# Partnership Perspectives

Community-Campus
Partnerships for Health

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*The opinions expressed by the authors in this magazine are their own and not necessarily opinions held by Community-Campus Partnerships for Health or the magazine's supporters.*

**Community-Campus Partnerships for Health** (CCPH) is a non-profit organization designed to foster partnerships between communities and educational institutions that build on each other's strengths and develop their roles as change agents for improving health professions education, civic responsibility, and the overall health of communities. CCPH is based at the UCSF Center for the Health Professions in San Francisco, CA. For more information about CCPH, please contact: 415/476-7081 or visit the CCPH website: http://futurehealth.ucsf.edu/ccph.html.

Community-Campus
Partnerships for Health

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# Introduction

Kara Connors and Sarena D. Seifer

### What is Partnership Perspectives?

n an effort to equip community and institutional leaders from the health professions with the skills and knowledge to sustain community-campus partnerships, we are pleased to provide you with a copy of Partnership Perspectives-a magazine designed to foster greater awareness of critical issues impacting upon partnerships between communities and health professions schools. Partnership Perspectives is an informational resource drawing upon the diverse perspectives of leaders representing higher education, such as health professions institutions, 4-year undergraduate level universities and community colleges, health policy organizations, and civic groups. The purpose of Partnership Perspectives is to bring to the forefront the wide-range of issues and perspectives that shape and influence the development of community-campus partnerships across the country. Partnership Perspectives brings to its readers a new look into the impact of partnerships and relationship building in our changing society. The goals of Partnership Perspectives are to:

- showcase thought provoking articles that address efforts to improve and promote community health, education and development through innovative approaches and best practices.
- promote a diverse range of multidisciplinary perspectives from within the community and educational sectors.
- advance new thinking and awareness about health and its connection to community and economic development.
- highlight ways in which communities and educational institutions value each other's assets and strengths to collaborate and improve community health together.
- promote the CCPH principles of community-campus partnerships.

### Who should read Partnership Perspectives?

Nearly everyone involved in community health and higher education will find this magazine useful. Given the diversity and breadth of the articles in this magazine, readers from different sectors of education and communities will appreciate the seamless connection between health, education, community, service and research reflected in this collection of articles.

## Please share your feedback with us.

We are interested in your thoughts, comments and ideas about this issue of *Partnership Perspectives.* Please tear out and complete the enclosed survey card so that we may learn more about the ways in which CCPH can assist you in your community-campus partnership activities, and how this magazine has been helpful to you.

## Acknowledgments

# Developing and Sustaining Community-Campus Partnerships: Putting Principles into Practice

Sarena D. Seifer and Cheryl A. Maurana


*Seifer*


*Maurana*

By engaging our board, members and participants in our 1997 and 1998 conferences in an open dialogue, Community-Campus Partnerships for Health (CCPH) has articulated nine principles to help facilitate and strengthen partnerships between communities and higher educational institutions. Putting these principles into practice, however, can be a daunting prospect. This issue of Partnership Perspectives is intended to assist readers in understanding each principle and incorporating them into their partnerships.  Each of the first nine articles, authored by members of CCPH's Mentor Network of trainers and consultants, describes one of the principles and how it can be applied in a community-campus partnership. The final article, written by Mentor Network members Barbara Holland and Sherril Gelmon, concludes with lessons learned from national and local initiatives about building and sustaining community-campus partnerships.

## Principles of Partnership

1. Partners have agreed upon mission, values, goals and measurable outcomes for the partnership - Kate Cauley elaborates on this principle from her experience with a partnership established by the Center for Healthy Communities in Dayton, Ohio.

2. The relationship between partners is characterized by mutual trust, respect, genuineness and commitment - This article examines the relationship between partners in a community-campus partnership from the perspective of each partner; Paul Freyder, from the Salvation Army in Pittsburgh, and Tom O'Toole from the University of Pittsburgh.

3. The partnership builds upon identified strengths and assets, but also addresses areas that need improvement - Using a case study of a service-learning course involving the schools of medicine and public health at the University of California-Los Angeles, Kara Connors and Mike Prelip demonstrate how an asset-based approach to community problem-solving can be applied in a community-campus partnership.

4. The partnership balances the power among partners and enables resources among partners to be shared - The experiences of a partnership between Northern Virginia Community College and thirty community-based agencies form the basis of Charlene Connolly's discussion of the opportunities and tensions inherent in sharing power and resources among partners.

