

## Principle 8: Partners share the credit for the partnership's accomplishments

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**W**hen colleges and communities go beyond common goals and missions to truly believe in each other's dreams, the community-campus partnership can reach a level of depth and strength seldom achieved in joint efforts. Sensitivity and commitment to each other become the foundation for a unique partnership. A major manifestation of these conditions is that the partners equally share the credit for accomplishments of the joint enterprises.

When campuses develop partnerships with communities—particularly low income/grassroots communities—the partners may appear to be equal, but rarely does that equality extend to intellectual and social resources. To avoid an imbalance, there must be considerable depth to the respect and trust between the constituents. In situations where the partners bring disparate levels of resources, sharing the credit for accomplishments becomes an important part of building a strong foundation of trust.

Grass-roots communities must invest an enormous amount of emotional energy into developing a partnership with a college or other social agency. Often, they have to overcome a history of conflict and suspicion between the campus and the community. Community leaders who respond to campus initiatives often risk the trust and respect of their constituents. Once a program is developed and activities lead to success, if there is no sharing of credit for accomplishments, people easily can be left feelings exploited and mistrustful. Sharing credit for success and uplifting the community's role in every accomplishment builds a foundation for future programs. Trust, respect, and confidence within the community are enhanced in the process.

### Methods of Sharing Credit

**Share Development of Publicity.** One obstacle to sharing of accomplishments is the propensity of universities to publicize programs and accomplishments through public relations offices that are not directly involved in the partnership programs. When such public pronouncements are made, the community partners should be involved in developing the publicity, as well as in sharing the credit. Although this requires a conceptual shift by campus-based public information offices, the result will be stronger and more successful community-campus partnerships.

**Develop Sensitivity to the Community's Perspective.** Another obstacle to sharing credit for accomplishments is an “institutional insensitivity” to the

perspectives of community residents. They have values, priorities and points of view that are often misunderstood and/or misinterpreted by the academy. (Blake, 1978). When the practice of sharing credit for accomplishments becomes a common part of the partnership, trust is established and the academy is more likely to learn about the sentiments and values the community initially withheld.


**Take Responsibility for Problems and Failures.** Sometimes community-campus partnerships can experience major problems and even failure. Under such circumstances, the academy must be sensitive and magnanimous and take responsibility for the failures. This is not to say that the communities are faultless, but community partners are more apt to look at themselves critically if the campus takes initial responsibility for the problems. Since the university is usually the partner with the greatest resources, assuming responsibility for failure will not be as detrimental. Indeed, it can promote even greater respect and trust from the community.

### Two Model Partnerships

In our professional roles as faculty members in the academy and administrators in public health agencies over a long period of time, we have worked closely with nearby communities and established numerous partnerships. Multiple experiences in urban and rural communities have convinced us that promoting healthy behaviors among community residents is most effective when the academy and social service agencies both have a deeply rooted trust in the partnership effort.

**Hypertension Control Research Program.** In the early 1980s, we were involved in the Hypertension Control Research Program in a large midwestern city. We were responsible for coordinating the Health Education Programs. We built partnerships with community agencies to educate the community about the development and control of hypertension among African-Americans.

Even though there was no college campus involved in this particular effort, the lessons of the partnership effort are instructive. We started with the conviction that if community-based organizations were informed about hypertension and its devastating effects, there would be a positive response to preventive efforts. We initiated a program of community education in which peers knowledgeable about prevention promoted hypertension education for youth through schools, community groups, and voluntary organizations. In selected churches, public health nurses instructed, supervised, and monitored church nurses in blood pressure measurement. Plaques were presented to the community partners to acknowledge their successful completion of the training and to designate the churches or organizations as approved sites for blood pressure monitoring.



The success of this agency-community partnership was directly attributable to the trust that came from sharing credit for success and the sensitivity revealed in establishing community links. We respected community leaders and listened to their advice. Where possible, we employed community residents as personnel, and contracted with local businesses for services. In developing our literature for schools and churches, we took the advice of teachers and ministers, for they had unique perspectives rooted in the reality of daily experience. The community came to believe our message for hypertension prevention would positively improve their lives. We believed in each other's dreams and shared the credit for our accomplishments.

**School Achievement.** In another midwestern city, we developed a unique approach to motivating inner-city youth to achieve in school and prepare to enroll in college. Once again, we centered our efforts on a small consortium of inner-city African-American churches that served low-income congregations. Building on previous experiences, we based much of our approach on input from ministers and church youth leaders, while bringing to them the knowledge and guidance of the university. Their advice led us to creative approaches, such as teaching reading skills to Sunday school teachers, and having ministers publicly review student report cards at worship services. Eventually, this program developed a strong community-campus partnership. Over a ten-year period, more than 200 youth enrolled in college.

Sharing credit for accomplishments and success was a key strategy in the successful building of this partnership. Every time we submitted program proposals to describe our efforts to professional organizations, we included ministers, youth leaders, and the youth themselves as presenters and full participants. As a result, community residents found themselves addressing academic audiences at annual meetings of the American Association for Higher Education (twice), Community-Campus Partnerships for Health, the Education Commission of the States, and the National Association of Independent Colleges and Universities. The community pride that resulted led to more diligent efforts in the program; the community developed trust and confidence in the university, to a level exceeding our highest expectations.

As we continue to build strong bonds between grass-roots communities and higher education, we will strengthen efforts to share credit for accomplishments as a strategy to create confidence, respect, and trust. This will include seeking the advice and counsel of community residents as we endeavor to develop health education programs to meet their needs.

Our present research includes a focus on HIV/AIDS in rural and urban African-American communities. We seek to create an awareness of the rapid spread of HIV/AIDS among communities of color (Moore & Blake, 1999). Our initial research shows that even though many grassroots leaders are aware of the presence of HIV/AIDS in their communities, there is strong resistance to acknowledging its significance, and so they are not working to

develop preventive education efforts. In addition, there is a strong legacy of suspicion and mistrust based on community awareness of government-sponsored programs that have proved to be detrimental (Jones, 1981). We are confident, however, that community involvement in developing health education and preventive strategies will result in local leadership taking responsibility for resolving the challenges facing them.

*The success of this agency-community partnership was directly attributable to the trust that came from sharing credit for success and the sensitivity revealed in establishing community links.*

The campus and the community will develop the strategies, and the partnership will share the credit for the accomplishments.

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*J. Herman Blake is Director of African-American Studies and Professor of Sociology at Iowa State University, Ames, Iowa. He also occupies positions as Professor of Sociology and Professor of Educational Leadership and Policy Studies. Over the past three decades, Herman has served higher education in positions at Indiana University, Purdue University Indianapolis, Swarthmore College in Pennsylvania, Tougaloo College in Mississippi, and the University of California, Santa Cruz. In addition to graduate degrees (Ph.D and M.A.) from the University of California and his undergraduate degree from New York University, Herman has been awarded 5 honorary degrees.*

## References

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- Moore, E. L. & Blake, J.H. (1999, #3). HIV/AIDS and African-American students in higher education. *National Association of Student Personnel Administrators, Health Education and Leadership Program Newsletter*, <http://www.naspa.org/CDCWEB/Resources/newsletter3.htm>

## 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.