



Community-Engaged Scholarship for Health Collaborative

Community-Engaged Scholarship Review, Promotion & Tenure Package

Acknowledgments: This package was developed by the Peer Review Workgroup of the Community-Engaged Scholarship for Health Collaborative and edited by Workgroup Chair Cathy Jordan (University of Minnesota). Contributors were, in alphabetical order, Sherril Gelmon (Portland State University), Yvonne Joosten (Vanderbilt University), Paul Jungnickel (Auburn University), Rebecca Leugers (University of Cincinnati), Carol Savrin (Case Western University), Doneka Scott (University of Minnesota), Sarena Seifer (Community-Campus Partnerships for Health), Sharon Shields (Vanderbilt University), and Kristine Wong (Community-Campus Partnerships for Health). For more information about the Collaborative, visit <http://depts.washington.edu/ccph/healthcollab.html>

Proper Citation: Jordan C (Editor). Community-Engaged Scholarship Review, Promotion & Tenure Package. Peer Review Workgroup, Community-Engaged Scholarship for Health Collaborative, Community-Campus Partnerships for Health, 2007.

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Community-Engaged Scholarship Review, Promotion & Tenure Package

Purpose and Applied Use: The Community-Engaged Scholarship Review, Promotion & Tenure Package has been developed as a resource and guide for community-engaged scholars and university Review, Promotion and Tenure (RPT) committees. Scholars will find this package to be most helpful when preparing their dossier for RPT. RPT committees can review the package to gain a greater understanding of how the scholarly rigor and impact of community-engaged scholarship (CES) can be documented for RPT. The package can also inform revisions of established RPT criteria to incorporate CES. Lastly, it is hoped that the package will play a role in establishing a common language and understanding of the definition, scholarly rigor, and applied impact of CES between scholars and RPT committees.

Components: The package consists of the following items:

- Definitions – page 3
- Characteristics of Quality CES – page 5
- Dossier of Ann Brooks, PhD, a fictitious community-engaged scholar – page 13
- Answer Key: How does Dr. Brooks’ work align with the Characteristics of Quality CES? – page 36
- Table 1: The enhancement of scientific rigor in research through community engagement – page 42
- Table 2: The enhancement of scientific rigor in teaching through community engagement – page 49
- “Mock” RPT committee exercise instructions – page 55
- PowerPoint slides from conference presentations – available at www.ccph.info

How the Components Fit Together: This package is grounded in the Definitions and Characteristics of Quality Community-Engaged Scholarship. Dr. Brooks’ Dossier shows how a community-engaged scholar may present his/her work to RPT committees, and parts of the dossier are aligned with the 8 characteristics of quality CES. The Answer Key evaluates how well Dr. Brooks conveyed and documented each of the 8 characteristics of quality CES in her dossier, and provides some recommendations for improvement. The Dossier and Answer Key can be used to educate oneself about documenting CES in RPT materials, and also works well as part of a group exercise simulating an RPT committee process. Instructions for conducting such an exercise are included. The two tables are intended to inform institutional leaders and RPT committee members about CES and to provide additional support for promotion or tenure candidates in making their best case for promotion or tenure as community-engaged scholars.

Additional Resources on Community-Engaged Scholarship: We encourage interested readers to review the additional online CES resources:

Commission on CES in the Health Professions: <http://depts.washington.edu/ccph/kellogg3.html>
CES Toolkit: <http://www.communityengagedscholarship.info>
CES Resources: <http://depts.washington.edu/ccph/scholarship.html>
CES Listserv: <https://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship>
Faculty for the Engaged Campus: <http://depts.washington.edu/ccph/faculty-engaged.html>

Definitions

What is “community engagement”?

Community engagement is “the application of institutional resources to address and solve challenges facing communities through collaboration with these communities.”



Citation for above definition and figure: Commission on Community-Engaged Scholarship in the Health Professions. Linking Scholarship and Communities. Seattle, WA: Community-Campus Partnerships for Health, 2005.

How is engagement different from “outreach”?

Outreach has traditionally been associated with the dissemination of information to public audiences. Such dissemination has taken numerous forms but it is typically one-way communication rather than an exchange. Engagement implies a partnership and a two-way exchange of information, ideas, and expertise as well as shared decision-making.

What makes an activity “scholarship”?

The following list of characteristics of scholarship is adapted from Recognizing Faculty Work, by Robert Diamond and Bronwyn Adam (1993)

- The activity requires a high level of discipline expertise.
- The activity breaks new ground or is innovative.
- The activity can be replicated and elaborated.
- The work and its results can be documented.
- The work and its results can be peer reviewed.
- The activity has significance or impact.

More simply stated, scholarship is work that is public, peer reviewed and available in a platform that others may build on. Faculty take a scholarly approach when they systematically design, implement, assess and redesign an activity, drawing from the literature and best practices in the field (Association of American Medical Colleges, Advancing Educators and Education: Defining the Components and Evidence of Educational Scholarship.

<https://services.aamc.org/Publications/showfile.cfm?file=version86.pdf>)

Scholarship is, at its heart, about contributing to a body of knowledge. Such contributions could be in the form of the creation of new knowledge or the dissemination of knowledge.

Creation of knowledge is not just research. Integrating existing knowledge in new ways, making linkages, applying knowledge in new ways, or coming up with new methods would also be considered part of creating knowledge. Simply conducting a research project might not be considered scholarly unless the project results are documented, able to be reviewed by peers (including practitioners, policy makers, community members, etc. if appropriate) and disseminated.

Dissemination is not just publishing. It is teaching and consulting, community talks, legislative testimony, media presentations, etc. Dissemination is about putting knowledge in the public domain.

What is “community-engaged scholarship”?

Community-engaged scholarship (CES) involves the faculty member in a mutually beneficial partnership with the community and results in scholarship deriving from teaching, discovery, integration, application or engagement.

How is community-engaged Scholarship different than “service”?

Community-engaged scholarship integrates engagement with the community into research and teaching activities (broadly defined). Engagement is a feature of these scholarly activities, not a separate activity. Service implies offering one’s expertise and effort to the institution, the discipline or the community, but it lacks the core qualities of scholarship.

What is “evidence” and what is “documentation”?

The reader will see that in the section below on Characteristics of Quality Community-Engaged Scholarship, each description of a characteristic is followed by a set of bullets about evidence of that characteristic. This section is followed by a discussion of documentation. What’s the difference? Evidence includes the behaviors, activities, and qualities consistent with a given characteristic. Documentation is how the scholar presents that evidence in a dossier.

Characteristics of Quality Community-Engaged Scholarship

Note: These characteristics are drawn and adapted from these sources: Portland State University Promotion and Tenure guidelines, University of Washington School of Public Health and Community Medicine Promotion and Tenure guidelines, National Review Board for the Scholarship of Engagement guidelines, and Glassick C, Huber M and Maeroff G, *Scholarship Assessed: Evaluation of the Professoriate*, San Francisco: Jossey-Bass Publishers, 1997.

Readers may also wish to consult “Developing Criteria for Review of Community-Engaged Scholars for Promotion or Tenure,” a related document prepared by the Peer Review Work Group of the Community-Engaged Scholarship for Health Collaborative: http://depts.washington.edu/ccph/pdf_files/Developing%20Criteria%20for%20Review%20of%20CES.pdf

Quality and significance of scholarship are the primary criteria for determining faculty promotion and tenure. Quality and significance of scholarship are overarching, integrative concepts that apply equally to the expressions of scholarship as they may appear in various disciplines and to accomplishments resulting from various forms of faculty work, such as research and teaching.

A consistently high quality of scholarship, and its promise for future exemplary scholarship, is more important than the quantity of the work done.

The following 8 characteristics are intended as the basis for the evaluation of the quality and significance of Community-Engaged Scholarship (CES):

1. Clear Academic and Community Change Goals

A scholar should clearly define objectives of scholarly work and clearly state basic questions of inquiry. Clarity of purpose provides a critical context for evaluating scholarly work.

Evidence of clear goals includes:

- Clearly stating the basic purpose of the work and its value for public good
- Defining goals and objectives that are realistic and achievable
- Identifying intellectual and significant questions in the discipline and in the community
- Articulating one’s program of research and objectives
- Articulating one’s goals for teaching and student learning

2. Adequate Preparation in Content Area and Grounding in the Community

A scholar must be well-prepared and knowledgeable about developments in his or her field. The ability to educate others and conduct meaningful work depends upon mastering existing knowledge.

Evidence of adequate preparation and grounding in the community includes:

- Investing time and effort in developing community partnerships
- Participating in training and professional development that builds skills and competencies in CES or specific models such as service learning, community-based participatory research, or public health practice.
- Demonstrating an understanding of relevant existing scholarship

3. Appropriate Methods: Rigor and Community Engagement

Meaningful scholarly work must always be conducted with appropriate rigor. In the case of research, rigor facilitates valid research design, data collection, as well as interpretation and reporting of results, so that valid conclusions can be drawn from the findings. In the case of teaching, rigor ensures that teaching methods and curriculum are grounded in practices known to produce student learning outcomes and in appropriate theoretical frames and research-based evidence. In many instances the engagement of communities can enhance rigor and facilitate the study of issues and research questions that would not be as effectively studied apart from such communities (for example, research related to health disparities). Community engagement can also enhance the rigor of teaching and facilitate understanding of environmental, sociological, and political contexts of issues or theories treated in the classroom. Therefore it is imperative for community-engaged scholars to provide evidence to demonstrate that rigor is maintained, or even enhanced, through community engaged approaches.

Evidence of scientific rigor and community engagement includes:

- Enhancing curriculum by incorporating updated and real world information from community members critical to student learning of course material.
- Deepening and contextualizing the learning experience in a course by involving community experts in design and implementation
- Leveraging funds for course development or a research project as a result of community involvement
- Revising curriculum and community placement with community partner based on student feedback and community partner observation.
- Refining a research question, or confirming its validity, through co-generation with community partner
- Involving the community in grant management, fiscal control and accountability to increase community support for the success of the work.
- Involving the community to improve study design – including: improving or reinforcing the conceptual framework; creating better understanding and characterization of study variables; and improving acceptability to the community, ultimately resulting in increased study validity

- Using community member input to enhance plans for recruitment and retention of study participants
- Utilizing community member feedback to improve the design of measurement instruments and/or collection of data
- Involving community members in interpretation of data allowing deeper understanding of the study's findings
- Developing policy recommendations and application or intervention ideas based on study's findings through brainstorming with community partners.
- Disseminating findings more broadly through partnership with community organizations
- Improving ethical credibility by directly addressing specific issues/concerns with the community.
- Reducing potential for faculty presuppositions through learning from community partners.

4. Significant Results: Impact on the Field and the Community

Scholars should evaluate whether or not they achieve their goals and whether or not this achievement had an important impact on and is used by others. A primary goal of community-engaged scholarship is to beneficially impact the communities in which such scholarship is conducted. The assessment of CES impact must go beyond just the reporting of positive, neutral, or negative outcomes of any given project. The scholar should explicitly state what knowledge they created or applied and what impact it has had or may likely have in the future. It is important to note here that “significant results” is intended to be broadly defined and not only “statistically significant results.”

Evidence of significant results/impact includes:

- The community contributing to as well as benefiting from the research or learning project
- Making progress towards social equity
- Changing health policy
- Improving community health processes or outcomes
- Securing increased funding to continue, expand or replicate the initial project or course
- Securing increased funding for community partners
- Increasing capacity of individuals in the community and community organizations to advocate for themselves
- Enhancing the ability of trainees or students to assume positions of leadership and community engagement
- Utilizing the work to add consequentially to the discipline and to the community
- Opening up additional areas for further exploration and collaboration through the work
- Utilizing the work to make a contribution consistent with the purpose and target of the work over a period of time
- Disseminating geographically limited work with clear discussion as to its generalizability to other populations or as a model that can be further investigated in other settings

5. Effective Presentation/Dissemination to Academic and Community Audiences

Central to scholarly pursuits is the effective presentation and dissemination of results. Scholars should possess effective oral and written communication skills that enable them to convert knowledge into language that a public audience can understand. Scholars should communicate with appropriate audiences and subject their ideas to critical inquiry and independent review.

Evidence of effective presentation and dissemination includes:

- Publishing research results or teaching innovations in peer-reviewed journals, practitioner journals, professional journals
- Publishing in periodicals or newspapers read by community members
- Disseminating information through other media used by community members, practitioners or policy makers (radio, newsletters, podcasts, etc.)
- Utilizing video, computer or distance programs that reach community
- Producing policy documents directed towards service providers, policy makers or legislators
- Presenting at community events
- Co-authoring any of the above with community partners

6. Reflective Critique: Lessons Learned to Improve the Scholarship and Community Engagement

Community-engaged scholars should demonstrate an ability to critically reflect on their work, their community partnerships, the issues and challenges that arise and how they are able to address these (for example, issues of power, resources, capacity, racism, etc). Community-engaged scholars should demonstrate an ability to consider such questions as: why did this project succeed or fail to achieve its intended outcomes; what could be done differently in succeeding projects to improve outcomes; is this project an idea that is deserving of further time and effort?

