

COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH:

MAKING A

POSITIVE
IMPACT

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ADDITIONAL APPENDICES ARE AVAILABLE ONLINE AT WWW.WKKF.ORG

DEAR FELLOW COMMUNITY
SUPPORTER,

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.

Community-Campus Partnerships for Health: Making a Positive Impact was designed to help you discover the possibilities and solutions available when partnerships form between educational institutions and community programs.

This report is the product of a yearlong project launched in 2002 by the W.K. Kellogg Foundation, which aimed to motivate and strengthen partnerships between educational institutions and Kellogg's 13 Community Voices sites around the country.

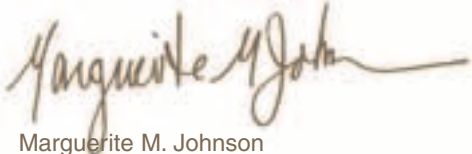
Kellogg founded Community Voices in 1998 to help give the underserved a 'voice' regarding health care access and quality issues. Because each of these 13 sites relies in one way or another on the power of community-campus relationships, they proved to be the ideal settings for the Community-Campus Partnerships for Health (CCPH) initiative. CCPH also sought to highlight models of collaboration that communities like yours could easily replicate or borrow from to tackle pressing concerns.

This report includes a variety of **recommendations, ideas, and resources** you can use to forge or strengthen your own partnerships in the interest of community improvement. You'll also find examples of successful Community Voices partnerships with educational institutions. A comprehensive appendix, available online at www.wkkf.org, includes important definitions, tools, and resources.

The fact that you are reading this report is a testament to your desire to play a role in enhancing your community's health — whether as an educator, a public health professional, a philanthropist, or a volunteer. We hope you will find the insights on the following pages to be both useful and inspirational in your efforts to tap into the enormous potential available through community-campus partnerships.

We are grateful to Christine M. Kwak, Henrie M. Treadwell and Barbara J. Sabol, who coordinated this important work on behalf of the Kellogg Foundation.

Sincerely,



Marguerite M. Johnson
VICE PRESIDENT FOR PROGRAMS



Robert F. Long
VICE PRESIDENT FOR PROGRAMS

EXECUTIVE SUMMARY

The W.K. Kellogg Foundation launched the Community Voices (CV) program in 1998 to help give the underserved a voice in issues of health care access and quality. Although not designed as a 'health workforce initiative' or with an explicit academic component, the CV program is making a significant contribution to understanding the health workforce challenges facing communities, advancing recommendations for change, and implementing solutions.

In July 2002, the W.K. Kellogg Foundation funded Community-Campus Partnerships for Health (CCPH) to facilitate and strengthen community-campus partnerships between the 13 CV sites and nearby colleges, universities, and K-12 schools. The project also sought to articulate the role of communities in achieving a competent and diverse health workforce.

CCPH project staff began by gaining a strong understanding of existing partnerships between CV sites and local educational institutions through a series of interviews. The insights of CV staff and partners helped us to better understand the current extent of their community-campus partnerships and to articulate the role of partnerships in addressing workforce diversity and preparation issues. In addition, the interview results helped guide the development of training and technical assistance activities CCPH offered to CV programs in 2003. To view the survey instruments, please see the online version of this report at www.wkkf.org.

This report provides an overview of community-campus partnerships, service-learning initiatives, and workforce diversity efforts involving CV programs. There are examples of notable community-campus partnership models within Community Voices programs as well as findings regarding the partnerships. The report concludes with lessons learned about a variety of community-campus partnerships that other communities and institutions can employ in forging and fortifying their own relationships.

