

Community-Campus Partnerships for Health

Celebrating

a Decade of Impact



“The String that Binds Us”

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CCPH
Celebrating

A MESSAGE FROM THE CCPH BOARD OF DIRECTORS

April 2007

As we gather together for our first conference in Canada, poised to celebrate the accomplishments of Community-Campus Partnerships for Health (CCPH) during its 10th anniversary, we invite you to take a moment to consider some of the inner-workings of the organization that got us to this milestone.

Our mission is to promote health (broadly defined) through partnerships between communities and higher educational institutions. We advocate for collaborative solutions that bring communities and institutions together as authentic partners and build upon the assets, strengths, and capacities of each. Our growing membership — over 1,400 communities and campuses from across the U.S. and Canada, and increasingly the world, who are working to improve the health of communities through service-learning, community-based participatory research (CBPR), broad-based coalitions, and other partnership strategies — are realizing these values every day in the work that they do. The CCPH Board of Directors is reflective of our relationship-oriented partnerships and of our diverse constituencies.

CCPH has demonstrated that it is an evolving organization that builds on its strengths in forward-thinking and innovative ways — from a focus on training and technical assistance to a focus on capacity-building and institutional change, from a focus on service-learning to 'the engaged campus' that fully embraces service-learning, CBPR, community and economic development and civic responsibility. We leverage a relatively small budget and staff through strategic partnerships with organizations and agencies to achieve remarkable results.

At the heart of CCPH are partnerships. In their truest form, these partnerships require time and commitment and have the power to transform the individuals and institutions that are part of them. Despite being formed with the best of intentions, however, authentic partnerships are very difficult to achieve. As CCPH enters its second decade, we pursue these strategic goals:

- Combining the knowledge and wisdom in communities and in academic institutions to solve major health, social and economic challenges,
- Building the capacity of communities and higher educational institutions to engage each other in authentic partnerships,
- Supporting communities in their relationships and work with academic partners,
- Recognizing and rewarding faculty for community engagement and community-engaged scholarship,
- Developing partnerships that balance power and share resources equitably among partners, and
- Ensuring that community-driven social change is central to service-learning and CBPR to promote health in communities.

You may be wondering about the string on the cover and along the timeline presented in this report. At the end of the CCPH board's inaugural meeting in January 1997, board chair Cheryl Maurana led an exercise in which each board member and staff reflected on their hopes and dreams for CCPH as they unraveled a ball of string and passed it to the next person. By the end of the exercise, the group was tied together by the string they held collectively in their hands. Upon her return home, she turned the string into a visual display called "The String that Binds Us" that has been passed from outgoing board chair to incoming board chair ever since in a tradition that continues to generate reflective thoughts and impressions about CCPH and its progress. As a representation of the many milestones achieved by CCPH during the past decade, we thought it fitting to incorporate the string into this report.

Please help CCPH continue to play a crucial role in growing a network of community-campus partnerships that are striving to live up to the ideals of the CCPH principles of partnership. You can do this by sharing with us your hopes and dreams as we move forward, by making sure your organization and partners know about CCPH, by becoming a CCPH member if you have not yet joined, and by making a financial contribution to support the work ahead.

We salute the vision, efforts, and evolution of CCPH, the organization. We applaud the outstanding performance of founding Executive Director Sarena Seifer and the loyal staff who have worked tirelessly over the years to advance the mission of CCPH. And we commend our members and partners for their unwavering support. We proudly say "Congratulations to CCPH on the first ten years and here's to many more!"

Ella Greene-Moton, CCPH Board Chair

On behalf of the CCPH Board of Directors

a Decade of Impact

CCPH MILESTONES: “The String that Binds Us”

CCPH Members: The Heart and Soul of CCPH

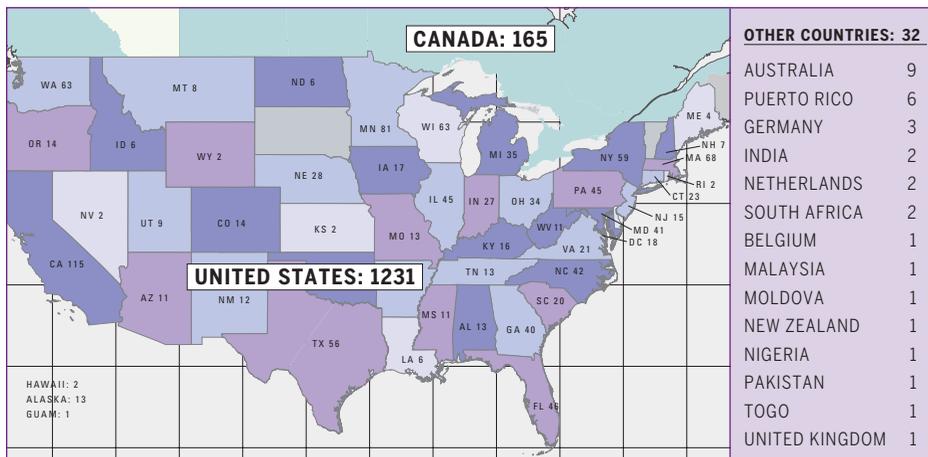
“We are a group that makes things happen.”

Cheryl Maurana, Founding CCPH Board Chair and Senior Associate Dean for Public and Community Health at the Medical College of Wisconsin, Milwaukee, WI

Community-Campus Partnerships for Health (CCPH) celebrates a decade of impact in partnership with its 1,450 members. Who are these members that have helped lead CCPH over the past decade? Why do they continue to stay involved year after year?

CCPH members are a diverse group of individuals and organizations affiliated with colleges and universities, community-based organizations (CBOs), health care delivery systems, student service organizations, foundations and government. What ties them together is their commitment to social justice and a passion for the power of partnerships to transform communities and academe. CCPH members are working to improve the health of communities through service-learning, community-based participatory research (CBPR), broad based coalitions and other community-academic partnership strategies both at home and abroad.

CCPH Membership (as of March 2007)



Lewis Lefkowitz, Emeritus Professor of Preventive Medicine at Vanderbilt University in Nashville, TN and a founding member of CCPH, reflects on what CCPH offers its members: “CCPH provides an overall educational experience...I go to the national conference because I need to recharge and hear what other people are doing. CCPH’s main influence has been its active presence.” CCPH member Lucinda Maine, Executive Director of the American Association of Colleges of Pharmacy, shares some of this thinking and adds, “I am amazed by what is in my email! CCPH is incredible at managing the information that is truly relevant to its members. The organization has a real command on what

1993

- Medical student Randy Zuckerman proposes development of a national service-learning program called the Health Professions Schools in Service to the Nation (HPSISN) program.

1994-1995

- The HPSISN program is launched with \$3 million in grant funding from The Pew Charitable Trusts and the Corporation for National Service (CNS), and support from the National Fund for Medical Education and the

Health Resources and Services Administration (HRSA). The program is based at the University of California-San Francisco (UCSF) Center for the Health Professions.

1996

- HPSISN grantees gather for their first annual meeting in San Francisco, CA.

is going on in the field, which can be seen in its publications. There is sincerity that comes across from CCPH that reinforces how important these issues are." According to CCPH member Alex Allen, Vice President of Planning & Research for Isles, Inc, a community-based organization in Trenton, NJ, "CCPH has become an icon for service-learning and CBPR. The networking opportunities and system of sharing information are priceless."

Regardless of whom you speak with about CCPH, it is clear that CCPH influences their thinking and, more importantly, their actions. "I used to have a narrow definition of community," relays David Dyjack, Dean of Loma Linda University School of Public Health in Loma Linda, CA, "but as a result of being involved in CCPH, my definition of community is inclusive, and not exclusive." For other members, CCPH is a lifeline that connects them to a much-needed support network. In recalling his transition from seventeen years as director of a community health center to running a community-academic partnership involving multiple academic and community partners, 2004-2005 CCPH board chair Elmer Freeman noted that: "I needed a support network or I wouldn't have survived in this job [Executive Director of the Center for Community Health Education Research and Service in Boston]. This job was too rigorous and challenging. Having community health centers engaged in educating medical and nursing students...getting universities to value community engagement...building community-academic partnerships. CCPH was a lifesaver literally and figuratively."



How is CCPH able to attract and retain such a committed network? In this age of technology, CCPH depends upon regular contact with members between in-person events through electronic discussion groups and teleconferences. These have proven especially helpful to CCPH members from beyond North America, who are less likely to be able to participate in CCPH in person. "I sent an email out to the CCPH listserv asking for help on a new public health service-learning internship we're setting up, and I have had so many helpful suggestions and information sent to me in response I can't quite believe it! I really appreciate it and have a clearer idea of how to proceed as a result," says CCPH member Kathy Hood, Coordinator

of Community Programmes and Liaison Faculty of Medical and Health Sciences, University of Auckland, New Zealand.

Word often "gets out" about CCPH when members recommend the organization to a friend or colleague. Cynthia Barnes-Boyd, Director of the Neighborhoods Initiative at the University of Illinois-Chicago and a current CCPH board member, was initially introduced to CCPH because of encouragement she received to apply for a board position. "CCPH lit a fire inside of me and allowed me to create change the fastest. The power and knowledge sharing among this crowd is powerful. I have been intrigued by how these two groups [community and campus] can come together to create an exchange, a commerce of ideas. I want to keep doing this because it is a place for my activism. It was the only place that focuses on the partnership...the principles of partnership have been a litmus test that this was a worthwhile organization."

In addition to the services and programs that CCPH provides, the organization has a strong focus on building "community" and connections that have powerful ripple effects. Notes Cheryl Maurana, CCPH Founding Board Chair and now Senior Associate Dean for Public and Community Health at

1996 (cont.)

- HPSISN convenes its first national conference, "Community Partnerships in Health Professions Education," in March at Northeastern University in Boston, MA.

- HPSISN program director Sarena Seifer announces the intention to form an organization to support and advance community partnerships in health professions education during the closing session of the conference.

- In August, the first public communication about CCPH is released, asking for feedback on a draft mission statement and suggestions of priority activities and future directions.

1997

- CCPH is officially launched at its first board meeting in Chicago, IL and based at the UCSF Center for the Health Professions with a satellite office at the University of Washington School of Public Health and Community Medicine (UW).

the Medical College of Wisconsin, “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.” Adds CCPH member Lisa Hadden, President and CEO of Healthy Community Partners in Saginaw, MI, “I have been a member of CCPH since its inception and believe it offers a much-needed alternative forum for highlighting the state of the art practices in service-learning and innovative partnerships between communities and universities. CCPH provides a voice for new and innovative approaches and makes them accessible to a large audience of practitioners.”

Year after year, CCPH members continue to report on the impact that CCPH has had on their ability to devise solutions for the challenges they are working hard to address. CCPH member Ruth Nemire, Director of Clinical Education in the College of Pharmacy at Nova Southeastern University in Plantation, FL, reports that: “CCPH has helped me improve my relationship with our partners. That is probably the most beneficial part of my membership. I plan on being a lifetime member of CCPH!” Notes CCPH member Deborah Katz of Community Catalyst, “The CCPH conference fosters a wonderful atmosphere of collaboration and creativity. It nurtures the members when they return to their home communities and face the myriad challenges in their partnerships.”

