Applying Kotter's Model of Change to Sustaining Community-Engaged Scholarship within a School of Public Health and its Parent University

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Abstract

This paper reflects on strategies employed by a private, faith-based school of public health to integrate community-engaged scholarship into its institutional fabric. The school, a member of the Community-Engaged Scholarship for Health Collaborative, followed Kotter's eight steps to leading organizational change at favoring intentional community engagement that resulted in a broader university-wide effect. The authors describe how this model was implemented, and the lessons learned include recognizing the role that students, faculty, and administrators play in promoting community-engaged scholarship.

Loma Linda University School of Public Health (LLU-SPH) is a Council on Education for Public Health (CEPH)-accredited academic institution. The school was established in 1967 to provide population-based health training to mission-oriented clergy, physicians, and other health care professionals. The school is part of Loma Linda University (LLU), a Western Association of Schools and Colleges (WASC)-accredited faith-based health sciences university founded in 1905 with a mission to bring health, healing, and wholeness to humanity. In the century since its founding, the university, located in southern California's San Bernardino County, has become the hub of a health professions education that provides personnel, training, and logistical support to primary, secondary, and tertiary health care institutions around the globe. The University currently reports an estimated enrollment of some four thousand students who study the various health science disciplines including allied health, medicine, dentistry, pharmacy, nursing, public health, and related professions.

The university is located adjacent to the city of San Bernardino. The city of San Bernardino is located in the *Third California,* a term used by the Brookings Institution to describe the disparities in social, health, and economic indicators between sub-regions in California (Kotkin and Frey 2007). Between 1990 and 2003, the number of individuals in San Bernardino county below the federal poverty level increased 37 percent, from 174,727 to 302, 387 (U.S. Census Bureau 2005). The county's poverty

rate is 15.8 percent, exceeding the overall poverty rate for the nation (12.4 percent), and for the state (14.2 percent) (U.S. Census Bureau 2005). Furthermore, San Bernardino ranks fifty-first of fifty-eight counties in infant mortality and ranks worst for coronary heart disease (San Bernardino Health Status Profile 2005). While economic and health outcomes are vastly improved in certain regions in California such as the Bay Area (i.e., San Francisco), the Irvine Foundation reports that San Bernardino receives ten dollars per capita in investments by foundations and grant makers compared to $678 per capita in San Francisco (James Irvine Foundation 2006), which confirms the need for urgent and decisive investment in health disparities reduction and other social, economic, and health issues in San Bernardino.

The geographic proximity of LLU's service-oriented intellectual capital to a community burdened with health disparities represents a fortuitous opportunity for community-engaged scholarship (CES). The university's distinctly Christian character and commitment to service is widely recognized and acknowledged throughout the region. Ironically, these attributes present profound intra-organizational cultural barriers to the intentional and disciplined recognition and advancement of CES. That is, the established academic community frequently bundles community-based initiatives under the service rubric due to the historical precedent of "outreach" programs. Regretfully, much of the learning and scholarship afforded by these acts of compassion are benignly disregarded or deliberately suppressed in line with traditional Christian benevolence.

The LLU-SPH recognized the conundrum of institutional commitment to service coupled with an underperforming record of scholarly productivity related to community engagement. In 2004 the school joined the Community-Engaged Scholarship for Health Collaborative (Seifer et al. 2009). The Collaborative, which was funded by the Fund for the Improvement of Post-Secondary Education and coordinated by Community-Campus Partnerships for Health (CCPH), had two main goals over a three-year period: (1) to build CES capacity of participating health professions schools, and (2) to build CES capacity of health professions schools at the national level. Objectives for the first goal focused on assessing CES capacity of collaborative member schools, increasing awareness of CES, have each participating school incorporate CES in their rank and tenure promotion policies and share lessons learned amongst collaborative members. Objectives for the second goal were similar to those of the first but focusing on the professional associations of schools of the health professions to provide sustainable change from the leadership of each.

The purpose of this paper is to describe the strategies and tactics employed by the authors to weave CES into the fabric of the Loma Linda University School of Public Health as a member of the Community-Engaged Scholarship for Health Collaborative. We will also characterize our successes, failures, and lessons learned from the perspective of efforts often constrained, and periodically amplified, by the institution's faith-based culture.

