Why Faculty Promotion and Tenure Matters to Community Partners

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Abstract

Communities across our nation—whether geographic, ethnic, or issue-based in their composition—are struggling to be healthy, to grow, and thrive. The production of knowledge and the sharing of knowledge by both the community and the higher education institution is the key to helping our communities to improve. Retaining and valuing community-engaged faculty who can both represent the academy to the community and bring the community into the academy are essential to helping secure our vision of the common good. In this paper, three community partners, experienced with and engaged in partnerships between universities and communities with varying challenges of success and failure, examine the specific challenge of review, promotion, and tenure for community-engaged faculty.

The growth and proliferation of partnerships between communities and institutions of higher education over the past decade and a half has been fueled by the investments of funders, public and private, and the demands of government calling for colleges and universities to be more responsive to and engaged with their communities. The other, and probably more significant, factor is the rising expectations of communities that colleges and universities must be partners in their agenda for community development and social change. Examples of these initiatives in the United States include the Kellogg Foundation's *Community Partnerships in Health Professions Education*, the Department of Housing and Urban Development's *Community Outreach Partnership Centers*, The Pew Charitable Trusts' *Health Professions Schools in Service to the Nation*, and the Department of Health and Human Services' *Prevention Research Centers*. Funders and governments are concerned about sustainability and institutionalization of the change in communities and institutions that are inherent in the development and work of community-university partnerships. The focus of the public on the return on investment in state supported and land grant colleges and universities (Kellogg Commission on the Future of State and Land-Grant Universities 1999) has been another factor contributing to the development of local partnerships. At the local city level, there have been discussions around payments in lieu of taxes (pilots) for the city goods and services provided to tax exempt institutions (The Boston Foundation 2005). Whatever the catalyst for a partnership, the bottom line is that the work is hard and the challenges are many.

As the chasm in this country grows between the "haves" and "have-nots," higher education plays a critical role in either exacerbating this situation or helping to strategically change it. Urban and rural communities see the colleges and universities

in their locales as being able to sustain themselves, maybe even thrive. Yet the financial affordability to attend those institutions is beginning to diminish for many families. The valued, community-engaged scholar may become our hope for the future and for our ability to build the bridge into those very same institutions.

In this paper, three community partners, experienced with and engaged in partnerships between universities and communities with varying challenges of success and failure, look, from a community perspective, at the specific challenge of review, promotion, and tenure for community-engaged faculty. The authors present their own case study to reflect their individual experiences that led them to their ideas about why promotion and tenure matters to community partners. Review, promotion, and tenure are critical factors in the sustainability and institutionalization of community-campus partnerships. As partners, communities will need to address sustainability and institutionalization, in part, through the policies, processes, and procedures of the review, promotion, and tenure of faculty. The success of partnerships depends on the development of personal relationships, most often between individual faculty and one or two community members, at least initially. It is in the best self-interest of the community and the faculty member in a community-engaged partnership to leverage these relationships to ensure faculty recognition and reward for this work through the review, promotion, and tenure process of the institution (Jordan, Gust, and Scheman 2005).

Community-Engaged Partnerships

Partnerships should be transformative for the partners if they are authentic (Community-Campus Partnerships for Health 2007). The mutuality and reciprocity that emanates from successful partnerships despite the often conflicting values, incongruent goals, disparate interests, and divergent experiences of the individual partners ensures change that is transformative of their community or institutional culture (Freeman 2000).

The cultural differences that exist between universities and communities raise myriad issues for the academy and the community and probably none more important than the definition of community-engaged scholarship and the role of the community partner in helping to define it. The academy is more invested in defining "community-engaged scholarship" than the community for the purpose of informing the academic review, promotion, and tenure process.

Varying definitions of community engagement and scholarship have surfaced through the various initiatives and programs supported by philanthropy and government. Two of the authors served on the Kellogg Commission for Community-Engaged Scholarship in the Health Professions which based on the work of Boyer and the Carnegie Foundation (Boyer 1996) so we accept and use the following definitional elements that are contained in the report of the Commission: (1) community engagement is the application of institutional resources to address and solve challenges facing communities through collaboration with these communities; (2) scholarship is teaching, discovery, integration, application, and engagement that have clear goals, adequate preparation, appropriate methods, significant results, effective presentation,

and reflective critique that is rigorous and peer-reviewed; and (3) community-engaged scholarship is scholarship that involves the faculty member in a mutually beneficial partnership with the community (Commission on Community-Engaged Scholarship in the Health Professions 2005).

