



**ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH  
COUNCIL OF PUBLIC HEALTH PRACTICE COORDINATORS'  
WORKSHOP-IV  
“Creating Sustainable Environments for Public Health Practice”**

**San Diego, CA  
April 18-20, 2001**

**Final Report**

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Geraldine S. Aglipay**

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## Executive Summary

The Association of Schools of Public Health (ASPH) Council of Public Health Practice Coordinators (Practice Council) met for a retreat in the spring of 2001 in San Diego, CA for the 4th ASPH/HRSA Public Health Practice Coordinators' Workshop, entitled, **“Creating Sustainable Environments for Public Health Practice.”** The Bureau of Health Professions of the Health Resources and Services Administration (HRSA) provided basic support for this workshop. Community-Campus Partnerships for Health (CCPH) also provided support through the Corporation for National Service. This workshop was primarily geared toward the Practice Council. The goal of the practice coordinator workshops has been to recognize and support successful approaches in promoting and sustaining the scholarship of academic public health practice in schools of public health. This fourth workshop advanced that goal by deliberating on innovative approaches of practice-based teaching through service learning.

In concert with the tenets of the groundbreaking ASPH document, Demonstrating Excellence in Academic Public Health Practice, **“Creating Sustainable Environments for Public Health Practice”** integrated the principles of partnering, the scholarship of practice, and approaches to sustaining and advancing practice in schools of public health. The theme for this workshop stemmed from council members' recommendations, the emergence of new academic-practice approaches, and the outcomes of HRSA funded academic-practice activities at schools of public health over the last three years.

For the latter part of the workshop, ASPH deemed it essential to also invite community/agency partners and other practice-oriented faculty in order to fully address the issues of collaborative, practice-based teaching. After years of hard work, the time had finally arrived for the council to progress to a higher level of discussion with practitioners. CCPH's invaluable contributions helped shape a unique and expert agenda on practice-based teaching and service learning.

The meeting's themes included: 1) networking on best practices; 2) reviewing practice activities in schools; 3) planning and discussion of public health practice research, teaching and service in graduate education; 4) developing approaches to support practice through funding mechanisms and faculty reward systems; 5) collaborating on training for "service learning"; and 6) disseminating public health research, teaching and service models.

The meeting **strengthened the links between academic public health practice and public health practice**. The leadership of public health and concepts of prevention need to be employed now more than ever, considering the threats of new and emerging infectious diseases, biochemical and environmental health disasters, wellness, food safety, etc. Academic-practice partnerships present the resources, skills, and expertise required to tackle the public health challenges of the new century.

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## BACKGROUND

The Association of Schools of Public Health (ASPH) formed the **Council of Public Health Practice Coordinators** in 1992 to provide an institutionalized mechanism for creating and maintaining linkages with the public health practice community and to establish a forum for exploring innovative ways to incorporate and augment public health practice principles of research, teaching, and service in the graduate accredited schools of public health (SPH). This council performs liaison functions, not only with official public health agencies (e.g., state and local health departments), but also with community-based health organizations, managed care organizations, and the federal government. The council serves as a contact link for practitioners in the field to access resources and to explore collaborative ventures with faculty, students, and administrators in the SPHs, and it advises the deans on issues relevant to academic public health practice.

The council's relationship with the **Bureau of Health Professions** in the Health Resources and Services Administration (HRSA) has allowed this group to examine scholarship, curricula, and faculty development issues in the SPH in relation to practice-based research, teaching, and service. Over the past few years, council members have participated in a workshop format to define its mission and to discuss common topics of concern. The council has made progress toward expanding existing linkages with the community and in bringing those experiences back to the university for the benefit of both HRSA-sponsored grantees and the university.

Academic-practice linkages permit agencies and organizations greater and more institutionalized access to technical assistance from the schools, while affording academic institutions practitioner input in curricula, evaluation and field placement programs. The resulting synergy among the government, SPH, and the community produces more relevant training for students. Furthermore, communities benefit from the immediate technical service provided to them by the faculty and student interns and from the students who decide to seek employment in these areas upon graduation.

The council is composed of one administrator or faculty member appointed by the dean of each ASPH-member school of public health. Typically, the designated public health practice coordinator is a faculty member who has had significant experience in the practice community and/or who holds a joint appointment in a practice agency.

In **February of 1995**, the council met with several practitioners in Columbia, South Carolina to participate in the first council workshop supported by HRSA (see *The Changing Definition of Public Health Practice: South Carolina Practice Coordinator Workshop Final Report*). This first workshop focused on innovative practice activities at three SPH and was followed up by a discussion of the future of public health practice, the definition of what constitutes practice, and the roles of ASPH public health

practice coordinators. The council also discussed collaborative research, alternative sources of funding, and multicultural and distance learning issues.

In **September of 1996**, HRSA and ASPH convened the full council again in a similar forum in Boston, Massachusetts in order to pursue the recommendations made at the South Carolina workshop, such as the need to examine the obstacles and successes to public health practice in the SPH. The council created a chart of Major Topics, Barriers, and Recommendations that has since been used to monitor a school's progress on academic public health issues. In **June of 1997**, a small working group of practice coordinators met in Savannah, Georgia to begin developing a monograph that would define public health practice for the academic community and to recommend strategies for increasing the emphasis on public health practice in research, teaching, and service in SPHs (see *Overcoming Barriers: Creating Sustainable Academic-Community Linkages* for both the Boston and Savannah workshop summaries).

The council met most recently in Ann Arbor, Michigan in July 1998 to discuss timely developments in promoting a scholarship-based public health practice agenda and to review the first draft of the monograph. The monograph sought to: define and demonstrate excellence in academic public health practice; reassess the best scholarly practices in academic public health; and, further explore the dynamic influence community partners have on academia, and vice versa, in the area of practice-based research, teaching and service. The themes in the monograph, however, were examined through a first-hand look at the partnerships between University of Michigan School of Public Health and its surrounding communities. **The result was the landmark, Demonstrating Excellence in Academic Public Health Practice document.**

The fourth workshop drew the largest number of council members and practice partners to San Diego, CA in April 2001. The theme was: *Creating Sustainable Environments for Public Health Practice* and the summary follows.