5. There is clear, open and accessible communication between partners, making it an on-going priority to listen to each need, develop a common language, and validate/clarify the meaning of terms - In her article, Ira SenGupta of the Cross Cultural Health Care Program in Seattle acknowledges the cultural boundaries that exist between academic and community partners and offers tools of culturally competent communication.

6. Roles, norms, and processes for the partnership are established with the input and agreement of all partners - Mick Huppert offers practical examples of how partners can work constructively with one another to transcend the goal of providing service-learning opportunities for learners and thereby develop a deeper relationship.

7. There is feedback to, among and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes – Juliann Sebastian, Judy Skelton, and Karen West draw on their experience with an interdisciplinary service-learning program at the University of Kentucky Medical Center to describe approaches for using feedback as a strategy for building and continuously improving community-campus partnerships.

*Using the principles of partnership as a guide, a partnership agreement prepared by all partners lays the ground work for success.*

8. Partners share the credit for the partnership's accomplishments - Emily Moore and Herman Blake of Iowa State University describe how sharing credit for the success of community-campus partnerships and uplifting the community's role in every accomplishment builds a foundation for future programs.

9. Partnerships take time to develop and evolve over time - Hilda Heady's analysis of the evolutionary stages of a partnership are drawn from eight years of challenges and lessons learned in building the state-wide West Virginia Rural Health Education Partnership.

### Formalizing the Partnership with a Partnership Agreement

How might you formally integrate the principles of partnership into your work? Using the principles of partnership as a guide, a partnership agreement prepared by all partners lays the ground work for success. This agreement clearly states the roles and responsibilities of each partner, along with well-defined outcomes and mutual benefits. Described below are the primary elements that a partnership should include when developing a partnership agreement:

• Involve all *key partners*

• Agree on the partnership's *purpose, goals and objectives*

• Determine each partner's *expectations and anticipated benefits* of the partnership

- Determine the *roles, responsibilities, and key tasks* of each partner, along with an accompanying *timeline*.

- Anticipate the partnership's *outcomes and benefits*

- Anticipate the partnership's *financial and staffing considerations*. If additional funds are needed, a fundraising plan should be developed.

- Anticipate the partnership's products and resulting *copyright and ownership issues*.

- Plan an *evaluation process*

- Determine a *publicity plan*

An example of a successful partnership agreement was when an academic medical school partnered with two community-based health education centers to develop a Directory of Model Programs for Community Health Improvement.  Initially the partners came together informally to write a proposal to fund the project.  When the proposal was denied, the partners formalized their relationship by developing a partnership agreement, thereby combining resources to complete the project.

The agreement process first involved an individual from the medical school developing a skeleton or template of the partnership agreement for all partners to complete.  All of the elements mentioned above served as headings in the document.  The partners then came together to discuss, negotiate, and further develop an agreement they were all satisfied with.

The document began with the purpose of the partnership, a list of partners, and the principles of partnership.  The agreed upon goals and objectives were added, and a timeline was attached to the agreement to show expected progress on the project.

Each of the partners' roles and responsibilities were clearly laid out in the agreement including what cash and in-kind contributions each partner would commit, as well as what benefits each partner expected to receive as a result of the project.  It was critical that the project be mutually beneficial to all the partners.

Partners agreed to continually negotiate and re-evaluate the partnership and provide on-going feedback to maintain momentum on the project, and to adjust the process whenever necessary.  This also ensured open, ongoing communication.  In addition, it was agreed that all partners would receive recognition for the project as well as appropriate funding sources.

For the purpose of this particular partnership agreement, two additional categories were added:  1) fundraising; and 2) academic endeavors.  The partners decided it was necessary to include a statement about developing strategies to diversify the funding base where decisions would be based on a consensus model.  They also agreed to a statement about joint authorship of

conference presentations, workshops, posters, and articles that resulted from the project. This example demonstrates that it is necessary to fine-tune an agreement to meet the needs of an individual partnership. Categories can be added or changed as needed.

The end result of formally developing this partnership was successful completion and distribution of the Directory of Model Programs for Community Health Improvement.

## Conclusion

The process involved in developing and negotiating a partnership is as important as the partnership itself. Partnerships should be developed and nurtured around underlying principles and specific process and outcomes objectives. Successful partnerships have a clear scope that includes considerations of the boundaries of time, financial and other resource costs, and the development and dissemination of products and other outcomes. A written partnership agreement can be an important tool for developing and sustaining community-campus partnerships, and for introducing new levels of accountability among the partners.

