



## Community-Engaged Scholarship for Health Collaborative

### Community-Engaged Scholarship for Health Collaborative Answers to Frequently Asked Questions

#### *Introduction:*

This document has been prepared in response to questions raised by members of the Collaborative on Community-Engaged Scholarship in the Health Professions through a variety of channels including: team self-assessment documents, discussions during the Collaborative in-person meeting, and questions raised by team members during the in-person meeting and on conference calls. The responses below are intended to be a starting point for further research, debate and discussion. These responses were developed largely out of the work on community-engaged scholarship by Community Campus Partnerships for Health (CCPH), including the report of the Commission for Community-Engaged Scholarship in the Health Professions. For more information on these topics, we encourage you to review the Commission report, the Collaborative's annotated bibliography, and other information on community-engaged scholarship available on the CCPH website <https://depts.washington.edu/ccph/scholarship.html>

For all of these questions there is no one simple answer and therefore, continued discussion of these questions will be an important part of the work of the Collaborative. To further this discussion, please send any comments, responses, useful documents and references to Christine Rutherford-Stuart at [cers@u.washington.edu](mailto:cers@u.washington.edu), to help expand these answers. Additionally the community-engaged scholarship listserv is an excellent forum for continued discussion of these issues and posting of relevant information. You can sign up to receive email postings from the listserv at <http://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship>

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## Defining Community Engagement and Community-Engaged Scholarship

### 1. “What is Community Engagement?”

The report of the Commission on Community-Engaged Scholarship in the Health Professions defines community engagement as:

“Community engagement is the application of institutional resources to address and solve challenges facing communities through collaboration with these communities. These resources include, for example, the knowledge and expertise of students, faculty, and staff; the institution’s political position; campus buildings; and land. The methods for community engagement of academic institutions include community service, service-learning, community-based participatory research, training and technical assistance, coalition-building, capacity-building, and economic development.”<sup>1</sup>

### 2. “What is Community-Engaged Scholarship (CES)?”

The report of the Commission on Community-Engaged Scholarship in the Health Professions defines scholarship as:

“Scholarship is teaching, discovery, integration, application and engagement that has clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique that is rigorous and peer-reviewed.”<sup>1</sup>

The report defines community-engaged scholarship as:

“Scholarship that involves the faculty member in a mutually beneficial partnership with the community. Community-engaged scholarship can be transdisciplinary and often integrates some combination of multiple forms of scholarship. For example, service-learning can integrate the scholarship of teaching, application, and engagement, and community-based participatory research can integrate the scholarship of discovery, integration, application and engagement.”<sup>1</sup>

The report further states:

“It is important to point out that not all community-engaged activities undertaken by faculty are scholarship. For example, if a faculty member devotes time to developing a community-based health program, it may be important work and it may advance the service mission of the institution, but unless it includes the other components that define scholarship (e.g., clear goals, adequate preparation, appropriate methods, significant results, effective presentation, reflective critique, rigor, and peer review) it would not be considered scholarship.”<sup>1</sup>

### 3. “How can community engagement activities like service-learning be transformed to community-engaged scholarship?”

In order for a community engagement activity to be considered scholarship it must demonstrate the following components (based on the criteria developed by Glassick<sup>2</sup> and by Diamond<sup>3</sup> for assessing scholarship):

- Clear goals
- Adequate preparation

- Appropriate methods
- Significant results
- Effective presentation
- Reflective critique
- Rigor (related to preparation, methods and results)
- Peer review (related to reflection and presentation)

Additional discussion of this topic is expected to take place on the May 18th teleconference for members of the Collaborative on Community-Engaged Scholarship in the Health Professions on moving community-engagement to community-engaged scholarship. An audiofile of the teleconference will be posted on the partner's page.

### **Examples of Community-Engaged Scholarship**

#### **4. "What are some recently published examples of high-quality community-engaged scholarship?"**

Fortunately, this field is growing and there are literally dozens of peer-reviewed publications of high-quality community-engaged scholarship. Below is a listing of theme issues on topics related to community engaged scholarship, a list of journals that regularly publish papers on service learning, community-based participatory research, and community-campus partnerships, and references for some recent illustrative examples of community-engaged scholarship published in 2004.

Recent health professional journal theme issues related to community-engaged scholarship:

- Academic Medicine, 2005 Volume 80 Issue 4. Theme issue on community-campus partnerships.
- Academic Medicine, 2000 Volume 75 Issue 9. Theme issue on "Expanding the view of scholarship".
- American Journal of Pharmacy Education. 2004 Volume 68 Issue 1. Theme issue on service learning.
- Journal of General Internal Medicine, July 2003 Volume 18 Issue 7. Theme issue on community-based participatory research.
- Journal of Interprofessional Care, November 2004 Volume 18 Issue 4. Theme issue on community-based participatory research.