**WORKSHOP & RETREAT DAY 1: Wednesday April 18, 2001**

**Welcome** -- *Kenneth Bart, MD, MPH, MSHPM*  
*Director, Graduate School of Public Health, San Diego State University*

Dr. Bart noted that San Diego County is as large as 12 states and its diversity includes a high number of underrepresented minorities and immigrants. The graduate school of public health at San Diego State University (SDSU) helps supports the local delivery and implementation of the essential public health services.

The new paradigm of the County of San Diego Health and Human Services aims to incorporate "one-stop shopping" for clients and permits access to amalgamated health and social services. The school is currently evaluating agency competency needs and looking at its capacity to grow and adapt in a changing public health environment. **A major challenge of this equation is how incentives for academics can also address real public health needs.** Dr. Bart declared that **Demonstrating Excellence in Academic Public Health Practice**, provides a roadmap for public health academicians in facing up to this challenge, as it clearly defines academic public health practice.

**INTRODUCTION**--*Beth Quill, MPH*  
*Chair, ASPH Practice Council*  
*Director, Center for Excellence in Public Health Practice & Associate Professor, Department of Management & Policy Sciences, School of Public Health, University of Texas at Houston*

Ms. Quill reiterated that the purpose of the workshop is to take the document Demonstrating Excellence in Academic Public Health Practice (Demonstrating Excellence . . .), reflect upon its recommendations, and assess the future direction of the council in light of progress made and new academic-practice priorities.

Ms. Quill noted that the **document was developed for the internal school of public health (SPH) audience to initiate active dialogue amongst the deans, academicians, and school administrators.** Ms. Quill reviewed the recommendations of Demonstrating Excellence . . .

- (1) Establish and enhance linkages with practice-based and community sector partners to cement channels for interaction and increase each player's capacity of each player to achieve their mission;
- (2) Assess and, if necessary, develop appropriate organizational, administrative, and structural support to encourage applied, interdisciplinary scholarship in public health;
- (3) Support further development and recognition of interdisciplinary fora for evidence and dissemination of scholarship within public health, including practice-based peer-reviewed journals, conferences, monographs, and proceedings;
- (4) Advocate for ways that practice faculty may work within universities for intramural and extramural support of practice-based scholarship to include research, teaching, and service (e.g., this workshop's agenda features a panel on funding practice); and,

- (5) Review the processes underway that promote and build the pool of practice-based faculty in schools of public health (SPH), such as the process-driven elements in SPHs.

Council members have most closely achieved the first ongoing recommendation, but need to keep working towards the institutionalization of linkages between academe and the community. Yet, according to Ms. Quill, the council has accomplished the following:

1. Created definitions for academic public health practice;
2. Advanced scholarship in practice, including models for faculty rewards systems;
3. Increased the number of graduates with practice experience;
4. Increased the quantity and quality of academic-community interactions through community outreach projects;
5. Increased the dissemination of academic research, teaching, and service models that utilize practice;
6. Expanded technology to assist in research, teaching, and service;
7. Increased the recognition of workforce and leadership development;
8. Expanded methodologies for conducting practice research in communities; and,
9. Responded to new demands to change the way that universities operate in relation with their surrounding communities.

Upon revisiting Demonstrating Excellence... (since its second publication), the council still faces the following barriers:

1. Community involvement in research, teaching, and service is inadequate;
2. The public continues to have a poor understanding of public health;
3. Limited faculty exist with practice experience and limited recruitment is conducted to build their ranks;
4. There are a lack of supportive evaluation systems that recognize the contribution of practice;
5. Practice-based and peer reviewed journals and conferences remain low in status and few in number; and,
6. There is limited development of and support for professional diversity (across disciplines and within communities).

Key questions remain surrounding appropriate ways to evaluate practice and how to incorporate the essential public health services and Healthy People 2010 into research, teaching, and service, Ms. Quill reported.

## **SESSION: BENCHMARKING PROGRESS**

### **Panel: Benchmarking Progress –**

**Moderator: *W. Michael Reid, PhD, MA, MBA***

***Associate Professor and Director, Public Health Leadership Institute of Florida College of Public Health, University of South Florida***

### **Presentation: Essential Elements for a "Practice Culture" -- Rachel Stevens, EdD, MPH**

***Deputy Director, North Carolina Institute for Public Health - School of Public Health, University of North Carolina at Chapel Hill***

Dr. Rachel Stevens shared her article entitled "Public Health Practice in Schools of Public Health: Is There a Fit?" that appeared in the Journal of Public Health Management and Practice. Based on her article, her colleague, Dr. Janice Dodd, developed a questionnaire to survey the practice coordinators on the scope and depth of public health practice at their respective schools.

From the survey results, Dr. Stevens discussed the **indicator of the "corporate culture"** in schools of public health and the relevant measures of assessment or evidence for each indicator (see Attachment A for results).

**Presentation: Sustaining Practice in Schools of Public Health -- Margaret Potter, JD**  
*Associate Dean for Practice and Director, Center for Public Health Practice – Graduate School of Public Health, University of Pittsburgh*

Ms. Potter highlighted an abbreviated survey (see Attachment B) that she and her colleagues conducted at The Center for Public Health Practice, University of Pittsburgh in fall 1998 through winter 1999. The center has a state-sponsored mandate for three core activities: student internships, continuing education, and faculty consultation. The survey question was: **"What organizational models are public health schools using to carry out internships, continuing education, and faculty consultation?"** The results included responses from 22 of the 28 schools at the time.

The survey limitations include: the documented activities are few of the many practice activities at each SPH; the survey reflects only a "point in time" in a constantly evolving process; and, the lack of "generalizable" results.

