The Evidence Base for Community-Campus Partnerships: Enhancing Student Learning & Community Health

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Community Connections:
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Mission

To foster partnerships between communities and educational institutions that build on each other’s strengths and develop their roles as change agents for improving health professions education, civic responsibility and the overall health of communities.
At-A-Glance

- National nonprofit launched in January ‘97
- Headquarters in Seattle, WA
- 13-member board of directors reflect stakeholders in community-campus partnerships
- 1000+ members from communities and campuses across the United States and 12+ countries
- Private and public funding
- 5 staff
Our Mission

To promote health through partnerships between communities and higher educational institutions

HEALTH... eliminating health disparities
... achieving a diverse and community-responsive health workforce

PARTNERSHIPS... service-learning, community-based participatory research and evaluation, policy and advocacy
Academically-based community service
A structured learning experience that combines community service with preparation and reflection
Service-learning students not only provide community service but also learn about the context in which the service is provided, the connection between the service and their academic course work, and their roles as professionals and citizens

Seifer SD. Academic Medicine 2000
Community-Based Participatory Research

A collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and the social and cultural dynamic of the community, and integrate the knowledge gained with action to improve the health and well-being of community members.

We are working to...

- Build the capacity of communities and higher educational institutions to engage each other as partners
- Incorporate service-learning into the education of all health professionals
- Recognize and reward community-based teaching, research, service
- Develop partnerships that balance power and share resources among partners
Why Now?

Communities face complex challenges and need to draw on all institutions as assets.

Public expectations of accountability and value, corporate citizenship, graduates.

Gap between research and practice, teaching and practice.

Disengagement in civic participation and democracy.
“Researchers get a bad reputation as communities can feel heavily researched - people can feel like they were involved but did not benefit. There is a problem with the dissemination of findings.”

“There is suspicion of dominant institutions. If I go into communities, all the relationship building is personal. People need to get to know me and trust me personally and know that I will deliver and not just disappear after the study. This happens over time.”
“It is important that not all of the grants be funneled directly through the University as this may convey a message of dominance.”

“Having an executive board chaired by the community majority has more teeth than just acting in an advisory capacity.”
“Must of the research has not been culturally sensitive. The Center is in the heart of a city that has largely residents of color but the Center is mostly white. There has been insensitivity to cultural issues and no dissemination of research results. The community advisory committee has had to deal with all of this. Now the community requires that researchers describe their dissemination plans [as part of the research proposal].”
“You can’t just walk in with the expectations of creating a partnership. It takes time to develop mutual understanding and make sure you don’t exploit.”

“It is key that all partners benefit, are clear what the benefits are and resources are shared.”

“In our work together...we look at how the intervention might be sustainable and appropriate given our missions.”
“If we want faculty to be involved in communities, but reward them for other activities, we are our own worst enemy.”

“Research support and manuscript generation is the name of the game...community-based anything takes time, length, and breadth.”
Principles of Partnership

- Partners have agreed upon mission, values, goals and measurable outcomes for the partnership
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment
- The partnership builds upon identified strengths and assets, and addresses needs
- Power is balanced among partners and resources are shared
Principles of Partnership

- There is clear, open and accessible communication between partners
- Roles, norms and processes for the partnership are established with the input and agreement of all partners
- There is feedback to, among and from all stakeholders in the partnerships
- Partners share the credit for accomplishments
- Partnerships take time to develop and evolve
What are outcomes of successful partnerships?

What are characteristics of successful partnerships?

What is the current state of community-campus partnerships?

Where are partnerships going in the next 10 years?
Data Sources

- Review of literature on partnerships
- Member surveys & agenda-setting sessions
- Program consultations & evaluations
- Commissioned papers
- Demonstration & evaluation projects
Service-Learning Outcomes: Students
Gelmon 1998, JNE 2002

Transformational learning experiences
  – clarification of values, sense of self

Changed knowledge, skills and attitudes
  – awareness of determinants of health
  – sensitivity to diversity
  – knowledge of health policy issues
  – leadership development
  – community engagement
Service-Learning Outcomes: Community Partners


Service expansion and enhancement
Staff recruitment and retention
Funding opportunities

Awareness of institutional assets/limitations

Eager to be seen as teachers and experts
Benefits of SL outweighed the burdens

Concerns: communication, logistics, needs-based and expert approaches
Service-Learning Outcomes: Faculty