Establishing respectful, trusting relationships takes a considerable amount of time and effort. Once a community partner or a community group is able to build such principled relationships with individuals within a college or university, we want to count on them being there well into the future. The needs of the community can be great, and we cannot work on all of the issues at one time. By building authentic community-university partnerships, we can establish models of shared power through these trusted relationships (Community-Campus Partnerships for Health 2007). Then, these partnerships can be called upon time and time again to apply their keen knowledge, experience, and perspectives to many of the issues faced by communities. Keeping these trusted faculty members within the institution through promotion and tenure guidelines that value community-engaged scholarship helps to ensure this will happen.

Sharing power—leveling the playing field—is a revolutionary act. It requires courage, tenacity, selfless-ness, transparency, ethical and moral leadership, and a commitment to do emotional and intellectual work for the common good. It is also the very essence of building a democracy. Education, especially higher education, is what helps us to insure these democratic principles. Therefore, those within an institution who are living and practicing those democratic principles deserve to be rewarded through promotion and tenure. This will be one of the key ways for these community-university partnerships to become even more mainstream and to insure that deep, systemic social change will be possible both inside of the academy and out in the world.

Cleveland School District and Case Western Reserve University

Cleveland, Ohio, is identified as the poorest major city in the United States with over 50 percent of its children living under the poverty line. The Cleveland Metropolitan School District (CMSD) serves a population that is 88 percent minority with many families having little or no access to continuous well-child care. Diabetes and hypertension continue to be epidemic in both the African American and Hispanic communities and are leading contributors to the human, social, and economic burden of illness borne by these communities and to the alarming disparities in health. While much of the impact of these conditions occurs in adulthood, the risk factors for these conditions including obesity, poor nutrition, and physical inactivity occur in childhood.

School nurses were being overwhelmed by a tide of children coming to school who had more needs—physical, mental, social or emotional—with less time to concentrate on the individual child. They were seeing families in crisis who were turning to the schools to help solve what in years past may have been

considered community issues such as child abuse, homelessness, mental health issues, violence, and extreme poverty. Schools had to be created to serve students with special needs who had a variety of disabilities and challenges. In the midst of all this, routine tasks mandated by law were not being completed, in many cases due to workload and student health emergencies. Screening height, weight, and vision for various grades were sometimes neglected as the demands on school nurses changed dramatically. This meant that a workforce already stretched to capacity was meeting needs in some areas while desperately failing in others. Something had to give.

The faculty of Case Western Reserve University (CWRU) approached the CMSD nearly five years ago with a proposal that would lead to a true paradigm shift. The traditional style of orientation for student nurses was an age-old process of observation for one to two days and nothing else. A nursing faculty member proposed what seemed a radical idea of letting students have a "hands-on" experience, engaged with children, learning from them their cultures, languages, ideas, needs, and problems. The student nurses would then come back and reflect on what they found in the classes or nurses' clinics. This reflection was the most interesting part to everyone who participated—the new thoughts and ideas of nursing students who might have come from privileged backgrounds and not known or seen poverty up close. To see children and their families assume that a basic necessity would not always be there (a car, soap, a place to live) or that violence was part of life was eye-opening. Nursing students, guided by their instructors, developed informational materials to give to CMSD students. The knowledge the children gained, it is hoped, went home to families.

The program had some other added benefits that were not originally intended. One was that it gave CMSD students a picture of nursing students and life at CWRU. When this program was started, there were few minority students represented and no former CMSD students. In just the past two years, not only has there been an increase of minority students in the nursing program but also some of them are CMSD students. A second benefit was that long-time school nurses had to look at what they are doing through the eyes of student nurses as they mentored them through their projects. The experience gave them a fresh perspective on their jobs. It gave some of the school nurses the incentive to write grants for new equipment and services the district could not afford to purchase.

The academic community and, in particular, Case Western Reserve University had recognized the need to move beyond the walls of an urban-centered university and to create partnerships with non-traditional teaching and non-hospital based communities in order to prepare "…our students to improve the human condition…believing that our ability to improve the human condition throughout the world should begin within our own community" (Hundert 2003).