We urge you to review each principle, reflect on it in the context of your partnership and ask yourself these questions (both individually and with your partners): To what extent are we applying this principle? How important is it to our partnership's success? How could we improve in this area? What are the barriers to fully implementing this principle, and how might we overcome them? How might the ideas presented in the article on this principle be valuable to the development and sustainability of our partnership? How might we assess the extent to which we're successfully applying this principle and improving upon it over time?

The potential is enormous for community-campus partnerships to transform learning and the discovery of new knowledge, redefine traditional relationships between communities and higher educational institutions, renew civic responsibility and improve the overall health of communities. We hope the ideas presented in this issue of Partnership Perspectives contribute to fully realizing this potential.

*Sarena D. Seifer is executive director of Community-Campus Partnerships for Health and directed the Health Professions Schools in Service to the Nation Program (1995-1998), a national demonstration program of service-learning in health professions education sponsored by The Pew Charitable Trusts and the Corporation for National Service. She holds a faculty appointment in the School of Public Health and Community Medicine at the University of Washington. She is the author of numerous articles and reports on health professions education, is co-editor of a forthcoming book on service-learning in medical education being published by the American Association of Higher Education, and is co-editor of a recent issue of the Journal of Interprofessional Care on the theme of community-campus partnerships. Sarena is a graduate of Washington University in St. Louis, and received her master's degree in physiology and her medical degree from Georgetown University School of Medicine.*

*Cheryl A. Maurana is Professor of Family and Community Medicine, and Director of the Center for Healthy Communities at the Medical College of Wisconsin. She was chair of the founding board of Community-Campus Partnerships for Health (CCPH), and continues to serve as a Board member. Cheryl is committed to developing community-academic partnerships that serve as a force for change in health care and health professions education. She has extensive experience in multidisciplinary education, consensus building, and developing working partnerships with formal and informal community, government and business leaders. She has received a number of grants from foundation, state, federal, and corporate sources for partnership building based upon a philosophy of "doing with" rather than "doing for" or "doing to."*

# Principle 1: Partners have agreed-upon mission, values, goals and measurable outcomes for the partnership


*Cauley*

Kate Cauley

In the establishment of a partnership, there are three stages: identification, development, and maintenance. It is critical to verify during each stage that consensus has been sustained; if it has not been, it must be renegotiated. The participants must ask crucial questions of themselves and each other, carefully attend the process of reaching consensus, and take the time necessary to ensure the full investment of everyone in the partnership's work. This article will illustrate the three stages and crucial questions with examples from the Grandparents/Grandchildren Initiative (GPGCI) partnership established by the Center for Healthy Communities (CHC) in Dayton, Ohio.

## The Three Stages at Work

The CHC is a community-academic partnership working to improve primary health care service delivery and health professions education. It is comprised of private citizens, public education advocates, health and housing agencies, hospitals, managed care organizations, local and state government, churches, and over one hundred health and human services organizations. When a number of health and human services agencies raised concerns over the growing number of grandparents acting as the primary caregiver of grandchildren, without being the legal guardian, the CHC convened a task force to begin exploring the issue.

*A significant point came when the group named themselves... and one participant stated, "Now that we know who we are, let's get to work."*

> **The Identification Stage.** During this stage, the participants are discovering information about each other and determining the scope of work of the potential partnership. Crucial questions to be asked include: *Who should be involved? What do we say we want to do? Why is it important, particularly at this time? What resources do we have to move forward, what additional resources do we need, and how can we obtain them? How will we know we have been successful?*

Initially, the CHC invited about twelve organizations to the table. After the first meeting, it was determined that at least six other organizations needed to be included. A number of problems and solutions were identified, but each participant prioritized them differently. Competing agendas surfaced and no consensus was reached regarding current resources or what would constitute success. However, at the third meeting, the group agreed to meet monthly for six more months and then to re-evaluate the usefulness of working together. The participants also agreed that they were uninformed

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about key issues, so they brought in guest speakers to explain Ohio state law related to "skip generation" families and to clarify issues of eligibility for state and federal support programs. Eventually, the group recognized a gap in the participants-there were no grandparents who were raising grandchildren; potential participants were identified and invited to join, and several accepted. A significant point came when the group named themselves—the Grandparents/Grandchildren Initiative (GPGCI)—and one participant stated, "Now that we know who we are, let's get to work." After almost six months, the identification stage was complete.

