

***Community-Campus Partnership
to improve New Mexico's Health***

Community Health Extension Centers

***University of New Mexico
Health Sciences Center
September 2006***

Community Health Extension Centers

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1. Executive Summary

This plan is the result of a collaborative planning process engaging health and community leaders from across the state of New Mexico with faculty and staff at the UNM Health Sciences Center. It is a living, working document. It responds to the internal and external challenge presented to the University: in order to collaboratively address community health issues and the core mission of UNM-HSC, the campus-community partnership needs to be institutionalized and sustainable. The model described in this document attempts to achieve this by suggesting a set of Community Health Extension Offices (CHEOs), linked with the UNM Center for Community Partnerships and each other.

After describing the history of UNM-community partnerships in Section 1, the problems associated with the traditional way of doing business and the resulting challenge, Section 2 describes the characteristics of successful campus- community partnerships, including

- 80% Action/20% Planning
- UNM, community share resources
- UNM has constant presence in community, statewide (not “outreach”)
- UNM helps build community capacity, community leaders
- UNM should balance needed distance technology with human contact

Section 3 (pp), outlines how existing building blocks in the communities can be utilized to develop the system of CHEOs. These include community-based organizations such as

- Community Health Councils
- County and regional non-profit organizations
- Agricultural Cooperative Extensions
- Local Colleges, Branch Campuses

Sections 4-9 discuss the details of choosing partner organizations, contracting and building the network (pp.7-12) including

- Selection criteria
- Roles and responsibilities – CHEOs
- Roles and responsibilities – HSC
- Accountability
- Steps in CHEO Network Development

There will be essentially two major development phases: Phase I will include the co-funded establishment of pilot CHEOs, and the development of basic tools for budgeting, contracting, data collection and evaluation. In Phase II, armed with the data collected in Phase I, the CHEOs will become organized as a network, and will pursue funding and policy initiatives jointly with UNM, with the ultimate goal of institutionalization backed by long-term policy and funding commitments.

Section 10 outlines possibilities for both project based and partnership oriented funding, while Section 11 suggests strategic steps to secure legislative support. Section 12 recommends elements of an Evaluation plan to be developed collaboratively. In section

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13, some resources potentially helpful to securing funding and to connecting to similar efforts nationally are listed, as well as the most important literature pertaining to campus-community partnerships. Next Steps are summarized in Section 15.

“If the United States is to retain its leadership in medicine...the key lies in restoring the tattered social contract between medicine and society.”

Kenneth Ludmerer, Time to Heal, American Medical Education from the Turn of the Century to the Era of Managed Care.

“By now, most members of the academy and our community partners understand the ‘whys’ for engagement... What is needed is not another call to ‘give engagement a try.’ Instead, we believe it is time to call the question: The question of commitment...

- to reinvigorate higher education’s understanding of its relationship to civic life,

-to rejuvenate learning and discovery, and

-to help create the academic template for leadership in a new century...

... a new and deeper level of commitment ...to move beyond model programs, first adopters and pilot programs... It will

2. Introduction

The Challenge of Community Engagement

Academic health centers across the nation are challenged internally and externally to renew their social contract, increase their civic engagement and redefine their role in community and society. Faculty are enriching programs through community collaborations, students are learning in service learning models, and community and academic leaders are forging partnerships to improve community health and spark economic development. However, there are few examples of true institutional transformation, where academic health centers embed community partnering in every department and program and across education, research, service and policy missions.

Successful history

The University of NM Health Sciences Center (HSC) is recognized as an innovator in rural medicine, in community-based medical education, and in service to rural and marginalized populations. Today, the UNM Health Sciences Center faces dire financial constraints at a time when more New Mexicans are without health insurance, and health disparities among its diverse populations grow. It is time to improve the health of our communities by transforming the institution and our healthcare system to address disease risk and social determinants. The HSC has a track record of working with communities, health care providers and health councils, and other stakeholders to extend academic resources to communities in need.

UNM/HSC Community Programs can be divided into mission areas: Education, Service, Research and Policy:

In Education, successful partnerships include the “1+2” Family Medicine residencies in Roswell and Santa Fe, and the three year program in Las Cruces; the Rural Health Interdisciplinary Program (RHIP); the BA/MD Program; the Department of Psychiatry rural residency rotations; the Preceptorship Office; the Resident and Graduate Assisted Placement (RAPS and GAPS) program; the Area Health Education Centers (AHEC) and Border Health Education & Training Center (BHETC); the primary care practice relief and placement program (UNM Locum Tenens); and other programs provide UNM students and resident trainees with service learning opportunities in rural and medically underserved communities, and provided rural providers with staff.

