.*

*Thomas P. O'Toole started the Program for Health Care to Underserved Populations with Paul Freyder while he was at the University of Pittsburgh. He is currently an assistant professor of medicine at Johns Hopkins University where he is active in medical education, research and clinical care to vulnerable and underserved populations. He is also the program officer for the Open Society Institute - Medicine as a Profession Community Health and Service Initiative, Baltimore. Tom is a member of Community-Campus Partnerships for Health's board of directors.*



## About Community-Campus Partnerships for Health

Community-Campus Partnerships for Health (CCPH) is a non-profit organization based at the Center for the Health Professions at the University of California-San Francisco. Founded in 1996, our mission is to

*Foster partnerships between communities and educational institutions that build on each other's strengths and develop their role as change agents for improving health professions education, civic responsibility, and the overall health of communities*

### **CCPH has a focus and characteristics that are unique in that:**

- We work collaboratively across sectors of higher education, communities and disciplines to achieve successful community-campus partnerships nationwide.
- We identify community members, students, administrators, faculty and staff as equal constituencies, and our board of directors reflects those diverse constituencies.
- We serve as a welcoming bridge between the many government and foundation-sponsored initiatives in community-oriented health professions education and community health improvement.
- We define health broadly to encompass emotional, physical and spiritual well-being within the context of self, family and community.

### **In order to achieve our mission, CCPH works collaboratively to:**

- Create and expand opportunities for individuals and organizations to collaborate and exchange resources and information relevant to community-campus partnerships.
- Promote awareness about the benefits of community-campus partnerships.
- Advocate for policies needed in the public and private sectors that facilitate and support community-campus partnerships.
- Promote service-learning as a core component of health professions education.

### **CCPH's major programs include:**

- The CCPH Mentor Network - our training and technical assistance network, is comprised of individuals from higher education, health professions, and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. CCPH Mentors conduct training workshops, provide consultation, and coach partnerships to fully realize their potential.

- Partners in Caring and Community: Service-Learning in Nursing Education - sponsored by the Helene Fuld Health Trust, HSBC Bank USA, Trustee, this national initiative is working with nine teams of nursing faculty, nursing students, and community partners to develop models of service-learning in nursing education.
- Service-Learning Institutes - training institutes for campus-based and community-based health professions faculty and program staff who wish to integrate service-learning into their courses. Applications are now available on our website for our up to date introductory and advanced level institutes.
- Annual National Conference - our annual conference is the premier training and networking event for community and campus leaders who are pursuing or involved in community-campus partnerships.
- Healthy People 2010 Curriculum Project - this project is developing tools for integrating the Healthy People 2010 objectives into the curriculum of health professional schools across the country
- Community Scholarship Project - this project seeks to elevate the recognition and rewards for faculty who are engaged in community-based scholarship
- National Health Service Corps Educational Partnership Agreement - funded by the National Health Service Corps, this project is assisting dental school participants in the development of service-learning and other partnership opportunities in underserved communities.

**As a member of CCPH, you join a movement of leaders committed to building healthier communities. You also receive a wide range of benefits and services:**

By joining CCPH, you will increase your knowledge about issues impacting and contributing to successful community-campus partnerships. We believe our programs and products will provide you with rich resources to learn from and to share with your peers from across the country, and around the world. **Be a leader - join CCPH - and you will receive: \***

- a free copy of our resource guide to *Developing Community-Responsive Models in Health Professions Education* and a free subscription to *Partnership Perspectives* magazine
- a membership packet, including a membership directory designed to facilitate networking and information sharing among CCPH members
- discounts on registration fees for our conferences and training institutes
- discounts on consulting and technical assistance services tailored to your specific strengths and needs
- access to the CCPH electronic discussion group
- access to friendly and responsive staff

Please contact CCPH to receive a membership brochure or to learn more about our programs and products.

---

\* Contributions to CCPH are tax-deductible to the extent allowable by law. Membership benefits are subject to change.