Journals that regularly publish community-engaged scholarship:

- Action Research - is an international, interdisciplinary, refereed journal which is a forum for the development of the theory and practice of action research.
- Education for Health: Change in Learning and Practice - is the peer-reviewed international journal of The Network: Toward Unity for Health. Formerly Annals of Community-Oriented Education, the journal addresses community-oriented education, research and service across the health professions.
- Journal for Civic Engagement - is dedicated to growing and strengthening the discussion around service-learning, which connects the academic curriculum to service and civic engagement in communities, both locally and globally. The Journal offers research and theories, strategies, and tips and techniques.

- Journal of Higher Education Outreach and Engagement - formerly the Journal of Public Service and Outreach, this peer-reviewed journal seeks to serve as a forum to promote the continuing dialogue about the service and outreach mission of the University and its relationship to the teaching and research missions and to the needs of society.
- Living Knowledge Journal of Community Based Research - contains articles that highlight the current state of discussion on science shops and community-based research.
- Michigan Journal of Community Service Learning is a peer-reviewed journal consisting of articles written by faculty and service-learning educators on research, theory, pedagogy, and issues pertinent to the service-learning community.
- Additionally, the Institute for Community Research distributes an online list of abstracts on community-based research. You can sign up to receive the abstracts at <http://www.incommunityresearch.org/training/icrlistserv.htm>

Recent examples of peer-reviewed publications on community-engaged scholarship:

*Note: The first article is an example of scholarship in service learning, with the second and third being examples of community-based participatory research.*

Olm-Shipman, C., V. Reed, et al. (2003). "Teaching children about health, part II: the effect of an academic-community partnership on medical students' communication skills." Educ Health (Abingdon) **16**(3): 339-47.

Corbie-Smith, G., A. S. Ammerman, et al. (2003). "Trust, benefit, satisfaction, and burden: a randomized controlled trial to reduce cancer risk through African-American churches." J Gen Intern Med **18**(7): 531-41.

Sloane, D. C., A. L. Diamant, et al. (2003). "Improving the nutritional resource environment for healthy living through community-based participatory research." J Gen Intern Med **18**(7): 568-75.

Additional examples of community-engaged scholarship that have been published in peer-reviewed journals can be found on the CCPH website at:

<http://depts.washington.edu/ccph/commbas.html#JournalArticles>

### **Assessing Community-Engaged Scholarship**

#### **5. "What are some definitions, metrics, and processes that Review, Promotion and Tenure (RPT) committees can understand and adopt? What are some best practices?"**

Assessment criteria for scholarship in general, as well as for community-engaged scholarship in particular, have been articulated and can be useful for promotion and tenure committees in assessing the work of faculty. The following references (*also included in the Collaborative's Annotated Bibliography*) may particularly be valuable in reviewing the assessment criteria, and applying those criteria to faculty work.

Rutherford-Stuart C, Kauper-Brown J, Seifer SD. Community-Engaged Scholarship for Health Collaborative Frequently Asked Questions. Seattle: Community-Campus Partnerships for Health, 2005. <http://www.ccpb.info>.

Glassick, C. E., M. T. Huber, et al. (1997). *Scholarship Assessed: Evaluation of the Professoriate*. Menlo Park, CA, The Carnegie Foundation for the Advancement of Teaching: 126.

Annotation: This work builds on Boyer's 1990 *Scholarship Reconsidered* by addressing how scholarly work, across the four dimensions of discovery, integration, application, and teaching can be adequately assessed and documented, with specific concern to how this assessment can influence faculty advancement at universities. The criteria for assessing scholarship: clear goals, adequate preparation, appropriate methods, significant results, effective presentation and reflective critique address the core of what constitutes scholarship across disciplines and dimensions of scholarly work. The work further applies these criteria to the assessment process used to evaluate faculty.

Aday, L. and B. Quill (2000). "A framework for assessing practice-oriented scholarship in schools of public health." *Journal of Public Health Management Practice* 6(1): 38-46.

Annotation: This article presents a framework for understanding Boyer's domains of scholarship and Glassick's criteria for assessing scholarly work in the context of academic public health practice. Clear examples are given through tables of what scholarship might look like across domains in terms of the core public health function (table 1), criteria for assessing scholarship (table 2), and types of evidence that might support fulfillment of the criteria (table 3). Overall the article provides a clear background on relevant issues in defining and evaluating scholarship for public health institutions specifically and other health professions as well. The tables which provide examples of practice-oriented scholarship, criteria for assessing scholarship, and sources of documentation of scholarly work across domains may be particularly useful to those developing RPT policies or serving on RPT committees.

Maurana, C., M. Wolff, et al. (2000). *Working with our Communities: Moving from Service to Scholarship in the Health Professions*. *Community-Campus Partnerships for Health's 4th Annual Conference "A Policy Agenda for Health in the 21st Century"*. Washington DC: 25.