As a 2006 CCPH conference participant remarked in her evaluation, “CCPH is the place where university folks and community folks go to remind ourselves why we do what we do – to achieve social justice through working in partnership.”

Throughout this report, you can read more stories from CCPH members and the impact that CCPH has had over the past ten years.

The Beginning of a Historic Movement

As CCPH celebrates its 10th anniversary, we begin by reflecting upon and considering the landscape that influenced the emergence of the organization. As with other historic movements, there were key factors that motivated and shaped this new “home” for leaders committed to achieving health equity and transforming higher education. The inspiration for CCPH came together in a seemingly natural way when the forces of those willing to do the hard work and those who cared deeply enough to support it came together in March 1996 at the Health Professions Schools in Service to the Nation (HPSISN) program’s first national conference, “Community Partnerships in Health Professions Education,” on the campus of Northeastern University in Boston, MA.

At a time when the national debate in the U.S. was focused on reforming health care and containing the high cost of providing care in acute care settings, a number of public and private funding streams and national groups converged on changing health professions education as a strategy for improving the health workforce and bringing care to those who needed it the most. The Pew Health Professions Commission in particular, a national group of health care leaders charged with helping policy makers and educators produce health professionals to meet the changing needs of the American health care system, was instrumental in galvanizing support for the competencies



- CCPH board adopts mission statement, making a strategic decision to not focus solely on service-learning but rather embrace a broader vision of community-campus partnerships.

- CCPH is awarded a three-year \$1.2 million grant from CNS to develop mentoring relationships between HPSISN grantees and health professional schools that are new to service-learning.

- CCPH hosts its first conference, “Building Sustainable Futures Together,” in April in San Francisco, CA.

- CCPH sponsors its first Summer Service-Learning Institute on the campus of Stanford University in Palo Alto, CA.

needed by the health professions for practice. Perhaps not a surprise now — but quite extraordinary at the time — the Commission-recommended competencies included embracing an ethic of civic responsibility and service, incorporating population-based care, partnering with communities and advocating for public policy that promotes and protects the health of the public. The HPSISN program was established to take on the challenge of implementing these competencies by reforming how health professionals are trained.



Based at the University of California San Francisco (UCSF) Center for the Health Professions, the HPSISN program began in 1994 with \$3 million in grants from The Pew Charitable Trusts and the federal Corporation for National Service (CNS). With leadership from the Center's Director, Ed O'Neil, a leading scholar and advocate for improving health professions education, and Sarena Seifer, a post-doctoral fellow at the Center and HPSISN Program Director, this innovative initiative was well positioned for national impact. The program received 89 proposals in response to its national call, and in the end, awarded 20 three-year grants to health professions schools across the country to incorporate service-learning into their curricula. At the time,

service-learning — a form of community-based experiential education that combines student community service with explicit learning objectives, preparation and reflection — was emerging as a movement in higher education but not well articulated or understood within the health professions. The HPSISN grantees (listed on page 30) — a diverse group of public and private institutions in rural and urban settings with varying disciplines, skills, capacities and resources — demonstrated a deep commitment to work in partnership with community and campus leaders to engage students in service-learning.

It can easily be said that the HPSISN program was a premiere dress rehearsal for what would soon come to a national, and ultimately, international stage. With support from a respected philanthropy and a federal government supportive of civic engagement, the HPSISN grantees provided leadership, served as mentors to novice service-learning practitioners, and rigorously examined and evaluated their work. In a remarkably short period of time, the HPSISN grantees unwittingly fostered a new way of “doing business” with community and unleashed a wave of interest in what is now known as the community-campus partnership movement. Having pioneered a new path for future leaders in service-learning — and over time other forms of community-academic partnerships — these early advocates created an environment that was ripe for an organization like CCPH to be formed.

So it was, during the closing ceremony of this historic conference attended by 500 community, faculty and student leaders bearing name tags without degrees or titles, that Seifer announced the intention to form a national organization “to support and sustain partnerships between communities and health professions schools to improve health.” This organization, she predicted, “would serve to harness the passion, energy and leadership” for the next generation of leaders in community-campus partnerships. With one simple question — “who would like to be a founding member?” — it was clear that CCPH was off and running.

1997 (cont.)

- CCPH sponsors leadership institute for students, “Creating Student Leaders for Building Healthier Communities,” in October in San Francisco, CA.

- CCPH releases its first publication, *Community-Campus Partnerships for Health: A Guide for Developing Community Responsive Models in Health Professions Education*.

- CCPH marks its first year with 200 members.

1998

- The 2nd CCPH conference, “Principles and Best Practices for Healthier Communities” in April in Pittsburgh, PA, leads to a set of principles of community-campus partnerships that are formally adopted by the CCPH board in October.

The CCPH Board of Directors: Building a Strong Foundation

Citing Sir Walter Scott, the Scottish author and novelist, Maurana describes CCPH as an organization that has the “will to do, and the soul to dare.” This expression of risk taking increasingly became a badge of honor worn by the founding board members who understood “we were starting from scratch” and that “we had an ambitious mission” to carry out. In 1997, after a series of retreats, interviews and outreach to community and campus stakeholders, the founding board approved the mission of CCPH:

“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.”

In carrying out the organization’s mission, the board created an internal culture of activism, debate and “authenticity” among its members that reflected the growing and subtle shift taking place in the field of community-campus partnerships. The board’s activities — ranging from establishing membership policies to ensuring the organization’s fiscal viability in a competitive grant world — were all designed to shake ingrained notions and beliefs of “how things should be done.” For instance, the board immediately resonated with John Carver’s progressive policy governance model that calls upon boards to be strategic and focused on defining and achieving outcomes rather than relying on traditional practices that tend to blur board-staff roles and create boards that are micromanagers rather than leaders. The board recognized that adopting this model required hard work, a steep learning curve, and honest conversation that often revealed some members’ uneasiness with taking something on that was not familiar or easily defined. Ultimately, the board recognized the value of policy governance to pursuing the larger mission at hand. Reflecting on her role as 2006-2007 board chair, Ella Greene-Moton, Community-Academic Consultant and Program Coordinator at the University of Michigan School of Public Health in Ann Arbor, observed that “one of the most enjoyable memories working with CCPH involved the board’s decision to fully engage the Carver model. Studying, understanding, and implementing this model has created a heightened level of connectedness for me.”

The board culture redefined the notion of “a working board.” Having articulated a meaningful mission and made a commitment to policy governance, CCPH board members would need to “walk the talk” and be engaged in achieving the organization’s mission. Early on in the development of CCPH, the board worked closely with consultant Marc Smiley and graduate student Catherine Brozowski to decide which organizational model would allow CCPH to effectively carry out its mission. In the end, the board decided on a membership-based collaborative interdisciplinary model that focused on the partnership as a leverage point for change rather than a model that might be dominated by one partner type, discipline or sector of higher education with its own agenda. The board felt strongly that CCPH would become an inclusive “home” to leaders representing both



- CCPH launches Partners in Caring and Community: Service-Learning in Nursing Education with a \$250,000, three-year grant from the Helene Fuld Health Trust.

- The HPSISN program final evaluation report demonstrates the role of service-learning in improving community health and preparing community-responsive health professionals.

- CCPH supports National Study of Academic Health Centers and their Surrounding Communities.

1999

- The 3rd CCPH conference, “Leadership for Healthier Campuses and Communities,” in April in Seattle, WA focuses on the knowledge, skills and attitudes needed to lead successful partnerships.

communities and health professions schools, and the various sectors and disciplines within them. CCPH, the board declared, would voice and respond to the concerns and issues impacting those involved in community-campus partnerships, whether through conducting original research, influencing policy makers and funders, or disseminating exemplary models. CCPH would be a place that not only valued, but relied upon the strengths and assets that each stakeholder brings to a partnership. The board, for example, recognized the critical need to change the power dynamic and nature of the relationship between community and campus. Maurana recalled, the charge for CCPH was to “change the notion from ‘doing to’ communities to ‘doing with’ communities.” It is no surprise then that “community” had its stake in the first half of the organization’s name and mission so that its relevance was not taken for granted or overlooked. In order for partnerships to thrive and community health to improve, the board reasoned, “community” and its central role could not be a “fad” but a constant and regular presence. Addressing and eliminating health disparities and creating community-engaged health professionals, for example, could not happen without the active and meaningful involvement of community. The board agreed that:



“Defining ‘community’ in a community-campus partnership is more about the process of asking questions than about a strict definition of who ‘is’ community or ‘represents’ community: ‘Are those most affected by the problem at the table? Are community members at the table? Are those who have a stake in the issue being addressed at the table? Do they play decision making roles?’ Since the purpose of the partnership drives the definition, therefore each effort must ask for the definition of community.”

The choice of the word “campus” in the organization’s name also held special significance. As Lynn Barnett, founding board member and Vice President of Academic, Student and Community Development at the American Association of Community Colleges said at the time, “Using the term community-campus partnerships is more inclusive than community-academic or community-university partnership. Community colleges train the majority of the health workforce and yet we do not describe ourselves as health professional schools and we are not universities. Further, academic pursuits are not the sole domain of higher educational institutions but also take place in community settings.”

Through the process of establishing its philosophy and values, crafting an important mission, and defining key terms, the board fostered a genuine sense of camaraderie and support among its members that remains strong today. “I always feel that I take away more than I give,” says 2006-2009 board member Richard Redman, Director of Doctoral and Postdoctoral Programs at the University of Michigan School of Nursing in Ann Arbor, MI. “It’s been stimulating and educational for me. That’s probably because of the type of people that make up the board — bright, involved, confident. They bring their own perspective. They’re such a stimulating group in that sense.” This sense of connection and respect among board members is perhaps best reflected in what the board refers to as “The String that Binds Us” — a long piece of string that serves as a symbolic reminder of the board’s diversity in backgrounds, experience and perspectives and conveys a feeling that “we’re in this together” in carrying out the important work of CCPH. At the end of the board’s first meeting in January 1997, Maurana led an exercise in which each board member and staff reflected

1999 (cont.)

- CCPH membership grows to 300 members.

2000

- CCPH board articulates a vision for the future and adopts 5-year strategic plan.
- The 4th CCPH conference, “From Community-Campus Partnerships to Capitol Hill” in May in Washington, DC, addresses policies that support and hinder community-campus partnerships and develops members’ advocacy skills.
- CCPH launches *Partnership Perspectives* magazine and online *Partnership Matters* newsletter.

on their hopes and dreams for CCPH as they unraveled a ball of string and passed it to the next person. By the end of the exercise, the group was tied together by the string they held collectively in their hands. Upon her return home, Maurana turned the string into a visual display that has been passed from outgoing board chair to incoming board chair ever since in a tradition that continues to generate reflective thoughts and impressions about CCPH and the progress it is making.

Clearly, this strong foundation established by the board enabled CCPH to take on significant goals outlined in the organization's well crafted strategic plan...and to capitalize on a number of unforeseen yet exciting opportunities.