Background: What We Know from the Literature

American higher education has historically defined scholarship according to its purpose and mission which have shifted to reflect society's changing needs. Benson and Harkavy (2000) discuss three revolutions of American higher education. The first revolution shifted away from the colonial university model's focus on moral development with the founding of Johns Hopkins in 1876 following the German research university model. The second revolution occurred in 1945 as World War II led to the development of the science-driven, cold war entrepreneurial research university. And the third revolution began in 1989 with the fall of the Berlin Wall and the end of the cold war which marked the emergence of the cosmopolitan civic university. This third revolution, according to Benson and Harkavy (2000, 175), is the beginning of a new American university that brings back elements of the original purpose of the colonial college with its interest in civic and social engagement. Yet this attention to civic engagement does not replace the elitist culture of the academe, but instead works contractively against the increasingly obvious, increasingly embarrassing, and increasingly immoral contradiction between the increasing status, wealth, and power of American higher education and the pathological state of American cities. As Schneider (2000, 99) observes, "While the role of mediating institutions in general has been much discussed in the contemporary literature on civic vitality, there has been surprisingly little attention paid to the role that higher education institutions in particular might play in the renewal of civic engagement." This distancing between social needs and the academic mission warranted a new look at scholarship.

In *Scholarship Reconsidered: Priorities of the Professoriate*, Boyer (1990) identifies the need for an engaged and responsive American university and broadens the definition of traditional scholarship to include four different types of scholarship: discovery, integration, teaching, and application. Discovery refers to the scholarship of producing new knowledge through research. The scholarship of integration highlights the need to work across disciplines to solve problems using a more comprehensive approach. The scholarship of teaching continues to be important as a mode to transmit and disseminate knowledge. And finally the scholarship of application refers to the relevance of academic work to society at large. This comprehensive view of scholarship and specifically the importance given to the scholarship of application is where the idea of community-engaged scholarship (CES) originates. This vision of scholarship provides a new theoretical framework for socially conscious faculty who are interested in dedicating their academic careers to addressing the pressing issues that affect non-academic communities.

Despite the progress in defining and operationalizing CES, important barriers remain that prevent faculty in the health professions from seeing the nexus between community engagement and scholarship (Steiner et al. 2005). Sadly, faculty members who are interested in socially responsive academic work often decide to abandon their interest in order to advance professionally, due in large measure to the traditional

faculty rewards system (Nyden 2003). Therefore, it is of paramount importance that structural barriers be addressed in order to produce sustainable change in institutionalizing CES (Dodds et al. 2003).

Institutionalizing CES: Important Elements

Knowing Your Audience

Bok (1982) identifies three groups of academics within the university that influence the philosophy of community engagement: activists, traditionalists, and administrators. He argues that most everyone agrees that the university has a moral obligation to society, but how this obligation should be implemented is highly debated within academia. The activists argue for more community engagement as an integral part of the curriculum. The traditionalists fear that these activities will dilute the rigor of academic programs. The administrators are mostly concerned with funding and productivity. Committed leadership is essential to institutionalize CES. Many campuses may have a dedicated core of CES faculty but their passion and efforts may not achieve the institutional impact without the support of committed leaders (COPC 2000; Nye and Schramm 2000; Reardon 2000). Community Outreach Partnership Center grantees that have the support and backing of the leadership within their institutions of higher education seem to be the most successful at institutionalizing their efforts. The university president's commitment lends credibility and added respect to COPC efforts. With university leadership committed to community engagement, faculty and staff can devote their energies to creating the kinds of long-term, sustainable partnerships that often become part of larger community revitalization efforts (COPC 2000, 70).

This may be a limited view of the dynamic that exists in universities regarding CES, but it demonstrates the complexity of creating institutional change and how important knowing your audience is in this process. The different ideologies among the faculty also produce contrasts between objectivity, intellectual detachment, neutrality, and active social engagement. Understanding how various groups within the academic community think is important in developing strategies to successfully develop a CES culture and supporting structures.

