Linking Scholarship and Communities

Report of the Commission on Community-Engaged Scholarship in the Health Professions

Commission on Community-Engaged Scholarship in the Health Professions. *Linking Scholarship and Communities: Report of the Commission on Community-Engaged Scholarship in the Health Professions.* Seattle: Community-Campus Partnerships for Health, 2005.

© 2005, Community-Campus Partnerships for Health

This report may be reproduced in whole or in part as long as it is properly cited.

About the Organizations That Sponsored This Report

Community-Campus Partnerships for Health (CCPH) is a nonprofit membership organization that promotes health through partnerships between communities and higher educational institutions. Founded in 1996, CCPH is a growing network of over 1,000 communities and campuses that are collaborating to promote health through service-learning, community-based participatory research, broad-based coalitions, and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic engagement, and the overall health of communities. CCPH advances its mission through information dissemination, training and technical assistance, research and evaluation, policy development and advocacy, and coalition-building. Learn more about CCPH at www.ccph.info.

The W.K. Kellogg Foundation was established in 1930 "to help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations." To achieve the greatest impact, the Foundation targets its grants toward specific areas. These include health, food systems and rural development, youth and education, and philanthropy and volunteerism. Within these areas, attention is given to exploring learning opportunities in leadership, information and communication technology, capitalizing on diversity, and social and economic community development. Grants are concentrated in the United States, Latin America, and the Caribbean, and the southern African countries of Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland, and Zimbabwe. Learn more about the Foundation at www.wkkf.org.

For More Information

A PDF version of this report is available on the Community-Campus Partnerships for Health website at www.ccph.info. Additional hard copies may also be ordered through the website.

Questions and comments on this report may be sent by mail to Community-Campus Partnerships for Health, UW Box 354809, Seattle, WA 98195-4809; by fax to 206-685-6747; or by email to ccphuw@u.washington.edu.

We encourage interested readers to subscribe to the Community-Engaged Scholarship electronic discussion group at https://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship.

Linking Scholarship and Communities

Report of the Commission on Community-Engaged Scholarship in the Health Professions

Table of Contents

Executive Summary 2

Introduction 5

Contemporary Views of Scholarship 8

Community-Engaged Scholarship 11

Valuing Community-Engaged Scholarship: Key Issues and Challenges 14

Recommendations 19

From Recommendations to Results 31

Acknowledgments 35

Members of the Commission 36

Citations 38

Executive Summary

Over the past decade, a steady stream of national organizations have been recommending the community engagement of health professional schools as an essential strategy for improving health professional education, achieving a diverse health workforce, increasing access to health care, and eliminating health disparities. Community engagement is now widely viewed as fundamental to the mission and purpose of health professional schools. Recruiting and retaining diverse community-engaged faculty members are essential to developing and sustaining the community partnerships that form the foundation for community-based teaching, research, and service.

With the expansion of community engagement in the health professions, a troubling issue has arisen in many schools: Roles and expectations of faculty are changing, but the faculty review, promotion, and tenure system has not kept pace. A frequently cited barrier to sustained faculty involvement in community-engaged scholarship is the risk associated with trying to achieve promotion and tenure. Community-engaged scholarship poses a number of challenges to the predominant paradigm of faculty incentives in health professional schools. Among these is the tendency of faculty peers to classify community-based work as service rather than to consider the factors that might qualify the work as genuine scholarship. Further, the standard metrics for judging the quality, productivity, and impact of scholarship tend to exclude much of the evidence from community-engaged scholarship. With no accepted method of peer reviewing the diverse pathways and products for dissemination that are common in community-engaged scholarship, these are not given sufficient credit and credibility in faculty review, promotion, and tenure processes.

Thus, a significant gap exists between the promise of health professional schools as engaged institutions and the reality of how faculty members are typically judged and rewarded. Closing this gap is the central focus of the Commission on Community-Engaged Scholarship in the Health Professions and this report.

The Commission on Community-Engaged Scholarship in the Health Professions was convened by Community-Campus Partnerships for Health in October 2003, with funding from the W.K. Kellogg Foundation, to provide national leadership for creating a more supportive culture and reward system for health professional faculty involved in service-learning, community-based participatory research, academic public health practice, and other forms of community-engaged scholarship.

A more supportive academic environment for community-engaged scholarship will significantly enhance the ability of academic institutions and community partners to collaborate in educating future health professionals, generating community-relevant knowledge, and building healthier communities.

We recommend actions by health professional schools and their national associations that can support community-engaged scholarship, and cite promising practices that illustrate their implementation (see box on next page).

Recognizing and rewarding community-engaged scholarship in the health professions will require changes not only in the wording of policies and procedures but, even more importantly, in the culture of institutions and professions. Leadership is needed from both academic institutions and the many external stakeholders that influence their values and priorities, including but not limited to government, philanthropy, peer-reviewed journals, accrediting bodies, and the communities in which academic institutions reside and work.

As a starting point, we suggest that health professional school administrators, faculty, and members of review, promotion, and tenure committees review this report in relation to the mission, vision, values, and policies of their professions, schools, and universities. We are eager to work with health professional schools, their national associations, and other interested stakeholders to support the implementation of these recommendations, and we welcome inquiries and suggestions on how best to facilitate such support.

Recommendations

1. Health professional schools should adopt and promote a definition of scholarship that includes and values community-engaged scholarship.
2. Health professional schools should adopt review, promotion, and tenure policies and procedures that value community-engaged scholarship.
3. Health professional schools should ensure that community partners are meaningfully involved in review, promotion, and tenure processes for community-engaged faculty members.
4. Health professional schools should educate the members of review, promotion, and tenure committees about community-engaged scholarship and prepare them to understand and apply the review, promotion, and tenure guidelines in the review of community-engaged faculty.
5. Health professional schools should invest in the recruitment and retention of community-engaged faculty.
6. Health professional schools should advocate for increased extramural support for community-engaged scholarship.
7. Health professional schools should take a leadership role on their university campuses to initiate or further campuswide support for community-engaged scholarship.
8. National associations of health professional schools should:
   - Adopt and promote a definition of scholarship within the profession that explicitly includes community-engaged scholarship
   - Support member schools that recognize and reward community-engaged scholarship
   - Advocate for increased extramural support for community-engaged scholarship
9. Recognizing that many products of community-engaged scholarship are not currently peer reviewed, a national board should be established to facilitate a peer review process.

Introduction

"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...."

—Ernest Boyer in *The Scholarship of Engagement*[1]

"If we want faculty to be involved [in communities] but reward them for other activities, we are our own worst enemies."

—Associate Vice Provost, Academic Health Center[2]

"Academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that strengthen public health practice."

—Institute of Medicine[3]

Over the past decade, a steady stream of national organizations have been recommending the community engagement of health professional schools[4] as an essential strategy for improving health professional education, achieving a diverse health workforce, increasing access to health care, and eliminating health disparities.[3,5–9] Thanks to these recommendations, the requirements of accrediting bodies,[10,11] the investments of funding agencies,[12] and the favorable results of outcome studies of community-based education and research,[13–27] community engagement is now widely viewed as fundamental to the mission and purpose of health professional schools.[2,28–30] Health professional schools across the country are establishing partnerships with communities to address such critical issues as:

- The development and diversity of the health workforce—for example, through service-learning and educational pipeline programs
- The delivery of quality health care—for example, through community-oriented primary care
- The relevance of research and its translation into practice and policy—for example, through community-based participatory research
- The health and economic vitality of communities—for example, through Healthy Communities initiatives and neighborhood revitalization efforts

Recruiting and retaining diverse community-engaged faculty members are essential to developing and sustaining the community partnerships that form the foundation for community-based teaching, research, and service.[31] With the expansion of community engagement in the health professions, a troubling issue has arisen in many schools: Faculty roles are changing, but the faculty review, promotion, and tenure (RPT) system has not kept pace.[32–40]

Recruiting and retaining diverse community-engaged faculty members are essential to developing and sustaining the community partnerships that form the foundation for community-based teaching, research, and service.

Indeed, a frequently cited barrier to sustained faculty involvement in community-engaged scholarship is the risk associated with trying to achieve promotion and tenure.[2,28,31,41–53] Thus, a significant gap exists between the promise of health professional schools as engaged institutions and the reality of how faculty members are typically judged and rewarded. Closing this gap is the central focus of the Commission on Community-Engaged Scholarship in the Health Professions and this report.

The Commission on Community-Engaged Scholarship in the Health Professions was convened by Community-Campus Partnerships for Health (CCPH) in October 2003 with funding from the W.K. Kellogg Foundation. The Commission's charge is twofold:

- To provide national leadership for creating a more supportive culture and reward system for health professional faculty involved in service-learning, community-based participatory research, academic public health practice, and other forms of community-engaged scholarship
- To develop and disseminate a set of tools that faculty and health professional schools can use to advance community-engaged scholarship

In announcing the Commission, Foundation Program Director Barbara Sabol remarked: "The W.K. Kellogg Foundation has long made a significant investment in programs and policies that advance community-based public health. Unfortunately, the predominant paradigm of faculty incentives in our nation's health professional schools runs counter to the Foundation's focus on engaged institutions. This work is designed to provide the leadership and practical tools that are needed to reward faculty for linking their scholarship to community needs and concerns."[54]

Many faculty members in health professional schools across the country are passionate about their work in communities and are pursuing this work despite the culture and reward systems of their institutions. The faculty members who would devote their careers to community-engaged scholarship are often those least likely to be rewarded for doing so. Many of them

With the expansion of community engagement in the health professions, a troubling issue has arisen in many schools: Faculty roles are changing, but the faculty review, promotion, and tenure (RPT) system has not kept pace.

contacted us when the Commission was announced to share their stories and to express gratitude that "someone is taking this issue on." Some struggle to maneuver within the tenure-track system, and others have opted for alternative tracks that do not pose as many barriers to their community engagement (e.g., nontenure positions, clinical appointments, clinician-educator pathways). We applaud and support their efforts. However, until community-engaged scholarship is adequately recognized and rewarded in the RPT system, these faculty members will continue to be marginalized and isolated from the academic mainstream. Aligning systems for faculty review, promotion, and tenure in health professional schools with support for community-engaged scholarship is the central issue addressed by this report.

As the Commission, we are a diverse group of leaders from academic institutions, professional associations, community-based organizations, philanthropy, and government who bring relevant experience, knowledge, and connections, combined with a desire to create a more supportive culture and reward system for community-engaged faculty (see the list of Commission members on page 36). Between October 2003 and September 2004, we reviewed pertinent literature,[55] interviewed key informants, gathered examples of institutions that support community-engaged scholarship, and helped shape a toolkit for community-engaged faculty.[56] Deliberating through a series of teleconference calls and inperson meetings, we examined a number of critical issues pertaining to our charge, including the definition of community-engaged scholarship, the role of products of scholarship that are not in the form of peer-reviewed journal articles, and the role of community partners in faculty review, promotion, and tenure processes.

This report synthesizes the information we gathered and recommends actions on the part of health professional schools and their national associations that can support community-engaged scholarship. A more supportive academic environment for community-engaged scholarship will significantly enhance the ability of academic institutions and community partners to collaborate in educating future health professionals, generating community-relevant knowledge, and building healthier communities.

Aligning systems for faculty review, promotion, and tenure in health professional schools with support for community-engaged scholarship is the central issue addressed by this report.

Contemporary Views of Scholarship

"What we now have is a more restricted view of scholarship, one that limits it to a hierarchy of functions. Basic research has come to be viewed as the first and most essential form of scholarly activity, with other functions flowing from it. Scholars are academics who conduct research, publish, and then perhaps convey their knowledge to students or apply what they have learned.

"…If the nation's higher learning institutions are to meet today's urgent academic and social mandates, their missions must be carefully redefined and the meaning of scholarship creatively reconsidered."