CCPH Milestones: “The String that Binds Us”

In many ways, “The String that Binds Us” is a representation of the milestones achieved by CCPH during the past decade. From the beginning, CCPH has served as a significant catalyst to challenge how health professions schools and communities engage with one another to address some of society's most pressing health concerns. Whether prompting faculty to expand their teaching and research in new and unfamiliar community settings or encouraging community leaders to navigate the unfamiliar road of campus culture, CCPH has provided a “voice” of clarity and assurance that the “coming together” of both community and campus was not only important and possible, but essential to achieving social change.

Service-Learning: Pioneering a New Frontier

The early milestones of CCPH centered on service-learning and demonstrating the value it could bring to participating community partners, students, faculty and institutions. With the introduction of this up and coming educational approach in the health professions came responses of certainty from some faculty convinced they were “doing service-learning” to skepticism that “we could never do service-learning here.” Leadership from the HPSISN grantees and soon after, participants in other CCPH-sponsored service-learning programs, helped develop models that others could learn from. The challenge in service-learning, Seifer frequently asserts, is striking a balance between the service and the learning taking place. “When there is an emphasis on the service, the experience can convey a sense of charity. The power is clearly in the hands of the person engaged in the service. Similarly, when there is an emphasis on the learning, we question the involvement and scope of engagement with community. Our goal with the HPSISN grantees, and others following in their footsteps, was to focus on reciprocity between partners and a balance of power while addressing community issues and achieving student learning outcomes at the same time.”

CCPH helped to build the body of evidence supporting service-learning in the health professions through research conducted by HPSISN program evaluators Sherril Gelmon, Professor of Public Health at Portland State University and Barbara Holland, now Director of the National Service-Learning Clearinghouse. Among the impressive outcomes resulting from the HPSISN experience



- CCPH strategically advances service-learning in specific health disciplines and at regional levels with a 3-year, \$1.2 million grant from CNS.

- Council on Linkages Between Academia and Public Health Practice invites CCPH to become a permanent member of the Council.

- CCPH membership grows to 500 members, with growing international membership.

2001

- CCPH begins offering advanced service-learning institutes in January.



included a shift in faculty roles from traditional classroom-based and hospital-based teaching to faculty serving as “facilitator of knowledge” in community settings. Faculty in the HPSISN program found new and invigorating avenues for community-engaged scholarship. For some, opportunities for community-based research emerged with their community partners. While faculty gained a new appreciation for the meaning of “teaching” in the community, students experienced a similar shift in their education that allowed a more active and experiential role in their learning, rather than one that was passive or superficial. Students, with their energy and enthusiasm, were eager to learn from their community partners and prepare themselves for the realities of practice. If faculty and students were transformed by service-learning, community leaders were equally impressed by its promise. Community leaders were often motivated by a desire to influence and educate the future health care workforce to ensure they were skilled to address important community issues. They also valued the opportunity to be recognized as teachers, from facilitating reflection seminars in the classroom to guiding student learning in the community.

HPSISN grantee institutions were also transformed by their involvement in service-learning. A number revamped their academic missions to include service and community partnerships as legitimate expressions of the school’s purpose. In addition to the modest funding support provided to the HPSISN grantees, the grantee institutions were required to commit matching funds. Without this explicit institutional support and recognition of service-learning as a rigorous form of teaching, the grantees noted that cultivating acceptance of service-learning and the infrastructure required to implement it would have been limited at best.

The HPSISN program also demonstrated the role of service-learning in deepening community-campus relationships. Of his involvement in the program as a community partner, founding CCPH board member Paul Freyder of the Salvation Army in Pittsburgh noted, “I had more negative than positive experiences working with the medical branch of the university, mostly in the area of their requesting access to our clients for their needs...We do not always see things from the same frame of reference...” As Paul’s academic partner, Tom O’Toole, then Director of the Program for Health Care to Underserved Populations (PHCUP) at the University of Pittsburgh School of Medicine, recalled, “I was referred to the Salvation Army by the Director of the Pittsburgh Health Care for the Homeless Project, who told me they were interested in getting some screening physicals for their clients. I was interested in developing a clinical rotation in health care to homeless persons for medical residents at the University of Pittsburgh and was exploring potential sites for a clinic. I expected full latitude in clinical decision-making and the ability to teach groups of students and residents at the clinic. In exchange, we would provide free primary health care within our capacity and give health education talks on topics pertinent to this population. In my first meeting with Paul, it was clear we were not necessarily on the same page on every issue...” With support from the HPSISN program and continuing long after the grant ended, the partnership has grown and evolved in multiple ways. They both observe, “Fundamental to this process has been the time spent working together and earning the respective trust of each other. It has also been dependent upon a closer merging of our mutual interests. The success of the Salvation Army and the PHCUP are intertwined and not mutually exclusive anymore. As a result, we are seen and viewed externally more as a seamless unit providing comprehensive services to a homeless population rather than two organizations sharing the same physical space.”

2001 (cont.)

- The 5th CCPH conference, “HEALTH For All in 2010: Confirming Our Commitment, Taking Action,” is held in May in San Antonio, TX.

- The National Service-Learning Clearinghouse selects CCPH to serve as its Senior Program Advisor for Higher Education.

- CCPH Consultancy Network is established to provide customized training and technical assistance.

2002

- CCPH board fully embraces the policy governance model that emphasizes the board’s strategic role in defining CCPH outcomes and assessing progress toward those outcomes.

Building the appropriate infrastructure with support from leaders within academic institutions and communities, establishing meaningful partnerships, and motivating student engagement in service-learning all underscored the importance of fostering real sustainability over time. The HPSISN grantees, and many other service-learning practitioners in the health professions at the time, struggled not only with adopting a relatively new educational approach and fostering “buy-in,” but also with identifying ways to sustain the activities over time.

Having identified sustainability as a real challenge, the conference that officially launched CCPH in April 1997 in San Francisco was entitled “Community-Campus Partnerships For Health: Building Sustainable Futures Together.” Keynote speaker 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, stating: “A community understands whether the university is adding value or just taking up space. We (the community) know if we are better for having met you.” Like Johnson, keynote speaker John McKnight, Co-Director of the Asset-Based Community Development Institute at Northwestern University, catalyzed new thinking on how communities are perceived and subsequently treated in efforts to address their concerns. When McKnight introduced the concept of “asset-based community development” with its focus on building social capital, he redefined the notion of a healthier community, stating: “healthier communities can only be built by identifying the gifts, capacities and assets of communities, rather than deficiencies and problems... 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.” McKnight led conference participants through an exercise that allowed them to articulate the many ways that colleges and universities could serve as community assets — including everything from students as service-learners to faculty as expert consultants to campus buildings being used for community meetings to leftover food from campus events being donated to homeless shelters.



Recognizing a potential turning point for CCPH, and the field of service-learning, CCPH reviewed its definition of service-learning to ensure an emphasis on the strengths and assets of stakeholders in a partnership, rather than a sole focus on their “needs.” The constant examination of its priorities, language, and response to challenges for its constituency became a centerpiece of CCPH and how it operated in the world of community-campus partnerships.

Having successfully led the HPSISN program, CCPH gained interest and support from a wide audience seeking to replicate the program’s successes. In an effort to expand service-learning among a broader base and build its organizational capacity, CCPH received a three-year, \$1.2 million grant from CNS in 1997 to enable HPSISN grantees to serve as mentors to new service-learning partnerships. The grant helped to support the first of what continues annually as one of CCPH’s most popular programs: its summer service-learning institute. A unique and effective aspect of the institute’s approach has been a mentoring model in which participants work in small groups and as individuals with mentors to further shape their own action plans for developing and sustaining service-learning courses and programs. A peer-reviewed paper in the journal *Academic Medicine* documented the institute’s proven success in fostering curricular change.

• The 6th CCPH conference, “The Partnership as the Leverage Point for Change,” is held in May in Miami, FL.

• The CCPH Annual Award is established to honor exemplary community-campus partnerships that others can aspire to.

• Fifteen CCPH Fellows from community-based and academic settings are selected to complete projects of national significance.

• CCPH and key partners are funded by the Centers for Disease Control and Prevention (CDC) to better understand the factors that contribute to and inhibit community-based participatory research (CBPR) partnerships.

At this time, CCPH also began pursuing discipline-specific service-learning initiatives, the first of which, the Partners in Caring and Community (PCC) program, was focused in nursing with support from a \$250,000 three-year Helene Fuld Health Trust grant. Following a rigorous review of proposals from undergraduate and graduate level nursing programs, CCPH selected ten to participate. Providing CCPH with an opportunity for in-depth examination of service-learning in a specific discipline, the PCC program supported teams of nursing students, faculty and community partners who came together in the Cascade Mountains of Washington State to develop service-learning curriculum that would be implemented upon returning home. Throughout the program, participating teams shared their experiences and lessons learned. Team members, Lauren Clark, Tara Edick and Jeannie Zuk representing the partnership between the La Clinica Tepeyac and the University of Colorado Health Sciences Center School of Nursing, reported that: “As more students became enthused, we included them in more activities of our partnership. They started making presentations at various meetings and acting as representatives of the service-learning process. We also included our agency partners with positive results. The more sources of energy you can tap, the more you can communicate your positive vision of the future of collaboration in service-learning.”

Similar results were experienced by the team representing the partnership between the Hope House and the University of Missouri-Columbia Sinclair School of Nursing who shared: “Our lessons include the need to set realistic expectations, build gradually the project and relationship, and develop respect for each other’s strengths, weaknesses, and organizational structure. A successful partnership for service-learning requires strong community partners, enthusiastic students, and the ability to revise as the project progresses.”

On many levels, service-learning activities like those described above demonstrate what can happen when the intellectual, social and human resources of all participants are leveraged for public purposes. While these initial experiences offered a promising outlook for others in the field, there were challenges that in some cases, remain steady points of tension experienced by community-campus partnerships today. CCPH identified these early challenges and responded by developing a diverse menu of programs and services to address them, including conferences and training institutes, practical publications and electronic discussion groups.

The CCPH Principles of Partnership: A Framework for Authentic Partnerships

One of the early lessons learned from the growing network of CCPH members, grantees and program participants was the urgent need for guiding principles to help health professions schools and communities develop partnerships that would form an essential foundation of their work together. Partnership leaders wanted to “get things right” and avoid the sort of historical calamities — exemplified by the US Public Health Service Syphilis Study at Tuskegee — that exploited vulnerable communities in the name of “generating new knowledge to improve public health.” The establishment of a set of guiding principles was designed to serve as a cornerstone for sustained engagement between communities and health professions schools. By 1998, the CCPH board and membership had developed a draft set of principles for discussion at that year’s conference in Pittsburgh, “Principles and Best Practices for Healthier Communities,” and subsequently adopted as the CCPH Principles of Good Community-Campus Partnerships.

2002 (cont.)

- CCPH collaborates with the WK Kellogg Foundation Community Voices Program to build community capacity for service-learning.
- CCPH and the California State University Chancellor’s Office collaborate on state-wide AmeriCorps program, Service-Learning for Family Health.

2003

- HRSA Bureau of HIV/AIDS contracts with CCPH to provide training and technical assistance to the Community-Based Dental Partnership program grantees.
- CCPH board articulates the outcomes that CCPH is trying to achieve: Community-campus partnerships that improve health, reduce health disparities and diversify the health workforce.

