

## Principle 9: Partnerships take time to develop and evolve over time

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If the evolutionary stages of a partnership were an ascending spiral, they would be seen to build upon one another and connect into a continuous cyclical flow, with each stage widening the spiral. The first, Exploration and Discovery, is the defining stage where partners find their common ground and common passions. The second, Infrastructure Building, involves the partners actually creating the working relationship and structures that become the platform for their work. The third, Performance of Mission Work, is the core, firmly holding together the foundation and the results of the partnership and giving all other stages their meaning. The fourth (Celebration & Reflection) and fifth (Higher Levels of Partnership) are those in which the partners truly see their successes and failures, recognizing learning through reflection, and are presented with the opportunity, at this stage, to push the partnership higher and apply the partnership lessons to other social change agenda.

This article describes challenges and lessons of building a partnership over eight years and its stages of development, and offers recommendations for effective partnership building strategies. This analysis is distilled from the experience of the West Virginia Rural Health Education Partnership (WVRHEP), which includes the seven health profession schools in the state university system (Marshall University Schools of Medicine and Nursing; West Virginia University's Schools of Dentistry, Medicine, Nursing, and Pharmacy; and the West Virginia School of Osteopathic Medicine).

### Stage 1: Exploration and Discovery

Exploration and discovery involve: 1) A critical event or events, a defined launching point, and initial energy; 2) "Chatting" among the partners that leads to the awareness of each other's perceptions; 3) Open sharing of ideas that focus on mutual needs and seeking common ground; 4) Development of synergy; and 5) Agreement on guiding or process principles for the partnership.

**Critical Events.** The impetus or critical event pointing to the need for a partnership will give partners initial energy. In the case of the WVRHEP, there were two very critical events, both occurring in 1991, that energized people around a process of change. The legislative session that year critically examined the role of the three medical schools in the state and their individual and joint responses to addressing the needs for primary care

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providers in rural underserved areas of the state. While most academic health centers initiated significant mission redirection in response to managed care (Corrigan, 1997), during this time the state's universities were in the earliest stages of re-examining their missions and social responsibility, a process spurred by a tumultuous fiscal crisis in the state two years earlier. The second

and simultaneous event was the creation of the W.K. Kellogg Foundation's Community Partnerships Initiative (CPI) to challenge academic health centers to change their curricula and engage in community-based training and education. The leadership of the state university system accepted the challenge and adopted the model, laying the foundation for a partnership of local communities, higher education institutions, and state government. The state legislature supported legislation that provided \$6 million per year with a commitment to sustain and integrate the Kellogg project into a statewide program. The provisions in the Rural Health Initiative Act of 1991 approved this additional funding. In 1995, legislation passed that integrated the four Kellogg CPI projects and the eight Rural Health Initiative (RHI) consortia (Richards, 1996).

**“Chatting” and Open Sharing of Ideas.** Open sharing and debate of ideas that focus on mutual needs characterize exploration and discovery. Care must be taken to avoid blaming and judging; partners must be encouraged to explore their thoughts and perceptions regarding each other's roles and responsibilities. During this stage, the WVRHEP partners spent

time with each other, sharing stories, hopes, and ideas about what was needed to further the partnership and what its goals should be. This stage also involved many discussions on the intent and spirit of the RHI legislation and its meaning for many different groups. These discussions set the environment for creative thinking and problem solving.

**Agreement on Project Principles.** The partners then develop and agree on a set of guiding or process principles, core values, a vision, or mission statement (Maurana, 1998; Kisner, 1997). The principles developed in late 1994 by a joint task force within the partnership guided the integration of the CPI community training sites and the RHI consortia. This integration was carefully supported over a two-year period. The West Virginia Legislature appropriated additional funding in 1996, and the program became WVRHEP with thirteen regional consortia, each with its own local board. The University System of West Virginia's Board of Trustees, in accepting the legislative mandate to achieve the mission of WVRHEP, made it a degree requirement that students in health professional programs would complete a minimum of three months of rotations in rural communities. Schools and communities were given flexibility in how to accommodate this mandate in their respective curricula and to phase-in the requirement over a two-year period.

