Engaging a University in Self-Assessment and Strategic Planning to Build Partnership Capacity: The UCSF Experience

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Abstract

In an effort to better fulfill its public service mission, the University of California, San Francisco, has undertaken an intensive assessment and strategic planning process to build institutional capacity for civic engagement and community partnership. The first stage was a qualitative assessment focused primarily on three local communities, followed by a grassroots collaborative planning process resulting in the creation of a department-based Community Partnership Resource Center. The second stage was a campuswide self-assessment by the UCSF Executive Vice Chancellor's Task Force on Community Partnerships. This quantitative data collection about current UCSF partnerships and examination of national best practices resulted in recommendations for institutional action. The third stage was the creation of the University Community Partnership Program, which will ultimately serve the needs of the entire UCSF campus as well as all surrounding communities. This article describes the self-assessment and strategic planning process, challenges encountered, and lessons learned.

Introduction

World-class universities frequently reside in metropolitan areas that are also home to world-class inequities. This is the case for University of California, San Francisco (UCSF), one of the nation's elite health professions training and research institutions, and San Francisco, where striking health disparities exist between neighborhoods *(Building a Healthier San Francisco 2004)*. Leaders in higher education have promoted the benefits to communities and universities alike of civic engagement and community partnership on the part of academic institutions *(Bok 1982; Boyer 1990; Kellogg Commission 1999; Ehrlich 2000)*. However, less is known about how academic institutions prepare for and develop the institutional infrastructure to support effective civic engagement *(Holland 1997; HUD 2002a; HUD 2002b; Fox et al. 2004; Brukardt et al. 2004)*.

This article describes the recent experience of one institution, UCSF, in performing a self-assessment and developing a strategic planning process to strengthen institutional capacity for community partnership and civic engagement. This experience included (1) the grassroots development of a Community Partnership Resource Center within one department of one school; (2) the convening of an executive vice chancellor's task force on community partnerships; and (3) the creation of a chancellor-level University Community Partnership Program. This case study illustrates how a grassroots partnership model helped to catalyze institutionalization of a major new campuswide program in civic engagement.

Institutional and Community Context

The University of California, San Francisco (UCSF), was founded in 1874 and offers graduate degrees and programs in dentistry, medicine, nursing, and pharmacy, as well as a graduate division for pre- and postdoctoral scientists. There are no undergraduate students. The institution is considered one of the nation's premier health sciences teaching, training, and research centers. UCSF is the second-largest employer in San Francisco. Its mission includes serving "the community at large through educational and service programs that take advantage of the knowledge and skills of UCSF faculty, staff and students" *(University of California, San Francisco)*. Although UCSF's mission embraces community service, many members of the campus and broader community have expressed concern about the degree to which the imperatives of biomedical research and tertiary care medical services dominate institutional priorities.

Despite proximity to UCSF, striking health disparities exist between some neighborhoods in San Francisco and the city as a whole. San Francisco has a total population of 776,733 and a very diverse one—43.6 percent White, 30.2 percent Asian/Pacific Islander, 14.1 percent Latino, and 7.6 percent African American *(Building a Healthier San Francisco 2004)*. Some parts of San Francisco, including the southeastern neighborhoods of Bayview Hunters Point (BVHP), the Mission, and Visitacion Valley, carry a disproportionate burden of preventable health conditions. These three communities have high concentrations of racial/ethnic minorities, disadvantaged youth, and recent immigrants. Southeast San Francisco has an unemployment rate five times higher than that of the rest of the city, and an overwhelming number of adults do not have a high school diploma. Each of these neighborhoods has

more people living below poverty level than the citywide average. BVHP has the highest rate of preventable hospitalizations of any area in the city, while rates in the Mission and Visitacion Valley are also elevated.

Grassroots Development of the Community Partnership Resource Center

The Department of Family and Community Medicine (DFCM) at UCSF's School of Medicine has traditionally emphasized care of underserved populations as a major focus of its educational, research, and clinical programs. In the course of participating in many community-based activities in disadvantaged neighborhoods in San Francisco, faculty members and staff in the department began to hear feedback from community partners about UCSF's community relations. These partners recognized that the DFCM and other departments at UCSF were doing much excellent community partnership work, but they also offered some criticisms. These included perceptions that UCSF's approach to neighborhood activities was not always well coordinated, there was not always good follow-through, duplication of programs often occurred, and successful partnership programs were not always sustained.