As they developed the principles, CCPH members recognized the unique needs and interests of partnerships and felt that the principles could not be “prescriptive or adopted verbatim,” but instead would offer a “starting point” for discussion when forming or periodically reflecting on the progress of a partnership. Speaking on behalf of the board, 2005-2006 board chair Renee Bayer and Community-Academic Liaison at the University of Michigan School of Public Health noted, “CCPH believes the process of discussing the principles of a partnership is at least as important as the adoption of principles themselves. Since partnerships are at different stages of development, the principles provide guidance along the road towards authentic relationships. The authenticity of a partnership is likely best determined by the consensus of the members of the partnership itself. In their truest form, partnerships require time and commitment and have the power to transform the individuals and institutions that are part of them. Partnerships are an effective tool in ultimately improving health in our communities.” Bayer further states that: “Despite being formed with the best of intentions, however, authentic partnerships are very difficult to achieve.” Over the years since the CCPH principles were first established, partnerships in their varying forms in diverse settings were being developed and tested. Some reported slow but steady success while others seemed routinely challenged by fits and starts. Regardless of the state of the partnership, leaders within them applauded the principles of partnership as a tool for “relating to each other” and as a benchmark for assessing their progress.

As the community-campus partnership movement has evolved, it has required a continuous re-examination of the principles to ensure they are responsive and relevant to both community and campus stakeholders. In 2005, the board embarked on a series of discussions to consider possible changes to the CCPH principles. These discussions were informed by a Community Partner Summit in April 2006 at the Wingspread Conference Center in Racine, WI where 23 experienced community partners, including several CCPH board members, convened to elevate the voices of communities in advancing authentic community-higher education partnerships. Throughout the summit, community partners articulated “what’s working” and “what’s not working” in community-campus partnerships from their perspective, and developed a framework for authentic partnerships.

“We are not just talking about a process that involves partners. There needs to be a process of shared decision making,” noted summit participant Greene-Moton. Summit participant Gerry Roll of Hazard Perry County Community Ministries in Hazard, KY adds, “Nobody expects that investment in the stock market will yield an immediate return. Partnerships take time. We need to put more energy into the partnership itself and to better understand each other.”

After a year-long review of the principles, the revised version (see page 14) was adopted by the board in October 2006. Of the changes made, perhaps the one that resonated most with comments received from CCPH members over the years is that partnerships do not necessarily need to last forever — they can dissolve and when they do so, need to plan a process for closure.



• The CCPH 7th conference, “Taking Partnerships to a New Level: Achieving Outcomes, Sustaining Change,” is held in May in San Diego, CA.

• CCPH and the US Department of Housing and Urban Development Office of University Partnerships cosponsor national symposium, “Community-University Partnerships: Translating Evidence into Action.”

• The Center for Healthy Communities in Dayton, OH receives 2nd CCPH Annual Award.

• Annie E. Casey Foundation commissions CCPH to investigate how academic health centers and health professional schools can serve as economic anchors in their communities.

CCPH PRINCIPLES OF GOOD COMMUNITY-CAMPUS PARTNERSHIPS

- Partnerships form to serve a specific purpose and may take on new goals over time.
- Partners have agreed upon mission, values, goals, measurable outcomes and accountability for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, but also works to address needs and increase capacity of all partners.
- The partnership balances power among partners and enables resources among partners to be shared.
- Partners make clear and open communication an ongoing priority by striving to understand each other's needs and self-interests, and developing a common language.
- Principles and processes for the partnership are established with the input and agreement of all partners, especially for decision-making and conflict resolution.
- There is feedback among all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
- Partners share the benefits of the partnership's accomplishments.
- Partnerships can dissolve and need to plan a process for closure.

The CCPH principles have been recognized and applied nationally and internationally. CCPH member Juan Carlos Belliard, a faculty member at Loma Linda University School of Public Health in Loma Linda, CA, shared the principles with his school's global health faculty in Peru and observes, "the principles are a great framework for relating to each other." In addition to having a direct impact on partnerships in the field, the principles have also influenced policy and practice in journals and funding agencies. The new journal, *Progress in Community Health Partnerships: Research, Education and Action*, has incorporated the CCPH principles of partnership into their manuscript review form. In other words, manuscripts are reviewed for the extent to which they demonstrate adherence to the CCPH principles. Notes Seifer, "We knew that these principles were having a broader impact when the Centers for Disease Control and Prevention (CDC) cited them in a recent funding announcement for community-based participatory research."

2003 (con't.)

- CCPH convenes Commission on Community-Engaged Scholarship in the Health Professions with funding from WK Kellogg Foundation.

- CCPH publishes *Advancing the Healthy People 2010 Objectives Through Community-Based Education: A Curriculum Planning Guide*.

- Regional CCPH networks are established with funding from CNS.

- CCPH closes UCSF office and moves headquarters to UW.

Cultivating Leadership and Influencing Policy

With each major milestone experienced by CCPH in its first few years, a set of new opportunities emerged. Now that CCPH had increased its visibility through an expanding membership base and growing interest in service-learning and the principles of partnership, the organization recognized its important role in cultivating community and campus leaders to sustain the momentum and grow the community-campus partnership movement. As a result, CCPH's 3rd conference, held in Seattle, WA in April 1999, was entitled "Leadership for Healthier Campuses and Communities." The conference aimed high by challenging participants to examine such key questions as: "What can health professions education do to promote and integrate the principles of partnership into community-based education, research and service?," "What can community leaders do to engage colleges and universities to build healthier communities?" In typical CCPH fashion, participants were expected to do some homework prior to the conference. All 500 registrants were asked to complete a leadership self-assessment tool divided into sections that covered core leadership competencies ranging from understanding yourself as a leader, clarifying your values, creating and sustained a shared vision and mission, sharing power and control and empowering others, taking intelligent risks and translating ideas into action. During the conference, they met in small groups to discuss their responses, reflect on their leadership style and skills and develop a leadership action plan. It became clear that CCPH had revealed an important observation about those doing the work "on the ground" in community-campus partnerships: they often did not self-identify as leaders and yet were clearly serving in leadership roles and needed to be supported. Keynote speaker Jacqueline Reed, founding director of the Westside Health Authority, called on CCPH members to lead with their passion, asking, "Why did I start this organization? I started this organization out of my own frustration with trying to deliver services into the community. When you would get money to bring services into the community, somehow the services never really seemed to match with what people said was really needed." Her frustration resonated with others in her community who were trying to make a difference in the lives of those whose health had been impacted by fragmented and poorly funded services, and together they began to craft solutions.



Through this intensive dialogue and organizational commitment to championing new leaders, CCPH gained greater strength and focus. By 2000, CCPH kicked off a new century with yet another three-year, \$1.2 million CNS grant to strategically advance partnerships at regional levels. By leveraging the regional capacity of service-learning and other forms of community engagement, CCPH could strengthen the response to gaps in health access and involve community partners in more significant ways than through national-level conferences and programs. After a competitive "request for proposals" process, regional CCPH networks were established to facilitate community-campus partnerships across disciplines, institutions and communities in four defined geographic areas including Dallas-Forth Worth Metroplex, Metro DC, New England and Northeast Pennsylvania. When Suzanne Cashman, Co-Director of the New England Network and Associate Professor and Director of Community Health in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School, learned that her network would be among the four selected she knew that exciting opportunities lay ahead: "Having the opportunity to put the building blocks of a regional network into place brought several of our institutions together to plan and then either to host or participate as a team in other relevant regional meetings," she said. "In particular,

2004

• CCPH membership hits 1,000 mark.

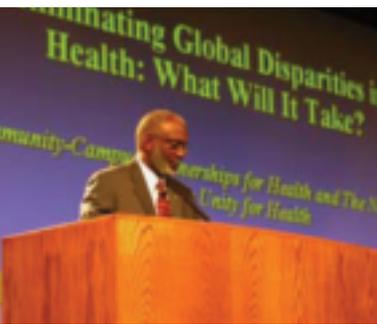
• The 8th CCPH conference, "Overcoming Health Disparities: Global Experiences from Partnerships Between Communities, Health Services and Health Professional Schools," is held in October in Atlanta, GA

in partnership with the Network: Towards Unity for Health and draws attendees from over 40 countries.

• CCPH and the Toronto-based Wellesley Institute establish a partnership to promote community-academic partnership approaches to health in Canada.

Cashman added, “it strengthened our links to our State Campus Compact. Through these efforts, we deepened our individual as well as our collective commitment to developing academic-community partnerships and shared ideas regarding ways to achieve our goals.”

CCPH also began to recognize its role in policy and advocacy efforts with the focus of its 4th conference, “From Community-Campus Partnerships to Capitol Hill,” held in May 2000 near Washington, DC. The conference examined policies that support and hinder community-campus partnerships, and focused on developing CCPH members’ advocacy skills. Nine papers were commissioned for discussion with support from CNS and the WK Kellogg Foundation. The papers and the conference outcomes not only informed CCPH’s policy and advocacy agenda, but also those of its members: more than 4,000 copies have been downloaded from the CCPH website, and comprise a theme issue of the journal *Education for Health*.



Connecting Community-Campus Partnerships to Health Equity

The announcement in January 2000 by Surgeon General David Satcher that the nation’s health agenda was dedicated to the elimination of health disparities marked a key transition point for CCPH. Satcher specifically called upon health professional schools to be key partners in achieving the Healthy People 2010 goals and objectives. CCPH was well poised to respond to this charge through the HEALTH for All in 2010 Initiative it launched with a second three-year grant from CNS. HEALTH for All sought to mobilize partnerships to address underlying determinants of health such as literacy and socioeconomic status. Eager to introduce the nation’s health agenda as a focal point for action, “HEALTH For All in 2010: Confirming Our Commitment, Taking Action” became the theme of CCPH’s 5th conference in May 2001 in San Antonio, TX.

Facilitated discussions with conference participants led to two resources that have helped to link community-based teaching and research to Healthy People 2010 goals: *A Toolkit for Health Professional Faculty, Students and Community Leaders Committed to Achieving the Nation’s Health Objectives through Community-Campus Partnerships* and the *Healthy People 2010 Curriculum Planning Guide*, supported by grants from CNS and Pfizer Public Health. Kara Connors, CCPH associate director at the time and editor of the curriculum planning guide, recalls that: “Leaders in the federal Office of Health Promotion and Disease Prevention were thrilled that CCPH could play such a prominent role in shaping ways that communities and campuses could work together to advance the Healthy People objectives. It was the first time that explicit calls to action were made to our constituency in this area. We wanted to be sure that we could arm them with the most effective tools and strategies to carry out their work.” Adds Denise Koo, Director of the Division of Applied Public Health Training at the CDC, “I am very impressed with the curriculum planning guide. I found it succinct and to the point.”

Five years into its development, having fine tuned the importance of cultivating leaders and linking their partnership work to health equity, CCPH launched the CCPH Annual Award. The award recognizes exemplary community-campus partnerships that build on each other’s strengths to improve higher education, civic engagement, and the overall health of communities. Since the first awards were announced in 2002 to Morehouse School of Medicine-Southeast Atlanta Partnership

2004 (con’t.)

