

# Community Engaged Scholarship for Health Collaborative

## Annotated Bibliography

### *Introduction*

This bibliography is intended to serve as an aid in reviewing the issues related to promoting community engagement and community-engaged scholarship at health professional schools. Documents were selected based on those works that were found to be of use to the Commission on Community-Engaged Scholarship in the Health Professions in preparing their report, and on the experience of CCPH staff in researching issues related to community-engaged scholarship. The listing of citations included here provide a sample of the important works published to date. Many more works could be included here, and the list is expected to expand as the work of the Collaborative evolves. For additional references on community-engaged scholarship and related issues, please refer to the references section of the report of the Commission on Community-Engaged Scholarship in the Health Professions, and in the Community-Engaged Scholarship Toolkit.

We welcome suggestions your suggestions for key articles and reports to be considered for this bibliography. You may send questions, comments, citations or full-text materials by email ([cers@u.washington.edu](mailto:cers@u.washington.edu)) or by mail: UW Box 354809, Seattle, WA 98195-4809.)

Those items indicated with an asterisk (\*) are included in the pre-meeting materials sent out to members of the Community-Engaged Scholarship for Health Collaborative.

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3. Shapiro, E. D. and D. L. Coleman (2000). "The Scholarship of Application." Academic Medicine **75**(9): 895-8.

#### Assessing and Documenting Scholarship

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5. Glassick, C. E., M. T. Huber, et al. (1997). *Scholarship Assessed: Evaluation of the Professoriate*. Menlo Park, CA, The Carnegie Foundation for the Advancement of Teaching: 126.
6. Maurana, C., M. Wolff, et al. (2000). *Working with our Communities: Moving from Service to Scholarship in the Health Professions. Community-Campus Partnerships for Health's 4th Annual Conference "A Policy Agenda for Health in the 1st Century"*. Washington DC: 25.
7. Seifer, S. D. (2003). *Documenting and Assessing Community Based Scholarship: Resources for Faculty. Community-Based Participatory Research for Health*. M. Minkler and N. Wallerstein. San Francisco, Jossey-Bass.

#### The Scholarship of Community Engagement

8. Boyer, Ernest. (1996). *The Scholarship of Engagement. Journal of Public Outreach. 1(1): 11-20.*
9. Calleson, D. C., C. Jordan, et al. (2005). "The Scholarship of Community Engagement: Is Faculty Work in Communities A True Academic Enterprise?" Academic Medicine **80**(4).

#### Prioritizing Community-Engagement

10. The Association of Schools of Public Health Council of Public Health Practice Coordinators (1999). *Demonstrating Excellence In Academic Public Health Practice*. Washington D.C., The Association of Schools of Public Health: 22.
11. Rice, E. (2003). *Rethinking Scholarship and New Practice: A Central AAHE Priority*, American Association for Higher Education.

#### Facilitators and Barriers to Community-Engagement

12. Calleson, D. C., S. D. Seifer, et al. (2002). "Forces Affecting Community Involvement of AHCs: Perspectives of Institutional and Faculty Leaders." Academic Medicine **77**(1): 72-81.
13. Dodds, J. M., D. C. Calleson, et al. (2003). "Structure and culture of schools of public health to support academic public health practice." Journal of Public Health Management Practice **9**(6): 504-512.
14. Nyden, P. (2003). "Academic Incentives for Faculty Participation in Community-Based Participatory Research." Journal of General Internal Medicine **18**: 576-585.
15. Sandmann, L. R., P. G. Foster-Fishman, et al. (2000). *Managing critical tensions: How to strengthen the scholarship component of outreach. Change. 32: 44-52.*

#### Institutional Change

16. Diamond, R. M. (1993). *Instituting Change in the Faculty Reward System. Recognizing Faculty Work: Reward Systems for the Year 2000*. R. M. Diamond and A. E. Bronwyn. San Francisco, Jossey-Bass: 13-22.

17. Harris, D. L., D. A. DaRosa, et al. (2003). "Facilitating Academic Institutional Change: Redefining Scholarship." Family Medicine **35**(3): 187-194.
18. Kotter, J. P. (1996). Leading Change. Boston, Massachusetts, Harvard Business School Press.
19. Kotter, J. P. (1995). "Leading Change: Why Transformation Efforts Fail." Harvard Business Review.
20. Ramaley, J. A. (2000). Change as a Scholarly Act: Higher Education Research Transfer to Practice. Moving Beyond the Gap Between Research and Practice in Higher Education. A. Kezar and P. Eckel. San Francisco, Jossey-Bass: 75-88.
21. Ramaley, J. A. (2002). Moving Mountains: Institutional Culture and Transformational Change. Field Guide to Academic Leadership. R. M. Diamond. San Francisco, Jossey-Bass: 59-73.

