

## Principle 3: The partnership builds upon identified strengths and assets, but also addresses areas that need improvement



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In communities across the country, the following scenario has become all too familiar:

*A local group of researchers from the city health department and health sciences campus are working collaboratively to study the prevalence of HIV in a nearby community. After several months of working together, the group's findings reveal that the community's neighborhoods are strongly affected by crime, joblessness, teenage pregnancy, and high rates of poverty. Media coverage of their findings report, "Lower city district home to misery — HIV and poverty rates climb."*

While social and health issues such as HIV, teenage pregnancy, and poverty are daily realities in many neighborhoods and cities, only a partial truth is conveyed in "problem-oriented" data and reporting. Often overlooked are the finer underpinnings linking together a community—the gifts and capacities of individuals, citizen associations, and local institutions [Kretzmann and McKnight, 1993]. The rare reporting of and attention paid to the assets and strengths of a community have contributed to a societal image of "deficient" or "needy" communities, reinforced often by media images and the language used by health professionals to describe communities. Frequently used terms such as "target population," "needs assessment," and "problem communities" encourage negative imagery and a reliance on expert-driven approaches for solving complex social issues. An alternative approach is the asset-based model, a new paradigm for solving problems in our communities advocated by Kretzmann, McKnight, and other social policy leaders. This article will provide an overview of the asset-based model and its role in community-campus partnerships, showcase a community-campus partnership program utilizing the model, and identify recommendations for the future application of the model.

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### Rationale for the Asset-Based Model: What is It and Why is It Important?

In the asset-based model, policies and activities are developed based upon the capacities and skills of people and their neighborhoods. This capacity-oriented approach fosters a commitment by community people to invest in themselves and their resources, rather than rely solely on "outsiders" to

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address the issues. It also promotes an inward focus of resource investment; for example, when the flow of federal funds is at best sporadic, it is in communities’ best and immediate interest to mobilize internal resources and develop them from within the community. This model is not meant to

promote communities “going it alone” in community development and investment efforts. Instead, as research indicates, when communities are actively mobilized, they are in a better position to respond to outside assistance [ibid].

What does this paradigm shift mean for leaders in the community-campus partnership movement? The asset model presents exciting opportunities for health professions educators who are in greater positions to “walk with the community in its journey” rather than “making the path or leading the group [Minkler, 1997].” The adoption of this new paradigm by health professions educators is supported by several important factors:

**There are greater demands for accountability of academic institutions.** Today’s climate of education calls for greater participation of institutional involvement in solving complex social and health issues. Given their renewed involvement in their surrounding communities, it makes sense for educators to utilize a capacity-oriented approach in working with their local community partners. Gone are the days of “expert”-led university initiatives; Health professions and community leaders are in a position to work together to extend and capitalize on their unique strengths and assets to promote health and address concerns.

**There is an increased need for the future health workforce to focus on and achieve the Healthy People objectives.** The federal report Healthy People 2000 calls for health professions schools to increase their community participation and to work collaboratively in health promotion and disease prevention efforts with different sectors of society, including social services, environmental groups, public schools, churches, and local government (to name a few). Students, faculty and community partners must work together to develop meaningful strategies for addressing particular health issues facing the community; to be successful, the partnership must recognize and integrate community assets and capacities in their efforts. A partnership agreement may assist in this process by outlining the strategies and the gifts and talents being utilized among partners.

**Communities value their strengths and what they may contribute to student education.** Communities implementing a capacity-oriented approach value the contributions that they can make to student education. For example, community agencies are not simply placements for students: their staff sees themselves as teachers of the students [Gelmon and Holland, 1998]. In many cases, staff and community leaders facilitate classroom discussions of community health care issues, or participate on the curriculum committee.

## **The Asset-Based Model at Work:**

There are several programs and models across the country that are utilizing the capacity-oriented approach in health promotion and community development efforts. The following case study describes how the asset-based model was incorporated into the University of California-Los Angeles Medicine 190/Community Outreach Prevention and Education Program.