- The Coalition to Care: The Galveston County Community Health Access Program receives 3rd CCPH Annual Award.
- US Department of Education’s Fund for the Improvement of Postsecondary Education awards CCPH with a 3 year \$600,000 grant for the Community-Engaged Scholarship for Health Collaborative.
- CCPH is invited to serve on The Healthy People 2010 Curriculum Task Force.
- CCPH members co-author policy in support of CBPR that is adopted by the American Public Health Association (APHA).

in Georgia and the Partnership for Migrant and Seasonal Farm Worker Health in Idaho, CCPH has recognized 13 partnerships that others can aspire to. Over the years, as partnerships have matured and evolved, the award has increasingly recognized those that can demonstrate significant community and institutional outcomes. Increased testing for diabetes, decreased emergency room visits and decreased amputations in African-American men by 50 percent are among the significant outcomes achieved by REACH 2010: Charleston and Georgetown Diabetes Coalition in South Carolina and recipient of the 2006 CCPH Annual Award. At the same time, over 200 students from the Medical University of South Carolina as well as interns from other universities and local high schools engage in service-learning to assist the communities in meeting their goals. At the time of the award, four students had completed their doctoral dissertations, learning about CBPR while advancing the Coalition's goals.

In the same spirit of recognizing exemplary partnerships, CCPH launched the CCPH Fellows Program to recognize and support the efforts of individual leaders to advance the field nationally. Funded by the Helene Fuld Health Trust, HSBC Trustee, and CNS, 15 CCPH Fellows from community-based organizations and health professional schools have made lasting contributions through such products as Cassandra Ritas' *Guide to Policy and Advocacy for Community-Based Participatory Research Practitioners* and Zoe Freeman's *A Meeting of Minds Handbook* specifically written for community organizations that are new to service-learning.

CCPH as the “Go To” Organization for Service-Learning and Community-Based Participatory Research

“CCPH has become an icon for service-learning and community-based participatory research. The networking opportunities and system of sharing knowledge and information are priceless.”

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

By fostering national recognition and support for model partnerships, CCPH has consistently captured the attention and respect of funding agencies and professional associations who grew to rely on its ability to track trends in service-learning and CBPR. In 2001, the National Service-Learning Clearinghouse selected CCPH to serve as a senior program advisor, viewing its leadership for service-learning in the health professions as relevant and applicable across higher education. Acknowledging its role in understanding and supporting CBPR, the National Institutes of Health (NIH) commissioned CCPH in 2002 to prepare a briefing paper on the infrastructure required in community-based organizations and in academic institutions to support CBPR. The CDC awarded CCPH a competitive four-year grant to facilitate the Examining Community-Institutional Partnerships for Prevention Research project. The project, which systematically identified factors that contribute to and impede successful CBPR partnerships and produced an online CBPR curriculum, involved a collaboration of the Kellogg Community Health Scholars Program, the Community-Based Public Health Caucus of the American Public Health Association (APHA), CDC-funded Prevention Research Centers and their National Community Committee, CDC-funded Urban Research Centers and the Wellesley Institute in Canada.

• CCPH and the Wellesley Institute launch CBPR listserv.

• The Northwest Health Foundation commissions CCPH to prepare *Directory of Funding Sources for Community-Based Participatory Research*.

• CCPH and the National Health Care for the Homeless Council collaborate to encourage partnerships between Health Care for the Homeless programs and health professional schools.

• The Healthier Wisconsin Partnership Program contracts with CCPH to manage its community-academic partnership grants peer review process.



As CCPH proved its ability to deliver high quality training and technical assistance that could document real outcomes, its reputation grew and organizations seeking support came calling. The Bureau of HIV/AIDS in the Health Resources and Services Administration (HRSA) was the first to establish a long-term relationship with CCPH to help strengthen the service-learning component of its Community-Based Dental Partnership program. Similarly, when the Robert Wood Johnson Foundation embraced CBPR as a central focus of its prestigious Clinical Scholars Program, the program turned to CCPH to help build their training sites' capacity for CBPR. Responding to increasing requests for customized training and technical assistance from campuses and communities seeking to develop authentic partner-

ships, CCPH formed the CCPH Mentor Network (subsequently re-named the CCPH Consultancy Network). Over the years, this multidisciplinary network of "real-life" practitioners has given dozens of presentations, led workshops and provided consultation in service-learning, CBPR and other areas. CCPH member Maralynn Mitcham, Professor and Director of the Occupational Therapy Educational Program in the Medical University of South Carolina College of Health Professions, incorporated the CCPH Consultancy Network as a partner in a federal grant program that supported community partnerships involving faculty and students. She notes, "I hope you will accept heartfelt thanks from me for a wonderful celebration of three years of hard work. It's amazing to me to grasp the distance we have travelled together. The 3rd annual colloquium was a hit because you all played a part in making it one. Distributed leadership and a climate of collaboration have become the lived experience for us." That Maralynn went on to become a CCPH consultant to other colleges of allied health is indicative of another trend within CCPH: recognizing and tapping into the strengths and assets of its members.

CBPR has been becoming increasingly central to CCPH's work and identity. For example, 56 teams applied for the 12 available slots for the August 2005 CBPR institute and registrations exceeded capacity for the CBPR continuing education institutes coordinated by CCPH at the 2005 and 2006 APHA conferences. One CBPR trainee indicated, "I wanted to let you know what a great learning opportunity this was for me and my community partner. The curriculum, mentors, and networking opportunities were fantastic and I feel very energized about my CBPR work! I'm hoping that CCPH will offer similar institutes so that I can continue to learn from others who've been down this path." Reflecting on a series of CBPR workshops cosponsored by CCPH and the Northwest Health Foundation in Oregon in Summer 2006, CCPH Program Director Kristine Wong observed, "The immediate and overwhelming response to the workshops, evidenced by filling to capacity in a matter of days, illustrated the interest and demand for CBPR trainings. Registrants were from as far away as Arkansas and California. Ultimately (and perhaps fittingly), before a community-institutional partnership can truly build upon the strengths of the community, the partners must first build a community among themselves."

CCPH clearly has a knack for forecasting and capitalizing on member interests, extending into new areas and building organizational relationships that lead to action.

2004 (con't.)

- CCPH home page is visited by more than 2,000 people each month.

2005

- CCPH board takes a fresh look at the principles of partnership it first adopted in 1998.
- The CDC and NIH recognize the CCPH principles of partnership and incorporate them into funding announcements.
- CCPH coordinates CDC-funded CBPR institute for partnership teams.

Linking Scholarship and Communities: Advancing Community-Engaged Scholarship

“This will be one of the greatest contributions CCPH will make to the country — unleashing the potential will to influence the rank and tenure system at major universities.”

CCPH member David Dyjack, Dean, Loma Linda University School of Public Health, Loma Linda, CA

From its inception, CCPH has been a supportive “home” for community-engaged faculty members. Over the years, they have consistently expressed concerns about the disconnect between their passion for community-based work and the reality of how many of their peers and institutions praise their community involvement as service but largely overlook it as scholarship come promotion and tenure time. CCPH’s early footsteps into the debate over what “counts” as scholarship forged a natural path towards CCPH as a national leader and resource for change. Informed by the pioneering work of the late Ernest Boyer, who called upon higher education to embrace the application of knowledge and discoveries made in communities as scholarship, CCPH sought to shift the culture of academia while also supporting faculty caught in a system that would take time to change. It first responded by inviting Maurana and her colleagues at the Medical College of Wisconsin to author a paper on the topic for discussion at the 2000 CCPH conference. To gain first-hand knowledge about the issue, CCPH Fellow Diane Calleson, a faculty member at the University of North Carolina-Chapel Hill, interviewed community-engaged faculty members about their career paths and experiences, resulting in an online toolkit designed to assist faculty in preparing strong portfolios for promotion and tenure. The toolkit has proven itself to be a valuable resource. “I review all of the dossiers that are put forward for promotion and tenure from faculty across the academic health center,” says CCPH member Barbara Brandt, Assistant Vice President for Education at the University of Minnesota Academic Health Center in Minneapolis. “I am recommending that faculty review the CCPH toolkit as they plan their careers and develop their portfolios. I have found it to be an invaluable faculty development resource - not only for community-engaged faculty, but for all faculty.”

Armed with the ideas, recommendations and resources that emerged from the conference discussion and Calleson’s work, CCPH convened the Commission on Community-Engaged Scholarship in the Health Professions in 2003 to “take a leadership role in creating a more supportive culture and reward system for community-engaged faculty.” Supported by a grant from the WK Kellogg Foundation, the Commission’s report, *Linking Scholarship and Communities*, challenged the status quo and stimulated dialogue for change on dozens of campuses across the US. WK Kellogg Foundation Program Director Barbara Sabol remarked at the time, “Unfortunately, the predominant paradigm of faculty incentives in our nation’s health professional schools runs counter to the Foundation’s focus on engaged institutions. This work is designed to provide the leadership and practical tools that are needed to reward faculty for linking their scholarship to community needs and concerns.” Jen Kauper-Brown, CCPH Program Director at the time, adds, “Many faculty members in health professional schools across the country are passionate about their work in communities and are pursuing this work despite the culture and reward systems of their institutions. Many contacted CCPH when the Commission was



- WK Kellogg Foundation awards CCPH two-year \$200,000 grant for the Engaged Institutions Initiative.

- Communities & Physicians Together receives 4th CCPH Annual Award.

- Robert Wood Johnson Clinical Scholars Program funds CCPH to assist its four training sites in building their capacity for CBPR.

2006

- CCPH hosts 9th conference, “Walking the Talk: Achieving the Promise of Authentic Partnerships,” in May in Minneapolis, MN.

announced to share their stories and to express gratitude that someone is ‘taking this issue on.’ Until community-engaged scholarship is adequately recognized and rewarded in the promotion and tenure system, these faculty members will continue to be marginalized and isolated from the academic mainstream. Aligning this system with support for community-engaged scholarship is the central issue addressed by the Commission’s report.”



Not content to simply make recommendations for others to act on, CCPH seized on the Commission report as a blueprint for its own actions. With funding from the Fund for the Improvement of Postsecondary Education (FIPSE) in the U.S. Department of Education, CCPH formed the Community-Engaged Scholarship for Health Collaborative, a group of universities willing to take up the Commission’s charge. Collaborative members are pursuing a range of strategies to build their capacity for community-engaged scholarship, from initiating campus-wide conversations to establishing new institutional structures to sponsoring faculty development workshops to changing promotion and tenure policies. Collaborative team member Belliard believes that one major outcome will be “resolving the fragmentation in academia. This project has brought us all together to change the system.”

CCPH and the Collaborative are also influencing national professional associations to elevate their support for community-engaged scholarship. In the last year alone, CCPH has helped to change the accreditation standards for schools of pharmacy and medicine to include service-learning. Coming full circle, the new standard for medical schools cites the definition of service-learning first advanced by the HPSISN program. Despite these advances, the Collaborative-sponsored “Invitational Symposium on Community-Engaged Scholarship in Higher Education: Have We Reached a Tipping Point?” made clear that we still have a long way to go until community-engaged scholarship is viewed as being “on par” with more traditional forms of scholarship. CCPH is well positioned to provide continued leadership for change.

Community-Campus Partnerships as a Global Phenomenon

“I was actively seeking a membership organization that supports community development when I discovered CCPH. It is the only one I have found that provides global opportunities for networking and sharing of best practices!”