Evidence of reflective critique includes:

- Conducting debriefing sessions with community members
- Seeking evaluations from community members
- Changing project or course design based on feedback and lessons learned
- Engaging in personal reflection concerning, for example, issues of privilege or racism

7. Leadership and Personal Contribution

One of the most consistent criteria for promotion or tenure in the academy is evidence of a national or international reputation. Community-engaged scholars should demonstrate, within their discipline, within the arena of community-engaged scholarship, or both, that their work has earned them a reputation for rigor, impact and the capacity to move the

discipline or community change work forward. In addition, community-engaged scholars should demonstrate an ability to serve in leadership roles.

Evidence of leadership and personal contribution includes:

- Receiving invitations to present to professional society meetings, national or international conferences
- Receiving invitations to present to community audiences
- Receiving invitations to testify before legislative bodies
- Receiving invitations to appear in the media
- Receiving invitations to serve on advisory or policy-making committee at national, regional, state and/or community levels
- Receiving invitations to serve on editorial boards
- Directing community-based activities
- Organizing partnerships with community organizations to improve health
- Receiving awards or letters of appreciation from community-based organizations for contributions to community health
- Mentoring students, junior faculty and community partners
- Being asked to be a peer observer of colleague's teaching

8. Consistently Ethical Behavior: Socially Responsible Conduct of Research and Teaching

Consistently ethical behavior links scholarship to personal virtues. This reference suggests that scholarly work must be conducted with honesty, integrity, perseverance and courage. Ethical behavior considers that scholars will foster a respectful relationship with students, community participants, peers, and others who participate in or benefit from their work. Ethical behavior ensures the responsible conduct of research and the respectful engagement of communities and individuals to conduct research and teaching. Ethical behavior must consider cultural or community implications as well as university policies.

Evidence of consistently ethical behavior includes:

- Cultivating the conduct of “good science”, sound research techniques and appropriate engaged pedagogies that result in meaningful and beneficial contributions to communities.
- Following the human subject review process and all other policies concerning the responsible conduct of research when conducting research projects, and specifically subjecting work to a community IRB or a university IRB committee focused on community based research, if these exist
- Engaging communities in a respectful manner
- Recognizing and valuing community knowledge systems and incorporating them into the research process and courses as appropriate
- Acknowledging that customs and practices vary from one cultural community to the next and therefore should not be assumed when initially engaging a community
- Approaching communities as mutual partners to foster trusting, equitable

relationships

- Focusing scholarly work on community assets not deficiencies, allowing community members to take active, meaningful roles in research and courses, not for example, simply serving as research subjects. The goal is to maintain an open, trusting relationship—one that empowers the community and reflects a true partnership.
- Appropriately involving community partners in writing and reviewing products of the scholarship before they are published or otherwise disseminated.
- Appropriately acknowledging community partners when writing, presenting, etc about the collaborative work.

Ideas for Documenting Quality Community-Engaged Scholarship in a Dossier

The following are examples of documents that could be included in a community-engaged scholar's dossier. Depending upon an academic institution's standards and guidelines for preparing promotion and tenure materials, some of these may or may not be useful to individual scholars. Thus, community-engaged scholars are encouraged to use these ideas in the context of the requirements of the institutions in which they work.

For additional ideas, including examples from actual dossiers, visit the Community-Engaged Scholarship Toolkit at www.communityengagedscholarship.info

- **Career Statement** – As a part of their career statement, scholars can discuss the role of CES to their career and academic development. Some institutions require the scholar to specifically address research and teaching accomplishments in either subsections of the Career Statement or in separate essays. The scholar should take this opportunity to illustrate how CES enhances the rigor of their research or teaching, the reach of their work, community impact, and student outcomes.
- **Curriculum Vita** – Within the format allowed by their institutions, community-engaged scholars can use their vita to highlight the importance of community-engagement to their scholarly work. For example, sections of the vita could be developed to highlight community activities, consultative and advisory positions, and articles or reports co-authored with community partners. It is particularly important that the role of community partners be highlighted. It is essential that community-engaged scholars document their work to be scholarly, in that it creates, advances, or extends knowledge. Mere provision of community service, while being a form of community engagement, cannot be considered to be community-engaged scholarship.

Ideas from the CES Toolkit include:

- Place a star on publications where one or more of your co-authors was a community partner. This highlights your commitment to recognizing community partners for their scholarly contributions.
- Place a star on publications where one of your students was a first author. This highlights your commitment to mentoring your students, and your willingness to support their development.

- Cite training manuals for community and innovative educational materials under publications. Highlight these products in your Career Statement or essays, especially if you are able to indicate how they were peer reviewed and what potential impact they are having on learners, community members or policy makers. Cite educational and public health evaluation reports.
 - Highlight your service work in three areas: (1) University Service, (2) Professional Service and (3) Community Service. This method of categorizing your service can show your committee the breadth of your commitment to service both within the university and beyond. Avoid placing research and teaching activities within the Community Service area. If these activities are scholarly, they belong in the Research and Teaching related sections.
- **Statement of Assigned Responsibilities/Work Assignment** – Community-engaged scholars can also document the importance of community-engagement as it relates to their assigned responsibilities. Sadly, in many academic settings, faculty members are evaluated for promotion and tenure on criteria that are out of alignment with the responsibilities they are asked to assume on a daily basis. Inclusion of a statement of assigned responsibilities or work assignment, within a dossier, may call attention to the importance of community-engagement as it relates to a scholar’s work.
 - **Teaching Portfolios** - Teaching portfolios are increasingly used by faculty members for documentation of the scholarship of teaching. Portfolios are ideal venues for faculty members to document the value of community-engagement as related to their teaching as well as scholarship related to their teaching activities. Important components of teaching portfolios are the scholar’s reflective comments, which can be used to explain the value of community-engaged approaches to their work.

Ideas from the CES Toolkit include:

- Integrate literature on the philosophy and outcomes of community-engaged teaching.
- Integrate how your involvement in community engaged teaching relates to your disciplinary content area and/or your research.
- Highlight any leadership roles you have that relate to community-engaged teaching.
- Highlight grants that you have received (both institutional and external funding) to develop courses involving a community components.
- Highlight teaching awards. Highlight nominations for teaching awards. The nomination is an award in and of itself.
- Describe a new or revised class that involves the community as a teaching innovation.
- Cite publications and presentations on innovative community-based education from courses.
- Describe presentations on community-engaged teaching.
- Include excerpts from student reflection journals (with student permission) that detail what students have learned.

- Include excerpts of [letters from community partners](#) describing how the service-learning projects have impacted the community.
 - Create a summary page in your course syllabi materials that ties how and why you developed your courses back to your teaching statement.
 - Solicit evaluations and letters of support from former students. Ask them to send letters directly to your department chair or other appropriate person.
 - Involve peers to evaluate your [teaching](#) and ask them to assess the components that involve student partnerships with communities.
 - Solicit [letters from community partners](#) who have been involved in your courses.
 - Bold or point to student end-of course summaries that highlight excellence in your teaching.
- **Letters of Support/Appreciation from Community Members/Partners** – Such letters can be used to help document the value of the scholarly work as perceived by community leaders and to illustrate community impact and breadth of dissemination.
 - **Peer Review Letters from Community Leaders** – To be valuable, such letters must provide a critical critique of the scholar’s work from the community’s perspective. Letters of a general nature that lack critical analysis may be counterproductive to the scholar’s promotion and/or tenure application.
 - **Publications in Media Aimed at Community Partners** – Such publications can be used to highlight the importance of this work to community leaders and partners.
 - **Peer-Reviewed Publications that Report on Community-Engaged Scholarship** – Peer-reviewed publications are the most highly respected forms of scholarly communication. It is important that community-engaged scholars, when ever possible, work diligently to communicate their work through peer-reviewed outlets.

Dossier of Ann Brooks, PhD, A Fictitious Community-Engaged Scholar

This sample dossier includes the following components:

- A letter from Dr. Brooks' Department Chair illustrating the role a chair [or a nominating faculty member] can play in educating RPT committee members about community engaged scholarship
- Curriculum vitae
- Table of accomplishments as defined by the characteristics of quality community-engaged scholarship
- Narrative statement
- Letters from community partners

For examples of excerpts drawn from actual dossiers, visit the Community-Engaged Scholarship Toolkit at <http://depts.washington.edu/ccph/toolkit-portexamples.html>

LETTER FROM DR. BROOKS' DEPARTMENT CHAIR

Doris Key, PhD MPH
Dean, School of Public Health and Health Sciences
University of Massachusetts – Amherst
420 Lindon Ave
Amherst, MA

RE: Ann Brooks, Ph.D.

Dear Dr. Key,

It is with great pleasure that I write this letter of support of Dr. Ann Brooks' application for promotion to Associate Professor with tenure in the Division of Public Health. Dr. Brooks obtained her BA from University of Kansas, her MA from Harvard University and her PhD from University of Florida. She completed a post-doctoral fellowship at Boston University School of Public Health and began her professional career as a Clinical Assistant Professor at the University of California-Davis. She became an Assistant Professor in 2001 at the University of Massachusetts-Amherst. As head of the Division of Public Health, I can tell you that we were extremely fortunate to recruit her and we fully support her application for promotion.

Dr. Brooks is a unique scholar/teacher. She identifies herself as a community-engaged scholar and she aims to apply disciplinary expertise and skills to timely and important social issues in the community thereby making impact on the field as well as in the communities with which she co-produces her scholarship. Since 1990, with the seminal work of Ernest Boyer and others, community engaged scholarship has become increasingly recognized as not only a legitimate form of scholarship, but particularly in public health, a preferred approach to issues related to problems such as health disparities. Participatory approaches produce more valid and reliable results through improved recruitment and retention and heightened cultural sensitivity and increased trust. Dissemination and impact are enhanced through emphasis on applying knowledge learned to the community in real time.

Dr. Brooks' approach engages communities as active participants and she is an effective and respectful partner. Her work with communities should not be interpreted as 'service', though she does perform community service. Dr. Brooks effectively makes the case in her dossier that her community engagement

produces scholarship and her participatory approach is her means to creating research questions, processes and products that are relevant to and accepted by the community and have impact on both the discipline and the communities in which the knowledge is applied.

Dr. Brooks' local reputation as an ambassador for the University, a respected research colleague and a go-to person for the community is illustrated in letters of support provided by community partners. Though these community members did not assess Dr. Brooks' dossier as an external reviewer would, these individuals are in the best place to help us understand the societal impact of Dr. Brooks work and her qualities as a partner and representative of the University. Dr. Brooks national reputation is highlighted in her excellent external review letters and by the fact that she has published with colleagues in other institutions and has been invited to speak at national meetings, serve on national workgroups, boards of directors and advisory boards, and to serve as a journal reviewer and a grant reviewer for NIH. She has also won several awards.

In summary, Dr. Brooks is an exemplar of the engaged scholar and her community-engaged scholarship has contributed to both disciplinary knowledge and community impact and has earned her and our institution a national reputation. A promotion to the rank of Associate Professor is well deserved.

Sincerely,

Ed Fine, PhD MPH
Head, Division of Public Health
School of Public Health and Health Sciences
University of Massachusetts-Amherst

CURRICULUM VITAE

ANN BROOKS, PhD, MA

March 2006

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EDUCATION

Ph.D. 1992-1998 **University of Florida**
Health Behavior and Health Education

M.A. 1990-1992 **Harvard University**
Medical Anthropology

B.A. 1986-1990 **University of Kansas**
Anthropology

EMPLOYMENT

Assistant Professor, University of Massachusetts Amherst School of Public Health and Health Sciences,
August 2001-present

Clinical Assistant Professor, University of California Davis, December 1999-2001

Postdoctoral Fellow, Boston University School of Public Health, August 1998-August 1999

DISSERTATION

Effects of the Perceptions and Observations of Environmental Stressors on Health and Well-Being in Residents of Jacksonville, Florida, August 1998, Dr. Samantha Charles and Dr. Colleen Nelson, dissertation co-chairs

REFEREED PUBLICATIONS

** indicates that co-author is a community member*

Brooks, A. and *Anderson, Y.L. Comunidades de la Salud/Communities in Health. *Health Education and Behavior* 32(1) (2006):25-6.

*Vera, M. and Brooks, A. Engaging students in community: A public health course transformed. *Journal of Public Health Education* 14(2) (2005); 56-71.

Brooks, A., *Anderson Y.L., and *Powers, N. Creating change in urban communities: Building on history and social capital. *American Journal of Public Health* 95(2) (2004): 96-101.

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Washington G.O., Fields J., and Brooks A. An assessment tool for the evaluation of senior walking.. *American Journal of Preventive Medicine* .14(1) (2003); 145-156.

Richfield T.E., Lee D., and Brooks A. Walking in older adults: Measuring the influence of neighborhood environment effects. *Journal of Aging and Physical Activity* 14(2), (2003);14-24.

