

COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH: BUILDING SUSTAINABLE FUTURES TOGETHER

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San Francisco, CA



Conference Proceedings

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CONFERENCE SPONSORING ORGANIZATIONS

Community-Campus Partnerships for Health (CCPH) is a new 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. See page - for more information about CCPH.

The Center for the Health Professions at the University of California, San Francisco seeks to assist health care professionals, health professions schools, care delivery organizations, and public policy makers respond to the challenges of educating and managed a health care workforce capable of improving the health and well being of people and their communities.

The Corporation for National Service was established in 1993 when President Clinton signed into law the landmark national service bill establishing an unprecedented mandate to tackle the nation's pressing challenges through community service. The centerpiece of the Corporation's efforts is AmeriCorps, a national service initiative that is engaging thousands of Americans in meeting the critical needs of communities throughout the nation. The Corporation also operates the National Senior Service Corps, whose programs engage several thousand senior citizens in volunteer service. Finally, the Corporation supports service-learning initiatives for K-12 schools and institutions of higher education through a program called Learn and Serve America.

Health Professions Schools in Service to the Nation (HPSISN) is a service-learning demonstration program of the Pew Health Professions Commission and the National Fund for Medical Education, sponsored by The Pew Charitable Trusts, the Corporation for National Service's Learn and Serve America: Higher Education program, and the Health Resources and Services Administration.

The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, helps provide health resources for medically underserved populations. A nationwide network of 643 community and migrant health centers, plus 144 primary care programs for the homeless and residents of public housing, serve 8.1 million Americans each year. HRSA also works to build the health care workforce and maintains the National Health Service Corps. HRSA also provides services to people with AIDS through the Ryan White CARE Act programs, oversees the organ transplantation system, and works to decrease infant mortality and improve and child health. HRSA is committed to facilitating the development, acceleration and expansion of Academic/Community Partnerships as another way of advancing its mission of improving the health of all communities, and the elimination of disparity across communities.

The National Fund for Medical Education is a not for profit corporation that raises funds and administers grants to educate health professionals. The fund was formed in 1949 and was recognized as a congressional charter five years later. NFME grants support research on trends in health professions education and help put into practice new ideas that improve health care access and quality, while seeking to reduce costs.

The Pew Charitable Trusts, a national and international philanthropy with a special commitment to Philadelphia, support non-profit activities in the areas of culture, education, the environment, health and human services, public policy and religion. Through their grantmaking, The Trusts seek to encourage individual development and personal achievement, cross-disciplinary problem-solving, and innovative, practical approaches to meet the changing needs of a global community.

The Pew Health Professions Commission, established in the spring of 1989 and administered by the UCSF Center for the Health Professions, is charged with assisting workforce policy makers and educational institutions respond to the challenges of the changing health care system.

CONFERENCE OVERVIEW

Over 400 students, faculty and community partners gathered in San Francisco on April 27-29 for the second annual conference to strengthen and support partnerships between health professions schools and their communities. The conference, Community-Campus Partnerships for Health: Building Sustainable Futures, was co-sponsored by Health Professions Schools in Service to the Nation (HPSISN), the Health Resources Services Administration, the Corporation for National Service and The Pew Charitable Trusts.

A major function of the conference was to launch Community-Campus Partnerships for Health (CCPH), a new organization that aims to foster partnerships between communities and educational institutions. The purpose of the partnerships is to help create an environment for improving health professions education, civic responsibility, and the overall health of communities.

The San Francisco conference occurred at the same time as President Clinton, former President Bush, General Colin Powell and other U.S. leaders gathered in Philadelphia to highlight volunteer service at the President's Summit for America's Future. The President's Summit focused on building a new level of commitment to volunteer service targeted especially at young people. While CCPH is designed to help improve the health of people of all ages, the program does further the President's goal of enlisting service organizations to improve the health and well-being of the nation's young people. CCPH trains health providers to manage and confront a variety of health and social problems, such as child abuse and neglect, violent crime, substance abuse and teen pregnancy.

Cheryl Maurana, CCPH board chair, challenged meeting participants to take an active role in furthering the CCPH mission. Declaring that "we are the group that makes things happen," she encouraged everyone to begin "creating a shared vision and becoming a force for change."

Other goals of the conference included expanding the national network of people and institutions engaged in community-campus partnerships for health, sharing models of sustainable partnerships between schools and communities and providing a forum for community partners to share their perspectives on these partnerships.