—Ernest Boyer[57]

Before we turn to the key question, "Why does the predominant model of faculty roles and rewards in the health professions pose such challenges to community-engaged scholarship?" it is important to place this discussion in the broader context of higher education. In 1987, the Carnegie Foundation for the Advancement of Teaching commissioned Ernest Boyer to examine the meaning of scholarship in higher education. In his resulting report, *Scholarship Reconsidered,*[57] Boyer challenged higher education to embrace the full scope of academic work, moving beyond an exclusive focus on traditional and narrowly defined research as the only legitimate avenue to further knowledge. He proposed four interrelated dimensions of scholarship: *teaching, discovery, integration,* and *application.* These four dimensions, Boyer posited, interact to form a unified definition of scholarship that is rich, deep and broad, and applied in practical ways. Subsequently, Boyer further expanded his definition to include the *scholarship of engagement,* which regards those activities within teaching, discovery, integration, and application that connect the academy with people and places outside the campus and ultimately direct the work of the academy "toward larger, more humane ends."[1] (See Box 1.)

Boyer challenged higher education to embrace the full scope of academic work, moving beyond an exclusive focus on traditional and narrowly defined research as the only legitimate avenue to further knowledge.

The Carnegie Foundation next charged Charles Glassick and his colleagues to determine the criteria used to evaluate scholarly work. In *Scholarship Assessed,*[58] Glassick et al. moved beyond peer-reviewed journal publication as the primary criteria for academic reward and promotion by proposing these standards of excellence in scholarship: Scholars must have clear goals, be adequately prepared, use appropriate methods, achieve outstanding results, communicate effectively, and then reflectively critique their work.

As a result of these landmark reports, faculty roles and rewards surfaced as a major issue in higher education during the 1990s. Prominent academic leaders began advocating that universities embrace the work of Boyer and Glassick and encourage their faculty to pursue the scholarship of engagement.[59–63] National initiatives were undertaken, primarily in undergraduate education, to spur campus action (see Box 2). Universities began to report on supportive changes in their faculty roles and rewards policies.[59,64–66]

Box 1 | Boyer's Dimensions of Scholarship[1,57,67]

- *The scholarship of teaching* includes transmitting, transforming, and extending knowledge.
- *The scholarship of discovery* refers to the pursuit of inquiry and investigation in search of new knowledge.
- *The scholarship of integration* consists of making connections across disciplines and, through this synthesis, advancing what we know.
- *The scholarship of application* asks how knowledge can be practically applied in a dynamic process whereby new understandings emerge from the act of applying knowledge through an ongoing cycle of theory to practice to theory.
- *The scholarship of engagement* connects any of the above dimensions of scholarship to the understanding and solving of pressing social, civic, and ethical problems.

Box 2 | Selected Responses to Boyer and Glassick: Higher Education

- **The National Project for the Documentation and Peer Review of Professional Service and Outreach** was a project of the American Association for Higher Education that sought to demonstrate that the scholarship of engagement could be (1) documented in a manner that relays its significance, attention to context, scholarship, and impact; (2) subjected to rigorous peer review; and (3) assessed according to established criteria for quality. The project led to a framework and guidelines for the content and process of portfolio development.[68–70]
- **The Forum on Faculty Roles and Rewards** was an annual national conference sponsored by the American Association for Higher Education that drew attention to the scholarship of engagement among college and university presidents, deans, and RPT committees.[71]
- **The National Review Board for the Scholarship of Engagement,** supported by a grant from the W.K. Kellogg Foundation, was formed to review and evaluate the scholarship of engagement of faculty who are preparing for RPT.[72]

The response of the health professions to Boyer's and Glassick's work has been less immediate and widespread than in higher education as a whole. A number of significant activities have been undertaken at national and disciplinary levels (see Box 3), and individual schools have reported on their challenges and successes in implementing change.[73–75] The view that the scholarship of discovery is more valuable to the institution's mission than other forms of scholarship still exists in many health professional schools. With the growing emphasis on community-based education and community-based research, however, a sense of urgency is building among health professional schools to broaden their conception of scholarship and how it is assessed.

Box 3 Selected Responses to Boyer and Glassick: Health Professional Education

- **The American Association of Colleges of Nursing** issued a position statement in 1999 on the definition of scholarship in nursing that supports Boyer's model and provides examples of the types of documentation needed for each dimension of scholarship in nursing.[76]
- **The Association of American Medical Colleges' Council of Academic Societies** established a Task Force on Scholarship in 2000 that recommended that medical schools redefine scholarship to encompass clinical and educational responsibilities of their faculty.[77]
- **The Association of Schools of Public Health's Council of Public Health Practice Coordinators** released a report in 1999 on academic public health practice that raised the awareness and recognition of the scholarship of application and engagement in public health and recommended specific campus actions.[78,79]
- **Community-Campus Partnerships for Health** and its members have recognized the importance of faculty roles and rewards for community-engaged scholarship since the organization's inception in 1997.[80] In 2000, CCPH commissioned a policy paper on the topic,[67] and in 2002 appointed a CCPH Fellow to further examine and develop resources for faculty involved in community-engaged scholarship.[81] In 2003, CCPH convened the Commission on Community-Engaged Scholarship in the Health Professions with grant funding from the W.K. Kellogg Foundation.[54] Most recently, CCPH is facilitating a federally funded collaborative of health professional schools that seek to align their faculty RPT systems with community-engaged scholarship.[82]
- **The Institute of Medicine,** in its 2002 reports on public health in the 21st century, weighed in on the definition of scholarship by recommending that "federal funders of research and academic institutions should recognize and reward faculty scholarship related to public health practice research," "academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that strengthen public health practice," and schools of public health should "provide increased academic recognition and reward for policy-related activities."[3,5]

Community-Engaged Scholarship

"Engagement is a principle that applies widely to nearly all social institutions…Engagement isn't just the ethical or the right thing to do, it's also critical to an institution's long-term survival and success."

—William Richardson, W.K. Kellogg Foundation[83]

Unfortunately, there are no consistently used definitions for community engagement, scholarship, or community-engaged scholarship that span the health professions. In developing definitions to guide and focus our work, we have strived to build upon the work of Boyer, Glassick, and Diamond[57,58,91] and to use language that is inclusive of the varied terms and frameworks used in the different health professions (see Box 4). Figure 1 places community-engaged activities of faculty in the vernacular used by most academic institutions in referring to their missions as research, teaching, and service. Community-engaged scholarship applies to each of these domains: research (e.g., community-based participatory research), teaching (e.g., service-learning), and service (e.g., academic public health practice).[55]

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

Below we review some of the common methods and documented outcomes of community engagement in the health professions.

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their role as citizens. Service-learning in the health professions:[84]

Box 4 | Community Engagement, Scholarship, and Community-Engaged Scholarship: Defining Terms

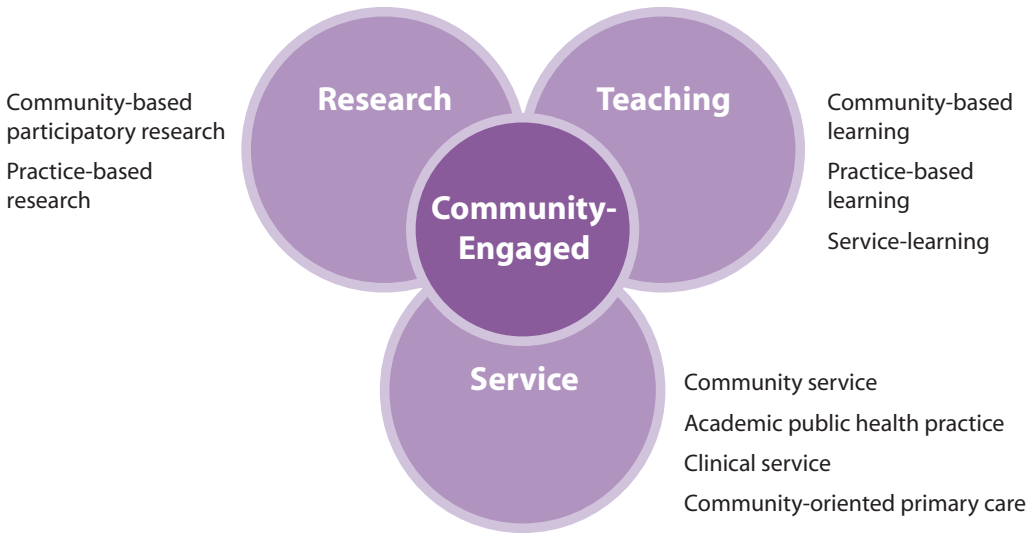
- *Community engagement* is the application of institutional resources to address and solve challenges facing communities through collaboration with these communities. These resources include, for example, the knowledge and expertise of students, faculty, and staff; the institution's political position; campus buildings; and land. The methods for community engagement of academic institutions include community service, service-learning, community-based participatory research, training and technical assistance, coalition-building, capacity-building, and economic development.
- *Scholarship* is teaching, discovery, integration, application, and engagement that have clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique that is rigorous and peer reviewed.
- *Community-engaged scholarship* is scholarship that involves the faculty member in a mutually beneficial partnership with the community. Community-engaged scholarship can be transdisciplinary and often integrates some combination of multiple forms of scholarship. For example, service-learning can integrate the scholarship of teaching, application, and engagement, and community-based participatory research can integrate the scholarship of discovery, integration, application, and engagement.

- Advances core learner outcomes in such areas as health promotion and disease prevention, interdisciplinary collaboration, critical thinking, and cultural competency[17,85–88]
- Exposes students to a broad range of career opportunities and may influence their choice of practice specialty and location[18,19]
- Is beneficial to many aspects of preparing health professionals for practice, lifelong learning, and civic engagement, and especially important in preparing health professional students to address the health disparities in this country that persist along racial, ethnic, and socioeconomic lines[20]

Community-based participatory research (CBPR) is a "collaborative, partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process."[21] Partners contribute expertise and share responsibilities and ownership to increase understanding of a given phenomenon, and incorporate the knowledge gained with action to enhance the health and well-being of community members. CBPR in the health professions:

- Improves the quality and validity of research by engaging local knowledge and local theory based on the experience of people involved
- Enhances the relevance and use of research data by all parties involved
- Joins partners with diverse skills, knowledge, expertise, and sensitivities, including researchers from different disciplines and professions, to address complex problems
- Establishes trust and bridges cultural gaps between communities and researchers
- Recognizes existing community resources and builds community capacity to identify and conduct research
- Promotes co-learning among the partners
- Facilitates the development and implementation of more effective public health interventions, including policy change

Figure 1 | Community-Engaged Teaching, Research, and Service



- Ultimately, improves the health and well-being of communities involved, directly through studying and addressing important community needs, and indirectly through increasing their power and control over the research process[21–26]

Academic public health practice is the applied, interdisciplinary pursuit of scholarship in the field of public health.[78] Academic public health practice involves the multiple capacities of practice-based research, teaching, and service:

- Practice-based research discovers additional knowledge and generates new science in the practice of public health at the boundaries where fields converge.
- Practice-based teaching informs both the academician and practitioner as co-learners, and enhances student competence through field placements, internships, and practice-based curricula.
- Practice-based service applies professional knowledge that results from one's role as a faculty member as consultant, professional expert, or technical advisor to the university community, the public health practice community, or professional practice organizations.[78]

Valuing Community-Engaged Scholarship: Key Issues and Challenges

"A university's values are most clearly described by its promotion and tenure policy and by the criteria used to evaluate faculty members."

—Conrad Weiser et al.[89]

"Publication in peer-reviewed journals is the typical end point in the mind of many researchers. For a results-oriented philanthropy, this is not enough."

—James R. Knickman and Steven A. Schroeder, Robert Wood Johnson Foundation[90]

"To put it bluntly, the focus on research and publication and the mad dash for federal funds and external grants has diverted energies away from important faculty work and has had a direct and negative impact on the quality of classroom instruction and the abilities of institutions to provide support for and involvement in their communities."

—Robert M. Diamond[91]

The risk associated with trying to achieve promotion and tenure is a frequently cited barrier to sustained faculty involvement in community-engaged scholarship.[2,28,31,41–53] Faculty and administrators alike acknowledge that community-engaged scholarship is not easily recognized and rewarded in the traditional academic system.[92–94] Why does the predominant model of faculty RPT pose such challenges to community-engaged scholarship? Asked in a slightly different way, why does community-engaged scholarship pose such challenges to the predominant model of faculty RPT? Below we have tried to answer these questions by teasing apart the key issues and challenges in valuing community-engaged scholarship (see Box 5).