Knowing Your Culture

Do religious-affiliated or faith-based universities have any unique challenges or advantages in institutionalizing CES? Does a faith-based mission support or detract from an institution's ability to see its relevance and recognize its need to respond to pressing issues of social equity and health disparities? An understanding of an institution's core values and normative culture is imperative in any change initiative; therefore, it is important to consider the influence religion has on a health sciences institution where perhaps the strategies for change and implementation of new ideas and programs may need to be uniquely tailored.

According to the literature, the discussion of a democratically engaged higher education system appears to be shaped by two dominant forces. The first force is pragmatism, where the university engages and gives to the community out of a sense of benefit and opportunity. Some critics hold that higher education has become increasingly corporate and removed from its original mission to serve society (Washburn 2006). Such a relationship is fueled by the gains that the university hopes to achieve from its partnership with the community (Boex and Henry 2001). Some of these incentives include public perception and financial support of the institution based on its response to community needs (Calleson, Seifer, and Maurana 2002) and external funding sources that require commitment to community engagement from their grantees (Wolff and Maurana 2001). The other force behind university-community partnerships is that of moral commitment based on democratic values and social conscience. This ideology seeks to reduce the widening gap that exists between wealth and poverty in today's society and does so as part of the mission of higher education. Under this paradigm, teaching, research, and service are academic tools used to responsively engage society's most pressing problems. The responsibility of higher education in addressing these issues has been widely discussed in literature. This era of civically engaged universities is a reminder of the moral educational focus of the early colonial college. However, there are religious institutions of higher education that have always claimed the pursuit of moral training, in addition to traditional academic goals. How academic and religious values compete or enhance each other is a topic of interest for this particular study, especially in the case of a faith-based health professions institution such as Loma Linda University.

The concept of a faith-based health professions institution already implies a dialectic tension where the faith-related view of health and illness contrasts with the evidence-based scientific mind frame. However, some argue that faith-based universities may have an advantage in addressing social issues because of their more sustainable and deeper commitment to mission (Byron 2000). Ed Zlotkowski (2002), speaking from his experience in evaluating community-campus partnerships for the Council of Independent Colleges, agrees that smaller colleges and universities, including faith-based institutions, seem to have a clearer understanding of their mission. This mission awareness helps permeate the work of the faculty in comparison to larger universities where the mission may not be as tangible. He goes on to propose that, while other universities are trying to promote community service, the challenge facing these smaller institutions of higher education is to find ways to move to a new level of service, a more critical level of engagement. However, if, in fact, faith-based institutions have an important role to play in social change, barriers unique to this type of institution need to be identified. Some have already criticized what they have seen as a lack of political and social engagement of increasingly self-absorbed religious groups (Bellah et al. 1985; Winslow 1986; Dudley and Hernandez 1992).

Faculty Rewards and CES

Perhaps the most important and core issue to institutionalizing CES is that of faculty rewards, specifically rank and tenure promotion of community-engaged scholars. Despite the recent advancement in academic service-learning, community-based participatory research (CBPR), and an overall post 9/11 surge of student interest in civic engagement (Sax 2000) change has been slowest in faculty promotion policies (Dodds et al. 2003). The traditional rank and tenure guidelines for faculty advancement put little weight on community-based scholarship. If the university is to declare itself an engaged institution, then it must provide incentives for faculty to become engaged and produce scholarship that is responsive (Tierney 1998) and relevant to the outside world. The institutional mission must be reflected in faculty rewards in order to be operational (Diamond and Adam 1995). This is an important challenge in an era when higher education's mission has become broader while its methods for assessing scholarship continue to focus on narrowly-defined concepts of scholarship (Boyer 1990).