Site visits to San Francisco community organizations such as the Women's Needs Center, the Bayview Hunter's Point Community-Based Research Project and the Mission Neighborhood Health Center allowed participants to learn first-hand about innovative models for community-campus partnerships. Workshops and mentoring sessions also provided a forum for participants to reflect critically on issues of institutional change, faculty and student development, service learning, and the role of evaluation in strengthening and improving community-campus partnerships.

As part of her keynote speech, Barbara-Aranda Naranjo, assistant professor in pediatrics at the University of Texas Health Sciences Center, stressed

the importance of being willing to learn from community partners. Drawing on her work with the South Texas AIDS Center, Naranjo emphasized the value of listening closely to the expressed needs of a community when providing clinical service and health promotion education. She expressed her conviction that "our job is not merely to provide services, but to provide hope. When we work together, when we join forces, we make a statement of our commitment to the community."

The experiences and perspectives of community partners reinforced this emphasis on collaboration. Minnie Fells Johnson, CEO of the Miami Valley Regional Transit Authority in Dayton, Ohio, spoke broadly about how communities want to be able to "touch and see" the efforts of their university partners. For example, the health professions students in Dayton have worked with community members to develop a number of health promotion activities such as aerobics classes, instruction in good nutrition for seniors, healthy lifestyles for teens, and well-child screenings in kindergartens. These programs have all been collaborative efforts aimed at addressing community-identified needs.

"A community understands whether the university is adding value or just taking up space," Johnson said, adding "We (the community) know if we are better for having met you."

John McKnight, director of the Institute for Policy Research at Northwestern University, closed the conference by challenging participants not to focus on the deficiencies and deficits of communities. McKnight emphasized that healthier communities can only be built by identifying the gifts, capacities and assets of communities.

The conference successfully outlined a core agenda for CCPH, emphasizing its role in creating sustainable community partnerships. High on this agenda, according to CCPH executive director Sarena Seifer, are disseminating information on evaluating tools and successful program models, serving as a neutral convener of national associations for the purpose of influencing policy, and providing technical assistance and training. A national board of directors met directly following the conference to provide strategic direction.

OPENING REMARKS – Cheryl Maurana

Cheryl Maurana, Chair of the CCPH Board of Directors, opened the conference by emphasizing the importance of leadership and personal action.

Cheryl is Vice Chair and Chief of the Division of community Health at the Medical College of Wisconsin and Director of the Wisconsin Area Health Education Center (AHEC) state system. Previously, she was the Associate Dean for Community Health Development and Founding Director of the Center for Healthy Communities at Wright State University School of Medicine. Cheryl is committed to developing community-campus partnerships that serve as a force for the 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.

Five Components of Leadership

“As we begin our conference, I would like to introduce two themes related to preparing for the future. I encourage you to carry these themes with you throughout the conference and when you return home to your work. The first theme is leadership and the second is a personal action plan. I have chosen to highlight these two themes because I think they are at the foundation of building sustainable futures. Each of us can be a leader in our community and our educational institution. Our leadership is embodied in our willingness to do the following five things:

- First, **challenge the status quo**. We must be willing to look beyond what is and take risks.
- Second, **create a shared vision**. We must envision a sustainable future and encourage others to join with us and most important to take ownership of that vision.
- Third, **create meaningful collaboration**. We must build trust, share power and provide support.
- Fourth, **serve as role models**. We must practice what we preach and be true to our mission.
- And fifth, **bring passion to our work**. We must be the true believers and we must celebrate our own and other's successes.

The second theme is the development of a personal action plan. We must focus on the fact that as individuals we can each make a measurable difference. So I challenge each of us to write down three things large or small that we will do in the next three months to build sustainable futures. Share them with your colleagues and revisit them regularly. When you have completed the first three, identify three more. Step by step, we will become a powerful force for change. Finally, I would like to leave you with a quote from an anonymous author. *There are three kinds of groups, those that make things happen, those that wait for things to happen and those who wonder what happened.* We are the group that makes things happen.”

OPENING KEYNOTE SPEAKER – Barbara Aranda-Naranjo

Barbara Aranda-Naranjo touched conference participants with her passion and commitment to working with families and children living with HIV and AIDS. She shared her experience of sustaining the passion for working with communities in rural Texas.

Barbara Aranda-Naranjo is Assistant Professor in the department of Pediatrics at the University of Texas Health Sciences Center in San Antonio, Texas. She is also the Assistant Director of the South Texas AIDS Center for the past six years. She has been involved working with AIDS issues at the clinical, community and state and national levels for the past ten years. Barbara is a board member of the AIDS Policy Center for Children, Youth, and Families, a member of the

HRSA AIDS Advisory Committee, and on the HIV task force for the American Nurses Association. She is presently a doctoral candidate at the University of Texas in Austin School of Nursing. Her doctoral dissertation is: “The Health Seeking Experience of HIV/AIDS Infected Mexican-American Women in South Texas.”