Goldstein, B.A., Brooks, A., Alcorn, A., Paulson, A.S., Stevens, E.A., and Schork, T. Southern women, stress, social support and health. *Health Education and Behavior* 31(3) (2001):152-160.

Ramirez, M., and Brooks, A. Hopeful approaches to youth HIV/AIDS prevention. *Journal of Health Management* 2(1), (1999); 4-14.

Brooks, A. Assessing youth health; A view from the streets. *Cultural Anthropology Methods* 10(1) (1996); 31-45.

Taylor, R., Brossart, J., Harris, T., Philips, A., Brooks, A., and Lee, C. Applied curricula revisions. *Society for Applied Anthropology* 11(1) (1995):29-35.

NON-REFEREED PUBLICATIONS

** indicates that co-author is a community member*

Book Chapters

Brooks, A., and *Christenson, N. Disaster-relief policy and practices: Community and university participation impact. In Soska, Johnson (eds). *Higher Education and Civic Participation*. Boston University Press, (2005), pp 203-217.

Brooks, A., and Xiong, S. The methods and ethics of community-driven environmental justice research: In Boro, Wilson (eds). *Community Action Research in the Health Sciences*. New York, NY: Haworth Press, Inc. (2002), pp.221-241.

Completed Works

Brooks, A. Using community health workers in primary prevention. Report prepared for the Massachusetts Medical Association. (2006).

Brooks, A., Carmichael, M., and Reese, N. Health and the environment: Making the case for a toxics reduction strategy at Hampshire County and the City of Amherst. (2004).

Boder, C., Brooks, A., and Hughes, G. Practice implications of state policy changes related to youth HIV/AIDS screening. Brief prepared for the Massachusetts Senate subcommittee on children's health. (2000).

Lane, N.M., Cretella, N., Brinda, N.A., O'Connell, S., Purcell, L., Mehr, M., Brooks, A. Report of the WHO/IAC Environmental Health Task Force. Geneva, Switzerland: World Health Organization. (1998).

OTHER REFEERED WORK

Brooks, A. and Bozer, N. Engaging youth in HIV/AIDS prevention efforts. Technical report provided to the Centers for Disease Control and Prevention. Reviewed by the State of Massachusetts Public Health Advisory Committee. (2005).

PRESENTATIONS

+indicates peer reviewed

** indicates the co-presenter is a community member*

Brooks, A., and *Raymond, M. "A partnership to promote the health of indigenous farm workers in California." To be presented at the 133rd Annual Meeting of the American Public Health Association, Philadelphia, PA, December 10, 2005. +

Brooks, A., *Anderson, Y.L., *Powers, N. "Partnerships to increase social capital in diverse communities." To be presented at the 133rd Annual Meeting of the American Public Health Association, Philadelphia, PA, December 10, 2005. +

Meierotto, N., Lien, J., Kraft, S., Brooks, A., and *Raymond, M. "Results from focus groups with indigenous farm workers and medical providers." To be presented at the California Public Health Association meeting, Davis, CA, October 7, 2005. +

Brooks, A., and *Anderson, Y.L. "Social determinants of health." Presented at the Hampshire County Health Department Community Health Worker training session, Amherst, MA, July 12, 2005.

Brooks, A. "Research and evaluation methods in public health research." Presented at the Hampshire County Health Department Community Health Worker training session, Amherst, MA, May 17, 2005.

Brooks, A. "Meeting people where they are at: The role of the community health worker." Presented to the city of Amherst, Public Health Advisory Committee.

Brooks, A., *Anderson Y.L., and *Powers, N. "Building capacity to address health disparities in African American and Latino communities." Presented at the 132nd Annual Meeting of the American Public Health Association, Washington, DC, November 7, 2004. +

Brooks, A. "Creating partnerships in research and teaching." Presented at University of Massachusetts Amherst Umbrella Tours, Amherst, MA, October 29, 2004.

Brooks, A. "Creating opportunities for community-building." Presented at the UMASS Child Development and Rehabilitation Center annual retreat, Boston, MA, October 26, 2004.

Brooks, A., *Powers, N., and the Comunidades de la Salud/Communities in Health Steering Committee. "Building capacity, building community: The Comunidades de la Salud/Communities in Health project."

Presented at the University of California Davis Center for Health Disparities Research, Amherst, MA, September 8, 2004.

Brooks, A., Hanstad, L. “Experiences from the NACCHO/CDC Protocol for Assessing Community Excellence in Environmental Health project.” Presented at California Department of Health and Human Services, Davis, CA, July 27, 2004.

Brooks, A. “Using evaluation tools to assess public health programs in rural communities.” Presented at the Rural Community Health Conference, Amherst, MA, March 24, 2004.

Brooks, A., *Anderson, Y.L. “Measuring social capital in African American and Latino communities.” Presented at the 131st Annual Meeting of the 131st American Public Health Association, San Francisco, CA, November 17, 2003. +

Brooks, A. “Getting to Synergy!: Moving from coalition building to action.” Presented at the 131st Annual Meeting of the American Public Health Association, San Francisco, CA, November 17, 2003. +

Brooks, A. & *Anderson, Y.L. “Building on history and social capital to create change in two urban communities.” Presented at the Centers for Disease Control and Prevention Forum on Social Determinants of Health, Atlanta, GA, October 28, 2003. +

Brooks, A. “Calling the shots: A community-driven assessment of threats to environmental health.” Presented at the 130th Annual Meeting of the American Public Health Association, Philadelphia, PA, November 11, 2002. +

Brooks, A. “Driving the agenda: Assessment of health and environment in Jacksonville.” Presented at the Transportation Research Group Symposium, Amherst, MA, February 25, 2002.

Brooks, A., Stevens, E.A., Goldstein, B.A., Paulson, A.J. “The effects of urban blight and environmental devastation in Jacksonville, Florida.” Presented at the Annual Meeting of the American Public Health Association, Atlanta, GA, October 24, 2001. +

Brooks, A., Frasier, N. “Blacks stayed on the floors, Whites stayed in Hope House Plantation.” Presented at the Massachusetts Environmental Justice Summit, Boston, MA, October 18, 2001. +

Brooks, A. “Survey results from a community-driven assessment of flood victims of eastern Massachusetts: Results and recommendations.” Presented at the W.K. Kellogg Community Health Scholars Meeting, Jacksonville, FL, December 7, 2000.

Brooks, A. “The environmental justice movement: An examination of citizens' rights to an equitable and safe environment in Jacksonville, Florida.” Presented at the Annual Meeting of the Society for the Study of Social Problems, Chicago, IL, August 6, 1999. +

Paulson, A.J., Stevens, E.A., Goldstein, B.A., Brooks, A., Glasier, A.B., and Dunn, M. “Social inequalities and women's health: Participatory action research for community building and collective action in Jacksonville, FL.” Presented at the Second International Interdisciplinary Conference on Women and Health, University of Edinburgh, Scotland, July 13, 1999. +

Paulson, A.J., Stevens, E.A., Glasier, A.B., Brooks, A., and Goldstein, B.A. “The use of qualitative methods for community planning.” Presented at the Annual Meeting of the American Public Health Association, Washington, DC, November 18, 1998. +

Brooks, A. "A Critical Assessment of the Quantification of Street Youth Activities and Health Status." Presented at the Annual Meeting of the American Anthropological Association, Atlanta, GA, November 1994. +

Brooks, A. "Researching Risk Behavior of Cambridge's Homeless Youth." Presented at the Annual Meeting of the Society for Applied Anthropologists, San Antonio, TX, February 1994. +

HONORS AND AWARDS

2005	Health Disparities Researcher Award and Scholarship, National Institutes of Health
2004	Emerging Scholar Award, University of Massachusetts Amherst College of Urban and Public Affairs
1997	Sandra Fisher Memorial Scholarship, American Public Health Association
1996	Jenkins Dissertation Grant, University of Florida
1995	Powell Discretionary Award, University of Florida
1995-1996	National Institute of Mental Health Predoctoral Training Fellowship
1993	Scott Drake Memorial Award, University of Florida

GRANTS

Principal Investigator, Comunidades de la Salud/Communities in Health, Centers for Disease Control and Prevention, \$1.5 million, 2002-2006

This grant funds a community-based approach to improving health outcomes that was co-designed by community members and employs community members as Community Health Workers. The principal goal of Comunidades de la Salud/Communities in Health is to increase the capacity of members of the African American and Latino communities in Hampshire County, Massachusetts, to promote health in their communities.

Environmental Scientist and Co-investigator, Promoting the Occupational Health of Indigenous Farm workers, National Institute of Environmental Health Sciences and National Institute for Occupational Safety and Health, \$900,000, 2004-2008

This grant represents a collaboration between University of Massachusetts Amherst and several community-based non-profit organizations. Community partners and researchers co-designed this interdisciplinary intervention research project and community members are employed as peer educators. The goal of this multidisciplinary project is to develop methods to improve the capacity of migrant farm workers who speak indigenous languages to understand the hazards associated with agricultural work, and to increase their access to health and social services.

Co-Principal Investigator, Infusing an International Air Quality Improvement Demonstration Project in Chiang Mai, Thailand, University of Massachusetts Amherst Center for Academic Excellence \$1200, 2006-2007

Steering Committee Member, Center for Health Disparities Research, University of California Davis School of Nursing, \$200,000, 2003-2004

Environmental Health Assessment Coordinator, Hampshire County Health Department's Protocol for Assessing Community Excellence in Health, National Association of County and City Health Officials, \$20,000, 2002-2004

Principal Investigator, Community-based Assessment of Health and Environment in Hampshire County, University of Massachusetts Amherst Office of Research and Graduate Studies, \$4,000, 2001-2003

Co-Principal Investigator, Departmental Engagement Project Grant, University of Massachusetts Amherst Center for Academic Excellence, \$6,000, 2001-2002

OTHER RESEARCH

Postdoctoral Fellow, W.K. Kellogg Community Health Scholar Program, University of Massachusetts Amherst School of Public Health, 2001-2002

Researcher and Author, World Health Organization, Reproductive Health, Geneva, Switzerland, 2000

Research Assistant, University of Florida School of Public Health, 1992-1996

Rapporteur and Research Assistant, World Health Organization, International Asthma Council Guidelines Implementation Project, 1998

Research Assistant, Harvard University HIV/AIDS Prevention and Street Youth Project, 1990 -1992

TEACHING, MENTORING AND CURRICULAR ACTIVITIES

Courses Taught:

PH 511: Foundations of Public Health, 2002-present
PH 517: Community Organizing for Health, 2002-present
PH 550: Health Promotion Program Planning, 2001-present
PH 471: Program Planning and Evaluation, 2002-2003
PH 410: Maternal and Child Health, 2002

UMA 2005 Summer Research Institute Program: Introduction to Qualitative Research

Course Presentations:

"Using participatory research methods to address social determinants of health." PHE 510: Social Determinants of Health taught by Dr. Renee Cross, 2005

"The Community Health Worker model and public health." PH553 (OHSU): Women's Health Epidemiology taught by Dr. Sam Davison, 2003-2004

"Environmental Justice and the Precautionary Principle." UMA Capstone Seminar taught by Dr. Chris Blaine, 2004

Doctoral Dissertation Committees:

2003-present XX, Urban Studies
2005-present XX, Public Administration
2004-present XX, Urban Studies

Doctoral Field Examination Committees:

2003-present XX, Urban Studies
2005-present XX, Public Administration

Masters Thesis Committees:

2002-2003 XX, MPH, UMA School of Public Health and Health Sciences
2003-2005 XX, MPH, University of California Davis
2003-2005 XX, MPH, University of California Davis
2005-present XX, MPH, University of California Davis
2005-present XX, MA, Antioch

Graduate Research Assistants Supervised:

XX (MPH student, Promoting Occupational Health grant)
XX (MPH student, Comunidades de la Salud/Communities in Health)
XX (MPH student, teaching and curricular)
XX (UCD student, Comunidades de la Salud/Communities in Health)
XX (MPH student, Comunidades de la Salud/Communities in Health)
XX (MPH student, Undergraduate Program Review)
XX (MPH student, Hampshire County Health Department grant)
XX (MPH student, teaching and curricular)
XX (MPH student, Comunidades de la Salud/Communities in Health)
XX (MPH student, Comunidades de la Salud/Communities in Health)

SCHOLARLY WORKS IN PROGRESS

*** indicates co-author is a community member**

Publications in Progress or Submitted

Brooks, A., *Anderson, Y.L., Brown, J. Across the table: Community Health Worker roles in a community-based project. (submitted *Health Promotion Practice*)

Brooks, A., Woodward, M., and Backman, G. and *Anderson, Y.L. Social capital and health in minority. (submitted *Ethnicity and Health*)

Brooks, A., Meierotto, N., and *Gockowski, M. Farm workers' political and social barriers to health. (In Progress)

Powers, N., Johnson, D., Brooks, S., *Anderson, Y., and *Arnez, A. Popular education: perceptions of community health workers in the *Comunidades de la Salud/Communities in Health* Project. (In Progress)

Grants Submitted/Pending Review

Co-Investigator (with Dr. Mark Richardson, University of California Davis), Communities and Researchers Partnering Against Pesticide Overuse, National Institutes of Health, \$1.8 million, 2006-2009
Community partners participated in the design of this project and will serve in numerous paid positions on the staff.