Most SPH reported they had a dispersed system and independent faculty for SPH practice work. Every respondent had practice activities, but most did not centralize any of these activities. Eight SPHs had a central practice unit for one or more activities; two had a central practice unit for all three activities (including Pittsburgh, which receives funds from a state line item, and Ohio State University). While the results are not conclusive, the outcomes necessitate further discussions. Unanswered questions include:

- (1) Are keeping these activities decentralized going to provide sufficient funding and staffing?
- (2) How do SPH with central practice units assure their base of funding?
- (3) Are traditional faculty incentives and rewards systems sufficient to support practice-based scholarship without the organizational support structures?

**Questions/Comments**

Dr. Reid facilitated the following audience comments:

- A response bias exists from council members who are engaged in very different facets of university life from one another. Each practice coordinator has a different range of responsibilities, which also depend on her/his status level of status in the school and community, as well as the university context in which s/he operates;
- The survey does not offer any basis for qualitative judgment. What structures work best for the practice activities? Subsequent studies should address this question;

- Practice-oriented faculty face challenges not common to traditional faculty.
- A dwindling influence of practice in the SPH is occurring;
- A need exists to unite and speak uniformly to the ASPH deans;
- HRSA provides valuable opportunities for the practice-oriented faculty to incorporate practice elements into the curricula; and,
- Practice activities need to be quantified.

A practitioner in attendance noted that she was “really surprised” by this discussion since she had not understood the depth of challenges for practice faculty in academic institutions. She submitted that making practice more crosscutting makes sense since one cannot separate practice from public health.

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## **WORKSHOP & RETREAT DAY 2: Thursday April 19, 2001**

### **Welcome Remarks --Harrison Spencer, MD, MPH** *President and CEO, Association of Schools of Public Health*

Dr. Spencer noted that the council is engaged in an exceptionally important activity in this workshop. He observed that two main barriers to academic public health practice are a lack of resources and a need for more strategic direction. He recommended that the council consider a blueprint or framework for action to present to the deans and congressional representatives.

Dr. Spencer reviewed the ASPH legislative agenda and informed the participants that reinstating funds for the health professions at HRSA is one of the four top ASPH legislative activities. He then highlighted the practice link to education, and referenced the following ASPH leadership activities in this area: *credentialing the public health workforce; a joint effort between ASPH and APHA; competency development* by the ASPH education committee (which will intersect with the Council on Linkages and others efforts); and *new movements in accreditation*, which will be influenced by competencies and credentialing. Dr. Spencer stressed his commitment to supporting the council.

### **SAN DIEGO COUNTY & ACADEMIC-PRACTICE LINKAGES**

#### **Opening Remarks --George Flores, MD, MPH** *Director, County of San Diego Health and Human Services*

Dr. Flores explained how the County of San Diego Health and Human Services (San Diego HHS) the role of the health agency with that of the human services agency. He noted that **groups such as the ASPH Practice Council help elevate the role of public health in people’s lives, as well as increase the visibility of the health department that provides daily public health services.**

As a member of Institute of Medicine (IOM) Committee on Assuring the Health of the Public in the 21st Century, Dr. Flores and the other committee members have identified a need not only to recognize diversity in public health, but also to remedy health disparities through partnerships. The IOM committee will be issuing a new document that will guide public health professionals in the changing world. Southern California could serve as a model for the nation regarding the public health challenges to come, considering its work with immigration, population increases, and managed care.

### **Academic-Practice Linkages**

Dr. Flores described how several SDSU students conduct internships at the San Diego HHS and continue there onto permanent employment. However, currently the San Diego HHS staff only has four employees possessing an MPH. The agency has difficulty with matching salaries against private public health organizations. **One solution to the recruitment problem is the practice of faculty exchange and the encouragement of continuing education for employees.** San Diego HHS has SDSU faculty members on their staff, and conversely, the department supports staff in obtaining degrees while working. To help identify the gaps in learning and pinpoint employees' training needs, Dr. Flores and his staff will be conducting a survey of the San Diego HHS workforce.

Not enough individuals are in educational pipeline to meet the workforce needs, such as more nurses and microbiologists. Two barriers to recruitment are: (1) jobs at a health department provide low pay; and, (2) the environment is rife with bureaucracy, which can inhibit change. As a result, a health department can lack appropriate technology, minority representation, management and leadership. The barriers can also affect the degree of cultural competence expertise practiced by a health department, since most jobs now require such skills. **Evidence-based practice activities should be exercised and documented at a health department**, but this can be hard if an employee is not trained at a SPH. In addition to partnering with academia, to help expand the educational pipeline Dr. Flores has turned to turn to consulting firms (e.g., Peat Marwick, Mathematica, and Lewin) to provide management strategies. Role models are sorely needed in racial and ethnic minority communities. SPHs can buttress these activities by integrating MPH students' coursework with outreach and social work programs.

Faculty and students should be aware that a health department seeks to move beyond the traditional disease model of service. They should also be conscious of the fact that the health department benefits from other agencies' (government, non-profit and for-profit) public health work and vice versa.

## **SESSION: MAKING PRACTICE RESEARCH MATTER**

**Presentation: Making Practice Research Matter** – *Louis Rowitz, PhD, MPH*  
*Professor, Community Health Sciences, School of Public Health, University of Illinois at Chicago*  
*Director, Mid-America Regional Public Health Leadership Institute*

Practice-oriented faculty can gain credibility through research. The two main issues for practice research are promoting the framework and disseminating the outcomes of practice-based research. The resources are slim, despite the fact that health department practitioners find it increasingly important to produce evidence for practice-based research. Therefore, employing the right strategy approach toward practice research is essential.