On Finding the “Pepe” in Your Life

“Nature teaches us about the passion that we need to sustain us in our work to continue. I want to greet you today by way of my pot-bellied pig, Pepe, who I’ve raised since he was six weeks old (a slide of the pig is shown to the audience). Pepe is just one of the things in my life that makes me laugh and kind of feeds my soul. I show Pepe for two reasons. The work that we are engaged in is very complex and sometimes thankless. What is going to keep you doing your work? What is the Pepe in your life? You need to know it now. Each of us has to sustain that soul, that very essence of who we are, because if we don’t, we can’t give it out to the community. As a matter of fact, the community doesn’t want us out there with our mouths poked out, tired out and saying, “Damn, am I going to get tenure with this?” The community doesn’t want us like that. They have enough issues to deal with. We in this room have been given so much, then much will be asked. What is the Pepe in your life that helps you be you? Is it gardening? Is it going to a movie? Is it buying a bunch of clothes? What is it that helps keep you going? Is it taking your kids to a movie? Is it being with a bunch of friends? Is it having a margarita on the river? What is the Pepe in your life?

On Hope and Hopelessness

In our communities we’ve been trying a variety of strategies to educate people living in community about HIV and AIDS since we’re a low to mid zero prevalence area. It’s still a disease that happens to other people. Therefore, 90% of the women and children we see come to us in the late stage and not knowing what HIV is. So, I worked with an Hispanic AIDS Committee, which wanted to do teaching within the neighborhood. We thought it was a good idea. And, we asked the neighborhood, who is the leader in this community? Would you allow us to come to educate you and your family so you might educate other members of your community? They said, “Sure.” We decided to meet at their home. Of course, many of the people in the communities that are most at risk are day laborers so they wanted us to come after 5:00 p.m. (That’s another little thing you should know; Most of the time, the work you’re going to do is going to be beyond the 8:00 to 5:00 schedule We’re going to have to be flexible working with community). So, we went to Mr. Sanchez’s home and we went in a pair. I had a male trainer with me because we know that our community is still sensitive on many issues and likes to have the teaching done separately for males and females. So, we walk into Mr. Sanchez’s home and he had all is family there—about 25-30 people were there. He let us know that he would like all of the males outside and all of the females inside. “I’ll see you later my friend,” he says as he looks at me and wonders how things will go.

When we finished with the training, Mr. Sanchez brought all the males in and said, “Do you have a

moment, the both of you?" And we said, "Yes." With 30 people all in the room, he invited us to sit down. He said that he wanted everyone to hear what he had to say. I looked at my partner and I said, oh my goodness, maybe we have offended the family? Mr. Sanchez told his wife to go get a sponge that's saturated and a pitcher of water. He was also the curandero, the healer of the community, and I thought maybe we were going to be blessed before we leave. He tells his wife to bring the sponge back and he puts the sponge on the coffee table with the full pitcher of water. He said in his broken English, "Thank you for coming, but let me tell you how it came across." He said, "You people come and you tell us you're at risk for diabetes because we're eating too much tortillas and frijoles, and we need to change our diet." And, he's pouring the water on the sponge which is fully saturated and running down the table. Not a person is moving. And he said, "You come and you tell us that we're at risk in the schools because the schools aren't right and we're not going to go to college." And, he continues to pour the water. "Then you tell us that we're at risk for stress because of the kind of job I have. Now you tell us, we're at risk for HIV/AIDS and we're going to die." He said, "What is happening to the information, which is the water on the sponge? It is falling away. Please give us some hope. Please tell us what we're doing right. Please help us to deal with what you have pointed out, which we already know. We did not need you to come to tell us. We live it everyday."

So, our jobs are not only to partner with communities. Our jobs are also to listen and to not take away hope, or to take away that which a community needs to deal with those issues. Because most of us will not live in the communities in which we're working in.

We are dealing with a lot of people within our communities who are inundated with serious medical and social problems. Will you walk the walk with them? What is your philosophy about people dealing with these issues? What is your philosophy about welfare reform? What is your teams idea about what indeed is the vision that you see for people of community? And please, as Mr. Sanchez taught me, don't develop the vision with out a couple of focus groups from the communities you want to serve who can tell you that this may be a beautiful vision, but its not ours. Tell me how I can make that vision ours. You see, we mean to do so well, but we offend so greatly in meaning to do so well...