By applying scholarship to community engagement, faculty can avoid having to choose between work that they believe in and professional advancement. CES affords the opportunity of integrating mission with existing promotion criteria. However, since CES may not look the same as traditional documentation submitted for promotion, it is important that rank, tenure and promotion (RTP) committees also be oriented to CES. Based on Boyer's (1990) expanded definition of scholarship, Glassick, Huber, and Maeroff (1997) provide specific criteria to assess scholarship that can help promotion and tenure committees to evaluate scholarship in general and to ensure that faculty portfolios present scholarly work worthy of promotion. These criteria are: clear goals, adequate preparation, appropriate methodology, significant results, effective presentation, and effective critique. This framework can be very useful in educating promotion and tenure committees dealing with non-traditional community engagement as well as assisting faculty in crafting promotion portfolios that present their work in a scholarly fashion. Community-Campus Partnerships for Health's Community-Engaged Scholarship Toolkit is a resource than can assist faculty in effectively documenting CES in portfolios for promotion and/or tenure (Calleson, Kauper-Brown, and Seifer 2005). The toolkit provides recommendations for general promotion and tenure strategies and planning, instructions on creating a professional portfolio with specific sections and characteristics, portfolio examples from a diverse group of CES faculty, and references and resources on everything from CES terminology to a list of universities and colleges that have a history of promoting CES. However, resources like the toolkit are only as effective as the change strategy they are a part of. The Community-Engaged Scholarship for Health Collaborative used John Kotter's (1996) institutional change model as its framework.

Kotter's Model of Institutional Change

Understanding your audience, the importance of imbedding change into the curriculum, and articulating a strong rationale for new ideas is not sufficient to promote institutional change that is often rooted in well-steeped tradition. Kotter's

(1996) model for institutional change provides a practical framework and outlines a useful process to promote an often difficult task of changing institutionalized culture. Kotter's model includes eight key steps: establishing a sense of urgency, creating a coalition, developing a clear vision, sharing the vision effectively, empowering people to clear obstacles, securing short-term wins, consolidating and continuing movement forward, and anchoring or institutionalizing change. Equally important to understanding the eight phases of change that Kotter promotes is the avoidance of common mistakes made in the change process that include allowing too much complexity, failing to build an effective coalition of influential players, not planning and getting short-term wins, and declaring victory too soon (1996). Applying these strategies for leading organizational change can prove useful to faculty and administrators' intent on institutionalizing CES in their universities and colleges.

In order to ensure the sustainability of CES, strategic planning must take into account the presence or development of enabling mechanisms and forces. Structures need to be developed based on each institution's culture and corresponding cultural elements that enable or hinder CES. Success in this area is built on identifying engagement forces and developing enabling mechanisms that reward and sustain engaged scholarship among the faculty (Zlotkowski 2002). With the help of the Community-Engaged Scholarship for Health Collaborative, which used the Kotter model, we began implementing this systems change approach at our school. The following are strategies used in each step of the model that we addressed.

Creating a Sense of Urgency

This first step of institutional change was successfully achieved using a three-pronged approach. First, at various faculty meetings throughout the first year, collaborative findings from the Institute of Medicine report, "Who Will Keep the Public Healthy?," were shared with Public Health faculty (Institute of Medicine 2002). This report highlights the importance of an engaged public health workforce that has been trained to focus on the "public" in public health. This report was well received as a call to the discipline to be more engaged and for educators to focus on a more responsive and experiential pedagogical approach to public health education. Language was also important in achieving broader buy-in for faculty. CES as a term was not as well understood or as effective as "public health practice" which was familiar to faculty and supported by the professional association. Second, CES was presented as an important resource that could be used and reported at the next accreditation visit by the Council on Education for Public Health (CEPH) which encourages public health practice or application of knowledge as part of its accreditation criteria (CEPH 2005). The third approach in creating a sense of urgency was to point out the increased interest in CES by prospective students who have been inoculated and energized by this type of scholarship and are looking for graduate programs where they could apply their theory in a meaningful way. This was an important argument in a school that has traditionally been tuition-driven and may lose a competitive recruitment edge by not offering CES in its programs.

Forming a Powerful Coalition

Our initial coalition was made up of an Associate Dean of Public Health Practice, a CES faculty member, and two university faculty senate chairs. This group met regularly to assess and strategize progress and implementation of CES at the school and at the university-wide level. Several presentations were made to the faculty senate that resulted in an adequate response from faculty. Looking back, it is apparent that while this team was made up of CES enthusiasts, it could have been strengthened by other decision-makers such as the rank and tenure promotion chair and an academic dean.