In 2003, in response to identification of this need for better partnership work between the university and local communities, DFCM initiated planning for creation of a new Community Partnership Resource Center (CPRC). The CPRC was envisioned as an entity that could coordinate the matching of existing needs and resources in San Francisco communities with corresponding resources and needs at UCSF and facilitate the development of more collaborative projects to improve health and eliminate health disparities. Two project codirectors with experience in community-based work were selected: one a DFCM faculty member and the other a community activist who also taught part-time in DFCM service-learning courses. The decision was made to focus initially on partnerships based in three neighborhoods in southeast San Francisco, where there are striking health disparities compared to the rest of the city and where DFCM had a foundation of preexisting community connections. Although planning for the CPRC emanated from DFCM, the department viewed the CPRC as a vehicle to involve other departments and schools at UCSF in more effective community partnership activities.

Development of the CPRC consisted of several steps: a community assessment to validate the potential utility of a resource

center, recruitment of community and UCSF representatives to a collaborative planning committee, drafting of a formal mission statement and goals, and creation of infrastructure. To perform the qualitative assessment of needs and assets, the project codirectors interviewed leaders of twenty-nine community-based organizations (CBOs) in southeast San Francisco and asked these representatives to describe their organizational mission and what contact, if any, their organization had had with UCSF in the past. After describing the preliminary idea of the CPRC, the codirectors asked the representatives if they perceived a need for creation of this type of center at UCSF, what they might want from UCSF, what they might offer UCSF, if they would like to be part of the planning process, and what other CBOs should be contacted. Most CBOs expressed a desire to be part of the planning process. Similar interviews were conducted with faculty members and staff of ten UCSF departments and units involved in community-based activities.

The next step was convening a monthly series of large collaborative planning meetings, with invitations to participate extended to all community and campus members interviewed by the project co-leaders. Meetings were well attended and included leaders from CBOs involved in youth and senior programs, environmental justice work, housing and economic development and related programs, as well as faculty and staff from the UCSF Comprehensive Cancer Center, Center for Health and Community, Office of Community and Governmental Relations, Center for AIDS Prevention Studies, Women's Center of Excellence, and other campus units in addition to DFCM. Not unexpectedly, the dominant dynamic during the first several planning meetings was development of trust between community and university members, as well as between individuals within these respective constituencies. The group quickly discovered that silos exist not only within academic institutions, but also between community-based organizations! Because DFCM had determined that greater community engagement was a departmental priority, the department committed a modest amount of funding to pay for some staff and faculty time to support the planning process, and to pay for such meeting essentials as refreshments and parking validation for community members. Although paying for parking may seem trivial, it sends a message that the university attaches tangible value to community members' presence at a planning meeting.

Five community and three UCSF representatives volunteered for a small working group to draft documents for the large collaborative group to review. By 2004, this process had resulted in

the generation and formal adoption of the mission, principles, and goals of the CPRC. The mission statement is:

> The UCSF Community Partnership Resource Center seeks to promote the overall health and well-being of San Franciscans by facilitating partnerships between UCSF and local communities, focusing particularly on communities with significant health disparities compared to the rest of the city. *(Community Partnership Resource Center 2004)*

The group agreed to adopt the Principles of Partnership that were developed by Community-Campus Partnerships for Health *(Community-Campus Partnerships for Health 2003; Connors and Seifer 2000)*, and a few additional principles were specified *(Community Partnership Resource Center 2004)*. The statement of goals for the CPRC was divided into core activities (e.g., development of resources/linkages, partnership building, capacity building, dissemination, and sustainability) and potential activities (e.g., health education in the community, community education at UCSF, community-based participatory research, and social advocacy).

"The center provides services matching potential new partners and facilitating collaborations, as well as assisting in sustaining existing partnerships."