**The Development Stage.** During this stage, the group continues to negotiate agreed-upon mission, values, goals, and expected outcomes. Often previously agreed-upon issues need to be revisited, tensions begin to surface, the process of moving forward seems stalled, and members begin to reevaluate their participation. The participants must continue to ask themselves the questions from the previous stage and begin to put into commonly understood language the things upon which the group agrees. They each also must identify: *What is really at stake for our constituencies*

*Two mistakes regularly made during the formation of a new partnership are attempting to get a mission statement written too early and avoiding arguments and conflicts.*

Going into the second six months of regular meetings, membership began to dwindle. Participants began to ask how long they would be meeting and what their purpose was. The questions first raised in the identification stage were asked again. This served to re-energize the group. Four additional members were added. Participants determined that the most significant issues were the need to increase knowledge and awareness about the problem and the need to examine and, if necessary, change policy that limited public services organizations' ability to respond to this special population. Participants took on the task of surveying the community to get an accurate picture of the number of "skip generation" families in the area. Additionally, members decided that if this work were to continue, there had to be a more focused effort and additional (external) funding. Consequently, work on a grant proposal to support the GPGCI was begun.

The re-energizing of the group, the group project, and talk of a grant proposal helped to identify additional issues. Several of the participants began to articulate their constituencies' concern about the possibilities of change in policies or procedures; for some, changes in policy could actually lead to loss of revenue. At this point, members were invested enough to have a stake in the outcome, and the time was right to take on the task of clearly articulating a common mission, values, goals, and outcomes. They agreed that they valued being able to provide accessible services for all members of the community. They also agreed that the current system put up

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a number of barriers to access, particularly for "skip generation" families. Hence, the goal of improving access to education, health, and housing services for grandparents raising their grandchildren was agreed upon, sort of. As the issue was explored further, an interesting debate ensued. One member pronounced, "We need more money, that's all there is to it." Another member countered, "The only way to get more money is to change the law." The facilitator then intervened suggesting there were probably both short- and long-term goals to be pursued.

After some discussion, the group decided the overall mission was to increase awareness about "skip generation" families and explore the barriers, including local and state policy, to accessing needed services. Members of the group divided themselves into sub-committees. One focused on a community survey to get an accurate picture of the population in the Dayton area. Another focused on increased knowledge and education. A third began in earnest the work of completing a proposal for external funds to support ongoing focused coordination of the work. The short-term goals of educating local providers coupled with the long term-goals of changing state law seemed to address the concerns of most of the partners.

> **The Maintenance Stage.** During this stage, the participants, now invested in the partnership, begin to develop expectations about how the partnership will benefit their constituents; also, they begin to see that compromise may be required to reach their goal. The partnership's mission, values, goals, and expected outcomes may continue to be clarified in this stage and, as for the previous stage, the questions asked during the identification stage must be asked again until consensus is achieved.

For the next several months, the group continued to meet and the sub-committees continued their work. At the end of the second six-month period, the survey results had been tabulated, methods to educate providers had been identified and begun, and the grant proposal had been completed. The group revisited the questions from the earlier stages. In doing so, they identified themselves as a network, finalized the mission, reaffirmed their commitment to the values and goals stated earlier, and began to articulate some short- and long-term outcomes. The partnership had been established.*

## Lessons Learned

Key lessons learned included that the facilitator played a critical role in the process of establishing the partnership and reaching consensus about a mission, values, goals, and measurable outcomes. Process leadership helped to develop a strategic plan and evaluation process and to ensure overall success and longevity; either a participant skilled in group facilitation should be chosen to take on this role, or someone should be hired. Another key lesson was the importance of regularly revisiting collective decisions

throughout the three stages, reviewing areas of agreement, avoiding assumptions, and allowing the process of reaching and maintaining consensus to take as long as necessary. Additionally, before a group can actually become a partnership, it is important to do a little work together. Shared work experience can help to clarify existing resources, identify gaps in resources, and strengthen the participants' commitment to the partnership.

Two mistakes regularly made during the formation of a new partnership are attempting to get a mission statement written too early and avoiding arguments and conflicts. A shared vision for the work of a partnership can only emerge and be articulated after the group has taken the time to clearly define themselves, identify the issues, propose some responses, determine what resources are at hand and what is yet needed, do a little work together, and decide how they will know when the work is successfully completed. Additionally, when conflicts arise, and they will, if members are invested enough in the work to challenge and engage each other it is more likely they will remain committed to the partnership.