As of August 1, 2003, the National Center for Primary Care at the Morehouse School of Medicine is the program office for the Community Voices initiative. For information on the initiative, please contact:

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THIS REPORT AND THE ACCOMPANYING APPENDICES CAN BE VIEWED AND PRINTED
FROM THE W.K. KELLOGG FOUNDATION WEBSITE AT WWW.WKKF.ORG

COMMUNITY VOICES:

AN IDEAL SETTING FOR CCPH

Community Voices is an ideal environment for community-campus partnerships. CV programs have the perspective to identify and articulate the competencies that health professionals need to improve health in their communities. They also can advocate for a health workforce that mirrors an increasingly diverse population and promotes community-driven strategies for change.

As community programs, CV can be transformed into “learning communities” for students at the K-12, college, and university levels. Emphasizing health access and outcomes for disadvantaged communities and communities of color, CV programs can play a significant role in providing mentoring, training, and development for young people who might otherwise not have these opportunities.

Even beyond the scope of health, CV programs can convene local K-12 schools, colleges, and universities to pursue interdisciplinary, community-based collaborations and ensure the community has a voice in school admissions and curriculum decisions.

With their emphasis on community-based preventive care, community partnerships, and policy change, CV programs are particularly conducive to service-learning partnerships, in which students provide community service combined with reflection and explicit learning objectives as part of their formal education. For health professional students in particular, these service-learning experiences can teach vital lessons in cultural competency, interdisciplinary collaboration, asset-based community development, social determinants of health, community development, and more.

Indeed, many CV programs reported they saw the potential to take their community-campus partnerships to the next level and transform them into service-learning partnerships.

POSITIVE IMPACT

“ENSURING A WELL-PREPARED WORKFORCE THAT IS
RICH IN DIVERSITY IS PARAMOUNT TO CURRENT AND
FUTURE COMMUNITY HEALTH INITIATIVES.”

HARNESSING THE POWER OF PARTNERSHIPS

By leveraging the existing resources of all participants, community-campus partnerships can effectively accomplish far more than what one participant could do alone. These partnerships can generate solutions for accomplishing health and other objectives, ranging from Community Health Worker certification and program development to service-learning and clinical training. The level of involvement can vary from the simple — such as serving as a representative — to complex, as in leading an entire project team.

SERVICE-LEARNING OFFERS LESSONS FOR ALL

Through service-learning, community organizations can further their community-building mission, and academic institutions can further their teaching, research, and service missions.

- Communities can benefit from the intellectual, political, social, human, and technological resources available through the faculty and students.

- Students can benefit from experiencing and learning from community members and community professionals with diverse expertise, life experience, and backgrounds. They can explore career options, prepare for the realities of practice, and become engaged citizens.

- Students, with their energy and enthusiasm for learning, can challenge the community to think in new ways and contribute directly to ongoing community activities. The services provided by students can make a genuine contribution to community health.

- Faculty, with their knowledge and expertise, can contribute to our collective knowledge about which community efforts are working and why.

THINKING BEYOND HIGHER EDUCATION

The term 'campus' does not refer strictly to colleges or universities. K-12 schools and community programs can do a great deal together to advance local initiatives. School-based health programs, including health centers and dental clinics, are among the most common partnerships between CV and K-12 schools today.

In addition to meeting the critical health needs of area youth, these clinics provide valuable training experiences for students in a wide variety of health professions. Moreover, community programs can use partnerships with K-12 schools to introduce younger students to health professions, and offer incentives for students to enter training programs after graduating high school.

PREPARING TOMORROW'S HEALTH WORKFORCE

In addition to the service-learning benefits already discussed, participants in the CCPH project cited the importance of facilitating community-campus partnerships to develop skilled community health workers, who play a critical role in meeting community health goals. Ensuring a well-prepared workforce that is rich in diversity is paramount to current and future community health initiatives.

CCPH project participants said Community Health Worker (CHW) initiatives provide the most direct program link to addressing workforce diversity and preparation. Efforts to initiate CHW programs, and to establish training and certification, were essential to involving community members in health professions' work and opening potential doors to future training in other health professions.

