The Community-Engaged Scholarship for Health Collaborative: A National Change Initiative Focused on Faculty Roles and Rewards

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Many untenured faculty find they must choose between 'doing the work that would contribute to career advancement' and doing the work of the institution in linking with communities and educating students. (Richards 1996)

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

(Weiser and Houglum 1998)

Abstract

This issue of Metropolitan Universities includes papers emanating from the work of the Community-Engaged Scholarship for Health Collaborative, a three-year (2004-2007) initiative designed to build capacity for community-engaged scholarship (CES) in health professional schools. As the core principles and challenges of CES are similar across disciplines, readers will find the Collaborative's processes, products and outcomes relevant to any institutional context. This paper presents the rationale and context for the Collaborative; describes its institutional change model, key components, and lessons learned; and introduces the Faculty for the Engaged Campus initiative that builds from the Collaborative's work.

Thanks to the recommendations of national bodies (Pew Health Professions Commission 1998; Calleson, Seifer, and Maurana 2002; Kellogg Commission on the Future of State and Land-Grant Universities 1999), the requirements of accrediting agencies (Van Ort and Townsend 2000; Liaison Committee on Medical Education 2006), the investments of funding agencies (Bazell et al. 2004), and the favorable results of outcome studies (Harris, Henry, et al. 2003; Gelmon et al. 1998; Gelmon, Holland, and Shinnamon 1998; Veloski and Barzansky 2004), community-engaged learning and research are increasingly viewed as central to the mission of health professional schools. For these efforts to be sustained, health professional faculty must

be provided with infrastructure support, faculty development opportunities, and formal recognition of its value (Reid, Stritter, and Arndt 1997). However, a troubling issue has been evident for years now in many schools: faculty roles are changing, but the faculty promotion and tenure system has not kept pace. For a number of reasons, promotion and tenure issues are a significant barrier to the full range of community-engaged scholarship (CES) in which faculty link their research, teaching, and service with communities (Bialek 2000; Nyden 2003; Institute of Medicine 1995; Gelmon and Agre-Kippenhan 2002; Seifer 2003; Huber 1999).

First, there is the tendency of colleagues to classify work in the community as "service" simply because of its venue, rather than looking at the many other factors that might qualify the work as "scholarship." Second, the standard metrics for judging the quality and productivity of scholarship are not fully applicable to CES. For example, a minimum number of first-authored peer-reviewed journal articles is a requirement for promotion and tenure in many health professional schools (Zyzanski et al. 1996), while the timeframe and interdisciplinary nature of community partnerships can make achieving this difficult. In the research-dominant culture of many health professional schools, quality and productivity are often measured by the amount of grant funding raised, with a higher priority placed on grants that pay the institution's full federally negotiated indirect cost rate (Atasoylu et al. 2003). Finally, with no accepted method of peer reviewing the alternative means of dissemination that are common in CES (e.g., partnership process tools, training manuals, curricula), these products are not given sufficient credit and credibility in the faculty review process (Hafler and Lovejoy 2000; Popovich and Abel 2002; O'Meara In press).

These issues are not unique to the health professions and can be understood in the broader context of higher education. In 1987, The Carnegie Foundation for the Advancement of Teaching commissioned a report to examine the meaning of scholarship in higher education. *Scholarship Reconsidered*, authored by the late Ernest Boyer (1990), assessed the functions that faculty perform and how these functions relate to both the faculty reward system and the mission of higher education (Boyer 1990). In his landmark report, 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 categories, 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 a fifth *scholarship of engagement* which regards those activities within any of the four scholarships which connect the academic with people and places outside the campus and which ultimately direct the work of the academy "toward larger, more humane ends" (Boyer 1996).