# The CCPH Mentor Network

## A training network committed to successful community-campus partnerships

*“I really enjoyed your commitment to the participants by providing materials, soliciting feedback, sending follow-up information and offering to serve as a resource. It was not just you giving information; I felt like you were fostering a relationship with each participant.”*

*~ A training participant, 1999*

The CCPH Mentor Network is a multidisciplinary network of individuals from higher education, health professions and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. The Network is designed to assist you, your organization, your community or your program in developing and sustaining successful community-campus partnerships. The Network works with schools, colleges, universities, community-based organizations, student organizations, government agencies and others to strengthen health-promoting community-campus partnerships.

Our mentors are skilled and actively engaged in community-campus partnership building, leadership development, faculty development, program evaluation, strategic planning and fundraising and other areas that underlie successful community-campus partnerships. They are available to give presentations, design and lead training workshops, conduct external evaluations and provide telephone or on-site technical assistance. The mentors are trained in incorporating a blend of didactic and interactive experiential learning techniques into various consultative arrangements.

### The Goals of the Mentor Network

The goals of the CCPH Mentor Network are to foster partnerships between communities and educational institutions through high-quality and effective training and consultation services. These services are intended to:

- Foster the development and sustainability of health-promoting community-campus partnerships
- Strengthen the ability of these partnerships to improve health professions education, civic responsibility and the overall health of communities
- Provide CCPH with a continuous source of information about contemporary issues facing community-campus partnerships, enabling us to be more responsive to new and emerging trends

### Types of Training and Consultation

Training and consultation provided by the CCPH Mentor Network takes many forms. For training, these include but are not limited to:

- Workshops and presentations during conferences and training institutes that are sponsored or cosponsored by CCPH

- Workshops and presentations during conferences and training institutes that are sponsored by organizations other than CCPH
- Workshops and presentations held at the Mentee location.

### Training Scenarios

The following scenarios provide a sample of training options. All training experiences are complemented by tested training tools, handouts and other resource materials. The following training options can be provided in 1-2 days.

- **Community-responsive curriculum development.** How can your curriculum be more student and community-responsive? This training would address the “process” and implications for designing a curriculum that meets both the institutions objectives for academic learning, the student’s learning and professional growth objectives, and the “service” objectives of community clinician and agency partners. Trainers can assist the faculty and their team members in designing an action plan in follow-up to the training.
- **Faculty development and leadership.** How can faculty leadership in community-based education be fostered? What are the faculty competencies for working in community-based settings? Trainers can assist faculty in discovering their leadership abilities and develop strategies for effectively “channeling” these abilities in community settings.
- **Community leaders involved in community-campus partnerships.** Would you like to learn more about working in partnership with a health professions school in your area? This training provides community clinicians and agency staff with the skills and competencies to effectively build partnerships with campus faculty and staff, and to “navigate” through the academic system. In addition, participants learn important strategies for developing a partnership agreement with other stakeholders and the “nuts and bolts” of working with students in community-based settings.
- **Student leadership and development.** How can we foster student leadership skills and abilities? This training is modeled from tested student leadership institutes held by CCPH. Student learners engage in interactive hands-on sessions focused on developing their leadership skills in the area of communication, community organizing and advocacy, partnership building, and working with the media. Students work with trainers to design an action plan for implementation following the training.
- **Service-learning in the health professions.** This training focuses on service-learning as an effective educational methodology for improving student education and community health. Trainers work with faculty and program staff to understand the theory of service-learning, effective “reflection” strategies for classroom and community-based settings, partnership building strategies, service-learning assessment, and service-learning curriculum design.

Members of the Mentor Network can design a training or consultation that reflects your desires, and builds upon your knowledge and skill base. Prior to any training or consultation, members of the Mentor Network will work with you to assess your most pressing issues based on your completion of the Network Skills and Needs Inventory Tool. Your completion of the inventory tool will also reveal the learning method(s) desired by your and/or your organization.