On Sharing Your Gold Nuggets

As Mr. Sanchez was saying, let the community be a part of the solution. If we live in community everyday, we know the problems better than you do. We don't even have to do a research study. I'll tell you things right now. Include community in the vision. Share your gold nuggets. All of us have something to share. I hope that I've shared with you some of the gold nuggets in working with community.

CLOSING KEYNOTE SPEAKER – John McKnight

As the closing keynote speaker, John McKnight challenges conference participants to examine the

many way health professional schools can be assets to their communities.

John McKnight is Director of Community Studies of the Institute for Policy Research and Professor of Communication Studies and Urban Affairs at Northwestern University where he has conducted research and written in the fields of social service delivery systems, health policy, community organization, neighborhood policy and institutional racism. He currently directs research projects focused on asset-based neighborhood development and methods of community building by incorporating marginalized people. John McKnight is the author of Community Building from the Inside Out and The Careless Society.

On Learning What We Already Know: Community as Expert

"It's a delight to be here with you this afternoon. What we're here to do today is to think together about the relationship of health to community. One of the things that terrifies me about being up here is the fact that everybody in this room knows as much or more than I do about both those topics. Certainly you all know more about health than I and we're all people who live in and understand community, so I really have a very difficult problem because I can't pose as an expert, can I? If I knew about atomic physics I might have something to tell you that you don't know. But I don't have very much that I could tell you that you don't already know.

There's a Sufi story I'd like to tell you about; as you know the Sufi are a Muslim denomination or sect; Sufi stories are wonderful stories because they begin with a moral and the moral of the story is you'll only learn what you already know. This story takes place in the Middle East in a little village. And, in the village out in the desert they hear that in a nearby village there's a very wise person, and they want to hear what this person has to say. So, they invite her to come over and share with them. She comes to their village and begins by saying, "Do you know what I'm going to tell you?" and they all say, "no." She then says, "You'll only learn what you already know and if you don't know what I'm going to tell you there's no reason for me to speak. I'm leaving." And she left. The village people were very surprised by her. They thought about what she was doing and they then understood, so they invited her back. They're all in the village square when she said again, "Do you know what I'm going to tell you?" They all said, "Yes." And she said, "Well, obviously there's no reason for me to speak." And she left. For a month, they talked about her in the village, and finally they understood and they invited her back. She said, "Do you know now what I'm going to tell you?" and the people on this side of the square all said, "Yes," just as the people on that side of the square all said, "No." Here you have a chorus of 'yes's' and 'no's' and she said, "Will the people on this side of the square please tell the people on that side of the square." And she left and never returned. On that night an old lady had a dream and when she woke she went to the village square and she said, "I know what she came to teach us -- that the ultimate wisdom is in communities and not in experts and not in professionals and not in administrators but among people in communities."

And that's what I want to remind us that we already know.

This afternoon, I'd like for us to take three things that we already know and see if they can lead us to an understanding of what we can do as health professional institutions in relationship to community.

Health and Community Are Linked

The first thing we know, I think, are the basic determinates of health in a modern society like ours. So, I've made a list of health determinates and I think there's general agreement that there are five major determinates of health status other than our genes. The first is individual behavior-- how we eat, what we eat, whether we exercise, lots to do with our health. The second is social relations, how we relate to each other in our families, in our neighborhoods, and in our workplace. In fact, entry-level physicians consistently indicate that the primary reason people come to see them is not what you would normally think of as a disease but the effects of social relations. The physical environment we know is a major determinate of health, how automobiles are built, what kinds of chemicals are in the air or water. Fourth, economic status has a great deal to do with our health status. I don't think we need any more research to prove that the quickest way to be ill and the best way to die early is to be poor. And finally, health is determined by access to therapeutic resources.

I think what we have come to an understanding that epidemiologists do not seem to agree about where priorities should be placed. However, there is one thing they agree on; that the least important determinate of health status is therapeutic resources and access to them. But, the other four, if they are altered will have more effect upon health status than the fifth. And that's the reason that health and community are linked. Because the tools of health professions are not very useful, are they, to change individual behavior. My doctor may have some ideas about what I should eat, but they're just his ideas. He doesn't have a pill that will change my individual behavior. In terms of our social relations, the techniques and technology of the health professions are very limited in what they can do about how families relate to each other or how workers relate to their bosses. And, in terms of the physical environment, our health professions and technology have only the most limited tools to try to deal with the pollution in the air or to try to deal with how automobiles are designed. Certainly, it's very difficult to imagine that the tools of the health professions will have much effect on economic status of people. When we begin to look carefully at the health determinates in a modern society like ours, I think it's perfectly clear that it is the community structures that are going to determine whether or not our health status will change in significant ways. In general, research indicates that it is people in groups that are most effective in changing behavior, revising social relations, acting politically to effect the physical environment and acting politically to deal with economic status. So you see, the community and its tools are the primary health determinates. This is the first thing that we already know.