The Carnegie Foundation next charged Charles Glassick and his colleagues to determine the criteria used to evaluate scholarly work (Glassick, Huber, and Maeroff 1997). In order to move beyond basic research and peer-reviewed journal publication as the primary criteria for academic reward and promotion, Glassick proposed the

following 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 Boyer's and Glassick's work, faculty roles and rewards surfaced as a major issue in higher education during the 1990s, and a number of national initiatives were undertaken to foster change in faculty scholarship, roles, and rewards in undergraduate education (www.scholarshipofengagement.org) (Lynton 1995; Driscoll and Lynton 1999; Rice 2003; Diamond and Adam 1995). The response of the health professions has been less immediate than in other parts of higher education. 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-engaged learning and research, however, a sense of urgency is building among health professional schools to broaden their concept of scholarship and how it is assessed (American Association of Colleges of Nursing 1999; Shapiro and Coleman 2000; Aday and Quill 2000; Institute of Medicine 2002a, 2002b; Smith et al. 2005).

Despite supportive national efforts and the published experiences of a few individual institutions, little guidance is available to institutions on how to implement and sustain change in their definition of scholarship and their review, promotion, and tenure (RPT) policies and practices (Nieman et al. 1997; Hafler and Lovejoy 2000; Simpson et al. 2000; Schweitzer 2000). The Community-Engaged Scholarship for Health Collaborative was designed to accelerate change.

The Community-Engaged Scholarship for Health Collaborative

Community-Campus Partnerships for Health (CCPH) is a national nonprofit organization that promotes health (broadly defined) through partnerships between communities and higher educational institutions. From CCPH's inception in 1997, health professional faculty members of CCPH have consistently maintained that the faculty review, promotion, and tenure system is a significant barrier to their sustained involvement in community-based teaching, research, and service. After commissioning papers (Maurana et al. 2000) and sponsoring conference sessions to better understand the issue and possible solutions, CCPH convened the Commission on Community-Engaged Scholarship in the Health Professions in 2003 to provide national leadership for change. The W.K. Kellogg Foundation-funded Commission, comprised of leaders from inside and outside of academe, issued a landmark report, "Linking Scholarship and Communities," that called upon health professional schools and their national associations to align their faculty review, promotion, and tenure systems with CES and offered practical strategies for change (Commission on Community-Engaged Scholarship in the Health Professions 2005).

CCPH subsequently sought and received funding from the Fund for the Improvement

of Postsecondary Education (FIPSE) for a three-year initiative designed to implement the Commission's recommendations, demonstrate institutional change in a group of health professional schools, and disseminate promising approaches that could be used by other schools across the country. The initiative, known as the Community-Engaged Scholarship for Health Collaborative, aimed to increase capacity for CES in health professional schools with an explicit focus on aligning school's review, promotion and tenure policies and practices with the recognition and reward of CES. The health professional schools that comprised the Collaborative—Auburn University Harrison School of Pharmacy, Case Western University School of Nursing, Indiana University School of Dentistry, Loma Linda University School of Public Health, University of Cincinnati College of Allied Health Sciences, University of Colorado at Denver Health Sciences Center School of Pharmacy, University of Minnesota Academic Health Center and University of North Carolina School of Dentistry—each identified review, promotion, and tenure (RPT) issues as major impediments to sustained faculty involvement in CES.

The design of the Collaborative followed evidence-based best practices for multi-institutional change efforts in higher education as identified by FIPSE and others (Gelmon, Holland, and Shinnamon 1998; Bland et al. 2000; Diamond and Adam 1993; Thomas 1999; Smith 2002). These best practices include:

- *Commitment and participation from institutional leaders and other key stakeholders:* Each participating school was expected to demonstrate commitment and participation of the dean, the provost, and a team of key administrators, faculty, and partners.
- *A neutral convening body:* Community-Campus Partnerships for Health is well-regarded for its abilities as a neutral convener and facilitator of change efforts in health professional education.
- *Funding to support the collaborative process:* FIPSE funding was used to build capacity for CES by supporting the collaborative process through annual meetings, training and technical assistance, and ongoing staff support.
- *Effective communication structures and systems:* These included teleconferences, electronic discussion groups, two cross-Collaborative workgroups, and a Web site.
- *Mechanisms for measuring success:* The evaluation plan measured success at the level of each participating school and at the level of the Collaborative.

We also deliberately guarded against the "not invented here phenomenon" in which schools are resistant to adopting innovations developed elsewhere by choosing a diverse group of respected schools across a range of health professions.