In addition to customized trainings, Community-Campus Partnerships for Health also sponsors regularly scheduled introductory and advanced service-learning institutes for community and campus faculty and staff. Institute information and application materials can be obtained by completing the enclosed index card, downloading the application from our website ([www.futurehealth.ucsf.edu/ccph.html](http://www.futurehealth.ucsf.edu/ccph.html)), or by contacting our fax on demand service by calling 1-888-267-9183 and selecting documenting # 206.

### **CCPH Mentor Network Fees**

CCPH Mentor Network services are usually provided on a fee-for-service basis according to a fee schedule, plus reimbursement of travel expenses where applicable. Discounts are provided to CCPH members and to programs paying for services with federal funds. As an organizational member of CCPH, you will receive a free one hour consultation on the topic of your choice.

### **Our Mentors**

Our mentors include:

Barbara Aranda-Naranjo, University of Texas Health Sciences Center

Patricia Bailey, University of Scranton-Department of Nursing

J. Herman Blake, Iowa State University-Department of African American Studies

Diane Calleson

Kate Cauley, Wright State University-Center for Healthy Communities

Kara Connors, Community-Campus Partnerships for Health

Hilda Heady, West Virginia Rural Health Education Partnerships

Kris Hermanns, Brown University-Sweaver Center for Public Service

Sherril Gelmon, Portland State University

Barbara Holland, Northern Kentucky University

Mick Huppert, University of Massachusetts Medical Center, Office of Community Programs

Cheryl Maurana, The Medical College of Wisconsin-Center for Healthy Communities

Nan Ottenritter, American Association of Community Colleges

Tom O'Toole, Johns Hopkins University Department of Family and Community Medicine

Letitia Paez, Institute for Community Health Education

Mike Prelip, University of California-Los Angeles-School of Public Health

Monte Roulier, Roulier Associates  
Julie Sebastian, University of Kentucky College of Nursing  
Sarena Seifer, Community-Campus Partnerships for Health and the  
University of Washington School of Public Health  
Ira SenGupta, Cross Cultural Health Care Program

More information about our mentors can be obtained by contacting CCPH.

### **Examples of Recent Mentor Network Activities include:**

- Engaging Colleges and Universities in the Healthy Communities Movement. Coalition of Healthier Cities and Communities national meeting (workshop).
- Building Partnerships Between Communities and Higher Educational Institutions. East San Gabriel Valley Community Health Council meeting (facilitated meeting).
- Assessing the Impact of Service-Learning. Rutgers University School of Nursing Center for Families and Communities (presentation).
- Joining Forces with Health Professional Schools to Close the Access Gap. Robert Wood Johnson Foundation Reach Out Initiative annual meeting (presentation).
- Leadership for the Engaged Campus: Dental Schools and Their Surrounding Communities. Council of Deans annual meeting, American Association of Dental Schools (presentation).
- Service-learning in Nursing Education. Minnesota Campus Compact (presentation and training institute).
- Service-learning Institute in the Health Professions. Congress of Health Professions Educators, Association of Academic Health Centers (training institute).
- Building a Strong Interdisciplinary Team. WK Kellogg Interdisciplinary Community Health Fellowship Program, American Medical Student Association (training workshop).
- Developing a Community-based Nursing Education Curriculum. Colby-Sawyer College (strategic planning meeting).
- Achieving Healthy People Objectives through Service-learning, Association of Teachers of Preventive Medicine (presentation).

### **We're ready to assist you**

Please complete and submit the enclosed insert card and we will follow-up with you to discuss how the CCPH Mentor Network can help you realize your community-campus partnership goals. Or, you may contact us by phone: 415/476-7081; email: [ccph@itsa.ucsf.edu](mailto:ccph@itsa.ucsf.edu); or fax: 415/476-4113. We look forward to working with you.