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Community Engagement in Academic Health Centers: A Model for Capturing and Advancing Our Successes

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Abstract

Academic health centers (AHCs) are under increased pressure to demonstrate the effectiveness of their community-engaged activities, but there are no common metrics for evaluating community engagement in AHCs. Eight AHCs piloted the Institutional Community Engagement Self-Assessment (ICESA), a two-phase project to assess community-engagement efforts. The first phase uses a framework developed by the University of Rochester Medical Center, which utilizes structure, process, and outcome criteria to map CE activities. The second phase uses the Community-Campus Partnerships for Health (CCPH) Self-Assessment to identify institutional resources for community engagement, and potential gaps, to inform community engagement goal-setting. The authors conducted a structured, directed content analysis to determine the effectiveness of using the two-phase process at the participating AHCs. The findings suggest that the ICESA project assisted AHCs in three key areas, and may provide a strategy for assessing community engagement in AHCs.

Community engagement has come to the forefront of academic health centers' work because of two recent trends: the shift from a more traditional treatment of disease model of health care to a population health paradigm (Gourevitch, 2014), and increased calls from funding agencies to include community engagement in research activities (Bartlett, Barnes, & McIver, 2014). As defined by the Centers for Disease Control and Prevention (CDC), community engagement is "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" (CDC, 1997, p. 90). AHCs are increasingly called on to communicate details of their community engagement efforts to key stakeholders and to demonstrate their effectiveness.

The population health paradigm values preventive care and widens the traditional purview of medicine to include social determinants of patients' health (Gourevitch, 2014). Thus, it has become increasingly important to join with communities in population health improvement efforts that address behavioral, social, and environmental determinants of health (Michener, Cook, Ahmed, Yonas, Coyne-Beasley, & Aguilar-Gaxiola, 2012; Aguilar-Gaxiola, Ahmed, Franco, Kissack, Gabriel, Hurd, Ziegahn, Bates, Calhoun, Carter-Edwards, Corbie-Smith, Eder, Ferrans, Hacker, Rumala,

Strelnick, & Wallerstein, 2014; Blumenthal & Mayer, 1996). This CE can occur within multiple contexts in AHCs (Ahmed & Palermo, 2010; Kastor, 2011).

Introduction

While AHCs are under increased pressure to demonstrate the effectiveness of their community-engaged activities, there are multiple challenges to developing effective evaluation methods for CE in AHCs (CDC, 1997; Rubio, Blank, Dozier, Hites, Gilliam, Hunt, Rainwater, & Trochim, 2015). Simple concepts like CE can be difficult to define (Rubio, et al., 2015). Demonstrating the impact of community engagement on population health outcomes is problematic (Szilagyi, Shone, Dozier, Newton, Green, & Bennett, 2014), and leadership-level knowledge of an AHC's community-engaged activities within their own institutions may be limited (Eder, Carter-Edwards, Hurd, Rumala, & Wallerstein, 2013). This paper describes our work to develop replicable processes that evaluate ongoing community engagement efforts within AHCs from an institutional level, and assesses the levels of community engagement resources, as compared to best practices.

The University of Rochester Medical Center (URMC) created the Institutional Community Engagement Self-Assessment (ICESA) project, a two-phase pilot that creates a map of an AHC's community engagement efforts and measures

existing institutional capacity for supporting community-engaged activities. Phase 1, the URMC Framework model (Szilagyi, et al., 2014), uses a health services research approach (Starfield, 1973) to evaluate an AHC’s community engagement program. Phase 2 involves the completion of the ICESA developed by Community Campus-Partnerships for Health (CCPH) (Gelmon, Seifer, Kauper-Brown, & Mikkelsen, 2005). For this pilot, the URMC solicited participation from AHCs that were seeking, or that had already been awarded Clinical and Translational Science Awards (CTSA) from the National Institutes of Health, National Center for Advancing Translational Sciences. These awards fund medical research institutions to speed the translation of research discovery into improved patient care and strongly encourage the inclusion of community-engaged activities toward this goal (Westfall, Ingram, Navarro, Magee, Neibauer, Zittleman, Fernald, & Pace, 2012). Eight institutions participated in this pilot project.