Creating a Clear Vision and Plan for Implementing and Evaluating Achievement of the Vision

We are currently in this third step of change, developing a strategic plan to effectively develop not only a CES strategy but also a larger, institutional community engagement strategy under which CES would fit. While there has been some CES language included in university-wide rank and tenure promotion policy documents, there is still work to do in this area at the school level. Until the vision is clearly developed and a plan to share this vision, it is difficult to continue with the other steps. However, we don't see Kotter's eight steps as a linear process, where progress can be made at least in a limited way by skipping a step. For example, we have celebrated the promotion of a CES faculty member which would fit under the sixth step for change-securing and celebrating short-term wins.

Lessons Learned

In order to produce effective institutional or cultural change one should begin by identifying the stakeholders, learning who will be supportive, neutral, or resist change. Three key groups must be considered in higher education: students, faculty, and administrators. The authors contend that a critical factor in the advancement of CES within the LLU campus was our ability to identify, harness, and direct enthusiastic graduate student participation. Contemporary students do not appear constrained by the traditional academic paradigm of the top down approach to learning and scholarship and have demonstrated that with careful coaching and nurturing they are capable of leading change within our campus. For example, our school has recently completed a community emergency preparedness capacity building project with the Southern California Sikh community. This activity was conceived by MPH students, the design and delivery of which benefited from faculty input. The outcome is a fully exportable series of training modules which will potentially benefit the nation at large and which, at the same time, produced a number of valuable and publishable insights related to working with non-English speaking faith-based communities. In our experience, students were not only ready to embrace CES but worked as change agents, advancing the CES agenda with a strong voice and enthusiasm. With the increasing work of CES at the undergraduate level we found that starting as early as the interview process, students are increasingly asking about CES in graduate programs. Student enthusiasm is helpful and appreciated, but we recognized that students alone could not produce sustainable institutional change.

Faculty, including rank and tenure committee members, was divided into skeptics, supporters, and the unaware. Within the unaware category there were those who showed support once they understood CES and the added value it presented to their ongoing work as teachers and researchers. A common faculty concern was if CES would represent added work to an already demanding workload. Many junior faculty members in the school were more apt to embrace the concept and application of CES yet were often discouraged by a promotion process and criteria that traditionally does not understand or value CES. However, we have found that access to relatively small amounts of seed money (one thousand to five thousand dollars) can lubricate the launching of CES projects in our neighboring communities. These monetary resources can be used for minor purchases or equipment acquisitions as needed, offset mileage for personal car use, hiring research assistants, and other minor expenses which can appear daunting to those on a limited budget. The presence of funding, even in minor amounts, creates an environment of expectation, accountability, and professionalism which we have found is sometimes absent when a project is conducted entirely with volunteers, or "on the margin." Students also benefit from being active participants in developing budgets, managing expense reports, and negotiating fees. Faculty benefit, even if the overall dollar value is small, by the academic legitimacy afforded by being recipients of seed money. These seed grants have already proven useful to junior faculties who have used these smaller research projects to gain experience and publish—needed elements in larger grant applications.

Administrators were found to be generally supportive of CES. This top-level support was helpful in securing presentation time during school-wide faculty meetings, including CES in the strategic planning process, and providing the resources to participate in CES activities such as conferences and workshops. At the end of the three-year period as members of the Community-Engaged Scholarship for Health Collaborative, administrative support and buy-in was insufficient to create the needed changes in rank and tenure promotion policies. However, there were immediate changes that did occur and some intermediate developments that have laid a foundation for more important changes to occur in the future.

The Role of a Multi-Institutional Collaborative in Driving Change

The school profited from its participation in the Community-Engaged Scholarship for Health Collaborative by engaging in a series of activities which provided clarification and direction related to its CES efforts. Most importantly, the school and university engaged in an institutional self-assessment that produced qualitative and quantitative baseline data used to measure future progress (Gelmon et al. 2005). The assessment included the collection of metrics reflective of faculty, student, and institutional support, policies and procedures, visibility of CES on the university and school Web sites, and understanding of CES nomenclature. The latter was particularly critical since one of the Collaborative's objectives was to establish and reaffirm contemporary definitions of community engagement, CES, and service-learning.