Key infrastructure was developed between 2004 and 2005. A full-time program coordinator for the CPRC was hired, with UCSF and community members of the CPRC collaborating in developing the program coordinator job description and selecting the final candidate. Next, a Community Council was formed to serve as the executive body for the CPRC, empowered to make decisions about projects and activities. Members of the council represent a diverse cross section of the population of southeast San Francisco, including community residents and representatives of CBOs. The council intentionally includes more community members than UCSF representatives in an effort to address the typical balance of power and decision making that tends to allow the university voice to be dominant.

The CPRC is currently working to implement its core and potential activities goals. The center provides services matching potential new partners and facilitating collaborations, as well as

assisting in sustaining existing partnerships. It is developing a Web site that will include a searchable database of existing university-community partnerships at UCSF and resources for potential partnerships. In addition to the financial support from DFCM and the executive vice chancellor, an early grant of $15,000 was obtained from California Campus Compact to support these activities. In 2005, the CPRC was awarded one of the highly competitive grants from the Department of Housing and Urban Development's Community Outreach Partnership Center Program *(HUD 2004)*. This grant, covering about $100,000 in direct costs per year for three years, will be used to continue to build partnership capacity infrastructure, to launch a community outreach worker job training program, and to work with community partners on their high-priority areas of violence prevention and resiliency promotion.

The process and key documents on CPRC mission, vision, principles, goals, and outcomes of planning embody the key elements needed for effective community-university partnership. The grassroots and department-based process has been participatory and cooperative. Community and university partners have learned a great deal together and from each other during the process. The CPRC has instituted procedures and structures for sharing of power and decision making and built infrastructure and capacity for collaborative activities. Working together on the planning and implementation process has created trust between partners.

University-Focused Executive Vice Chancellor's Task Force on Community Partnerships

In 2004, as the CPRC was coming into being, the UCSF Chancellor's Office also began to focus more attention on civic engagement. A new executive vice chancellor had recently been appointed. He was a prominent UCSF faculty member and leading researcher in the field of health disparities with a longstanding commitment to addressing the needs of vulnerable communities. He had collaborated on past projects with some of the faculty members involved in developing the CPRC. Prior to assuming the role of vice chancellor, he had attended one of the planning committee meetings of the CPRC and assisted with identifying some seed funding. Soon after his appointment, the executive vice chancellor appointed a UCSF Task Force on Community Partnerships. Although many factors other than the incipient development of the CPRC contributed to the vice chancellor's decision to convene

a task force, the CPRC experiences played a role in moving this agenda forward at the Chancellor's Office.

The vice chancellor charged the task force to (1) perform an inventory of the university-community partnerships already existing between UCSF and California communities; (2) review the case for university-community partnerships and best practices for engagement by academic institutions; and (3) make recommendations for improving UCSF's engagement in community partnerships. He appointed twenty UCSF representatives to the task force, including the CPRC leadership and program coordinator, and asked the chair of DFCM to lead the task force. Five other UCSF representatives and two community representatives were subsequently invited to participate on the task force. The task force met monthly over nine months. Two working groups were formed: one to undertake the inventory of UCSF community partnerships and the other to review best practices at other institutions. Consultations were obtained from two national experts in community partnerships. In addition, one community forum was held to get input from community partners of task force members on their perspectives about UCSF's community partnership work and to solicit their input into the task force recommendations. Some community partners were critical of this process for not having included more opportunities for community input into the work of the task force. At the time, university facilitators deemed it important for UCSF to conduct its work internally, and decided to provide the opportunity for community partners to review and provide feedback toward the end of the task force process.

Inventory of existing UCSF community partnerships: The inventory working group developed a Web-based survey to gather information about UCSF's current community partnership work. This survey was sent to all UCSF departments and units with the executive vice chancellor's request that they fill it out and forward it to any individuals they thought should fill it out. The survey asked for initiative goals, types of partnerships, number of people reached, topic areas, populations targeted, neighborhoods targeted, and tools developed. There were sixty-four responses from different partnership initiatives, representing twenty-eight different departments or units at UCSF.