The purpose of the project is not to assess the content of each institution’s framework and CCPH Self-Assessment, nor to make comparisons across participating institutions, but to assess the effectiveness of the process. Specifically, does the two-phase process help AHCs identify and map current community engagement efforts, identify institutional resources and potential gaps to set future strategic community engagement goals, and assist institutions in describing their community engagement efforts to internal and external stakeholders?

Methods

Below, we provide an overview of the ICESA two-phase project, a description of the project scope and team composition, a review of the data sources, and a description of our analytic approach.

Overview of the ICESA Two-Phase Project

Phase 1. Institutional partners were asked to form teams and to apply the URMC Framework (Szilagyi, et al., 2014) that was developed in 2013 and categorizes an AHC’s community-engaged activities around three levels of impact: on the surrounding local community, on the AHC, and on population health through generalizable knowledge and practices (Kastor, 2011). The Framework’s aim is to document and assess the structure, process, and outcomes of major community-engaged activities, including large-scale, multicomponent efforts (which may be longstanding and can span many disciplines) designed to achieve each community-engaged goal. The Framework does not attempt to provide quantifiable measures, but instead contextualizes an AHC’s current community-engaged activities to provide a baseline for evaluation and tracking progress over time (Table 1).

Phase 2. In the second phase of the project, ICESA partners were asked to complete the CCPH community-engaged Self-Assessment (Gelmon, et al., 2005). This instrument, created in 2005 and subsequently refined, assesses the capacity of a higher educational institution for community-engaged scholarship, and identifies opportunities for action (Gelmon, Lederer, Seifer, & Wong, 2009; Gelmon, Blanchard, Ryan, & Seifer, 2012; Gelmon, et al., 2005). Using the self-assessment has helped identify variation in capacity for community engagement, as well as focus on areas for development (Gelmon et al., 2009).

The CCPH Community Engagement Self-Assessment contains six dimensions, each with multiple elements. The six dimensions are: definition of community engagement, faculty support for and involvement in community engagement, student support for and involvement in community

Table 1. URMC Framework of CE Activities

		Evaluation Criteria			
Impact Goals	CE Activities	Structure	Process	Outcomes	CE Activities
<i>Local Community Impact:</i> Improve the health of the community served by the AHC					
<i>Academic Health Center Impact:</i> Increase the AHC’s capacity for CE, its value to the community and community/trust in the					
<i>National/Global Impact:</i> Increase generalizable knowledge and practices					

engagement, community support for and involvement in community engagement, institutional leadership and support for community engagement, and community-engaged scholarship.

Within each dimension, four levels of commitment to community engagement and community-engaged scholarship are noted. Table 2 illustrates how each element is described.

The results of the CCPH Community Engagement Self-Assessment highlight which best practice resources the institution possesses to focus its efforts toward community-engaged activities, any gaps in best practice resources available at the institution, and opportunities for future improvement.

To ensure similar methodology across the sample, we asked that team members at each AHC work to come to consensus on a single rating for each CCPH Assessment dimension.

Combining the URM C Framework with the CCPH Community Engagement Self-Assessment offers a unique opportunity to both compile current efforts and examine gaps in institutional resources, policies, and infrastructure for community engagement compared to best practices.

Project Scope and Team Composition

Seven of the eight AHCs focused on community engagement across all of their mission areas, as defined by each AHC; one team focused exclusively on community engagement as applied to research. All eight teams excluded considerations of undergraduate programs that sit outside the AHC.

Each institutional contact from participating AHCs served as a team leader, and that leader assembled a local project team comprised of

faculty, administrators, and staff from his or her institution. Based on lessons learned from the prior Framework project conducted at the URM C (Szilagyi et al., 2014), project leaders assembled five to ten people who were explicitly familiar with community engagement efforts occurring at their respective AHCs. Where possible, team leaders were encouraged to solicit a broad representation from across departments, but the priority was to include team members most familiar with the community engagement efforts of the AHC.