### **UCLA Medicine 190/Community Outreach Prevention and Education Program (COPE): Insight Into the Strengths and Assets of a Community-Campus Partnership**

In the traditional paradigm of a needs-based approach to program intervention, researchers conduct a needs assessment, plan an intervention, implement the intervention, and evaluate the program's effectiveness. UCLA Medicine 190/COPE, working under the new paradigm of the asset-based model, was created through systematic planning that built on and incorporated the strengths of the many partners, which include a new non-profit organization, the UCLA Schools of Medicine and Public Health, the UCLA Neuropsychiatric Institute and Hospital, the UCLA Center for Experience Education and Service Learning, residential sites and their residents, and undergraduate students.

#### **A brief historical overview of the partnership**

A UCLA undergraduate student founded the Medicine 190/COPE program in 1996. Through his volunteer work at a local hospital and community clinic, he observed a lack of health education/health promotion activities involving the homeless family as a unit, and a varied quality in the few existing programs. He envisioned developing health promotion activities to address family issues for the homeless population of Santa Monica. Sensing the scale of his vision was beyond his ability, he decided to build upon his personal strengths - his commitment, vision and motivation. Early on, this partnership involved the founder, faculty in the UCLA School of Medicine, and housing facilities administrators. They delineated the specific strengths that each partner brought to the group, and a pilot project was conceptualized. Medical school faculty designed an undergraduate course focusing on the scope and characteristics of the homeless population and health education interventions. The students who completed the course began designing and implementing health intervention programs for homeless families. Facility staff at the residential site supervised the students.

After the initial pilot project, the partnership evaluated their work and defined problems and solutions. They determined that the medical school

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faculty lacked a sufficient health education background, so they recruited a faculty member from UCLA's School of Public Health. They also found that the agency staff was not able to provide all the supervision that was required for students at each site, so they recruited UCLA psychiatry residents and fellows to provide additional supervision. Acknowledging that this endeavor required tremendous coordination, the partnership turned to the UCLA Center for Experiential Education and Service Learning (CESL), which was experienced in assisting faculty across campus develop service-learning courses. In addition to the curriculum expertise, the CESL was able to fund a graduate student to assist with both course and site coordination.

**The strengths and assets of each partner:**

The Medicine 190/COPE program has been in full operation for three years. COPE has become a nonprofit agency with a staff of three and an annual budget of more than \$750,000. During the program's history, the role of each partner—COPE, the faculty, the students, and the families—has been both clarified and blurred. Without a doubt, traditional turf issues emerged as the partnership developed; fortunately, all the partners were in agreement as to what those broad turf issues were. As a young partnership, those differences were respected, but as the partners learned more about each other and developed trust, new strengths were discovered. It is only through building upon those strengths that the partnership has been able to create and sustain the program.

**The COPE Agency.** The founder of COPE, through his energy, vision and creativity, has championed this program. COPE, as a small nonprofit, is able to facilitate many fiscal and administrative processes more efficiently than can UCLA, with its more complex bureaucracy. As a grassroots community based organization, COPE easily connects with the community residential sites—they all speak the same language and understand each other and their community. While there are UCLA faculty members who have worked in the community and understand it and share a general interest, other faculty may have more difficulty in initiating and sustaining these essential relationships.

**The Faculty.** The faculty of the Schools of Public Health and Medicine provides the technical and content expertise in the areas of mental health, homelessness, family and health education, and program evaluation. Through the course series Medicine 190, the faculty has created an experience that excites students, provides community opportunity, and adds conventional approval. The faculty appreciates the community partners' contributions to the academic experience: Community partners are not only involved in teaching the course, but in recruiting, interviewing, and selecting future undergraduate participants.