#### Case Studies of Change Processes

22. Angstadt, C. N., L. Z. Nieman, et al. (1998). "Strategies to Expand the Definition of Scholarship for the Health Professions." Journal of Allied Health **27**(3): 157-161.
23. The Association of Schools of Public Health. (1998). Strong Schools, Strong Partners: A Report on Practice Activities of Schools of Public Health, The Association of Schools of Public Health and the Health Resources and Services Administration, U.S. Department of Health and Human Services.
24. Nora, L. M., C. Pomeroy, et al. (2000). "Revising Appointment, Promotion, and Tenure Procedures to Incorporate an Expanded Definition of Scholarship: The University of Kentucky College of Medicine Experience." Academic Medicine **75**(9): 913-924.
25. Roberts, A. O., J. F. Wergin, et al. (1993). Institutional Approaches to the Issues of Reward and Scholarship. Recognizing Faculty Work: Reward Systems for the Year 2000. R. M. Diamond and A. E. Bronwyn. San Francisco, Jossey-Bass: 63-86.
26. Steckler, A. and J. M. Dodds (1998). "Changing promotion and tenure guidelines to include practice: One public health school's experience." Journal of Public Health Management Practice **4**(4): 114-119.
27. Steiner, B. D., D. C. Calleson, et al. (2005). "How can medical faculty in academic health centers engage with their communities: a case study." Academic Medicine **80**(4).

#### Preparing for the Review Process

28. Diamond, R. M. (2004). Preparing for Promotion, Tenure, and Annual Review: A Faculty Guide. Bolton, Massachusetts, Anker Publishing Company.

29. Froh, R. C., P. J. Gray, et al. (1993). Representing Faculty Work: The Professional Portfolio. Recognizing Faculty Work: Reward Systems for the Year 2000. R. M. Diamond and A. E. Bronwyn. San Francisco, Jossey-Bass: 97-110.
30. Gelmon, S. and S. Agre-Kippenhan (2002). "Promotion, Tenure, and the Engaged Scholar: Keeping the Scholarship of Engagement in the Review Process." AAHE Bulletin: 7-11.

#### Published Examples of Community-Engaged Scholarship

31. Corbie-Smith G, Ammerman AS, Katz ML, St George DM, Blumenthal C, Washington C, Weathers B, Keyserling TC, Switzer B. "Trust, benefit, satisfaction, and burden: a randomized controlled trial to reduce cancer risk through African-American churches". Journal of General Internal Medicine. 2003 Jul;18(7):531-41.
32. Olm-Shipman C, Reed V, Christian JG. "Teaching children about health, part II: the effect of an academic-community partnership on medical students' communication skills". Educ Health (Abingdon). 2003 Nov;16(3):339-47.
33. David C. Sloane, PhD, Allison L. Diamant, MD, MSHS, LaVonna B. Lewis, PhD, Antronette K. Yancey, MD, MPH, Gwendolyn Flynn, Lori Miller Nascimento, MPH, William J. McCarthy, PhD, Joyce Jones Guinyard, DC, Michael R. Cousineau, DrPH, for the REACH Coalition of the African American Building a Legacy of Health Project. "Improving the Nutritional Resource Environment for Healthy Living Through Community-based Participatory Research". Journal of General Internal Medicine Volume 18 Issue 7 Page 568 - July 2003 doi:10.1046/j.1525-1497.2003.21022.x

#### Supporting Community Engaged Teaching

34. The Association of Schools of Public Health Council of Public Health Practice Coordinators (2004). Demonstrating Excellence in Practice-Based Teaching for Public Health. Washington D.C., The Association of Schools of Public Health: 31.

#### Supporting Community Engaged Research

References to be added

## **Defining Scholarship**

1. American Association of Colleges of Nursing (1999). "Defining scholarship for the discipline of nursing." Nursing and Health Care **14**(1): 18-21.

Available at [www.asph.org/UserFiles/ASPH\\_10\\_2004.pdf](http://www.asph.org/UserFiles/ASPH_10_2004.pdf)

In the paper "Position Statement on Defining Scholarship for the Discipline of Nursing" Boyer's definition of scholarship is applied to the discipline of nursing and examples of scholarly work for each area of scholarship are provided. Glassick's work on establishing characteristics of scholarly work is applied in the definition developed. The definition given of scholarship in nursing is:  
*Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods.*

2. Boyer, E. L. (1990). *Scholarship Reconsidered: Priorities of the Professoriate*. Menlo Park, CA, The Carnegie Foundation for the Advancement of Teaching: 147.

This groundbreaking work outlines a new conceptualization of scholarship around four dimensions: discovery, integration, application, and teaching. Growing out of observations of US institutions of higher learning, and the Carnegie Foundation's 1989 National Survey of Faculty, this report outlines areas that must be revisited to advance the missions of universities and the goals of the professoriate.

