Evaluating the Accomplishments of the Community-Engaged Scholarship for Health Collaborative

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Abstract

The findings of the evaluation of the three-year Community-Engaged Scholarship for Health Collaborative are presented, describing changes in institutional capacity for community-engaged scholarship, and changes in promotion and tenure policies and processes. The change process in the participating institutions is assessed using the Kotter model of organizational change. Facilitators of and barriers to the change process to support community-engaged scholarship are described. The paper concludes with recommendations.

This paper presents the results of evaluation findings across the three years of activity of the Community-Engaged Scholarship for Health Collaborative ("the Collaborative") (Seifer et al. 2009). The focus of this report on the evaluation primarily addresses the Collaborative objective to "increase capacity for community-engaged scholarship (CES) in participating schools" by assessing each school's capacity, increasing knowledge, and support for CES among administrators and faculty; by aligning review, promotion and tenure (RPT) policies and practices with CES; and by sharing experiences, expertise, and lessons learned.

As described in the paper by Seifer and colleagues (Seifer et al. 2009), eight health professional schools participated throughout the full three years of the Collaborative. These included one school of nursing, one school of allied health, one school of public health, two schools of pharmacy, two schools of dentistry, and one academic health sciences center. A major focus of each participating school was to work on developing institutional change strategies in order to align review, promotion, and tenure policies with the principles of CES. In order to assess progress on this work, each school conducted a series of self-assessments and then reflected on the change process using the Kotter model of organizational change (Kotter 1995). The process of assessment and the findings are described here. The Collaborative's adoption of the Kotter model is described by Seifer and colleagues elsewhere in this volume (Seifer et al. 2009).

Questions specific to the Kotter steps were integrated into annual progress reports submitted by each site. Given the small number of participating sites, no attempt was made to achieve precise measurements of change but rather to rely upon observations and reflective narrative that documented the progress at each site toward change as well as articulating both barriers to and facilitators of the change effort.

The Institutional Self-Assessment Methodology

At the beginning of the Collaborative process, we recognized the need to develop an institutional self-assessment framework in order to track institutional changes in Collaborative members over time. Following a comprehensive literature review of existing institutional assessment instruments (Campus Compact 2003; Community-Campus Partnerships for Health 2001; Furco 2003; Gelmon et al. 2001; Holland 1997; Shinnamon, Gelmon, and Holland 1999) and reflecting on our personal experiences with evaluation and change efforts, we developed a new metric called "Building Capacity for Community Engagement: Institutional Self-Assessment" (Gelmon et al. 2005). This metric builds upon existing work and validated prior work and was designed to assess the capacity of a given higher educational institution (or unit therein) for community engagement and CES and to identify opportunities for action. It was designed so that it could provide a baseline assessment and be the comparator for follow-up assessments, enabling institutions to track their progress and focus their work while simultaneously enabling them to develop a longitudinal profile of their increasing capacity for community engagement and CES over time.

The self-assessment is constructed around six dimensions with multiple "elements" articulated for each. The dimensions are:
1. Definition and Vision of Community Engagement (eight elements)
2. Faculty Support for and Involvement in Community Engagement (six elements)
3. Student Support for and Involvement in Community Engagement (three elements)
4. Community Support for and Involvement in Community Engagement (six elements)
5. Institutional Leadership and Support for Community Engagement (nine elements)
6. Community-Engaged Scholarship (twelve elements)

A detailed listing of all of the elements is provided in Table 1.

Table 1. Detailed Listing of the Dimensions and Elements of "Building Capacity for Community Engagement: Institutional Self-Assessment" (Gelmon et al. 2005).

For a complete listing of the definitions of the four levels for each element of each dimension, please refer to the self-assessment instrument available at http://www.ccph.info.

Dimension I: Definition and Application of Community Engagement
1.1 Definition of Community Engagement
1.2 Promotion of Community Engagement through the Mission
1.3 Community Engagement as an Essential Component of Education
1.4 Community Engagement as an Essential Component of Research
1.5 Community Engagement as an Essential Component of Service
1.6 Strategic Planning for Community Engagement
1.7 Alignment of Community Engagement with Strategic Goals and Initiatives
1.8 Applications of Community Engagement

Dimension II: Faculty Support for and Involvement in Community Engagement
2.1 Faculty Awareness of Community Engagement
2.2 Faculty Involvement in and Support for Community Engagement
2.3 Faculty Leadership in Community Engagement
2.4 Community-Engaged Faculty as Institutional Leaders
2.5 Institutional Support for Faculty Development
2.6 Faculty Development and Incentives for Community Engagement

Dimension III: Student Support for and Involvement in Community Engagement
3.1 Student Awareness of Community Engagement
3.2 Student Involvement in Community Engagement Activities
3.3 Student Incentives and Rewards

Dimension IV: Community Support for and Involvement in Institutional Community Engagement
4.1 Community Recognition as "Engaged Campus"
4.2 Nature and Extent of Community-Institutional Partnerships
4.3 Community Access of Institutional Resources
4.4 Community Partner Voice and Leadership in the Institution
4.5 Community Partner Incentives
4.6 Community Partner Recognition

Dimension V: Institutional Leadership and Support for Community Engagement
5.1 Institutional Commitment to Community Engagement
5.2 Administrative Support for Community Engagement
5.3 Policy Support for Community Engagement as an Institutional Goal
5.4 Coordinating Structures for Community Engagement
5.5 Staff Support of Community Engagement
5.6 Faculty Recruiting Criteria
5.7 Recognition during Faculty Review of Community Engagement
5.8 Evaluation of Community Engagement
5.9 Dissemination of Community Engagement Results

Dimension VI: Community-Engaged Scholarship
6.1 Definition of Community-Engaged Scholarship
6.2 Valuing of Community-Engaged Scholarship

For each element of each dimension, four "levels" are articulated which represent a summary of the literature and knowledge on institutional best practices with respect to commitment to community engagement and CES. It is not expected that a given institution would necessarily align on the same level throughout the entire self-assessment. Rather, the results of the assessment can be used to offer a profile of the institution's current status and where opportunities for change might be identified. The detailed description of the levels for each element can be found in the complete instrument on the CCPH Web site (Gelmon et al. 2005).