A Focus on Institutional Change

The Collaborative was, at its core, about changing institutional culture and incentives in order to recognize and reward CES. Leading complex institutions through the process of significant change is a difficult task (Kotter 1998). Higher educational institutions in particular have been noted to be resistant to change (Engelkemeyer 2003; Ramaley 2000, 2002). The change process undertaken by the schools

participating in the Collaborative was informed by John Kotter's organizational change model (Kotter 1996). John Kotter, a distinguished professor of leadership at Harvard University, has articulated a set of principles for leading organizational change based upon his years of working with large companies, all of which are focused on the same goal: "to make fundamental changes in how business is conducted in order to help cope with a new, more challenging market environment" (Kotter 1996). This is the same goal articulated by many universities that are trying to make fundamental changes in how they recognize and reward faculty to help cope with the changing environment of community engagement in higher education. Kotter has observed that successful organizational change involves a change process that follows a series of steps over an extended period of time. These steps are summarized in Table 1.

Table 1. Kotter Steps toward Organizational Change

1. Create a sense of urgency.
2. Form a powerful guiding coalition.
3. Create a vision.
4. Communicate the vision.
5. Empower others to act on the vision.
6. Plan for and create short-term wins.
7. Consolidate improvements and produce still more change.
8. Institutionalize new approaches.

With no generally accepted theory or model of institutional change in higher education (Eckel 2002), we selected Kotter's model because it was widely accepted (Bencivenga 2002), formed the basis at the time of the American Association of Higher Education's emerging model of change in higher education, and has been successfully used to describe the change process at five medical schools that have broadened their definition of scholarship (Harris, DaRosa, et al. 2003).

The teams from each school convened for the first annual meeting of the Collaborative in February 2005. Such annual such meetings provide an opportunity for teams to learn from each other about accomplishments, challenges, and insights into how to overcome barriers, as well as to build collective knowledge and identify opportunities for immediate dissemination to the broader field of learning to date. Prior to each annual meeting, teams complete an assessment tool specifically designed to assess the capacity of their school and university for CES and to identify opportunities for action (Gelmon et al. 2004b). The tool built upon existing work, validated prior work (Furco and Billig 2002; Community-Campus Partnerships for Health 1999; Holland 2000), and captured the unique organizational and cultural characteristics of health professional schools. Each team's initial assessment served as baseline for annual re-assessments, enabling teams to track their progress and focus their work while simultaneously enabling us to develop a longitudinal profile of each school's developing capacity for CES over the course of the project.

The substantive work of the teams toward achieving the project's goals and objectives took place on campus. This is where "the rubber hits the road" of Kotter's change

model, as we illustrate for each of the eight essential steps to achieve sustained organizational change, below:

1. *Establish a need for change and a sense of urgency.* A compelling need and sense of urgency helps to catapult a group into action and to convince key individuals to take the proposed changes seriously. Each school needed to make a compelling case and create a sense of urgency for change that makes sense in its culture and context.

2. *Form a powerful guiding coalition and equip it with resources.* The dean of each participating school appointed a team to lead the change effort on campus. The composition of the teams was based on best practices identified by other change efforts within higher educational institutions (Engelkemeyer and Landry 2001). At a minimum, each team included the dean or his/her designate, the chair of the school's RPT committee, a department chair, a community-engaged faculty member, and the provost or his/her designate. In some cases, the team included a community partner. Teams were also supported in their work by resources made available through the Collaborative, including annual meetings, teleconferences, and staff who responded to requests for information.

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 five minutes or less and get a reaction that signifies both understanding and interest, you are in trouble" (Kotter 1996). Through reflective exercises and facilitated discussions, each school's team developed a vision, strategy for change, and plan for evaluation at the first Collaborative meeting.

4. *Communicate the vision.* Upon returning to campus after the first meeting of the Collaborative, each team shared its vision, mission, and goals with key constituencies at the school and university level on an ongoing basis. Teams, for example, met regularly with the faculty senate, the RPT committee, and department chairs and communicated with the campus community at large through such means as presentations, articles in the campus newspaper, and postings to electronic discussion groups. Team members played a role in disseminating information so that ownership of the proposed plan was shared and not viewed as one person's agenda.