My academic partners and I have had the opportunity to present papers on our work and accomplishments at two professional conferences. In Galway, Ireland in 2005 we presented at an international conference on community engagement (CE) (Lotas and Aloshen 2005). While there, we compared and contrasted our program model with various European CE programs that have been running for years. What we discovered was the model they are calling CE is what we used to do as student nursing observation—watching, not really participating, not evaluating, and not reflecting later to see what was learned or achieved. They were fascinated by what we have accomplished in only five years. The depth the student nurses had gone to in their assignments demonstrated new knowledge of the families and their dynamics. For example, a student nurse reported that a young lady explained to her one day that poverty "don't always mean you poor or dirty or stupid. It just means you ain't got any money." It has never been said better. This turned out to be a very teachable moment for the family, student nurses, school nurses, and the children.

By the time we presented in Boston in 2006 at the American Public Health Association Annual Meeting and Exposition (Lotas and Aloshen 2006) the program was explained as a CWRU program for all nursing students, freshmen to seniors, that had now become so very large that it was no longer just a CMSD-CWRU program but it now included a number of other agencies to help accomplish the task of helping Cleveland's children learn. The base stayed the same but expanded as a need was recognized and acknowledged. While the CRWU faculty were lauded outside their own institution for the wonderful work that had been accomplished within such an impoverished area and the growth sustained by the nursing students involved, they were not recognized for these same things within their own institution.

When I travel with my academic partner and the rest of the Case faculty involved in CE and listen to their level of knowledge and commitment, I know how much work they put into this programming and how much time they've invested in planning and problem-solving. I listen to others tell all of us how great this program is and how we all, especially the CWRU faculty, should be recognized by CWRU. Ironically, all of our work has been discounted by Case. Faculty has received no credit for what they've done and even have been told "get out of it or forget tenure." The world was wrong, but Case was right. Instead of being promoted for all the hard work, planning, implementation, evaluation, and re-planning, my academic partners have been ignored, except by their community partners, all of which have gladly sent letters to be part of any promotion process or committee. I have worked, traveled, written, and planned with this faculty and know what they have done. I wish I could influence CWRU to abide by their mission statement and value CE, especially in a community which values any commitment to them by the University. Since the funding of my academic partners can be and is tied into how much they are valued, it makes the work even harder to have CWRU keep pushing a program where the only satisfaction those partners will ever receive is knowing the

product they are producing—nurses—will be equipped to work in an ever-changing, multifaceted health care setting whether it is traditional or not.

Community Perspectives on University Promotion and Tenure

The institution of academic tenure is hundreds of years old. The modern decree and standard for the academy is the 1940 Statement of Principles of Academic Freedom and Tenure of the American Association of University Professors (AAUP). While community partners look with great skepticism at the review, promotion, and tenure process of the academy, the statement and its refinement through interpretive comments in 1970 is an effort to promote public understanding of tenure as a necessary protection of academic freedom and economic security, and ensuring the faculty's ability to fulfill their obligations to students and society (American Association of University Professors 1970).

To community partners and most people in the every day work world the notion of tenure is a privileged, exclusive entitlement and guarantee of a job. To community partners who may be farmers or construction workers who have jobs dependent on weather and changing economic conditions, or others who have no assurance that they will have their job from day to day, it seems preposterous. At first, in most community-university partnerships, the community partners do not care at all about promotion and tenure, let alone the processes and procedures involved in accomplishing these advancements. However, as the relationships grow in trust and possibility, the community partner comes to care that they can count on their faculty partner continuing to have a place, and hopefully a place of influence, within the institution.

The criteria used in faculty evaluations for promotion and tenure, more than anything, are indicative of a university's true values (Weiser and Houglam 1998). As community partners come to understand the university promotion and tenure process as the way to truly tell if a university's articulated commitment to and valuing of community-engaged scholarship are a reality in practice, they will inevitably seek input into and influence upon that process.

Phillips Neighborhood Healthy Housing Collaborative

The Phillips Neighborhood Healthy Housing Collaborative (PNHHC) was founded in April of 1993 and had its "sunset" a decade later. The PNHHC was founded as a result of an orchestrated "confrontation" in 1991 between a local community participation organization and a University of Minnesota clinic located off-campus in the Phillips Community. The Phillips Community is the most ethnically diverse community in Minnesota, currently with one of the nation's highest immigrant, East African populations along side of the existing Latino, Caucasian, Hmong, and Native American residents. It is also one of the most economically disadvantaged communities in the state.