The content produced by the two-phase project reflected highly detailed, internal information on AHC community engagement programs and policies. Given that the ICESA project focus was on an internal assessment of AHC community engagement capacity, team leaders agreed that community partners would not be included on the project teams. Instead, the project leaders recommended that community partners be provided with a report on the findings, give feedback and suggestions on the report, and be included in community engagement planning efforts. This decision was supported by consultants from CCPH, who agreed that the Phase 2 CCPH Self-Assessment is, by design, internally focused on the AHC. To that end, approximately 18 months after the conclusion of Phase 2 of the project, team leaders were asked to complete a short survey describing their plans for sharing with their community partners the results of their institutions’ two-phase process.

Data Collection and Analysis

A multi-faceted evaluation used qualitative data from the following sources:

Table 2. Example of CCPH CE Self-Assessment Dimension and One of Its Elements

Dimension VI: Community-Engaged Scholarship					
Directions: For each element (row), choose the stage that best represents the current status of community-engaged scholarship in your Academic Health Center (AHC).					
	Level One	Level Two	Level Three	Level Four	Notes:
Element 6.6 Institutional Leaders’ Value of Community-Engaged Scholarship	The president, chief academic officer, trustees, and deans do not support community-engaged scholarship as an integral form of scholarship at this institution.	The president, chief academic officer, trustees, and deans do not support community-engaged scholarship as an integral form of scholarship at this institution, although some may express individual support for this form of scholarship.	The president, chief academic officer, trustees, and deans support community-engaged scholarship as an integral form of scholarship at this institution, but they do not visibly and routinely support this form of scholarship through their words and actions.	The president, chief academic officer, trustees, and deans support community-engaged scholarship as an integral form of scholarship at this institution and demonstrated this support through their words and actions.	Unable to assess. (Please explain in Notes section.)
Choose the stage that characterizes your AHC — 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Unable to assess <input type="checkbox"/>					

- The Phase 1 URM Framework and Phase 2 CCPH Community Engagement Self-Assessment comments and notes from the eight participating AHCs. The open comment and note fields provided additional information.
- Team Feedback Survey. All team leaders reported their experiences using the Phase 1 URM Framework, Phase 2 CCPH Community Engagement Self-Assessment, and overall assessment of the effectiveness of the ICESA project.
- Additional Qualitative Data. These data included email communications and notes from both one-on-one phone calls and monthly project leader conference calls.
- Supplemental Survey. Approximately 18 months after Phase 2 of the project, team leaders completed a short, online survey in which they were asked details about their plans for sharing their institutions' results of the two-phase process with community partners.

The project directors took a structured directed approach to content analysis. In contrast to an inductive, open coding approach, the initial coding in a structured directed approach is based on predetermined categories (Hsieh & Shannon, 2005). The predetermined categories were represented by three process evaluation questions. The project directors compiled the notes and comment fields from the data sources listed above into a single document. Separately, and on individual copies, they highlighted all comments that aligned with either a positive or negative answer to each process evaluation question. Individually, they labeled each comment as to the process evaluation question addressed, and further subcategorized those comments conceptually related within each category. Any text that did not fit in this initial categorization scheme was given another code and analyzed to determine if it represented a new category. The project directors came to consensus on which data provided evidence (or not) for each process evaluation question and agreed-on subcategories. All results of the content analysis were shared with the other team leaders for feedback, discussion, and agreement. Agreed-upon changes were made; all project team leaders reached consensus on the coding. Additionally, there were questions on the Feedback Survey that directly addressed the process evaluation questions. Those results are included below.

Results

Does the ICESA Two-Phase Process Help AHCs Identify and Map Current Community Engagement Efforts?

The evidence for this question is found in the following sources: the completed URM Framework from all eight participating institutions; the answers to questions on the feedback survey; and the categorized open comments made by project team leaders.

All eight teams completed the URM Framework. Four institutions modified the Framework to suit their individual purposes by modifying the names of column headings (N=1), or by adding columns or rows (N=3), increasing the granularity of the data captured. On the feedback survey, responses to "Overall, how useful was the Framework in documenting/understanding your CE program?" showed that all eight project leaders found it useful, half noting it as "very useful" (N=4) and half as "somewhat useful" (N=4).