A partnership approach to curriculum and program design helps ensure that students are prepared to address the most pressing 'real-world' issues and needs for a given community or population. Working together, educators and communities can identify promising young people and provide mentoring, training, and development opportunities for students of diverse races and cultures, as well as disadvantaged students from across the educational continuum.

CCPH MODELS OF SUCCESS

The following examples illustrate notable community-campus partnerships involving Community Voices programs.

LEARNING AND LENDING SKILLS IN MICHIGAN

In Michigan, Ingham County Community Voices leverages partnerships with several universities in the state to benefit underserved populations as well as future health professionals. For example:

- Graduate students from the University of Michigan's Masters of Public Health program do internships in epidemiology.
- Health Education students from Central Michigan University are assigned field placement.
- Nursing students from Michigan State University (MSU) receive clinical experience treating patients at the Ingham County Health Department.

- A partnership with the Center for Urban Affairs at MSU has enabled CV to solicit community input on community health issues. The Center has also been integrally involved in data democratization — collaborating with Ingham County CV to create an organization called Bridging the Digital Divide to increase access to technology for all communities.

Moreover, a Community Voices Community Economic Development Team/MSU partnership is developing a model based on community learning/ research and engagement to bring together students and teachers from different disciplines to focus on community health issues.

MSU Extension has also been a vital partner for Ingham County CV, bringing students into the community in a way that fits well and ensuring communities have a voice in shaping local health initiatives.

ENCOURAGING HEALTHY ASPIRATIONS

In West Virginia, Community Voices partners work with 9th through 12th grade students involved in the Health Sciences Technology Academy (HSTA) program. HSTA — focused on math and science — provides encouragement, opens doors, and empowers minority and underrepresented students, particularly in rural communities, to pursue health careers.

Results to date indicate the students are serious about community health. One student, for a service-learning project, even developed a study on why individuals who are eligible for Medicaid do not sign up for the program.

PROMOTING DIVERSITY IN DENVER

Denver Health Community Voices developed a Multi-Cultural Committee to guide its activities. Over the years, this committee has identified potential community health workers and avenues for recruiting a diverse pool of workers.

Some of these workers of non-U.S. origin bring their rich cultures to the community as they work toward U.S. certification. A partnership with Denver Community College provides these workers with new opportunities for training and certification, increasing their professional opportunities within the community. Partnerships between the community college and the local technical high school encourage high school students to explore health careers.

REASONS TO SMILE

A partnership between Community Voices New Mexico and the University of New Mexico (UNM) has initiated much-needed, unprecedented oral health improvements across the state.

- UNM expanded its dental hygiene program to focus on providing dental care to New Mexico's underserved residents. UNM now has a dental residency program and is exploring the possibility of developing the state's first dental school.

- UNM faculty and physicians-in-training rotated through and provided dental services to citizens of one rural community that didn't have its own dentist for over 50 years. Two dentists have since opened practices there as a result of this rotation.
- At the request of the people of Roswell, CV New Mexico and UNM formed a partnership with Roswell Community College to develop a dental clinic and provide training opportunities for its dental hygiene, dental assistant, and dental students.

In addition to the models described above, Community Voices programs and higher education institutions developed other successful partnerships.

- CV El Paso has begun to develop a project to do health education in K-12 schools with Promotores de Salud, as part of a formalized project to gain certification for community health workers.

- CV El Paso also makes it a point to work with college and university interns, and is part of the group advocating for a medical school to be located in El Paso.

- The Voices of Detroit Initiative (VODI) has begun conversations with Wayne County Community College to provide training for dental hygienists at a local free clinic run by VODI.

- CV Miami involves a number of local colleges and universities as members of the multi-agency consortium that guides much of their work.

POSITIVE IMPACT

“COMMUNITY-BASED ORGANIZATIONS AND PROGRAMS
LIKE COMMUNITY VOICES DO NOT OFTEN RECEIVE EXPLICIT
SUPPORT FOR THEIR ACADEMIC ROLES. SUCH SUPPORT
MUST BE CULTIVATED AND PROVIDED.”