Our collective distrust of the University of Minnesota (U of M) was deeply founded in our perceived and actual historical involvement as "research subjects" in traditional research projects conducted by the university. Members of the community also had the perception of being exploited for our individual and collective "needs" by using our disparities as fodder to gain millions of dollars in research grants.

Using that stored distrust and anger, resident activists felt that the University of Minnesota could be held partially accountable for these past transgressions by assisting the community participation organization in finding possible solutions to eliminate childhood lead poisoning. We were certain that the information already existed somewhere within the cavernous spaces of this renowned, state land grant, research institution. If "the people" could just get our hands on it, we would find the way to put this information to immediate, effective use rather than only becoming an obscure article in a refereed journal collecting dust on a bookshelf.

Needless to say, the first two years of establishing a relationship between four departments or schools at the University of Minnesota and the community participation organization was wrought with struggle and compromise. When the community representatives eventually found our collaboration in the midst of one more research project, there was a great deal of discomfort. We repeatedly had to explain or justify this situation to ourselves or to others outside of the collaboration.

We learned some years later that the two, federally-funded research projects that were fashioned over the ten years of the PNHHC's existence were actually examples of a process now called CBPR (community-based participatory research) that is a growing area of interest for funders of research. We were unaware that these types of research projects were becoming charted territory in various locales around the country. Instead, we developed our research projects by using two, parallel goals of true community organizing: to work on a specific issue, which in this case was testing the effectiveness of a potential intervention strategy for reducing childhood lead poisoning, and to conduct this research within a governance model that would level the playing field between the university and the community while increasing community capacity for self-governance and leadership.

The outcomes of the governance model of our community-university partnership became as important as the outcomes of what we learned from our research projects (Gust and Jordan 2007). Building models of shared power is complex work in a world where there are few examples to emulate or from which to learn. Attempting to level the playing field among differences in privilege, education, geography, race, class, and other factors is not accomplished without personal and professional, individual and institutional, strife at times. We were able to level the playing field to a great degree

because of the PNHHC faculty members' great commitment to learning to work in a more participatory process such as being trained in consensus decision-making. It was essential that all of the members of the PNHHC participate in recruiting new members of our collaboration, especially when selecting new academic representatives from the participating University of Minnesota departments. It wasn't acceptable for the university to make this selection autonomously because it mattered so much that the individual would respect and be able to operate within our principles.

Perhaps one key to successfully achieving benefit for both the academy and the community was the practice of each member articulating a "self-interest" in participating in the collaboration. While a community member's self-interest in participation might be to learn all they could about childhood lead poisoning to keep their child safe, an academic's motive might be to progress along their promotion and tenure track. Each was equally valued. The PNHHC as a whole was responsible for helping each member achieve his or her goals. This not only helped us to create a sense of community but also assisted us in valuing the assets and goals of each other. However, we found that it often was difficult to impress anyone higher than a department chair with the respectful and productive participation of our project partners. It is only in the last few years that such profound work as that accomplished by the PNHHC or other community-university partnerships has had any real bearing on the promotion and/or tenure of our academic partners.

Though the PNHHC no longer exists, the triumphs as well as some of the struggles continue. The work of the PNHHC was very transformative to a small group of individuals. We will forever do our daily work differently by incorporating principles of shared power, respect, trust, mutual benefit, and conflict resolution. To some degree, there was a positive and lasting impact on the relationships the university has with various community constituencies. Deep, lasting relationships between community and university members have been formed in some cases. Many of those same individuals have been able to work diligently within the University of Minnesota as it embarks to deepen its commitment to the work of genuine public engagement.

Evidence of the University of Minnesota's commitment to public engagement is reflected by the establishment of an Office for Public Engagement to help to achieve the university's mission and overarching goals. This office will allow the University to reach out to the community in a more principled, consistent way. With this emphasis on establishing respectful, effective relationships, comes the hope that these same relationships will become mutually beneficial and trustworthy. Mutual benefit is achieved, in part, by valuing the community's knowledge and cultural wisdom, thus allowing "in-reach" as well as outreach. In establishing this equal playing field where knowledge is shared, comes the fulfillment of one of higher education's greatest purposes—to help build our democracy. Sharing knowledge will lead to building models of

shared power and governance, helping the university and the community together to create deep, systemic change for the well-being of all.