The self-assessment was designed specifically for the Collaborative to be completed by the participating teams. Teams were structured as part of their Collaborative application to reflect diverse institutional constituencies, including school leadership (such as deans), faculty leaders (such as senators or other elected governance representatives), community-engaged faculty, community partners, and a representative of the Provost's office. Not all teams were constituted identically, but all included at least school and faculty leadership and a provost's representative. The guidelines provided to teams for completing the self-assessment recommended a two-phase process. First, team members reviewed the assessment independently and completed it in a draft format. Then, team members met and completed the assessment collectively through team conversation and discussion. This provided the teams with an opportunity to think through issues about community engagement as a team; it was hoped that this would help to build team knowledge about school and institutional contexts and practices.

The Provost's representative was asked to complete the self-assessment separately, in order to provide an institutional perspective. Both the teams and the Provost's representative completed the assessment of community engagement and CES for the school or unit that formed the Collaborative team, and for the institution as a whole. We had hoped to use these two perspectives to better understand the facilitators and barriers of change, but as will be discussed in the next section on results this was not feasible because in many cases the Provost' representative indicated a lack of knowledge of specifics about the school or unit, and similarly the Collaborative team indicated a lack of knowledge about the institution as a whole. This demonstrated an opportunity for building knowledge over time, but negated our efforts to assess knowledge and track changes over time.

Over the course of the three-year Collaborative, each team completed the self-assessment on three occasions: at the beginning of the Collaborative in early 2005; at the mid-point in early 2006; and prior to the concluding Symposium in early 2007. In all cases the self-assessments included the team and institutional perspectives. At each annual meeting of the Collaborative, teams received summaries of their own self-assessment and blinded comparisons with the other Collaborative participants. As well, teams completed an initial planning document to set out a plan for their work in the Collaborative and then submitted an annual narrative progress report documenting activities, successes, and challenges. Finally, as stated previously, questions based upon the Kotter model were integrated into the format for the annual narrative progress report.

Findings Organized by Dimensions of the Self-Assessment

The major findings on accomplishments of the individual teams and the Collaborative as a whole are reflected in the aggregated results of the self-assessments. Figure 1 presents the Year 3 aggregate assessments by each of the six dimensions. The left hand bar in each pair is the average of all team assessments of schools; the right hand bar is the average of all Provosts' representatives of institutions.

Figure 1. Year 3 Aggregate Average Assessment by Dimension

Team assessment of schools - left bar
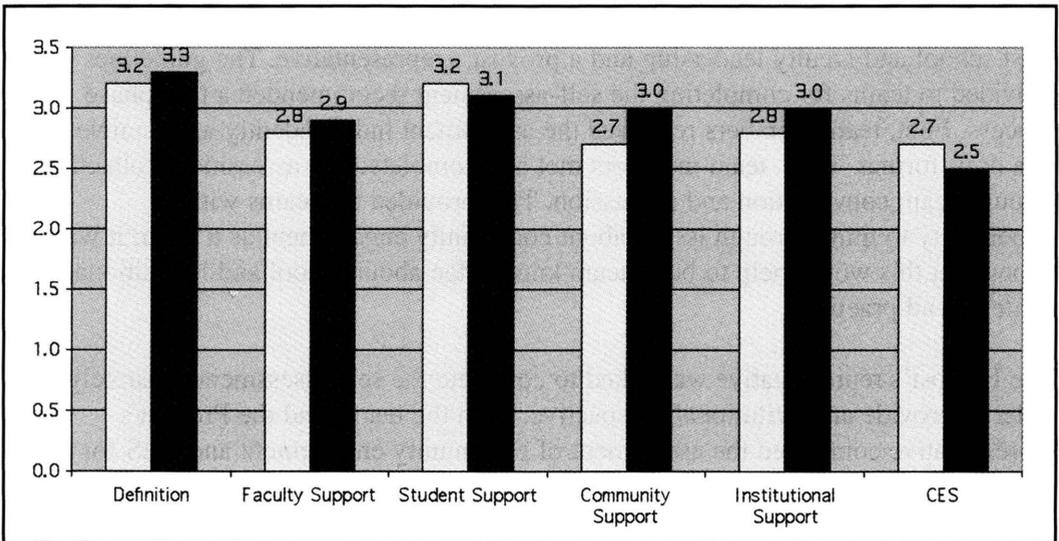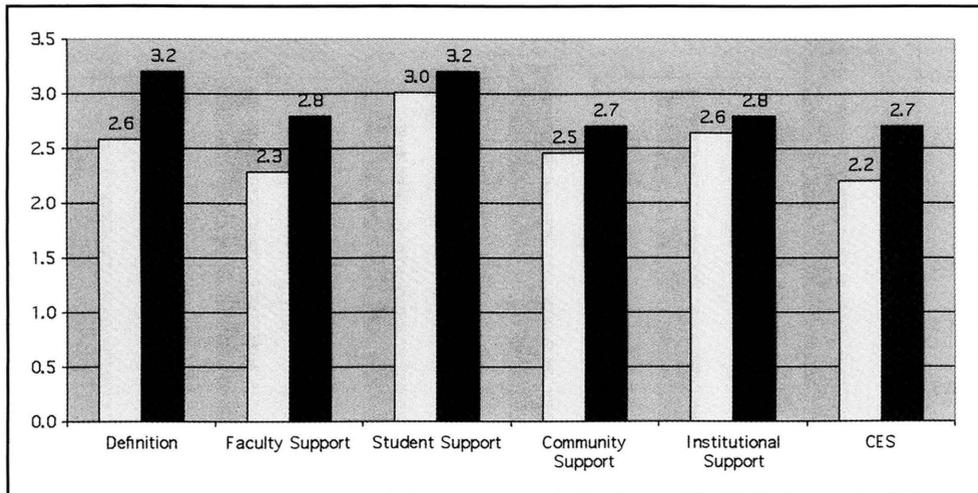Provost Representative assessment of universities - right bar

Figure 2 shows the comparison of Year 1 and Year 3 results by teams. These are an aggregate average of the team scores for all schools by dimension. The teams reported the largest increases over the three-year period in definition, faculty support, and CES. These are the expected results, given the efforts of the Collaborative to build knowledge and support for a definition of CES, to develop faculty support, and to help increase understanding of applications of CES. There was less evidence of increases in student, community, or institutional support. We would have expected more evidence in general of institutional support but given the variable responses by institutions to make change (discussed below) these findings are not surprising.