5. *Empower others for broad-based action.* Faculty buy-in is of paramount importance in any changes to the definition of scholarship and the RPT process. Teams undertook 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 CES, sponsoring workshops for RPT committee members and the faculty at-large and orienting new and continuing RPT committee members to contemporary views of scholarship. Collaborative staff supported the teams by, for example, developing slide presentations and handouts that could be used for orientations and workshops.

6. *Plan for and create short-term wins.* Faculty are more likely to view the proposed changes favorably if they see evidence that the changes are having a positive impact. Collaborative staff supported the teams in a number of tangible ways; for example, by regularly prompting them to share their accomplishments and success stories through campus presentations.

7. *Consolidate gains and produce more change.* At this point, tangible and significant changes that build the school's capacity for CES should be evident; for example, making changes in actual policy, instituting annual orientation programs for new faculty and RPT committee members, and adopting templates for the documentation of CES in faculty portfolios.

8. *Anchor new changes in the culture.* A change is not considered anchored until it becomes "the way we do things around here." Collaborative teams strived to put the necessary infrastructure and resources in place to begin to change institutional culture.

Two workgroups comprised of team members from each school informed the work of the Collaborative and generated important products that are described in other papers in this issue. The Faculty Development Workgroup developed a set of competencies needed for successful practice of CES (Blanchard et al. 2009) and articulated the methods and approaches needed to equip faculty with the competencies. Both are laid out along a continuum of "novice" to "advanced" practitioners, acknowledging that "novice' is not synonymous with junior faculty, as a faculty member might begin to pursue CES at any point in his or her career. The Peer Review Workgroup developed a "package" of materials to inform faculty, RPT committee members, and others about the indicators of quality CES and how to recognize it in the documentation provided by RPT candidates (Jordan et al. 2009).

Evaluation

The Collaborative evaluation assessed the process and impact of each team and the Collaborative as a whole, using Kotter's change model as one lens through which to view their work. The evaluation methods and findings which focused on the Collaborative's goal to build institutional capacity for CES are reported by Gelmon and others in this issue (Gelmon et al. 2009)

Impact

Through change efforts at each school, activities across the schools, and strategic relationships with national health profession education associations, the Collaborative achieved these outcomes in three years:

- Collaborative member institutions built their capacity for CES through campus-wide conversations, new institutional structures, faculty development programs, trainings for RPT committee members, and changes in their RPT policies and practices.
- An online Community-Engaged Scholarship Toolkit is helping community-engaged faculty members plan their academic careers and "make their best case" for

promotion and/or tenure (Calleson, Kauper-Brown, and Seifer 2005). The toolkit receives on average of over one hundred "hits" a month, over forty faculty members have used the toolkit to help in preparing their portfolios, and twelve faculty members have donated excerpts of their successful portfolios as examples.

- Materials that provide guidance for community-engaged scholars and faculty RPT committees on documenting and reviewing the work of community-engaged scholars and have been pilot-tested and evaluated in over a dozen conference and campus-based workshops (including Community-Campus Partnerships for Health, National Outreach Scholarship, International Association of Research on Service-Learning and Community Engagement, American Association of Colleges of Pharmacy, Association of Schools of Allied Health Professions, Association of Schools of Public Health, and American Public Health Association) are being widely disseminated and used (Jordan 2007).
- A conceptual framework for developing community-engaged faculty and equipping them with competencies they need to be successful has been developed (as discussed in the paper in this issue by Blanchard and others).
- Tools for assessing institutional capacity for CES have not only been used by Collaborative members to track progress over time, but they have also been adapted for use by related efforts in the U.S., Australia, and South Africa (Gelmon et al. 2004a, 2004b; Mikkelsen et al. 2005a, 2005b).
- The Kotter model of organizational change has been shown capable of informing and describing the process of becoming an engaged institution (Belliard and Dyjack 2009; Leugers et al. 2009).
- Representatives of over sixty universities attended the Collaborative invitational symposium at their own expense to participate in a national dialogue on CES (Community-Engaged Scholarship for Health Collaborative 2007).