## Stage 2: Infrastructure building

The human and physical infrastructure of the partnership is beginning to take shape and definition. Expectations, roles, and duties of the partners; shared governance and power; operations and management; and policy development are defined and refined. The program evaluation system or approach is designed and put into place. The insightful environment and the earlier foundation work around a shared set of values and principles are critical guides at this stage. The basic infrastructure of the WVRHEP partnership includes: the seven schools cited above and other state and private colleges; thirteen Lead Agencies that enter into affiliation agreements with the university system and receive and manage the community-based funding; thirteen local consortia boards consisting of community leaders and health care providers; a state advisory panel and its committees, whose role and composition is specified in the legislation; and the program staff. This infrastructure virtually built and organized itself from the ground up.

The WVRHEP partnership is unusual in that there is no organizational chart. Attempts at developing one were discontinued in 1995. It is a partnership network rather than a hierarchical organization; for those whose only experience is in hierarchical organizations this can present a challenge (Bassin, 1996). Within this partnership, the releasing and sharing of power actually creates more power because it is viewed as an infinite rather than finite commodity. In an interview, W. Donald Weston, M.D., vice chancellor of the University System of West Virginia, described leadership this way: “In essence, the more we mutually trust each other, the more we really understand each other—that is the key to making things happen” (Leadership Stories, 1998). The self-organizing nature of the WVRHEP program is reflective of the principles of community development and grass roots organizing; the most important principle being to keep the decision-making as close to those affected by the decision as possible. The same core values and principles also guide the reporting structure of the partners and staff to one another. Eight community health centers and four small rural hospitals serve as Lead Agencies for the consortia. One consortium incorporated, forming its own 501 c (3) organization, and its board of directors serves as the consortium board and receives the funding.

Some of the challenges for the WVRHEP partners at this stage were allocation of funds and developing budget parameters, the structure of the site coordinator position, the roles of the local consortia boards and the lead agencies, and development and enforcement of policy. The Kellogg CPI communities and the RHI consortia had different budget parameters for salaries and methods of payment of preceptors. Compromise parameters were reached through meetings of lead agency administrators and recommendations of various committees and the integration task force. While challenges remain in this area, the principles of the partnership continue to guide the work. The partners faced another challenge in

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creating the site coordinator positions. These are individuals within the communities who are employed by the lead agencies that serve as fiscal agents for the consortia. The site coordinators are responsible to the local consortia boards and execute the day-to-day work of the program. Many discussions were held with administrators of these lead agencies and the local consortia board members to define roles and guide these non-traditional relationships.

The tremendous statewide infrastructure of this partnership today includes 47 out of 55 counties in the state, more than 255 training sites, and 493 field faculty who are local practitioners representing many disciplines. More than 160 students rotate in WVRHEP sites each month. While on rotation, the students spend 20% of their time in interdisciplinary case management, community service learning, and/or community based research. Each consortium within the partnership has a Learning Resource Center (LRC) and office facility located in or adjacent to the lead agency's facilities. In three consortia, there are multiple LRCs and site coordinators. Currently, all student scheduling, monthly reporting, and some research data entry is completed over the Internet off the partnership's website and on TRACKER®, the copyrighted software program designed for and by WVRHEP information technology leadership at Marshall University.

### **Stage 3: Performance of Mission Work**

This stage virtually defines the partnership and tests the strength of its own foundations. It is where the work is performed and where successful and mature partnerships spend most of their time. If the partnership has achieved relationships and a communications system based upon trust and respect, values insight and higher levels of thinking, and trusts in its own wisdom and resiliency, then the partnership blossoms. When program evaluation information is examined and outcomes are clarified and refined, changes and refinements to the program are made as needed based upon work performance. Partnership roles are re-examined and the partnership grows or changes. Management and governance become more stable and a sense of ownership and pride becomes evident. Evaluation of impact becomes an on-going part of the development process.

At this stage for the WVRHEP partners, the distribution of medical student rotations among the consortia became a significant challenge and truly tested the foundation work of the earlier stages. After reviewing program evaluation data, the community partners raised concerns about parity in the distribution, while the school partners interpreted the number of rotations over the whole state as a strategy to meet their responsibility to the state. The partners eventually found the wisdom to shift the focus from the number of

rotations to creating positive educational experiences in rural communities. This insight led the partners into deeper discussions about the quality of the educational experience and the need for more strategic approaches targeting those communities with the greatest need and lowest number of students. The schools voluntarily targeted certain communities and made special recruitment efforts within their student populations to interest students in these areas. The most significant outcome of this challenge, however, was to involve students in the policy making process. The students came to the table in an organized committee of the State Advisory Panel and were seen, finally, as full partners.