Figure 2. Aggregate Average Team Score by Dimension, Year 1 and Year 3 Comparison

Left bar = Year 1; Right bar = Year 3

In contrast, Figure 3 shows the comparison of Year 1 and Year 3 results by the Provosts' representatives. These are an aggregate average of the Provosts representatives' scores for all school institutions by dimension. The Provosts' representatives do not report much change over time, but this is not completely surprising given that the focus was on change within the participating school team and not necessarily overall institutional change. Unfortunately the Provosts' representatives did not have sufficient knowledge as an aggregate group to report on their observations of the schools changes over time.

Figure 3. Aggregate Average Provost Representative Scores of Institutions by Dimension, Year 1 and Year 3 Comparison

Left bar = Year 1; Right bar = Year 3
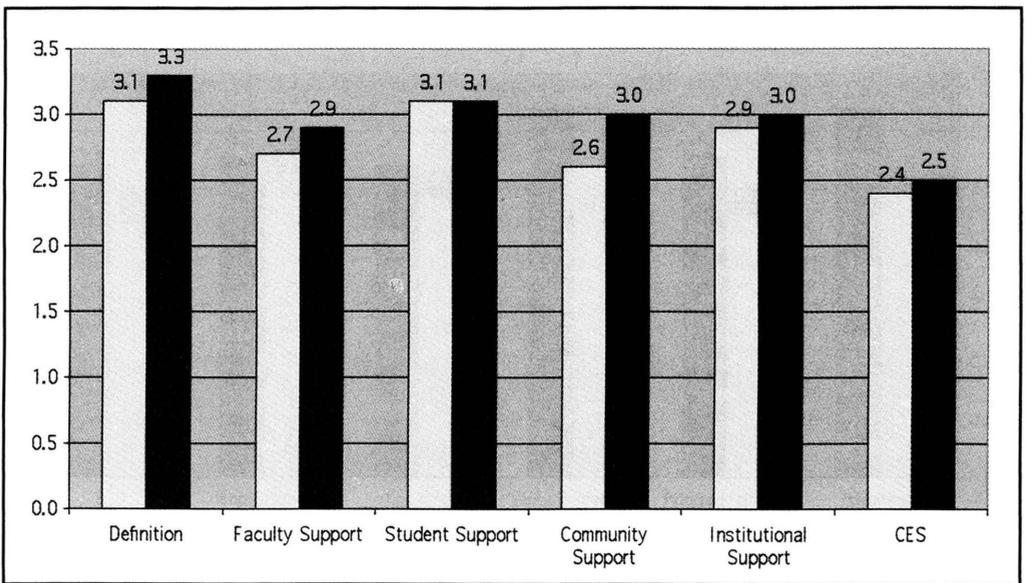
The results of the team self-assessments of their schools by each dimension are presented in Figures 4 though 9. The names of the schools have been blinded to ensure anonymity. Figure 4 presents the results by participating school for Dimension 1: Definition and Vision of Community Engagement. In all cases except one there was an increase over time among the teams in the overall aggregate score for the eight elements of this dimension. This shows that teams worked on articulating a definition and vision and had built increased knowledge over the three years. Some teams began at a very low score and thus had the potential for greater increases over the course of the Collaborative than those that began with a strong sense of definition and vision. In the case of the team whose score declined, there was a change in leadership during the Collaborative that caused a substantial amount of disruption to the team's progress and may have lead to the perception of a decline in this dimension over time.

Figure 4. Team Scores for Dimension 1: Definition and Vision of Community Engagement, Year 1 to Year 3

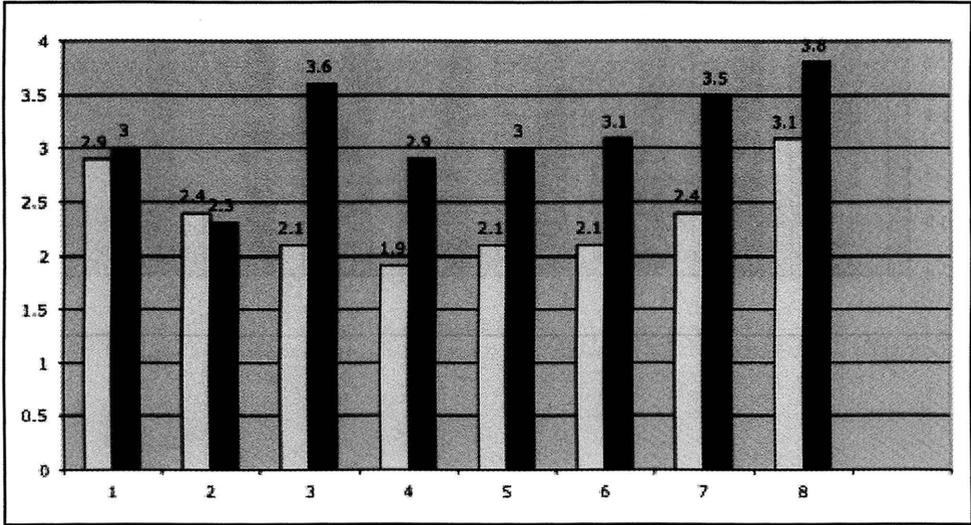Left bar = Year 1; Right bar = Year 3

Figure 5 presents the results by participating school for Dimension 2: Faculty Support for Community Engagement. In all cases except one, teams demonstrated an increase in faculty support for community engagement over time. The two teams with the greatest increases (Teams 3 and 6) showed substantial evidence of team collaboration and significant investment by the faculty in building support for community engagement within their discipline.

Figure 5. Team Scores for Dimension 2: Faculty Support for Community Engagement, Year 1 to Year 3