One of the reasons it is so difficult to reach consensus on a partnership's mission, values, goals, and measurable outcomes is that doing so usually means having to give up something. It may be simply giving up some expected control of the process or outcomes; or it may mean changing one's understanding of the work that needs to be done. In any partnership, there are critical points along the way where partners may begin to believe they are giving up more than they are getting or that what they are being asked to give up is no longer justified by the expected outcomes. When partners reach these places, returning to the questions initially posed in the identification stage can help clarify the purpose of the partnership, reground the participants in the common language of their shared experience, and provide a forum to re-visit and evaluate the work. At this point, partners often re-invest in the partnership. Sometimes from these points of tension, new ideas emerge. Often, the partnership grows and is stronger.

*\* The informal organization of the original partnership received funding from the Health Resources and Services Administration of the U.S. Department of Health and Human Resources. The local GPGCI Network expanded to include over thirty-six organizations and established a statewide coalition. Collaborating with state legislators, they are working to generate legislation to provide additional support for "skip generation" families, and they are currently drafting a new proposal to support direct services in the Dayton area. At a recent meeting, a member of the group asked to revisit the wording of the mission statement suggesting it no longer accurately represented the work of the partnership.*

*Kate Cauley has been the Director of the Center for Healthy Communities for the past four years. She has a joint faculty appointment at the Wright State University in the Schools of Medicine and Professional Psychology. During the past four years the Center for Healthy Communities has continued to extend primary care service delivery to the underserved in the surrounding community by annually placing over 600 health professions students in community based sites using the Service Learning Protocol for Health Professions Schools. Additionally, through the Center for Healthy Communities, statewide training programs in service-learning are provided to Health Professions Faculty in Ohio and curricular development grants are awarded statewide for new service-learning programs. The Center was instrumental in securing for the School of Medicine the outstanding community service award in 1997 from the American Association of Medical Colleges. Kate has served on the faculty of Wright State University since 1993.*

# About Community-Campus Partnerships for Health

Community-Campus Partnerships for Health (CCPH) is a non-profit organization based at the Center for the Health Professions at the University of California-San Francisco. Founded in 1996, our mission is to

*Foster partnerships between communities and educational institutions that build on each other's strengths and develop their role as change agents for improving health professions education, civic responsibility, and the overall health of communities*

## CCPH has a focus and characteristics that are unique in that:

- We work collaboratively across sectors of higher education, communities and disciplines to achieve successful community-campus partnerships nationwide.

- We identify community members, students, administrators, faculty and staff as equal constituencies, and our board of directors reflects those diverse constituencies.

- We serve as a welcoming bridge between the many government and foundation-sponsored initiatives in community-oriented health professions education and community health improvement.

- We define health broadly to encompass emotional, physical and spiritual well-being within the context of self, family and community.

## In order to achieve our mission, CCPH works collaboratively to:

- Create and expand opportunities for individuals and organizations to collaborate and exchange resources and information relevant to community-campus partnerships.

- Promote awareness about the benefits of community-campus partnerships.

- Advocate for policies needed in the public and private sectors that facilitate and support community-campus partnerships.

- Promote service-learning as a core component of health professions education.

## CCPH's major programs include:

- The CCPH Mentor Network - our training and technical assistance network, is comprised of individuals from higher education, health professions, and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. CCPH Mentors conduct training workshops, provide consultation, and coach partnerships to fully realize their potential.

- Partners in Caring and Community: Service-Learning in Nursing Education - sponsored by the Helene Fuld Health Trust, HSBC Bank USA, Trustee, this national initiative is working with nine teams of nursing faculty, nursing students, and community partners to develop models of service-learning in nursing education.
- Service-Learning Institutes - training institutes for campus-based and community-based health professions faculty and program staff who wish to integrate service-learning into their courses.  Applications are now available on our website for our up to date introductory and advanced level institutes.
- Annual National Conference - our annual conference is the premier training and networking event for community and campus leaders who are pursuing or involved in community-campus partnerships.
- Healthy People 2010 Curriculum Project - this project is developing tools for integrating the Healthy People 2010 objectives into the curriculum of health professional schools across the country
- Community Scholarship Project - this project seeks to elevate the recognition and rewards for faculty who are engaged in community-based scholarship
- National Health Service Corps Educational Partnership Agreement - funded by the National Health Service Corps, this project is assisting dental school participants in the development of service-learning and other partnership opportunities in underserved communities.