Available online at [http://depts.washington.edu/ccph/pdf\\_files?TR2.PDF](http://depts.washington.edu/ccph/pdf_files?TR2.PDF)

Annotation: This paper outlines examples of evidenced-based models used to document and assess scholarship, that are compatible with community-engaged scholarship. These examples may be helpful for defining criteria for scholarship to be used in review, promotion and tenure decisions, or for faculty members seeking to document their community-engaged scholarly work. Next, the paper proposes a model for community scholarship which cuts across the divisions of the traditional paradigm of teaching, research and service and presents specific questions based in Glassick's criteria for scholarship that can be used to guide assessment of this type of scholarly work, and examples the products or outcomes of community scholarship. The listing of assessment questions is very complete and would be useful to RPT committee members assessing the individual work or portfolio of a community-engaged scholar. A summary of recommendations for future work on the issue of faculty rewards that developed out of the discussion of this work at the 2000 CCPH conference, and a discussion of the "qualities of a community scholar" are included.

National Review Board for the Scholarship of Engagement.

Website: <http://www.scholarshipofengagement.org/>

Annotation: The National Review Board for the Scholarship of Engagement serves as a review mechanism for portfolios for faculty seeking promotion based on community-engaged scholarship. Full portfolios are reviewed by experts in community-engaged work and recommendations and feedback are returned to the faculty member and the faculty member's institution. Their evaluation criteria page outlines the questions considered by their reviewers in assessing scholarly work. These questions are framed within Glassick's criteria of clear goals, adequate preparation, appropriate methods, significant results, effective presentation and reflective critique.

In addition to providing clear assessment criteria for faculty review committees to use in the review of community-engaged faculty members, the report of the Commission on Community-Engaged Scholarship in the Health Profession<sup>1</sup> recommends providing training to committee members on the institutions definition of scholarship, assessment criteria, and on community-engaged scholarship. The Commission report includes a discussion of this recommendation with examples of promising practices in committee training including California State University Monterey Bay and the University of Kentucky College of Medicine.

### **Funding of Community-Engaged Scholarship**

#### **6. “How can I find funding for community-based participatory research and other types of community-engaged scholarship? Do you have a resource list?”**

A listing of funding agencies, and related reports, presentations, and fact sheets are available on the CCPH website at <http://depts.washington.edu/ccph/links.html#Funding>

CCPH and the Northwest Health Foundation published the “Directory of Funding Sources for Community-Based Participatory Research”. The full text of the 2004 edition is available online at: [http://depts.washington.edu/ccph/pdf\\_files/directory-062704f.pdf](http://depts.washington.edu/ccph/pdf_files/directory-062704f.pdf). The guide contains both federal and private funding sources listed with detailed information on each funding opportunity and previous projects that were funded, where available. The guide also contains a number of useful websites and a discussion of how to stay current on funding opportunities.

A fact sheet titled “Raising Funds for Service-Learning in Higher Education” is available through the National Service-Learning Clearinghouse at: [http://www.servicelearning.org/resources/fact\\_sheets/he\\_facts/raising\\_funds/](http://www.servicelearning.org/resources/fact_sheets/he_facts/raising_funds/). The fact sheet gives a general overview of how to search for funding, provides a listing of potential funders, and a number of links to other resources.

Additional funding opportunities are announced in the biweekly Partnership Matters newsletter distributed by email to CCPH members every other Friday and posted on the CCPH website at <http://depts.washington.edu/ccph/PM2005.html>

CCPH also manages listservs on community-based participatory research (CBPR) and community-engaged scholarship (CES) that frequently post funding announcements.

To sign up for the CES listserv, visit:

<https://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship>

To sign up for the CBPR listserv, visit:

<https://mailman1.u.washington.edu/mailman/listinfo/cbpr>

To find out about becoming a CCPH member, visit:

<http://depts.washington.edu/ccph/members.html>

### **Institutions Embracing Community-Engaged Scholarship**

7. **“Is there a precedent or movement toward changing the traditional categories for promotion and tenure from teaching, research and service to Boyer’s definition of scholarship? Do any such models exist in major universities?”**

Following the publication of *Scholarship Reconsidered*,<sup>4</sup> many higher education institutions took up the dialogue on expanding the definition of scholarship. A number of initiatives were undertaken, and many universities adopted policies that embraced the work of Boyer (defining scholarship) and Glassick<sup>2</sup> (assessing scholarship). Schools that participated in this movement focused their missions and policies around Boyer’s dimensions of scholarship: discovery, integration, application and teaching, rather than research, teaching, service.

For the most part, these advances made during the 1990s focused on better valuing the work of faculty in teaching undergraduate students, as this was recognized as an area of shortcoming of many institutions (through surveys conducted in the late 1980s and early 1990s). The processes of these institutions in incorporating the scholarship of teaching into faculty reward structures can guide the efforts of the Collaborative in promoting the scholarship of application and community-engaged scholarship.