Left bar = Year 1; Right bar = Year 3

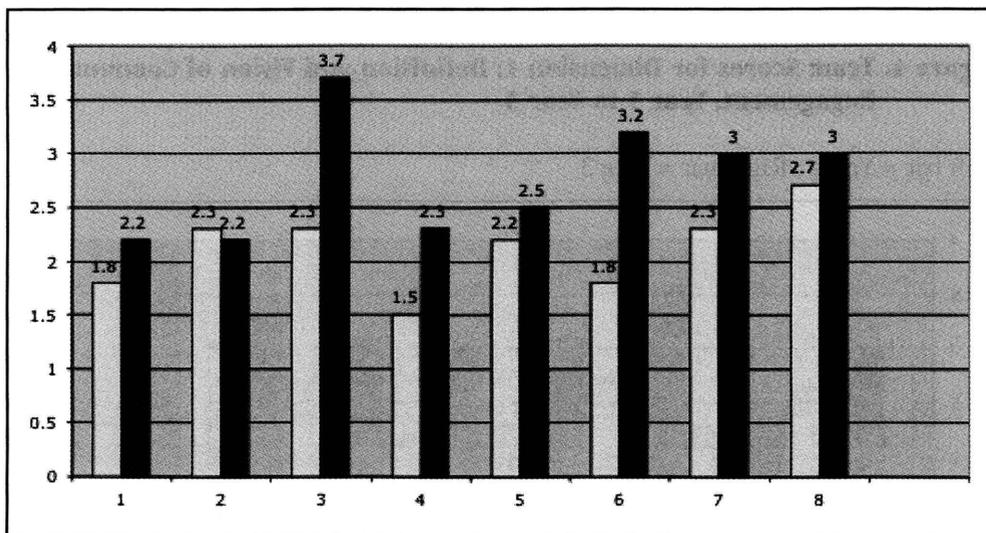| Team	Year 1	Year 3
1	1.8	2.2
2	2.3	2.2
3	2.3	3.7
4	1.5	2.3
5	2.2	2.5
6	1.8	3.2
7	2.3	3
8	2.7	3

Figure 6 presents the results by participating school for Dimension 3: Student Support for Community Engagement. This evidence is somewhat different from the other dimensions for two primary reasons: one is that there was not a lot of emphasis placed on building student support as part of the Collaborative's work and the second is that the scores reflect only three elements—student awareness, involvement, and rewards/incentives. Two teams reported substantial change over time, two teams reported some change, three teams observed no change, and one team reported a decrease. In the cases of substantial change, the team engaged students more actively in their work during the Collaborative which may have had an influence on how the team scored itself at the end of the three years. While students are a very important part of community engagement efforts, the work of the Collaborative was directed more to faculty and to institutions; a subsequent project might give more attention to students and seek to create facilitators that would result in changes of both student awareness and involvement.

Figure 6. Team Scores for Dimension 3: Student Support for Community Engagement, Year 1 to Year 3

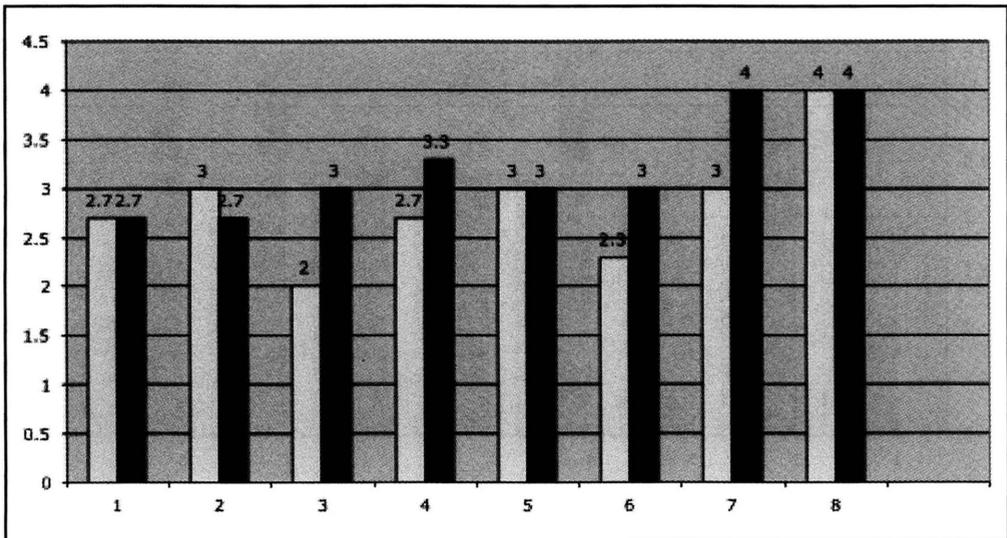Left bar = Year 1; Right bar = Year 3

Figure 7 presents the results by participating school for Dimension 4: Community Support for Community Engagement. Six of the teams reported an increase in community support, while two teams reported no change over time; support did not decline among any of these teams. In several cases, community members were active participants in the work of the team, both throughout the year and through participation in the annual meetings of the Collaborative. For many of the teams, the focus on policies provided an opportunity to invite community partners more actively into the discussions about community engagement and scholarship and resulted in greater community recognition and awareness, as well as new forms of community participation, voice, incentives, and recognition. In those teams where there was no change, it appeared that the focus of the team's efforts was on faculty and institutional change with less attention paid to community during the specific processes of the Collaborative.

Figure 7. Team Scores for Dimension 4: Community Support for Engagement, Year 1 to Year 3

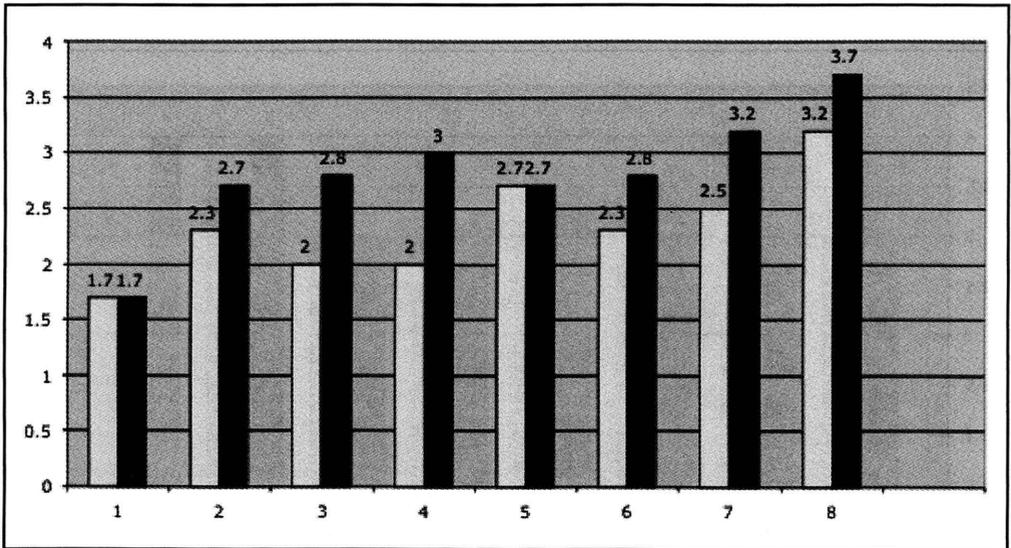Left bar = Year 1; Right bar = Year 3

Figure 8 presents the results by participating school for Dimension 5: Institutional Support for Community Engagement. This was a primary focus of the Collaborative, and in three of the sites there was a substantial reported increase in institutional support with small increases in another four teams. Again, the team that reported a decrease was the team that experienced leadership changes and perceived loss of institutional support and continuity for its efforts. Two of the teams, in particular, showed evidence of increased institutional support that was accompanied by changes in policies and practices, giving greater recognition to CES both within the school and within the institution as a whole.

