Community-Engaged Scholarship: Is Faculty Work in Communities a True Academic Enterprise?

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Abstract

Since Ernest Boyer's landmark 1990 report, *Scholarship Reconsidered*: *Priorities of the Professoriate,* leaders in higher education, including academic medicine, have advocated that faculty members apply their expertise in new and creative ways in partnership with communities. Such community engagement can take many forms, including community-based teaching, research, clinical care, and service. There continues to be a gap, however, between the rhetoric of this idea and the reality of how promotion and tenure actually work in health professions schools.

The Commission on Community-Engaged Scholarship in the Health Professions was established in October 2003 with funding from the W.K. Kellogg Foundation to take a leadership role in creating a more supportive culture and reward system for community-engaged faculty in the nation's health professions schools. The authors prepared this article to inform the commission's deliberations and to stimulate discussion among educators in the health professions. The authors define the work that faculty engage in with communities, consider whether all work by faculty in community-based settings is actually scholarship, and propose a framework for documenting and assessing community-engaged scholarship for promotion and tenure decisions. They conclude with recommendations for change in academic health centers and health professions schools.

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> The scholarship of engagement means connecting the rich resources of the university to our most pressing social, civic and ethical problems, to our children, to our schools, to our teachers and to our cities. . . . I have this growing conviction that what's also needed is not just more programs, but a larger purpose, a sense of mission, a larger clarity of direction in the nation's life as we move toward century twenty-one.
> —Ernest Boyer, *Scholarship Reconsidered: Priorities of the Professoriate*

Since Ernest Boyer's landmark 1990 report,[1] from which the above quote was taken, leaders in higher education, including academic medicine, have advocated that faculty members apply their expertise in new and creative ways in partnership with communities.[1–3] In the Institute of Medicine's November 2002 Report, *Who Will Keep the Public Healthy?,* leaders endorsed Boyer's work by emphasizing the need to shift faculty roles and rewards to support faculty commitment to communities. It recommends that academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that strengthen public health practice, and that the National Institutes of Health should increase the proportion of its budget allocated to population- and community-based prevention research.[4]

There is a gap, however, between recommendations made by national commissions and national governing bodies, and the reality of how promotion and tenure actually works in health professions schools. Generating support in academic health centers for faculty work in communities is a challenge for both external and internal reasons. Externally, the survival of clinical departments and their faculty are dependent on the ability to maintain a combination of clinical and research revenues. Other health professions schools, including schools of public health, are equally dependent on government grants and contracts to sustain themselves. Community-based activities are often not consistent with these demands for generating extramural sources of support.

Internally, faculty roles and rewards policies can be barriers to significant and sustained faculty involvement in communities.[5–7] Untenured faculty are more likely to receive promotion for publishing articles in peer-reviewed journals than for demonstrating an active commitment to addressing community problems.[5] Faculty are thus reluctant to apply their expertise to community-based concerns.[8] It is too professionally risky.

To address these persistent challenges, the Commission on Community-Engaged Scholarship in the Health Professions was established with funding from the W.K. Kellogg Foundation in October 2003. Comprising a diverse group of leaders from academic institutions, professional associations, community-based organizations, philanthropy, and government, the commission has been charged to take a leadership role in creating a more supportive culture and reward system for community-engaged faculty.

In this article, prepared to inform the commission's deliberations, we define the work that faculty engage in with commu-

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nities, consider whether all work by faculty in community-based settings is scholarship, and propose a framework for documenting and assessing community-engaged scholarship for promotion and tenure decisions. We conclude with recommendations for change in academic health centers and health professions schools.

Aligning Institutional Mission with Faculty Work

> If we want faculty to be involved [in communities] but reward them for other activities, we are our own worst enemies. —Associate vice provost, public academic health center

At the core of any discussion of faculty roles and rewards, as noted by Boyer[1] and Sandmann et al.,[9] is that faculty work should be framed within the context of the institution's missions, and measures of assessment should be developed based on the actual "work" in which faculty are engaged and to which they are committed. This is especially true for faculty who are involved in community-based work and whose institution's mission directly supports these activities, regardless of whether they are all scholarly activities. Thus, just as classroom- and hospital-based teaching, basic science research, and clinical care are critical to the academic health center mission, community-based teaching, community-based research, and community service are equally valuable. In line with the Institute of Medicine, we believe that community-based work that benefits communities and advances the institution's mission should count more significantly than it currently does toward faculty promotion and tenure decisions.