No exhaustive reference of schools and Universities that have adopted the Boyer model is available. Here we list a few examples of academic institutions that have included the Boyer model of scholarship in their policies and statements:

Universities:

- Portland State University
- Syracuse University
- California State University Monterey Bay
- University of Wisconsin

Health Professional Schools:

- University of Kentucky College of Medicine<sup>5</sup>
- University of Ottawa Faculty of Medicine<sup>6</sup>
- University of North Carolina, Chapel Hill- Department of Family Medicine<sup>7</sup>
- Allegheny University of Health Sciences<sup>8</sup>

Note: Several Schools of Public Health, including the University of Washington School of Public Health and Community Medicine, and University of North Carolina Chapel Hill School of Public Health have undergone processes to include academic public health practice as part of the policies of the school, but do not explicitly reference the Boyer model in their resulting policies.

Health Professional School Associations:

- American Association of Colleges of Nursing (AACN) -Defining Scholarship for the Discipline of Nursing<sup>9</sup>
- Association of Schools of Public Health (ASPH)- Demonstrating Excellence in Academic Public Health Practice<sup>10</sup>
- American Association of Colleges of Pharmacy (AACP)- AACP Commission to Implement Change in Pharmaceutical Education<sup>11</sup>

8. **“Are criteria for assessing CES working successfully at any universities? Have other schools implemented community-engaged scholarship into promotion and tenure decisions? If so, is it working?”**

A number of schools have revised their academic policies and faculty reward policies to better support CES. The following schools and universities have been recognized as leaders in embracing community-engaged scholarship:

- Portland State University
- University of Wisconsin
- University of North Carolina Chapel Hill School of Public Health
- University of Washington School of Public Health and Community Medicine

Additionally, the RPT policies of several health professional schools that demonstrate support for CES are listed on the CCPH website:

<http://depts.washington.edu/ccph/scholarship.html#Examples>.

To determine how successfully these policies have been implemented and have lead to the promotion and tenure of community-engaged faculty members is harder to determine. The faculty profiles of community-engaged scholars included in the Community Engaged Scholarship Toolkit may provide more guidance on how these policies can be applied in practice. The toolkit is available online at: <http://www.communityengagedscholarship.info>.

9. **“Are there Research I Universities (Doctoral/Research Universities-Extensive) that we can point to that are embracing CES?”**

To various extents most health professional schools embrace community-engaged scholarship through service-learning activities, community-based participatory research projects, and institutional structures for community partnerships such as offices and centers. Community engagement is a central part of the activities of many health professional students and faculty, including large research-oriented institutions. However, recognizing these activities in faculty reward structures, including RPT policies, seems to be less common. Some schools of public health including the University of North Carolina Chapel Hill and the University of Washington (which are classified as research extensive universities, with strong research programs in public

health) have made significant efforts to reward “academic public health practice” activities that are often similar to CES.

More guidance on model institutions supporting CES might be available upon the new publication of classification of academic institutions by the Carnegie Foundation for Higher Education. The new classifications, to be published in late 2005, will allow for institutions to be listed in multiple “elective” categories including community engagement.<sup>12</sup> For more information on the classifications by the Carnegie Foundation for the Advancement of Teaching and learning visit <http://www.carnegiefoundation.org/Classification/CIHE2000/PartIfiles/partI.htm>

### **Best Practices in Institutionalizing Community-Engaged Scholarship**

#### **10. “What are some best practices in institutionalizing community-engaged scholarship?”**

The report of the Commission on Community-Engaged Scholarship in the Health Professions<sup>1</sup> outlines a number of recommendations that are important to supporting CES among the professional associations, funding agencies and academic institutions. Recommendations relating to the institutionalization of community-engaged scholarship include:

- Health professional schools should adopt and promote a definition of scholarship that includes and values community-engaged scholarship.
- Health professional schools should adopt review, promotion, and tenure policies and procedures that value community-engaged scholarship.
- Health professional schools should ensure that community partners are meaningfully involved in review, promotion, and tenure processes for community-engaged faculty members.
- Health professional schools should educate the members of review, promotion, and tenure committees about community-engaged scholarship and prepare them to understand and apply the review, promotion, and tenure guidelines in the review of community-engaged faculty.
- Health professional schools should invest in the recruitment and retention of community-engaged faculty.
- Health professional schools should advocate for increased extramural support for community-engaged scholarship.
- Health professional schools should take a leadership role on their campuses to initiate further campus-wide support for community-engaged scholarship.