Community Change Depends on Assets, Not Needs

The second thing that we know is if community determinates shape health status primarily, we know the basic principles for communities are effective in changing their environment. And there, I have to give you again a very sophisticated visual, this glass (McKnight lifts a glass of water). The question is: is the glass full or is it half empty? The answer of course is yes, it is. This glass is like every individual that I've ever met. It is like me--I have some capacities and I have some deficiencies. I imagine everybody else here does, too. And it is like communities. They have assets and they have needs. But, we have pretty well forgotten that no community has every been built on the basis of a focus on the empty half, on the deficiencies or needs of people. Every community has always been built on the basis of the gifts and the capacities of people who also have deficiencies.

In my home town, a little home town of 13,000 people, we have only one carpenter and his name is John. John has one leg. Almost everything that has been built in our community, has involved John. But think about him. His missing leg is not needed by anybody in my home town. We need his other leg. But, in Madison, 45 miles away, there's a medical school and it has a rehabilitation center. It needs his missing leg. So, I think what we often forget is that communities don't need "needs." Nobody in my home town has ever stood up and said "Gee, let's go around and find the people with the missing leg." But the rehabilitation institute in Madison has people looking all over for people with missing legs.

So one of the things that's very important about understanding community change is that community change depends on the identification and mobilization of people's capacities and of the neighborhood's assets. Unfortunately, many institutions focus instead on the deficiencies and needs of those same places. If we focus enough on the deficiencies and needs of a neighborhood, we come out with a map that has been developed by need surveys. This map shows that this neighborhood has many needs. It says in this neighborhood there is slum housing, crime, mental illness, teenaged pregnancy, drug abuse, rat bites, domestic violence, welfare dependency, lead poisoning, truancy, gangs, illiteracy, alcoholism, unemployment, AIDS, pollution, boarded-up buildings, broken families, drop-outs, child abuse, homelessness and abandonment. How would you like to come to my neighborhood if that's what my neighborhood is? Yet our research over 27 years has made very clear to us that that map has never resulted in a neighborhood improving its health status in any way that is sustained. That map creates a culture of deficiency. That map says what is valuable about a community is what's wrong. That map gets investments in girls who are pregnant too soon, not investing in young women and their gifts and capacities to be contributed. It is a map that determines the flow of funds, perceptions of people outside this neighborhood and inside the neighborhood. When institutions focus on the needs they tend to dominate the culture and the economy of a neighborhood. The neighborhood will clearly begin to decline because people will begin to understand themselves as clients and consumers rather than producers and citizens. So the second thing that we

know is that communities are built by the identification and mobilization of the gifts and the capacities and the assets of the people in a place.

On Associations in America

We know that in every low-income urban community in the United States that there are hundreds of local associations. Unrecognized. Unsupported. Unbelieved in. But doing the work that allows a community to be at least what it is and waiting for the kind of support and common action that will predict a better future. In fact, in our research, the best predictor of whether a neighborhood is going to turn around or has turned around is whether or not there's an association of associations. And mind you, an association is not an agency. An association is a group of citizens who come together to solve problems. Now it may have one or two employed people like a pastor or an organizer, but let me say again that of the three great assets, the capacities of individuals and associations, associations are the most important predictor of community health and economy, particularly if they have come together in a community-wide structure for deciding their vision for the future and the methods that they are going to use to produce a renewed community. And those of you from institutions where there are neighborhoods with an association of associations are indeed fortunate because there is no more useful thing that you can do than to relate to those structures where citizens are at the center. The association of citizens and its greatest powerful manifestation is if they are together in a community association of associations.

On Local Institutions as Servant to the Community

The local institutions, the third asset in a community, whether they be for profit or not for profit or governmental have an important role to play. But, let me try to see if you can imagine a community where the center of the power for production and definition is citizens in association who have come together in their neighborhood organization. And that the role of the institution is to support them in their central work. If I could give you the central principle for trying to answer the question about how to relate effectively to community it would be to ask yourself how can we support citizens in their problem solving and economy growing activities? Not, how can we plug them into our purposes and goals? Because what happens so often is when institutions do finally recognize the community space occupied by citizens and association, they can only see them as hand servants of their purposes. But that's not empowerment, that's control, right? The real invention for you is how do you go about understanding that you are a tremendously valuable resource, but you need to use yourselves to enhance and support rather than define and control? Because, finally, you can only find an empowered and changing community when at the center are citizens. Citizen means the most powerful person in a democratic society standing full. Client comes from a Greek word and its root is one on their back. If we are always replacing citizen initiatives, more and more people become clients on their back. No community can be empowered in that way. The question is, if the central mobilizing structure is the community's associations, how can we relate to that fabric and use our resources in support? How can we be not lords but servants? Real servants. How many