Figure 8. Team Scores for Dimension 5: Institutional Support for Community Engagement, Year 1 to Year 3

Left bar = Year 1; Right bar = Year 3
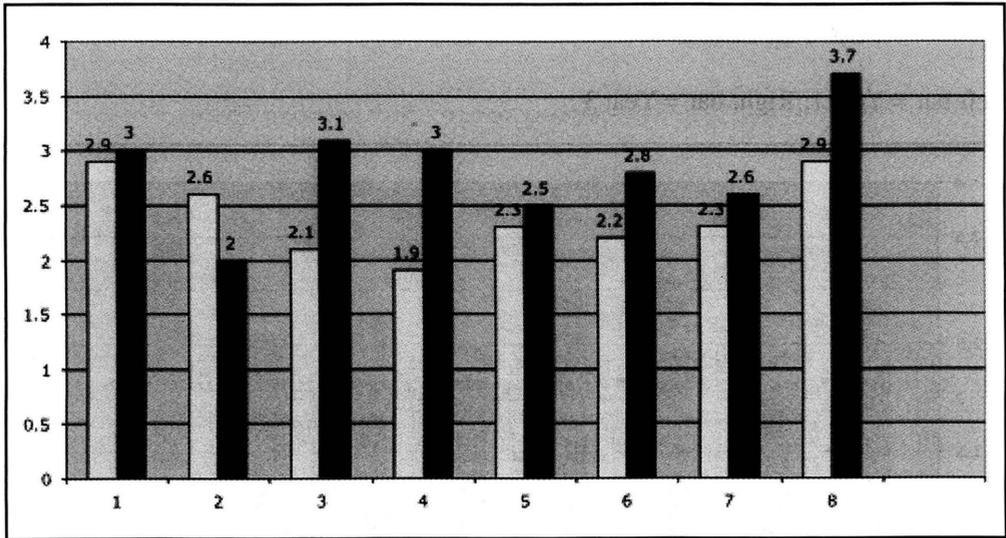
Finally, Figure 9 presents the results by participating school for Dimension 6: Community-engaged Scholarship. The elements reported in this dimension are at the core of the overall Collaborative. They include the definition and valuing of CES, the nature of appointments, policies regarding and products of CES, and practices related to RPT committees and community partner participation. All schools—regardless of context, institutional support, or discipline—reported an increase on the aggregate scores for this dimension. Schools that demonstrated substantial increases reflected increased knowledge and awareness of CES, a greater level of activities focused on CES, and an overall excitement and energy in promoting CES and driving this as a core element of the specific school's agenda. This was not necessarily linked to discipline and demonstrates that the initiative to create capacity to support CES may well be a function of focused leadership and effort as was supported through this Collaborative.

Figure 9. Team Scores for Dimension 6: Community-Engaged Scholarship, Year 1 to Year 3

Left bar = Year 1; Right bar = Year 3
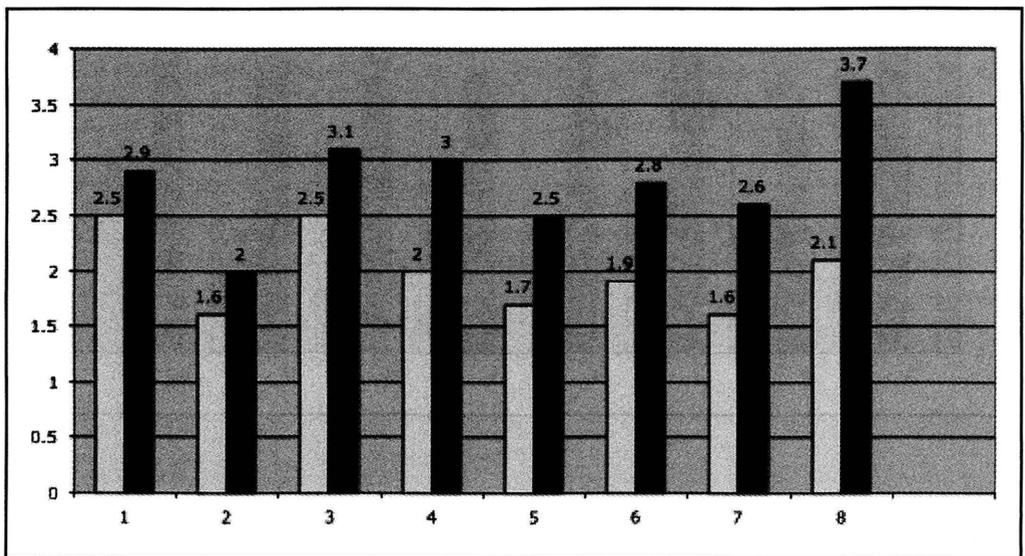
Insights from the Kotter Model

As described elsewhere in this volume by Seifer and colleagues (Seifer et al. 2009), the Kotter model of organizational change consists of eight steps (Seifer et al., 2009). Impressions from the Collaborative participants on the importance of each step in facilitating the change process (or creating barriers) are described here.

Kotter's first step is to "create a sense of urgency." Kotter (1995) suggests that this is achieved by examining market and competitive realities and then identifying and discussing crises, potential crises, or major opportunities. Some of the Collaborative

teams were able to create a sense of urgency through the process of becoming part of the Collaborative, making a case to faculty colleagues and administrators that there was a time-limited opportunity to initiate this change created by the timing of the Collaborative's work. In other institutions, a process to change RPT criteria was already being discussed or had been initiated so the sense of urgency was created by building upon existing institutional activities. All teams observed that success was only possible by getting attention to the importance of creating a deliberate process for change in RPT policies and practices, and with so many competing institutional priorities, the notion that this was urgent work helped it to get the attention needed.