These recommendations are discussed in depth with examples of promising practices in implementing these steps at health professional schools. The report, “Linking Scholarship and Communities: Report of the Commission on Community-Engaged Scholarship in the Health Professions” is available online at:

[http://depts.washington.edu/ccph/pdf\\_files/Commission%20Report%20FINAL.pdf](http://depts.washington.edu/ccph/pdf_files/Commission%20Report%20FINAL.pdf)

11. **“What approach should health professional schools take to the change process? Should we start from the top-down or the bottom-up?”**

One approach to implementing a change process is unlikely to be successful for all institutions, however, those that use elements of both top-down and bottom-up approaches usually have the greatest prospects for success in transforming organizations or institutions. Kotter’s model for transformational change has been selected as a model for the work of the Collaborative for Community-Engaged Scholarship in the Health Professions due to its broad acceptance across a range of organizations, and research demonstrating that the model fits well with efforts of medical schools to redefine scholarship<sup>13</sup>. The eight phases of the Kotter model include:

- Establishing a sense of urgency
- Creating the guiding coalition
- Developing a vision and strategy
- Communicating the change vision
- Empowering broad-based action
- Generating short-term wins
- Consolidating gains and producing more change
- Anchoring new approaches in the culture

More detailed information on the Kotter model can be obtained in the following references (*also included in the Collaborative Annotated Bibliography*):

Kotter, J. P. (1995). "Leading Change: Why Transformation Efforts Fail." Harvard Business Review.

Kotter, J. P. (1996). Leading Change. Boston, Massachusetts, Harvard Business School Press.

However, we must recognize the differences between the hierarchical corporate setting for which the Kotter model was developed and the more independently structured academic institutions that are seeking change. For the work of the Collaborative, efforts are focused at the level of the health professional school, but care must also be taken to assure broad support from the faculty in the school, the faculty senate, and university administrators. This requires particular attention to building a strong and inclusive coalition, and working to communicate the vision and develop support for it broadly.

Some institutions that have undertaken efforts to revise RPT policies and definitions of scholarship around the Boyer model have worked from the outset to understand faculty views and incorporate them into the process to increase faculty support for changes. The following report for the University of Ottawa Faculty of Medicine demonstrates how faculty surveys were used to shape the resulting policies and the response of faculty to the changes.

Valuing Our Future: Report of the Task Force on Faculty Career Paths (2000-2001). University of Ottawa, Faculty of Medicine. Accepted December 4, 2001. Available at: [http://www.medicine.uottawa.ca/eng/pdf/task\\_force.pdf](http://www.medicine.uottawa.ca/eng/pdf/task_force.pdf)

12. **“How can we create a sense of urgency about civic engagement that will be compelling to a high proportion of the faculty?”**

The report of the Commission on Community-Engaged Scholarship in the Health Professions states the need for increasing community-engagement in academic institutions and community-engaged scholarship as follows:

“Over the past two decades, a steady stream of national organizations have been recommending the community engagement of health professional schools as an essential strategy for improving health professional education, achieving a diverse health workforce, increasing access to health care, and eliminating health disparities. Thanks to these recommendations, the requirements of accrediting bodies, the investments of funding agencies, and the favorable results of outcome studies of community-based education and research, community engagement is now widely viewed as fundamental to the mission and purpose of health professional schools. Health professional schools across the country are establishing partnerships with communities to address such critical issues as:

- The development and diversity of the health workforce—for example, through service-learning and educational pipeline programs
- The delivery of quality health care—for example, through community-oriented primary care
- The relevance of research and its translation into practice and policy—for example, through community-based participatory research
- The health and economic vitality of communities—for example, through Healthy Communities initiatives and neighborhood revitalization efforts
- Recruiting and retaining diverse community-engaged faculty members are essential to developing and sustaining the community partnerships that form the foundation for community-based teaching, research, and service.”

A number of prominent and frequently cited reports make the case for supporting community-engaged scholarship across academic disciplines and in the health professions. The following reports help make the case for increasing community engagement in the health professions and in health professional schools:

- Institute of Medicine. *Future of Public Health*. Washington, DC: National Academy of Sciences Press, 2002. <http://www.iom.edu>
- Institute of Medicine. *Who Will Keep the Public Healthy?* Washington, DC: National Academy of Sciences Press, 2002. <http://www.iom.edu>
- The Kellogg Commission on the Future of State and Land-Grant Universities. *Returning to Our Roots: The Engaged Institution*. 1999. Available online at: [http://www.nasulgc.org/publications/kellogg/Kellogg1999\\_Engage.pdf](http://www.nasulgc.org/publications/kellogg/Kellogg1999_Engage.pdf)

There are a number of compelling reasons why civic or community engagement is critical in health professional education. These arguments may be the basis for creating the sense of urgency in the first step of the Kotter model.

- Communities face complex challenges and need to draw on all institutions as assets
- Public expectations of accountability and value in higher education is high
- Gaps exist between research and practice, and teaching and practice

- Disengagement in civic participation and democracy
  - Recognizing the political and economic context and many state budgets, there is a need to demonstrate to legislators and the community that academic institutions and faculty are making a difference in communities.
  - Rewarding a broad range of scholarship attracts diverse faculty and students and may help with faculty shortages in some health professions.
  - CES can generate new revenue streams which may be highly sustainable.
  - Scholarly work in the health professions needs to shift from a strictly clinical or laboratory model to include a community-based model which will produce more immediate and greater impacts in addressing health issues.