The report includes an excellent review of the history of scholarship in the U.S., and the factors that have lead to the current emphasis on research in universities. Additional chapters discuss the role of professors, and how they can be better assessed and supported across multiple dimensions of scholarship. The report is full of innovative suggestions on how to better support the goals of universities, faculty, and graduate students. Chapter 2 which describes the four dimensions of scholarship is essential to understanding Boyer's vision of each area of scholarship, as several other papers show some confusion (in some cases the scholarship of application is taken to mean applied research, while Boyer is clear that this dimension is akin to scholarly practice or service).

3. Shapiro, E. D. and D. L. Coleman (2000). "The Scholarship of Application." Academic Medicine **75**(9): 895-8.

The authors broadly define the scholarship of application as "the translation of fundamental knowledge to practical applications to help solve the problems of individuals and of society" and make strong arguments in support of this

dimension of scholarship for the academic institution, and its role in the larger society. The focus of this discussion on the scholarship of application is for physicians, and the examples of what may constitute the scholarship of application for this population include clinical trials, intervention studies, and evaluations of health care systems and techniques. In general, the paper makes a distinction between laboratory-based research, which seems to be viewed as the domain of the scholarship of discovery by the authors, and applied research (scholarship of application). While this is a useful distinction in many ways, the authors fail to discuss other ways than through research that the application of knowledge can be scholarly work. The authors also discuss incentives and disincentives for pursuing the scholarship of application for faculty including promotion and tenure policies, protected time for research, and funding.

### **Assessing and Documenting Scholarship**

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

This article presents a framework for understanding Boyer's domains of scholarship and Glassick's criteria for assessing scholarly work in the context of academic public health practice. The authors present a very clear review of the impetus for defining public health practice, as well as the emergence of an expanded view of scholarship, and their intersection around valuing faculty's academic public health practice work.

Clear examples are given through tables of what scholarship might look like across domains in terms of the core public health function (table 1), criteria for assessing scholarship (table 2), and types of evidence that might support fulfillment of the criteria (table 3). Additionally, the authors outline institutional and individual principles that guide progression toward a broader view of scholarly work.

Overall the article provides a clear background on relevant issues in defining and evaluating scholarship for public health institutions specifically and other health professions as well. The tables which provide examples of practice-oriented scholarship, criteria for assessing scholarship, and sources of documentation of scholarly work across domains may be particularly useful to those developing RPT policies or serving on RPT committees.

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

This work builds on Boyer's 1990 *Scholarship Reconsidered* by addressing how scholarly work, across the four dimensions of discovery, integration, application,

and teaching can be adequately assessed and documented, with specific concern to how this assessment can influence faculty advancement at universities. The authors undertook a broad review of current systems in place at academic institutions, publishers, and funding agencies to assess scholarly work, and incorporated findings of the Carnegie Foundation's 1994 survey of faculty roles and rewards. The resulting criteria for assessing scholarship: clear goals, adequate preparation, appropriate methods, significant results, effective presentation and reflective critique address the core of what constitutes scholarship across disciplines and dimensions of scholarly work. The work further applies these criteria to the assessment process used to evaluate faculty.

Examples are included throughout the work of practices from a variety of disciplines in how work is documented, assessed and used in evaluation of faculty for promotion and tenure. The work does tend to emphasize the scholarship of teaching more than other dimensions, which is in line with the motivations for the work of the Carnegie Foundation, but does give a broad discussion of scholarship and assessment overall.

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

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

The paper gives a brief but very thorough summary of the history of university missions, relationship to the larger society, and views of scholarship relying on Boyer's *Scholarship Reconsidered*. Further, the impetus for Boyer and Glassick's work on scholarship is discussed with succinct descriptions of their definition of scholarship and criteria for its assessment. The paper then goes on to outline examples of evidenced-based models used to document and assess scholarship, that are compatible with community-engaged scholarship. These examples may be helpful for defining criteria for scholarship to be used in review, promotion and tenure decisions, or for faculty members seeking to document their community-engaged scholarly work. Next, the paper proposes a model for community scholarship which cuts across the divisions of the traditional paradigm of teaching, research and service and presents specific questions based in Glassick's criteria for scholarship that can be used to guide assessment of this type of scholarly work, and examples the products or outcomes of community scholarship. The listing of assessment questions is very complete and would be useful to RPT committee members assessing the individual work or portfolio of a community-engaged scholar. A summary of recommendations for future work on the issue of faculty rewards that developed out of the discussion of this work at the 2000 CCPH conference, and a discussion of the "qualities of a community scholar" are included.

7. Seifer, S. D. (2003). Documenting and Assessing Community Based Scholarship: Resources for Faculty. Community-Based Participatory Research for Health. M. Minkler and N. Wallerstein. San Francisco, Jossey-Bass.