The scholarship hierarchy. The RPT system is a complex one that varies greatly from campus to campus, school to school, and department to department. In general, RPT policies emphasize the scholarship of discovery over other forms of scholarship, and all forms of scholarship over service. While few in academia would dispute that serving the community has value, the community-based activities of faculty are too often lumped together and viewed solely as "service" without recognizing that they might actually meet the criteria for scholarship and/or advance the institution's teaching and research missions.[74,77]

The time involved in developing community-academic partnerships. Community-engaged scholarship as a process often requires a significant amount of "lead time" to develop trusting community relationships before results are generated and impacts are fully demonstrated. The challenge for faculty whose work interfaces with communities is that "community-based anything takes time, length and breadth."[2] The time involved in relationship building; jointly developing and implementing community-based

Box 5 | Valuing Community-Engaged Scholarship: Key Issues and Challenges

- The scholarship hierarchy
- The time involved in developing community-academic partnerships
- The funding hierarchy
- Funding agency priorities and expectations
- The journal hierarchy
- The collaborative and interdisciplinary nature of the work
- Diverse dissemination pathways and products
- Diverse measures of quality, productivity, and impact
- The central role of peer review
- The limited involvement of community partners in RPT processes

educational, research, or service programs; and discussing the results with the community often means that it takes longer to generate and publish results in peer-reviewed publications.

The funding hierarchy. At many universities, especially those that are research extensive,[95] funding from certain federal funding agencies (e.g., the National Institutes of Health, the Agency for Healthcare Research and Quality, the National Science Foundation) receives more "credit" in RPT processes because the grants the agencies award are competitive, undergo extensive peer review, and reimburse for indirect expenses at a high rate.[96] Although these agencies have recently begun to invest more significantly in community-academic partnerships, funding for community-engaged scholarship comes from a wide variety of sources, including national and local foundations and government agencies.[12]

Funding agency priorities and expectations. Despite the growing availability of funding for community-engaged scholarship, community-engaged faculty face significant barriers in obtaining funding and in meeting the expectations of funding agencies.[77] Many funding agencies have established priorities occurring within a specified and limited timeframe that focus on categorical health problems, individual-level interventions, and traditional research designs in which the expert researcher defines the problem and the methods used. Such funding priorities are often in direct conflict with the key principles of community-engaged scholarship and with the concerns of many community partners. Further, funding agencies often have narrow timeframes between announcing available funding and deadlines for proposals that do not allow for the time needed to develop trusting working relationships and collaborative proposals.

The journal hierarchy. At many institutions, publication in certain peer-reviewed journals is more highly valued in RPT processes because these journals are viewed as more competitive and having higher impact. Academic journals considered to be "top tier" (usually on the basis of the "Impact Factor" score) in a given field may less readily publish articles based on community-engaged scholarship than other journals.[31] Peer-reviewed clinical and practice-oriented journals are not as widely recognized by RPT committees as having high impact because they are read more by practitioners than by the researchers who would cite them in their own publications, thereby enhancing their impact scores.

The collaborative and interdisciplinary nature of the work. The collaborative and interdisciplinary nature of much of community-engaged scholarship can pose direct conflicts with the traditional value placed on first-authored peer-reviewed journal articles in top-tier disciplinary journals.[97,98] This collaborative, interdisciplinary team approach, for example, means that a given faculty member cannot be first author on all of the publications that result from the work and that publications may appear in journals outside of the faculty member's discipline. Community partners as co-investigators also raise concerns in traditional research circles about the objectivity and thus validity of the research.

Diverse dissemination pathways and products. Peer-reviewed publications are essential for communicating the results of community-engaged scholarship to academic audiences, but they are not sufficient and are often not the most important mechanism for disseminating results. They do little, if anything, to reach community members, practitioners, policymakers, and other key audiences. Community-engaged scholarship *requires* diverse pathways and products for dissemination, including those that communities value most. Calleson et al. outline three primary types of products of community-engaged scholarship that together can achieve a balance between "community priorities and university requirements for knowledge generation, transmission and application"[55]: peer-reviewed articles, applied products, and community dissemination products (see Box 6). Products that are not in the form of peer-reviewed journal articles are often discounted and not recognized as scholarly products during

Box 6 | Disseminating Community-Engaged Scholarship: Diverse Pathways and Products[55]

- **Peer-reviewed articles:** This traditionally accepted product of scholarship serves as a vehicle for documenting and communicating methods, findings, and lessons learned. An increasing number of peer-reviewed journals over the last decade have been publishing articles on service-learning, public health practice, and community-based participatory research.[99] Also, an increasing number of practitioner-oriented peer-reviewed journals are being published.[100]
- **Applied products:** Applied products focus on the "immediate" transfer of knowledge into application and serve to "strengthen collaborative ties between academics and practice" and enable faculty to "apply disciplinary knowledge to practice" with communities.[79] Applied products include innovative intervention programs; policies at community, state, and federal levels; training materials and resource guides; and technical assistance. These are products that communities value, that can affect community health improvement, and that can allow practice to "inform and enrich theory."[71,79] These products can be evaluated for evidence of scholarship by the extent to which they require a high level of discipline-related expertise, are innovative, have been implemented or used, and have had an impact on learners (if educational in scope), organizational or community capacity, or the health of individuals or communities.
- **Community dissemination products:** These products of community-engaged scholarship can include community forums, newspaper articles, websites, and "presentations to community leaders and policy makers at state and national levels."[67] These products provide valuable opportunities for reflective critique by peers both in the community and in the academy.[92]

RPT processes. This lack of appreciation discourages some faculty members from producing these alternative scholarly products.

Diverse measures of quality, productivity, and impact. The standard metrics for judging the quality, productivity, and impact of scholarship do not fully apply to community-engaged scholarship. In the research-dominant culture of many health professional schools, first-authored peer-reviewed journal articles in high-impact journals and the amount of grant funding raised are considered the "gold standards" for determining scholarly quality and productivity.[59,96] Many academic institutions confer tenure and promote faculty based primarily on the quantity and caliber of peer-reviewed journal articles. Community-engaged scholarship requires a broader array of evidence that is not currently routinely considered.[79] For community-engaged scholars, impact in the communities in which they are working may not "count" equally or at all in RPT processes, whereas impact demonstrated at national and international levels is valued. While the number of times a journal article has been cited may be a measure of its dissemination and impact in the academic arena, it does not capture its broader relevance and impact. Further, tallying up journal article citations is a weak measure of academic quality, dissemination, and impact.[101,102]

The central role of peer review. Peer review is the bedrock of the evaluative process and is used to ensure that the rigor and quality of scholarship meet the standards of the academic community. Currently, most products of community-engaged scholarship that are not in the form of journal articles have not been peer reviewed (e.g., the applied and community dissemination products described in Box 6). Some products—this Commission report, for example—have actually undergone an extensive peer review and revision process. Experiences vary widely across institutions in the consideration of these products in RPT processes. With no currently accepted method for rigorously peer reviewing these alternative means of dissemination or documenting any peer review that has taken place, they are often perceived by RPT committees as being of less importance, quality, credibility, and value than peer-reviewed journal articles.[76,103,104] In addition, in community-engaged scholarship, the community is a peer and hence a potential contributor to the peer review process.

While the number of times a journal article has been cited may be a measure of its dissemination and impact in the academic arena, it is does not capture its broader relevance and impact.

The limited involvement of community partners in RPT processes. Community partners currently have little formal accepted role in RPT processes. Community partners can help faculty members communicate their community-building skills and significant community impact, but their current involvement is typically limited to letters of support. Many academic institutions have restrictions on who can serve as external peer reviewers of a faculty member's portfolio, with a priority placed on academics, ideally at a peer institution and at a more senior rank than the faculty member

being reviewed. While reviewers from outside the academy are occasionally included, these are more likely to be individuals in high-level positions such as senior staff of a government agency or national professional association with relevant academic credentials rather than those who can bring a community-based, grassroots perspective to the portfolio review.

Recommendations

"One of the critical challenges for higher education is to redirect our knowledge and our resources in the service of rural communities and urban neighborhoods."[105]

"Universities can, and must, play a role in combating the problems that plague our communities, from poverty to crime to racism and more."[106]

—William Richardson,
W.K. Kellogg Foundation

The recommendations below are intended for health professional schools and their national associations. In advancing these recommendations, we recognize that some schools and associations have already begun the change process and that promising practices are emerging.[75,103,107–112] When possible, promising practices from a diverse range of institutional and disciplinary contexts are provided to illustrate how a recommendation might be implemented.

There are, of course, other key stakeholders that profoundly influence the values and priorities of academia, including but not limited to government, philanthropy, peer-reviewed journals, accrediting bodies, and the communities in which academic institutions reside and work. Increased federal funding for community-based participatory research,[16] journals that explicitly solicit manuscripts based on community-academic partnerships,[99] and accrediting bodies that require community-based curricular components,[10,11] for example, all help to increase the legitimacy of community-engaged scholarship in health professional schools.

1. Health professional schools should adopt and promote a definition of scholarship that includes and values community-engaged scholarship.

We urge health professional school administrators, faculty, and RPT committees to become familiar with contemporary views of scholarship and faculty work by reading and discussing seminal works on scholarship.[1,57,58,70] Initiating campus conversations about the meaning of scholarship, the range of faculty work, the role of the institution in the community, and the value placed on community engagement are all important to changing institutional culture and elevating the status of community-engaged scholarship in health professional schools. Deliberations among key

stakeholder groups—for example, the faculty within each department, the RPT committee, the faculty senate, and the school's major community partners—are prerequisites to decisions about potential changes in RPT policies and processes and must be grounded in the context of the institution's mission. Although virtually all university mission statements could be interpreted to encompass community-engaged scholarship, some clearly identify it as more central than others (see Box 7).

2. Health professional schools should adopt RPT policies and procedures that value community-engaged scholarship.

A school's RPT policies and how they are applied represent its priorities and values (see Box 8). Just as campus dialogue is critical to developing a shared culture about what constitutes scholarship and community-engaged scholarship, so is it for the development of RPT policies. Questions and issues to be explored include what is valued in current RPT processes and what *should* be valued? How does the current RPT system reflect and advance the school's and institution's mission, and how could changes enhance this?

Key components of RPT policies that clearly and explicitly value community-engaged scholarship include:

- Valuing a balanced portfolio of applied products of scholarship and peer-reviewed journal articles. While we affirm the importance of the peer-reviewed journal article as evidence of the quality and dissemination of a faculty member's scholarship, we urge health professional schools to include other products when reviewing faculty and making faculty promotion and tenure decisions and to consider establishing or recognizing

Box 7 | Promising Practices: Mission Statements That Explicitly Embrace Community-Engaged Scholarship

- **University of California, San Diego, School of Medicine, Division of Community Pediatrics:**[113] "…strengthening existing programs and effectively using resources by forming community and academic partnerships which utilize the community to set priorities; integrating health promotion and prevention strategies into primary health care; exploring new paradigms for health care and dissemination of health promotion messages; and, meeting the health needs of diverse cultures, ethnicities and special populations."
- **University of Detroit, Mercy School of Dentistry:**[114] "...the University of Detroit Mercy will be an indispensable resource for meeting oral healthcare and educational needs of Southeast Michigan. We will serve as a benchmark for effective community and professional collaborations that promote innovations in curriculum, evidence-based clinical education, technology and research."
- **Tulane University School of Public Health:**[115] "…to advance public health knowledge accomplished through education of public health professionals [and] partnerships with the community to advance the practice of public health; and service to local, national and international communities."
- **Columbia University School of Public Health:**[50,116] "…to encourage collaborative preventive health efforts with local community groups [in] northern Manhattan neighborhoods, to assist health departments in the evaluation of programs, to encourage faculty to serve…organizations involved in the improvement of the public's health, and…to hasten the transfer of state-of-the-art skills and knowledge to practicing public health professionals."