Project team leaders were also asked about the utility of the URM Framework and the ICESA two-phase process as a whole for identifying and mapping current community engagement efforts. Eight team leaders provided comments affirming the usefulness of the two-phase process (N=8). Open comments were more descriptive and organized into three subcategories. The first subcategory is centered on "mapping" or visualizing the community engagement programs at participating institutions. Representative comments from team leaders include "extremely helpful in mapping and understanding the CE efforts that were happening across the academic health center" and "helped us see all of our CE activities and creates a baseline for planning activities moving forward, and for tracking our successes."

The second subcategory includes comments made by team leaders about the modifications they made to the URM Framework, mentioned above.

There were also suggestions for how to improve the use of the URM Framework; the final subcategory highlights the difficulties some teams had in utilizing the URM Framework and their suggested changes for future use. Five team leaders made suggestions. In summary, team leaders indicated that in Phase 1, more guidance on the URM Framework, with examples given, would have been welcomed, particularly to assist those not familiar with health services research and in describing the purpose of the URM Framework. One team leader remarked that "The framework was a little confusing. It wasn't obvious on how to

Table 3. Does the Two-Phase Process Help AHCs Identify and Map Current CE Effort? (URMC Framework)

Subcategories	Project Leader’s Comments
Mapping CE Efforts	<ul style="list-style-type: none"> • Helped us see all of our CE activities and it creates a baseline for planning activities moving forward, and for tracking our successes • Helpful in assisting us to identify gaps • A mechanism to catalog CE work • Extremely helpful in mapping and understanding the CE efforts that were happening across the academic health center
Adaptability of the URMC Framework: Implemented	<ul style="list-style-type: none"> • Separated out activities and evaluation criteria by department/office/center, and added a locations column • Added columns for school, lead contact and audience served • Used 3 original goals, but modified and added some • The URMC model was very useful in helping us begin this conversation. However, we had to revamp the model to guide our conversation in a way that worked for us • We had a lot of discussion about what the column headings would be and what information would fit for each one
Challenges in Using the URMC Framework and Suggested Changes	<ul style="list-style-type: none"> • Would have been helpful to the institution to include source/PI to know/remember where to get the data • Assessment of quantity vs. quality of programs could be helpful • Perhaps adding some step by step on how to walk through the process. A series of questions to ask the team to elicit the information. Once we got started the process seemed to flow. Getting started was the tough part. Maybe even a facilitator to work through that can objectively place items in the right areas or push the group to consider other aspects of CE • Difficult to differentiate between structure, process, outcomes • Had trouble determining who to bring to the table • Somewhat difficult to assure that they had accurate data on all existing programs and research projects related to CE <p>The framework was a little confusing. Once we walked through it a bit it became much easier!</p>

complete it at first. Once we walked through it a bit it became much easier!” Other suggestions for improvement included providing additional guidance on identifying site team members and adding a facilitator to work with each institutional team (Table 3).

Does the Two-Phase Process Assist in Identifying Institutional Resources and Potential Gaps in Order to Set Strategic Community Engagement Goals for the Future (CCPH Community Engagement Self-Assessment)?

Whereas the URMC Framework was the primary tool for identifying and mapping community

engagement efforts, the CCPH Community Engagement Self-Assessment was designed to prompt consideration and assessment of available institutional resources for supporting community engagement and identification of potential institutional gaps.

Seven teams completed the CCPH Community Engagement Self-Assessment. The team leader of the eighth reported that, given their AHC’s size and number of programs, the team members questioned their ability to accurately determine level of AHC institutional capacity for community engagement work across the six dimensions.

When asked on the feedback survey “Will this process help you, or others at your institution, set strategic goals to further CE efforts at your institution?” all eight team leaders responded “yes.”

Additional evidence related to this question came from open comments on the feedback survey and comments made in project meetings. These were categorized into two subcategories: descriptions of the types of institutional gaps that were identified by teams and evidence that the ICESA project supports strategic community engagement goal setting (Table 4).

