

## Principle 6: Roles, Norms, and Processes for the partnership are established with the input and agreement of all partners



Huppert

Michael E. Huppert

I began my college career in north central Minnesota at a private university that easily could be dubbed Lake Wobegon University. Being a farm boy from the Midwest, one of my questions following an introductory sociology class was why the school was not more involved in the economic and political challenges facing the farmers in Stearns County, Minnesota. Of course, I over-simplified the plight of agriculture in the late 1960s and believed with fervor that academe held answers to what now appear intractable problems, and were no doubt the same back then. However, the “Aha!” moment of seeing the connection between our academic perch and the needs of the region or neighborhoods around us deserves reflection. With that budding realization comes an appreciation for the roles we might play in advancing partnerships, the ways or norms of behavior that can affect partnerships, and the skills needed to make the collaborative process work effectively.

For those of us attempting to establish community-campus partnerships, we must constantly remind ourselves that there are two foundations to a successful relationship, one in the service sector and one in the academic sector. In many cases, the establishment of a partnership is likely to be initiated by the academic partner. (Of course, the community partner may be the initiator, but I have found this to be the exception, rather than the rule.) It requires skill on the part of the academic initiator to reach out and link with the community in a manner that is trustful, builds on needs and interests, and maximizes the resources and capacities of partner agencies and individuals.

Raymond Moriyama offers guidance in building partnerships with his poem, “Bridges”:



## **Bridges**

*There are many kinds of bridges.*

*There are bridges of the mind -  
conceptual and philosophic bridges.*

*There are bridges of the heart -  
bridges of love, bridges of friendship  
and of the spirit.*

*There are bridges of vision -  
bridges to the future, bridges of hope  
and of promise.*

*The building of a bridge begins -  
not from one side, but from each side.*

*Flexibility is a must -  
a rigid bridge will not long endure.*

*Patience is a necessity -  
for to design a lasting structure  
takes time.*

*What makes the best foundation?  
Where shall it be placed?  
Why?*

*Nations building bridges -  
forge spans to  
ideas  
goods  
people.*

*People build bridges -  
use bridges  
are bridges  
to the future.*

What I hope to do in this article is provide a number of practical examples of how partners can work with one another. I will focus on the principles of constructive interaction that are important to building working relationships across sectors of society. I also will address the work between academe and communities as it relates to offering meaningful service-learning opportunities to students.

### **Know Your Community**

#### **How do we make the first move? Homework must be done!**

Look at whatever data exists regarding the community. Of equal importance is the anecdote. We must have enough interest in and knowledge about a community to allow us to carry on a credible conversation in a local coffee

shop or feed store. John McKnight, the noted sociologist from Northwestern University, has said, “Institutions learn from studies; communities learn from stories” (Minkler, 1998, p. 148). The richness of our communities often comes through more poignantly as a story line. For our students, the addition of stories as a legitimate source of information about a community can be refreshing and may begin to assist the learner in dealing with qualitative issues, such as cultural issues, which straight statistics may not address.

One should never go into a community without a basic appreciation of the area’s strengths, as well as its challenges and deficiencies. John McKnight has added an important dimension to the service-learning movement—he has given us a mapping approach, which takes the assessment of community needs to a new level that recognizes the attributes and assets of the community (1990). It is easy, sometimes even romantic, for us to dive into the disparity data, which give such morsels as a community having the highest domestic violence rate in the state, or the second lowest immunization rate. While these should always be disturbing facts and lead toward many key questions, they will become heavy burdens if our righteous indignation has no community foundation on which to build. I learned this nearly 30 years ago, when working with a group of mothers striving to establish a community health center in a public housing project. Having just completed my graduate work in public health, I came armed with needs assessment expertise, but soon found that neat, persuasive data were not available. Instead, the community taught me that their personal stories were more important to them in defining their access to health care problems and the quality of their health care experiences than public health statistics. So, together we developed 30 “vignettes of care” that proved to be essential in defining their problems and in convincing local and state officials to the critical importance of establishing this center. The collection of the stories followed an outline that was agreed upon in advance and utilized a structured interview of neighbors in the housing project conducted by the members of the health care committee. What an important lesson I learned from my community educators.