Box 8 | Promising Practices: RPT Policies That Value Community-Engaged Scholarship

- The tenure and promotion procedures at **Portland State University**[31,117] are among the most frequently cited as a model that encourages and rewards community-engaged teaching and research. The procedures follow Boyer's definition of scholarship, extensively describe how "community outreach" is part of scholarship, and formally recognize community impact as one of the ways in which the significance of research outcomes can be judged. Use of evaluative statements from community partners is also explicitly encouraged. Collaborative, interdisciplinary, and interinstitutional research is specifically recognized as credible scholarship, and the guidelines recognize and promote shared authorship. In addition, the guidelines note that "A consistently high quality of scholarship, and its promise for future exemplary scholarship, is more important than the quantity of the work done."
- **The University of North Carolina at Chapel Hill Department of Family Medicine**[118] has a long-standing commitment to service activities and, through a process of redefining its mission and RPT policies in 1998, has advanced the role of community-engaged scholarship in faculty reward systems. A newly incorporated area for faculty accomplishment, community service, is defined as "contributing to the public good, helping the Department respond to local health care problems, and facilitating the use of faculty expertise outside the realm of their primary clinical responsibilities." Efforts to move toward community-engaged scholarly work for faculty advancement include the development of new service-learning programs and the establishment of a service research group within the department.
- **The University of Washington School of Public Health and Community Medicine**[119] has adopted an RPT policy that seeks to "encourage the advancement of scholarship in academic public health practice" (APHP) through rewarding faculty work in this arena. Faculty members may emphasize traditional research, teaching and service, or APHP as the basis for their consideration for promotion. Policies recognize that those electing APHP as a dimension of scholarship will "result in fewer contributions to the area of research" but maintain high standards for rigor and peer review of scholarly products for promotion.
- **The University of North Carolina at Chapel Hill School of Public Health**[120] bases promotion and tenure decisions on the achievements of faculty in research, teaching, public health practice, and service. Expectations for the level of scholarship in public health practice and related criteria are comparable to the expectations for research and other dimensions of scholarship. For example, publication expectations also include technical reports and practice documents that have had a demonstrated impact, as well as articles in refereed journals. The school adopted this new promotion and tenure policy in 1994 after a 20-month process that included these steps:[75]
  - The dean appointed a committee comprising faculty, students, and alumni.
  - The committee met bimonthly and produced two reports—one on teaching and one on practice.
  - The reports were discussed at a schoolwide faculty retreat, at meetings of the school's promotion and tenure committee, and at a department chairs retreat.
  - On the basis of the deliberations described above, new policies were proposed.
  - The proposed new policies were reviewed by the vice chancellor for health affairs, the school's department chairs and associate deans, and the full faculty.

systems of peer review for these products. A balance needs to be struck between the number and significance of peer-reviewed journal articles and the number and significance of other products.

- Acknowledging that community-engaged scholarship is often interdisciplinary and team based, leading to papers with multiple authors who have contributed significantly or equally to the work. That acknowledgment could include, for example, not overemphasizing first-authored papers.
- Expanding the list of acceptable journals in which scholarship can be credibly published.
- Developing explicit criteria for assessing impact in both the scientific community and the broader community.
- Valuing the broad range of funding sources that are available to support community-engaged scholarship.
- Ensuring that community partners are meaningfully involved in RPT processes (see recommendation 3 below).
- Acknowledging the time involved in developing the community relationships required for meaningful community-engaged scholarship. The "up-or-out" provisions for promotion in many academic institutions should permit a more flexible timetable for community-engaged faculty members. While it is reasonable to demand evidence of achievement for scholarly work that is in progress, institutions must grant faculty sufficient time to successfully complete community-engaged scholarship.[77]

3. Health professional schools should ensure that community partners are meaningfully involved in RPT processes for community-engaged faculty members.

Just as community-engaged scholarship itself is collaborative, so too should its assessment be collaborative. Scholarship of high quality, excellent credibility, and powerful impact is most likely to be recognized when the process incorporates review by community and academic peers and input from those who benefit from the scholarship.[77] To judge how well a community-engaged faculty member has completed quality work, RPT processes should solicit and value the perspectives of community partners (see Box 9). Methods of assessment and presentation of the results of community-engaged scholarship need to incorporate community partners and reflect the sociocultural and political context of community work and the complexity of community issues in a meaningful way. Involvement in the process also will give community members ownership over the outcomes of community-engaged scholarship.[31]

Key components of RPT processes that meaningfully involve community partners include:

Box 9 | Promising Practice: RPT Processes That Meaningfully Involve Community Partners

The University of Washington School of Public Health and Community Medicine[119] includes recommendations from community partners in the evaluation of faculty members who are being reviewed for promotion on the basis of academic public health practice. Letters from government or practice-related organizations are specified as part of the faculty portfolio in the school's faculty handbook.

- Soliciting and valuing letters of support and other documentation from community partners as important indicators of the quality and community impact of a faculty member's scholarship
- Requesting and considering external letters of review from community partners
- Inviting and valuing the contributions of community partners to the development of RPT policies and guidelines

4. Health professional schools should educate the members of RPT committees about community-engaged scholarship and prepare them to understand and apply the RPT guidelines in the review of community-engaged faculty.

Even with clear RPT guidelines, committee members need to be prepared to apply the guidelines in their review of portfolios of a community-engaged faculty member.[121] Most campuses do not require orientations or periodic training for committee members on the institution's RPT guidelines and how to apply them. The fairness and viability of a faculty assessment system depends on the creation and assurance of an atmosphere of trust among reviewers and those being reviewed.[79]

We recommend that health professional schools institute periodic training for members of RPT committees to include information and discussion about the definition of scholarship, the school and university RPT guidelines, and mock or practice cases. Committee members should be prepared for their role in assessing community-engaged scholarship portfolios through such means as tutorials on common methods of community-engaged scholarship (e.g., service-learning, community-based participatory research, qualitative methods), the interpretation of the guidelines, mock study sections, and training workshops involving community-engaged faculty and community partners as speakers and trainers (see Box 10).

Box 10 | Promising Practices: Educating RPT Committee Members

- Trainings for faculty members and administrators serving on RPT committees are required at **California State University-Monterey Bay.**[122] To serve on the RPT committee, members must be retrained every 2 years. Trainings cover general policies and timelines, and half of the session is devoted to reviewing the Boyer model of scholarship and its application to faculty portfolios in RPT processes. The training policy and sessions are meant to reinforce a uniform system of evaluation across campus and throughout the processes of faculty recruitment, retention, and promotion.
- **The University of Kentucky College of Medicine**[74] orients faculty members to its expanded definition of scholarship in a number of ways: by developing a new faculty handbook on the new policies and procedures, explicitly presenting and discussing all forms of scholarship during new faculty orientations, and discussing the changes in meetings of departments, general faculty, and school committees. It is hoped that a heightened awareness of these expanded definitions of scholarship will stimulate faculty to enthusiastically pursue diverse scholarly activities, all of which are needed to meet the school's tripartite mission of teaching, research, and service.

5. Health professional schools should invest in the recruitment and retention of community-engaged faculty.

Health professional schools can demonstrate to faculty that community-engaged scholarship is vital to their mission through tangible supports and rewards. Granting promotion and tenure to faculty members who have demonstrated excellence in community-engaged scholarship is certainly one way to confirm the institution's commitment and sends a powerful message to junior faculty, postdoctoral trainees, students, and community partners. Beyond promotion and tenure, health professional schools can invest in the recruitment and retention of community-engaged faculty in a variety of ways (see Boxes 11 and 12). The policies and processes for recruiting and appointing community-engaged faculty members can face many of the same challenges and issues as those described above for RPT. Integrated, sustained incentive systems to support and enhance community-engaged scholarship could include:

- Establishing faculty positions that explicitly emphasize desired skills and competencies in community-engaged scholarship
- Establishing supportive institutional structures (e.g., a center for community partnerships, a position for associate dean of community, or a schoolwide community engagement committee)[123]
- Allocating funding and space
- Fundraising for endowed chairs
- Recognizing outstanding examples of community-engaged scholarship through awards, articles in school publications and on websites, and invited faculty seminars

Box 11 | Promising Practices: Recruiting and Retaining Community-Engaged Faculty

Recent Faculty Job Postings That Support Community-Engaged Faculty

- **University of Pittsburgh Graduate School of Public Health:** "…full-time, tenure-track faculty positions…Community Health Development (Assistant Professor): Expertise in participatory-based community research, evaluation, and practice; skilled in other empowerment models of community organizing; strong grounding in relevant theory; experience working on public health initiatives with local and regional community groups; familiarity with community health indicators and other related measures; strong group process skills."
- **University of California Los Angeles School of Dentistry:** "…position will have a major emphasis on research and includes resident and predoctoral teaching responsibilities; applicants should be Board-Eligible or Board-Certified in Pediatric Dentistry, and an advanced degree with research experience is preferred. Experience in organizing community-based programs or conducting community-based or policy-related research is desirable."

Endowed Chairs That Support Community-Engaged Scholarship

With private funding from the Maurice Falk Medical Fund, **the University of Pittsburgh Graduate School of Public Health**[124] established an endowed chair, the Philip Hallen Professor of Community Health and Social Justice. The chair is intended to honor the life work of Philip Hallen, president emeritus of the Falk Fund, in racial justice and the human rights field. The inaugural holder of the Chair is Stephen B. Thomas, director of the school's Center for Minority Health.

Box 12 | Promising Practices: Recruiting and Retaining Community-Engaged Faculty

Training Programs That Support Community-Engaged Scholarship

- **Clinical Scholars Program:**[125] Funded by the Robert Wood Johnson Foundation, this 3-year program is designed to build upon clinical training in medicine to support research and leadership, with a new emphasis on community-based participatory research to address issues in public policy, community health, and health services research.
- **Community Health Scholars Program:**[126] With funding from the W.K. Kellogg Foundation, this postdoctoral fellowship program was developed to increase the number of faculty with "community competency" in public health and other health professions. Scholars work to develop skills in community-based participatory research and teaching to better understand determinants of community health and capacity building in communities, agencies, and academic institutions.
- **Public Health Research Fellowship Program:**[127] With funding from the Centers for Disease Control and Prevention (CDC), The University of Illinois at Chicago School of Public Health supports a postdoctoral "interdisciplinary health protection" research training program with an emphasis on community-based participatory research approaches to study health disparities and environmental justice issues in high-risk, urban populations.

Supportive Institutional Structures

The Center for the City at **the University of Missouri-Kansas City** works to "leverage the intellectual and human resources of the city's major urban university with the urban core priorities."[128] The Center supports community-engaged scholarship in ways such as:

- Providing seed grants to faculty to pursue community-based research partnerships and/or redesign their syllabi and courses to incorporate service-learning
- Recognizing accomplishments through annual awards, including the Chancellor's Award for Excellence in Community Engagement, the Provost's Award for Academic Unit Excellence in Community Engagement, and the Center for the City Award for exemplary contributions by a community-based organization
- Offering short "nuts and bolts" orientation sessions at the beginning of each semester to help faculty members who are engaged in academic service-learning to understand service-learning procedures and techniques

The Center for Healthy Communities at **Wright State University** is a community-academic partnership committed to improving the health and well-being of the community, educating its health professionals, and serving as a force for change.[129] The Center supports community-engaged scholarship in ways such as:

- Providing service-learning training for health professions faculty and community site supervisors
- Providing small grants to both faculty and community organizations to establish new service-learning courses
- Pursuing funding for new community-academic partnerships that provide teaching, research, and service opportunities for faculty members

The University of Arizona College of Nursing created the position of Director of Clinical Scholarship to foster scholarship among clinical-track faculty.[130]

- Protecting time for new and junior faculty to develop the community relationships required for successful community-engaged scholarship
- Investing in the preparation of community-engaged faculty, postdoctoral trainees, and students through faculty development programs, mini-sabbaticals, mentoring programs, and earmarking of scholarships and fellowships

6. Health professional schools should advocate for increased extramural support for community-engaged scholarship.

Health professional schools should incorporate requests for expanded funding for community-engaged scholarship in their legislative and fundraising agendas. Funding sources such as private philanthropy or state line item funding could be used to implement incentive systems, as described in the previous recommendation, for investing in the recruitment and retention of community-engaged faculty.

7. Health professional schools should take a leadership role on their university campuses to initiate or further campuswide support for community-engaged scholarship.