CCPH member Jennifer Churchill, Director, Community Development, York Region Health Services, Newmarket, Ontario, Canada

By 2004, CCPH experienced another major turning point as interest and demand for service-learning and CBPR grew both nationally and internationally. After attending each other’s conferences for years, CCPH and the Network: Towards Unity for Health joined forces to cosponsor an international conference in Atlanta, GA in October 2004 focused on an issue that spanned the globe: health disparities. The conference, “Overcoming Health Disparities: Global Experiences from Partnerships Between Communities, Health Services and Health Professional Schools,” drew over 500 people from 40 countries who participated in what marked CCPH’s first truly international conference.

2006 (con’t.)

- The REACH 2010: Charleston and Georgetown Diabetes Coalition receives the 5th CCPH Annual Award.
- CCPH convenes a Community Partner Summit in April at the Wingspread Conference Center in Racine, WI.
- CCPH board adopts revised set of principles of partnership.
- CCPH receives a \$1.5 million grant, 3-year CNS grant for the Health Disparities Service-Learning Collaborative.

Former CCPH Program Director Piper Krauel, who spearheaded the partnership between CCPH and the Network: Towards Unity for Health, recalls, “The synergy between our organizations truly culminated at the conference and clearly sparked new cross-border collaborations.” CCPH member Karen Minyard, Director of the Georgia Health Policy Center, for example, attributes the Center’s rural health partnership with the Ministry of Health of China to conversations begun during the conference.

That same year, CCPH and the Toronto-based Wellesley Institute established a partnership to promote community-academic partnership approaches to health in Canada and to foster collaboration, information-sharing and learning between community-academic partnerships in Canada and the United States. The first tangible outcome of the partnership, the Community-Based Participatory Research listserv, has grown to over 3,000 subscribers from over a dozen countries, attesting once again to the widespread interest in community-academic partnerships across the globe.

Elevating the Influence of Communities in Community-Campus Partnerships

“We need to shape ourselves as a counterbalance to existing forces. This is about community reasserting itself in these partnerships.”

Daniela Levine, Director, Human Services Coalition of Dade County, Miami, FL and Community Partner Summit Participant

CCPH’s commitment to community-initiated partnerships with colleges and universities and the potential of these partnerships for social change resonated with foundations and national organizations who shared these beliefs. Recognizing that achieving a level playing field between community and campus was dependent upon community “being at the table,” CCPH over the years has succeeded in obtaining support from the WK Kellogg Foundation, Otto Bremer Foundation, Northwest Health Foundation, St. Luke’s Episcopal Charities and others to enable community partners to fully participate in CCPH programs and to ensure those programs were community-relevant and responsive. CCPH also forged partnerships with the National Health Care for the Homeless Council and the National Association of Community Health Centers.



With grant support from the WK Kellogg Foundation, CCPH developed a relationship with the Community Voices program and their funded communities in 2002 to first assess and then strengthen their relationships with local colleges and universities. A Kellogg-published report from the project, *Community-Campus Partnerships for Health: Making a Positive Impact* is one of the first to articulate community perspectives on the benefits and challenges of working with academic partners. In their introduction to the report, Marguerite Johnson and Robert Long of the WK Kellogg Foundation observed, “When communities and educational institutions come together, they can unleash the potential to achieve a multitude of objectives. Stakeholders can leverage existing resources and expertise to spark powerful, creative solutions to new and longstanding problems.” Reflecting on the effort, Rachel Vaughn, Program Director at the time, observes that: “This initiative sharpened the field’s focus on the community. We learned that many communities are genuinely

• CCPH and the Northwest Health Foundation co-sponsor CBPR workshops in Oregon.

• CCPH and key partners release the online curriculum *Developing and Sustaining Community-Based Participatory Research Partnerships*.

• CCPH and the Wellesley Institute collaborate to host CBPR institute for partnership teams held in Barrie, Ontario, Canada.

• CCPH and the Education Network for Advancing Cancer Clinical Trials launch a conference series on “Communities as Partners in Cancer Clinical Trials.”

interested in service-learning and see the potential for community benefits. But at the same time, many felt that additional infrastructure support in the community is needed. The vast majority of resources for service-learning — whether institutional funds, grants, or training and technical assistance programs — go toward building infrastructure at the academic institutional level, not the community level. Community-based organizations and programs do not often receive explicit support for their academic roles. Such support must be cultivated and provided.”



Cultivating that support for community partners was a major impetus behind CCPH convening the April 2006 Community Partner Summit referred to earlier in this report. The purpose of the Summit was to advance authentic community-higher education partnerships by mobilizing a network of experienced community partners. Work groups that formed from the Summit are advancing significant capacity building for community partners in two areas: peer mentoring and policy change. The mentoring work group is developing mechanisms for community partners to mentor and support each other in their work with higher education partners. As an example, the New Hampshire Minority Health Coalition recently tapped work group

member Ann-Gel Palermo, Chair of the Harlem Community-Academic Partnership, to help them develop a research agenda and define the conditions under which they will and will not enter into research partnerships with academic institutions. The policy work group is working to ensure that community partners are involved in decision making about federal funding for community-higher education partnerships and able to access funding as principal investigators or co-principal investigators. Toward these ends, CCPH has testified before the NIH Council of Public Representatives that reports directly to the Director of the NIH. During her October 2006 presentation before the Council, Seifer urged NIH to embrace CBPR as a strategy both for engaging communities as partners in the research process and for increasing the quality and impact of research. She called on NIH to develop funding streams to build the capacity of CBOs to engage as equal partners in research with academic institutions, to form a standing study section to review CBPR proposals and to develop an aggressive and robust outreach program to ensure that CBOs have opportunities to access NIH funding and provide public input on NIH policy and strategic directions. Further, CCPH has made a tangible contribution by recruiting and preparing community partners to serve on funder peer review panels.

CCPH has recently established partnerships with two national organizations around their shared goal of improving health by engaging and supporting communities as partners in research. CCPH and the Education Network for Advancing Cancer Clinical Trials (ENACCT) are working together to incorporate CBPR approaches into cancer clinical trial education and research. Together, they are convening “Communities as Partners in Cancer Clinical Trials: Changing Research, Practice and Policy,” a three-part conference series designed to explore the potential of employing CBPR principles in therapeutic trial design, recruitment, retention and dissemination and to define an agenda for research, practice and policy. Supported by core funding from the Agency for Healthcare Research and Quality and the National Cancer Institute, the conference series will bring together invited researchers, practitioners, community leaders and patient advocates in two important yet

2006 (con't.)

- Five CCPH members advise the Director of NIH as members of the NIH Council of Public Representatives.
- CCPH is founding member of the Higher Education Network for Community Engagement.

2007

- CCPH celebrates 10th anniversary at the conference, “Mobilizing Partnerships for Social Change,” in April in Toronto, Ontario, Canada.
- CCPH hosts 10th summer service-learning institute at the Sleeping Lady Mountain Retreat in Leavenworth, WA.

disparate fields — cancer clinical trials and CBPR. Experts in these fields have much to contribute to the re-creation of clinical research practices, but have never before come together with this explicit purpose. The research, practice and policy priorities developed through this conference series have enormous potential to change the way in which cancer clinical research is conducted at the local level and how it is funded.

CCPH and the Tuskegee University National Center for Bioethics in Research and Health Care (the Bioethics Center) are collaborating to meaningfully involve communities in decisions made about every aspect of research, with a particular focus on engaging Historically Black Colleges and Universities and the communities they serve. The first outcome of the partnership is a jointly sponsored Educational Conference Call Series on Institutional Review Boards (IRBs) and Ethical Issues in Research. The series, underway as this report goes to print, once again demonstrates CCPH's responsiveness to member-identified issues and concerns. CCPH members have consistently expressed interest in learning more about human subjects protections, the IRB process, and the options for assuring that research in their communities is ethical and appropriate. They have indicated, for example, the difficulties involved in getting CBPR projects through the IRB review process. They have expressed concerns that IRBs, while offering individual protections for research participants, do not actually offer protection for the communities in which the research is taking place. Some have opted to further community protections by forming community advisory boards and independent community IRBs. The call series is intended to provide members with a comprehensive understanding of available options and tools, and will also inform the development of future initiatives undertaken by CCPH and the Bioethics Center.

CCPH's latest efforts, the Engaged Institutions Initiative funded by the WK Kellogg Foundation and the Health Disparities Service-Learning Collaborative funded by CNS, continue to emphasize the central role of communities. Both focus on eliminating racial and ethnic health disparities through partnerships between communities and schools and graduate programs of public health. Both involve teams of academic administrators, faculty, staff, students and community partners who have made a commitment to collective action. Although it is too soon to report on their impact, Freeman reports, "It's just been a phenomenal opportunity. I've been a CCPH consultant to several of the participating schools and programs of public health. The enthusiasm, innovation, and consideration of the full gamut of engagement has been impressive...we can actually get these institutions fully engaged and partnering with their communities."



- CCPH convenes "Invitational Symposium on Community-Engaged Scholarship in Higher Education: Have We Reached a Tipping Point?"

- CCPH and Tuskegee University National Center for Bioethics in Research and Health Care establish a partnership to promote community engagement in research.

- CCPH members successfully change accreditation standards for medical schools and colleges of pharmacy to include service-learning.

- CCPH supports 10-year follow-up study of the HPSISN program.

Taking CCPH to the Next Level: A Vision for the Future

“CCPH is about building democracy and changing the world. It’s about bringing about significant change.”

Susan Gust, Community Activist, Minneapolis, MN and Current CCPH Board Member

The culmination of the past ten years brings CCPH to a historic place that is cause for celebration.

From the conference in 1996 in Boston that planted the seed for CCPH to its 10th anniversary conference in 2007 in Toronto, CCPH and its members can be proud of the many milestones they have accomplished together. CCPH and its members have demonstrated the capacity to generate innovative ideas, connect these ideas with the priorities of foundations and other key decision makers, deliver high quality products and influence change. Over the years, CCPH and its members have gained the confidence, skill and credibility needed to convince power brokers in communities and academia about the rigor and relevance of community-campus partnerships. Since its inception, CCPH has reached well over 10,000 faculty, students and community partners through its programs and activities. Most importantly, CCPH has helped build a community-campus partnerships movement that is ultimately making a difference in communities.

It is fitting that as CCPH celebrates its anniversary, it has chosen to take a critical look at how the knowledge and wisdom in communities and in academic institutions can together solve the major health, social and economic challenges facing our society. By asking, “How can we ensure that community-driven social change is central to service-learning and CBPR?” CCPH cuts to the core of why we do (or should be doing) this work: to achieve social justice. True to its founding principles, CCPH aims not only to ask and answer critical questions, but to equip its members with resources they need to act on them.

Reflecting upon the last decade allows CCPH and its members and supporters the opportunity to consider the future and look ahead. Those who have come to rely upon the network, resources and vision created by CCPH are excited by the organization’s potential as it continues to evolve. We end with thoughts shared by CCPH board members, members and staff who have been collectively considering the core issues and challenges facing community-campus partnerships in the coming years and the critical roles CCPH can play.