Several health professions schools have codified these values in their promotion and tenure policies, including the Department of Family Medicine and the School of Public Health at the University of North Carolina, the University of Washington School of Public Health and Community Medicine, and Portland State University.[10–13] Steiner et al.[14] and Steckler et al.[15] have published the lessons learned and the strategies they used to change promotion and tenure guidelines in the Department of Family Medicine and the School of Public Health, respectively, at the University of North Carolina at Chapel Hill. (The article by Steiner et al. is in this issue of *Academic Medicine.*)

Portland State University (PSU) has also published its experience with taking a campus-wide approach to promoting community-engaged scholarship. Through intensive internal and external discussions, PSU adopted a clearly articulated mission and strategic plan that guided a series of transformational events in the 1990s, including revised promotion and tenure guidelines that recognize and reward faculty contributions to community engagement.[16,17]

The experiences of these and other institutions demonstrate that recognizing and rewarding community-engaged scholarship requires changes not only in the wording of policies and procedures, but even more importantly in institutional culture. Such changes are only possible when approached from multiple leverage points simultaneously.[8]

Defining Scholarship

Faculty are engaged in a range of activities, not all of which should be considered scholarship. Two proposed models can help promotion and tenure committees determine whether a given faculty activity is "scholarship." Glassick et al.[18] proposed a model that evaluates faculty work as scholarship based on the degree to which a faculty member establishes clear goals, is adequately prepared, uses appropriate methods, has significant results, creates an effective presentation of the work, and reflects critical activity. Diamond and Adam[19] suggest a model for scholarship that "requires a high level of discipline-related expertise, breaks new ground or is innovative, can be replicated, documented, peer-reviewed and has a significant impact."

Not all faculty work in communities meets these definitions of scholarship. As a junior faculty physician noted (in a session at the 2002 annual meeting of the Association of American Medical Colleges [AAMC][20]), she provided clinical care that is valued by her department through leadership in an innovative clinical program in a poor urban community, yet she struggles to make it have a central role in her promotion and tenure portfolio. While delivering clinical service *alone* is not scholarship, it is critical to advancing her medical school's mission to provide care to the underserved. However, if this same junior faculty member had demonstrated innovation in clinical practice, potential for replication in other communities, documented significant patient outcomes, and published the findings in a peer-reviewed journal, this work would have met Diamond and Adam's definition of scholarship.

Defining Community-Engaged Scholarship

As a result of Boyer's effort to expand the framework for scholarship, institutions of higher education are using broader definitions of scholarship, encompassing a continuum of faculty work ranging from discovery, to the integration of discovery with application, to work that is primarily the application of faculty expertise.[21,22] We posit that faculty work in communities exists along this continuum. In this article, we use the term *community-engaged scholarship* to reflect this range of faculty work in communities that meets Glassick et al.'s and Diamond and Adam's definitions of scholarship. Community-engaged scholarship can apply to teaching (e.g., service–learning), research (e.g., community-based participatory research), community-responsive clinical and population-based care (e.g., community-oriented primary care, academic public health practice), and service (e.g., community service, outreach, advocacy).

The positive response by the health professions to this broader conception of scholarship has been less immediate than in other parts of higher education. However, it has gained ground recently as schools struggle to respond to the changing health care system and societal expectations. The recent status report by the AAMC on faculty appointment and tenure, for example, indicates that medical schools are introducing new faculty tracks and career pathways and now recognize a broader range of scholarly activities.[23] The AAMC has also sought to advance the definition of scholarship in medical education through the development of teaching portfolios used in promotion and tenure decisions[24] and through a special issue of *Academic Medicine* on scholarship.[25]

Other academic organizations are also broadening their views of scholarship. A 1999 report of the American Dental Education Association recommends creating faculty tracks for educators and incentives for community-based clinicians to teach in dental schools,[26] and a 2004 re-

port recommends that dental schools encourage a broad range of faculty scholarship.[27] The American Association of Colleges of Nursing issued a 1999 position statement[28] on the definition of scholarship in nursing that supports Boyer's model, and provides examples of the types of documentation needed for each dimension of scholarship in nursing. The Association of Schools of Public Health's Council of Public Health Practice Coordinator's 1999 Report, *Demonstrating Excellence in Academic Public Health Practice,*[29] encourages schools of public health to reconsider the definition and scope of what constitutes scholarship as it relates to public health practice as part of the institutional mission and faculty reward structures. While these discipline-specific efforts have served to generate debate and discussion, few academic health centers or health professions schools formally recognize or reward community-engaged scholarship. A framework and policy agenda are needed that integrates this form of scholarship across the clinical and public health arenas.