Health professional schools can help to initiate or further campuswide conversations and decisions about the meaning of scholarship, the role and value of community-engaged scholarship, and ways to document and assess community-engaged scholarship[131] (see Box 13). University-level administrators and faculty across the campus need to have a broader understanding of how community-engaged scholarship and supportive faculty recognition and rewards advance the university's mission.[78]

8. National associations of health professional schools should:

- **Adopt and promote a definition of scholarship within the profession that explicitly includes community-engaged scholarship**

Box 13 | Promising Practice: Health Professional Schools as Campus Leaders for Community-Engaged Scholarship

The University of Scranton Nursing Program[132] has been successful in instituting a service-learning program within the Panuska College of Professional Studies and in the larger university. With the support of the dean of the college and funding from Health Professions Schools in Service to the Nation from 1995 to 1998, the Nursing Program developed a successful service-learning program that expanded throughout the college and has had a significant influence on the university as a whole. Prior to the work of the nursing program, no formal service-learning existed on campus; now 80 hours of service-learning are required for graduation within the College of Professional Studies. Additionally, through work to highlight the value of service-learning for students, the culture of the university has shifted to better incorporate service-learning. Success in expanding the program has been attributed to increasing administrative support, developing student enthusiasm to influence faculty and administrators, developing support networks across the campus and in the larger community, and working to promote change gradually and consistently.

- **Support member schools that recognize and reward community-engaged scholarship**
- **Advocate for increased extramural support for community-engaged scholarship**

National associations of health professional schools are in a prime position to provide leadership for community-engaged scholarship (see Box 14). As the national voice of health professional education, they play critical roles in faculty development, policy development, institutional support and recognition, and advocacy. Each health profession, through its national association(s), should examine its definition of scholarship in light of this report and consider what efforts are needed to recognize and reward community-engaged scholarship within and across its member schools.

There are a number of specific steps that each association can take to implement these recommendations. For example:

- Form a board-level committee to review and propose actions on this report.
- Devote its annual national conference and other events to the theme of community-engaged scholarship.
- Devote issues of its peer-reviewed journal and other publications to the theme of community-engaged scholarship.
- Make supportive changes in the policies of its peer-reviewed journal, such as the journal's instructions for authors, review process, and identification of peer reviewers.
- Recognize member schools that have provided exemplary support for community-engaged scholarship through awards, articles in association publications and websites, and "promising practice" publications.
- Host a web conference discussion on the Commission report for member schools.
- Incorporate requests for expanded funding for community-engaged scholarship into its legislative and fundraising agendas.

9. Recognizing that many products of community-engaged scholarship are not currently peer reviewed, a national board should be established to facilitate a peer review process.

Currently, most products of scholarship that are not in the form of peer-reviewed journal articles have not been peer reviewed. Peer review of these products of scholarship that mirrored the journal peer review process would help to increase the value of these products in RPT processes and may help put them "on the table."[133]

Community-engaged scholarship in the health professions demands new and innovative methods of peer review and dissemination of scholarly work and measures of quality and productivity.[77] The principles, processes, outcomes, and products of community-engaged scholarship may look very different than scholarship based in a classroom, laboratory, or library, but they are informed and guided by the same standards of rigor: clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique.[67] The challenge for community-engaged faculty is to describe clearly how these standards of scholarship are implemented in the community context. Considerable effort has been devoted to developing new ways to assess and present the accomplishments of scholarly work, particularly in the scholarship of teaching.[134] A comparable effort needs to be undertaken for community-engaged scholarship.

We recommend the formation of a national board that can serve two purposes: (1) to objectively review portfolios of faculty mem-

Box 14 | Promising Practices: Actions by National Associations of Health Professional Schools to Support Community-Engaged Scholarship

The Association of Schools of Public Health (ASPH) has undertaken a number of important steps to advance community-engaged scholarship among its member schools. In 1999, ASPH's Council of Public Health Practice Coordinators authored the report *Demonstrating Excellence in Academic Public Health Practice*[78] "to encourage academic public health institutions 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." A subsequent report[135] provides guidance on strengthening partnerships between schools of public health and the practice community through practice-based teaching, and a similar report on practice-based research is planned. In 2004, ASPH collected and published RPT policies from member schools that explicitly recognize and value academic public health practice.[136] As a member of the Council of Linkages between Academia and Public Health Practice, ASPH participates in an annual award that recognizes exemplary community-based collaborations between public health practice agencies and higher educational institutions.[137] ASPH's policy agenda includes advocacy for increased funding for academic-practice linkages in public health. Most recently, these efforts led to new funding from the CDC for partnerships between member schools and public health departments through the Academic Health Department grant program.

In 1999, **the American Association of Colleges of Nursing** convened the Task Force on Defining Standards for the Scholarship of Nursing, resulting in the Position Statement on Defining Scholarship for the Discipline of Nursing.[76,138] The definition relies heavily on the work of Boyer and Glassick and states: "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." The document explicitly states that this definition should guide RPT policies and expand the scope of recognized scholarly activity.

The American Association of Colleges of Pharmacy (AACP) published the papers *Pharmacy Scholarship Reconsidered. The Report of the 2003–2004 Research and Graduate Affairs Committee*[139] and *The Responsibility of Pharmaceutical Education for Scholarship, Graduate Education, Fellowships, and Postgraduate Professional Education and Training,*[140] which both examine Boyer's definition of scholarship and its application to the field of pharmacy and pharmaceutical studies. These papers give particular emphasis to developing and assessing a strong "culture of scholarship" in schools of pharmacy, where scholarship is highly valued and supported at multiple levels of the institution in formal and informal ways. A 2004 issue of the *American Journal of Pharmaceutical Education* was devoted to service-learning and its role in pharmaceutical education. With funding from Merck and Company, AACP has recently announced the Academic Practice Partnership Initiative in part to advance the delivery of patient-focused care in community settings while simultaneously enhancing the education of pharmacy students.

(continued on next page)

Promising Practices: Actions by National Associations of Health Professional Schools to Support Community-Engaged Scholarship *(continued)*

The Association of American Medical Colleges (AAMC), through the work of its Council of Academic Societies task force, published a special issue on "Expanding the View of Scholarship" in the journal *Academic Medicine* in September 2000. This issue included a number of articles commenting on the work of Boyer and Glassick in defining and assessing scholarship, and case studies of medical school reforms. With the support of Pfizer, Inc., and the Pfizer Medical Humanities Initiative, AAMC provides grants to medical schools for local community service projects.[141] The AAMC also presents annual awards in recognition of a member of a medical school faculty who has made major contributions to improving the health and health care of the American people and a member institution or organization with a longstanding, major institutional commitment to addressing community needs.[141]

bers who are going up for promotion and/or tenure based wholly or in part on their community-engaged scholarship and (2) to objectively review products of community-engaged scholarship that are not in the form of peer-reviewed journal articles. The National Review Board for the Scholarship of Engagement[72] may be a potential model for a peer review board specifically established for health professional schools (see Box 15).

The national board would be structured in the following manner:

- The board would comprise academic and community perspectives, including faculty at peer institutions, high-ranking leaders of practice agencies such as the World Health Organization and CDC, senior staff of national associations of community-based organizations, and respected community leaders who have experience and expertise with community-academic partnerships.
- Similar to journal peer review of papers, the board would develop and apply peer review criteria and conduct double-blind reviews of faculty portfolios and of products of community-engaged scholarship. The peer review process would be a standardized process based on the established criteria.
- Comparable to how manuscripts are reviewed by journals, products would be reviewed in an ongoing process, rather than only at the time

Box 15 | Promising Practice: Peer Review of Community-Engaged Scholarship

The National Review Board for the Scholarship of Engagement[72] may be a potential model for a peer review board specifically established for health professional schools. The National Review Board serves as a peer review mechanism for portfolios for faculty-seeking promotion based on community-engaged scholarship. Full portfolios are reviewed by experts in community engagement, and recommendations and feedback are shared with the faculty member and the faculty member's institution. The review criteria used by the National Review Board are based on Glassick's criteria for assessing scholarship.

a faculty member's portfolio is being prepared for RPT committee review.

- The board would provide a service that academic institutions and faculty could use voluntarily. The board would not replace the university-based peer review process but augment it.

An intermediary group or organization needs to be identified to help to facilitate the peer review process, ensure that it is blind, and minimize the burden to department chairs and RPT committees who would be requesting the reviews. A business plan would need to be developed to ensure sustainable funding of the board.

From Recommendations to Results

"Universities have long-standing traditions…. To change these, even in small ways, is to engage in organizational culture change, which is a long-term process. It requires changing beliefs and attitudes, and establishing new norms of behavior as well as devising new procedures."

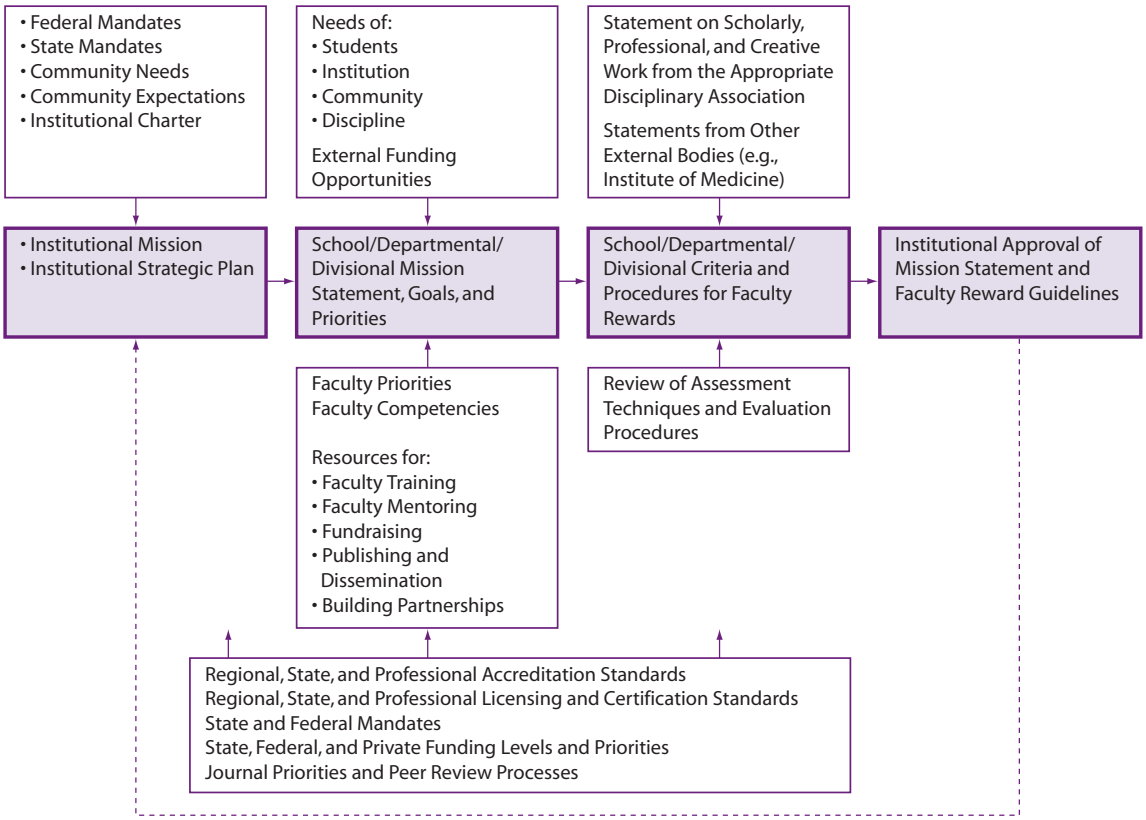
—Allan Steckler and Jan Dodds, University of North Carolina at Chapel Hill School of Public Health[75]

Recognizing and rewarding community-engaged scholarship in the health professions will require changes not only in the wording of policies and procedures but, even more importantly, in the culture of institutions and professions. Such changes are only possible when approached from multiple leverage points simultaneously. Diamond has identified the many leverage points for change in faculty roles and rewards in higher education,[70] and we have adapted these specifically for health professional schools (see Figure 2). Leadership is needed from both academic institutions and the many external stakeholders that influence their values and priorities, including but not limited to government, philanthropy, peer-reviewed journals, accrediting bodies, and the communities in which academic institutions reside and work.

Leading complex institutions through the process of significant change is a difficult task.[142–145] John Kotter's widely cited model of organizational change (see Box 16, p. 33) is useful to consider because it forms the basis of the American Association for Higher Education's emerging model of change in higher education and has been used to successfully describe the change process at five medical schools that have broadened their definitions

Leadership is needed from both academic institutions and the many external stakeholders that influence their values and priorities.