This brief section, included as an appendix to a book focused on CBPR approaches, acts as a review of the work on assessing and documenting scholarship for community-engaged work. The text states that the section is intended to serve as a resource for "faculty members preparing for review based on community-engaged work, faculty reviewers, and faculty members at health professional schools planning to revise RPT policies". The work provides a brief review of the work of Boyer and Glassick, examples of efforts taken in the fields of public health, medicine, nursing, and higher education to advance the discussion of assessing community-engaged scholarship, and a review of Maurana's work to guide the assessment of community-engaged scholarship. This brief section is well referenced and provides a good short review of the efforts made to date around assessing and documenting community engaged scholarship.

### **The Scholarship of Community Engagement**

8. Boyer, Ernest. (1996). The Scholarship of Engagement. Journal of Public Outreach. 1(1): 11-20.

#### Abstract:

After years of explosive growth, America's colleges and universities are now suffering from a decline in public confidence and a nagging feeling that they are no longer at the vital center of the nation's work. Still, our understanding universities and colleges remain, in my opinion, one of the greatest hopes for intellectual and civic progresses in this country. I am convinced that for this hope to be fulfilled, the academy must become a more vigorous partner in the search for answers to our most pressing social, civic, economic, and moral problems, and must reaffirm its historic commitment to what I call the scholarship of engagement. Increasingly, the campus is being viewed as a place where students get credentialed and faculty get tenured, while the overall work of the academy does not seem particularly relevant to the nation's most pressing... problems. At one level, the scholarship of engagement means connecting the rich resources of the university to our most pressing social, civic, and ethical problems, to our children, to our schools, to our teachers and to our cities. Campuses would be viewed by both students and professors not as isolated islands, but as staging grounds for action.

9. \* Calleson, D. C., C. Jordan, et al. (2005). "The Scholarship of Community Engagement: Is Faculty Work in Communities A True Academic Enterprise?" Academic Medicine 80(4).

This paper, focusing on the scholarship of engagement, provides a thorough overview of the literature and provides numerous examples from across the health



professions of work that has been undertaken to advance this dimension of scholarship. It further presents a framework for documenting scholarly work in communities that draws on the work of Glassick (1997) and Maurana (2000), which includes the various types of community involvement, process and product measures of scholarship, and sources of evidence for program impacts. This paper presents a strong overview of the discourse on the scholarship of engagement.

### **Prioritizing Community-Engagement**

10. The Association of Schools of Public Health Council of Public Health Practice Coordinators (1999). *Demonstrating Excellence in Academic Public Health Practice*. Washington D.C., The Association of Schools of Public Health: 22.

Available at [www.asph.org/UserFiles/ASPH\\_10\\_2004.pdf](http://www.asph.org/UserFiles/ASPH_10_2004.pdf)

This paper outlines the need for improving connections between schools of public health and public health agencies, defines 'academic public health practice' and explains the importance of including this work within the domain of scholarship. It further addresses how practice-based teaching and research should be operationalized and assessed, and encourages schools of public health to "reconsider the definition and scope of what constitutes scholarship, and how this relates to their mission, as reflected in their strategic objectives and reward structures". The work of Boyer and Glassick is used as the basis to define and assess scholarship.

The paper includes a very thorough discussion of the factors leading to the recommendations for change in academic and practice based linkages, provides very specific examples of steps that have been taken by ASPH, and outlines existing models and future recommendations for individual institutions. This paper can serve as an excellent template for other health professional associations, and provides examples that can be usefully applied at institutions outside of public health.

11. Rice, E. (2003). *Rethinking Scholarship and New Practice: A Central AAHE Priority*, American Association for Higher Education.

Available at [www.ahhe.org/specialreports/part4.htm](http://www.ahhe.org/specialreports/part4.htm)

This paper provides background on the educational climate that gave rise to Boyer's *Scholarship Reconsidered*, and the response of the American Association of Higher Education to that work, including launching the Forum on Faculty Roles and Rewards to continue the discussion on adopting an expanded view of scholarship. Following this introduction the paper gives specific attention to the concepts of the scholarship of teaching and learning, and the scholarship of engagement, and efforts made to advance these areas of scholarship by AAHE and other groups. The discussion of the scholarship of engagement also outlines

AAHE's three components of the scholarship of engagement; engaged pedagogy (including service learning), community-based research, and collaborative practice. Finally, the paper briefly discusses the notion of the "complete scholar" who is active in all dimensions of scholarship, versus a trend toward specifying faculty tracks in different areas of scholarship. This brief paper is useful in outlining AAHE's perspective. The discussion of the scholarship of engagement serves as a good brief overview of the concept.