Goals for the Future

Seven team leaders commented on potential institutional gaps identified by the project. Comments included statements such as “It became clear that while there are abundant resources to support CE scholarship, there are significant barriers to

promotion, communications, and utilization of these resources” and “While engagement activities are occurring (in some cases, individual centers and institutes are doing this well), there is little emphasis on what the community needs. The activities are driven more by institutional priorities.”

Project team leaders also provided feedback, either in the follow-up survey or project meetings, suggesting the two-phase process has helped or likely will help inform future community engagement planning. All eight team leaders expressed plans, variously, to use the results from this project for identifying priority areas, developing strategies, or setting community engagement goals in the future. One team leader reported that the community engagement task force at her institution has already utilized the results from this project to help set strategic goals.

Table 4. Does the Two-Phase Process Assist in Identifying Institutional Resources and Potential Gaps in Order to Set Strategic CE Goals for the future (CCPH CE Self-Assessment)?

Subcategories	Project Leader’s Comments
Examples of Gaps Identified	<ul style="list-style-type: none"> • Somewhat difficult to assure that they had accurate data on all existing programs and research projects related to CE • While engagement activities are occurring (in some cases, individual centers and institutes are doing this well), there is little emphasis on what are the community needs. The activities are driven more by institutional priorities. • The lack of resources remain a challenge in getting CE plans fully implemented. • It became clear that while there are abundant resources to support CE scholarship, there are significant barriers to promotion, communication, and utilization of these resources. • We found the framework helpful in assisting us to identify gaps. During our discussion about our gaps we figured out that not many of us are measuring the effectiveness of different approaches of community engaged research. • It is an area that is talked about and referenced but has never been quantified. • This assessment quantifies some of the challenges, identifies areas of improvement. • We learned that the institution has definitions and recommended practices in place but those are interpreted differently across the various schools.
Supporting Strategic Goal Setting	<ul style="list-style-type: none"> • This assessment quantifies some of the challenges, identifies areas of improvement. It really sets the stage for discussion. • The documents from the process will be referred to when setting goals for the various projects, departments, etc. that involve CE that we are involved in at our institution. • CCPH tool had less utility but a modified version of it could be helpful in future plans for moving forward. • The CE task force has set strategic goals to further CE efforts, partially based on the results from this process. • The results will help to identify priority areas to focus on and develop strategies to address.

Does the Two-Phase Process Assist Participating Institutions in Describing Their Community Engagement Efforts to Internal and External Stakeholders?

On the feedback survey, team leaders were asked “How will you, or others at your institution, share the results of this two-phase process?” All eight team leaders indicated that they will share the results. Seven teams will share the results with their CTSA leadership, four teams intend to share the results with their community partners, and three with departmental leadership. In open comments, one institution reported that it has plans to share the results with the leadership of each school across the AHC, and one institution reported plans to publish and present the results locally and nationally.

In the follow-up Supplemental Survey, conducted 18 months after completion of the project, team leaders were asked: “Have you already shared the results of your ICESA with your community partners?” One team replied “yes,” indicating that the results had been included in oral presentations, committee meeting discussion, and in written reports. Seven teams responded “no.” Those seven teams were asked the follow-up question: “Do you intend to share your ICESA results with community partners? Six teams replied “yes”; one team leader indicated that the team would not share the results with community partners, citing the difficulty of contextualizing the results across broad community partnerships. The six teams that indicated plans to share the results with community partners were asked the follow-up question: “How do you intend to share your results with your community partners?” Five teams indicated that the results would be presented for discussion and feedback to their community advisory boards. Two teams plan to share the results for discussion at upcoming meetings with community partners, and one team plans to follow their presentation at their community advisory board and partnership meetings with key informant interviews to elicit feedback. Team leaders were also asked: “How will you, or others at your institution, use the results of this two-phase process?” All eight team leaders indicated that they will use their results. Seven indicated they will use the results in their CTSA reporting. Six teams now plan to identify additional outcome or impact measures. Five indicated that they will use their results to increase the visibility of community engagement work within their respective institutions. Four plan to use the results to create programs or initiatives to address gaps in their community engagement

efforts. Two team leaders plan to use the results in their CTSA renewal application.