*...the community taught me that their personal stories were more important to them in defining their access to health care problems and the quality of their health care experiences than public health statistics.*

### **Assessment Techniques**

Other practical examples of community assessment that offer meaningful learning opportunities include key informant interviews, stakeholder analyses, and focus groups. These are concrete means of getting to know the community, often on terms acceptable to all participants.

I gained experience with the minority community and the health and human service agencies in my area while establishing the Next Step Program, which was designed for experienced health care workers, particularly minorities,



who want to advance their careers. Due to family responsibilities and other life demands, these workers often find it difficult to utilize the traditional college level programs. The program gives college credit for experiential learning and offers an excellent education and supportive advising, leading to positions with more responsibilities.

Through a series of focus groups with a representative group of these individuals and their employers, we gathered vitally important information that helped us to validate our original assumptions about the program idea, such as the amount of demand in the community for the program. It provided insight into a number of issues we had overlooked or had underdeveloped, including class scheduling logistics and coordination with continuing job responsibilities. The focus group sessions also gave us an effective opportunity to stimulate buy-in to the idea by potential participants and sponsoring agencies. We have subsequently utilized the focus group results in funding requests and preparation of a market analysis that has successfully persuaded four academic institutions to adopt and sponsor the program. The first class has been admitted to Next Step and it consists, as we had hoped, of individuals with significant work experience, who are now able to return to an academic program and, ultimately, will have the opportunity to move upward on the career ladder.

It is important that we identify and agree on assessment techniques that are legitimate and understandable to the community as well as the professional and academic sectors. Tool kits that provide instruments to assess community needs in a variety of ways have been created by such groups as The Learning Center of The Center for Living Democracy, Area Health Education Center/Community Partners, and the Work Group on Health Promotion and Community Development (contact information, including website addresses, may be found under References).

Finally, the academic partner may have access to databases, reports, and academic-based anecdotal information that can be helpful to the community. Whether the community is writing a grant proposal for which this information could be useful or is looking for information that validates its story lines, the academic partner should be attentive to the valuable information it may possess. The academic partner should consider ways in which it can share this information in a timely manner. Identifying and exchanging critical resources may be an appropriate component to a letter of understanding or a Memorandum of Agreement between the partners.

## **How to Build Strong Partnerships**

### **Learning Community Standards**

Like our academic institutions, each community has its own norms of functioning. For example, the community health center with which one is attempting to establish a service-learning relationship will have a staff, including an executive director and providers. A board of directors will

govern the center, with a chairperson who establishes and follows a meeting agenda and protocol in making corporate/community decisions. Knowing these norms of operation is critical in understanding how to establish a fruitful working relationship for your learners.

George Lundberg and colleagues note, “Cultural norms...are man-made behavior standards. Their purpose is to coordinate activities in pursuit of goals” (1963, p. 108). The cultural norms of a community are another type of mapping. They can be observed, analyzed, dissected, and understood as patterns of behavior. Within these norms, one needs to appreciate how business is conducted. Some norms easily are observed, as shown by the above example of a community health center board and the roles it occupies in the neighborhood and on behalf of its patients. The faith community and how it functions is another example of a community group with its own unique norms of functioning. Informal associations are likely to be less visible and understandable, particularly if they have covert purposes. It is essential for the academic partner to take time to appreciate how the community and the proposed partner operate.

### **Extend an Invitation**

Ideally, the excursion into the community should be an invited one. It is difficult to establish a dialogue if one cannot demonstrate a relationship with a recognized community leader or organization. I had an experience with this a number of years ago, when I was establishing an outreach office of the university in a distant community. Opening my mail one morning, I found a newspaper editorial titled, “Carpetbaggers from Worcester come to...” Fortunately, more coalition building had been done in this community than the editorial writer admitted. We had been invited into the community by the community’s public college and two hospitals, which made it easier to repair the damage created by the editorial and allowed our local partners to join us in our response to the editor. However, I learned dramatically that it is difficult sometimes to predict what behavior is expected of us by sectors of the community, particularly when dealing with a controversial topic such as bringing services into a community when some key members have not been totally apprised of the initiative.