Assessing Community-Engaged Scholarship

The shift initiated by Boyer regarding how we *define* and *conceptualize* scholarship has led to important discussions regarding how to best *assess* scholarship in communities using Boyer's framework.[18,21,29,30] Several projects throughout the 1990s, supported in large measure by the American Association for Higher Education, focused on undergraduate education and used the term "professional service" and "outreach" to describe the range of faculty work in communities. Most of the resulting policy statements emphasize that faculty "work" with communities should be evaluated based on a full range of process, product, and outcome measures and should be framed within Glassick et al.'s or Diamond and Adam's model of scholarship.[18,19] With their focus at the undergraduate level, however, these efforts have largely been overlooked by health professions schools.

The Association of Schools of Public Health's report cited above focuses on faculty assessment of academic public health practice and is closest to our conceptualization of community-engaged scholarship. Academic public health practice is defined as "the applied interdisciplinary pursuit of scholarship in the field of public health. The application of academic public health is accomplished through practice-based research, practice-based teaching and practice-based service."[29]

This work, while important, has had little reach outside of schools of public health, due to use of the term "public health practice" and its limited inclusion of clinical practice. Maurana et al.[31] subsequently drew upon these prior works and expanded to reflect a language that spans the health professions. In their article, these authors emphasized that "Boyer's model of scholarship of discovery, integration, application, and teaching all apply to community scholarship, but the principles, processes, outcomes, and products may differ in a community setting."

Process Measures for Community-Engaged Scholarship

The process involved in collaborating with communities is an essential part of the *methodology* of community-engaged scholarship. The collaborative inquiry and the relationships that form between faculty and communities to examine and address problems should be an essential part of a faculty member's assessment. In an evaluative context, these are considered *process* measures.[32] Process measures would be included with the traditional focus on products or outcomes such as the number of publications in peer reviewed journals and the number of grants obtained as a principal investigator.

Couto[33] emphasizes that community-based participatory research "requires that students, faculty members and community partners listen to one another, deliberate critically about common problems and issues, arrive at solutions to mutual problems creatively in a community setting, and work together to implement solutions." Other authors have made similar observations about the importance of including process measures in a faculty member's assessment. Maurana et al.[31] noted that "community scholarship requires the scholar to be engaged with the community in a mutually beneficial partnership. Community-defined needs direct the activities of the community scholar."

It is these process measures that are a hallmark of community-engaged scholarship. Process itself can have an important effect on community health improvement, leading to increased leadership and capacity by communities for sustaining intervention programs, and determining whether communities will continue to work long-term with the faculty member. Often, community-engaged faculty are the critical link to long-term institutional–community partnerships.

Process measures need a more central place in departmental and institutional promotion and tenure guidelines. Existing tools on collaboration, partnerships, service–learning, and community-based participatory research can be modified specifically to measure process in community-based scholarship.[34,35] The assessment questions on community scholarship developed by Maurana et al.[31] using Glassick et al.'s framework also have great potential as process measures to evaluate faculty.

Products of Community-Engaged Scholarship

Academic products as delineated in a faculty member's curriculum vitae are still considered the "gold standard" for promotion and tenure decisions, with peer-reviewed articles and grants generally regarded as having the highest value. Within a community-engaged scholarship framework, the nature and scope of scholarly productivity and its dissemination needs to be broadened. Faculty committed to community-engaged scholarship need to generate products that balance "community priorities and university requirements for knowledge generation, transmission and application."[9] We propose three primary types of products of community-engaged scholarship that together can achieve this balance: peer-reviewed articles, applied products, and community dissemination products.