**Presentation: A Research Agenda for Practice** — *Ronald Bialek, MPP*  
*Executive Director, Public Health Foundation*

**The rationalization for public health practice research is based on the Healthy People 2010 objective in the Chapter 23**, which focuses on the public health workforce infrastructure and on increasing collaboration on population-based prevention research. Mr. Bialek posited the following:

*If a dime a day were spent on public health, then people outside of the public health sector would consider this expenditure too much. So, how can public health prove them wrong or advocate on behalf of crucial public health dollars without the proper research?*

One answer lies in the work undertaken by The Council on Linkages Between Academic and Public Health Practice (COL). The COL is working to develop a framework for a cogent public health practice research agenda that asks, **“What are the research questions?”**

The COL has developed a matrix tool to help gauge the process of setting the research agenda. At present, the project is still being developed and refined. The purpose of the tool and the project is to:

- define existing and needed research to implement the essential public health services; translate and disseminate needs; and,
- identify stakeholders in public and private sectors (Congress, foundations, federal agencies, etc.), and outline how to utilize existing and current agenda-setting activities.

A project of the Public Health Foundation, in coalition with the National Library of Medicine, is the *Healthy People 2010 Info Access Project: PubMed*, in which scientific information will be made available more readily to the practice community. The current systems are not user-friendly for public health practitioners. The goal is to create a system that utilizes the lexicon of public health practice and academia in order to yield relevant articles in a timely manner. A pilot study is under development.

**Presentation: Public Health Research With Communities - Linda E. Lloyd, PhD, MBA, MSW  
Associate Dean of Education, School of Public Health, MCP Hahnemann University**

Dr. Lloyd presented on a **problem-based learning curriculum that emphasizes an interdisciplinary platform**. This curriculum is offered at the MPH program at the MCP Hahnemann University. The school's research is inspired from the surrounding community. This partnership creates a scenario in which **each vested partner benefits: the community agency, the students, the school, and the university**. The long-term objective is to improve the health of the Philadelphia region. The products from the partnership not only address the three core functions of public health (*assessment, policy development, and assurance*), but also involve the major public health disciplines, such as epidemiology and biostatistics; health policy; etc. Problem-based learning is paramount to capacity building and evidence-based practice. Through the program, graduates receive "hands-on" experience on conducting outcomes research.

The challenges of a problem-based learning curriculum include the lack of a centralized public health practice office at an SPH and the labor-intensive, multi-task nature of the work. Dr. Lloyd noted that problem-based learning is successful at MCP Hahnemann because: (a) the school was founded on a philosophy of improving the health of local communities; (b) the shared values of partners facilitate collaborative solutions; and, (c) the strength in numbers provides the critical mass to achieve the objectives. A successful practicum will include a community assessment course that is followed by the student presentation of a deliverable to the community.

**Discussion**

The ensuing discussion yielded an observation regarding the two distinct visions on practice-based research, as presented by Mr. Bialek and Dr. Lloyd. On one side is the COL, which is focusing on high-profile agenda that outlines and guides practice research. In contrast lies the "creative opportunism" by MCP Hahnemann, which take a hands-on approach to solve real community health problems. In attempting to answer how to bridge this divide, respondents suggested focusing work with communities in a multi-site experiment that produces more concrete and generalizable evidence.

**SESSION: PRACTICE IN SUSTAINING PRACTICE IN SCHOOLS OF PUBLIC HEALTH: A DIALOGUE ON FUNDING**

**Moderator - Deborah Prothrow-Stith, MD**

***Associate Dean for Faculty Development, Professor, Department of Health Policy and Management & Director, Division of Public Health Practice, School of Public Health, Harvard University***

Dr. Stith reviewed three goals for the session:

- 1) Identifying current models used to fund practice;
- 2) Brainstorming strategies for incorporating public health practice as an essential component of public health training; and,
- 3) Agreeing upon a process for achieving these goals.

Dr. Stith prefaced the panel discussion by describing Harvard's funding for practice activities and noted that Harvard has received core funding from the SPH that has plateaued since 1997. Other funding is drawn from program funds. No long-term strategy has been plotted. While the money will be sustained, it is not sufficient to raise public health practice to the level it needs.

***Panelist #1 – Kenneth Bart, MD, MPH, MSHPM  
Director, Graduate School of Public Health, San Diego State University***

Marrying the exigencies of the community with the needs of a school is difficult. One problem is that not all faculty are interested in public health practice. Another challenge is that the partnership cannot be solely dependant on what benefits the school because the SPH is part and parcel of its surrounding community. However, interaction between faculty and practitioner might be easier in San Diego than in other regions, since the California grantmakers are interested in funding public health practice.

***Panelist #2 - Patricia Lozada-Santone, PhD, MPH  
Program Officer, The California Endowment***

Dr. Lozada-Santone reported that The California Endowment (TCE) funds sustainable programs on a level above the "one-shot" funding. TCE's vision is to make a lasting difference, since foundations can come. The mission is to expand access to affordable, quality health care to underserved populations and to improve the health status of all Californians. The foundation does not support stand-alone research, but funds activities conducted in partnership with communities, such as evaluating programs.

***Panelist #3 - Linda S. Lloyd, DrPH  
Vice-President of Programs, Alliance Healthcare Foundation***

The Alliance Healthcare Foundation (AHF) is a conversion foundation that created a permanent public trust, according to Dr. Lloyd. Its mission is to advocate for access to quality health care for underserved in San Diego County. **One funding requirement is for grantees to have an evaluation component, and TCE considers that the schools of public health are the most likely entities to provide this assistance.**

Dr. Lloyd created a line item in her operating budget to grant student stipends to work to support her grantees with student traineeships. This has been a popular item with the AHF board, and she has received positive responses from the school of public health. However, matching students' interest with the AHF grantees interests is hard. Often the university does not see the value of faculty's efforts to work in tandem with the foundation.