### **Overcoming Barriers to Embracing Community-Engaged Scholarship**

#### **13. “What are the barriers to promoting CES and how can we overcome them?”**

The report of the Commission on Community-Engaged Scholarship in the Health Professions<sup>1</sup> identified the following challenges in valuing CES:

- The scholarship hierarchy (discovery over other forms, scholarship over service)
- Time involved in developing community-academic partnerships
- The funding hierarchy
- Funding agency priorities and expectations
- The journal hierarchy
- The collaborative and interdisciplinary nature of the work
- Diverse dissemination pathways and products
- Diverse measures of quality, productivity, and impact
- The central role of peer review
- The limited involvement of community partners in the RPT process

Additionally, the literature on community-engaged scholarships has discussed a number of barriers to CES. The following articles (*also included in the Collaborative’s Annotated Bibliography*) discuss the major barriers to community-engaged scholarship for both individual faculty members and for institutions, and some strategies for overcoming these barriers.

Calleson, D. C., S. D. Seifer, et al. (2002). "Forces Affecting Community Involvement of AHCs: Perspectives of Institutional and Faculty Leaders." *Academic Medicine* 77(1): 72-81.

Annotation: This paper gives an overview of a study of 8 Academic Health Centers (AHCs), selected based on their significant level of community involvement, examining both internal and external facilitators and barriers to community involvement. The paper begins with a strong overview of the pressures facing AHCs and the impetus for increased community involvement as discussed in the literature. Study methods and findings are reviewed in significant detail, with discussion of each of the key internal and external facilitators identified. The paper concludes with a listing of recommendations for AHCs as to how they can become more involved with their communities.

Dodds, J. M., D. C. Calleson, et al. (2003). "Structure and culture of schools of public health to support academic public health practice." Journal of Public Health Management Practice **9**(6): 504-512.

Annotation: This study of structural and cultural barriers within schools of public health regarding academic public health practice highlights a number of factors that can inhibit community-academic partnerships. The authors, motivated by concern about the disconnect between the work of schools of public health and that of communities, undertook a survey of practice coordinators at each accredited school of public health looking at academic public health practice activities. The article outlines four structural barriers to community-academic partnerships; decentralization that inhibits interdisciplinary work, lack of channels for coordination of partnerships with communities, RPT policies that do not reward community-engaged work, and low skill sets at academic institutions for establishing and maintaining community partnerships. Additionally cultural barriers are considered. Survey findings are reported for 22 schools of public health. The discussion section focuses on the importance of senior faculty and administrators in providing leadership in advancing academic public health practice and the role of faculty reward systems as a potential structural barrier.

Nyden, P. (2003). "Academic Incentives for Faculty Participation in Community-Based Participatory Research." Journal of General Internal Medicine **18**: 576-585.

Annotation: This article discusses factors inside academic institutions that prevent the adoption of CBPR approaches to research more broadly, including faculty RPT policies. It then goes on to discuss a number of ways that academic institutions could facilitate utilization of CBPR including revising RPT policies, supporting protected time for CBPR, improving funding streams that support CBPR, and institutionalizing CBPR through university centers. The article provides a strong argument for why universities should support the adoption of CBPR approaches, in that these collaborative efforts may help demonstrate the value of the institution to their surrounding communities including funders and legislators. This article may be useful to university administrators in arguing in support of policies that support community engagement. Additionally, the paper provides fairly complete descriptions of factors to consider in developing supportive RPT policies, specifically highlighting the PSU policy, which may be helpful to administrators and teams considering revision of RPT policies.

Sandmann, L. R., P. G. Foster-Fishman, et al. (2000). Managing critical tensions: How to strengthen the scholarship component of outreach. Change. **32**: 44-52.

Annotation: This article discusses what it calls the "critical tensions" inherent in doing community-engaged scholarship for faculty. It describes the need to balance the priorities of the academic institution, in doing scholarly work, and the priorities of community partners in solving problems and providing relevant work. Written from the perspective of faculty working to maintain this balance, and giving several testimonials on the challenges in this process, the article focuses on four main areas of tension: determining project significance, creating contextually relevant solutions, producing meaningful outcomes, and documenting scholarship.

14. **“What are some specific strategies for conversations with naysayers to embracing CES?”**

Kotter’s model<sup>14</sup> emphasizes an approach to change that builds in successive stages. He argues that no change effort can be successful unless there is a strong need for change to occur that is felt by a large majority of the organization. Creating this sense of urgency is critical to converting naysayers and even moving members of the organization from non-resistors to advocates for change. However, making a strong case for a need to change may be more challenging in an academic setting than in the business world where competition can drive change processes.