of you went into service because you wanted to serve and have ended up in an imperial institution that commands everybody to do everything. How many of you? Wouldn't you like to serve? Well, then you need to know who your master is. Your master or mistress is the community and its associations. When we understand that, then you can look at who you are and what you have as resources in your institutions."

Health Professions Schools As Community Building Assets

McKnight concluded his presentation by engaging the audience in a group exercise designed to generate ideas for how health professional schools can be community- building assets. The list below is a summary of the many ideas that people had. We encourage you to share this list with your friends and colleagues so that collectively we can begin to take the necessary steps for health professional schools to be an even greater resource for our nation's communities.

Human resources

- Consultants
- Critical thinkers
- Culturally diverse faculty, students and staff
- Distinguished campus visitors
- Expert witnesses
- Meeting facilitators
- Mentors and role models
- Peers
- Problem-solvers
- Program evaluators
- Prospective board members and volunteers
- Public speakers
- Student volunteers
- Tutors

Materials

- Leftover food from events
- Overheads

- Paper and pamphlets

Technical assistance

- Activity planning
- Analytical support
- Budget analysis
- Business development
- City and regional planning
- Community assessment
- Conflict resolution
- Faculty development
- Financial planning and management
- Fundraising
- Governmental affairs
- Grantwriting
- Graphic design
- How to use computers
- personnel – students, faculty, volunteers, human resources
- Program planning
- Property management
- Group process facilitation
- Public relations
- Publicity
- Research
- Strategic planning
- Tax preparation
- Team building

Services

Bilingual facilitation
Church services and spiritual leadership
Day care
English as a second language
Food preparation
Legal services
Library services
Research and program evaluation

Equipment and technology

Audio visual support and equipment
Computer software and hardware

Facilities

Banquet facilities
Baseball fields
Chapel
Conference rooms and meeting space
Dorms
Food facilities
Library
Mobile home hook-ups
Open spaces to play for children
Physical recreation facilities
Recreation center facilities
Space for temporary housing

Transportation

Shuttle buses

Economic support

Buying capacity
Invest locally in businesses
Low-interest loans
Money
Purchasing cooperatives

Emotional support

Caring
Inspiration
Stamina and perseverance
Student energy

Policy and advocacy

Connections with higher education
Connections with legislature
Connections with statewide organizations
Consumer advocacy
Contact referral service
Credibility
Patient advocacy
Political and social capital
Political skills
Relationships with funders

Education and educational tools

Continuing education
First aid/CPR training
Teaching materials

Cultural events

Festivals and other cultural events
Museums
Music
Theatre

Distance education
Email and internet access
Furniture
Infrastructure for newsletter publication
Library equipment
Mainframe computer
Photography lab
Power and utilities
Printing and copying equipment
Telecommunications systems
Used equipment and supplies
VCRs and videos
Web page

In her closing remarks, Cheryl Maurana returned to themes that she introduced in the opening remarks - the development of a personal action plan and the role of leadership in community-campus partnerships.

Develop a personal action plan

“Once again, I challenge each of us to write down three things, large or small, that we will do in the next three months to build sustainable futures. Publish them on the listserv. But let us commit ourselves to moving forward step by step.

Identify a key decision maker or power broker

I also challenge you to identify one key decision maker or power broker in your community or your educational institution and make it a personal goal of yours to get that person invested in these partnerships. In this way we will broaden our influence and accelerate the change process.

Perseverance and audacity generally win

I think it is important to remember, however, that social change is hard and often lonely work. So as we end this conference, I would like to leave you with a few thoughts about taking care of ourselves in supporting on another.

- First, we need to believe in ourselves and our ability to make a measurable difference. We shouldn't be too hard on ourselves, especially when things seem overwhelming, or when many people say this can't be done.
- Second, we need to celebrate our successes, large or small. It's very easy to get caught up in the doing of things and we often don't take time to savor what we've accomplished.
- And third, and perhaps most important, keep your sense of humor at all times. Sometimes that may be the only thing that gets us through.

I hope that we will stay in touch with one another during the coming year and I look forward to seeing each of you next year with the decision maker that you have been converting all year! And finally, I would like to leave you with a quote from a French actress who lived in the 1800's-*Perseverance and audacity generally win*. From my experience that is absolutely true.”