### **Questions/Comments**

Neither foundations' board supported compensation for direct faculty involvement in practice, but a participant spoke of a fellows program at the American Cancer Society (ACS). The ACS program aims to improve the working relationship amongst vested groups (community, academic, practice) in order to solve a public health problem. The faculty is provided a small stipend for their role. This incentive captures faculty attention and is changing the culture of advisement for practica. Participating faculty increase their opportunities for scholarship, while the ACS better understands the challenges of faculty.

## **SESSION: FACULTY REWARD SYSTEMS IN SCHOOLS OF PUBLIC HEALTH: EXPERIENCES AND PROSPECTS**

### **Moderator - Ann C. Anderson, PhD**

*Acting Dean and Senior Associate Dean, School of Public Health and Tropical Medicine, Tulane University*

### **Panelist #1 - Deborah Prothrow-Stith, MD**

*Associate Dean for Faculty Development, Professor, Department of Health Policy and Management & Director, Division of Public Health Practice School of Public Health, Harvard University*

Dr. Prothrow-Stith presented on the practice faculty track at Harvard, which was implemented on a trial basis in 1999. At Harvard, the consensus was that practice needed to be distinguished in the academic context so that excellence could truly be defined and measured. The process for agreeing to have a track, developing the criteria and obtaining approval took 2 1/2 years. The process included the Division of Public Health Practice's Advisory Council creating a sub-committee on faculty development that created a recommendation report to the school's SCARP (Standing Committee on Appointments Reappointments and Promotions). SCARP then submitted a final recommendation for approval. **A critical part of the discussion was the presentation of case examples of appropriate and inappropriate persons for the track.**

Currently at Harvard School of Public Health practice faculty have the full rights and privileges of core science track faculty. Tenure is an economic issue requiring demonstration of a designated escrow

Account in the amount of \$2.5 million dollars. While tenured practice faculty appointments are conceivable in the future, to date all practice appointments are “term” appointments. The 11-year rule for promotion from assistant to full professor applies to practice faculty and practice faculty are expected to raise the same proportion of their salary as those on the core science track. The practice track promotion criteria involve: publishing in professional practice journals and for lay audiences; recognition at local, national and international levels; and, excellence in research, teaching and service of practice.

**Panelist #2 - Emil Berkanovich, PhD**

***Professor; Director, UCLA Technical Assistance Group, School of Public Health, UCLA***

Dr. Berkanovich described the promotion and tenure process at UCLA. UCLA has a traditional state system that is driven by a normative research, teaching, and service paradigm. An eligible candidate prepares a dossier and submits it to the department chair. The dossier is sent to a secret ad hoc committee in the department that votes by secret ballot. Afterwards, the discussion and the vote are added to the dossier, which is then forwarded to the dean. The dean adds a cover letter and forwards the dossier to the campus-wide Committee on Academic Personnel (CAP). CAP assigns the dossier to a secret ad hoc committee that provides an independent assessment. CAP then reviews all of the materials, votes, and adds its recommendation to the dossier, which is forwarded to the Chancellor and subsequently, the Board of Regents for review. Over the last 20 years, CAP has become more accepting of the applied activities of the professional schools. This has been manifested through acceptance of publications that outside evaluators regard as contributions to the profession.

**Questions/Comments**

Participants discussed and deliberated on bottom-up versus top-down systems and the growing rigidity of promotion and tenure (P&T) processes in many universities. The question of what constitutes practice and the power to select members on P&T committees was discussed.

**Panelist #3 – Rachel Stevens, EdD, MPH**

***Deputy Director, North Carolina Institute for Public Health - School of Public Health, University of North Carolina at Chapel Hill***

The University of North Carolina at Chapel Hill’s (UNC) tenure and promotion manual can be found online at [www.sph.unc.edu/uncsph/aptman.pdf](http://www.sph.unc.edu/uncsph/aptman.pdf) (accessed 9/26/01). While a practice track has been implemented at the school, it is still not as well defined compared to the research track. UNC does not differentiate between the presentation of research versus practice. Every faculty must exhibit teaching and service, and everyone must be evaluated on either a research or practice track. The dean’s support for practice is influential.

Practice faculty can obtain equal status to research faculty. However, the influence of impact evaluation is growing stronger at UNC, and practice needs to be more visible in this area, such as in the high status journals. Since the practice track began in 1996, one person has achieved tenure and four have received promotions. These individuals, however, had been in the system before 1996. The practice track entails more responsibilities, and many faculty feel the stress of multiple obligations. At UNC all faculty must establish one-half of their salary (grants, contracts, etc.), while the state funds the other half.

### **Questions/Comments**

Dr. Berkanovich observed that the UCLA method provides few benefits for practice faculty, although some are able to succeed in it. Dr. Stevens noted that the whole tenure system is not helpful to practice, but that defining practice is helping to make inroads. Dr. Stith explained that the most important advantage is having some guidelines to make appropriate judgments.

Panelists noted that no adjunct faculty serves on any of the promotion and tenure committees. One participant commented that the research dollars are coveted by the SPH since the funding garners a sizeable amount of overhead as compared to practice. However, another participant responded that research dollars are more expensive, due to labs and sophisticated equipment, and that the economical nature of practice work has its advantages.

## **SESSION - SCHOLARSHIP AND FACULTY REWARDS SYSTEMS**

### **Presentation – Amy Driscoll, EdD**

***Director, Teaching, Learning and Assessment, California State University at Monterey Bay***

The academic should continuously ask her/himself the challenging questions that accompany scholarship. Most scholarship could benefit from a support group in which members practice presentations, share research for feedback, and collaborate each other on projects and grants, since research and learning in higher education needs appropriate contextualization. The *scholarship of engagement* was first called *professional service*. Some campuses use the term *outreach*, while members of ASPH Practice Council call it *community scholarship*. The wide-ranging terminology does not help in defining what it is.