Figure 2 The Process of Integrating Faculty Rewards for Community-Engaged Scholarship into Health Professional Education



Source: This figure adapted with permission from Diamond, Robert M., and Bronwyn E. Adam, eds. 1995. The Disciplines Speak: Rewarding the Scholarly, Professional, and Creative Work of Faculty. Washington, DC: American Association for Higher Education.

of scholarship.[146–149] As a starting point, we suggest that health professional administrators, faculty, and RPT committee members review this report in relation to the mission, vision, values, and policies of their professions, schools, and universities. An assessment of the institution's current capacity for community-engaged scholarship can help to identify areas of strength and focus efforts on areas that need to be improved.[150] For those schools that are ready to respond to the Commission's recommendations, we suggest following Kotter's eight steps:

1. **Establish a need for change and a sense of urgency.** A compelling need and sense of urgency help to catapult a group into action and to convince key individuals to take the proposed changes seriously. Each health professional school will need to make a compelling case for community-engaged scholarship and create a sense of urgency for change that makes sense in its culture and context. For some schools, sustaining a community-based curriculum may be the driving force for change. Others, for example, may be striving to demonstrate their relevance to taxpayers and state policymakers.[151]
2. **Form a powerful guiding coalition and equip it with resources.** The school's dean should appoint a team to lead the change

Box 16 | Kotter's Model of Organizational Change[146]

1. Establish a need for change and a sense of urgency.
2. Form a powerful guiding coalition and equip it with resources.
3. Create a clear vision and plan for achieving and evaluating achievement of vision.
4. Communicate the vision.
5. Empower others for broad-based action.
6. Plan for and create short-term wins.
7. Consolidate gains and produce more change.
8. Anchor new changes in the culture.

effort and provide team members with the release time and administrative support needed to complete its charge. The composition of the team, based on best practices identified by other change efforts in higher education, should include the dean or his/her designate(s), the chair and members of the school's RPT committee, department chairs, community-engaged faculty members, community partners, and the provost or his/her designate(s).[152]

3. **Create a clear vision and plan for achieving and evaluating achievement of vision.** According to Kotter, "Whenever you cannot describe the vision driving a change initiative in 5 minutes or less and get a reaction that signifies both understanding and interest, you are in trouble."[142] Consequently, the team should develop a clear vision, strategy for change, and plan for evaluation.
4. **Communicate the vision.** The team should share its vision, mission, and goals with key constituencies at the school and university level on an ongoing basis. This might include, for example, meeting regularly with the faculty senate, the RPT committee, and department chairs, and communicating with the campus community at large through such means as presentations, articles in the campus newspaper, and postings to electronic discussion groups. All team members should play a role in disseminating information so that ownership of the proposed plan is shared and not viewed as one person's agenda.
5. **Empower others for broad-based action.** Faculty support is of paramount importance in any changes to the definition of scholarship and RPT processes. Teams should undertake a variety of strategies to educate and empower faculty, including describing how scholarship is currently defined and how the faculty RPT system currently works, reviewing RPT policies and processes for consistency with community-engaged scholarship, sponsoring workshops for RPT committee members and the faculty at large,[122,153] and orienting new and continuing RPT committee members to contemporary views of scholarship. Not all must be convinced, but a critical mass of supportive faculty is needed to endorse and reinforce any changes in policy and to produce cultural change.[145]
6. **Plan for and create short-term wins.** Faculty will likely view the proposed changes more positively if they see evidence that the changes are having a positive impact.
7. **Consolidate gains and produce more change.** At this point, tangible and significant changes that build the school's capacity for community-engaged scholarship should be evident. For example, the school should

have approved new RPT policies that explicitly recognize and reward community-engaged scholarship or highlighted cases of faculty who have been successfully reviewed under the new system.

8. **Anchor new changes in the culture.** A change is not considered anchored until it becomes "the way we do things around here." Work needs to continue to put the necessary infrastructure and resources in place. For example, the school might codify changes in actual policy, institute annual orientation programs for new faculty and RPT committee members, or adopt templates for the documentation of community-engaged scholarship in faculty portfolios.[154]

For our part, we will continue to pursue strategies designed to influence support for community-engaged scholarship. In addition to releasing this report and the community-engaged scholarship toolkit,[56] Community-Campus Partnerships for Health is coordinating the federally funded Community-Engaged Scholarship for Health Collaborative, a group of health professional schools that is working to build capacity for community-engaged scholarship.[82] The Collaborative will serve as a vehicle for implementing many of these recommendations, including piloting the national peer review board described in recommendation #9. We are eager to work with health professional schools, their national associations, and others to support the implementation of the Commission's recommendations. We welcome inquiries and suggestions for how best to facilitate such support.

We are eager to work with health professional schools and their national associations to support the implementation of these recommendations.

Acknowledgments

Many individuals and organizations made invaluable contributions to the Commission's work and to this report. The work of the Commission, including the preparation and dissemination of this report, is funded by a grant from the W.K. Kellogg Foundation. We thank Marguerite Johnson, Barbara Sabol, and Terri Wright at the W.K. Kellogg Foundation for their deep commitment to community-engaged scholarship and their support of this work. We also thank Sarena D. Seifer, Jen Kauper-Brown, Annika Robbins, and Christine Rutherford-Stuart at Community-Campus Partnerships for Health and Diane Calleson at the University of North Carolina at Chapel Hill for providing staff support to the Commission. We also extend our appreciation to the individuals who volunteered their time to critically review drafts of this report, including Paul DelPonte, Hyde Park Communications; Robert M. Diamond, National Academy for Academic Leadership; Tom Ehrlich, The Carnegie Foundation for the Advancement of Teaching; Sherril Gelmon, Portland State University; Raynard Kington, National Institutes of Health; Beth E. Quill, University of Texas Health Science Center-Houston; Kathy Reincke, W.K. Kellogg Foundation; and Robert Ross and George Flores, The California Endowment. Last but not least, we are grateful to Carol Rivera and her team at Health Communication Connection for editing and designing the final product you see here.

Members of the Commission on Community-Engaged Scholarship in the Health Professions

Alex Allen
Vice President
Community Planning & Research
Isles, Inc.
Trenton, NJ

Barbara Brandt
Assistant Vice President for Education
University of Minnesota Academic Health Center
Minneapolis, MN

Marshall Chin
Associate Professor of Medicine
University of Chicago School of Medicine
Chicago, IL

Jay Chunn
Director/Principal Investigator
National Center for Health Behavioral Change
Urban Medical Institute
Morgan State University
Baltimore, MD

Amy Driscoll
Director
Center for Teaching, Learning, and Assessment
California State University-Monterey Bay
Seaside, CA

Eugenia Eng
Professor of Health Behavior and Health Education
School of Public Health
University of North Carolina at Chapel Hill
Chapel Hill, NC

Clyde Evans
Vice President
Association of Academic Health Centers
Washington, DC

Elmer Freeman
Executive Director
Center for Community Health Education Research and Service, Inc.
Boston, MA

Charles Glassick
Senior Associate Emeritus
Carnegie Foundation for the Advancement of Teaching
Spartanburg, SC

Lawrence W. Green
Director of Extramural Research and Academic Linkages
Public Health Practice Program Office
Centers for Disease Control and Prevention
Atlanta, GA

Jessie Gruman
Executive Director
Center for the Advancement of Health
Washington, DC

Susan Gust
GRASS Routes (Grassroots Activism, Scholarship and Sciences)
Minneapolis, MN

Laura Leviton
Senior Program Officer
Robert Wood Johnson Foundation
Princeton, NJ

Alonzo Plough
Director
Public Health—Seattle & King County
Seattle, WA

Shobha Srinivasan
Health Scientist Administrator
Division of Extramural Research and Training
Susceptibility & Population Health Branch
National Institute for Environmental Health Sciences
Research Triangle Park, NC

Susan Tortolero
Director
Texas Prevention Research Center
University of Texas Health Science Center at Houston
Houston, TX

Pat Wahl
Dean
University of Washington School of Public Health and Community Medicine
Seattle, WA

Terri Wright
Program Director, Health Policy
W.K. Kellogg Foundation
Battle Creek, MI

Citations

1. Boyer E. The scholarship of engagement. J Pub Serv and Outreach. 1996; 1:11–20.
2. Calleson DC, Seifer SD, Maurana C. Forces affecting the community involvement of AHCs: Perspectives of institutional and faculty leaders. Acad Med. 2002; 77:72–81.
3. Institute of Medicine. Future of Public Health. Washington, DC: National Academy of Sciences Press, 2002.
4. By "health professional schools," we mean academic health centers and schools of allied health, dentistry, medicine, nursing, pharmacy and public health.
5. Institute of Medicine. Who Will Keep the Public Healthy? Washington, DC: National Academy of Sciences Press, 2002.
6. Centers for Disease Control and Prevention. Setting the Agenda: CDC Research in Chronic Disease Prevention and Health Promotion. Atlanta: Centers for Disease Control and Prevention, September 2000.
7. Pew Health Professions Commission. Recreating Health Professional Practice for a New Century. San Francisco: University of California, San Francisco, Center for the Health Professions, 1998.
8. Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. National Academy of Sciences Press, 2002.
9. Missing Persons: Minorities in the Health Professions. A Report of the Sullivan Commission on Diversity in the Healthcare Workforce. Durham, NC: Duke University, 2004.
10. Van Ort S, Townsend J. Community-based nursing education and nursing accreditation by the Commission on Collegiate Nursing Education. J Prof Nurs. 2000 Nov–Dec; 16(6):330–5.
11. Accreditation criteria for schools of public health and MPH programs. http://www.ceph.org. Accessed December 29, 2004.
12. These investments include but are not limited to the Corporation for National and Community Service and The Pew Charitable Trusts' Health Professions Schools in Service to the Nation program (http://depts.washington.edu/ccph/pastprojects.html); the Centers for Disease Control and Prevention's urban research centers (http://www.cdc.gov/programs/resrch24.htm), prevention research centers (http://www.cdc.gov/prc), and community-based participatory research grants (http://www.phppo.cdc.gov/od/oser/prGrants.asp); the Health Resources and Services Administration's Area Health Education Centers (http://bhpr.hrsa.gov/ahec) and Undergraduate Medical Education for the 21st Century Initiative

(http://www.aacom.org/UME); the National Institute of Environmental Health Sciences' translational research grants for community-based participatory research projects in environmental health (http://www.niehs.nih.gov/ translat/cbpr/cbpr.htm); the W.K. Kellogg Foundation's Community-Based Public Health Initiative (http://www.wkkf.org/Programming/RenderRes.aspx?CID=1&ID=638), Community Health Scholars Program (http://www.sph.umich.edu/chsp/index.shtml), Community Partnerships in Health Professions Education Initiative, and Graduate Medical and Nursing Education Initiative (http://www.wkkf.org/Programming/ Overview.aspx?CID=9); the Robert Wood Johnson Foundation's Clinical Scholars Program (http://rwjcsp.stanford.edu/html/about_the_program.html); and the federal program announcement for grants for Community Participation in Research (http://grants.nih.gov/grants/guide/pa-files/PAR-05-026.html). All accessed January 10, 2005.