Demonstrating negative impacts of not moving towards community-engaged scholarship in a real way that can be directly felt by the school or institution in the short term will be the first challenge of schools seeking to promote CES. Approaches to this problem may include developing faculty surveys that can show broad support for changes (see question 11 above), reviewing statements from legislators or community members that have challenged the benefit of the institution and the use of public funds, or linking need for innovation to budget changes.

See the response to question 12 for a listing of reports that make the argument for supporting CES. Additionally the following paper (*also included in the Collaborative’s Annotated Bibliography*) makes a number of strong arguments as to why universities should support community-academic partnerships.

Nyden, P. (2003). "Academic Incentives for Faculty Participation in Community-Based Participatory Research." *Journal of General Internal Medicine* **18**: 576-585.

Annotation: This article discusses factors inside academic institutions that prevent the adoption of CBPR approaches to research more broadly, including faculty RPT policies. It then goes on to discuss a number of ways that academic institutions could facilitate utilization of CBPR including revising RPT policies, supporting protected time for CBPR, improving funding streams that support CBPR, and institutionalizing CBPR through university centers. The article provides a strong argument for why universities should support the adoption of CBPR approaches, in that these collaborative efforts may help demonstrate the value of the institution to their surrounding communities including funders and legislators. This article may be useful to university administrators in arguing in support of policies that support community engagement. Additionally, the paper provides fairly complete descriptions of factors to consider in developing supportive RPT policies, specifically highlighting the PSU policy, which may be helpful to administrators and teams considering revision of RPT policies.

15. **“What are the stumbling blocks? What are the sources of resistance to change for schools that have incorporated community-engaged scholarship?”**

The University of Louisville Medical School is one of the few institutions to publicly report on a failed change effort.<sup>15</sup> In this case the medical school sought to adopt the Boyer model of scholarship, among other changes to RTP and administrative policies but showed a lack of faculty support for the change process which ultimately ended the reform effort. Fitting with Kotter’s model for transformational change, it appears that the case for the change effort was

not well made, and the faculty felt no impetus for change (or change of the type put forward). This failure at the first step of the Kotter's process shows the importance of accomplishing each of the 8 phases fully before attempting to move forward. The case study of the Louisville Medical School is referenced below.

Schweitzer, L. (2000). "Adoption and Failure of the 'Boyer Model' at the University of Louisville" Academic Medicine **75**(9): 925-921.

Continuing with the Kotter model as a way of approaching institutional change, the following items have been listed as the critical failures of organizations in executing their change process:<sup>14</sup>

- Allowing too much complacency
- Failing to create a sufficiently powerful guiding coalition
- Underestimating the power of vision
- Undercommunicating the vision by a factor of 10 (or 100 or even 1,000)
- Permitting obstacles to block the new vision
- Failing to create short-term wins
- Declaring victory too soon
- Neglecting to anchor changes firmly into the corporate culture

In the case of the efforts of the schools involved in the Community-Engaged Scholarship for Health Collaborative, and other institutions considering RPT revisions to promote CES, it is essential to understand that the vision for the institution centers on promoting CES, and that individual changes to statements and policies of the institution alone will not fully realize this vision. The process must be focused on making CES a shared value of the school that is understood, accepted, and embraced by all members of the institution including faculty, students and staff.

This type of change process is likely to be very lengthy and will need strong advocates and careful attention to the process to assure its continuation. Kotter notes that even those organizations that show success may "declare victory too soon" or fail to fully incorporate the change into the institutional culture and will not produce a sustained change. He makes these notes about "anchoring change in a culture":

- Comes last not first: Most alterations in norms and shared values come at the end of the transformation process.
- Depends on results: New approaches usually sink into a culture only after it's very clear that they work and are superior to old methods.
- Requires a lot of talk: Without verbal instruction and support, people are often reluctant to admit the validity of new practices.
- May involve turnover: Sometimes the only way to change a culture is to change key people.
- Makes decisions on succession crucial: If promotion [and recruitment] processes are not changed to be compatible with the new practices, the old culture will reassert itself.

Academic cultures in general may be particularly resistant to change efforts and challenges to traditional ideas about scholarship. Efforts made to involve senior faculty and RPT committee

members who are more skeptical about CES, and convert them to a new culture that is broadly supportive of CES may help to produce lasting change.

16. **“How can we address the concerns of faculty who have met the traditional criteria for tenure and are concerned about less rigor in CES?”**

Convincing faculty members that community-engaged scholarship can be both rigorous and collaborative is challenging in that traditionally research needed to be objective, with distance between the faculty member and the “research subject”. Community engagement removes this distance in an effort to deepen knowledge on a subject from the contributions of both the faculty member and the community, and to improve the relevance of the outcomes to the community. Movement away from the predominant paradigm of the objective researcher, for example, and recognizing all research has some bias is occurring, but slowly.