In Service, the Physician Access Line (PALS), provides > 75,000 faculty telephone consultations, transports, and coordination to New Mexico health providers. Specialty outreach clinics and services (UNM Specialty Extension Services), primary care services (LT Program), and support of Health Commons and Community Access Programs improve access to care and link patients with medical homes and integrated systems of care. In recent years, the Center for Native American Health (CNAH), Extension for Community Healthcare Outcomes Project (ECHO), the Office of Diversity, Screening, Brief Intervention, Referral and Treatment (SBIRT), the Oral Health Collaborative, and

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other projects utilize distance technology, telehealth and direct health services in remote areas.

In Research, Research Involving Outpatient Settings (RIOS) Network involves rural providers in setting community based research agendas.

In Policy, the UNM Institute for Public Health, the Cancer Research & Treatment Center, the Masters in Public Health, Department of Family & Community Medicine, the Center for Community Partnerships and others have been involved in an array of policy issues including cancer prevention, tobacco control, health professions supply and distribution, access to care, health insurance coverage, collaborative service-learning models, and public health and primary care.

Problem statement

Community Health Indicators in New Mexico are among the worst in the US. Most of NM's rural areas experience critical health professional shortages. The diversity of our health professionals does not reflect New Mexico's diverse cultures. Access to medical, behavioral and oral health and preventive services is inadequate, especially in uninsured, minority and geographically isolated populations. To address these pressing health and health professions education issues, UNM will serve key leadership and partnering roles.

Historically, UNM work in communities was based on availability of funding, interest of individual UNM employees and faculty, and the influence of individuals and organizations in communities. UNM programs were sequestered in "silos" and not integrated. UNM has not had a consistent process to listen and learn about community needs, inventory assets or elicit a community's collective wisdom. Thus, UNM provides certain needed services, but does not always expand community capacity. These experiences typify many community-campus partnerships:

Shifting institutional leadership and grant-based funding often relegates community partnerships to boutique initiatives, paraded out when the university needs to demonstrate its engagement bona fides. We have created a "thousand points of light" that have not always produced the concentrated heat needed for institutionalization. Many community engagement offices are tucked away in outreach centers or isolated in a single school or college, outside the mainstream of the university's priorities.¹

UNM research outcomes are not consistently shared with the communities studied, creating perceptions that UNM is self-serving. Research data should be shared to improve community health, inform policy initiatives, and improve interventions and services. Institutional barriers (expensive indirect rates, inefficient billing, bureaucratic delays) prevent community-based organizations from partnering or contracting with UNM. There are no systems to measure outcomes and evaluate the impact of UNM activities on individual or community health. While some programs accrue benefits to selected communities, these hinge on personal relationships between UNM personnel and

¹ CALLING THE QUESTION: Is Higher Education Ready to Commit to Community Engagement? A Wingspread Statement 2004, *Mary Jane Brukardt, Barbara Holland, Stephen L. Percy and Nancy Zimpher, On behalf of Wingspread Conference Participants*, pg 4

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community leaders. The danger is that services will disappear when a key contact moves or changes jobs. More comprehensive partnership should be more inclusive and equitable, fully integrated into both the university business process and the community health care systems.

Change Agents

A system of local Cooperative Health Extension Officers (CHEOs), acting as liaisons between communities and a HSC Community Partnership Office will assure campus-community communication and coordination, provide the institutional framework for sustainable partnerships, and sustain the financing and delivery system to improve community health status indicators.

Process of plan development

In December, a process of intense engagement between the HSC and the community began with a Health Summit called by the Governor and held in Albuquerque. The HSC and community groups engaged in a dialogue leading to important University Hospital policy changes regarding billing practices for indigent patients. In addition, the Executive Vice President for Health Sciences, Paul Roth, established an Office of Community Affairs, and announced that he would appoint a Community Affairs Director, and a Community Advisory Council. To better engage the statewide community, he called for bold measures, thinking “outside the box.” The new mission of UNM Health Sciences Center would include working with community partners to improve the health status of New Mexicans more than any other state by the year 2020. And he wanted the HSC to become a vital presence in the state’s communities beyond “outreach,” employing the HSC’s mission areas of education, service, research and health policy. The concept of community-directed, HSC-affiliated Community Health Extension Offices (CHEOs) was one important strategy envisioned. In April of 2006, a core group of 16 community health leaders met with UNM HSC staff and faculty and began developing the CHEO model.