**As a member of CCPH, you join a movement of leaders committed to building healthier communities. You also receive a wide range of benefits and services:**

By joining CCPH, you will increase your knowledge about issues impacting and contributing to successful community-campus partnerships. We believe our programs and products will provide you with rich resources to learn from and to share with your peers from across the country, and around the world.  **Be a leader - join CCPH - and you will receive: \***

- a free copy of our resource guide t*o Developing Community-Responsive Models in Health Professions Education* and a free subscription to *Partnership Perspectives* magazine
- a membership packet, including a membership directory designed to facilitate networking and information sharing among CCPH members
- discounts on registration fees for our conferences and training institutes
- discounts on consulting and technical assistance services tailored to your specific strengths and needs
- access to the CCPH electronic discussion group
- access to friendly and responsive staff

Please contact CCPH to receive a membership brochure or to learn more about our programs and products.

*\* Contributions to CCPH are tax-deductible to the extent allowable by law.  Membership benefits are subject to change.*

# The CCPH Mentor Network
## A training network committed to successful community-campus partnerships

*"I really enjoyed your commitment to the participants by providing materials, soliciting feedback, sending follow-up information and offering to serve as a resource. It was not just you giving information; I felt like you were fostering a relationship with each participant."*
*~ A training participant, 1999*

The CCPH Mentor Network is a multidisciplinary network of individuals from higher education, health professions and community-based organizations who have experience, expertise and proven records of success in important areas related to community-campus partnerships. The Network is designed to assist you, your organization, your community or your program in developing and sustaining successful community-campus partnerships. The Network works with schools, colleges, universities, community-based organizations, student organizations, government agencies and others to strengthen health-promoting community-campus partnerships.

Our mentors are skilled and actively engaged in community-campus partnership building, leadership development, faculty development, program evaluation, strategic planning and fundraising and other areas that underlie successful community-campus partnerships. They are available to give presentations, design and lead training workshops, conduct external evaluations and provide telephone or on-site technical assistance. The mentors are trained in incorporating a blend of didactic and interactive experiential learning techniques into various consultative arrangements.

### The Goals of the Mentor Network

The goals of the CCPH Mentor Network are to foster partnerships between communities and educational institutions through high-quality and effective training and consultation services. These services are intended to:

- Foster the development and sustainability of health-promoting community-campus partnerships
- Strengthen the ability of these partnerships to improve health professions education, civic responsibility and the overall health of communities
- Provide CCPH with a continuous source of information about contemporary issues facing community-campus partnerships, enabling us to be more responsive to new and emerging trends

### Types of Training and Consultation

Training and consultation provided by the CCPH Mentor Network takes many forms. For training, these include but are not limited to:

- Workshops and presentations during conferences and training institutes that are sponsored or cosponsored by CCPH

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- Workshops and presentations during conferences and training institutes that are sponsored by organizations other than CCPH
- Workshops and presentations held at the Mentee location.

## Training Scenarios

The following scenarios provide a sample of training options. All training experiences are complemented by tested training tools, handouts and other resource materials. The following training options can be provided in 1-2 days.

- **Community-responsive curriculum development.** How can your curriculum be more student and community-responsive? This training would address the "process" and implications for designing a curriculum that meets both the institutions objectives for academic learning, the student's learning and professional growth objectives, and the "service" objectives of community clinician and agency partners. Trainers can assist the faculty and their team members in designing an action plan in follow-up to the training.

- **Faculty development and leadership.** How can faculty leadership in community-based education be fostered? What are the faculty competencies for working in community-based settings? Trainers can assist faculty in discovering their leadership abilities and develop strategies for effectively "channeling" these abilities in community settings.

- **Community leaders involved in community-campus partnerships.** Would you like to learn more about working in partnership with a health professions school in your area? This training provides community clinicians and agency staff with the skills and competencies to effectively build partnerships with campus faculty and staff, and to "navigate" through the academic system. In addition, participants learn important strategies for developing a partnership agreement with other stakeholders and the "nuts and bolts" of working with students in community-based settings.

- **Student leadership and development.** How can we foster student leadership skills and abilities? This training is modeled from tested student leadership institutes held by CCPH. Student learners engage in interactive hands-on sessions focused on developing their leadership skills in the area of communication, community organizing and advocacy, partnership building, and working with the media. Students work with trainers to design an action plan for implementation following the training.