Principal Investigator, Toxics Reduction Strategy for the State, Massachusetts Initiative Fund, \$20,000, 2005-2007

Co-Investigator (with Dr. William Berkeley, Hampshire County Health Department), Environmental Health Collaborative for Justice, National Institute of Environmental Health Sciences, \$900,000, 2006-2009

Co-Investigator (with Dr. Mary Mackes, UMA Criminal Justice), Youth Violence Prevention in Communities, Centers for Disease Control and Prevention, \$1.1 million, 2006-2009

Community partners participated in the design of this project and will serve in numerous paid positions on the staff.

GOVERNANCE AND OTHER SERVICE

University Service

Elected Member, UMA Faculty Senate (2005-present)

Reviewer, UMA Center for Teaching and Learning, Community Engagement Grants (2002-2003)

UMA Representative, "Models of Transformational Partnerships between Universities and Community" Workshop, Los Angeles, CA (2003)

School and College Service

UMA Track Coordinator, Master of Public Health Program (2003-present)

Chair, Curriculum Committee (2002-present)

Chair-elect, Faculty Advisory Committee (2002-present)

Member, Faculty Search Committee (2003)

Member, Director Search Committee (2004-2005)

Member, Public Administration PhD Admissions Committee (2004-2005)

Organizer, Public Health Student Research Symposium (2003)

Coordinator, UMA SPHHS Undergraduate Program Review (2003-2004)

Organizer, Community Appreciation and Reception Day (2002)

Organizer, ATSDR and EPA "Working with Communities for Environmental Health" satellite broadcast (2002)

Organizer, UNC Minority Health Keynote address satellite broadcast (2002-2003)

Member, Center for Public Health Task Force (2001-2002)

Community Service

Organizer, Community Health Foundation Community-based Research Conference (2004-2005)

Consultant, Hampshire Food Assessment Project (2003-2005)

Environmental Health Assessment Coordinator, Hampshire County Health Department's PACE Project (2001-2004)

Grant Proposal Assistance, Environmental Justice Action Group (2002)

Survey Consultant, SE Uplift Healthy Neighborhood Project (2002)

PROFESSIONAL ACTIVITIES AND SERVICE

Commissioner, City of Amherst Sustainable Development Commission (2003-present)

National Advisory Committee, WK Kellogg (2002-2005)

Board of Directors, Massachusetts Center for Environmental Health (2002-present)

Co-Chair, American Public Health Association, Community-based Public Health Caucus, Presentations and Publications Workgroup (2002-present)

Appointed Member, Amherst-Hampshire Toxics Reduction Strategy Workgroup (2004-present)

Reviewer, Health Education Research (2003-2004)

Reviewer, Journal of General Internal Medicine (2002-2004)

Reviewer, Health Education Monographs (2002)
Reviewer, Health Promotion Practice (2002-2004)
Reviewer, Environmental Science and Policy (2006)
Reviewer, American Public Health Association meeting abstracts (2003-2004)
Grant Reviewer, Centers for Disease Control and Prevention, Community-based Participatory Prevention Research Grants (PAR-02-003) (2002)
Grant Reviewer, National Institutes of Health, Community Participation in Research Grants (PAR-05-026) (2005)

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Public Health Association (APHA)
Society for the Study of Social Problems
Community-Campus Partnerships for Health
Society for Public Health Education (SOPHE)
Massachusetts Public Health Association (MPHA)

Table of Accomplishments as Defined by the Characteristics of Quality Community-Engaged Scholarship

Characteristics	Supporting evidence
1. Clear Goals	For example, see career goals under the narrative heading Focus of Scholarship and History and project goals stated for Comunidades de la Salud and Promoting the Occupational Health of Indigenous Farm workers in my narrative statement and under Grants in my CV
2. Adequate Preparation	For example, see descriptions of my investment in building community relationships, described under Research in my narrative statement. Also relevant is my WK Kellogg postdoctoral fellowship, which prepared me to undertake partnership work with rural communities and to mentor students in this work. Literature reviews and other background research on CBPR and substantive topics conducted during preparation of book chapters and articles have allowed me to maintain and grow my foundation of knowledge in collaborative research methods as well as public health issues such as asthma, air quality, pesticides and other toxins, and other environmental health concerns; community planning; environmental justice; and disaster preparedness,
3. Appropriate Methods: Enhancing rigor through community engagement	See Promoting the Occupational Health of Indigenous Farmworkers in my narrative statement for an example of how the CBPR model strengthened the research design.
4. Significant Results/Impact	See narrative statement for Comunidades de la Salud findings of improved health and decreased depression as well as increased civic participation. See letters from community partners concerning community empowerment.
5. Effective Presentation/Dissemination	I have disseminated my work through high quality peer-reviewed journals and peer reviewed and invited presentations at national conferences and in graduate courses. I have given equal attention to dissemination of findings and systemic and policy implications at local workshops and community meetings. Co-authoring papers and co-presenting with community research partners has been a particularly effective mode of dissemination for both professional and public audiences.
6. Reflective Critique	I have written many articles and presentations about the CBPR model, using my work with communities of color as an illustration. Undertaking these pieces of work allows me to reflect on what worked and didn't work in the projects, consider the feedback provided by community members, and offer my students and audiences suggestions for improving on the model. My willingness to alter the recruitment design of Promoting the Occupational Health of Indigenous Farmworkers illustrates my ability to reflect and change my plan based on feedback from the community.

Criteria	Supporting evidence
7. Leadership and Personal Contribution	My leadership potential was recognized during my training years - I have held training positions of prestige including my NIH predoctoral training fellowship and my WK Kellogg postdoctoral fellowship. I serve as the PI on a number of grants and projects and I have demonstrated my ability to manage a large, complex project and sizable budget. At the University level, I serve on a number of committees including faculty senate, curriculum committee, search committees, etc. At the national level, I serve on a number of workgroups, board of directors, and advisory boards. I have served as a reviewer for journals and CDC and NIH grants. I have won several awards, including two since joining the faculty at UMA
8. Consistently Ethical Behavior	Letters from community partners document my consistently ethical behavior, trustworthiness and integrity. I have also studied and demonstrated my understanding of ethics (for example, my book chapter “Methodological and ethical considerations of community-driven environmental justice research....”)

Ann Brooks PhD, Promotion and Tenure Narrative Statement
University of Massachusetts Amherst School of Public Health and Health Science

Note: Appendices mentioned below are not included in this dossier excerpt

Overview

When seeking an academic position, I hoped to find one that would allow me to combine research, teaching, and meaningful community service. In August 2001, I found such a position at University of Massachusetts Amherst (UMA) School of Public Health and Health Sciences (SPHHS). UMA's and SPHHS's mission statements emphasizing the value of partnerships, interdisciplinary efforts, an engaged university, and serving the local region, resonated deeply with me. UMA offers an intellectual home for my scholarship and teaching agenda that stresses the application of research to promote civic engagement and reduce social inequalities, and the ideal environment in which to continue to build my thriving scholarship.

Primary among my contributions to the SPHHS is my ability to secure extramural grant monies to examine issues of social equity and health promotion. In 2004 I received the College of Urban and Public Affairs Emerging Scholar Award (see *Appendix A: Review Memos and Letter of Hire*) for outstanding grantsmanship and research. Additionally, the SPPHS's Pay, Promotion & Tenure Committee reviewed my 3rd year portfolio and was unanimous in its recommendation that I "submit materials for tenure/promotion review in Fall 2005—during her 5th year" for early review (see *Appendix A: Review Memos and Letter of Hire*).

My success in receiving grant funds that support community-based research from such federal agencies as the Centers for Disease Control and Prevention and the National Institute of Environmental Health Sciences has benefited UMA, the participating communities, and the broader discipline and practice of public health. I also take very seriously my responsibilities as instructor, advisor, and community servant as demonstrated by my curricular and service records. In this narrative, I will highlight the significance and impact of my research and the integration of research with my teaching and community and professional service activities.

Focus of Scholarship and History

My research, teaching, and service activities are shaped by three common and related aims of my scholarship: 1. examine the social and environmental determinants of **health inequalities**, 2. increase **political and social capital** among the affected community members, and 3. involve a **collaborative partnership** of university, community agencies and organizations, and residents to achieve the first two aims. The incorporation of these aims into all levels of my scholarship (research, teaching, service) provides cohesiveness to my work, which enables me to be more efficient, effective, and productive.

Informed by the health inequality literature, my research draws from the principles of community-based participatory research, or CBPR, to examine and address health disparities. CBPR seeks to identify and build on strengths, resources, and relationships that exist within communities, involving a collaborative partnership in which all partners participate as equal members and share decision-making power. In this way, health inequalities, increased political and social power, and collaborative partnerships are very much integrated throughout my work.

I began to formulate my scholarship prior to joining the faculty at SPPHS. As a W.K. Kellogg postdoctoral fellow at Boston University School of Public Health, I conducted research with epidemiologists in the School of Public Health and rural residents to document residents' health and environmental needs. The research results and processes of working with government agencies and local organizations to bring about policy change have been published (Brooks and Xiong, 2002, Brooks and Christenson, 2005) and presented widely. Before taking the postdoctoral position, I completed my dissertation research with leaders in community-based research, Drs. Samantha Charles and Colleen Nelson at the University of Florida. My research with the Community Action Against Asthma project (CAAA), funded by the Environmental Protection Agency and the National Institute of Environmental Health Sciences, used a community-based approach to identify environmental health hazards and increase neighborhood capacity to improve the health of children with asthma (Brooks, Paulson, Stevens, and Goldstein, 2005).

The remainder of this narrative describing my contributions is organized into four primary areas: research; publications and presentations; teaching, mentoring, and curriculum; service to the university, the community, and the profession.

Research

Since joining the faculty in 2001, I have over \$2.4 million in funding on projects for which I serve as principal or co-investigator. Combined with proposals that have not been funded, my grant-seeking efforts over the past four years total nearly \$6 million, and provide substantial evidence of my ability to generate funding for scholarship (for complete list, see *Appendix B: Curriculum Vitae*).

Comunidades de la Salud/Communities in Health

During Year 1 at UMA, I spent 8 months building relationships with the African American and Latino communities in Hampshire County. Our relationship resulted in the co-design of a community-based health promotion intervention. I co-authored a proposal that was funded by the Centers for Disease Control and Prevention (CDC) for \$1.5 million. As principal investigator of this project, I devote .30 FTE to the research, implementation, and evaluation. The project, *Comunidades de la Salud/Communities in Health*, is a collaborative intervention research study with Hampshire County Health Department, UMA, and several Hampshire community-based agencies and is funded from 2002-2005, with a no-cost extension recently granted to extend to 2006. *Comunidades de la Salud/Communities in Health* was one of only 25 funded out of 311 grant applications, and it has been very visible and promoted as a successful example of using community-based approaches to improve health. As the PI overseeing a large budget and partnership, I have demonstrated the organizational skills necessary for managing large projects.

The principle goal of *Comunidades de la Salud/Communities in Health* is to increase the capacity of members of the African American and Latino communities in Hampshire County to promote health in their communities. This project defines health promotion as an approach that empowers communities to identify their problems and work together to decide how to address these problems. *Comunidades de la Salud/Communities in Health* seeks to improve the health of the communities involved by drawing on the skills and experiences of Community Health Workers (CHWs) who use the Freirian method of Popular Education. The CHWs are selected from the participating communities and attend an extensive 160-hour training to augment their skills and knowledge in leadership, local politics and governance structure, advocacy and community organizing, and health and disease. An evaluation of the project has demonstrated a statistically significant increase in overall health ($p < .05$), a decrease in depression ($p < .01$), and an increase in

civic participation among project participants ($p < .05$) ($n = 170$). These research results have been included in a manuscript to be submitted in December 2005.

Promoting the Occupational Health of Indigenous Farmworkers

In Year 2004, I co-authored a proposal that was funded for \$900,000 by the National Institute of Environmental Health Sciences and the National Institute for Occupational and Safety Health. The intervention research project, Promoting the Occupational Health of Indigenous Farmworkers, is a joint effort with Massachusetts Law Center, Salud Community Clinic, Farmworkers United Fund, and Farmworkers in Solidarity. The relationships that form the foundation of this collaborative project were nurtured over several years and build on relationships that initially were formed as part of Comunidades de la Salud. A growing number of farmworkers in the United States are from indigenous communities in Mexico and speak languages other than Spanish. This multidisciplinary project develops methods to improve the capacity of migrant farmworkers who speak indigenous languages to understand the hazards associated with agricultural work, and to increase their access to health and social services. A model similar to the Community Health Worker (CHW) model is used. The CHWs, as well as the community organizations involved, have considerable local knowledge that has strengthened this project. For example, CHWs are trusted allies and participants are willing to listen to educational information as well as provide important data about themselves to these trustworthy peers, even if participants are undocumented. Undocumented workers would be extremely hesitant to even participate, much less offer information, if the individual requesting that information was not from their own background. Given that undocumented workers tend to have even more significant environmental health concerns than legal immigrants, their participation was critical in order to understand the full spectrum of health concerns in this community. CHWs were also able to guide the researchers toward a more acceptable recruitment strategy that would decrease concerns about confidentiality in the community. As the environmental scientist and co-investigator of this project, I helped develop the research methodology and the measurement protocol for pesticide knowledge, exposure, and related behaviors.