Open comments from the feedback survey and project meetings were categorized into two subcategories: ways in which the ICESA project increased communication with stakeholders during the project, and how team leaders expect the project will help them describe their community engagement efforts to internal and external stakeholders going forward. Representative comments can be found in Table 5.

All eight team leaders indicated that they intend to share the results with internal stakeholders and four team leaders indicated that they will also share the results with community partners. Four of the eight team leaders made comments about the ways in which the ICESA project will help them with these communications; for example, one team leader said that participation in the project “gives very specific information for reporting to the community and institution” and another said it “quantified a very difficult construct that can start a conversation with University leaders.” In addition to setting the stage for institutional conversations about community engagement, the two-phase process and results also provided an opportunity to engage with community partners and other external stakeholders about institutional capacity for community engagement and opportunities for growth and innovation.

Discussion

Overall, our findings suggest that the ICESA two-phase process helped participating AHCs identify and map current community engagement efforts, identify institutional resources and potential gaps in order to set strategic community engagement goals for the future, and describe their community engagement efforts to internal and external stakeholders. All team leaders from the eight participating institutions found implementing the ICESA project in an AHC to be beneficial. One unanticipated finding, however, is the extent to which the participating institutions modified the URM Framework to suit their purposes. Institutions added columns and rows, or made changes to the column headings in the Framework that did not fundamentally alter the character or use of the tool, but which increased its utility for those institutions. This adaptability suggests that it acts as a heuristic tool; the use of the Framework became an iterative process guided by each team’s subjective and emergent needs.

Table 5. Does the Two-Phased Process Assist Participating Institutions in Describing Their CE Efforts to Internal and External Stakeholders?

Subcategories	Project Leader’s Comments
Increased Communication With Internal Stakeholders	<ul style="list-style-type: none"> • Team members learned quite a bit about each other's areas. • A representative from the University's Office for Public Engagement participated in this assessment process. • Allowed for conversations and thus awareness across offices with common and unique CE missions that didn't know of each other or work together. • The thoughtfulness that surrounded the framework was invigorating. To me the best part of the process was the conversations about CE that resulted • It also provided an opportunity for the team to develop working relationships as several of the team members had not known each other prior to the project initiation • All extremely helpful to create common language across 3 schools in our Health Sciences • The greatest benefit of the project was the opportunity to gather people for whom CE is a major part of their job, but who had never had the chance to meet or spend time with their CE colleagues
Supporting Strategic Goal Setting	<ul style="list-style-type: none"> • This assessment quantifies some of the challenges, identifies areas of improvement. It really sets the stage for discussion • The documents from the process will be referred to when setting goals for the various projects, departments, etc. that involve CE that we are involved in at our institution • CCPH tool had less utility but a modified version of it could be helpful in future plans for moving forward • The CE task force has set strategic goals to further CE efforts, partially based on the results from this process • The results will help to identify priority areas to focus on and develop strategies to address

Two additional experiences suggest another way that the Framework acts as a heuristic tool. One team leader reported that it was difficult to be sure her team had captured all CE activities from across the AHC. Another was concerned, while pulling together her team, that she may not be aware of some CE-active faculty in other departments (refer to Table 1). From an instrumental standpoint, the inability to exhaustively capture all CE activities across departments and schools in an AHC, or to know where to look for CE faculty in a given department could seem like a process failure, but from an epistemological standpoint, bringing those potential gaps to the foreground is one of this project's goals. One project leader reported that in the process of making inquiries of other departments to identify CE-engaged faculty members to join the team for this project, she met a faculty member who was heretofore unknown to her; they are now considering future collaborations. Another project leader reported that, as a result of utilizing the URM Framework, senior leadership at her institution are now interested in creating an

online capture system for eliciting CE activities information from across the AHC in a more institutionally supported manner.

At this time, there are no plans to repeat this project as a national, multi-institutional effort; this is appropriate to the focus of the project on institutional self-assessment. As next steps, the project leaders recommend participating institutions share their results with their community partners and repeat this two-phase process at a regular interval, to be determined by their individual needs. The challenges participating teams experienced in using the URM Framework, and their recommendations for changes, should be well-considered in future implementations of ICESA, by both our participating teams, and others who may utilize the process.

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