The outcome of the three-year process was a matured sense of direction for the school, and university tempered by reflective discussions with like-minded health science universities who had embarked on a similar journey years earlier. From a practical perspective, CCPH had, in parallel efforts, created a rank, promotion, and tenure resource for faculty considering a career anchored in CES. The CES toolkit, an important resource shared with the Collaborative, provides useful guidance on planning for promotion and creating a strong portfolio, among other useful information (Calleson, Kauper-Brown, and Seifer 2005).

The Loma Linda SPH rank, promotion, and tenure system continues to be dominated disproportionately by the influence of peer-refereed publications. In recognition, faculty members with an interest in CES have taken advantage of the growing inventory of journals which are amenable to publishing quality CES articles. Our school does not employ a journal ranking system. Therefore, newer journals, as long as they demonstrate they are rigorously peer-reviewed, possess the same currency within RTP as those that are more established. As a matter of practice, it is incumbent on the promotion applicant to provide evidence, on a pro-forma basis, that the journal under scrutiny meet the operational definition of academically acceptable scholarship.

An encouraging development during this process was that the school named one of the CES team members to Associate Dean for Public Health Practice. This decision was made partially in recognition of the U.S. Institute of Medicine report which had noted that U.S. SPHs were deemed to be largely focused on basic science research and, thus, mostly irrelevant to society (Institute of Medicine 2002). This perceived lack of relevance, particularly to the communities where many of the schools were anchored, was seen as a stinging criticism of academic public health. Like many of its counterpart schools, Loma Linda elected to identify someone responsible for the translational activities, in some measure, to counter these criticisms.

The newly designated Associate Dean for Public Health Practice employed a "push-pull" approach to establish a sense of urgency and create an environment where CES could be operationally defined and nurtured. The process benefited from the financial support of several externally funded grants which fortuitously provided new and significant salary support for select faculty and students. As an outcome of the funding awards, an Office of Public Health Practice was created and dedicated space allocated in support of its functions.

Our school has benefited from having a dean who is a CES proponent. While the culture of established, consensus-oriented organizations does not change easily or quickly, the influence of the ranking executive cannot be overstated. In our case, the dean has engaged the RTP Committee, dominated by classically trained academics, to neutralize sentiments that CES is second-class or sub-standard scholarship. This requires trust building and time to instill a permanent change in RTP. Our aim is to establish a new direction, one that transcends individual RTP membership and is independent of the occupant of the dean's Office.

Armed with a mandate from the dean to engage the community and soft money to lubricate the process, an organizational "pull" was established. That is, a select group of faculty with an interest in community engagement enjoyed a nucleus to rally around with the added benefit of the prestige associated with salary support. This attracted some measured attention within the school and university as engagement was viewed in professionally recognized and respected metrics.

The school's Practice Office, in turn, created a Web site containing critical operational definitions differentiating service from CES. This was coupled with the systematic "push" of school-wide faculty meetings and discussions within the school's RTP Committee around the difference between service and CES. The momentum created by the short-term successes described above and amplified by scholarly articles published by the Practice Office created an environment where the Associate Dean for Public Health Practice applied for, and was awarded, full professorship based on his practice portfolio.

In the same time period, a faculty member within SPH provided leadership to the university as it included CES language in the faculty tenure dossier to be used campus-wide in the tenure promotion process. Some schools included a CES presentation in their faculty meetings where CES concepts and the CES toolkit were presented and discussed. The School of Nursing in particular showed particular interest in this type of work as it was promoting more research among its faculty. CES provided a broader selection of research options to a practice-oriented faculty. As part of the momentum created, the university chancellor subsequently created an Institute for Community Partnerships, promoting an SPH CES advocate into the position of Assistant Vice Chancellor for Community Partnerships. These funded positions and enabling mechanisms are likely to play an important role in promoting and sustaining CES on this campus.