To boost practice in schools, Dr. Driscoll advocates a strategy that prepares faculty and administration for a culture change. For example, at Portland State University (PSU) faculty “prepared

the culture” prior to changes. The faculty should be involved just as much as the leaders (i.e., president and provost). Equally important is the act of connecting with other disciplines engaged in practice in order

to reinforce the argument (i.e., other colleges at the university). Continuous collaboration—reflection, feedback, and adaptation—with external partners as an entity, not just the individual representatives, is vital to change. The steps to prepare the culture are outlined as follows (see Attachment C):

1. Clarify the knowledge base for the field (Study);
2. Establish definitions and examples (Inquiry);
3. Consider cross-cutting criteria which is important to build credibility (Inquiry);
4. Seek practice documentation, in the form of case studies, for example (Discussion and Reflection);
5. Engage in practice review and evaluation, and in particular seek alternative scholarly methods in reviewing real cases during a simulated review process so that the full campus can feel comfortable about emerging review guidelines and other assessments of scholarship. This step needs good preparation. (Discussion and Reflection); and,
6. Execute decision-making and consensus building, while remaining aware of faculty development (Development).

In deliberating over change, the current and possible limitations (institutional, human resource, etc.) should be outlined. **Faculty should not only be cognizant of the SPH community partners' needs, but also the SPH and university missions so that priorities may be aligned to build the case for community scholarship.**

However, Dr. Driscoll posed, **“How does one document different forms of scholarship and how does one evaluate it?”** The community scholarship review process can be quite extensive and community people need to be involved. Alternatively, the appropriate assessment of community scholarship is at risk when colleagues are not properly prepared to evaluate. In response to these challenges, Dr. Driscoll and Dr. Ernest Lynton undertook a major project to explore and document community scholarship with 16 faculty across the country that are involved in community scholarship. This project is described in “Making Outreach Visible: A Guide to Documenting Professional Service and Outreach.”

No matter the scholarship, important questions to pose are: *“Are the appropriate methods being used and are the goals attainable?”* and, *“Where does community scholarship sit in the knowledge base of “x” profession/discipline?”*

Documenting and adapting methods of practice is critical to success of scholarship, even in light of failures. Community scholarship is often the most visible of academic pursuits during a time in which scholarship is under more scrutiny than ever before. Often faculty participate in external activities because the topic is interesting without thinking about how the activity could advance their professional knowledge base, theory, professional development, etc.

Most community work ends up benefiting populations, students, institutions, a discipline or profession, and external collaborators (see Attachment D) but not enough consideration is paid to the benefits for faculty. Dr. Driscoll noted that once community scholarship became stable at PSU, the practice of it garnered more funding. PSU assessed the *impact of community scholarship on the institution* after years of community-oriented initiatives and found that many participating constituents are pleased with the quality and methods. Assessments can help make the case for promotion and tenure. Community scholarship also benefits the discipline and profession because it adds to the knowledge base, introduces improved methodology, and suggests more effective means of dissemination. Benefits to the external partner include the meeting of immediate community needs (economic savings, etc.).

The *documentation for promotion and tenure* has to be an ongoing process, in which faculty mentoring is essential. The preparation for the promotion and tenure process should start long before embarking on the process. The value of faculty review preparation cannot be underestimated. In performing scholarship, to merely document the case is insufficient, for it is equally important to educate the reader/audience by an explanation of definitions. The objective is to **socialize people into a practice culture**. Faculty should always ask, “**What is the intellectual question?**” The National Review Board on the Scholarship of Engagement is one entity of conducting appropriate reviews for community scholarship.

With traditional work, one states a hypothesis, constructs control groups, etc. **In contrast, community scholarship is difficult to document, evaluate, and review. Community scholarship must involve rigorous methods and proven outcomes.** The challenge of community work is that the results cannot be assumed, but whatever the outcome, results must show significance. Alternative forms of dissemination should be encouraged, but can be complicated due to a paucity of successful models.

Dr. Driscoll stated that a desirable goal would be to create a cadre of people for each discipline. She closed her presentation with three key insights:

- 1) There needs to be collaboration in the documentation of community scholarship since support is critical. This cadre of supportive faculty can be built on one’s own campus or identified from other campuses;
- 2) The success stories need visibility so that so everyone knows it when they see it; and,
- 3) There should be a focus on both the preparation process for promotion and tenure, including the building of a dossier, and faculty development.



<b>WORKSHOP &amp; RETREAT DAY 3: Friday, April 20, 2001</b>
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**Introductions & Background** -- *Margaret Potter, JD*

*Associate Dean for Practice and Director, Center for Public Health Practice – Graduate School of Public Health, University of Pittsburgh*

The Friday workshop represented the next step in actualizing Demonstrating Excellence . . .. The focus was on practice-based teaching, which is defined in the document as “a critical component of scholarship” in which the **academician and practitioner are co-learners**. Dr. Sarena Seifer gained her expertise from more than a decade of service-learning experience. Participants discussed examples of practice-based curricula, interacted on key questions, shared insights and products, and learned new ways of doing business.

**SESSION: SERVICE LEARNING IN SCHOOLS OF PUBLIC HEALTH**

**Overview** - *Sarena Seifer, MD, MS*

*Executive Director, Community-Campus Partnerships for Health*

Service learning (SL) is a partnership approach to teaching and learning. Dr. Seifer previewed the day and then queried the participants on the definition of service learning, which is one of the models for practice-based learning. Terminology almost does not matter, since the point to convey is the model.

**Public health faculty are leaders in service learning.** However, SL is not mere “practica,” because it also includes an evidence-based component (research and evaluation) and is a curricular response to the challenges faced by SPHs. Data sources for these statements include the report: “Health Professions Schools in Service to the Nation” report (HPSISN) (<http://futurehealth.ucsf.edu/ccph/researchprojects.html#eval>), a national study of the community involvement of the Academic Health Centers, literature reviews, and information analyzed from service-learning institutes (<http://futurehealth.ucsf.edu/ccph/servicelearning.html>).