Peer-reviewed articles. The traditionally accepted product is usually an established number of descriptive or empirical articles in reputable peer-reviewed journals. These articles communicate to others in the field lessons learned and descriptions of innovative programs, and serve as a vehicle for documenting research methods and findings. Therefore, this type of product retains its importance in the evaluation of community-engaged scholarship. An increasing number of peer-reviewed journals over the last decade have been publishing articles on service–

learning, public health practice, and community-based participatory research.[36–38]

Applied products. Applied products focus on the "immediate" transfer of knowledge into application and serve to "strengthen collaborative ties between academics and practice" and enables faculty to "apply disciplinary knowledge to practice" with communities.[39] Applied products include innovative intervention programs; policies at the community, state, and federal levels; training materials and resource guides; and technical assistance. These are products that communities value and that can help improve community health.[8] Furthermore, as Rice and Richlin[40] argue, these applied products allow practice to "inform and enrich theory." These products can be evaluated for evidence of scholarship by the extent to which they require a high level of discipline-related expertise, are innovative, have been implemented or used, and have had an impact on learners (if educational in scope), organizational or community capacity, or the health of individuals or communities.[18,19]

Community dissemination products. These products of community-engaged scholarship can include community forums, newspaper articles, Web sites, and "presentations to community leaders and policy makers at state and national levels."[31] These products provide valuable opportunities for reflective critique by peers *both* in the community *and* in the academy.[8]

Impact and Project Outcomes of Community-Engaged Scholarship

In community-engaged scholarship, "impact" encompasses the outcomes of faculty members' efforts to foster and sustain change in communities and in the academy. Impact occurs through the relationships faculty members develop and sustain with communities (see the preceding *process* section) and the products (see the preceding *products* section) that they develop together. Measures of impact in the *community* can include changes in health policy, improved community health outcomes, improved community capacity and leadership, and increased funding to the community for health-related projects.[21,31]

For the *academy,* impact can be measured by the faculty member's effort to institutionalize and sustain a community program or curriculum with either or both external grants and in-kind institutional funding. This level of impact requires committed faculty and institutional leadership, since institutional systems are generally resistant to innovation. Other measures of impact address learners. Faculty who incorporate service–learning into their teaching, for example, can contribute to a wide range of educational outcomes including changes in student attitudes, career choice, skills, and knowledge related to working in communities.[24]

The Challenge and Future of Community-Engaged Scholarship

The challenge for faculty whose work interfaces with communities is that "community-based anything takes time, length and breadth."[7] Commitment to the process of developing relationships with communities and working through an iterative process of developing useful products can take years. Further, community and institutional impacts may take even longer to achieve and document. These factors all conspire to limit a faculty member's ability to achieve and document the requirements of most promotion and tenure policies.

Outcomes, however, *are* important, and faculty and communities must work together to define reasonable goals and develop intermediate outcomes that can be highlighted through each of the types of products we describe above, while working toward achieving and documenting sustained change. Faculty need to be upfront with their community partners, department chairs, and peers about the realities of what is expected of them. They need to negotiate and manage these expectations.

Regarding the future of community-engaged scholarship, Weiser et al.[41] astutely point out that "a university's values are most clearly described by its promotion and tenure policy and by the criteria used to evaluate faculty members." According to this dictum, most academic health centers and health professions schools do not truly value community partnerships and the community involvement of their faculty as central to achieving their institutional missions. Implementing the framework described in this article will require leadership on the part of national associations of health professions schools as well as individual health professions faculty, deans, and department chairs. As a starting point, we recommend that the leadership of academic health centers and health professions schools initiate a dialogue about the proposed framework in relation to their institutions' missions and current promotion and tenure policies.

For its part, the Commission on Community-Engaged Scholarship in the Health Professions is pursuing a number of strategies designed to influence support for community-engaged scholarship, including engaging key stakeholder groups, issuing reports and recommendations, writing editorials, and making presentations.[42] The commission is disseminating an online toolkit that health professions faculty can use to document their community-engaged scholarship for review, promotion, and tenure decisions. The toolkit includes two main sections: a *planning section* that focuses on the role of mentors, developing one's vision for work with communities, and strategies for documenting one's work across the academic missions; and a *faculty portfolio section* that focuses on how to prepare a strong career statement, curriculum vitae, teaching portfolio, and letters from peer reviewers and community partners.[43] Finally, with support from the U. S. Department of Education's Fund for the Improvement of Postsecondary Education, Community-Campus Partnerships for Health has convened a collaborative of 10 health professions schools that are working over the next three years to build capacity for community-engaged scholarship.[44]

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