KEY PROJECT FINDINGS

CCPH staff interviews with CV programs revealed information specifically related to service-learning and workforce diversity efforts in various communities.

SERVICE-LEARNING FINDINGS

CV programs involved with service-learning initiatives reported the following:

- CV programs seek the opportunity to be involved in service-learning initiatives as co-educators involved in planning curriculum, developing learning objectives, and guiding students through the reflective process.
- CV programs and their partners were tremendously interested in the resources CCPH has to offer related to community-campus partnerships and service-learning (particularly the CCPH Principles of Partnership and partnership assessment tools).

- Community-based organizations and programs like Community Voices do not often receive explicit support for their academic roles in service-learning.
- Definitions of service-learning vary across CV programs.
- All CV partners indicated a genuine desire to partner with K-12 and higher education in meaningful ways.

WORKFORCE DIVERSITY AND PREPARATION FINDINGS

- Many CV programs are located in areas of extreme workforce shortages, where diversity of the workforce was defined as a concern, but not as great of a concern as simply finding health care professionals to work in the communities they serve.
- Other CV programs are not facing extreme shortages of health care professionals and felt more able to focus on issues of health workforce diversity.

- In some cases, CV programs highlighted the importance of forming partnerships with higher education to create community health worker certification programs.

- In Denver, a partnership with Denver Community College provides certification for community health workers.

- In El Paso, a similar partnership with a local community college provides certification for community health workers, making it possible to bill for reimbursement for CHW services and to professionalize the CHW field.

- In Miami, partners are beginning to explore how they can certify community health advocates.

- In Manhattan, a partnership with the Columbia School of Public Health provides training for community health workers.

CORE RECOMMENDATIONS

Interviews with CV program staff and their partners revealed numerous recommendations concerning community-campus partnerships, service-learning, and workforce diversity and preparation. These avenues may yield rich partnerships not only in CV communities, but in communities throughout the country.

- **Provide infrastructure support for service-learning partnerships for Community Voices programs.**

CV programs are interested in service-learning, and many see the potential to transform the community-campus partnerships they have developed into service-learning partnerships. But in order to develop service-learning initiatives and programs, many felt that additional infrastructure support will be needed.

An important underlying issue of importance is the growing recognition that 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 like Community Voices do not often receive explicit support for their academic roles. Such support must be cultivated and provided.

- **Facilitate the linkage between CV programs and workforce diversity and preparation.**

While CV staff and partners stressed the importance of workforce diversity and preparation, organized community-wide initiatives in these areas were not common. In more than one case, partner activities in these areas were being pursued on a “parallel track” and not connected to the CV program.

CV programs should engage their partners in discussions about workforce diversity and preparation issues and seek connections that may already exist in the work they do.

- **Facilitate community-campus partnerships that focus on community health worker development.**

Numerous CV programs articulated the importance of community health workers in meeting program goals. In some cases, CV programs partnered with higher education to form community health worker certification programs.

CCPH has a number of resources available to facilitate community-campus partnerships involving CHW programs, including:

- Members of the CCPH Consultancy Network who have experience in designing and implementing CHW training and certification programs (see: <http://www.futurehealth.ucsf.edu/ccph/mentor.html>)
- Handouts and proceedings from a teleconference offered to CV programs (see: <http://www.futurehealth.ucsf.edu/ccph/communityvoices.html>)

- **Facilitate connections to existing resources for community-campus partnerships.**

Community Voices and other community-based health programs should tap into existing resources for community-campus partnerships. These include, for example, the university extension services, Area Health Education Centers, Community Outreach Partnership Centers, campus-based offices of service-learning, and members of CCPH. Turn to page 23 for links to these and other resources.