The second step of the Kotter model (1995) is to "form a powerful guiding coalition." He recommends assembling a group with enough power and influence to lead the change effort, and encouraging this group to work together as a team to manage and monitor the change process. All of the Collaborative teams noted the importance of leadership – both at the faculty level and in connection to institutional leadership. In some cases, teams included a department chair or dean who had positional power and leverage to lead change by virtue of their administrative appointment. Where teams did not include such a person, even if they did have leadership of a respected faculty member, it was often more difficult to achieve change—but change was feasible if that faculty member was an effective leader.

In addition to team leadership, the composition of the team was very important. The creation of the "coalition" that Kotter describes must include key individuals who are essential to the process, whether that is by virtue of their position, their knowledge, their influence, or the constituency they represent. In each team this varied based upon specific institutional and disciplinary context, so there was no one definitive model. Regardless, the leadership coalition depended for its success on the availability and willingness to provide guidance, direction, and motivation for the team's work through the Collaborative on pursuing a change agenda with respect to RPT.

The connections to the Provost's representative were also vital in terms of creating a powerful guiding coalition. Some teams could operate very effectively at the program or school level, but without a clear association with university leadership it was difficult to create the momentum to get attention at the institutional level. This is most important when RPT policies and procedures are controlled centrally; where individual schools/colleges have the authority over their policies, then that level of administration is what is central to the coalition to support change.

Kotter's third step is to "create a vision" (1995) that will help to direct the change effort. As part of that vision, he advocates developing strategies for achieving that vision. Teams brought varying visions and goals to the Collaborative, and these again reflected the varying disciplinary and institutional contexts of their academic homes. The visions and goals evolved over the three years of the Collaborative, reflecting both the reality of the speed at which change can be made and also the new opportunities and/or challenges that occurred during the Collaborative timeframe. In some cases, leadership changes compromised the ability of the team to make progress and resulted

in delays in creating a change agenda. In other cases, competing priorities got in the way of accomplishing the team's vision; the vision remained the same, but other activities required higher priority for attention. In all cases, the emphasis of the teams' work during the Collaborative related to building an emphasis on CES and deepening the institutionalization of that emphasis.

The fourth step is to "communicate the vision" using every method possible to communicate this new vision and the related strategies. Kotter advocates that part of this communication strategy be the development and teaching of new behaviors by the role model of the guiding coalition. Teams used a variety of strategies of different projects and gatherings on their individual campuses. In some cases, intensive workshops on CES proved helpful for building knowledge. In others, the strategy was to work specifically with individual faculty going through the review process to help raise their awareness of how CES could be developed and documented (especially in cases where faculty were already doing CES but were unsure of how to present this work). The guiding coalition referred to above was central to communicating the vision through official and unofficial channels across campuses. In addition, visibility of CES within the national disciplinary associations was beneficial to accelerating local work—both by Collaborative teams presenting their work at the disciplinary association meetings and by leveraging others' work in the disciplinary associations for local campus activities.

Kotter's fifth step is to "empower others to act on the vision" by getting rid of obstacles to change. This includes changing systems or structures that may undermine the vision and encouraging risk-taking and nontraditional ideas, activities, and actions. This step was one of the most difficult for the Collaborative teams as it requires actual elimination of obstacles to change which in some cases were existing RPT policies, in others resistant senior faculty and administrators, and in others artifacts of organizational culture that may take years to change. Success in empowering others to act and eliminating obstacles to change were evident in teams where there was capacity among team members to lead an effective change strategy and where the team had unified buy-in to the notion and importance of CES. In all cases, throughout the Collaborative process and at the end of the three years, teams observed that they needed additional support and resources to make further progress on integrating and institutionalizing CES in their schools and across their campuses.

The sixth step is to "plan for and create short-term wins" by planning for visible improvements in performance, creating those improvement strategies, and recognizing and rewarding employees involved in the improvement strategies. Teams that made tangible progress throughout the three years of the Collaborative were able to seize opportunities and build upon them, creating awareness of CES and helping to raise the profile of CES activities. This was aided by school/institutional discussions and definitions of CES, faculty development programs to raise awareness and build knowledge and skills, and ultimately changes in recognition policies. In some schools, the ultimate change in RPT policies would be a long-term process, but short-term wins were identified when a review committee was established to look at RPT policies, or

when support was given to CES-related activities. While these were not the ultimate goal, they were viewed as useful steps that were viewed as short-term wins of a longer-term strategy.

The seventh step is to "consolidate improvements and produce still more change" by using credibility of the leadership to change systems, structures, and policies that do not fit the new vision. At this point, Kotter recommends hiring, promoting, and developing employees who have the capacity to implement the vision. He also encourages identification of change agents who can continually reinvigorate the change process with new projects, themes, and ideas. As has been discussed previously, the RPT change process requires both school and institutional support, and the brief three years of the Collaborative did not (in most cases) allow for sufficient change to take place to consolidate improvements in RPT practices. This reflects the slow pace of change that is prevalent in higher education. For some schools, a major challenge in consolidation was anticipated as ultimate measuring and tracking of progress—and concerns that there were many improvements that could be made but ultimately the major change strategy was only a revision in RPT policies. Nonetheless, in those schools where change was made (or progress was made toward new policies) there was a recognition that the change in policy was not sufficient, but there would need to be ongoing tracking of successes/failures with regard to tenure and promotion based on CES—a challenge in many institutions where these personnel actions are confidential and information is not readily available.

The final step is to "institutionalize new approaches" by articulating the connections between the new behaviors and organizational success, and developing the means to ensure leadership development and succession. Some of the teams were able to institutionalize new approaches to RPT as a result of their work in the Collaborative; in some cases this built upon work that was already underway when the team joined the Collaborative so the Collaborative participation itself was not the sole driver of this accomplishment. Some teams secured new support for CES through resource allocation, new faculty development initiatives, or the beginning of a systematic change process to consider new approaches to RPT. In all cases, continued work is needed as the efforts to institutionalize CES and make organizational culture change are long-term processes with constant evolution. It is not possible to say with confidence that participation in the Collaborative actually resulted in changes in RPT policies, as in all cases the changes that did occur in parallel with the Collaborative were also a function of multiple other institutional change activities. Nonetheless, most teams were able to say, by the end of the three-year process, that their participation in the Collaborative contributed to their school and institutional efforts to adopt and institutionalize new approaches to CES.