These new appointments helped establish needed supporting structures on which further change and CES promotion could hinge. With these key positions in place, Kotter's eighth step of anchoring or securing institutional change was addressed. Within three years of the inception of SPH's intentional and disciplined efforts in support of CES, the university's operating environment had evolved from a traditional null hypothesis focus to one which recognized and applauded academically rigorous community engagement efforts. This process provided opportunities for faculty members from the various disciplines to come together under one common goal and work as a team, breaking away from the academic silos that often exist in academia. Presenting CES to the various disciplines did require variations in strategies such as using different language that was understood and fit the particular vocabulary and culture of the school. The eight-step Kotter model proved to be an effective tool in producing lasting institutional change that reflects the commitment of leadership at the school and university level. While the change process began at the school, it expanded to the university at large.

Another impetus for change that can be used to promote CES is the fact that accreditation bodies are becoming more acquainted with CES. For a school and university that promote Mission-Focused Learning (MFL), CES can present a useful approach to framing service and its application to research and teaching. This method solves the tension between service, research, and teaching that often exists, providing a viable option for faculty who no longer need to decide between the university mission and professional advancement.

While considerable progress has been achieved, the SPH is renewing its efforts to maintain the relevance and significance of CES within the school's culture. In addition to RTP issues, the dean has developed an initiative to recognize and award individuals through annual step increases for individual faculty who successfully contribute to CES or lead out in CES. While this process is new, there has been remarkably little controversy as supporting mechanisms, such as mentoring of junior faculty and grant writing assistance, are being offered centrally. The school piloted the new approach in 2008 with full implementation planned for 2009.

Discussion

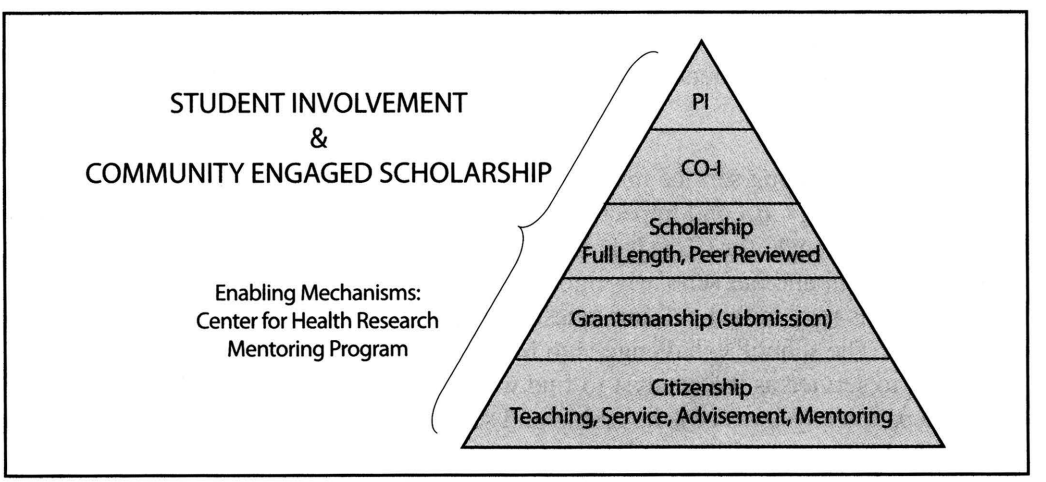
LLU is fervent about its tradition of service and is equally passionate about health care access for underserved populations regionally and globally. Counterintuitive to this culture is the concept of the personal benefit as an outcome of engagement. This is further complicated by a one hundred-year history of the lack of recognition of the scholarship opportunities afforded by community engagement.

An adjustment in corporate culture and norms of practice necessarily involves an increased sense of self-awareness. This enhanced attention to the disservice our school was conferring to engagement issues was addressed in large measure when the Associate Dean for Public Health Practice was promoted to the SPH dean in February 2007. This effectively provided greater visibility for CES within the School. The dean has attempted to create space within faculty workloads to provide time for advancing scholarship related to the abundant service activities already present. Concurrently, there have been one-on-one efforts at encouraging faculty to reframe their work from a purely service orientation into a more rigorous and scholarly mode and to produce scholarship as an outcome of engagement. The efforts are complemented by the school's Center for Health Research which recently initiated formal mentoring around applied research. There are currently two mentoring groups involving over a dozen faculty members. These groups meet periodically, provide constructive critique, and set timelines for publication or proposals that fit within an individual strategic faculty development plan. Seed monies are available to faculty through a proposal process that aims to develop quality proposal writing skills and build a foundation for larger research grants. The dean has made it clear that CES should be an underlying theme in this process.