- **Service-learning in the health professions.** This training focuses on service-learning as an effective educational methodology for improving student education and community health. Trainers work with faculty and program staff to understand the theory of service-learning, effective "reflection" strategies for classroom and community-based settings, partnership building strategies, service-learning assessment, and service-learning curriculum design.

Members of the Mentor Network can design a training or consultation that reflects your desires, and builds upon your knowledge and skill base. Prior to any training or consultation, members of the Mentor Network will work with you to assess your most pressing issues based on your completion of the Network Skills and Needs Inventory Tool. Your completion of the inventory tool will also reveal the learning method(s) desired by your and/or your organization.

In addition to customized trainings, Community-Campus Partnerships for Health also sponsors regularly scheduled introductory and advanced service-learning institutes for community and campus faculty and staff. Institute information and application materials can be obtained by completing the enclosed index card, downloading the application from our website (www.futurehealth.ucsf.edu/ccph.html), or by contacting our fax on demand service by calling 1-888-267-9183 and selecting documenting # 206.

## CCPH Mentor Network Fees

CCPH Mentor Network services are usually provided on a fee-for-service basis according to a fee schedule, plus reimbursement of travel expenses where applicable. Discounts are provided to CCPH members and to programs paying for services with federal funds. As an organizational member of CCPH, you will receive a free one hour consultation on the topic of your choice.

## Our Mentors

Our mentors include:

Barbara Aranda-Naranjo, University of Texas Health Sciences Center
Patricia Bailey, University of Scranton-Department of Nursing
J. Herman Blake, Iowa State University-Department of African American
  Studies
Diane Calleson
Kate Cauley, Wright State University-Center for Healthy Communities
Kara Connors, Community-Campus Partnerships for Health
Hilda Heady, West Virginia Rural Health Education Partnerships
Kris Hermanns, Brown University-Swearer Center for Public Service
Sherril Gelmon, Portland State University
Barbara Holland, Northern Kentucky University
Mick Huppert, University of Massachusetts Medical Center, Office of
  Community Programs
Cheryl Maurana, The Medical College of Wisconsin-Center for Healthy
  Communities
Nan Ottenritter, American Association of Community Colleges
Tom O'Toole, Johns Hopkins University Department of Family and
  Community Medicine
Letitia Paez, Institute for Community Health Education
Mike Prelip, University of California-Los Angeles-School of Public Health

Monte Roulier, Roulier Associates
Julie Sebastian, University of Kentucky College of Nursing
Sarena Seifer, Community-Campus Partnerships for Health and the
  University of Washington School of Public Health
Ira SenGupta, Cross Cultural Health Care Program

More information about our mentors can be obtained by contacting CCPH.

## Examples of Recent Mentor Network Activities include:

• Engaging Colleges and Universities in the Healthy Communities
  Movement.  Coalition of Healthier Cities and Communities national
  meeting (workshop).

• Building Partnerships Between Communities and Higher Educational
  Institutions.  East San Gabriel Valley Community Health Council meeting
  (facilitated meeting).

• Assessing the Impact of Service-Learning.  Rutgers University School of
  Nursing Center for Families and Communities (presentation).

• Joining Forces with Health Professional Schools to Close the Access Gap.
  Robert Wood Johnson Foundation Reach Out Initiative annual meeting
  (presentation).

• Leadership for the Engaged Campus: Dental Schools and Their
  Surrounding Communities.  Council of Deans annual meeting, American
  Association of Dental Schools (presentation).

• Service-learning in Nursing Education.  Minnesota Campus Compact
  (presentation and training institute).

• Service-learning Institute in the Health Professions.  Congress of Health
  Professions Educators, Association of Academic Health Centers
  (training institute).

• Building a Strong Interdisciplinary Team.  WK Kellogg Interdisciplinary
  Community Health Fellowship Program, American Medical Student
  Association (training workshop).

• Developing a Community-based Nursing Education Curriculum.
  Colby-Sawyer College (strategic planning meeting).

• Achieving Healthy People Objectives through Service-learning, Association
  of Teachers of Preventive Medicine (presentation).

## We're ready to assist you

Please complete and submit the enclosed insert card and we will follow-up
with you to discuss how the CCPH Mentor Network can help you realize
your community-campus partnership goals. Or, you may contact us by
phone: 415/476-7081; email: ccph@itsa.ucsf.edu; or fax: 415/476-4113.
We look forward to working with you.