Goal Accomplishment and Challenges

The Collaborative as a whole can claim some collective accomplishments. Among the participating sites, some have developed new RPT policies—these are either already in place or are well along in development and the site's participation in the Collaborative

has been a major driver of this achievement. As a result, faculty are being tenured and promoted either in rank or in their position in recognition of their CES. As well, staff who work in various student and institutional support positions are being recognized for their involvement in CES. Overall, the increased institutional attention to CES has lead to a recognition and appreciation of CES and has created many conversations about what "counts" and is CES, and how to shape one's work in order to document engagement and demonstrate community impact.

Across all sites, there is a new level of understanding of CES and its role and value. In many sites, there needed to be considerable discussion and an evolution of thinking over time to place and understand CES with respect to other community-based learning activities (such as service-learning, field experiences, or other community-based projects), service activities, and scholarly work. One of the most frequent challenges in defining CES was to clearly distinguish service and teaching from scholarship, noting the value of both community-based service and teaching activities but clarifying that these efforts do not automatically equate to scholarship. One of the major contributions arising from the Collaborative that supported these efforts was the definition of the elements of good scholarship and the supporting peer review package, described by Jordan and others elsewhere in this volume (Jordan et al. 2009).

At many of the institutions, specific activities or initiatives that support CES have begun as a result of the work of the Collaborative. This includes the dedication of specific funds for faculty development, faculty fellowships, and other supportive initiatives that help to promote CES. Similarly, the focus on scholarship has led some institutions to a review of curricula and linkages between community-based scholarly work and community-based teaching and learning have been identified. These linkages then offer opportunities for new scholarly activities, and cross-fertilization between teaching and learning and scholarship and discovery.

Nonetheless, the acceptance of CES has not been uniform at all institutions and a number of challenges were encountered. There are barriers based upon the contexts and priorities of institutions, disciplines and individual perceptions. There are also competing agendas for attention; given the scope of the change effort needed to create and implement new RPT policies, institutions may be unwilling to pursue this if they are in the midst of some other change effort such as in curriculum or overall institutional strategy. At some institutions, participants encountered an unwillingness to change policies and/or practices at the departmental, college, and/or institutional level. In some cases this unwillingness is due to academic inertia to change; at others, it is based upon skepticism and uncertainty about "diluting" academic standards. The stories of those institutions that did make change provide good examples of how to overcome such resistance (Belliard and Dyjack 2009; Leugers et al. 2009).

In some institutions, there was a reported perception that the Institutional Review Board (IRB) is a barrier to CES. Whether this is a myth or reality varies with institutions. The experiences recounted by faculty suggest that the challenge lies primarily with IRBs that deal extensively with biomedical research that involves

clinical interventions; faculty working with IRBs in institutions where the focus is more on social research often encounter fewer challenges. IRBs are tasked with ensuring that research subjects are protected from any unnecessary harm or violation of individual rights; the design and methods used in CES do not suggest any more issues of violation of rights than any other methodology. There clearly is a need for faculty development for community-engaged scholars to help them build skills in writing IRB applications that document the protection of human subjects and focus on those protections in the context of community engagement. Anecdotal reports suggest that many IRB members do not understand community-engaged or community-based research methods as well as more traditional scientific methods, and thus, the CES scholar must be able to clearly document their approach and explain why CES should not set off any IRB alarms.

Finally, individual faculty frequently note a challenge to CES in the identification of venues for dissemination of scholarly work—not only what venues exist, but also what venues will be valued and recognized in the peer review process. Some institutions are very specific in providing a list of which journals are the accepted ones that will be given credit in the RPT process; other institutions are more generic in terms of emphasizing peer review, and in some cases of valuing not only the peer-reviewed disciplinary journal but also other forms of dissemination—whether in journals, teaching and learning products, Web-based materials, policy documents, expert testimony, or other formats. This Collaborative has identified the need for more assistance to the scholarly community to help define what could be valued as the products of CES. Some resources exist, such as the Community-Engaged Scholarship Toolkit (Calleson, Kauper-Brown, and Seifer 2005) and the documentation of the CES review, promotion, and tenure package (Jordan 2007), and work will continue in this area both through the new CCPH Faculty for the Engaged Campus project (CCPH 2007) and other efforts across higher education.

In addition to the overarching objectives of the Collaborative, another sub-objective was to increase knowledge and support for CES among institutional administrators (at all levels) and faculty. In the annual reports of each site, there were reports of such increased knowledge and support based upon the participation of individuals on the Collaborative site team as well as through the various activities and discussions that took place on each campus to support the work of the Collaborative team. The participation of a "Provost's representative" on each team also helped to make a connection to institutional senior administration and to raise awareness of these efforts. As illustrated previously, however, the Provost's representative often did not have a good understanding of the work of the specific unit involved in the Collaborative—but did bring an overall institutional perspective to the team.

Practical Strategies and Resources

Many of the teams developed practical strategies to assist in creating opportunities for change within their institutions. In some cases, these were shared across the Collaborative and other teams were able to replicate these strategies.

The process of completing the self-assessment at the beginning of the Collaborative and each subsequent year provided an opportunity to focus on areas for improvement and change and helped to stimulate dialogue across the campus. For example, the assessment—which required the teams to assess both the individual school and the larger university—often helped a specific health professions school to identify other initiatives occurring university-wide which they had not been aware of previously. This led them to explore these other initiatives and to become involved in institution-wide activities that ultimately accelerated their own school-specific work (Leugers et al. 2009).

During the Collaborative timeframe, several of the institutions initiated the process to apply for the elective community engagement classification of the Carnegie Classification of Institutions of Higher Education (Carnegie Commission on Higher Education 2006). This was something tangible to act upon and allowed the Collaborative team to play a leadership role on their campus in engagement efforts.

Some campuses created a campus-wide colloquium and facilitated conversations across faculty about community engagement (Belliard and Dyjack 2009). Participation in the Collaborative provided a reason to initiate such colloquia, either with internal experts or with invited outside experts who visited campus and made presentations.

At least one team applied for an internal faculty development grant to obtain funding to bring in an external consultant with expertise in community-based participatory research to conduct training workshops for faculty. By building expertise in CBPR, faculty were better able to design their community-engaged studies using well-established methodologies.

Campuses also developed very specific strategies focused on the RPT evaluation committee. Some actions focused explicitly on the committee as a pivotal decision-making body that needed to understand CES. Specific actions included conducting mock portfolio reviews using the materials developed through the Collaborative (Jordan 2007), educating committee members using resources such as the CCPH Community-Engaged Scholarship Toolkit (Calleson, Kauper-Brown, and Seifer 2005), and providing examples of progressive RPT policies from other institutions (many of which are found in the Toolkit).