There are several ways to address this concern. One is to clearly demonstrate how CES meets the standards of scholarship as articulated by Charles Glassick: (clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique). Continuing to connect community-engaged scholarship to this assessment framework, in incorporating this language into peer-reviewed journal articles and dossiers for promotion and tenure, for example, will lead to increased understanding that the standards for scholarship in community-engaged work are no less than those in more traditional settings.

Another way is to highlight the growing evidence base that supports the rigor and impact of CES. For example in 2002, the Agency for Healthcare Research and Quality (AHRQ) commissioned the Research Triangle Institute-University of North Carolina Evidenced-Based Practice Center to conduct a systematic review of the literature on Community-Based Participatory Research (CBPR) projects to improve health. The report, published in 2004, titled *“Community-Based Participatory Research: Assessing the Evidence”* gives evidence showing that community involvement in research does not diminish the rigor of that work. The evidence report is available at: <http://www.ahrq.gov/downloads/pub/evidence/pdf/cbpr/cbpr.pdf> A web-conference presenting the methods and findings of the systematic review was co-sponsored by CCPH and the Northwest Center for Public Health Practice was held on December 2, 2004. The web-conference, entitled “Community-Based Participatory Research: A Systematic Review of the Literature and Its Implications” can be accessed at: <http://depts.washington.edu/ccph/pastpresentations.html>

## References and Resources

### CCPH Resources:

- Collaborative for Community-Engaged Scholarship in the Health Professions Annotated Bibliography:  
[http://depts.washington.edu/ccph/pdf\\_files/Collaborative%20Annotated%20Bibliography-3.5.05.pdf](http://depts.washington.edu/ccph/pdf_files/Collaborative%20Annotated%20Bibliography-3.5.05.pdf)
- Listing of Funding Resources: <http://depts.washington.edu/ccph/links.html#Funding>
- Review, Promotion, and Tenure Policies Supporting CES:  
<http://depts.washington.edu/ccph/scholarship.html#Examples>
- Community-Engaged Scholarship Toolkit: <http://www.communityengagedscholarship.info>.
- Partnership Matters Newsletters <http://depts.washington.edu/ccph/PM2005.html>

### CCPH Services:

- To sign up for the CES listserv, visit:  
<https://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship>
- To sign up for the CBPR listserv, visit:  
<https://mailman1.u.washington.edu/mailman/listinfo/cbpr>
- To find out about becoming a CCPH member, visit:  
<http://depts.washington.edu/ccph/members.html>

### Citations:

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- <sup>1</sup> Commission on Community-Engaged Scholarship in the Health Professions. "Linking Scholarship and Communities" Available online at:  
[http://depts.washington.edu/ccph/pdf\\_files/Commission%20Report%20FINAL.pdf](http://depts.washington.edu/ccph/pdf_files/Commission%20Report%20FINAL.pdf)  
To obtain a hard copy of the report, download the order form at:  
[http://depts.washington.edu/ccph/pdf\\_files/CCPH%20PubList02.2005.pdf](http://depts.washington.edu/ccph/pdf_files/CCPH%20PubList02.2005.pdf)
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- <sup>7</sup> Steiner, B. D., D. C. Calleson, et al. (2005). "How can medical faculty in academic health centers engage with their communities: a case study." *Academic Medicine* **80**(4).
- <sup>8</sup> Angstadt, C. N., L. Z. Nieman, et al. (1998). "Strategies to Expand the Definition of Scholarship for the Health Professions." *Journal of Allied Health* **27**(3): 157-161.
- <sup>9</sup> American Association of Colleges of Nursing (1999). "Defining scholarship for the discipline of nursing." *Nursing and Health Care* **14**(1): 18-21. Also available at: <http://www.aacn.nche.edu/Publications/positions/scholar.htm>
- <sup>10</sup> The Association of Schools of Public Health Council of Public Health Practice Coordinators (1999). *Demonstrating Excellence in Academic Public Health Practice*. Washington D.C., The Association of Schools of Public Health: 22. Available at: <http://www.asph.org/uploads/demon.pdf>
- <sup>11</sup> AACP Commission to Implement Change in Pharmaceutical Education. Position Paper 4. Available at: [http://www.aacp.org/Docs/MainNavigation/EducationalResources/3589\\_BackgroundPaper4.pdf](http://www.aacp.org/Docs/MainNavigation/EducationalResources/3589_BackgroundPaper4.pdf)
- <sup>12</sup> Jaschik, Scott. *Radical Reclassification*. Inside Higher Education. January 25, 2005. Available at: [http://insidehighered.com/insider/radical\\_reclassification](http://insidehighered.com/insider/radical_reclassification)
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- <sup>14</sup> Kotter, J. P. (1996). *Leading Change*. Boston, Massachusetts, Harvard Business School Press.
- <sup>15</sup> Louisville Case Schweitzer, L. (2000). "Adoption and Failure of the 'Boyer Model' at the University of Louisville" *Academic Medicine* **75**(9): 925-921.

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