3. Characteristics of Successful Campus-Community Partnerships

The group agreed that “whenever UNM has left campus, it worked”. Elements of successful partnerships were cited:

- There should be 80% action and 20% planning. Outcome oriented projects show quick results and maintain momentum.
- Celebrate and publicize success to maintain support.
- Have UNM help secure and share funding for community based programs.
- Partnerships are inhibited when UNM competes with communities for resources.
- Include in UNM driven policies and legislative proposals the objective of improving community health.
- Relationship should be positive, respectful, and mutually beneficial
- There should be consistent and continuous UNM presence in the community.
- There should be consistent community presence on campus.
- The relationship should not rely on individuals and cyclical grants.
- Institutionalize campus-community partnerships with long-term project funding.

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- Introduce long-term state-level policy statements, such as a joint memorial or bill.
- Build community capacity by identifying, developing and supporting community leaders.
- Include leadership succession planning both on campus and in the communities.
- Expand UNM's community presence across New Mexico, not just in those communities with a track record of working well with UNM.
- Provide technical assistance and training to develop and utilize distance technology for communication and to avoid excess travel.
- Balance technologic interventions with the need for "real" human contact.

The group strongly stated the need for UNM's consistent, physical and long-term presence in NM communities. This presence should not be considered "outreach;" For the University should be part of all NM communities and a statewide institution. A system of local offices, or Community Health Extension Centers or Officers, could institutionalize the partnership. CHEOs, whenever possible, should be built upon existing organizations and coalitions.

The CHEO plan moves the campus-community partnership from altruism, exchange and transaction to mutualism and transformation:

Most university-community partnerships are one-sided altruism. The University gives things to a needy community, compensated by warm feelings and a grant until it ends. There may be exchange, where faculty and students learn some things and learn to practice in certain ways. Exchange gives both parties reason to continue together. Rarely, however, do partnerships develop into mutualism, where the parties discover they have common interests they can satisfy only by acting together and for some long period of time. Thus, often, once resources to succor altruism or reciprocal exchanges of benefits fail, relationships are likely to end.²

4. Existing Building Blocks

CHEOs utilize existing building blocks, not artificial geographic boundaries such as DOH Regions or judicial districts. Many communities have organizations, coalitions or councils that assess needs, plan programs and develop resources. Some groups are community-based non-profit organizations (e.g. - Hidalgo Medical Services), educational institutions (ENMU or Crownpoint Institute of Technology), DOH-funded Community Health Councils (Doña Ana, Sandoval) or regional networks of councils and providers (Wellness Coalition).

All Health Councils assess and prioritize community needs, and most represent trusted and diverse sectors of the community, and have strong ties and a deep understanding of the local system of care assets and gaps. A strong, mature health council could be the house an effective CHEO, communicating community priorities to UNM, and creating linkages between community partners and HSC programs. Health Council infrastructure and staff could be cost-effective.

² Howell Baum: Challenges in Institutionalizing University-Community Partnerships, HUD Office of University Partnerships Conference, March 2006

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Co-financing campus-community partnerships could engage existing organizations across the state. This might improve the quality of the partnership, beyond the traditional asymmetrical model and relationship. Community and UNM partners should have contractual obligations to each other. If partners are equally invested and accountable, incentives are aligned to achieve the desired outcomes.

The CHEO system should be closely connected with other community partners including Area Health Education Centers (Southern AHEC, Montañas del Norte), local units of government (often the fiscal agents for Health Councils), Department of Health (DOH) Public Health, federally qualified health centers (FQHCs) hospitals, the medical community and the other higher education institutions in the state.

5. Selecting Community Partners

Who is the “community”? Who represents the community? Community partners should represent diverse constituents and sustain long-term relationships. The university may select a variety of partners, assessing the local political environment and ability to manage the program. Competing community partners should be encouraged to collaborate. The selection process should be inclusive and transparent. Choosing the wrong partner can permanently close doors to important parts of the community.