“CCPH must remain an ‘edgy’ organization by ‘continuously pushing the envelope.’”

“We need to continue to influence major decision makers including the National Institutes of Health, academic and professional societies, philanthropies and government funding agencies.”

2007 (cont.)

- *Partnership Perspectives* magazine moves to open access, online format.

- CBPR listserv has grown to 3,000 subscribers.

- CCPH marks 10th year with 1,450 members.

“We need to continue to serve its two-pronged approach of providing tools and resources while also building a significant network of leaders. In essence, CCPH is not just ‘saying what to do’, but showing us how to do what we do better.”

“We must maintain our focus on community engagement as key to earning and building trust and involvement in research. An increasing number of major federal research funding initiatives are including a ‘community engagement core.’ Although not CBPR initiatives per se, CCPH is in a strong position to help influence the process and outcomes of their community engagement endeavors to reflect genuine partnerships.”

“CCPH is experiencing greater community partner involvement and as a result is in a better position to understand and address their needs, interests and assets; support networking and mentoring; and help to ensure their voices are heard and responded to. With community partners increasingly asserting their rights and responsibilities in community-campus partnerships, we are poised to facilitate mentoring, best practices and other supports to assist novice community partners in entering into these relationships in a much stronger position.”

“As our membership and presence in Canada grows, we need to consider how we can best respond to their unique needs and challenges while at the same time fostering cross-border learning and collaboration that will strengthen the field of community-campus partnerships as a whole.”

“Our greatest hope for CCPH is for the organization to continue its outstanding work and to maintain tangible partnerships that lead to the mutual respect and justice for all people.”

CCPH Detailed Timeline

1993

- Randy Zuckerman, medical student and community health advocate, proposes the idea of a national service-learning program in the health professions and approaches the Pew Health Professions Commission at the University of California-San Francisco (UCSF) Center for the Health Professions to serve as its home. The resulting proposal for the Health Professions Schools in Service to the Nation (HPSISN) program is submitted to The Pew Charitable Trusts (Pew) and the Corporation for National Service (CNS).

1994-1995

- The HPSISN program is launched with \$3 million in grant funding from Pew and CNS and support from the National Fund for Medical Education and the Health Resources and Services Administration (HRSA) to support service-learning as a core component of health professions education. Following a national "request for proposals" process, HPSISN announces three-year service-learning grants to 20 health professions schools across the country. Sarena Seifer and Kara Connors are hired as program staff to provide training and technical support to grantees and strengthen information sharing and mentoring.

1996

- HPSISN grantees gather for their first annual meeting in San Francisco, CA. Evaluators Sherril Gelmon and Barbara Holland begin to assess the program's impact on faculty, student and community participants.

- HPSISN convenes its first national conference, "Community Partnerships in Health Professions Education," in March on the campus of Northeastern University in Boston, MA. Over 500 attendees demonstrate significant interest and support for service-learning in the health professions. Scholarships help support students and community partner participation. A policy of no titles and degrees on name tags is instituted as one step towards leveling the playing field between community and campus partners.

- Drawing on the enthusiasm expressed by conference attendees, Seifer announces the intention to form an organization to support and advance community partnerships in health professions education during the closing session. Attendees eagerly volunteer to serve on the strategic planning committee that will ultimately serve as the founding CCPH board.

- In August, the first public communication about CCPH is released, asking for feedback on a draft mission statement and suggestions of priority activities and future directions. The memo articulates the needs CCPH is organized to address: "to prepare health care practitioners as community-responsive providers and as agents of social change; to make health care education more responsive and relevant to community needs; to recognize community contributions to teaching, research, and the development of knowledge; to 'level the playing field' between communities and educational institutions; to promote educational institutions, faculty, and students as community building assets; and to consider community assets as well as needs."

1997

- CCPH is officially launched in Chicago, IL in January during its first board meeting. The founding board reflects diverse stakeholders in community-campus partnerships, including community leaders, students, faculty, academic administrators and funders. Cheryl Maurana is elected as founding board chair and Seifer accepts the board's invitation to serve as founding executive director. CCPH is headquartered at the UCSF Center for the Health Professions in San Francisco, with a satellite office at the University of Washington School of Public Health and Community Medicine in Seattle.

- The CCPH board makes a strategic decision to not focus solely on service-learning by adopting this broader mission statement: "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." The board also initiates development of a set of CCPH principles of good community-campus partnerships.

- CCPH staff conduct an assessment of the needs and assets of founding members and prospective members. Member services are established, including professional development opportunities, a newsletter, magazine and web site.

- CCPH continues providing leadership for service-learning in the health professions with a three-year \$1.2 million grant from CNS through mentoring relationships between HPSISN grantees and health professional schools that are new to service-learning.

- CCPH hosts its first conference, "Building Sustainable Futures Together," in April in San Francisco, CA to examine the key factors that contribute to the sustainability of partnerships between communities and health professions schools.

- Building on lessons learned through HPSISN about developing and sustaining service-learning in health professions education, CCPH sponsors its first Summer Service-Learning Institute on the campus of Stanford University.

- To support the role of students as change agents in health professions education and in their communities, CCPH sponsors a leadership institute for students, "Creating Student Leaders for Building Healthier Communities," in October in San Francisco, CA.

- CCPH establishes itself as a resource for model programs and "how to" guides in service-learning with its first publication, *Community-Campus Partnerships for Health: A Guide for Developing Community Responsive Models in Health Professions Education*.

- CCPH marks its first year with 200 members. The founding membership is primarily from the United States, with several members from Canada.

1998

- The 2nd CCPH conference, "Principles and Best Practices for Healthier Communities" in April in Pittsburgh, PA, leads to a set of principles of good community-campus partnerships that are formally adopted by the CCPH board in October and widely used by partnerships to guide their development.

- Recognizing the need for discipline-focused change efforts, CCPH launches the Partners in Caring and Community: Service-Learning in Nursing Education program with a \$250,000, three-year grant from the Helene Fuld Health Trust. The program supports 10 teams of faculty, students and community partners to integrate service-learning into nursing education.

- The HPSISN program's final evaluation report demonstrates the role of service-learning in improving community health and preparing community-responsive health professionals. The program's definition of service-learning is widely cited.

- Seeking to better understand the factors that contribute to and inhibit the community involvement of academic health centers, CCPH supports the National Study of Academic Health Centers and their Surrounding Communities.

1999

- The 3rd CCPH conference, "Leadership for Healthier Campuses and Communities" in April in Seattle, WA, focuses on the knowledge, skills and attitudes needed to lead successful partnerships.

- The CCPH membership grows to 300 members.

2000

- The CCPH board holds a retreat to deliberate about the organization's future. Looking ahead to the year 2005, the board articulates a vision for CCPH that "as an evolving organization, we build on our strengths, but are always strategic, forward-thinking and innovative — we have evolved from a focus on training and technical assistance to a focus on capacity-building and institutional change, from a focus on service-learning to 'the engaged campus' that fully embraces service-learning, community-based participatory research (CBPR), community and economic development and civic responsibility."
- The 4th CCPH conference, "From Community-Campus Partnerships to Capitol Hill" in May near Washington, DC, addresses policies that support and hinder community-campus partnerships and develops members' advocacy skills. Nine papers are commissioned for discussion at the conference with funding from CNS and the WK Kellogg Foundation. Over 4,000 copies of the policy papers are downloaded from the CCPH website and edited versions are published in a theme issue of the journal *Education for Health*.
- CCPH expands its role in contributing to practical knowledge about community-campus partnership when it launches *Partnership Perspectives* magazine and the bi-weekly online *Partnership Matters* newsletter. The first issue of the magazine features articles on how each of the CCPH principles of partnership can be applied in practice.
- CCPH strategically advances service-learning in specific health disciplines and at regional levels with three-year, \$1.2 million grant from CNS.
- A follow-up evaluation of the CCPH Service-Learning Institute alumni, published in the journal *Academic Medicine*, indicate that most have not only implemented service-learning but sustained their involvement.
- CCPH co-edits an issue of the *Metropolitan Universities Journal* focused on the theme of community-campus partnerships that promote health.
- In recognition of its growing leadership role, the Council on Linkages Between Academia and Public Health Practice invites CCPH to become a permanent member of the Council. The Council's purpose is to further academic/practice collaborations in public health.
- CCPH membership grows to 500 members, with significant growth in members from outside the US, including Australia, Canada, Germany, Netherlands, Nigeria, South Africa and the UK.

2001

- In response to demand by CCPH members and participants in its introductory Summer Service-Learning Institute, CCPH begins offering an advanced level institute, "Service-Learning in the Health Professions: Fostering Leadership for Sustainability" in January.
- The 5th CCPH conference, "HEALTH For All in 2010: Confirming Our Commitment, Taking Action" in May in San Antonio, TX, addresses the many ways in which community-campus partnerships can advance national health objectives. The conference results in *A Toolkit for Health Professional Faculty, Students and Community Leaders Committed to Achieving the Nation's Health Objectives through Community-Campus Partnerships* that is widely disseminated and used.
- Recognizing that CCPH's expertise in health professions service-learning can be a resource across higher education, The National Service-Learning Clearinghouse selects CCPH to serve as its Senior Program Advisor for Higher Education.
- The Fan Fox and Leslie R. Samuels Foundation commissions CCPH to conduct an evaluation of the Urban Health Initiative, a medical student community service initiative based in New York to better understand how to support the development of community-engaged medical students and physicians.

- The CCPH Consultancy Network is formed in response to increasing requests for customized training and technical assistance from campuses and communities that seek to develop authentic partnerships. This multidisciplinary network of "real-life" practitioners gives presentations, leads workshops and provides consultation in service-learning, CBPR and other content areas.

2002

- The CCPH board decides to fully embrace the policy governance model that emphasizes the board's strategic role in defining the outcomes CCPH seeks to achieve and assessing progress toward those outcomes. In January, the board and staff participate in a training workshop led by the model's chief architect, John Carver and send board member Monte Roulter to a week-long training to develop internal capacity in the model.
- The 6th CCPH conference, "The Partnership as the Leverage Point for Change" in May in Miami, FL, examines community-campus partnerships as a strategy for change in health and higher education.
- The CCPH Annual Award is established to honor exemplary community-campus partnerships that others can aspire to. The Morehouse School of Medicine-Southside Atlanta Community Partnership and the Partnership for Migrant and Seasonal Farm Worker Health in Idaho are the first recipients of the award.
- Fifteen CCPH Fellows from community-based and academic settings are selected from a pool of over 130 applicants to pursue projects that advance and support service-learning, CBPR or community-campus partnerships nationally.
- The National Institutes of Health (NIH) commissions CCPH to prepare a paper on the infrastructure required in community-based organizations and in academic institutions to support CBPR.
- CCPH is funded by the Centers for Disease Control and Prevention (CDC) to coordinate Examining Community-Institutional Partnerships for Prevention Research along with the Kellogg Community Health Scholars Program, the Community-Based Public Health Caucus of the American Public Health Association (APHA), the CDC-funded Prevention Research Centers and their National Community Committee, the CDC-funded Urban Research Centers and the Wellesley Institute to better understand the factors that contribute to and inhibit CBPR partnerships.
- With grant support from the WK Kellogg Foundation, CCPH collaborates with the Community Voices program to assess and strengthen relationships between their funded communities and local colleges and universities. A report from the project, *Community-Campus Partnerships for Health: Making a Positive Impact*, articulates community perspectives on the benefits and challenges of working with academic partners.
- The October issue of the *Journal of Nursing Education* features an editorial and articles from CCPH's Partners in Caring and Community: Service-Learning in Nursing Education program.
- CCPH and the California State University (CSU) Chancellor's office collaborate on a state-wide AmeriCorps program, Service-Learning for Family Health, that engages college students and others in service-learning experiences that promote healthier communities and provides them with leadership opportunities. To expand service-learning opportunities in the health professions curriculum at CSU campuses, CCPH and CSU also cosponsor a service-learning institute.
- Seeking to strengthen the service-learning component of the Community-Based Dental Partnership program, the HRSA Bureau of HIV/AIDS contracts with CCPH to provide training and technical assistance to the program's grantees and continues the relationship through the writing of this report.