CLOSING REMARKS – Cheryl Maurana

AN ACTION AGENDA FOR COMMUNITY-CAMPUS PARTNERSHIPS

As part of the conference agenda, conference participants joined one of eight “Navigating the Future” sessions. These agenda-setting sessions were designed for small groups of conference participants to discuss topic-specific issues including, Principles of Good Partnerships, Federal Policy, Institutional Policy, Advocacy, Evaluation, Interdisciplinary Education, Faculty Development, Leadership Development and CCPH Organizational and Membership Development. Each group developed recommendations for CCPH to consider. Below is a summary of their recommendations. CCPH thanks all who contributed!

Principles of Community-Campus Partnerships

- The relationship between partners should be characterized by the following terms: trust, respect, genuineness
- There should be clear communication, taking the initial time to listen to each need, develop common language, and validate/clarify the meaning of terms
- Rules, norms and processes should be established within the lifecycle of the partnership. The focus should be on the positives and the strengths; adaptability and flexibility; “different ways of knowing”, and celebrating.
- There needs to be a continual negotiation and re-evaluation of the partnership, with continual feedback
- The partners need to clarify that there are stages in the development of their relationships
- There needs to be a shared mission and goals, and attainable and measurable objectives. (remember the focus on “different ways of knowing” when thinking about what the term “measurable” might mean)
- There needs to be commitment on the part of all partners

Recommendations For CCPH To Consider

Communication and Information Dissemination

- Create a clearinghouse; identify and disseminate resource materials such as evaluation tools, program models of community-campus partnerships and interdisciplinary teams, funding opportunities
- Create a listserv and website for discussion and information dissemination
- Sponsor regional meetings
- Disseminate information to department chairs and deans
- Disseminate and “infiltrate” professional associations through meetings, work at state level

Advocacy

- Advocate for policies at the national, state, local and institutional levels in support of community-campus partnerships; advocate that federal, state and local funding be used to support community-campus partnerships
- Advocate that organizations and community-campus partnership programs adopt the CCPH mission statement or principles of partnership document
- Seek endorsement of CCPH by national professional organizations
- Work with other groups that have similar agendas to influence policy makers and legislation
- Create advisory councils of key leaders within academia, community and student organizations to help share CCPH’s vision within the leadership of these constituencies
- Respond to Ciro Sumaya’s invitation to participate in the Secretary’s Initiative on Academic Health Centers

Institutional policy

- Develop a “boilerplate” mission statement to adopt across the country by CCPH members (the problem is, who makes this statement and who makes it stick varies). The term “community” should appear in all mission statements of academic institutions
- Encourage and support student groups to participate in campus and community policy making.
- Advocate for greater student involvement in community and campus decision-making
- Promote community partnerships among community groups and creative and active collaboration of relevant stakeholders.

Policy Education

- Educate CCPH members on policy issues and advocacy skills
- Educate and involve legislators
- Provide legislative alerts or updates on federal and state policy issues

Evaluation and Research

- Sponsor studies of community-campus partnerships; demonstrate that these partnerships create positive change.
- Synthesize existing studies of community-campus partnerships
- Explore issues such as: barriers, facilitators and prioritized strategies for community-campus partnerships; legal issues such as student, faculty and agency liability; interdisciplinary collaboration

Funding

- Disseminate information about funding opportunities that go beyond the “usual suspects” – i.e., nonprofit community benefits, conversion foundations, rounding off utility bills, university endowments
- Develop a fundraising strategy for community-campus partnerships that local programs can adapt for their own use

- Create a listserv and website for sharing and exchanging information on funding
- Offer regional classes and skill training on such topics as: grant-writing, writing a strategic plan, anticipating un-anticipated costs
- Disseminate information about models of sustainability and how others are funded
- Provide technical assistance to both academic and community partners as they seek federal grant support for projects

Interdisciplinary collaboration

- Identify and disseminate “success stories” of interdisciplinary collaborations
- CCPH should collaborate with other organizations using the interdisciplinary approach (i.e., Association of University Affiliated Programs, American Public Health Association) to reduce fragmentation

Faculty development

- Develop a strong nationwide faculty-staff development program

Leadership development

- Don’t lose the expertise and leadership that has been developed through the HPSISN program; develop a cadre of consultants in service-learning from among the grantee network
- Expand community partner and student leadership capacity
- Create a leadership development program covering such topics as: communication and listening skills, conflict resolution skills, how to “share power”, grantwriting, strategic planning, political strategies for change, fundraising.
- Provide leadership development for academic health centers and communities to better understand partnering