If contractual relationships are anticipated, a Request for Proposals (RFP) process should be developed. The evaluation criteria might prioritize:

- Strong local/regional connections with diverse community groups
- Track record of working collaboratively and inclusively
- a diverse, community-based local board advises or governs the organization
- Basic physical, administrative and human resources infrastructure
- Level of in-kind contributions and dollar match
- Some experience working with University system
- Ability to gather and analyze data for evaluation purposes

In some communities, CHEO partners will meet or exceed the criteria, while others might be halfway there. Local systems might have little experience working with the university. Additional resources help expand community capacity and the relationship.

Communities are constantly changing: important players leave, new leaders emerge, public participation and support waxes and wanes, priorities and agendas take new directions. With the community as one party in a partnership constantly changing, the nature, effectiveness and quality of the partnership will also change. Institutionalizing partnerships must include the ability to nimbly react to change, and respond to opportunity, to strengthen the fragile community health system.

6. Roles and Responsibilities of CHEOs

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The scope of work of a typical CHEO:

Coordination and Facilitation

- Identify and utilize existing community based research data, assets, workforce, mapping, and needs assessments.
- Conduct new data collection as needed.
- Identify needs and gaps, develop and maintain data collection for community report card, develop annual action plan, based upon identified needs.
- Maintain positive relationships with many partners (DOH, Medical Societies, County government, etc.) and engage additional local partners, especially those who have not been traditionally involved in community development
- Develop expertise on UNM/HSC resources, programs, faculty, staff, and services.
- Navigate the academic world on behalf of the community.
- Serve as the liaison and clearinghouse for information.
- Actively build the partnership between university and community.
- Facilitate the community presence on campus.
- Match UNM resources with community needs.
- Create connections with UNM and other network members and partners.
- Pursue and implement new initiatives and opportunities to address needs and gaps.
- Implement projects: support, facilitate and oversee operations
- Measure and report satisfaction (community partners, students, patients and providers).
- Utilize outcome data to continuously improve projects.
- Draft, formulate, propose institutional and legislative policy interventions to address unmet needs.

Tracking, Evaluation and Quality Improvement

- Track performance of community-campus partnership projects.
- Measure progress against action plan.
- Update the Community Health Report Card.
- Identify and communicate quality improvement data and recommendations to UNM and community partners.

Public Relations

- Advocate to improve community health – with the university, with community leaders, and with key partners and legislators.
- Assure local UNM activities, resources and presence is widely known.
- Disseminate successful outcomes through web based, print media, publications, press releases, town hall meetings, and other media as appropriate.
- Keep elected legislators informed about community-campus activities, programs and outcomes.
- Propose legislative interventions to improve community health and address unmet needs.

Networking

- Actively participate in statewide CHEO Network (details under 9.)

7. Examples of model sites

CHEO Profile

Name: *The Wellness Coalition*

Geographic Area covered: *Luna, Grant, Catron, Hidalgo Counties*

Mission: *To improve the quality of life and build community capacity among Catron, Grant, Luna and Hidalgo Counties through fostering partnerships, activating collaborative processes, and developing resources.*

Governance: *8 board members, two from each county, recommended by Health Councils, one at-large president. Members represent consumers, providers and health councils.*

Collaborative relationships with the following organizations: *4 Health Councils, 3 Community Health Centers, regional mental health provider, regional DD provider, DV Shelters, JPPO, Homeless services provider, NMSU AHEC, Youth serving organizations, NM Forum for Youth, NGO-NM, NM Commission for Community Volunteerism*

Organizational Capacity (administrative, staff, IT, data collection and evaluation):

ED and CIO + 2 admin staff, staff evaluator, central office in Silver City, videoconferencing capacity, data collection based on Health Council Community Profiles.

History of collaboration with UNM: *RHIP Coordination*

Priorities for working with UNM: *Building capacity and partnerships for community based research grants, workforce development (continuing ed, professional recruitment, internships), service learning opportunities*

Insert more boxes with model sites here.