Community Campus Partnerships for Health (CCPH) was launched in January 1997 and is housed at UCSF Center for the Health Professions and UW. It boasts greater than 700 members and it espouses a broad definition of health, community engagement, and partnerships. CCPH advocates for partnership strategies that promote the idea of the “engaged campus.”

**Service Learning in Schools of Public Health**

The HPSISN report defined SL as academically-based community service and a **structured learning experience that combines community service with preparation and roles**. Students not only provide community service, but also learn about the context in which the service is provided and the connections among the service, their coursework, and their role as professionals and citizens.

SL is in the continuum of experiential education. Not only does SL traverse concrete experiences to reflective observation, but also abstract conceptualization to active experimentation. Service-learning differs from other forms of experiential learning, however, in the following ways: **service and learning is balanced; community-identified concerns and broad determinants of health are emphasized; community partners are integrally involved; reciprocal learning, reflective practice, developing citizenship and achieving social change are emphasized.**

The key components of SL are:

- Community partnership (not merely a student placement site);
- Students who are prepared to work with the agency and who receive an orientation to the community;
- Outline of both service and learning objectives;
- Student reflection (required as a signature element of SL);
- Assessment is performed and improvement is documented; and,
- Encouragement to celebrate the successes.

Although community service and field learning are closely linked to service learning, the community is not seen as active partner in either of these pursuits.

HPSISN was a demonstration program of SL across the spectrum of health disciplines. It reported on a broad range of school involvement and community partner participation in SL. The HPSISN evaluation findings include the following.

***Student-related findings***

SL transforms the students' perspectives; SL is taken more seriously when it's required; enhanced learning occurs in terms of disciplinary content; improved learning takes place about disparities, health determinants, policy, career options, etc.; orientation, preparation, and reflection are critical for success; and, student concerns include equity, time, and grades.

***Faculty findings***

Two characteristics of involved faculty are strong personal values and a belief in improving the students' learning experience; SL enhances relations between students and community; SL creates a link between a faculty member's personal and professional life; SL increases the understanding of community issues; new career and scholarship directions often result from the outreach; faculty experience new direction and confidence in teaching; and, faculty are concerned about time and the control of curriculum.

***Community findings***

The community appreciates the enhanced services, as well as the economic and social benefits; the community increases its awareness of the institutional assets/limitations; a high value is placed on the faculty relationships; a desire exists to be seen as teachers and experts; the community recognizes that the benefits of SL outweigh the burdens; and, community concerns center around communications, logistics, and a needs-based versus expert approaches.

**Components of a Practice-Based Curriculum Centered on Service Learning – Joint Presentation**

**(1) *Augusta Villanueva, PhD***

*Assistant Professor, School of Public Health, MCP Hahnemann; and,*

**(2) *Linda E. Lloyd, PhD, MBA, MSW***

*Associate Dean of Education, School of Public Health, MCP Hahnemann University*

Dr. Villanueva presented on MCPH Hahnemann's program structure. She also reiterated the core values and of the interdisciplinary, problem-based learning approach at that Dr. Linda E. Lloyd explained the previous day (see Attachment E).

**The Program Structure**

1) Curricula is structured into thematic blocks with emphasis beginning with the student's first year of the Master of Public Health program. This enables students to "get their feet wet" through the inclusion of community site visits, content resource sessions, and a month-long, full-time practicum focused on community public health activities.

2) The second year is comprised of five curricular blocks (see Attachment F). Community immersion is fostered through viewing the relationship between the school and the community longitudinally and letting partners present to the school's faculty and students on a range of concrete projects in need of development. Thus, community partners and the needs identified by the community largely determine the issues students will select for their year-long community-based master's projects. While students' projects are defined by the partner and are based on agency-defined needs, these must also meet academic learning objectives.

In addition to the community-based masters' project in year two, there is also a bi-weekly development seminar that includes structured reflection. Both the school and its partners complete a school-site contract, and are generally required to fulfill terms specified by the Institutional Review Board (IRB) requirements of the partner institutions.

**The role of faculty is to simultaneously immerse students and ensure they reflect upon their service experience.** A circular dialogue in which students, faculty, and preceptors discuss the interaction helps the student understand the context of the public health issue and practice experience in light of his/her own professional development. At the end of the second year of the MPH program, students must deliver a concrete product that the agency solicited. The students' community-based learning experiences include a wide range of public health department sites, grass roots organizations, not-for-profit agencies, and the like. Students find this approach to problem-based learning meaningful.

**Advantages of Service Learning (SL)** (see Attachment G)

***Student advantages regarding SL:***

Students are humbled and come away with powerful role modeling experiences from the way the preceptor interacts with clients and colleagues, and the approaches he/she uses to manage resources and deliver products and services. **Students are required to take a look at the social determinants of health and to make connections with other disciplines** (housing, education, etc).

***Faculty advantages in SL:***

Faculty learn to give up some control in order to produce successful outcomes as they gain from the building of longitudinal relationships. **Faculty are challenged to consider how practice-based teaching will enrich their professional development** and how stretching the limits of traditional scholarship will augment their discipline.

***Partners' advantages in S-L:***

The agency's "wish list" of potential projects is fulfilled through SL student projects as compared to traditional research activities.

Service learning may be integrated into the curricula in a methodical manner (see Attachment H) that can guide all players vested in the process and the outcomes. For example, community preceptors can be advised on what to expect from the interaction and the limitations the students may have through engaging in SL.

**Some lessons learned include:**

- The amount of work in the MPH program is best suited for full-time students;
- No stipends are exchanged, thereby enabling the least wealthy sites to capitalize on students' assistance;
- Evaluations include the preceptor evaluating the student and vice versa, and the student evaluating the faculty member who served as his/her committee chair; and,
- A pass/fail student performance system must accommodate the needs of students who will be pursuing other degrees and who are in need of being ranked against their peers.