Continuing Challenges and Future Directions

A number of significant, continuing challenges to CES are evident from the work of the Collaborative and others (such as Imagining America, American Sociological Association Task Force on Public Sociology, The Research University Civic Engagement Network, Higher Education Network for Community Engagement, Kellogg Health Scholars Program, and Houle Scholars Program) involved in similar efforts.

The Challenge of Supporting Faculty. There are few established professional development mechanisms or pathways for graduate students, post-doctoral trainees, and faculty members who seek community-engaged careers in the academy. Unlike well-developed and recognized mentoring and career development programs for basic science research faculty, for example, community-engaged faculty members are often left to piece together their own programs with little support. Building a faculty portfolio for promotion and tenure review can be daunting for those focusing on CES, particularly when review committees are not familiar with this form of scholarship (Calleson, Jordan, and Seifer 2005).

University-based faculty development efforts usually seek to build and enhance the

scholarship of faculty members, typically offering support in instructional methods, curriculum development, research, grant writing, career enhancement, and personal development (Reid, Stritter, and Arndt 1997). Unfortunately, few faculty development programs explicitly support community-engaged faculty and even fewer incorporate characteristics of successful faculty development: sustained, longitudinal, multi-disciplinary, experiential, and competency-based best practices (Goodwin et al. 2000; Sandmann et al. 2000; Battistoni et al. 2003). Although campus-based programs with some of these components are being presented at conferences and to a lesser extent in peer-reviewed journal articles, there has been no attempt to systematically develop and evaluate the impact of CES faculty development programs that incorporate best practice characteristics.

The Challenge of Ensuring Appropriate Peer Review. Peer reviewers in a given faculty member's discipline/profession who understand and can assess the rigor, quality, and impact of their CES are often not readily identifiable. External reviewers who are not familiar with or biased against CES may not fairly review a community-engaged faculty member's portfolio. CCPH receives on average one request a month for recommendations of external peer reviewers for a health professional faculty member being considered for promotion and/or tenure, a marker for the lack of an established pool of reviewers. The most significant attempt to address this challenge, the National Review Board for the Scholarship of Engagement, is not widely known or utilized in the health professions (http://www.scholarshipofengagement.org/).

The Challenge of Innovative Products of Scholarship. Peer-reviewed journal articles are essential for communicating the results of scholarship to academic audiences, but they are not sufficient and are often not the most important mechanism for disseminating the results of CES. They do little, for example, to reach community members, practitioners, policymakers, and other key audiences. CES requires diverse pathways and products for dissemination, including those that communities value most. These include applied products such as training materials and resource guides as well as community dissemination products such as newspaper articles and editorials, Web sites and public testimony (Calleson, Jordan, and Seifer 2005).

With the exception of journal articles, these other products of CES are usually not peer-reviewed, published, or disseminated widely. 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. With no currently accepted method for peer reviewing these alternative scholarly products and no recognized peer-reviewed outlet for publishing and disseminating them, they are often perceived by RPT committees as being of less importance, quality, credibility, and value than peer-reviewed journal articles (O'Meara In press; O'Meara and Edgerton 2005).

Building on the work of the Collaborative, Faculty for the Engaged Campus aims to institutionalize and sustain CES as core values and practices in higher education by strategically addressing these persistent challenges (Community-Campus Partnerships for Health 2007). A national FIPSE-funded initiative of CCPH in partnership with two

members of the Collaborative—the University of Minnesota and the University of North Carolina at Chapel Hill—Faculty for the Engaged Campus aims to strengthen community-engaged career paths in the academy by developing innovative campus-wide competency-based models of faculty development (Community-Campus Partnerships for Health 2008), facilitating peer review and dissemination of products of community-engaged scholarship (Jordan et al. In review), supporting community-engaged faculty through the promotion and tenure process, and broadening the definition of "peer" to include community partners, without whom CES would not be possible.

Viewed through the lens of the Kotter model that framed it, the Collaborative has succeeded in creating short-term wins, consolidating gains, and producing more change. To anchor CES in the culture of health professional schools, and higher education more broadly, will require those of us working to advance engaged institutions to strategically connect our efforts at local and national levels. We hope the papers in this theme issue offer hope, inspiration, practical strategies, and resources to help accelerate change.

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