POSITIVE IMPACT

“WE CAN BRING STUDENTS INTO THE COMMUNITY IN A WAY THAT
IS NATURAL AND RESPECTFUL OF THE STUDENT AND COMMUNITY;
THIS IS OUR ROLE.” — EXTENSION STAFF MEMBER

LESSONS LEARNED:

FORGING YOUR OWN PARTNERSHIPS

In post-project interviews, CV programs and their partners revealed what they felt was most important about forging and enriching community-campus partnerships in the interest of enhancing health initiatives. In addition to the specific lessons learned below, many CV programs identified overall challenges to forming partnerships, including:

- learning how to share control
- asking that higher education come to the table as “a partner, not as an expert”
- reminding higher education partners that they need to be in it for the long haul, not just for the length of their grants

BUILD BENEFICIAL BONDS

Make expectations clear. Don't downplay or undersell the commitment involved with a partnership. Define and clarify with all partners the ground rules, expectations, and commitment level required of all members.

Respect everyone's needs and objectives. It's important to listen and pay attention to various points of view, and maintain a sense of humor in the partnership.

Expect no partnership to last forever. Partnerships forged for a specific purpose may dissolve once that purpose is achieved. This is normal and should not be seen as a failure to maintain joint interest.

Engage others who can help your cause. Seek out people and organizations that know the benefits of community-campus partnerships first-hand. For example, university extension services can be extremely valuable to community health programs. In one CV site, extension played a natural role as a convening agent for the community — coordinating rural focus groups on health care access and quality issues. Extension was able to access rural communities and community leaders in a way that the university and the public health department were not.

Additionally, extension services played a role in finding natural fits for student involvement. As the extension staff member stated, “We can bring students into the community in a way that is natural and respectful of the student and community; this is our role.”

Consider all the possibilities. Be sure to open your mind to all the possible opportunities available through community-campus partnerships. Creative ideas tried by CV programs include:

- Community leaders and public health faculty members can conduct a community-based participatory research project to understand local health disparities and develop an action plan for overcoming them.
- Health professional students serving in community-based clinics can provide needed care to low-income communities while gaining clinical experience and cultural competency. Physicians and dentists in residency training can provide more advanced care as part of their training.

- School faculty can sit on advisory boards and planning consortia to help shape the direction of community health programs.

- Community health program staff can serve on school advisory boards and planning groups to ensure the community has a voice in curriculum and admissions decisions.

- Community health programs can engage college and university students in a wide range of fields in meaningful community-driven work as volunteers or service-learners. For example, business students can contribute to economic development projects, foreign language students can be interpreters and translators, and computer science students can build websites and databases.

PARTNER EFFECTIVELY WITH HIGHER EDUCATION

Reach out to people you know. Most of the partnerships described by CV staff and partners during the CCPH project were developed through people they knew through their personal or work relationships.

Find the right people. Those with the highest-ranking titles are not necessarily the best people to enlist in the project. Seek out those willing to work and who have the authority to involve the institution in a meaningful way.

Access the myriad of educational resources available. Look beyond faculty and student resources when partnering with universities, community colleges, and K-12 schools. Support services, such as computers, meeting space, and libraries, may also be critical to the success of a project.

PARTNER EFFECTIVELY WITH COMMUNITIES

Listen. While your expertise and knowledge may be requested, listen to what the community's goals, priorities, and expectations are before offering your input.

Prepare for the long haul. It may take time for the successes of the partnership to become apparent. The community needs extended help from higher education if the effort is to make a difference.

Consider acting as a catalyst rather than the leader. An initiative can be most successful and powerful when a diverse group of community leaders is motivated to take charge and have ownership.

Recognize the social equity of engaging in community partnerships. Consider the ability, as quoted by one higher education partner, to "inform public policy, change the perception of the university in the community at large, engage faculty and students, and generally contribute to and improve the surrounding community."