### **Facilitators and Barriers to Community-Engagement**

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

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

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

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

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

This article discusses factors inside academic institutions that prevent the adoption of CBPR approaches to research more broadly, including faculty RPT policies. It then goes on to discuss a number of ways that academic institutions could facilitate utilization of CBPR including revising RPT policies, supporting protected time for CBPR, improving funding streams that support CBPR, and institutionalizing CBPR through university centers.

The article provides a strong argument for why universities should support the adoption of CBPR approaches, in that these collaborative efforts may help demonstrate the value of the institution to their surrounding communities including funders and legislators. This article may be useful to university administrators in arguing in support of policies that support community engagement. Additionally, the paper provides fairly complete descriptions of factors to consider in developing supportive RPT policies, specifically highlighting the PSU policy, which may be helpful to administrators and teams considering revision of RPT policies.

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

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

### **Institutional Change**

16. Diamond, R. M. (1993). Instituting Change in the Faculty Reward System. Recognizing Faculty Work: Reward Systems for the Year 2000. R. M. Diamond and A. E. Bronwyn. San Francisco, Jossey-Bass: 13-22.

This chapter discusses the roles of administrators, RPT committees and faculty in changing reward systems at colleges and universities. Step-by-step specific advice is offered on how to change traditional notions of scholarship and their corresponding reward systems to be more inclusive of the range of work done by faculty. The chapter outlines a four-part change process and the role of various university stakeholders in that process. The four steps are "(1) development of an institutional mission statement, (2) development of departmental and divisional mission statements in concert with the institutional statement, (3) development of

departmental and divisional promotion and tenure guidelines and procedures based on the goals in these mission statements, (4) institutional review and approval of both mission statements and the faculty reward guidelines". For many, Diamond's change process may be too top-down and overly simplified, but it serves as a useful framework for how one can approach institutional change of RPT policies. This chapter further stresses the need for cooperation between the department and the overall institution, and faculty ownership in the change process as keys to success.

17. \* Harris, D. L., D. A. DaRosa, et al. (2003). "Facilitating Academic Institutional Change: Redefining Scholarship." Family Medicine **35**(3): 187-194.

This article describes a study undertaken to better understand the process of institutional change at medical schools around revising definitions of scholarship. The study interviewed leaders of the change process at five medical schools, and compared trends in strategies employed by these change leaders to Kotter's model for transformational change. A high degree of similarity was found between the model's approach at that which was used by leaders at the medical schools, suggesting the utility of the Kotter model for academic institutional change of this type. Recommendations for undertaking similar change processes, based on interview findings are outlined within the framework of the Kotter model. These recommendations constitute the bulk of the paper and are likely to be useful in guiding the planned processes of groups seeking to revise academic policies in any discipline.

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

This book discusses the eight phases of transformational change that business, and other institutions go through in creating successful changes. While the book is highly geared toward corporate settings, broad themes and phases of change can cut across a variety of institutional settings. Key aspects of successful change efforts include the need for visionary leadership (as distinct from management), and the importance of a "multi-step process that creates power and motivation sufficient to overwhelm all the sources of inertia" that work against change.

The bulk of the book is organized into chapters that provide in-depth discussion of each of the 8 stages: establishing a sense of urgency, creating the guiding coalition, developing a vision and strategy, communicating the change vision, empowering employees for broad-based action, generating short term wins, consolidating gains and producing more change, and anchoring new approaches in the culture. Each section provides detailed advice for success in each stage, and numerous examples from the business world of successful and unsuccessful efforts. The book concludes with a discussion of the needs of businesses and individual leaders in the 21st century.

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

This brief article provides a good summary of Kotter's institutional change model and the book *Leading Change*, with a short discussion of each of the eight phases of change, and key pitfalls encountered by groups during transformation. This article, like the full book, *Leading Change*, is highly geared toward corporate settings in describing institutional change, and some advice may not be as applicable to academic settings, however the broad ideas can transfer to any institutional setting. This brief article serves as a good introduction to planning for a change process or point of reference to return to during the process to assure that none of these key areas are overlooked.

20. Ramaley, J. A. (2000). Change as a Scholarly Act: Higher Education Research Transfer to Practice. Moving Beyond the Gap Between Research and Practice in Higher Education. A. Kezar and P. Eckel. San Francisco, Jossey-Bass: 75-88.

This article, written by a university president, discusses taking a scholarly approach to creating institutional change, and the existing gaps between research and practice in higher education that could inhibit the scholar-administrator. She embraces "modeling a scholarly approach to leadership" that relies on examination and integration of research and evidence in providing leadership to the institution. Further, the work of Glassick on assessing scholarship is applied to the process of decision-making and leadership, in that it should have clear goals, adequate preparation, appropriate methods, significant results, effective presentation and reflection. This discussion may help inform university administrators and other leaders in thinking about their role and its relationship to scholarship and to change processes.