One school created a community engagement committee comparable to its research committee, so that faculty members doing community-engaged work could vet their ideas and seek feedback on ways to strengthen their proposals and identify potential sources for funding. This helped to build the culture to consider community engagement scholarship from a perspective similar to that of other kinds of research and scholarship.

The ultimate goal of the Collaborative was to facilitate change in RPT policies and guidelines to be more supportive of, and responsive to, CES. While some schools did accomplish creation of changed policies during the Collaborative, others identified

necessary steps to be taken to initiate the conversations necessary for the change process to be initiated. What became very apparent was the need for leaders involved in RPT discussions to have information about CES and be able to introduce those concepts into discussions about future RPT policy composition.

As a whole, the Collaborative generated a number of products intended to be useful to other institutions. In addition to the self-assessment method described here, tools to assess RPT policies and institutional Web sites were also created (Jordan 2007). Through workgroups established by the Collaborative, materials were created for promotion and tenure committees in the format of an RPT package including characteristics of quality CES, mock dossier and exercise (Jordan et al. 2009) as well as a set of faculty competencies to inform faculty development initiatives on CES (Blanchard et al. 2009). Excerpts of portfolios from Collaborative members going forward for promotion during the Collaborative were added as portfolio examples on the Community-Engaged Scholarship Toolkit site (Calleson, Kauper-Brown, and Seifer 2005).

Lessons Learned

It is clear from the work of this Collaborative, let alone other efforts underway in higher education, that CES is a "hot topic" that many are interested in. The Collaborative has generated a valuable set of insights that others can learn from— limited by the number of participants and their specific institutional contexts, but nonetheless a small group that has systematically pursued a change agenda and tracked progress. Of particular value is the identification of those factors that facilitate a change agenda and those barriers that have been encountered that serve as obstructions to the change agenda. In the ideal world, there would be sufficient funding to both better support these change efforts and to provide a coordinating mechanism that can provide technical assistance, facilitate convenings, and evaluate progress over a longer term.

The self-assessment (Gelmon et al. 2005) has proven valuable not only for this project but has been used and/or adapted in several other projects of CCPH as well as in developing research projects and institutional change efforts in Australia, South Africa, and Canada, and is also being used in at least two dissertations. These efforts are as yet unpublished, but links to these works will be made available on the CCPH Web site once there are publications or other resources that can be accessed. It is clear from these uses that the self-assessment metric has value and fills a need for institutions that wish to measure their institutionalization of community engagement and related research efforts.

The Kotter model provided a valuable framework to guide the change efforts of the Collaborative. While this model worked for this project, the important lesson for others is to have some sort of structured model (whether Kotter or some other framework) to guide the change process and provide a template against which progress and challenges can be assessed.

Leadership of the change effort is vital. Of particular note in the experiences of many teams, was the key role played by a champion on the team—whether a faculty member, an administrator within the discipline, or the Provost's representative—in leading the change effort as well as being the ongoing inspiration to propel the work. In some cases the change efforts were accelerated when a faculty member assumed a new institutional administrative position (such as dean) and gained greater potential for leverage through their new position in promoting CES. In addition, it was important for teams to have the support of leaders higher up in the institution to assist in getting the change process underway and, ultimately, in achieving modifications in the RPT process.

Each of the schools participating in the Collaborative is a member of a national disciplinary higher education association such as American Association of Colleges of Nursing, American Dental Education Association, American Association of Colleges of Pharmacy, Association of Academic Health Centers, Association of Schools of Allied Health Professions, and Association of Schools of Public Health. All of these associations were invited to participate in the work of the Collaborative, and the work of these associations in promoting CES was monitored. In some cases, the associations became champions for CES and promoted it actively through annual conferences (Seifer 2007), thematic sessions, workshops, newsletters, and other communication strategies. Where this occurred, as in pharmacy education (Smith et al. 2005), the support of the disciplinary higher education association provided credibility and helped to leverage the work at the participating school. The support of the discipline could be seen as a major driver in helping to convince campus administrators of the importance of this work. Some disciplinary associations were unable to play as active a role due to other competing agendas, but it has been learned from other efforts (such as Campus Compact's Engaged Disciplines project) that the national disciplinary association can be a major lever for change with respect to the promotion of community engagement and CES.

There are also lessons learned about what it takes to create a successful multi-institutional collaborative. These include: commitment and participation from institutional leaders (administrators and faculty) and other key stakeholders such as community partners and the national disciplinary associations; management by a neutral convening body, in this case CCPH which also served as facilitator; funding to support the collaborative process, from FIPSE in particular; effective communication structures and systems including use of teleconferences, electronic discussion groups, a dedicated Web site, and periodic in-person conferences; and a structured evaluation process that resulted in regular reporting and consistent use of standardized assessment methods across all participating teams. A key benefit of a collaborative structure is the self-monitoring role of the collaborative in keeping all of the members on task. This ensured that efforts stayed focused on the goals of the Collaborative and minimized distractions that might have lead to redirection of efforts to related yet tangential activities (such as moving from CES to community-based teaching and learning strategies). The Collaborative was able to redirect conversations to foundational definitions in order to maintain the emphasis on CES.

Conclusion

This paper presents an overview of the experiences of eight health professions schools participating in the Community-Engaged Scholarship for Health Collaborative. These schools were selected because of their self-identified interest in CES and their willingness to participate in the work of the Collaborative. Some schools made substantial progress in making changes in RPT policies and practices, others were able to begin the change process, and others encountered substantial organizational barriers that prevented much change from happening. The Kotter model proved to be very useful in guiding the work of the Collaborative.

It is not known what the extent of CES activity is among health professions faculty across the United States. Substantial recent investments in community-based participatory research by the National Institutes of Health signal it as an area of growth. CCPH plans to survey across institutional contexts and across the disciplines to begin to build a base of understanding not only of commitment to CES, but perceptions of institutional support for such scholarship. The Collaborative schools offer a cross-section of examples of experiences that can be expected to be encountered across a broader population. Clearly, there is much knowledge still to be developed about CES, the variations in RPT policies, and institutional change strategies; the findings presented here begin to illuminate some of the issues and suggest the need for continued efforts and attention to further advance the acceptance and recognition of CES in higher education.

Acknowledgements

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