Gelmon 1998, JNE 2002

Enhanced relationships - students, community
Linkage of personal/professional lives
↑ understanding of community issues
New career and scholarship directions
New directions and confidence in teaching
Concerns: time, lack of rewards, loss of control
Findings: Community-Campus Partnerships

Gelmon 1998, JNE 2002

Stronger relationships associated with:

- joint planning
- partners offered specific and active roles
- genuine sense of reciprocity
- student preparation and orientation
- single point of contact
- consistent, accessible communication
Findings: Institutional Capacity
Gelmon 1998, JNE 2002

Clear definition of service-learning
Link to mission and strategic goals
Supportive leadership at all levels
Effective institutional structures and policy
Investment in faculty development
Integration of SL into existing courses
Long-term community relationships
Ongoing assessment and improvement
Service learning is powerful pedagogy
SL can contribute to competencies needed for health professions practice
SL can benefit students, faculty, the community and community-university relationships
Community can be effective educators
Community assets are often overlooked
SL requires schools to give up “control”
Partnership Outcomes

CBPR

Israel 1998 and 2000, AHRQ 2001,
NINR 2001, O’Fallon 2002

- Overcoming the fragmentation and separation of individual from culture and context that are often evident in more narrowly defined, categorical research approaches
- Establishing trust between communities and researchers
- Improving research quality and validity by engaging local knowledge & theory based on experience of people involved
- Enhancing relevance of research question, quality and quantity of data gathered, and relevance and use of the data
- Facilitating the development and implementation of more effective public health interventions, including policy change
Partnership Outcomes
CBPR

Joining partners with diverse skills, knowledge, expertise and sensitivities to address complex problems

Providing resources and possible employment opportunities for the communities involved

Improving health and well-being of communities involved, directly through studying and addressing important community needs, and indirectly through increasing their power and control over the research process

Recognizing existing community resources and building community capacity to identify and conduct research
Characteristics of Successful Community-Campus Partnerships

- Partnership is formed to address genuine community concern and addresses strategic partner issues, not to get a grant
- Partnership builds on prior positive relationships, trust
- Partnership involves organizations and individuals as partners
- Partnership starts small, with CBOs that have a history of engagement and are well respected
Characteristics of Successful Community-Campus Partnerships
ASPH/CDC 2004

- Trusting relationships
- Equitable processes and procedures
- Diverse partners
- Leadership
- All partners benefit
- Supportive reward structures
- Science enhanced by community involvement
Balancing process and action
Ongoing partner development
Sustainable impact
Collaborative dissemination
Ongoing assessment, improvement and celebration
Community-Campus Partnerships
Some Common Pitfalls

Institution receives funding based on location in disadvantaged community without involving community, sharing resources or using them to directly benefit people.

Students consistently assigned to tour a neighborhood, conduct needs assessments.

Lack of preparation and understanding of context.

Faculty members structure community engagements without first assessing community’s interests and needs, fail to plan with community partners.

Episodic involvement based on grant funding, academic calendar.

*Leiderman, Furco, Zapf and Goss, 2003.*
Current State of Community-Campus Partnerships

- Culturally competent health professionals
- Diversity of the health workforce
- Supply and distribution of the health workforce
- Improved health outcomes
  - Elimination of health disparities, increased access
- Healthy campus
- Access to information and technology
- Community and economic development

Significant investments by public & private funding agencies
Current State of Community-Campus Partnerships

- Predominant model: is it a *partnership*?
  - Initiated by campus, framed by academic mission and priorities
  - Driven by grant and program requirements
  - Disconnects and contradictions between different parts of campus, community, partnership strategies
  - Campus infrastructure: centers, offices
  - Community serves advisory role
Where are partnerships going in next 10 years?

- **New models:**
  - More coordinated & strategic
  - Inter-disciplinary & inter-professional
  - CBOs as centers of learning, discovery & engagement
  - CBO-initiated partnerships
  - Multi-CBOs & multi-institutional partnerships
  - Partnership intermediary organizations
  - Partnerships as a global phenomenon
Critical issues for sustainability

- Document & disseminate outcomes
- Balance coordinating & linking efforts with entrepreneurial spirit
- Find & pursue connections between the dots
- Supportive policies at multiple levels
- Communities and campuses view these partnerships as mission-critical
- Address key underlying power issues
- Infrastructure support for communities
CCPH Resources

Member Connections
Conferences ~ October 6-10, 2004 in Atlanta, GA USA
Training Institutes
Consultancy Network
Biweekly E-Newsletter
Annual Magazine
Web-Based Clearinghouse
Research and Evaluation
Annual Award

www.ccph.info