Other Research Efforts

From 2002-2003, I was asked to serve as a steering committee member of University of Massachusetts-Amherst Nursing School's Center for Health Disparities Research project (\$200,000). In this capacity, I contributed to the Center's direction and helped make decisions on content and purpose of grant proposals written to address health disparities in Massachusetts.

Additionally, I have several grant proposals that are pending review (for list of pending proposals, see *Appendix B: Curriculum Vitae*). I submitted seven grant applications to external funding sources that did not receive funding, but established productive working relationships and set the foundation for future funding opportunities. Most recently, I co-authored as co-investigator a proposal to address methamphetamine use in California. I feel confident that it will receive a fundable score from the National Institutes of Health review panel.

I have clearly demonstrated a track record to initiate, co-author, and secure external funding. Additionally, one of my recognized strengths is to bring together individuals and groups to identify shared goals and to design and implement a well-defined intervention. During my tenure at UMA, I have worked with dozens of community-based organizations, local, regional, and national agencies, and colleagues from other departments and campuses, revealing an important inter-agency and interdisciplinary approach to my scholarship. This is the current trend for national funding, and I am proud to be actively contributing to this vision through my research and the multiple national research and editorial boards on which I serve. As an appointed member

of such foundations as the W.K. Kellogg Community Health Scholars Program, and as an organizer for American Public Health Association meetings, I directly shape the definition, practice, and scholarship of community-based participatory research.

Research: Internal Funding

My efforts to create successful research intervention partnerships are not solely focused on agencies and colleagues outside of UMA; I recognize and value the expertise here on this campus. For example, I co-authored funded proposals for internal funding, including the Community Engagement Project Grant (\$6,000) from the UMA Center for Teaching and Learning, 2001-2002, for which I served as co-investigator to increase awareness among SPHHS faculty around civic engagement and service-learning. One of the opportunities I am most excited about is the opportunity to co-author research proposals with colleagues in the School of Public Health and Health Sciences (SPHHS). Most notably, in the winter 2005 I organized and facilitated discussions among SPHHS and other faculty to brainstorm fundable research projects that would combine our research and disciplinary talents to examine the intersection of urban planning, public health, and policy. These initial discussions have continued and we will pursue grant support to study urban design and health in the Boston metropolitan region.

Publications and Presentations

An extremely important aspect of scholarship is disseminating research results widely and to audiences where research findings can have the greatest impact. I have been very successful in sharing my work via peer-reviewed publications, in edited volumes, and at national professional meetings, local town halls, and workshops.

Publications

Since 2001, I have published 11 peer-reviewed articles and 2 book chapters. One of the articles was published in the *American Journal of Public Health*, arguably the most prestigious and widely cited journal in the discipline of public health. Two additional articles were published in leading journals in the field of health education, *Health Education and Behavior* and *Health Promotion Practice*. I submitted two articles for peer review October 2005, was asked to write a book chapter to be included in a Jossey-Bass book, *Prevention is Primary*, and have three articles in progress (for list of accepted and in progress publications, see *Appendix B: Curriculum Vitae*).

One of my early successes was an invitation by Dr. Roberta Fink, respected scholar in the field of community-based research at UC Berkeley, to write a chapter for her book, *Community-Based Participatory Research*. The book is lauded as an authority on community-based methods in public health, and is used in university classrooms and as a reference for community-based researchers (for samples of published articles, see *Appendix C: Publications and Presentations*).

Presentations

I have been lead or sole author and presenter of numerous presentations at professional and community meetings during the past several years. My abstracts were peer-reviewed and accepted for presentation at the American Public Health Association Meetings each year from 2000 through 2005. The annual meeting, which attracts upwards of 20,000 participants, is the largest and most visible public health meeting with a diverse audience. Recently, I co-presented with 2 community residents from the Comunidades de la Salud/Communities in Health grant. The title of the presentation was, "Building capacity to address health disparities in African American and Latino communities" at the American Public Health Association meetings in Washington, D.C. This presentation was especially well-received by the audience for its novel method that

combined academic and community presenters. I was invited, along with a community colleague, to present at the Social Determinants of Health conference in Atlanta, GA, that was sponsored by the Centers for Disease Control and Prevention. Proceedings and materials from this conference have been broadly distributed, and I continue to get requests for copies of our presentation paper, “Building on history and social capital to create change in two urban communities” (Brooks and Anderson, 2003), included in *Appendix C: Publications and Presentations*.

I have been invited to present at meetings and annual retreats of several organizations. Last year I facilitated a portion of the UMASS Child Development and Rehabilitation Center’s annual retreat. My talk entitled, “Creating opportunities for community-building” was structured to encourage interaction and problem-solving among the retreat participants. The same group invited me to return to this year’s retreat to build on the discussion I initiated last year, and to facilitate part of the retreat. A full list of presentations is included in *Appendix B: Curriculum Vitae*, and a representative sample of presentations can be found in *Appendix C: Publications and Presentations*.

Teaching, Mentoring, and Curriculum

Teaching, mentoring, and curriculum development are very important to me, and I am devoted to providing quality teaching, service and advising to students. I have served as faculty supervisor for 10 research and teaching assistants, including five GRAs who have participated in the CDC research project; three GRAs who have assisted with classes and teaching; and one GRA working on the NIEHS grant. I also serve as mentor and adviser to students who are working on the university-mandated Undergraduate Assessment Project, providing structured feedback on assessment tools, data, and presentation of our assessment results. I have advised dozens of MPH students, served on five Masters Thesis Committees, and serve on the doctoral dissertation or field committees of five doctoral students.

I consistently strive to keep my courses current, interactive, reflective, and challenging, and my teaching evaluations reflect this effort. I have included my quantitative departmental course evaluations in *Appendix D: Teaching and Curriculum*, along with a representative sample of qualitative comments. Figure 1 presents a summary of course evaluations from 2002-2004 (Note: evaluation questions varied in 2001 and 2005 and are not included in Figure 1.)

<i>[1=strongly disagree to 5=strongly agree]</i>	2002	2003	2004
Instructor is clear and understandable	4.70	4.61	4.62
Course was presented in a well organized fashion	4.44	4.58	4.57
Instructor motivated me to do my best work	4.48	4.25	4.43
Instructor has given me new viewpoints or appreciations	4.72	4.42	4.58
Lectures gave information not contained in reading material	4.31	4.32	4.40
There was freedom to ask questions and disagree	4.78	4.71	4.64
Instructor provided useful evaluation of my work	4.30	4.23	4.42
Instructor provided adequate conference time outside of class	4.31	4.40	4.45
Reading material was appropriate and well chosen	4.16	4.38	4.43
Course has increased my analytical and creative skills	4.33	4.21	4.48
Course has increased my knowledge and comprehension	4.55	4.37	4.57
I would recommend this course instructor to others	4.70	4.37	4.48
<i>Number of Students (n)</i>	111	109	75

Figure 1. Course evaluations 2002-2004 (for complete summary, see Appendix D: Teaching and Curriculum)

I am very proud of my reputation as a professor who challenges her students, and who is committed to nurturing students' abilities to think critically, learn public health theory and practice, and find rewarding jobs. I have a desk drawer full of handwritten and email notes from students thanking me for my energy, commitment, and diligence in and outside of the classroom.

I am particularly proud of my ability to integrate community engagement into my teaching. Students in my course Community Organizing for Health engage in service learning and action research projects with reflection through journaling and group processes. Community sites consistently comment on how well prepared my students are for this intensive community experience.

I actively invite students to participate in my research projects and in co-authored publications. Through this participation, students are able to shape research questions, data collection and application of research results. This inclusion of students is aligned with my philosophy of creating collaborative partnerships. I approach my teaching in much the same way that I approach my research projects – recognize the strengths of each participant, give people the opportunity to make meaningful contributions, cultivate skill and capacity-building, and provide very clear and structured guidance.

Courses Taught

Currently I teach three required Master of Public Health courses, including Foundations of Public Health (PH 511), Community Organizing for Health (PH 517), and Health Promotion and Program Planning (PHE 550). I have also taught two undergraduate courses -- PH 471: Program Planning and Evaluation and PH 410: Maternal and Child Health. I am especially pleased about teaching the Foundations of Public Health, the course that UMA Master of Public Health students must take during their first enrolled quarter, and the course that is intended to establish the philosophical and disciplinary background for the program coursework (for course syllabi, see *Appendix D: Teaching and Curriculum*).

As part of a Center for Teaching and Learning grant, I am working with other SPHHS faculty to integrate the issue of Sustainable Food Systems into our community-based curriculum. I have reorganized my Community Organizing service-learning course around this topic. Initial feedback from students suggests that restructuring the course around a single theme has increased the course's cohesiveness and improved students' experience with the service-learning component of the course. I am scheduled to discuss the curricular changes at the upcoming Massachusetts Public Health Association meetings with my teaching assistant for the course, and others in Boston, MA on October 7th, 2005. I will continue to revise and update the content, readings, evaluation methods, and overall course structure in all courses based on student feedback and my own assessment of student learning.

Service

My university, community, and professional service has reflected and supplemented my research and teaching interests of collaboration, partnerships, and an improved social and physical environment.

University Service

Most recently, I was elected to the UMA Faculty Senate. I look forward to serving in that capacity to find ways to improve the UMA environment for faculty and students. In my position as the MPH Track Coordinator for UMA's Health Promotion track, I work with other SPHHS track coordinators to guide the self-study in preparation for reaccreditation, organize student and faculty orientations, field questions from prospective graduate applicants, and coordinate our programs to ensure a positive learning experience for our graduate students.

When I joined the faculty at UMA, I immediately got involved with the Center for Public Health Task Force. I saw this as an opportunity to more clearly define and provide the administrative infrastructure necessary to conduct significant research at SPHHS. I will continue working with faculty and staff to identify ways to create a thriving and innovative Center.

I have served as the Chair of the SPHHS Curriculum Committee since 2002. In this role, I am responsible for organizing the Curriculum Committee to develop policies related to curriculum, review new course proposals, and report activities at faculty meetings.

From 2003-2004, I directed the UMA SPHHS Undergraduate Program Review. This was a sizable task, as I was charged with creating the assessment tools, and drafting and posting the long-term program assessment plan and supporting documents to the university program review website. Other responsibilities include my present service as Chair-elect of the SPHHS Faculty Advisory Committee, serving as a Committee Member on the Faculty Search Committee (2003) and Director Search Committees (2004-2005). In these capacities, I have shaped the direction and agenda of SPHHS, consistently seeking input and opinions from colleagues (for committee descriptions, see *Appendix E: Service to University, Community, and Profession*).

Community Service

Much of my research and teaching involves community organizations and residents. I do not consider this service, but integral to my scholarship. I am also, however, engaged in activities that are more traditionally considered "community service." Most recently, I served as a volunteer organizer for the Community Health Foundation Community-based Research Conference, scheduled for September 2005 in Amherst. I have served as a research consultant on several community-driven projects, including the Hampshire Food Assessment Project, the Environmental Health Assessment conducted by Hampshire County Health Department PACE Project, and the SE Uplift Healthy Neighborhood Project. I have also assisted several non-profits in writing and submitting research proposals to foundations, including proposals that I co-authored for the Environmental Justice Action Group and for City Repair.

One of my most notable achievements that bridges academia with community service is the work I recently completed as an appointed member of the city-county Sustainable Development Commission (SDC). In September 2004, I co-authored and presented a Toxics Reduction Strategy to the City Council and County Board of Commissioners. Both governing bodies adopted the resolution unanimously, giving the SDC a mandate to identify ways to reduce or eliminate the use of toxic products and practices in government operations and private businesses throughout Amherst (for resolution and commission appointment letter, see *Appendix E: Service to University, Community, and Profession*).

Professional Service

During the past four years, participation on national advisory boards and review committees has allowed me to shape the direction of public health and to network with colleagues around the nation. I have reviewed several manuscripts for Health Education Research, Health Promotion

Practice, Health Education Monographs, two book proposals for Jossey-Bass, and grant proposals for the National Institutes of Health and the Centers for Disease Control and Prevention. For the past three years, I reviewed abstracts for APHA meetings, and in November 2003 I was appointed as co-chair of the Presentations committee for the APHA Community-based Public Health caucus. In this position, I am responsible for choosing panel topics and selecting panel presenters for APHA meeting sessions.

I also serve in a variety of advising positions at the national and local level, including as an appointed member of the W.K. Kellogg National Advisory Committee and member of the Board of Directors of the Massachusetts Center for Environmental Health. (for invitation letters and organization descriptions, see *Appendix E: Service to University, Community, and Profession*).