21. Ramaley, J. A. (2002). Moving Mountains: Institutional Culture and Transformational Change. Field Guide to Academic Leadership. R. M. Diamond. San Francisco, Jossey-Bass: 59-73.

This chapter is meant to guide new university presidents or other top administrators in the process of undertaking a transformational change effort. Discussion of the challenges to be addressed begins by outlining a set of questions to be addressed prior to beginning a change effort. These questions, which guide the chapter, focus primarily on understanding the motivators for change and the scope of acceptance for change across the university. Additional attention is paid to understanding the impact of the institutions history and culture in undertaking a change effort. Overall the author promotes a scholarly and collaborative approach to change.

## **Case studies of Change Processes**

22. Angstadt, C. N., L. Z. Nieman, et al. (1998). "Strategies to Expand the Definition of Scholarship for the Health Professions." Journal of Allied Health **27**(3): 157-161.

This case study outlines strategies utilized by a health sciences university to expand the definition of scholarship including the revision of RPT policies, instituting RPT committee workshops, and training of junior faculty on the new definition of scholarship and its assessment. This paper demonstrates the need to go beyond revision of policies to education of faculty on new policies and expectations. Discussion of the committee workshop and faculty trainings include somewhat detailed descriptions of the sessions and findings from participant evaluations which may be particularly useful for academic departments or schools that are interested in developing similar sessions.

23. The Association of Schools of Public Health. (1998). *Strong Schools, Strong Partners: A Report on Practice Activities of Schools of Public Health*, The Association of Schools of Public Health and the Health Resources and Services Administration, U.S. Department of Health and Human Services.

Available at [www.asph.org/uploads/StrongSchools.pdf](http://www.asph.org/uploads/StrongSchools.pdf)

This ASPH report summarizes the practice activities of all accredited schools of public health in the US as reported by the practice coordinators at each school. The report outlines innovative practice activities with particular emphasis in the areas of student practica experiences, capacity building for practice activities, and improving academic-community linkages. Additionally a section on "policies affecting faculty" is included in the report. The appendices include brief "practice biographies" for each school that highlight a few of the practices of the 27 schools of public health that submitted reports. This report can serve as an excellent source for generating ideas as to how practice can be more fully integrated into the policies and programs of health professional schools.

24. \* Nora, L. M., C. Pomeroy, et al. (2000). "Revising Appointment, Promotion, and Tenure Procedures to Incorporate an Expanded Definition of Scholarship: The University of Kentucky College of Medicine Experience." Academic Medicine **75**(9): 913-924.

This very thorough case study outlines the precipitating factors and subsequent changes made to the school definition of scholarship (based on the Boyer model) and faculty designations at the University of Kentucky College of Medicine. Additionally the authors discuss the positive and negative faculty response to the change process and final policy. This case study would be valuable to any health professional school seeking to incorporate the Boyer definition of scholarship into

academic and faculty promotion policies, especially for those health professions that struggle to manage dual clinical and research/tenure faculty tracks.

25. Roberts, A. O., J. F. Wergin, et al. (1993). Institutional Approaches to the Issues of Reward and Scholarship. Recognizing Faculty Work: Reward Systems for the Year 2000. R. M. Diamond and A. E. Bronwyn. San Francisco, Jossey-Bass: 63-86.

First, three institutions (University of Wisconsin, Madison, Virginia Commonwealth University, and St. Norbert College) are examined in depth through review of their documents on faculty reward structures, recommendations for change, and institutional definitions of scholarship. These excerpts provide an excellent illustration of the change process as it might occur at the institutional level, and demonstrate the important differences between institutional mission and organization that can impact this process. Then, following these longer excerpts, a number of other institutional policies on faculty reward and scholarship are discussed in less detail. The section on the change process at Syracuse University (a leader in adoption of the Boyer model) gives a thorough review of their change process which utilized deans and chairs as the primary change advocates. Syracuse's process may be useful to other institutions or that could be modified and applied at the level of a school or department.

26. \* Steckler, A. and J. M. Dodds (1998). "Changing promotion and tenure guidelines to include practice: One public health school's experience." Journal of Public Health Management Practice 4(4): 114-119.

This article describes the revision of promotion and tenure policies at the University of North Carolina- Chapel Hill, School of Public Health. The article outlines both the old and new policies, which include rewards for practice-based scholarly work, and the impact of the policy change and implementation. The RPT system devised seems typical of efforts within public health to recognize academic public health practice, or research as acceptable foci of faculty careers. This article may be of interest to those considering revision of RPT policies, however this public health model may not be as useful to health professions with strong clinical components that are not captured in this framework.

27. \* Steiner, B. D., D. C. Calleson, et al. (2005). "How can medical faculty in academic health centers engage with their communities: a case study." Academic Medicine 80(4).