#### **Stage Four: Celebration and Reflection**

In this stage, the appreciation for the partnership by the partners and others outside the partnership grows. Celebrations are established and honored through the sharing of partnership success stories. Partners begin to see that their perceptions and level of awareness widens as they reflect on lessons learned. New problems and challenges are discussed in terms of what was learned that could be applied to the current problems. Reflection begins to encompass broader thinking concerning what the partnership represents and what it can become.

Relationships within the partnership deepen and the synergy developed in the earlier stages broadens and becomes more responsive and functional. Communication systems are easier to access and are more open. Evidence of the deeper partnership and sustained synergy is reflected in how quickly the partners refer to their principles when engaged in problem solving. Older members of the partnership incorporate new partners, and the orientation includes a reflection on these principles and their value to the organization.

Following the tradition started by the members of the joint governing committee of the Kellogg CPI program, the WVRHEP partners annually host an awards and recognition reception and dinner in the state capitol during the legislative session. Students, faculty, and community members give and receive awards for leadership achievements. Roughly 400 community members, state legislators, providers, students, and campus and field faculty members attend this annual event. In recent years, students on rotation during this time held a special health fair for legislators and their staff members, while community members representing the partnership made visits to their respective delegates and senators.

#### **Stage Five: Higher Levels of Partnerships**

This stage initiates a new round of exploration and discovery as the partnership raises the bar. Partners begin to expect deeper insights because of the synergy that they have sustained. Trust and respect are easily recognized in partner behaviors. However, one of the most significant

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indicators of the success of the partnership is when it is looked to by other initiatives as a model of collaboration and networking worthy of emulation. Examples of applying the mature partnership experience are seen when other partnerships are created to address additional social issues within the state or community.

For the WVRHEP program, the application of this partnership's work is seen in a number of federal, state, and private foundation grants that individual partners and organizations have received. Many of these grant projects use the WVRHEP infrastructure and network for community-based research, community development activities, complementary community-based training approaches, prevention, and improved access to health care delivery in rural areas.

### **Recommendations for Effective Partnership Building**

1. Accept as a first strategy the need to build trust. Before we can build trust, the motivation to trust must be present as a profound willingness to see the other's perspective, attitudes, and interests and to assess competence, abilities, and shared values. It is imperative to recognize that different cultures shape trust differently and that sub-cultural differences do exist when we form campus-community partnerships. A partnership must explore these questions: *Does this group share my goals? Does this group have the required knowledge and ability? Will this group honor commitments? Will this group tell me what I need to know? Does this person want me to succeed?* (Maccoby, 1997).
2. Those who facilitate the partnership building process should clearly discuss and agree upon the type of shared leadership to guide the process. Those selected for this role should then agree upon philosophy and approaches. Approaches that align the partners, foster balanced and impartial thinking, and encourage resiliency and insight within the group can strengthen the trust and respect the partners will have for themselves and each other. Trust that is overly dependent on a few visionary or creative leaders can become fragile and robs the group of developing their own spirit and wisdom. For these leaders and facilitators, this requires an act of faith, that of trusting the process and of letting go of the power and even the outcomes of the partnership (Richards, 1996; Pransky, 1998; Sedgeman, 1998).
3. Constantly maintain a safe forum for the open sharing of ideas, concerns, and questions. Develop a set of group agreements and operating principles to guide the interaction and work of the partnership. With these steps in place, drafting a vision or mission statement and defining core values can be facilitated quickly. The facilitation now becomes one of guiding a meeting of the minds. Reflection and developmental feedback should become standards for the partnership (Sedgeman, 1994; Bassin, 1996).

4. Efforts should be made to assist all partners in acquiring the appropriate level of skills and content knowledge they perceive they need to fulfill their roles. All partners have expertise to contribute to the partnership and all areas of expertise should be equally valued. Train and educate partners in the ways of process as well as content to meet the objectives of their public service work.
5. Policies of the partnership to conduct its work should support and reinforce the partners' roles and the performance of the partnership. Work of the partnership should be continually assessed and evaluated to make adjustments and refinements as needed.

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## 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.