Sometimes, those looking at our model from outside the Collaborative, whether from the community or university perspective, distrusted our work. Some of the University of Minnesota members had the credibility or the rigor of the research questioned by colleagues. Though infrequent, they also experienced skepticism about the appropriateness or "professionalism" of their forming friendships across the divides of privilege and their willingness to share power with those outside of the academy. Some of us in the community have been challenged by our community colleagues for "fraternizing with the enemy." These relationships and their achievements need to be institutionalized within the community and the academy. Within higher education, this institutionalization can be achieved through the participation of community members in the recruitment, development, promotion, and tenure processes of the faculty.

My university partner has assumed a very active role within the public engagement work of the university as well as showing great leadership in the emerging dialogue of defining the importance of the community-engaged scholar. She has continually encouraged, supported, and deeply assisted me in my own scholarly work which includes teaching, research, and co-authoring journal articles. So I was thrilled to be able to successfully contribute to her promotion by submitting a letter of support recognizing her work as a community-engaged scholar. This was somewhat of a risk in this particular institution because of its not yet well-defined acknowledgement of community-engaged scholarship and because I have no higher education degree from which to pitch my authority in this matter. However, my letter was accepted as one of the letters in her dossier. I am very pleased to report that her promotion was granted unanimously within the University of Minnesota's Academic Health Center.

Why Tenure Matters to Community Partners

As stated in the PNHHC case above, recognizing and understanding the self interest of the partners is necessary for ensuring a partnership of mutual benefit. Faculty promotion and tenure is to the mutual benefit of the parties involved in a partnership. Community partners need to recognize that the academic partner achieving tenure is in their self-interest for the following reasons.

• Interest in keeping faculty engaged in authentic community partnerships in the academy for helping to promote institutional change.

Many community-university partnerships continue to be between the community partner and an individual faculty member. Even though these relationships have become trustworthy, there may still not be a trusting relationship between the academic

institution and the community. Therefore, the more community-engaged scholars can be valued within the academic institution, the more these trusting, respectful, principled relationships can move from just being between individuals and, instead, internalized within the institution.

Often the individual faculty member that has worked in authentic, community-university partnerships is essential to keep in place through promotion and tenure. The community has made an "investment" in them. We have neither time nor resources to begin starting over each time. The work is not just project-based. The model in which the work is conducted is just as important. Faculty members that are engaged in community-based, scholarly work understand the essential purpose: social change and work for the common good is being put into place both within and outside of the academy.

• Interest in recognition of and value in community-engaged scholarship that has community impact and benefit.

Community-engaged faculty members are some of the most enlightened and eligible candidates for serving on promotion and tenure committees. They are able to bring their expertise that has been learned, often in a community setting, back into the institution. These same engaged faculty members will be able to assure authentic community-engaged practices in the evaluation of others and, thereby, help the institution to internalize these practices in serving their missions. By serving on these committees, these same faculty will learn valuable lessons on how to prepare their own promotion and/or tenure applications (Calleson, Kauper-Brown, and Seifer 2005).

Community-engaged scholarship, whether from the perspective of higher education and/or from the community, has the potential to benefit both the community and the academy if the mutual benefit for both is considered and agreed to at the onset of the project. It is ultimately the mutual benefit of a common purpose that will create a greater sense of community and serve a common good.

• Interest in promoting responsiveness and capacity for social change in both the community and the academy.

By accepting community partners and the recognition of community-engaged scholarship into the process of promotion and tenure, the university acknowledges the cultural wisdom or knowledge of the community. Just by recognizing and honoring the fact that the community has knowledge begins to lead to the improvement of a community's health and well-being. This is the basis for real, authentic social change. Again, by valuing this knowledge, respect and trust are generated. These are important ingredients to sustaining community-university partnerships and creating social change. After all, the universal, over-arching purpose of higher education is to generate new knowledge and create an enlightened society that can help the world to change, evolve, and benefit the generations to come.

Center for Community Health Education Research and Service (CCHERS)

Founded in 1991 with a $6 million grant from the W. K. Kellogg Foundation's initiative Community Partnerships in Health Professions Education, CCHERS is a partnership composed of two private universities, Northeastern University (NU) and Boston University (BU), along with Boston Medical Center, the Boston Public Health Commission, and a network of fifteen community health centers serving the racially, ethnically, and culturally diverse populations of Boston. This case study focuses on the experience of CCHERS regarding community-engaged scholarship and the experience of early faculty with promotion and tenure at its sustaining partner institution, Northeastern University, Bouvé College of Health Sciences School of Nursing.