8. Roles and Responsibilities of HSC

System changes

- Initiate University-wide broad discussion of role as public flag-ship institution. Provide leadership to integrate community engagement into UNM mission and practice. Transform the UNM culture, knowledge, attitudes and skills to address its statewide missions. Institutionalize community partnerships.
- Open silos. Integrate community initiatives in education, service, research, and policy into comprehensive, strategically planned UNM agenda.
- Create ONE phone number, access point to connect CHEOs with HSC.
- Empower CHEOs to be effective - establish communication directly to EVP.
- Commit UNM resources, including faculty, student and staff time to build partnerships.
- Tie expectations to performance review evaluations for HSC components, departments, staff and faculty.
- Expect rural service from all HSC departments and components.
- Report and disseminate data and activity by county by mission.
- Align and coordinate state funded programs, streamline systems, avoid duplication.

Coordination/Facilitation

- Select (through RFP process) CHEO partners.
- Execute formal contractual relationships.
- Build CHEO capacity.
- Train CHEO staff (e.g. - campus “fellowship” program, board training).
- Work closely with CHEOs, act as broker, coordinate UNM HSC response to community needs.
- Develop community resources (such as funding for telehealth).
- Coordinate/ align with other higher ed institutions and health care systems.
- Build long-term trust with communities independent of project funding.
- Create CHEO map, identify geographic areas/communities not served by CHEO system, fill gaps.
- Leverage legislative resources and support for both the CHEO system as well as targeted initiatives.
- Implement **Phase I** – quick, outcomes oriented pilot programs with high likelihood of success.
- In **Phase II**, work with CHEO Network on statewide priorities, legislative agenda, relationships with other statewide players.
- Utilize videoconferencing technology to communicate with sites.

Evaluation

- Develop Community Report Card format with CHEOs.
- Help CHEOs gather, analyze, and array data (e.g. - annual community report card).
- Develop process, evaluation plan, tools with CHEOs.

9. Accountability

Local CHEO offices and personnel will increase UNM community presence and exposure. CHEO site contractors have the difficult tasks of identifying and advocating for community need, mobilizing UNM response, reporting interventions, and making recommendations for improvement.

CHEOs might form a local advisory council, or use an existing group (such as the membership of the county health council) as their community stakeholder group. Likewise, CHEO representatives individually and as a statewide group should have ample opportunity for communication and feedback to the university. CHEOs will be the community “antennae” for the university.

Another important link for accountability will be the UNM based Office of Community Partnerships. Its roles are to receive requests, complaints, and other community feedback from the CHEO sites; facilitate UNM responses; educate CHEOs about UNM education, service, and research resources; coordinate and monitor the appropriate follow-up. Communities should expect an efficient and effective response.

Institutional transformation to improve individual and community health is the goal. Small, limited scope, pilot programs might be the first step in that transformation. CHEOs, partners, UNM and the Office of Community Partnerships will have to unite against institutional inertia and obstacles that wear out the community partnerships and the individuals trying to make them work.

10. The Network

Once the core group of CHEOs and the UNM office are established and the data gathering, needs prioritization and reporting mechanisms are implemented (Phase I), the CHEOs should organize into a statewide network (Phase II). The CHEO network will:

- Review data (community report cards) from individual CHEOs and aggregate statewide data sets.
- Form a legislative committee. Review the problems and gaps in community health identified by CHEOs. Prioritize one or two statewide policy issues to address. Develop a joint, unified policy statement and recommendations to the legislature.
- Draft legislation and budget to establish and sustain the CHEO system.
- With UNM, develop, implement, assess interventions, and utilize data to improve and disseminate model programs based on the statewide priorities.
- Provide peer support in disseminating models and best practices.

Education

- **Emphasize and fund primary care training and NM placement**
- **Analyze sub-specialist capacity and need in NM**
- **Utilize community based specialist training to improve retention in areas of need**
- **Support systems of local health workforce development**
- **Address nursing, behavioral, dental shortages in rural and tribal communities**
- **Promote on-line grad programs in communities**
- **Assist with recruitment and retention of professionals and training**
- **Have on site clearinghouse for UNM health professional graduates for communities interested in hiring them**
- **Provide leadership in community-based promotora training**

Services

- **Serve people in prison system; link incarcerated health with health and behavioral/substance abuse programs and care once prisoners are released**
- **Include prevention services**
- **Provide distance learning and telehealth services based on community needs**
- **Support community based programs addressing access to health care**

Research

- **Provide access to research grants for communities**
- **Research social determinants of health**
- **Study, disseminate best practices**