13. Harris DL, Henry RC, Bland CJ, Starnaman SM, Voytek KL. Lessons learned from implementing multidisciplinary health professions educational models in community settings. J Interprof Care. 2003 Feb; 17(1):7–20.
14. Gelmon SB, Holland BA, Shinnamon AF. Health Professions Schools in Service to the Nation: 1996–1998 Final Evaluation Report. San Francisco: University of California, San Francisco, Center for the Health Professions, 1998.
15. Veloski JJ, Barzansky B. Evaluation of the UME-21 initiative at 18 medical schools between 1999 and 2001. Fam Med. 2004 Jan; 36 Suppl:S138–45.
16. Viswanathan M, Ammerman A, Eng E, Gartlehner G, Lohr KN, Griffith D, Rhodes S, Samuel-Hodge C, Maty S, Lux L, Webb L, Sutton SF, Swinson T, Jackman A, Whitener L. Community-Based Participatory Research: Assessing the Evidence. Evidence Report/Technology Assessment No. 99 (Prepared by RTI–University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016). AHRQ Publication 04-E022-2. Rockville, MD: Agency for Healthcare Research and Quality, July 2004.
17. Fowkes VK, Campeau P, Wilson SR. The evolution and impact of the national AHEC program over two decades. Acad Med. 1991 Apr; 66(4):211–20.
18. Howe A, Ives G. Does community-based experience alter career preference? New evidence from a prospective longitudinal cohort study of undergraduate medical students. Med Educ. 2001 Apr; 35(4):391–7.
19. Rabinowitz HK, Babbott D, Bastacky S, Pascoe JM, Patel KK, Pye KL, Rodak J Jr, Veit KJ, Wood DL. Innovative approaches to educating medical students for practice in a changing health care environment: The National UME-21 Project. Acad Med. 2001 Jun; 76(6):587–97.
20. Cauley K, Canfield A, Clasen C, Dobbins J, Hemphill S, Jaballas E, Walbroehl G. Service learning: Integrating student learning and community service. Educ Health. 2001; 14(2):173–81.
21. Israel BA, Schultz AJ, Parker EA, Becker AB. Review of community-based research: Assessing partnership approaches to improve public health. Annu Rev Publ Health. 1998; 19:173–202.
22. Agency for Healthcare Research and Quality. Conference Summary from a Conference on Community-Based Participatory Research, November 27–28, 2001. Rockville, MD: Agency for Healthcare Research and Quality, 2002.
23. Israel BA, Schulz AJ, Parker EA, Becker AB. Community-based participatory research: Policy recommendations for promoting a partnership approach in health research. Educ Health. 2001; 14(2):182–97.
24. National Institute of Nursing Research and National Center on Minority Health and Health Disabilities. Conference Proceedings: Community Partnered Interventions in Nursing Research to Reduce Health Disparities, November 5–6, 2001. Bethesda, MD: National Institute of Nursing Research and National Center on Minority Health and Health Disabilities, 2001.
25. O'Fallon LR, Dearry A. Community-based participatory research as a tool to advance environmental health sciences. Environ Health Perspect. 2002; 110 Suppl 2:155–9.
26. Community-Campus Partnerships for Health. Examining Community-Institutional Partnerships for Prevention Research. Report of Findings and Recommendations. Seattle: Community-Campus Partnerships for Health, 2004.
27. Carline JD, Patterson DG. Characteristics of health professions schools, public school systems, and community-based organizations in successful partnerships to increase the numbers of underrepresented minority students entering health professions education. Acad Med. 2003 May; 78(5):467–82.
28. Bialek RA. A decade of progress in academic/practice linkages. J Public Health Manag Pract. 2000 Jan; 6(1):25–31.
29. Rubin ER, ed. Mission Management: A New Synthesis. Volumes 1 and 2. Washington, DC: Association of Academic Health Centers, 1998.

30. Foreman S. Social responsibility and the academic medical center: Building community-based systems for the nation's health. Acad Med. 1994 Feb; 69(2):97–102.

31. Nyden P. Academic incentives for faculty participation in community-based participatory research. J Gen Intern Med. 2003 Jul; 18(7):576–85.

32. American Association of Colleges of Pharmacy. 2003–04 Profile of Pharmacy Faculty. Alexandria, VA: American Association of Colleges of Pharmacy, 2004.

33. Beasley BW, Wright SM. Looking forward to promotion: Characteristics of participants in the Prospective Study of Promotion in Academia. J Gen Intern Med. 2003 Sep; 18(9):705–10.

34. Levinson W, Rubenstein A. Integrating clinician-educators into academic medical centers: Challenges and potential solutions. Acad Med. 2000 Sep; 75(9):906–12.

35. Brazeau G. Revisiting faculty service roles—Is "faculty service" a victim of the middle child syndrome? Am J Pharm Educ. 2003; 67(3): article 85.

36. Kennedy RH, Gubbins PO, Luer M, Reddy IK, Light KE. Developing and sustaining a culture of scholarship. Am J Pharm Educ. 2003; 67(3): article 92.

37. Raehl CL, MacLaughlin EJ, Bond CA. Upgrading nontenure-track pharmacy practice faculty from second- to first-class citizens. Am J Pharm Educ. 2003; 67(4): article 115.

38. Raehl CL. Changes in pharmacy practice faculty, 1995–2001: Implications for junior faculty development. Pharmacother. 2002; 22:445–62.

39. DiPiro JT. Nontenure-track faculty and university status. Am J Pharm Educ. 2003; 67(4): article 113.

40. MacKinnon GE. Administrator and dean perceptions toward faculty development in academic pharmacy. Am J Pharm Educ. 2003; 67(3): article 97.

41. Bailey PA, Carpenter DR, Harrington P. Theoretical foundations of service-learning in nursing education. J Nurs Educ. 2002 Oct; 41(10):433–6.

42. Bertolami CN. The role and importance of research and scholarship in dental education and practice. J Dent Educ. 2002 Aug; 66(8):918–24; discussion 925–6.

43. Tedesco L, Martin M, Banday N, Clarke M, DeChamplain R, Fazekas A, Giuliani M, Guglielmotti MB, Kotowic W, Martinez C, Nakata M, Radnai M, Robinson PJ, Saporito R, Stenvik A, Tansy M. 3.1 Scholarship and the university. Eur J Dent Educ. 2002; 6 Suppl 3:86–96.

44. Hunt RJ, Gray CF. Faculty appointment policies and tracks in U.S. dental schools with clinical or research emphases. J Dent Educ. 2002 Sep; 66(9):1038–43.

45. Institute of Medicine. Dental Education at the Crossroads: Challenges and Change. Washington, DC: National Academy of Sciences Press, 1995.

46. Gelmon S, Agre-Kippenhan S. Promotion, tenure, and the engaged scholar: Keeping the scholarship of engagement in the review process. AAHE Bulletin. 2002 Jan:7–11.

47. Seifer S. Documenting and assessing community-based scholarship (Appendix D). In Minkler M, Wallerstein N (eds.), Community-Based Participatory Research for Health. San Francisco: Jossey-Bass Publishers, 2003, 429–35.

48. Huber MT. Evaluating Outreach: Scholarship Assessed's Approach. The Carnegie Foundation for the Advancement of Teaching. Outreach Scholarship Conference, October 10–12, 1999. State College: Pennsylvania State University.

49. Sandmann LR, Foster-Fishman PG, Pennie G, Lloyd J, Rahue W, Rosaen C. Managing critical tensions: How to strengthen the scholarship component of outreach. Change Magazine. 2000 Jan/Feb: 45–52.

50. Association of Schools of Public Health and the Health Resources and Services Administration, U.S. Department of Health and Human Services. Strong Schools, Strong Partners: A Report on Practice Activities of Schools of Public Health. Washington, DC: Association of Schools of Public Health, 1998.

51. Phaneuf MR. Promotion Criteria in Canadian Universities: A Survey Comparing the Relative Importance of Traditional and Non-Traditional Research. Under review.

52. Rowitz L. Ten academic barriers to public health practice. J Public Health Manag Pract. 1995 Spring; 1(2):83–5.

53. Pohl JM, Duderstadt K, Tolve-Schoeneberger C, Uphold CR, Hartig MT. Faculty practice: What do the data show? Findings from the NONPF Faculty Practice Survey. Nurs Outlook. 2002 Nov–Dec; 50(6):238–46.

54. Commission on Community-Engaged Scholarship in the Health Professions. National Commission Seeks to Reward Faculty for Linking Scholarship to Community Concerns. Press release. Seattle: Community-Campus Partnerships for Health, October 2003.

55. Calleson D, Jordan C, Seifer SD. Community-engaged scholarship: Is faculty work in communities a true academic enterprise? Forthcoming in Acad Med, April 2005.

56. Calleson D, Kauper-Brown J, Seifer SD. Community-Engaged Scholarship Toolkit. Seattle: Community-Campus Partnerships for Health, 2005. http://www.communityengagedscholarship.info.

57. Boyer E. Scholarship Reconsidered. Menlo Park, CA: Carnegie Foundation for the Advancement of Teaching, 1990.

58. Glassick C, Huber M, Maeroff G. Scholarship Assessed: Evaluation of the Professoriate. San Francisco: Jossey-Bass Publishers, 1997.

59. Votruba JC. Strengthening the university's alignment with society: Challenges and strategies. J Public Service Outreach. 1996; 1(1):29–36.

60. Harkavy I. Organizational innovation and the creation of the American university: The University of Pennsylvania's Center for Community Partnerships as a developing case study. Submitted as a chapter in Lerner RM, Simon LAK (eds.), Outreach Universities for America's Youth and Families: Building University-Community Collaborations for the 21st Century. New York: Garland Publishing, Inc., 1996.

61. Lynton EA. Professional Service: Why It Is Needed, and What It Is, and How It Can Be Documented and Evaluated. Washington, DC: American Association for Higher Education, 1995.

62. Bringle R, Games G, Games R, Malloy EA (eds.). Colleges and Universities as Citizens. Needham Heights, MA: Allyn & Bacon, 1990.

63. Kellogg Commission on the Future of State and Land-Grant Universities. Returning to Our Roots: The Engaged Institution. Washington, DC: National Association of State Universities and Land-Grant Colleges, 1999.

64. Driscoll A. Comprehensive design of community service: New understanding, options, and vitality in student learning at Portland State University. In Zlotkowski E (ed.), Successful Service-Learning Programs: New Models of Excellence in Higher Education. Boston: Anker Publishing Company, 1998, 150–68.

65. Bringle RG, Hatcher JA, Games R. Engaging and supporting faculty in service-learning. J Pub Serv and Outreach 1997; 2:43–51.

66. Ramaley JA. Large-scale institutional change to implement an urban university mission: Portland State University. J Urb Aff. 1996; 18(2):139–51.

67. Maurana C, Wolff M, Beck BJ, Simpson DE. Working with Our Communities: Moving from Service to Scholarship in the Health Professions. San Francisco: Community-Campus Partnerships for Health, 2000.

68. Lynton E. Making the Case for Professional Service. Washington, DC: American Association for Higher Education, 1995.

69. Driscoll A, Lynton EA. Making Outreach Visible: A Guide to Documenting Professional Service and Outreach. Washington, DC: American Association for Higher Education, 1999.

70. Diamond RM, Adam BE (eds.). The Disciplines Speak: Rewarding the Scholarly, Professional, and Creative Work of Faculty. Washington, DC: American Association for Higher Education, 1995.

71. Rice RE. Rethinking Scholarship and New Practice: A Central AAHE Priority. American Association for Higher Education Special Report 4, 2003. http://www.aahe.org/specialreports/part4.htm. Accessed September 5, 2003.

72. http://www.scholarshipofengagement.org. Accessed November 29, 2004.

73. Angstadt CN, Nieman LZ, Morahan PS. Strategies to expand the definition of scholarship for the health professions. J Allied Health. 1998 Fall; 27(3):157–61.

74. Nora LM, Pomeroy C, Curry TE, Hill NS, Tibbs PA, Wilson EA. Revising appointment, promotion, and tenure procedures to incorporate an expanded definition of scholarship: The University of Kentucky College of Medicine Experience. Acad Med. 2000 Sept; 75(9):913–24.

75. Steckler A, Dodds J. Changing promotion and tenure guidelines to include practice: One public health school's experience. J Public Health Manag Pract. 1998; 4(4):114–9.

76. American Association of Colleges of Nursing. Defining scholarship for the discipline of nursing. J Prof Nurs. 1999 Nov–Dec; 15(6):372–6.

77. Shapiro ED, Coleman DL. The scholarship of application. Acad Med. 2000 Sep; 75(9):895–8.

78. Council of Public Health Practice Coordinators. Demonstrating Excellence in Academic Public Health Practice. Washington, DC: Association of Schools of Public Health, 1999.

79. Aday LA, Quill BE. A framework for assessing practice-oriented scholarship in schools of public health. J Public Health Manag Pract. 2000 Jan; 6(1):38–46.

80. Community-Campus Partnerships for Health. Strategic Plan 2000–2005. http://depts.washington.edu/ccph/pdf_files/Plan2005.PDF. Accessed January 10, 2005.