The interdisciplinary community-based education curriculum and student experience through CCHERS was grounded in problem-based education, community-oriented primary care, and service-learning. The curriculum was developed by a core group of faculty partners from BU School of Medicine, NU School of Nursing, community health centers, the two Area Health Education Centers located in Boston and members of the community. It was vetted with the curriculum committees at both academic institutions and with the community partners including schools, day care centers, elderly developments, social service agencies, and the hospitals affiliated with the community health centers.

By the second year of CCHERS the School of Nursing had, as the Kellogg grant required, "redirected and reoriented" the entire undergraduate nursing program to make it community-based, primary care-oriented and primary care-tooled to serve underserved populations. This resulted in all nursing students in all years being deployed to the community health centers and the number of health centers grew from the four founding community health center partners to six, to ten, to twelve, and finally to fifteen to absorb the large numbers of students and to increase the number of teachers and health centers that served as their contextual/community learning hubs. Northeastern is the leader among higher education institutions in the country in cooperative education and experiential learning. And, while the CCHERS nursing program was fully congruent with the mission and articulated values of the university, this was not reflected in its promotion and tenure outcomes. This also coincided with the university's aspiration to be ranked among the top one hundred universities in the country and its focus on increasing research and extramural funding along with other things that "count" for the rankings.

The individual hired to be the CCHERS Coordinator within the School of Nursing was an experienced leader in community nursing practice and was integral to the development of the interdisciplinary community-based curriculum across all years of the nursing school and medical school. This

coordinator worked with the medical school coordinator, a committee of faculty from both disciplines, community health center physicians, nurses, other health professionals, community residents, and families. She was responsible for faculty development both at the university and in the community in the CCHERS model of interdisciplinary, community-oriented, and experiential education. The curriculum was organized around what became known as the Five C's: care, compassion, context, community, and culture. The school gained national and international recognition for its model of nursing education. The nursing faculty published a book, *Teaching Nursing in the Neighborhoods: The Northeastern University Model* that included a number of co-authors from the community health centers and the community. The book was so well received that the year following the book's publication, they started a Summer Faculty Institute for teams of faculty from other nursing schools to learn the model and replicate it in whole or in part in their respective schools and programs. Community partners also served as faculty for the Institute as they did for the student nursing program. The Institutes resulted in a second book, *Community-Based Nursing Education*. Various teams that had attended the Institute wrote chapters based on their experiences with implementing the model. Northeastern nursing faculty became consultants to many schools on curriculum change and faculty development. Additional achievements associated with the CCHERS nursing model include development of an on-going annual conference for nurse faculty and other stakeholders with the foundational theme, "Primary Care with Underserved Populations."

The Project Coordinator was involved in all of the above scholarly activities as well as having published her own articles in nursing journals and a book edited by the program officer at the Kellogg Foundation for the initiative, *Building Partnerships: Educating Health Professionals for the Communities They Serve*. She served as the project director on a major extramural grant from a Pew initiative, Health Professions Schools in Service to the Nation. This was the group that gave rise to Community-Campus Partnerships of Health. The year before going up for tenure, she received the award for "Teacher of the Year" from the general undergraduate student body. I remember one faculty member commenting to me at the awards ceremony that "she was just given the kiss of death" with regard to tenure as it seems that most faculty had not received tenure after receiving the award. From all that I understood, she had an impressive and comprehensive portfolio of scholarship in teaching and research and demonstrated an exemplary commitment to service.

The review, promotion, and tenure process began in the School of Nursing with a promotion and tenure committee comprised of nursing faculty and went up through the academic chain of the university to the faculty senate and provost. At the nursing school, there was still a significant number of faculty who did not "buy into" the community-based model and there were residual feelings and resentments even after eight years. The Project Coordinator went into a tenure track faculty position her second year and had been "warned" then. By the time

of her tenure review, CCHERS had been funded a second time by the Kellogg Foundation in the Graduate Medical and Nursing Education (GMNE) initiative which focused on residency training of physicians and clinical education of advanced practice nurses. The Director of CCHERS, who was a tenured professor in the School of Nursing, was hired by Kellogg in 1996 to be the national program director of the GMNE initiative. After she left, I was hired as the Executive Director of the newly incorporated nonprofit partnership organization in 1997. Over the period 1991-2002, CCHERS brought over fifteen million dollars in extramural funding to Northeastern.