PRODUCE A DIVERSE PROFESSIONAL WORKFORCE

Share responsibility for the workforce of tomorrow. To ensure your community produces a skilled, diverse pool of health professionals, consider forging community-campus partnerships for workforce projects like these:

- Designing and distributing health career manuals for high school guidance counselors, teachers, and college health advisors
- Providing health career information along with health information in clinic waiting rooms and community health fairs
- Matching community health program staff as mentors for area K-12 students

- Providing cultural competency training for health professional students and practitioners

- Hosting career clubs for pre-health professional students

CONCLUSION

As this report indicates, community-campus partnerships can be very powerful tools that all communities can use to achieve ambitious health goals. We hope the ideas, recommendations, and lessons learned from Community Voices programs and their partners will help guide new and potential partnerships toward successful and desirable outcomes.

ADDITIONAL RESOURCES

Use the list below to expand your knowledge of health-promoting community-campus partnerships.

Community-Campus Partnerships for Health www.ccph.info

Mission: To promote health through partnerships between communities and higher educational institutions. CCPH is a growing network of over 1000 communities and campuses that are collaborating to promote health through service-learning, community-based research, community service, and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic responsibility, and the overall health of communities.

CCPH Principles of Partnership <http://www.futurehealth.ucsf.edu/ccph/principles.html#principles>

Tools and Resources for Community-Campus Partnerships

<http://www.futurehealth.ucsf.edu/ccph/partnerships.html>

Tools and Resources for Service-Learning

<http://www.futurehealth.ucsf.edu/ccph/servicelearningres.html>

Tools and Resources for Community-Based Participatory Research

<http://www.futurehealth.ucsf.edu/ccph/commbas.html>

Community Voices

www.communityvoices.org

CCPH Community Voices Service-Learning Partnerships

<http://www.futurehealth.ucsf.edu/ccph/communityvoices.html>

Area Health Education Centers

www.nationalahec.org

Use this website to locate AHECs in your state or local community.

Mission: To enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of health care professionals through community/academic educational partnerships.

The Cooperative State Research, Education and Extension Service (USDA)

www.reeusda.gov

Use this website to locate university extension services in your state or local community.

Mission: To advance knowledge for agriculture, the environment, human health and well being, and communities.

**The Center for Sustainable Health Outreach:
Report of College and University Programs**

Awarding Credit, Certificates, and/or Degrees in the Community Health Worker Field, February 2002

www.csho.net/report.htm

**Preparing the Health Workforce of the Future:
Community Voices Service-Learning Partnerships**

An article by Sarena D. Seifer and Rachel L. Vaughn

www.communityvoices.org/Article.aspx?ID=270

**The Center for the Advancement of Collaborative
Strategies in Health: A New Web-Based
Partnership Self-Assessment Tool**

www.partnershiptool.net

APPENDIX A

THE COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH PROJECT

(July 2002 – July 2003)

METHODOLOGY

In July of 2002, CCPH staff, working in cooperation with CV senior staff, developed an interview guide to solicit information regarding the status of community-campus partnerships, service-learning, and workforce diversity issues in CV programs. CV Project Directors and W.K. Kellogg Foundation representatives reviewed the draft interview guide before it was finalized for use. Many of the interview questions (see Appendix D in the online version at www.wkkf.org for interview guides) focused on the partnerships developed with both K-12 schools and higher educational institutions.

Between August and October 2002, CV Project Directors were contacted and invited to participate in an interview with CCPH staff. The focus of the interview was to learn more about the goals, achievements, and challenges of the CV program; the status of CV partnerships with K-12 schools, community colleges, and universities; and the status of service-learning partnerships within Community Voices.

In addition, all CV Project Directors were asked to identify relevant community and campus partner representatives who might be willing to participate in an interview with CCPH. In all, 12 CV Project Directors (or other senior staff where appropriate) were interviewed via telephone, and one was informally interviewed in person. In two cases, the interview involved two CV staff members, providing more than one perspective on the interview questions in the context of the interview.