This case study from the UNC School of Medicine looks at how academic health centers can better align with the long-standing interests of many physicians with local communities, through promoting community-engaged scholarship. The case outlines the experiences of the department of family medicine's revision of its mission statement and promotion and tenure policies to better incorporate community-engaged scholarship. The paper provides a good background on the

department and internal forces, including participation in a number of service activities that supported the shift toward community-engaged scholarship.

This paper provides a good example of what community-engagement might look like for clinical faculty, and the listing of high, medium and low academic value community service activities included in Table 1 demonstrate the range of activities to be considered. Overall, the article demonstrates how community engagement may manifest itself in faculty, students, and in the department overall, reaching the larger vision of broadening community engagement rather than just outlining the steps taken in revision of the mission and RPT policies to support this effort.

### **Preparing for the Review Process**

28. Diamond, R. M. (2004). Preparing for Promotion, Tenure, and Annual Review: A Faculty Guide. Bolton, Massachusetts, Anker Publishing Company.

This monograph, written as a comprehensive guide for preparing for the review, promotion and tenure evaluation, is divided into sections on preparing for the process, documenting scholarly work, and resources. The guide is very complete, and is written to be applicable to a broad audience of faculty preparing for review. No specific mention of documenting community-engaged scholarship is made in the text. This guide would be of use to any faculty preparing for the RPT process, or schools preparing training sessions on the RPT process for their faculty.

29. Froh, R. C., P. J. Gray, et al. (1993). Representing Faculty Work: The Professional Portfolio. Recognizing Faculty Work: Reward Systems for the Year 2000. R. M. Diamond and A. E. Bronwyn. San Francisco, Jossey-Bass: 97-110.

This chapter begins with a review of the history of scholarship and academic priorities, borrowing heavily from the review by Boyer in *Scholarship Reconsidered*. The main part of the chapter argues in favor of using faculty portfolios to represent work (as opposed to just CVs) across the dimensions of scholarship and to include qualitative material for evaluation rather than just counts of publications or courses taught. Additionally, the authors call for an increased focus on assuring that the goals and values of the individual faculty member are well integrated with their academic discipline and their department, school and institution as the main purpose of the review process. Additionally there is discussion of the purpose of an academic portfolio at various phases of an academic career (from graduate school through post-tenure years) within the eight "principles of professional portfolio development" presented. These useful principles would be an excellent guide for both those preparing to undergo review and those on review committees.



30. \* Gelmon, S. and S. Agre-Kippenhan (2002). "Promotion, Tenure, and the Engaged Scholar: Keeping the Scholarship of Engagement in the Review Process." AAHE Bulletin: 7-11.

Available at [www.aahebulletin.com/public/archive/engaged.asp](http://www.aahebulletin.com/public/archive/engaged.asp)

Portland State University is regarded as having a very progressive RPT policy based on the Boyer model of scholarship. Two faculty members who have been awarded tenure based on community-engaged scholarship provide advice to faculty members on navigation of the RPT process, with specific relevance to faculty seeking advancement based on community-engaged work. The recommendations are listed and briefly elaborated on. The recommendations apply broadly to the RPT process, and are in no way specific to a discipline or institution, and would be of value to any faculty member.

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

31. Corbie-Smith G, Ammerman AS, Katz ML, St George DM, Blumenthal C, Washington C, Weathers B, Keyserling TC, Switzer B. "Trust, benefit, satisfaction, and burden: a randomized controlled trial to reduce cancer risk through African-American churches". Journal of General Internal Medicine. 2003 Jul;18(7):531-41.

Abstract:

**BACKGROUND:** Community-based participatory research (CBPR) approaches that actively engage communities in a study are assumed to lead to relevant findings, trusting relationships, and greater satisfaction with the research process. **OBJECTIVE:** To examine community members' perceptions of trust, benefit, satisfaction, and burden associated with their participation. **DESIGN, SETTING, AND PARTICIPANTS:** A randomized controlled trial tested a cancer prevention intervention in members of African-American churches. Data were collected at baseline and 1-year follow-up. **MEASUREMENTS:** Subscales measured perception of trust in the research project and the project team, benefit from involvement with the project, satisfaction with the project and the team, and perception of burden associated with participation. **MAIN RESULTS:** Overall, we found high levels of trust, perceived benefit, and satisfaction, and low perceived burden among community members in Partnership to Reach African Americans to Increase Smart Eating. In bivariate analyses, participants in the intervention group reported more perceived benefit and trust ( $P < .05$ ). Participants in smaller churches reported more benefit, satisfaction and trust, while participants from churches without recent health activities perceived greater benefit, greater satisfaction, and lower burden with the project and the team ( $P < .05$ ). Participants whose pastors had less educational attainment noted higher benefit and satisfaction; those whose pastors were making personal lifestyle changes noted higher benefit and satisfaction, but also reported higher burden ( $P < .05$ ).