Policy

- **Access**
- **Insurance**
- **Local policy development**
- **UNM transparency**

Other

- **Build community capacity to address non-medical needs such as access**
- **Support community leaders and build their capacity**
- **Address epidemic of professional dis-satisfaction**
- **Integrate Behavioral Health and medical initiatives**

The 1st Year Priorities for UNM-CHEO work

- **Education:**
 - **Residency Programs**
 - **Pipeline Programs**
 - **Tele-education**
- **Service:**

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- Provider support,
- Capacity Building
- Specialty extension
- Research:
 - Community based/initiated research projects
 - Distribution of research data, feedback to communities
 - Pilot best practices, develop models
- Policy
 - Health Status Priorities Development, addressing health disparities
 - Health System Changes incl. System Integration/Communication
 - Access to Health Services

11. Funding

Long-term funding will:

- Develop and sustain successful partnerships, buffer the ups and downs of cyclic grant funds and shifting priorities.
- Encourage UNM community-campus civic engagement.
- Integrate partnership into the UNM HSC mission, programs, education, service and research and be reflected, in the annual operational budget.
- Re-invest a portion of UNM's overhead and indirect costs into communities. These high rates inhibit partnership. Reinvestment of some of that IDC into communities will be more palatable to communities, funders and legislators.
- Assure community and UNM investment, motivation, buy-in and accountability.

Several potential funding sources to support campus-community partnerships:

- The US Department of Housing and Urban Development's **Office of University Partnerships** runs eight different grant programs supporting partnerships
- **The Corporation for National and Community Service's Learn-and Serve America** higher education grants expand participation in community service and service-learning by supporting innovative community service programs carried out through institutions of higher education that act as civic institutions to meet the human, educational, environmental, or public safety needs of neighboring communities. Emphasis is placed both on institutional change to support service and service-learning within higher education and on community problem-solving and capacity-building.
- **Community Participation in Research** - A number of federal agencies, including NIH, CDC and AHRQ have collaborated in the release of program announcement PAR-05-026 on Community Participation in Research. The goal of this PAR is to support research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers. Visit <http://grants.nih.gov/grants/guide/pa-files/PAR-05-026.html> for details.

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- Foundations with interest areas including education reform, university civic engagement and rural workforce development include **Pew, Kellogg, Robert Wood Johnson and Ford.**
- Legislative appropriations as a funding strategy are discussed below under 11.

12. Legislative Strategy

Steps to get permanent legislative CHEO funding:

- I. Finance a number of pilot CHEO sites with established mix of legislative, UNM, grant and local funding sources.
- II. Appoint the UNM Office of Community Partnerships as the campus connector.
- III. Begin the internal UNM process to integrate community engagement into mission, programs and budget.
- IV. Start data gathering, needs assessment/prioritization, and identify or develop evaluation tools. Draft, develop, prioritize, develop consensus, select attainable, measurable objectives for a short time frame (one year).
- V. Identify statewide priorities and demonstration programs (CHEO Network).
- VI. Collect, analyze, report on the CHEOs/UNM data - hypothesis: positive impact of consistent UNM presence in the community. Estimate annual funding necessary to sustain, expand CHEO system.
- VII. Propose (at 2008 NM Legislature) legislation, budget for the permanent CHEO system. The CHEO Network and UNM will jointly draft and introduce legislation; CHEOs will advocate with their local legislators and all other important stakeholders for supporting and passing the initiative.

13. Evaluation

Evaluation plans should be developed jointly by UNM and the CHEOs early on to assure

- Local evaluation (respect local ways of measuring outcomes)
- Statewide evaluation
- Process Evaluation (tools to measure UNM responsiveness, local community awareness and satisfaction)
- Outcome evaluation
 - Quantitative (Health Professional recruitment, access data, etc.)
 - Qualitative
 - Long-term: health status indicators
 - Report Card

14. Resources

Associations and Organizations:

Campus Compact is a national coalition of more than 900 college and university presidents—representing 5 million students—who are committed to the civic purposes of higher education. To support this civic mission, Campus Compact promotes service

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initiatives that develop students' citizenship skills and values, helps campuses forge effective community partnerships, and provides resources and practical guidance for faculty seeking to integrate civic engagement into their teaching and research. UNM is a member of Campus Compact. www.compact.org

Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health through partnerships between communities and higher educational institutions. Founded in 1996, this is a growing network of over 1000 communities and campuses throughout the United States and increasingly the world that are collaborating to promote health through service-learning, community-based participatory research, broad-based coalitions and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic engagement and the overall health of communities. www.ccph.info

The U.S. Department of Housing and Urban Development's Office of University Partnerships is a rich resource of information on university-community partnerships as well as grant funding opportunities offered by HUD. www.oup.org

The Association for Community and Higher Education Partnerships is a national membership organization that promotes, enhances and sustains community-higher education partnerships aimed at improving the quality of life and opportunities available to residents of economically distressed communities through (1) the production and exchange of knowledge, (2) advocacy for resources to support partnerships, and (3) promotion of significant change within institutions of higher education, government, and communities. www.achep.com

Essential Literature:

Boyer, E. (1990). *Scholarship reconsidered: Priorities of the professoriate*. San Francisco, CA: Jossey-Bass.

Kellogg Commission on the Future of State and Land-Grant Universities. (2002). *Renewing the covenant: Learning, discovery, and engagement in a new age and different world*. Washington, D.C.: National Association of State Universities and Land Grant Colleges.

Calling The Question: Is Higher Education Ready to Commit to Community Engagement? A Wingspread Statement 2004 Mary Jane Brukardt, Barbara Holland, Stephen L. Percy and Nancy Zimpher, *On behalf of Wingspread Conference Participants*

A more comprehensive bibliography of literature on University-Community Engagement can be found at www.uwm.edu/MilwaukeeIdea/publications/revise_ amy_biblio.pdf

15. Next Steps

Phase I

- I. Finalize Plan with input from all partners
- II. Develop basic tools (budgets, contracts, evaluation instruments etc.)
- III. Develop marketing materials
- IV. Identify Phase I funding sources at UNM and community levels (cash and in-kind)
- V. Identify and select Pilot CHEOs

Phase II

- I. form legislative committee to develop strategy
- II. Develop system wide budget
- III. Draft joint memorial
- IV. Analyze and interpret data gathered from Phase I

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Appendix 1:

Meeting at UNM Health Sciences Center 4/25/06, 9 am to 5 pm

Present:

Alfredo Vigil, MD, Health Centers of Northern New Mexico
Sherman Singleton, MD, graduate UNM FM Residency, San Juan County
Jane Batson, MD, ENMU Roswell, NMHR
Debra Weisman, Northern NM FM Residency Program
Bob Reid, CEO Maddox Foundation
Karen Armitage, MD DHO Region 2, NM DOH
Frank Crespín, MD, La Clinica de Familia, Las Cruces, Doña Ana County
Charlie Alfero, CEO, Hidalgo Medical Services
Cristina Campos, CEO Santa Rosa
Mario Pacheco, MD, Residency Director, St. Vincent's Hospital
Mary Ann O'Neal, Administrative Officer, Crownpoint Indian Hospital
Marcos Sosa, MS III, Maddux Scholar, Hobbs, NM
Nikki Baptiste, Sandoval County
Bob DeFelice, CEO, First Choice
Elaine Luna, Exec Dir, Montañas del Norte AHEC
Angie Vachio, MA, Exec Dir, PB&J Family Services
Nikki Zeuner, ED, The Wellness Coalition, Facilitator

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Billy Sparks, HSC
Lauren Cruz
Helene Silverblatt, Department of Psychiatry, Rural Psychiatry Residency Rotations
Wayne Powell, Assoc Dir – Institute for Public Health, Ctr for Community Partnerships
Susan Fox, Associate Dean CON
Tina Hoff, FCM, Preceptorship
Amy Clithero, CCP, Specialty Extension Services
Sandra McCollum, Consultant
Bill Wiese, Director, Institute for Public Health
Cindy Foster, Public Relations
Dan Derksen, Ctr for Community Partnerships, AHEC, Locum Tenens and Spec Ext Svs
Dale Alverson, UNM Telehealth
Diana Heider, FCM Faculty Recruitment
Kim Halsten, Ctr for Community Partnerships
Val Romero-Leggott, Cultural & Ethnic Pgrms, Health Careers Opportunities Program
Gayle DineChacon, Center for Native American Health
Sanjeev Arora, Project ECHO
Arthur Kaufman, Chairman FCM, Health Advice Line, Community Access Program
Judy Jones, HSC