2003

- The CCPH board articulates the outcomes that CCPH is trying to achieve: Community-campus partnerships that improve the health of communities, health disparities are reduced in communities through community-campus partnerships, and the health workforce, broadly defined, is more diverse and community responsive through community-campus partnerships.
- The 7th CCPH conference, "Taking Partnerships to A New Level: Achieving Outcomes, Sustaining Change" in May in San Diego, CA, demonstrates the significant outcomes and changes that can result from community-campus partnerships, and advances the skills, tools and competencies needed to transform partnerships to a new level.
- CCPH and the US Department of Housing and Urban Development (HUD) Office of University Partnerships cosponsor the national symposium, "Community-University Partnerships: Translating Evidence into Action." Timed to coincide with the annual grantee meeting of HUD's Community Outreach Partnership Centers and the CCPH conference, the symposium provides an unprecedented opportunity for advancing community-campus partnerships that truly span the campus and contribute to public problem-solving and healthier communities.
- The Center for Healthy Communities in Dayton, OH receives the 2nd CCPH Annual Award with honorable mentions going to the Ottawa Inner City Health Project and the St. Lawrence County Health Initiative, Inc.
- The Annie E. Casey Foundation commissions CCPH to investigate the ways in which academic health centers and health professional schools can serve as economic anchors in their communities.
- Recognizing the promotion and tenure system as a significant barrier to the sustained community involvement of health professional faculty, CCPH convenes the Commission on Community-Engaged Scholarship in the Health Professions with funding from the WK Kellogg Foundation to provide national leadership for change. The Commission report, *Linking Scholarship and Communities* stimulates dialogue on campuses in the US and Canada. The online *Community-Engaged Scholarship Toolkit* helps faculty prepare strong portfolios for promotion and tenure.
- Seeking to strengthen the connection between service-learning and achievement of national health objectives, CCPH publishes *Advancing the Healthy People 2010 Objectives through Community-Based Education: A Curriculum Planning Guide*.
- Regional CCPH networks are established with funding from CNS to facilitate community-campus partnerships across disciplines, institutions and communities in four defined geographic areas: Dallas-Forth Worth Metroplex, Metropolitan Washington DC, New England and Northeast Pennsylvania.
- CCPH closes its UCSF office and moves its headquarters to the University of Washington School of Public Health and Community Medicine in Seattle.
- CCPH membership grows to 1,000 members.
- The Coalition to Care: The Galveston County Community Health Access Program receives the 3rd CCPH Annual Award, with honorable mentions going to the North Texas Salud Para Su Corazón Promotora Network Alliance and University-Assisted Community Schools.
- US Department of Education's Fund for the Improvement of Postsecondary Education (FIPSE) awarded CCPH with a highly competitive three year \$600,000 grant for the Community-Engaged Scholarship for Health Collaborative, a group of health professional schools that seek to make changes in their promotion and tenure systems to support community-engaged scholarship, study the change process and widely disseminate outcomes and lessons learned.
- CCPH members co-author resolution approved by the American Medical Association House of Delegates in June directing the accrediting body for medical schools to require service-learning as a core component of medical education.
- CCPH is invited to serve as the only non-discipline specific member of the Healthy People 2010 Curriculum Task Force, an initiative established in 2002 by the Association of Teachers of Preventive Medicine and the Association of Academic Health Centers.
- CCPH members co-author a policy in support of CBPR that is adopted by the board of the APHA.
- CCPH and the Wellesley Institute launch CBPR listserv.
- CCPH co-edits an issue of the *Journal of Interprofessional Care* focused on the theme of CBPR.
- The Northwest Health Foundation commissions CCPH to prepare the *Directory of Funding Sources for Community-Based Participatory Research*.
- CCPH and the National Health Care for the Homeless Council collaborate to encourage partnerships between Health Care for the Homeless programs and health professional schools. The resulting publication, *A Guide to Community-Campus Partnerships for Health of People Experiencing Homelessness* is intended as a partnership-building resource.
- The Healthier Wisconsin Partnership Program, a permanent endowment formed by the conversion of Blue Cross/Blue Shield of Wisconsin from a non-profit to a for-profit entity, contracts with CCPH to design and manage the peer review process for its community-academic partnership grants program. The relationship continues through the writing of this report.
- In a given month in 2004, the CCPH home page was visited by more than 2,000 people.

2005

2004

- The 8th CCPH conference, "Overcoming Health Disparities: Global Experiences from Partnerships Between Communities, Health Services and Health Professional Schools," is held in October in Atlanta, GA in partnership with the Network: Towards Unity for Health. More than 500 participants from 40 countries participate in what marks CCPH's first truly international conference.
- CCPH and the Toronto-based Wellesley Institute establish a partnership to promote community-academic partnership approaches to health in Canada; and to foster collaboration, information-sharing and learning between community-academic partnerships in Canada and the United States. The first tangible outcome of the partnership is the Community-Based Participatory Research listserv.
- The CDC and NIH recognize the CCPH principles of partnership and incorporate them into funding announcements.
- CCPH coordinates a CBPR institute for partnership teams and publishes an online curriculum, *Developing and Sustaining CBPR Partnerships*, both products of the CDC-funded Examining Community-Institutional Partnerships for Prevention project. Workshops based on the curriculum are offered on campuses and at professional association meetings across the country.
- The WK Kellogg Foundation awards CCPH a two-year \$200,000 grant for the Engaged Institutions Initiative that builds the capacity of 12 schools and graduate programs of public health to eliminate racial and ethnic health disparities through community-academic partnerships.
- Communities & Physicians Together receives the 4th CCPH Annual Award.
- The Robert Wood Johnson Clinical Scholars Program turns to CCPH to assist its four training sites in building their capacity for CBPR.

2006

- The 9th CCPH conference, "Walking the Talk: Achieving the Promise of Authentic Partnerships," is held in May in Minneapolis, MN and seeks to understand and demonstrate the meaning of "authentic" community-campus partnerships.
- The REACH 2010: Charleston and Georgetown Diabetes Coalition receives the 5th CCPH Annual Award, with honorable mentions going to Brazos Valley Health Partnership, The Stepping Up Project and Flint Healthcare Employment Opportunities Project.
- Believing that if true partnerships are to be achieved, community partners must harness their experiences, lessons learned, and collective wisdom into a national, organized effort, CCPH convenes a Community Partner Summit in April at the Wingspread Conference Center in Racine, WI. Supported by the WK Kellogg Foundation, Johnson Foundation and Atlantic Philanthropies, 23 experienced community partners, including several CCPH board members, articulate "what's working," "what's not working" and a vision for the future. Work groups are established for peer mentoring and advocacy.
- The CCPH board adopts a revised set of principles of partnership, noting that "we believe the process of discussing the principles of a partnership is at least as important as the adoption of principles themselves."
- Building on the Engaged Institutions Initiative, CCPH receives a \$1.5 million grant, three-year CNS grant for the Health Disparities Service-Learning Collaborative of seven schools and graduate programs of public health that seek to incorporate service-learning into their core curricula and engage students in service-learning activities that address the social determinants of racial and ethnic health disparities.
- Pioneering a model for how local foundations can partner with CCPH and the community to build capacity for CBPR partnerships on a local level, CCPH and the Northwest Health Foundation co-sponsor a series of CBPR workshops in Oregon.
- CCPH and the Wellesley Institute collaborate to bring the curriculum on *Developing and Sustaining CBPR Partnerships* to Canada through a CBPR institute for partnership teams held in Barrie, Ontario.
- CCPH co-edits a special section in the November issue of the *Journal of Urban Health* on challenges in CBPR.
- Seeking to incorporate CBPR principles into clinical trials, CCPH and the Education Network for Advancing Cancer Clinical Trials launch the conference series "Communities as Partners in Cancer Clinical Trials: Changing Research, Practice and Policy" with core funding from the Agency for Healthcare Research and Quality and the National Cancer Institute.
- Five CCPH members advise the Director of the NIH as members of the NIH Council of Public Representatives. CCPH testifies at a Council hearing, advocating for greater community involvement in research, including as peer reviewers and principal investigators.
- CCPH is a founding member of the Higher Education Network for Community Engagement.
- CCPH convenes an "Invitational Symposium on Community-Engaged Scholarship in Higher Education: Have We Reached a Tipping Point?" to learn from the experiences of national conversations and initiatives that have been going on in parallel with the Community-Engaged Scholarship for Health Collaborative and to inspire collective action.
- CCPH and Tuskegee University National Center for Bioethics in Research and Health Care establish a partnership to advance their shared goal of meaningfully involving communities in decisions made about every aspect of research. The first outcome of the partnership is a jointly sponsored Educational Conference Call Series on Institutional Review Boards and Ethical Issues in Research.
- CCPH members succeed in changing accreditation standards for medical schools and colleges of pharmacy to include service-learning.
- CCPH supports a 10-year follow-up study of the HPSISN program to better understand if, how and why service-learning partnerships are sustained after grant funding ends.
- *Partnership Perspectives* magazine moves to an open access, online format to promote greater understanding of critical issues affecting community-campus partnerships and to raise the visibility of the wonderful work that CCPH members are doing.
- CBPR listserv co-sponsored by CCPH and the Wellesley Institute has grown to 3,000 subscribers since its launch in 2004.
- CCPH celebrates its 10th year with 1,450 members.

2007

- CCPH celebrates a decade of transforming communities and higher education through partnerships during its 10th anniversary conference, "Mobilizing Partnerships for Social Change," in April in Toronto, Ontario, Canada, drawing the largest attendance of any CCPH conference with over 600 registrants. The conference asks: "How do we combine the knowledge and wisdom in communities and in academic institutions to solve the major health, social and economic challenges facing our society?" "How do we ensure that community-driven social change is central to service-learning and community-based participatory research?" and highlights the growing interest in and support for CCPH in Canada.
- CCPH marks a decade of support for service-learning in health professions education at its 10th summer service-learning institute at the Sleeping Lady Mountain Retreat in Leavenworth, WA. The institute boasts over 200 alumni and has contributed to the development of dozens of service-learning courses and programs.

WE COULDN'T HAVE DONE IT WITHOUT YOU!

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Program directors are listed in parentheses.

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- Individuals are listed with their affiliation at the time they served on the committee or board.
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