The experience of the faculty candidate was a disturbing one. When she submitted her portfolio to the chair of the promotion and tenure committee of the school, she was engaged in a brief discussion about how long she had been on the faculty versus staff as the coordinator and was told the committee would not consider anything she had done or started while serving as the CCHERS Project Coordinator. As described to me, the chair even thumbed though the dossier in her presence and removed the parts she considered as fitting that category from the loose-leaf binder. The final disposition by the promotion and tenure committee in the school was to pass it on to the next level without recommendation despite pressure from the dean and other faculty for a positive recommendation. While not privy to what happened at the next level, the final letter from the provost was a denial of tenure. When the faculty member decided to appeal, she asked for a letter of support from me representing the CCHERS partners and I accommodated her request. I crafted a very professional and detailed letter documenting the role the candidate had within CCHERS and the impact we'd had in the community, as well as the achievements and successes with students. Within a couple of days, my letter came back to me in an interoffice envelope. It had been date stamped, initialed, and had a handwritten note from the provost stating, "We do not accept unsolicited input into our P&T process!" The faculty candidate also received her letter the same day, indicating that her appeal had been denied and that the original determination of denial of tenure was final.

Including Community Partners in Promotion and Tenure Review

As community-university partnerships of engagement proliferate there will be a natural call and expectation for involvement of community partners in the review of community-engaged scholars who are candidates for promotion and tenure. Assessment of community-engaged scholarship should naturally involve the community and those affected in the evaluation of the work, its impact, and significance. The perspective and input of community partners should be sought and valued as peers in the process. Specifically, community members could be involved in any or all of the following ways.

1. *Identifying promising practices at existing colleges and universities that involve community partners.*
   a. Community partners are assisting in writing the guidelines that help to define what skills, competencies, and other qualities a "community-engaged scholar" needs to demonstrate.
   b. Community partners are serving as external expert reviewers commenting on the portfolios of community-engaged faculty.
   c. Community partners are serving as ad hoc members on promotion and tenure committees.
   d. Community partners are identifying and referring other community-engaged scholars from other universities as peer reviewers.
   e. Community partners are helping to write community-engaged scholarship guidelines for the promotion and tenure procedures.

2. *Serving on committees as an external expert on community engagement.*
   In order for community-engaged scholarship to be "real" and meet its full potential for impact, community partners must be involved in helping to establish the criteria for assessing and valuing the community-engaged scholar. Promotion and tenure committees would be best served by having several experienced members of the community that can serve in an ad hoc capacity on committees in order to help assess the practices and the benefits of community-engaged scholarship. As recognized "community experts," it seems that letters from community members should be part of the promotion and tenure portfolio to exemplify and authenticate the work of a community-engaged scholar.

3. *Defining and assessing impact of community-engaged faculty on the community.*
   Communities need to ultimately decide what changes or information they need that will benefit the community the most. This holds true whether the community is defined as geographic, cultural, or gathered together around a certain issue. Greater community benefit is likely to happen when the community is able to ask the question that they would most like to have answered and are able to define the benefit they would like most to achieve, rather than having this decided on their behalf by the academy. The community is integral to assessing and evaluating the impact of the work using their own measures of success or value alongside the research-based measures of the academy.

Conclusions

Universities have long-standing traditions…..To change these, even in small ways, is to engage in organizational culture change, which is a long-term process. It requires changing beliefs and attitudes, and establishing new norm of behavior as well as devising new procedure. (Steckler and Dodds 1998)

The experiences of the authors outlined in the case examples have the common recognition of the challenges for community-engaged faculty in achieving promotion and tenure for their community-based scholarship in the traditional processes and procedures

for academic review, promotion, and tenure. More importantly, is the recognition by the authors of the value and impact of such scholars on improving communities. Whether it is the health of school-aged children in Cleveland, action-oriented research in Minneapolis, or the education of health professions students to work with diverse populations in Boston, these partnerships are powerful forces for change.

The production of knowledge through community engagement, whether by communities or academic institutions, will help to promote social justice and social change for the common good, but the sharing of that knowledge will help us to determine the practices that will be most beneficial and strategic in serving the common good. To share knowledge, one must build models of shared power and shared governance. Therefore, community participation in the promotion and tenure process is the next logical step in building such models of community-engaged scholarship so these models of partnership may grow and be sustained.

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