81. CCPH Fellows 2002/2003: Diane Calleson. http://depts.washington.edu/ccph/2002fellows-calleson.html. Accessed December 29, 2004.

82. Community-Engaged Scholarship for Health Collaborative. National Collaborative Seeks to Change Academic Culture to Embrace Community Engagement. Press release. Seattle: Community-Campus Partnerships for Health, January 2005.
83. Richardson WC. A Shared Legacy of Engagement. Battle Creek, MI: W.K. Kellogg Foundation, November 2004. http://www.wkkf.org/Knowledgebase/Pubs/RenderRes.aspx?CID=0&ID=3794. Accessed January 11, 2005.
84. Seifer SD. Service-learning: Community-campus partnerships for health professions education. Acad Med. 1998 Mar; 73(3):273–7.
85. Redman RW, Clark L. Service-learning as a model for integrating social justice in the nursing curriculum. J Nurs Educ. 2002 Oct; 41(10):446–9.
86. Albritton TA, Wagner PJ. Linking cultural competency and community service: A partnership between students, faculty, and the community. Acad Med. 2002 Jul; 77(7):738–9.
87. Williams RL, Reid SJ, Myeni C, Pitt L, Solarsh G. Practical skills and valued community outcomes: The next step in community-based education. Med Educ. 1999 Oct; 33(10):730–7.
88. Oneha MF, Yoshimoto CM, Bell S, Enos RN. Educating health professionals in a community setting: What students value. Educ Health. 2001; 14(2): 256–66.
89. Weiser CJ, Houglam L. Scholarship unbound for the 21st century. J Extension. 1998 Aug; 36(4).
90. Knickman JR, Schroeder SA. Update from funders: The Robert Wood Johnson Foundation. Med Care. 2000; 38:781–4.
91. Diamond M. Aligning Faculty Rewards with Institutional Mission. Bolton, MA: Anker Publishing, 1999.
92. Dodds J, Calleson D, Eng G, Margolis L, Moore K. Structure and culture of schools of public health to support public health practice. J Pub Health Manag Practice. 2003 Nov–Dec; 9(6):504–12.
93. Thomas PA, Diener-West M, Canto MI, Martin DR, Post WS, Streiff MB. Results of an academic promotion and career path survey of faculty at the Johns Hopkins University School of Medicine. Acad Med. 2004 Mar; 79(3):258–64.
94. Williams RL, Zyzanski SJ, Flocke SA, Kelly RB, Acheson LS. Critical success factors for promotion and tenure in family medicine departments. Acad Med. 1998 Mar; 73(3):333–5.
95. The Carnegie Classification of Institutions of Higher Education, The Carnegie Foundation for the Advancement of Teaching. http://www.carnegiefoundation.org/Classification. Accessed December 14, 2004.
96. Atasoylu AA, Wright SM, Beasley BW, Cofrancesco J Jr, Macpherson DS, Partridge T, Thomas PA, Bass EB. Promotion criteria for clinician-educators. J Gen Intern Med. 2003 Sep; 18(9):711–6.
97. Zyzanski SJ, Williams RL, Flocke SA, Acheson LS, Kelly RB. Academic achievement of successful candidates for tenure and promotion to associate professor. Fam Med. 1996 May; 28(5):358–63.
98. Roberts KL, Turnbull BJ. At the millennium: A slice of scholarship. Collegian. 2002 Oct; 9(4):10–7.
99. Theme issue on community-based research. J Gen Intern Med. July 2003; 18(7):499–594.
100. Council on Linkages Between Academia and Public Health Practice. Journals That Publish Practice. August 17, 2000. http://www.phf.org/Link/practpub.pdf. Accessed January 10, 2005.
101. Butler L. A list of published papers is no measure of value. Nature. 2002; 419(6910):877.
102. Davies J. Journals: Impact factors are too highly valued. Nature. 2003; 421:210.
103. Hafler JP, Lovejoy FH Jr. Scholarly activities recorded in the portfolios of teacher-clinician faculty. Acad Med. 2000 Jun; 75(6):649–52.
104. O'Meara KA. AAHE's National Survey of Chief Academic Officers on Encouraging Multiple Forms of Scholarship: A Report. Washington, DC: American Association for Higher Education. In press.
105. Richardson W. In Magrath P, Creating the engaged university: The importance of outreach and service to society. The Penn State Faculty Staff Forum-February. State College: The Pennsylvania State University, 1998.
106. Richardson W. The Importance of Engagement in Higher Education Institutions. New York: Bank of New York, October 26, 2004.
107. Nelson ML. A model for scholarship in nursing: The case of a private liberal arts college. Nurs Outlook. 2001 Sep–Oct; 49(5):217–22.
108. Burgener SC. Scholarship of practice for a practice profession. J Prof Nurs. 2001 Jan–Feb; 17(1):46–54.
109. Riley JM, Beal J, Levi P, McCausland MP. Revisioning nursing scholarship. J Nurs Scholarship. 2002; 34(4): 383–9.
110. Nieman LZ, Donoghue GD, Ross LL, Morahan PS. Implementing a comprehensive approach to managing faculty roles, rewards, and development in an era of change. Acad Med. 1997 Jun; 72(6):496–504.

111. Simpson DE, Marcdante KW, Duthie EH Jr, Sheehan KM, Holloway RL, Towne JB. Valuing educational scholarship at the Medical College of Wisconsin. Acad Med. 2000 Sep; 75(9):930–4.

112. Schweitzer L. Adoption and failure of the "Boyer model" at the University of Louisville. Acad Med. 2000 Sep; 75(9):925–9.

113. http://www.pediatrics.ucsd.edu/_divs.aspx?_name_=Community%20Pediatrics. Accessed January 3, 2005.

114. http://www.udmercy.edu/dental. Accessed January 3, 2005.

115. http://www.sph.tulane.edu/about/tertiary_pages/mission.HTM. Accessed January 3, 2005.

116. http://www.mailman.hs.columbia.edu/index.html. Accessed January 3, 2005.

117. http://oaa.pdx.edu/PromotionAndTenureIndex. Accessed December 30, 2004. http://oaa.pdx.edu/PromotionAndTenureScolarship3. Accessed December 30, 2004.

118. Steiner BD, Calleson D, Curtis P, Goldstein AO, Denham A. How can medical faculty in academic health centers engage with their communities? A case study. Forthcoming in Acad Med. April 2005.

119. http://sphcm.washington.edu/gateway/handbook/index.asp. Accessed January 3, 2005.

120. http://www.sph.unc.edu/faculty/appointments. Accessed January 3, 2005.

121. Diamond R. Serving on Promotion, Tenure, and Faculty Review Committees: A Faculty Guide. Bolton, MA: Anker Publishing, 2002.

122. Personal communication with Amy Driscoll and Betty McEady, December 1, 2004. http://policy.csumb.edu/policies/approved_policies/rtp/rtp_2002.html. Accessed November 10, 2004.

123. Potter MA, Eggleston MM. Supporting academic public health practice: A survey of organizational structures in public health schools. J Public Health Manag Pract. 2003 Mar–Apr; 9(2):165–70.

124. http://www.cmh.pitt.edu/home1.html. Accessed December 30, 2004.

125. http://rwjcsp.stanford.edu/html/about_the_program.html. Accessed January 3, 2005.

126. http://www.sph.umich.edu/chsp/index.shtml. Accessed November 11, 2004.

127. http://apr.sph.uic.edu/manual/IllFellowship/index.htm. Accessed January 3, 2005.

128. http://centerforthecity.umkc.edu/default.asp?pageid=cftc_home. Accessed December 30, 2004.

129. Maurana C, Goldenberg K, Swart J, Glaus K, Goldman G, Langley B. A community-academic partnership: A force for change in health care and health professions education. J Health Care Poor U. 1997; 8:1.

130. Jones EG, Van Ort S. Facilitating scholarship among clinical faculty. J Prof Nurs 2001; 17(3):141–6.

131. Halperin EC, Byyny RL, Moore S, Morahan PS. What medical schools and universities can learn from one another. Acad Med. 1995 Oct; 70(10):879–83.

132. Personal communication with Patricia Bailey, December 10, 2004. http://www.compact.org/newscc/Compact_Current/1999_Mar-Apr.pdf. Accessed December 9, 2004. http://academic.scranton.edu/department/cps/service_learning. Accessed January 3, 2005.

133. Richards BF, Moran BJ, Friedland JA, Kirkland RT, Searle NS, Coburn M. A criterion-based, peer review process for assessing the scholarship of educational leadership. Acad Med. 2002 Oct; 77(10 Suppl):S7–9.

134. Simpson D, Hafler J, Brown D, Wilkerson L. Documentation systems for educators seeking academic promotion in U.S. medical schools. Acad Med. 2004 Aug; 79(8):783–90.

135. Council of Public Health Practice Coordinators. Demonstrating Excellence in Practice-Based Teaching for Public Health. Washington, DC: Association of Schools of Public Health, 2004.

136. http://www.asph.org/UserFiles/Compliation.doc. Accessed January 3, 2005.

137. http://www.phf.org/Link/projects.htm#2004Linkages Awards. Accessed January 3, 2005.

138. http://www.aacn.nche.edu/Publications/positions/scholar.htm. Accessed December 15, 2004.

139. AACP Graduate and Academic Affairs Committee. Pharmacy Scholarship Reconsidered. The Report of the 2003–2004 Research and Graduate Affairs Committee. http://www.aacp.org/Docs/AACP Functions/Governance?6009_RGA.pdf. Accessed October 28, 2004.

140. AACP Commission to Implement Change in Pharmaceutical Education. The Responsibility of Pharmaceutical Education for Scholarship, Graduate Education, Fellowships, and Postgraduate Professional Education and Training. Alexandria, VA: American Association of Colleges of Pharmacy, 1992. http://www.aacp.org/Docs/MainNavigation/EducationalResources/3589_BackgroundPaper4.pdf. Accessed October 28, 2004.

141. http://www.aamc.org/about/awards/cfc.htm. Accessed December 29, 2004.

142. Kotter JP. Leading change: Why transformation efforts fail. Harvard Business Review; 73(2):59–67.

143. Engelkemeyer SW. Developing a Theory of Change. Washington, DC: American Association for Higher Education, 2003.

144. Ramaley JA. Change as a scholarly act: Higher education research transfer to practice. In Kezar A, Eckel P (eds.), Moving Beyond the Gap Between Research and Practice in Higher Education. New Directions for Higher Education series. San Francisco: Jossey-Bass Publishers, Summer 2000, 75–88.

145. Ramaley JA. Moving mountains. Institutional culture and transformational change. In Diamond RM, A Field Guide to Academic Leadership. San Francisco: Jossey-Bass Publishers, 2002, 59–74.

146. Kotter JP. Leading Change. Boston: Harvard Business School Press, 1996.

147. Bencivenga J. John Kotter on leadership, management and change. School Administrator. 2002 Feb; 59(2):36–40.

148. Harris DL, DaRosa DA, Liu PL, Hash RB. Facilitating academic institutional change: Redefining scholarship. Fam Med. 2003; 35(3):187–94.

149. Eckel PD. Assessing change and transformation in higher education: An essential task for leaders. Metropolitan Universities. 2002; 13(2):80–93.

150. Gelmon SB, Seifer SD, Kauper-Brown J, Mikkelsen M. Community-Engaged Scholarship for Health Collaborative: Institutional Self-Assessment. Seattle: Community-Campus Partnerships for Health, 2004.

151. West Virginia Rural Health Education Partnerships. http://www.wvrhep.org. Accessed January 10, 2005.

152. Engelkemeyer SW, Landry E. Negotiating change on campus: Lessons from five years of AAHE's Summer Academy. AAHE Bulletin. 2001 Feb. http://aahebulletin.com/public/archive/negotiating.asp.

153. Angstadt CN, Nieman LZ, Morahan PS. Strategies to expand the definition of scholarship for the health professions. J Allied Health. 1998 Fall; 27(3):157–61.

154. Reece SM, Pearce CW, Melillo KD, Beaudry M. The faculty portfolio: Documenting the scholarship of teaching. J Prof Nurs. 2001 Jul–Aug; 17(4):180–6.

Notes

Notes

Community-Campus
Partnerships for Health

Promoting health through partnerships between communities and higher educational institutions

www.ccph.info