Students are rated in four categories: contribution to group work, including professional behavior; communication skills; knowledge, problem solving and critical thinking; and block-specific competencies. Students must master competencies and learning objectives for each curricular block.

Dr. Villanueva conceded that there is more work to be done among peers than with the student body to promote an understanding of SL, particularly at the university level.

**Developing and Sustaining Community & Agency Partnerships for Service-Learning: Roles and Responsibilities - Joint Presentation**

***(1) Lorraine Matthews, MS, RD***

***Program Manager, Community Health Education, Nutrition, and Training, Philadelphia Department of Health; and,***

***(2) Michael Prelip, MPH, DPA, CHES***

***Adjunct Assistant Professor, School of Public Health, UCLA***

Ms. Matthews explained that the health department finds it useful to collaborate with established community agencies to work with populations, because it is difficult for the city to approach people in a climate of distrust of government. The department's key programs are based on the three core functions of public health. **Students are not used by the health department in "busy work" activities, but are maximized for solving real problems.**

Ms. Matthews stressed that success is better assured in SL programs if: (1) *the agency is included in the design of the project and the funds are available for the work are articulated*; and, (2) *there is respect for the agency's timetable*. The best-case scenario benefits the needs of the community, state and federal government, students, and academia at large.

Dr. Prelip observed that SL helps tackle difficult partnership issues. Students learn lessons about group facilitation and partnership relations (e.g., keeping people together) to solve problems. These and other principles (e.g., working with people from a variety of backgrounds) are difficult to teach, if not impossible, in the classroom. A benefit is the education that students gain from working with the volunteers and clients. Faculty should try to avert and prevent the following challenges to SL.

1. Not enough faculty involvement;
2. Students not at the SL site long enough;
3. Problems in dealing with constituencies who speak a different language;
4. The agency lacks an understanding regarding the learning dimensions of the project;
5. High agency staff turnover;
6. The demand for students outpacing the supply;
7. The students want of the agencies to be “tidy” and free of problems;
8. The students thinking that they know more than they do; and,
9. The involvement of faculty members who are disconnected from the community and vice versa.

Involving partners in the curriculum design is equally as helpful as incorporating preceptors in student recruitment and orientation. As the community partners become more involved in all aspects, they develop deeper commitment to the project and can provide input for a richer experience. The result is a solid relationship that is better equipped to handle project problems. Faculty should try to provide tangible benefits for preceptors, as SL project will likely be an additional burden on their schedules. For example, UCLA offers participating preceptors a free three credit master's level course for their efforts (see Attachment I).

**Resources for Continued Planning and Implementation -- Sarena Seifer, MD, MS  
Executive Director, Community-Campus Partnerships for Health**

Dr. Seifer closed the discussion by sharing information on useful resources for service-learning and soliciting ideas from the workshop attendees on next steps. In addition to browsing key documents at the Community Campus Partnerships for Health website (<http://futurehealth.ucsf.edu/ccph/projects.html>) the workshop binder contains an excellent list of national resources (see Attachment J).

Suggestions from the participants included discussion on the following:

- Collaborate with ASTHO & NACCHO, possibly through the COL, regarding an angle to work with the health commissioners in the same way that the commissioners are connected

with the leadership institutes (Marie Roberto volunteered that she was willing to liaise between this group and the ASTHO and NACCHO representatives);

- Connect with rural areas and better incorporate public health options into the National Health Service Corps in the same way the other clinical professions are represented; and,
- Develop parallel strategies on SL that aim to institutionalize it in the schools of public health to include building financial support (line items in state budgets, federal funding, etc.) and creating and nurturing administrative and organizational structures (office, staff, etc.).

Currently, the Council on Education on Public Health requires that students undergo a practicum, but no common nomenclature exists for the definition of this practicum. While there is a need to institute large-scale mechanisms and relationships in support of SL, two problems exist. One is the typical relationship between the students and the community/school is one-on-one; and second, the culture of the schools is such that they would not support making the requirement too specific.

Participants were queried on what they might want to see in terms of SL over the long run, and answered:

1. Take advantage of opportunities to bring in new partners, for example, to respond to the management issues needing resolution at health departments, business schools could work with public health students to help organize training; and,
2. Get corporate “buy in” for healthy communities since business is starting to notice the benefits of employee and community wellness.

The participants also suggested: conducting a survey on leadership regarding perceptions on SL, better liaising with the ASPH education committee and the diversity committee, and exploring avenues to share best SL practices with community partners. Moreover, Dr. Seifer expressed CCPH’s commitment to continue collaborating with the ASPH Practice Council in the future to facilitate SL and practice-based scholarship in public health.

## **CONCLUSION**

The successful accomplishment of this momentous Practice Council workshop was extremely encouraging for both practitioners and public health academia. Only through committed partnerships and continuing dialogue can the scholarship of academic public health practice be advanced. Practice faculty, their students, and the SPH agency/community partners must be ever vigilant in participating in productive dialogue, in exercising the principles of practice-based teaching, and in documenting the methodology and outcomes. Ultimately, it is these and other basic practice principles that will serve to reinforce the future of academic public health practice in order to solve new and emerging public health challenges.

## **ATTACHMENTS**

<b>Attachment A</b>	“Institutional Culture for Academic Public Health Practice”
<b>Attachment B</b>	“Sustaining Practice in Schools of Public Health: Survey of Organizational Structures for Practice Activities”
<b>Attachment C</b>	“Preparing the Culture”
<b>Attachment D</b>	“Outcomes-to-Benefits” Figure 4
<b>Attachment E</b>	“Public Health Research with Communities”
<b>Attachment F</b>	“Curricular Blocks: Year II”
<b>Attachment G</b>	“Growth Areas for Partner”
<b>Attachment H</b>	“Integrating Service-Learning”
<b>Attachment I</b>	“Partnership Principles”
<b>Attachment J</b>	“National Resources for Service-Learning and Community-Campus Partnerships”