### **A Community Tour**

For busy faculty, some easy opportunities to learn about and become familiar with a community may be missed. One event that is both pleasant and enlightening is a community tour, ideally led by a community leader with whom you plan to work. The simple gesture of requesting to be taken around a community to the bodegas, the service centers, schools, and churches demonstrates your commitment. In addition, it can foster understanding of community issues, adds to good will between partners, and improves organizational logistics in placing students. Such a tour also should be included as part of your syllabus for students.

## Negotiations and Written Understandings

A “quid pro quo” understanding should be one of the legs of the partnership. We must be able to articulate the reason for our interest in establishing a relationship. This requires clarity, honesty, and a timeline, and the role of the community and its expectations of the other partner need to be heard and ultimately accepted. Negotiation will be part of this agreement and this, too, needs to be done respectfully, with specifications and agreed upon timelines. Memoranda of Agreement, a contract with a scope of work, if funding is provided, or a standard, signed letter of understanding are all useful tools to make explicit and formalize the discussion and agreements of the partnership. It should be underscored that it is essential to have a basic working agreement in place before you actually seek support for your students or the grant proposal you are preparing. Your credibility will be reinforced in having an agreement in hand and this will add good will and trust to your growing relationship.

## Facilitating Community and Academic Processes

Working in the community requires longitudinal investment. It cannot be based upon an episodic appearance when one’s class is in need of a service dimension. In many respects, it is like working in the academic sector. Your presence, your persistence, and your ability to be active over time tend to sway departmental, faculty, and administrative decision-making. Tips to assist in advancing the process:

*The cultural norms of a community are another type of mapping. They can be observed, analyzed, dissected, and understood as patterns of behavior.*

**Meet, call, e-mail your site partner regularly.**

In its annual training institute, Community-Campus Partnerships for Health (CCPH) uses an exaggerated role play a situation in which a faculty person, who had worked with the faith community to write a grant, returns to inform them a year after submission that the grant has been funded. Much has happened during the intervening year to the church and community that prohibits them from participating and the faculty person is crushed. There is no

substitute for nurturing relationships frequently with meaningful communication, especially in-between the times when communication is more obviously required for the project. Attention also should be paid to the differences between academic and community organization timelines.

**Consider recognition and celebration as ways to validate and praise the importance of the partnership and the commitment of those participating in it.**

Breakfast, lunch, and dinner offer positive venues during which recognition can be offered creatively and happily. This can be elaborate or quite simple. The effort and gesture are always appreciated and remembered. Each year

one of our programs hosts a primary care medical breakfast honoring community partners who precept our medical students and residents. Starting as a simple recognition event, it has now grown to include leadership from the community and medical school, as well as legislators and consumers. It is looked forward to with great anticipation.

### **Rewards**

When possible, compensate your partner. Overworked health and human service providers whom you are using in a teaching capacity always appreciate cash honoraria. A next best approach is to provide a gift certificate to a restaurant or bookstore-maybe the college's own, which then keeps the contribution in the family. You also might consider giving something with your program's logo on it, which then assists you in your marketing efforts. One can never have too many tee shirts.

### **Positive Reinforcement**

A simple letter of congratulation and praise from the college president or dean, perhaps in a citation style, demonstrates the gratitude of the academic partner.

In my own experience, I have found that the above tips work equally well with academic faculty. We appreciate a gift certificate for doing something special, we wear that new tee shirt with the same amount of pride as our community partner, and we set cynicism aside when we receive a thank you note from our dean. It is comforting to know that some gestures can transcend boundaries or sectors.

### **How to Assess Success**

Reflection on the partnership roles, norms, and processes is essential to assessing progress and ultimate goal attainment.

### **Partner Dialogue**

The quantity and quality of dialogue that goes on between the partners should be one indicator of health in the relationship. If it is infrequent, only happening around the time that one partner needs something from the other, then the relationship would appear to have shallow roots. Infrequent contact places the requesting partner at risk of not having the request considered, even if a year before that same request, possibly to place a specific number of students, was granted. Many issues may have transpired since that time, and without frequent communication, the requesting partner would be unaware of them and of how the other partner's situation may have changed. Never hesitate to pick up the phone and renew the relationship.