Future Scholarship

Being at UMA has allowed me to develop and refine those aspects of my research, teaching, and service that are both highly valued at this institution and central to my own philosophies of public health. I will continue to examine how inequities in society translate into inequities in health through my research, teaching and practice. Currently, I have four grants pending review and am listed as co-investigator with colleagues from UMA and Boston University. I will continue to work with other faculty in SPHHS faculty as well as with those in departments across campus to develop proposals that examine the intersection of health, policy, and the environment in relation to health inequalities. I also look forward to identifying ways to reinforce and practice my commitment to communities, UMA students, and the profession of public health.

LETTERS FROM COMMUNITY PARTNERS

Dear Department Chair:

I am writing you this letter on behalf of all the members and staff of Farmworkers in Solidarity. As you know, Farmworkers in Solidarity works with indigenous Mexican farmworkers to educate, organize, and advocate on behalf of their community. While some of our members are able work year-round, most have no choice but to do travel around the country doing seasonal work. As migrant farmworkers, they are a temporary labor force, and frequently are not always given the proper health and safety equipment on the job. The hazardous nature of their work makes it necessary for them to have knowledge about the environmental health risks of pesticides, as well as understand how they can take precautionary measures to protect their health.

However, there is a need for educational tools and materials available in their languages, as most indigenous farmworkers do not speak Spanish or English. The project that we worked on together to address this need, Promoting the Occupational Health of Indigenous Farmworkers, has been instrumental in increasing the farmworkers' capacity to understand the hazards associated with agricultural work.

During a meeting between Farmworkers in Solidarity, our U.S. Congressional representatives, and Environmental Protection Agency (EPA) Northeast Region, we showed them the results of the intervention, and advocated that as such an intervention to educate indigenous Mexican farmworkers worked on a local level, there is indeed is promise and potential in replicating this effort across the United States. We asked these legislators to use the data to advocate for inclusion for such a program in the Environmental Protection Agency's 2007 budget. The EPA Northeast Region staff promised to write a memo about the issue, including the intervention data, to their counterparts at EPA headquarters in Washington, D.C., with a recommendation of allocating funding to such a program.

Promoting the Occupational Health of Indigenous Farmworkers has proved to have an incredible impact on our community. The project not only addressed the issue on a local level, but also provided the evidence needed that an educational environmental health and safety intervention is worthy and important of reaching indigenous farmworkers nationwide. As an academic, we feel that you are serving the farmworker community by helping to obtain funding for projects that address important needs among this population, and by conducting community-based research projects that collect the data needed to "prove" their importance to elected officials, policymakers, regulatory agencies, and funding agencies.

Best regards,

H. Elena Sandoval
Executive Director
Farmworkers in Solidarity
Amherst, MA

Dear Department Chair:

I am writing to express my enthusiastic support for Dr. Ann Brook's promotion to Professor in the School of Public Health. I have known Ann for 6 years in my capacity as a public health administrator at the Hampshire County Department of Health. During that time we have come to refer to each other as "my community research partner" and "my University research partner."

I met Ann at an early community meeting of an effort that later became Comunidades de la Salud. Ann's poised yet purposeful, consistent way of blending into diverse groups and situations in ways that evoke trustworthiness is a trait that she displayed that night, and has exemplified in our 6 years as colleagues and friends. It took many months to build the relationships necessary to establish a healthy partnership, but this time-intensive investment paid off. Ann, the Hampshire County Health Department (represented by myself) and several community organizations secured \$1.5 million in grant funding from the CDC to support the evaluation of this community-based health promotion intervention within African American and Latino communities.

Throughout the design and implementation of Comunidades de la Salud, Ann respectfully kept our collaborative focused on our goals. She helped us set reasonable expectations grounded in knowledge from the research about what types of intervention would be most likely to be effective. She skillfully balanced the needs of the community partners with the need for scientific rigor in the design of this intervention project. Through a process of co-learning the various collaborators taught each other about such things as research design, community politics, citizen governance, and community health concerns. Ann always considered herself a learner as well as a teacher and she was willing to make appropriate changes in the research design in order to ensure acceptance by the community. I know from experience in the communities participating in this effort, that if Ann had not demonstrated flexibility and such skill in balancing community need and scientific integrity, the project would never have been accepted and implemented in the community.

Ann has of course pursued dissemination of the findings of our work to academic journals and at professional conferences. However, she has considered it equally important to work collaboratively with her community colleagues to disseminate this information to the community. She has done this through co-presentations to community health workers and testimony to the Public Health Advisory Committee of the city of Amherst. Her efforts to inform the public and policy makers about the merits of a community health worker approach has resulted in serious conversations within city, county and state government about funding for the community health worker model.

I am just one person. But please accept that there are many others whose lives have been improved or work enriched by Ann's trusting, respectful means of collaborating, rigorous academic endeavors, strength of character and leadership, passion for substantive change, and commitment to working on behalf of the common good. I believe it would be in the best interests of her University and the community to promote her so that she can continue to benefit so many as well benefit the institution itself.

Respectfully submitted,

Wendy Lipton
Hampshire County Department of Health
Amherst, MA

“Answer Key”

How well does Ann Brooks, Ph.D., meet the proposed criteria for evaluation of community-engaged scholarship?

1. Clear Academic and Community Change Goals

A community-engaged scholar should clearly define objectives of scholarly work and clearly state basic questions of inquiry. Clarity of purpose provides a critical context for evaluating scholarly work.

The evidence: SOUND

- a. In the “Focus of Scholarship and History” section of her narrative statement Dr. Brooks delineates three aims cutting across her research, teaching and service activities
- b. The research goals for Dr. Brooks’ two primary grants are stated clearly under GRANTS in the C.V. It would be helpful to see goals stated for her other grants for which she served as principle or co-principle investigator.
- c. Dr. Brooks elaborates effectively on the goals of the two primary research projects in the “Research” section of her narrative statement. Beginning the description with phrasing such as “The principle goal of...” is particularly effective
- d. In her table at the end of the C.V. Dr. Brooks gives examples of how she meets this criteria.

2. Adequate Preparation in Content Area and Grounding in the Community

A community-engaged scholar must be well-prepared and knowledgeable about developments in his or her field. The ability to educate others and conduct meaningful work depends upon mastering existing knowledge.

The evidence: SOUND

- a. In her C.V. under “OTHER RESEARCH” Dr. Brooks documents two training experiences that likely prepared her to work in the community, although she does not specifically put them in this context.
- b. In the “Focus of Scholarship and History” section of her narrative statement, Dr. Brooks refers to her work as grounded in the health inequality literature and the principles of CBPR, and she delineates these principles. She also notes that she completed her dissertation work under the mentorship of noted CBPR researchers.
- c. In the “Research” section of her narrative statement, Dr. Brooks documents her investment in building collaborative, trusting relationships with community organizations and her willingness to spend time doing this (see Comunidades de la Salud and Indigenous Farmworker sections).
- d. In the table at the end of the C.V., Dr. Brooks gives example of how she meets this criteria and includes examples not readily apparent in the dossier, such as the role of literature reviews and other preparation for writing that have increased her knowledge base.

3. Appropriate Methods: Scientific Rigor and Community Engagement

In addition to using accepted methods within her field, a community-engaged scholar should utilize engagement to enhance the rigor of the scientific research, teaching or service process.

The evidence: SOUND

- a. Dr. Brooks documents engagement in a number of ways, including noting in her C.V. when a community member co-authored an article (REFEREED PUBLICATIONS) or co-presented a paper (PRESENTATIONS). She also notes her co-presentation with community members in the “Publications and Presentations” section of her narrative statement. Several of her publications and presentations are specifically about community-engaged research as a model, or about the role of engagement in the research projects she participated in. She has also presented on creating partnerships in teaching. She notes how community members participated in co-designing and co-implementing projects and preparing grant applications (GRANTS). Her C.V. also documents community service (GOVERNANCE AND OTHER SERVICE).
- b. Her C.V. does not document when service learning or other forms of community-engaged teaching and learning were used in her courses. However, she does briefly address service learning and action research components of her course on Community Organizing for Health in the “Teaching, Mentoring and Curriculum” section of her narrative statement.
- c. In the “Research” section of her narrative statement, Dr. Brooks discusses the nature of the collaborations that formed the basis of her two primary CBPR projects. She notes that in Comunidades de la Salud, community health workers received extensive training to augment skills and leadership. This suggests a rigorous approach to the integration of community members as research staff.
- d. In the narrative statement section on “Promoting the Occupational Health of Indigenous Farmworkers” gives two examples of how collaboration with local agencies and community health workers strengthened the research project – trust resulted in willingness to be taught and provide personal information and local knowledge resulted in an improved and more acceptable recruitment strategy.
- e. At the end of her C.V. Dr. Brooks documents ways she believes she meets this criteria.
- f. Overall, the evidence for engagement is high, however, there could be more attention paid to how such engagement enhanced the rigor of Dr. Brooks’ research and teaching activities.

4. Significant Results: Impact on the Field and the Community

Community-engaged scholars should evaluate whether or not they achieve their goals and whether or not this achievement had an important impact on and is used by others. A primary goal of community-engaged scholarship is to beneficially impact the communities in which such scholarship is conducted. The assessment of CES impact must go beyond just the reporting of

positive, neutral, or negative outcomes of any given project. The scholar should explicitly state what knowledge they created or applied and what impact it has had or may likely have in the future.

The evidence: SEMI-SOLID

- a. Dr. Brooks' narrative statement section on Comunidades de la Salud documents findings of improved health and decreased depression as well as increased civic participation as a result of the project.
- b. The letter of support from Dr. Brooks' community partner Farmworkers in Solidarity documents the impact on community empowerment that Dr. Brooks' project had, allowing the community to better advocate for the inclusion of a similar program in EPA's budget. Similar points are made in the second community support letter
- c. Dr. Brooks has secured substantial external and internal grant funding (C.V. section GRANTS), though it is not clear if her work has resulted in increased or sustained funding for specific projects (a reflection of others' view of project importance) or if the community has increased its capacity to access funds as a result of this work.
- d. Dr. Brooks' C.V. documents numerous publications, several in relatively "high-impact" journals (REFEREED PUBLICATIONS and NON-REFEREED PUBLICATIONS), and conference presentations, many conferences reaching a broad and large audience (PRESENTATIONS). She gets requests for presentations and reprints suggesting that others are making use of her work. She has been invited back by groups appreciating her presentations and facilitation (narrative statement "Publications and Presentations" section).
- e. Community sites comment on how well prepared Dr. Brooks' students are for their community experience suggesting that Dr. Brooks' teaching makes an impact on student's ability to engage effectively with communities. Dr. Brooks also involves students in research projects and manuscript writing to build skills in shaping research questions, collecting data and applying results (narrative statement "Teaching, Mentoring and Curriculum" section).
- f. Dr. Brooks has published a chapter within an authoritative book on CBPR that is used in classrooms and as a reference for researchers ("Publications and Presentations" section of narrative statement)
- g. Dr. Brooks documents ways she feels she meets this criteria in the table at the end of the C.V.
- h. Overall, there are many ways that scholarship can impact the community, policy, the field, and students. Dr. Brooks' dossier documents some ways that her work has resulted in improved health outcomes and increased advocacy capacity of participants as well as student preparedness. One gets the sense that Dr. Brooks work is or could be of considerable benefit, particularly in the areas of health outcomes, health policy and student development. However, Dr. Brooks does not document this impact in a way that communicates this potential.

5. Effective Presentation/Dissemination to Academic and Community Audiences

Central to scholarly pursuits is the effective presentation and dissemination of results. Community-engaged scholars should possess effective oral and written communication skills that

enable them to convert knowledge into language that a public audience can understand. Scholars should communicate with appropriate audiences and subject their ideas to critical inquiry and independent review.

The evidence: SOLID

- a. Dr. Brooks has numerous publications in peer-reviewed journals, several of which are highly ranked (REFEERED PUBLICATIONS section of C.V.). She also has authored 2 book chapters, one in an authoritative source (“Publications and Presentations” section of narrative statement)
- b. She has presented her work at numerous conferences and meetings, many peer reviewed (PRESENTATIONS C.V. section).
- c. She has published and presented in collaboration with community members (REFEERED PUBLICATIONS, NON-REFEERED PUBLICATIONS and PRESENTATIONS sections of C.V.) and this model has been well received (“Publications and Presentations” section of the narrative statement).
- d. She has prepared briefs and reports for government (NON-REFEREED PUBLICATIONS and OTHER REFEREED WORK)
- e. She has provided training through the county health department (PRESENTATIONS section of C.V.)
- f. She does not appear to have translated and disseminated her work for community audiences such as through community newspapers, radio, newsletters, presentations at community events, etc. Although she mentions meetings at town halls (“Publications and Presentations” section of narrative statement) and presenting at community meetings (table at end of C.V.), she does not adequately document this.