**The Students.** Without the efforts of the undergraduate students, there would not be a Medicine 190/COPE program. They serve as teachers—more than 250 provide health education courses to homeless families; and they also inspire and lead. Initially, the partnership’s leadership consisted of faculty, site staff, and the founder of COPE. The student participants, bringing considerable energy and creativity and their own desire to affect their community, asserted themselves as skillful leaders. They created their own student-run organization . And, when students raised concerns as to the value of the program, fourteen students studied community health program evaluation techniques and designed and implemented an evaluation of Medicine 190/COPE. Although there is limitation to their efforts and findings, the Board of Directors of COPE has taken their findings seriously, and the process of a more formal evaluation has begun.

**The Families.** The experiences of the homeless children, mothers, and fathers, valued by both the students and faculty, are incorporated into the curriculum. The students and faculty also recognize and value the amount and significance of the teaching that the families provide to the students. Not only do the families offer their perspective on life, but they also share their personal stories and history that inform the students’ understanding of complex social issues facing homeless families.

### **Recommendations for Implementing Principle Three in Your Partnership: Ideas for the Future**

**Incorporate an inventory process to capitalize upon your partner’s strengths and assets.** With the establishment of a new or developing partnership, it is important to document the strengths and assets that each partner brings to the partnership. An inventory of collective and individual resources orients each partner to the unique contributions that each person or group possesses and can draw upon.

**Implement an evaluation or assessment plan for your partnership.** Whether you are involved in a new or existing partnership, consider those key questions that will drive your partnership to success. It is important to evaluate the partnership’s effectiveness, and if it consistently draws upon the strengths and assets of its members. The partnership may wish to assess its effectiveness through focus groups, surveys, and interviews.

**Re-evaluate language used in your partnership.** How is language used in your partnership? Do you and your partners rely on commonly used terms such as “needs assessments” or “problems?” Consider and reflect upon how often these terms are used, and the reasons for their usage.

We believe today’s leaders involved in community-campus partnerships are at a crossroad. The asset-based model provides a new way of partnership building and improving community health. With a greater emphasis placed on the strengths of our local communities, we may even see more positive results in the future.

Kara M. Connors is the associate director for Community-Campus Partnerships for Health (CCPH) and the director of the Partners in Caring and Community: Service-Learning in Nursing Education, a national demonstration program of service-learning in nursing education. Kara's primary responsibility involves designing training and consultation opportunities for communities and health professions schools on those issues impacting community-campus partnerships. Kara has widely published in academic journals on the issue of service-learning in health professions, and is a regular speaker and facilitator for a variety of associations and organizations on topics related to service-learning, partnership building and faculty development. Kara received her BA in political science from Hamilton College in Clinton, NY and her masters in public health from the University of California, Los Angeles.

Mike Prelip is currently the Field Program Supervisor and a Lecturer in the Department of Community Health Sciences at the University of California, Los Angeles (UCLA) School of Public Health. Additionally, he teaches courses in Program Planning and Administration, Fund Development and Grantwriting, Leadership and Empowerment for Health Education and Promotion, and Practicum in Community Health Sciences. He is involved in a variety of undergraduate service-learning courses through the School of Public Health and the School of Medicine, which pairs students with homeless shelters, free and community clinics, and social service agencies. Prior to UCLA, Mike served as the Director of Health Promotion for East Valley Community Health Center in eastern Los Angeles County. Mike has a Doctorate in Public Administration, a Master of Public Health and a BA in Biological Sciences. He continues to work as a consultant to a variety of community based programs, including training, curriculum design, evaluation and project development. Recently he has been involved in the establishment of the Institute for Community Leadership in southern California. Mike is active as a volunteer for the local March of Dimes' Public Affairs Committee.

## References

- Gelmon, S., Holland, B., and Shinnamon, A. *Health Professions Schools in Service to the Nation: Final Evaluation Report*. San Francisco, CA: Community-Campus Partnerships for Health. November 1998.
- Kretzman, J and McKnight, J. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Chicago: ACTA Publications. 1993.
- Minkler, M. *Community Organizing and Community Building for Health*. Rutgers University Press: New Jersey. 1997

## 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.

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\* 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.