Convene Mission-Related Organizations and Programs

- Facilitate coordination among different community-campus partnership programs
- Be a neutral convener of like-minded groups, such as Area Health Education Centers, foundation programs.
- Work with other groups that have similar agendas to influence policy makers and legislation

CCPH Organizational Structure and Operations

- In addition to CCPH’s strategic plan, develop guidelines, ground rules and by-laws that model the ideals of the organization
- Create an advisory board of high power, national representatives/spokespersons (advisory board) to promote CCPH – members to include managed care organizations, foundations, policymakers
- Create advisory councils of key leaders within academia, community and student organizations to help share CCPH’s vision within the leadership of these constituencies

Facilitating Access to and Involvement in CCPH

- Be aware of the cost to attend national conference and pick lesser-cost locations
- Be more inclusive of students and community partners by providing per diem and low-income conference registration fees; having regional meetings
- Provide scholarships for community members to become CCPH members and attend events
- Consider having the CCPH conference open to registrants by satellite telecommunications, so that more people can participate from a distance.
- Develop a strong structure to facilitate and maintain interdisciplinary involvement of faculty and students as an integral part of CCPH

Outcomes of Community-Campus Partnerships

- The community is in charge of its own health and needs to take responsibility. Therefore, the community should take the lead in identifying outcomes and indicators
- Communities and campuses need to build in lots of time to begin the process of partnership-building. Outcome measurements that yield the most useful results can take years
- Both communities and campuses need to take responsibility for improving outcomes
- Whatever process is used for evaluating community-campus partnerships, it should explicitly differentiate between “what” the outcome is and “how” it was achieved – people will be interested in models for how to achieve the outcomes

Potential Funding Sources for Community-Campus Partnerships

Foundations

- Foundations created from hospitals and health insurers that converted their nonprofit status to for-profit (the so-called “conversion foundations”) e.g. California Wellness Foundation and the California Endowment
- Private Foundations such as WK Kellogg, Pew, Robert Wood Johnson
- Community Foundations

Corporations

- Local Corporations including those linked to the community: banks, industrial, manufacturing, vendors, etc.
- Pharmaceutical companies

Health Care Delivery System

- Hospitals and nonprofit health plans that are required to justify their nonprofit status
- Reimbursement for services provided to managed care organizations and insurers

Individuals

- Community contributions
- Direct appeal to individuals for donations
- Alumni

In-kind

- In-kind donations of services, supplies, space, consultants and time

Federal Sources

- Reimbursement for Medicaid/ Medicare (or change the requirements for Medicaid or Medicare to include services)
- Federal graduate medical education funding
- Federal government (Corporation for National Service, Health Resources and Service Administration, Department of Housing and Urban Development, Fund for the Improvement of Postsecondary Education)

State and Local Sources

- State funds for curriculum, education support
- New state funding through state legislation
- Target of local sales taxes
- State and local public health departments
- Local government
- United Way
- Work with municipal community development agency for housing money, community development block grant money, etc.
- Funds collected by rounding-off utility bills to next highest figure

Professional and Educational Organizations

- Associations, medical societies, pharmacy associations
- University endowments
- Land grant universities

Skills and Strategies for Fundraising

Know how to...

- Communicate with funders: e-mail vs. phone vs. in-person
- Evaluate your program to prove its worthiness of funding
- Find grantwriting consultants
- Frame your message
- Gather data effectively – characterize the population and needs to address

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- Identify funding sources including internet search tools, foundation libraries
- Influence a corporation's priorities
- Listen
- Research specific grants
- Shape your project's vision to capture the attention of funders
- Write grants for different funding sources

Learn about...

- Recent mergers and spin-off foundations
- The funding process
- The politics and priorities of the area: what are the priorities of legislators, understand particular legislator and how to sell ideas to them
- Your organization's overhead rate – can it be negotiated?
- What corporations are local, what they want to fund, how to approach them
- Who writes grants within your organization

Have these in place...

- A strategic plan
- Collaboration with everyone involved in the project
- An agreed-upon set of needs and priorities
- A community watchdog to promote your project

Other Good Ideas

- Demonstrate other support/commitment for your program
- Develop a good relationship with your organization's development office
- Develop relationships with project officers, update them on your program, contact them when you are not requesting funds
- Do your homework about prospective funders
- Don't chase funding
- Funders can help connect you to other funders
- Look to see if you know someone on the funder's board of trustees
- Request a funder's annual reports, funding guidelines and listing of recent awards
- Scan books on foundations
- Start by sending a short letter of inquiry, not a full proposal