6. Reflective Critique: Lessons Learned to Improve the Scholarship and Community Engagement

Community-engaged scholars should demonstrate an ability to critically reflect on their work, their community partnerships, the issues and challenges that arise and how they are able to address these (for example, issues of power, resources, capacity, racism, etc). Community-engaged scholars should demonstrate an ability to consider such questions as: why did this project succeed or fail to achieve its intended outcomes, what could be done differently in succeeding projects to improve outcomes, is this project an idea that is deserving of further time and effort?

The evidence: WEAKER

- a. In the “Teaching, Mentoring and Curriculum” section of the narrative statement, Dr. Brooks talks about using reflection effectively as a tool with her students.
- b. In this same section (Courses taught subsection) she reports that she has revised her Community Organizing course, stating that initial feedback from students suggests that restructuring the course around a single theme has increased the course’s cohesiveness and improved students’ experience with the service-learning component of the course.

- c. Dr. Brooks provided one example of altering her research design based on community feedback (see “Occupational Health of Indigenous Workers” section of narrative statement).
- d. Dr. Brooks has not provided evidence that she has gathered feedback from community partners in the forum of evaluations, focus groups, etc. to improve her work.
- e. Dr. Brooks provides her views of how she meets this criteria in the table at the end of the C.V. It would be helpful to have additional evidence of reflection about what did and did not work in her projects, how she considered the feedback of community members, etc.

7. Leadership and Personal Contribution

Community-engaged scholars should demonstrate an ability to serve in leadership roles.

The evidence: EXEMPLARY

- a. Dr. Brooks has shown leadership skill and great potential from early on. She held an NIH pre -doctoral training fellowship (HONORS AND AWARDS C.V. section) and WK Kellogg post-doctoral fellowship (OTHER RESEARCH C.V. section)
- b. She has been a PI on several federal grants and shown competence in directing the work and managing the programs and budget (GRANTS C.V. section, “Research” narrative statement section)
- c. Numerous service activities (GOVERNANCE AND SERVICE C.V. section and “Service” section of narrative statement) reflect leadership roles – Faculty Senate, MPH track coordinator, Chair of curriculum committee, director of the undergraduate program review, Chair-elect of Faculty Advisory Committee, organizer of numerous events and forums, Commissioner of the City of Amherst Sustainable Development Commission, Board of Directors for MA Center for Environmental Health. Some reflect national leadership: Co-chair of APHA caucus work group, grant reviewer for CDC and NIH, reviewer of book proposals for a publisher, Kellogg national advisory board. She also serves on the steering committee for UC Davis School of Nursing research project (“Other Research Efforts” section in narrative statement).
- d. Dr. Brooks has mentored numerous students at various levels (“Teaching, Mentoring and Curriculum” section of narrative statement)
- e. Dr. Brooks has organized partnerships with community organizations to improve health (“Research” section of narrative statement)
- f. Dr. Brooks documents how she believes she meets this criteria in the table at the end of the C.V.

8. Consistently Ethical Behavior: Socially Responsible Conduct of Research

Consistently ethical behavior links scholarship to personal virtues. This reference suggests that scholarly work must be conducted with honesty, integrity, perseverance and courage. Ethical behavior considers that scholars will foster a respectful relationship with students, community participants, peers, and others who participate in or benefit from their work. Ethical behavior ensures the responsible conduct of research and the respectful engagement of communities and individuals to conduct such research. Ethical behavior must consider cultural or community

implications as well as university policies.

The evidence: SEMI-SOLID

- a. Dr. Brooks invites community partners to co-author and co-present. She has highlighted this in her C.V. (REFEREED PUBLICATIONS, NON-REFEREED PUBLICATIONS, PRESENTATIONS). She also invites students to co-author (“Teaching, Mentoring and Curriculum” section of narrative statement). She gives community members and students credit.
- b. Dr. Brooks has published an article related to the ethical considerations of community-driven environmental justice research (NON-REFEREED PUBLICATIONS section of C.V.)
- c. Dr. Brooks documents in the RESEARCH section of her narrative statement ways that local knowledge has been tapped to strengthen the research.
- d. Dr. Brooks documents how she believes she meets this criteria in the table at the end of the C.V.
- e. If such opportunities exist, Dr. Brooks could have reported that her work was reviewed by a community IRB or a university IRB focused on community-based research.
- f. Evidence for respectful relationships is relatively missing. It is mentioned in one of the community support letters. It would be helpful for community partners to directly address this aspect in support letters.
- g. Dr. Brooks missed an opportunity in her narrative statement to discuss ways that she acknowledges and incorporates cultural practices and an assets-based approach.

Table 1: The enhancement of scientific rigor in research through community engagement

Prepared by: Collaborative Peer Review Workgroup Member Yvonne Joosten (Vanderbilt University)

Different research approaches and methodologies are appropriate to answer different questions. Conventional research methods, such as randomized clinical trials, are the best way to answer certain questions, but do not effectively address questions of health care and health outcomes, or the translation of research into interventions and policies to address health issues related to socioeconomic and minority status. Community-engaged strategies, such as Community-based Participatory Research, can address such issues more effectively. A variety of scientific methodologies and research designs can be used within a community-engaged approach. Rigor, defined traditionally, is therefore more dependent on the particulars of the research design than on whether the research is implemented as part of a community-engaged strategy. However, we argue in this section that we should think about the ways that rigor and scientific benefit can be increased as a result of the engagement of communities. Below we present, organized by key phases in the research process, ways that engagement enhances the scientific process and ideas for activities and methods of documenting those activities that would illustrate for a RPT committee the rigor of a candidate’s engaged work.

RESEARCH PHASE	BENEFITS OF COMMUNITY ENGAGEMENT	EVIDENCE
<p><u>Identify key issues/research questions</u></p>	<ul style="list-style-type: none"> • With behavioral/community health issues, it can be difficult to identify the research question. Community involvement can help define the research question or confirm its validity. • When community members feel involved and perceive equity in power and decision-making they are invested in seeing the right questions be addressed. 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Conduct community focus groups or surveys (environmental scans) that document community health needs and concerns • Create mechanisms for two-way communication between investigators and community members. • Serve as a resource to community representatives requesting assistance on specific health issues. Their issues can generate research questions. <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Include statements in personal narrative about situations in which community input helped define or changed the research question. • Include statement in personal narrative that illustrate how relevance was improved as opposed to similar types of work conducted in alternative settings • Explain in personal narrative why your research questions can be addressed with greater validity than in alternative research settings – include findings obtained from alternative settings (if available and relevant).

		<ul style="list-style-type: none"> • Include in the personal narrative statements that compare your level of subject/patient/client participation to results obtained with other research settings or methods • Letter from community that includes statements about community commitment and the community's role in defining the research questions
<u>Proposal development and funding</u>	<ul style="list-style-type: none"> • For questions with socio/economic/cultural elements, community can identify issues, barriers etc. unknown to researchers • Community members may provide accurate information on existing interventions, services, policies, barriers, that could affect study, etc. • For agencies or RFPs that require community participation, showing funders how such participation will be woven throughout project and how much the community supports the project can increase likelihood of funding. 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Include community members on planning or working committees • Form a Community Advisory Committee • Include in grant proposal letters of support from community documenting their participation in designing the study so that it will be most appropriate to that community • Ask that community partners take an active role in the writing process of the proposal whenever possible • Budget for line items that support community activities or resources <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Letters of support from community organizations or leaders documenting commitment and their role in developing the project or what their role will be in implementing project. • Meeting rosters and minutes that document community participation in discussions about proposal. • Document in personal narrative situations in which community input helped identify issues or barriers, or provided information that researchers would not otherwise have had • Include in dossier, pink sheets or communications from funders/reviewers that include comments about value of community involvement
<u>Grant management: fiscal control and accountability</u>	<ul style="list-style-type: none"> • Shared funding and control increases community commitment to research success 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Subcontracts with community or faith-based organization • Memorandum of Understanding • List community partners as Co-PIs on grant proposal whenever possible <p>Ways to document the activity in dossier:</p>

		<ul style="list-style-type: none"> • Include statements in personal narrative about how funding was shared with community • Include letters from the community that include statements about perceived equity in decision making, trust, commitment of the community to the process • Highlight community Co-PIs on grants listed in CV
<u>Study design and methodology</u>	<ul style="list-style-type: none"> • Deeper understanding of a community's unique circumstances can result in a more accurate conceptual framework and understanding of important independent, moderating and dependent variables. • Community input can help create a design and methods that are most acceptable to the community, most valid given the unique circumstances of the community and that are most culturally appropriate and respectful 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Include community members on planning or working committees • Form a Community Advisory Committee • Tap these working groups and advisors for information that will improve conceptualization, design, methods, validity, acceptance, cultural appropriateness, etc. • Evaluate, modify and adapt your design and methods in response to community feedback • Include community members as Co-PIs whenever possible in order to deeply involve them in design <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Include statements in personal narrative describing the involvement of community partners in development of research design and how their participation contributed to improved research design and methods • Document in personal narrative situations in which better understanding of the community resulted in a more refined conceptual framework • Meeting rosters and minutes that document community participation in discussions about proposal. • Highlight community Co-PIs on grants listed in CV
<u>Recruitment and retention of participants</u>	<ul style="list-style-type: none"> • Community relationships increase trust, which leads to increased participation and retention • Community knowledge of their culture and circumstances can inform development of most effective 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Partner with community or faith organizations to assist with recruitment • Hire and train community members as recruiters, outreach workers and data collectors • Include community members on planning or working committees

	<p>recruitment strategies and incentives and barriers to participation</p> <ul style="list-style-type: none"> • Community more likely to participate if they have had input and feel heard. • Increased acceptability of the research methods in community knowing that peers contributed to and approved the methods and design • Hiring community members to recruit participants and collect data increases trust. More willing to join and to stay in the project 	<ul style="list-style-type: none"> • Form a Community Advisory Committee • Use the working group and advisors to inform you about potential barriers to participation, effective recruitment and retention strategies. <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Include statements in the personal narrative about the involvement of community partners in ways that increased community acceptance, created more effective ways to recruit, offered information about effective incentives for participation and retention, etc. • Document in the personal narrative your recruitment and retention rate as compared with similar projects (in design, participants, geographic location) that do not engage community members, if that data is available. • Within personal narrative, include anecdotes from participants about their reasons for joining or staying with a project. • Ask community letter writers to include information about ways that recruitment and retention were likely improved via their input
<u>Design of measurement instruments and collection of data</u>	<ul style="list-style-type: none"> • Community input fosters development of more culturally appropriate measurement instruments, making projects more effective and efficient, data collection more accurate • Using local staff to administer surveys and conduct interviews, and as survey helpers fluent in the languages of the target group increases authenticity of responses and accuracy of data collected. • Mutual trust enhances both the quantity and the quality of data collected • Increased opportunity for field-testing instruments improves reliability 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Include community members on planning or working committees • Form a Community Advisory Committee • Ask these working groups and advisors to evaluate instruments, give feedback on language, cultural sensitivity. <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Within the personal narrative discuss how community participation increased cultural appropriateness, validity and reliability of instruments that were developed. How were instruments improved as a result of community input? • Within personal narrative include statements from community participants about their perceptions of cultural responsiveness, their willingness to share personal information, etc.
<u>Interpretation of findings</u>	<ul style="list-style-type: none"> • Limited role for community in statistical interpretation of data, but community input in research design 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Include community members on planning or working committees • Form a Community Advisory Committee

	<p>increases researcher's insight and cultural sensitivity.</p> <ul style="list-style-type: none"> • Community members can comment on researcher's interpretation of data in a way that helps the researcher determine if his/her conclusions have incorporated his/her increased understanding of the community's circumstances. • Community members can comment on how the findings are likely to be perceived within the community and how they should be framed to help community members best understand the implications 	<ul style="list-style-type: none"> • Ask these working groups and advisors to comment on interpretation of findings. • Conduct a community/public forum for reviewing and commenting on results • Develop summaries for the community in which information is accessible, clear, understandable, with key points summarized. <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Within the personal narrative describe how members in the community were involved in interpretation of findings and brainstorming about application to community problems/issue being investigated. • Within personal narrative, include ways that the community expanded, deepened, contextualized or qualified the interpretation of findings
<p><u>Translation of findings into recommendations for policy change or intervention; design of intervention based on recommendations; implementation</u></p>	<ul style="list-style-type: none"> • Community members can provide information about what will work, what is culturally appropriate • Increased appropriateness of interventions can result in more positive/successful application. • Productive and on-going partnerships between researchers and community members increases the likelihood that research findings will be incorporated into ongoing community programs, providing the greatest possible benefit to the community from research. • Community members are more effective advocates for public policy change 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Include community members on planning or working committees • Form a Community Advisory Committee • Ask these working groups and advisors to generate intervention ideas, give feedback on cultural sensitivity and to give ideas about translating the research into action and application. • Partner with community members to develop programs or interventions based on the research findings • Accompany community members to hearings or other meetings about policy making <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Describe through personal narrative, annotations in your CV, acknowledgment sections, etc how members in the community were involved in interpretation of findings and their application to community problems/issue being investigated. • Within the personal narrative cite policy changes or program development resulting from the research • If the community exhibits signs of empowerment/increased civic engagement (e.g., community problem-solving, volunteerism,