Between December 2002 and March 2003, relevant CV partners were contacted and asked to participate in an interview with CCPH staff. The interviews focused on learning more about the relationship between the partners and the CV programs, the nature of community-campus partnerships in the community and with the CV programs, and the partners' interest in and understanding of community-campus partnerships, service-learning, and community-based participatory research.

A total of 25 CV partners were identified from six CV sites, and telephone interviews were conducted with a total of 12 partners from five CV programs. Difficulties in connecting with CV partners in a timely manner led to a response rate lower than we had hoped for in the partner interviews. However, a wide variety of partners were interviewed regarding their experiences, including:

- Extension Services
- Academic Medical Centers
- Health Sciences Schools
- Departments
- Community and Neighborhood Councils
- Institutes Based in Universities
- Community Colleges

All interviewees were provided the opportunity to review the results, and the input of all who responded has been incorporated into the content and style of this report. In addition, the Community Voices Service-Learning Committee, convened as part of this project, provided valuable input regarding the writing and editing of this report.

APPENDIX B

THE COMMUNITY VOICES PROGRAMS SITES

When we refer to a CV program, we are referring to any staff member from a W.K. Kellogg Foundation-funded Community Voices program. The 13 Community Voices programs are:

Baltimore Community Voices

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As of August 1, 2003, the National Center for Primary Care at the Morehouse School of Medicine is the program office for the Community Voices initiative. For information on the initiative, please contact:

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APPENDIX C

ACRONYMS AND DEFINITIONS FOR TERMS IN THIS REPORT

ACRONYMS

CCPH • Community-Campus Partnerships for Health

CV • Community Voices

CHW • Community Health Workers

DEFINITIONS

COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH

Creating healthier communities and overcoming complex societal problems require collaborative solutions that bring communities and educational institutions together as equal partners and build upon the assets, strengths, and capacities of each. Community-campus partnerships involve communities and educational institutions as partners, and may address a variety of different issues based on mutually identified goals.

CV PARTNER

When we refer to a CV partner, we are referring to any partner (higher education, K-12, or community-based) identified by a CV program as being valuable to interview for an added perspective on the work CV programs do and the nature of the partnerships they have formed.

SERVICE-LEARNING

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens.

COMMUNITY HEALTH WORKERS

Community health workers, community health advocates, or promoters are “typically members of a particular community whose task is to assist in improving the health of that community in cooperation with the health care system or local public health agencies. The literature suggests that community health workers can work as agents of change by providing a variety of services including: outreach to underserved and hard-to-reach populations, health promotion/disease prevention educational instructions..., needs assessment and the provision of follow-up services, patient advocacy and assistance...” (Resources for Cross Cultural Health Care and the U.S. Department of Health and Human Services Office of Minority Health and the Agency for Healthcare Research and Quality, http://www.diversityrx.org/HTML/RCPROJ_D.htm)

COMMUNITY-BASED PARTICIPATORY RESEARCH

Community-based participatory research (CBPR) is a “collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action, and achieving social change to improve health outcomes and eliminate health disparities.” (W.K. Kellogg Foundation’s Community Health Scholars Program, <http://www.sph.umich.edu/chsp/>)

CCPH PRINCIPLES OF PARTNERSHIP

Through conference sessions, focus groups, surveys, interviews, and literature reviews, CCPH has involved its members and partners in defining, widely disseminating, and promoting these “principles of good practice” for community-campus partnerships. Brief articles on each principle, along with assessment tools and other resources, are available online at <http://www.futurehealth.ucsf.edu/ccph/principles.html#principles>.

- Partners have agreed upon mission, values, goals, and measurable outcomes 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 addresses areas that need improvement.

- The partnership balances power among partners and enables resources among partners to be shared.
- There is clear, open, and accessible communication between partners, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.
- Roles, norms, and processes for the partnership are established with the input and agreement of all partners.
- There is feedback to, among, and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
- Partners share the credit for the partnership’s accomplishments.
- Partnerships take time to develop and evolve over time.



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