The SPH CES implementation strategy has been to start small within the school through adherence to the Kotter model of change. A tactic that we have found to be useful was to engage senior leadership (i.e., primarily department chair persons) to articulate the benefits of such an approach and to secure future buy-in related to RTP modifications reflecting CES. While the school leadership was not particularly enthused, they were not adversarial. Their overall concern related to the perception of the less rigorous nature of CES and the availability of salary support for these efforts. Resources provided by CCPH, along with the emergent financial resources afforded by CES grants recently awarded to the school, converted the chairs into generally supportive roles.

While the simultaneous bottom-up and top-down approach described earlier created an environment where sustainable change was possible, the school is in the process of implementing a performance-based annual review and reward system which explicitly prioritizes funding and scholarship directly related to CES (Figure 1). The system as currently configured, requires a foundation of excellence, comprised of the traditional academic rubrics (i.e., student mentoring and advisement, service and teaching). Under the assumption that these fundamental obligations of faculty are being met, then a priority system has been established where grantsmanship, scholarship, and investigator status are (in ascending level of priority) valued and rewarded. Though this is not markedly different from most institutions, this represents a significant step forward in the school's evolution and self-awareness as CES and student involvement are deliberately advanced as critical features in the annual evaluation process.

Figure 1: SPH Annual Performance Review System



Despite the fact that the school has created conditions where engagement has now been defined, nurtured and rewarded, it has made less progress in the explicit CES policy language and RTP practices. This may at first be justifiably criticized as fundamentally inconsistent. In the school's operational environment, however, the authors have found that practice informs policy. In effect, overcoming formal institutional barriers and mores required demonstrating tangible benefits and momentum in a manner and metrics that established governance recognized as industrious.

The question of faculty rewards in an institution with a legacy of service can be complicated. We continue to struggle with the difficult question of what comes first, rewards that promote and show the value of community engagement or community engagement as a goal in and of itself? This is an important question considering a cultural context where engagement is considered a Christian responsibility and privilege that is valued separately from scholarship or from a traditional reward system. On the other hand, because of a strong service mission, CES provides the opportunity to integrate academic pragmatism and mission.

Conclusions and Recommendations

The Loma Linda University School of Public Health followed Kotter's eight step model of institutional change in support of CES. The school disseminated CES information actively through discussions with faculty and passively through its Office of Public Health Practice Web site. These efforts were bolstered by linking interested faculty with a network of CES experts who provided mentoring and technical support. The school created an environment conducive to CES by adopting nomenclature and metrics which the existing governing bodies found non-threatening. Finally, publicly available resources, such as the CES toolkit located on the Community-Campus Partnership for Health Web site were valuable (Calleson, Kauper-Brown, and Seifer 2005).

LLU possesses a strong service mission, which presents both a barrier and an enabler to institutionalizing CES and impacting RTP policies. It's an enabler in that it provides the force and rationale for CES. It is also a barrier because it dismisses the need to evaluate, publish, and put scholarly rigor into community engagement; and to speak of faculty rewards may in fact call into question the motive for pursuing community engagement. The school's challenge is to build on its assets and LLU's mission and dedication to service as the catalyst to find ways of bringing together what has to date been two parallel systems of scholarship and service/engagement.

The LLU-SPH operational environment and culture can be described as being driven by evidenced-based decision making. In recognition of this, the SPH CES team employed a "practice informs policy" approach. While considerable progress has been made in support of CES, including annual review criteria, RTP and policy documents do not fully reflect the evolution occurring with the school. Nonetheless, the school

has traversed the tipping point. The school is currently involved in a university-wide strategic planning process that will develop the clear vision that can be shared widely across campus—a necessary next step. The authors anticipate within the next two academic years that the policies, structures, and functions to support CES will be inculcated into the fabric of our school and recognize that this is a journey with no fixed end point. The direction of the journey is what matters most.

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