		<p>contacting officials, contacting media, signing petitions, etc.) or perhaps around a particular health issue, discuss in personal narrative or provide evidence such as community stats, newspaper articles, etc.</p> <ul style="list-style-type: none"> • Discuss in personal narrative the steps taken by both the investigators as well as community leaders to use results of scholarly work to improve and inform public policy decisions. • Explain in the personal narrative why the results obtained are more useful in this arena than results that might have been obtained (or have in the past been obtained) by other methods. • Within personal narrative and community letters of support, document ways that the research has been used to make local change
<u>Dissemination</u>	<ul style="list-style-type: none"> • Community involvement provides opportunity for broader relevance and impact beyond academic arena • Community environment more accurately depicted in publications and presentations. 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Give presentations/educational events in community settings (schools, churches, community clinics, community health fairs, etc.), and disseminate through media that reaches community members (radio, TV, church bulletins, school newsletters, etc). • Co-present or co-author scholarly articles • Co-author pieces with community members for local distribution – community newspapers, newsletters, etc. <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Highlight community co-authors or co-presenters in CV • Include examples of community dissemination products such as newspaper articles. Discuss in personal narrative evidence of reach or impact on the community, if known • In the personal narrative discuss how dissemination through non-academic channels has contributed to application of the findings obtained to the betterment of the communities involved.
<u>Ethics</u>	<ul style="list-style-type: none"> • Greater ethical credibility for research since it works <i>with</i> people to address their health concerns versus experimenting <i>on</i> them. 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Devote faculty and staff time to outreach and relationship building on an on-going basis • Develop mechanisms for two-way communication and accountability between investigators and community members • Form a Community Advisory Committee • Utilize advisors to comment on their perceptions or possible

		<p>community perceptions of motives of researchers, appropriateness and respectfulness of research, etc.</p> <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Include community letters which speak to the integrity of the researcher, the ethical conduct of the research, etc.
<u>Bias</u>	<ul style="list-style-type: none"> • Working in community setting can reduce selection bias. • Including multiple and diverse voices increases objectivity by giving weight to opinions and insights other than those of a single individual-the researcher 	<p>Activities that would create the benefits:</p> <ul style="list-style-type: none"> • Use grass roots recruitment strategies that do not select just for those who read newspaper classifieds, seek to be civically involved or who are in other ways different that the general population • Include community members on planning or working committees • Form a Community Advisory Committee • Integrate the opinions, suggestions and expertise of these working groups and advisors to understand the diversity of viewpoints <p>Ways to document the activity in dossier:</p> <ul style="list-style-type: none"> • Document in personal narrative or though Sample Characteristics sections of manuscripts data that demonstrates representativeness of the sample based on community characteristics. There should be documentation as to how the methods employed in the study actually reduced selection bias. • Document in personal narrative ways that community input has expanded the thinking of the researcher, helped the researcher understand his/her own biases

Table 2: The enhancement of teaching through community engagement

Prepared by: Collaborative Peer Review Workgroup Member Sharon L. Shields (Vanderbilt University)

Different curricular teaching/learning approaches and strategies are appropriate for the dissemination of knowledge, skill, and professional competencies. Conventional teaching methods such as lecture, discussion, and in-classroom activities are effective in disseminating certain content and developing an understanding of theoretical foundations. These teaching approaches however, do not always effectively convey the personal, sociological, environmental, political, and community issues that come into play when trying to understand interventions and policies that address health issues in local and national cohorts. A variety of pedagogical strategies can be used within a community-engaged approach including: experiential learning, service-learning, field schools, internships, independent study work, and practica. Below is a way to organize key steps in the teaching process, ways that engagement enhances the teaching process and ideas for activities and methods of documenting those activities that would illustrate for a RPT committee the scholarship of a candidate’s engaged work.

Curriculum Development	Benefits of Community Engagement	Evidence	Ways to Document the Activity in RPT Portfolios
<p><u>Identify theoretical framing and practical integration for curriculum development.</u></p>	<ul style="list-style-type: none"> • Faculty and community partners working on connecting course content with service related activities can insure reciprocity of benefit and deepening of the learning experience. • When community members are involved in course planning there is a perception of equity of engagement and student learning. 	<p>Activities that would create benefit:</p> <ul style="list-style-type: none"> • Identify community partners that would benefit from knowledge, skill, and professional objectives learned by the students through course content. • Conduct focus/training sessions w/ community partners to share course content, objectives, and outcomes. • Conduct joint planning for community 	<ul style="list-style-type: none"> • Name a community partner teaching advisory committee. Report this committee formulation. • Create a folder related to focus/training sessions with community partners and supply agendas for each of the meetings. • Keep log of joint planning meetings with outcomes reported. • Keep log of hours devoted to community resource contributions.

		<p>engagement activities and field learning experiences.</p> <ul style="list-style-type: none"> • Serve as a resource and volunteer within the partner organization so that more understanding of need and contributions can be incorporated into the coursework. 	
<p><u>Curriculum development and potential funding support.</u></p>	<ul style="list-style-type: none"> • Cultural, community specific, socioeconomic, etc. questions/information that might inform students regarding theoretical underpinnings of course content can be provided by community partners that may be unknown to the teacher. • Community members may provide updated information on current policies, services, interventions, assets/barriers that could affect or alter students understanding of course materials. • Community/university teaching partnerships could open avenues for course development funding and support from foundations, internal course development grants, and other avenues of potential funding support. 	<p>Activities that would create benefit:</p> <ul style="list-style-type: none"> • Include community members on curriculum development committees and engage them in specific course planning. • Jointly budget for course needs that may exceed the average resources available. • Explore w/community members avenues for funding such joint efforts. 	<ul style="list-style-type: none"> • Letters of support from community partners. • Meeting rosters and minutes that document community participation. • Faculty reflection on process of curriculum development.

<p><u>Implementation: Teaching of the Course</u></p>	<ul style="list-style-type: none"> • Final syllabus and class schedule. • Identification of community based learning activities. • Identification of theoretical – applied learning processes. 	<p>Activities that would create benefit:</p> <ul style="list-style-type: none"> • List participating community partners on syllabus and have them engaged in various activities within the university classroom. • Reflect with community partner on the learning activities in the class i.e.: assignments, community learning experiences, readings, evaluation tools etc. • Work with the community partner to “connect” course content and theoretical underpinnings with community based learning. 	<ul style="list-style-type: none"> • Present syllabus, reading lists, and all course support materials. • Create a teaching journal that records personal notes and reflections on the teaching experience and how this affirms and/or informs new ways of integrating community engaged work into the curriculum. • Enlist the community partner as a reviewer of student assignments. Utilize a random selection of student assignments for review by the community partner(s) so that there is a confirmation that connection between theory and practice is formed by the student. Review report forms/assignment comments etc. can be part of the portfolio reporting.
<p><u>Outcomes: Student Learning</u></p>	<ul style="list-style-type: none"> • Course products created by the students: i.e.: reflection journals and summaries, course assignments, exams, etc. • Community partner field assessments. 	<p>Activities that would create benefit:</p> <ul style="list-style-type: none"> • Shared reading of assignments and summary evaluation/observations 	<ul style="list-style-type: none"> • Summary of final evaluation/observations related to student learning as jointly assessed. • Summary of field supervisor assessment of

	<ul style="list-style-type: none"> • Specific attention to learning outcomes achievement as evidenced in student work. 	<p>provided by community partner.</p> <ul style="list-style-type: none"> • Community partner assessment through field observation over the course of the semester. • A meeting w/community partner to assess observed student learning outcomes. 	<p>student learning in the field.</p> <ul style="list-style-type: none"> • Meeting report of assessment of professor/ community partner observations of student overall learning outcomes.
<u>Teaching Effectiveness</u>	<ul style="list-style-type: none"> • Course evaluations by students. • Assessment by students of “community based” learning experience. • Class observations by peer faculty. • Class observation by community partner. • Peer faculty assessment of course curriculum, content, activities, and student learning as assessed through potential pre-post assessments. 	<p>Activities that would create benefit:</p> <ul style="list-style-type: none"> • Community partner could give clear feedback on teaching effectiveness as observed in an appropriate teaching lesson that relates to community work/assignments/ engagement. • Community partner could give feedback on the community based learning experience and how to improve based on student assessment. • Peer faculty could interview community partners related to the effectiveness of the “team” engagement process. 	<ul style="list-style-type: none"> • Reporting of student evaluation scores especially in the areas of teacher effectiveness, learning gained from the course, etc. • Faculty observation(s) are included in the portfolio. • Community partner assessment is reported. • Final faculty/community partner assessment is reported.

<p><u>Translation of feedback regarding Student Learning and Teaching Effectiveness on course design</u></p>	<ul style="list-style-type: none"> • Professor and community partner can rework areas that would improve student learning and teaching effectiveness. • Appropriateness of field placements and activities in the field can result in more positive/successful learning. • Productive and sustained relationships in the community increase the likelihood of continued academic/community engaged teaching. • Community members/university personnel are more inclined to see the benefits of reciprocity of such partnerships. 	<p>Activities that would create benefit:</p> <ul style="list-style-type: none"> • Include the community partner on reworking the course syllabus and learning activities. • Ask advisors to generate ideas, give feedback, and give ideas about new approaches that may be necessary to enhance the learning experience. • Create recognition and rewards for community partner work within the university. 	<ul style="list-style-type: none"> • Describe through personal narrative, reflections, annotations in the CV, etc. how members in the community were involved in course development, implementation, co-teaching, evaluation, etc. • Within the personal narrative cite curricular changes developed from the process and the input of community partners. • Document the reciprocal benefits attained through such a teaching partnership. • Partner letters of support that document ways the course/students/ teaching has been used to improve/enhance organizational/community effectiveness.
<p><u>Dissemination</u></p>	<ul style="list-style-type: none"> • Community involvement provides opportunity for broader relevance and impact beyond academic arena. • Community environment is more accurately depicted in presentations and publications. 	<p>Activities that would create benefit:</p> <ul style="list-style-type: none"> • Presentations by students regarding community work are presented not only in the academic arena but also to the community impacted by the work. 	<ul style="list-style-type: none"> • Highlight community co-authors and co-presenters in CV. • Include examples of community dissemination products. • In personal narrative discuss how community partnering has enhanced

		<ul style="list-style-type: none"> • Presentations that include both the faculty member and the community partner both within academic/professional associations and community organizations help to disseminate information that enhances practical application of theoretical learnings. • Co-authored publications in “teaching journals”, “journals related to community development” are more authentic when written from both perspectives. 	the scholarship of teaching.
<u>Ethics</u>	<ul style="list-style-type: none"> • Greater ethical credibility for teaching since it is community based versus an isolated classroom theoretical learning experience. 	<p>Activities that would create the benefit:</p> <ul style="list-style-type: none"> • Devote faculty, graduate assistant time, and staff time to outreach and relationship building. • Develop mechanisms for structural/financial/ and institutionalized support of such partnerships. 	

Mock Review, Promotion & Tenure (RPT) Committee Exercise

Introduction: This exercise allows participants to work interactively with the materials and to gain insights from others. It can be undertaken in the context of faculty development workshops or RPT committee training sessions. This exercise has been used in pre-conference workshops and other professional development contexts in which the facilitators are able to provide registered participants with materials to read in preparation for the session. These latter contexts do present some challenges, however. The heterogeneity of attendees at such events (junior faculty, senior faculty, administrators, diverse disciplines) can make it difficult to tailor the exercise to meet everyone's needs. However, we have found that individuals glean the information they need given their motivation for attending the session. Junior faculty planning for promotion learn about how they might most effectively document their engaged scholarship. Administrators and individuals serving on RPT committees learn what makes quality CES and where to look for evidence of it in a dossier. Participants tend to personalize the experience, reflecting on how the materials apply to their own situations, even though they may be being asked to play an unfamiliar role (junior faculty pretending to be an RPT committee member, for example).

The Exercise

Send to participants in advance:

Characteristics of Quality CES
Dossier of Dr. Ann Brooks

Have available at session:

Characteristics of Quality CES
Dossier of Dr. Ann Brooks
Answer Key
Powerpoint Presentation

Session format:

Allow 1 hour for exercise
Break the group into small groups of about 3 to 5 people each

Context setting:

Review the Characteristics for Quality CES. Powerpoints included in this package may be a resource. Assure that participants understand the characteristics, what might be evidence of each characteristic, and how evidence might be documented in the dossier.

Instructions for each small group:

1. Pretend you are an RPT committee reviewing Ann Brooks' dossier
2. Use the Characteristics of Quality CES to evaluate the candidate.
 - a. Does the candidate possess these characteristics?
 - b. How do you know? What's the documentation of the evidence?
 - c. What other evidence would you want to make a judgment?
3. Your goal is to: Learn about the characteristics, what activities illustrate those characteristics, and how you might document them in a dossier, or recognize them in a dossier (if you serve as a reviewer or RPT committee member).