*Working in the  
community requires  
longitudinal investment.  
It cannot be based upon  
an episodic appearance  
when one's class is in need  
of a service dimension.*

*Often these partnerships transcend the goal of simply providing service-learning opportunities for learners. Ideally, they can provide the basis for a new working dynamic between academe and the community, whether nearby or miles apart.*

### **Request for Support Letters**

I receive many requests from community agencies to write letters of support for proposals or projects they are seeking. I take great pains to always respond with a supportive and knowledgeable letter. This is part of the quid pro quo relationship that has benefits to both parties.

### **Leadership Recognition**

Every community has within its culture some form of leadership recognition. This often happens at a community celebration recognizing leaders with an award. Another approach is preparing a human-interest story in the local

media about a person's accomplishments. As partners we should be attentive to these opportunities and take action to write a nomination letter for a community award, suggest to the media someone's great work for consideration, or organize colleagues to support a candidate nominated for an achievement award.

Incidentally, it is a wonderful gesture to purchase a table at a celebration and invite your community partner to join you in the festivities. Those of us in the academic sector should inquire of our public relations office as to how they also might be helpful. Nothing helps a relationship and partnership more than when it is apparent that a partner has assisted an agency or agency leader in being honored publicly. The flip side of this work is when the community invites and honors the academic partner in some manner. This should be a key piece of evidence that the partnership is alive and well.

### **Learner Feedback**

In all of this discussion, we have not mentioned the learners and what they are absorbing that might be useful to the partner's knowledge about partnership success. The students can provide important qualitative information based upon their learning experience. Are they getting time needed at the site, is the work they are doing consistent with the curricular expectations, are they receiving feedback about their work in a timely manner, etc.?

Check-ins with the learners during the experience and some form of post-experience assessment are crucial to understanding how the partnership is working at the micro-operational level. Moreover, an additional method to gaining input is to have the site preceptor provide an assessment of the learning experience. From this, the academic partner should be able to glean important information beyond how well the student functioned. Certainly, should funds allow, an outside evaluator can provide important information about the health of the relationship.



## Conclusion

I have provided a number of practical suggestions in this chapter about how to work constructively to establish effective campus-community initiatives for learning. Often these partnerships transcend the goal of simply providing service-learning opportunities for learners. Ideally, they can provide the basis for a new working dynamic between academe and the community, whether nearby or miles apart. These relationships need to be built upon trust, respect for agreement and differences, and a willingness to communicate regularly about a wide range of issues. Partnerships are special. If carried out successfully they provide value-added accomplishments to all participants.

*Michael E. Huppert is the Associate Dean for Community Programs at the University of Massachusetts Medical Center. In this capacity, he is the Director of the Office of Community Programs which includes responsibility for the Statewide Area Health Education Center (AHEC) Program; the Robert Wood Johnson Foundation supported Generalist Physician Initiative; the New England AIDS Education and Training Center; the MassHealth Access Program which provides program development expertise to the Massachusetts Medicaid Program; as well as many other community based outreach programs of the University. Michael is a member of the Admissions Committee of the medical school, as well as the school's Education Policy Committee. In addition, he is a member of many community based organization boards of directors including the Myers Primary Care Institute, Health Awareness Services of Central Massachusetts and several regional AHEC Boards. He holds faculty positions in the Departments of Family and Community Medicine and Pediatrics and teaches community medicine and practice management to residents and medical students.*

## References

- Moriyama, R. *Bridges*. Unpublished poem. Used with permission of the author.
- Minkler, M. (Ed.) (1998). *Community organizing and community building for health*. New Brunswick, NJ: Rutgers University Press.
- McKnight, J. & Kretzmann, J. (1990). *Mapping community capacity*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Lundberg, G.A., Schrag, C. C., Larsen, O. N. (1963). *Sociology*. New York: Harper and Row Publishers.

### **Contact information for Tool Boxes**

The Learning Center of The Center for Living Democracy. (1999). *Tool box: Resources to help make a difference*. Brattleboro, Vermont.

<http://www.livingdemocracy.org>

Area Health Education Center/Community Partners, Amherst, Massachusetts.

<http://www.ahecpartners.org>

Work Group on Health Promotion and Community Development. (1999). *Community toolbox*. Lawrence, Kansas.

<http://ctb.Lsi.ukans.edu>

## 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.