CONCLUSIONS: A randomized clinical trial designed with a CBPR approach was associated with high levels of trust and a perceived benefit of satisfaction with the research process. Understanding variations in responses to a research partnership will be helpful in guiding the design and implementation of future CBPR efforts.

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

Abstract:

CONTEXT: Partners in Health Education (PHE) is a Dartmouth Medical School elective that pairs first- and second-year medical students with local elementary school classroom teachers to provide health messages to students. The primary aim of the programme is to help medical students improve their communication skills through teaching children about health. Secondary aims are to teach children about health and the prevention of injury and disease and to support community teachers in their health promotion efforts. This report contains the results of the assessment of the programme's impact on the medical students. METHODS: Sixteen first- and second-year medical students comprised the participants for the study. Students were assessed during their first and fourth teaching experiences using a variety of evaluation measures, including student surveys of expectations and perceptions; ratings of performance in the classroom by students, teachers, and classroom observers; coded videotapes of classroom teaching sessions; and performance on a measure of physician-patient communication skills. FINDINGS: Over the course of the teaching experience, medical students' teaching and communication skills increased on a number of measures. DISCUSSION: Programmes such as PHE can provide true service-learning experiences in which all participants benefit. Medical students can learn how to communicate about health, a set of skills they will need to become effective physicians. School children can learn about health, so they are empowered to take charge of their health and to make healthy choices.

The Center for Educational Outcomes at Dartmouth, Hanover, NH 03755, USA.

33. David C. Sloane, PhD, Allison L. Diamant, MD, MSHS, LaVonna B. Lewis, PhD, Antronette K. Yancey, MD, MPH, Gwendolyn Flynn, Lori Miller Nascimento, MPH, William J. McCarthy, PhD, Joyce Jones Guinyard, DC, Michael R. Cousineau, DrPH, for the REACH Coalition of the African American Building a Legacy of Health Project. "Improving the Nutritional Resource Environment for Healthy Living Through Community-based Participatory

Abstract:

**OBJECTIVES:** To build health promotion capacity among community residents through a community-based participatory model, and to apply this model to study the nutritional environment of an urban area to better understand the role of such resources in residents' efforts to live a healthy life. **DESIGN:** A multiphase collaborative study that inventoried selected markets in targeted areas of high African-American concentration in comparison with markets in a contrasting wealthier area with fewer African Americans. **SETTING:** A community study set in the Los Angeles metropolitan area. **PARTICIPANTS:** African-American community organizations and community residents in the target areas. **INTERVENTIONS:** Two surveys of market inventories were conducted. The first was a single-sheet form profiling store conditions and the availability of a small selection of healthy foods. The second provided detailed information on whether the store offered fruit, vegetables, low-fat dairy products, dried goods and other items necessary for residents to consume a nutritious diet. **RESULTS:** The targeted areas were significantly less likely to have important items for living a healthier life. The variety and quality of fresh fruit and vegetable produce was significantly lower in the target areas. Such products as 1% milk, skim milk, low-fat and nonfat cheese, soy milk, tofu, whole grain pasta and breads, and low-fat meat and poultry items were significantly less available. **CONCLUSIONS:** Healthy food products were significantly less available in the target areas. The authors conclude from these results that the health disparities experienced by African-American communities have origins that extend beyond the health delivery system and individual behaviors inasmuch as adherence to the healthy lifestyle associated with low chronic disease risk is more difficult in resource-poor neighborhoods than in resource-rich ones.

### **Supporting Community Engaged Teaching**

34. The Association of Schools of Public Health Council of Public Health Practice Coordinators (2004). *Demonstrating Excellence in Practice-Based Teaching for Public Health*. Washington D.C., The Association of Schools of Public Health: 31.

Building on ASPH's 1999 report *Demonstrating Excellence*, this report focuses on "practice-based" teaching with aims to strengthen professional training of students in academic public health practice and to create linkages between academic institutions and community agencies. The document states that is intended to "advocate for effective practice-based teaching, enhance practice-based faculty and preceptor skills in conducting practice-based teaching activities, identify the range of models representing the best approaches to implementing practice-based teaching, and to promote a culture within the schools and their practice partner

institutions that nurtures and sustains practice-based teaching". These goals are accomplished in the report by providing detailed principles of practice based teaching (PBT) guidelines for organizing PBT and establishing internal and external support, checklists and forms that can be used to standardized PBT activities and other practical recommendations. This report gives a very detailed review of the key components of PBT and how it can be strengthened across schools of public health. These recommendations are very applicable to other health professions that use service-learning activities.

### **Supporting Community Engaged Research**

References to be added

\* Indicates hard copy is available in the pre-meeting binder for the Collaborative team members.