The survey instrument and detailed results of the inventory are available in the full task force report *(UCSF Task Force 2005)*, but the following are some highlights. Types of activities are summarized

Table 1: Types of community partnership activities described by UCSF respondents to task force inventory of UCSF community partnerships

Types of Activities	Number of Respondents
Education and enrichment programs for community members	32
Employment, workforce development, and business development	31
Collaborating on community and social advocacy issues	30
Conducting community-based research in collaboration with community organizations	29
Community-based education opportunities for UCSF students, residents, including nonclinical service learning curricula, etc.	28
Provision of clinical services in community settings	26
Other	11

Table 2: Tools developed as a result of community partnership initiatives described by UCSF respondents to task force inventory of UCSF community partnerships

Types of Tools Developed	Number
Educational materials	29
Curricula	26
Survey instruments	25
Evaluation instruments	18
Training manuals	11
Clinical care tools	9
Dissemination tools	8
Written principles of conduct	3

in table 1. The 28 educational opportunities for UCSF learners described involved 1,027 students and other trainees. The 32 community education initiatives described reached 142,200 people. Tools developed as a result of these initiatives are summarized in table 2. Various needs were identified by survey respondents. These included assistance to avoid duplication of efforts, help bringing potential partners together, creation of a database of community partnership information, and dissemination of and recognition for successful partnership efforts. It was clear from the inventory results that there were many UCSF sites engaged in successful community partnership, doing largely unrecognized work. Feedback from

Table 3. External models of academic-community partnerships researched by the task force's working group on external models

University	Program	Web Address(es) accessed
Cornell University	Public Service Center	www.psc.cornell.edu www.cornell.edu/outreach
Emory University	Office of University-Community Partnership	oucp.emory.edu
Harvard Medical School	Office of Diversity and Community Partnership	www.hms.harvard.edu/dcp
Johns Hopkins University	Urban Health Institute	urbanhealthinstitute.jhu.edu
Morehouse School of Medicine	Prevention Research Center	www.msm.edu/prc/index.htm
University of California, Los Angeles (UCLA)	UCLA in LA Center for Community Partnership	la.ucla.edu
University of Illinois, Chicago	Neighborhoods Initiative	www.uic.edu/cuppa/gci/uicni www.uic.edu/depts/dch/index.html
University of Pennsylvania	Center for Community Partnerships	www.upenn.edu/ccp
University of Washington	Educational Partnerships and Learning Technologies	www.washington.edu/eplt/about
University of Wisconsin, Madison		www.wisc.edu/wiscinfo/outreach
Virginia Commonwealth University	Office of Community Partnerships	www.vcu.edu/ocp/index.html

the inventory highlighted the need for more institutional support and recognition for this work, including contributions of financial support and other resources, greater valuing of community service in the faculty promotion process, and elevation of the importance of civic engagement in the institutional culture.

Review of best practices at other institutions: The best practices working group of the task force looked at other institutions' models of infrastructure for academic-community partnerships to identify principles and structures that could guide support for community

partnership programs at UCSF. Task force members, consultants, and other informants identified a sample of institutions known to have community partnership programs. The working group designed a data collection instrument to investigate each institution's model *(UCSF Task Force 2005)*. Fairly complete information was gleaned from the Web sites of the programs listed in table 3. Telephone calls were made to some of the programs to clarify or supplement the information available on the Web sites. All the data were then summarized in a matrix available in the full task force report online. Each university was listed with a summary of that model's overall structure, target community, leadership structure, mission/values, goals/objectives, outcomes/evaluation, diversity of activities, incentives, funding sources, and replicable components.

It was clear that no single model would be an exact fit, but the working group was able to generate a list of best practices that could be adapted and combined to form a new model suited to the specific assets and needs of UCSF. The following best practices were identified.

1. Creation of a centralized campus office dedicated to supporting and coordinating university-community partnerships

2. High-level leadership whose sole responsibility is oversight of the partnership program and who report directly to the top leadership of the university

3. Work guided by community and university representatives—often in the form of a board

4. Some degree of internal institutional funding; not solely dependent on grant funding

5. Web site with searchable database of partnership activities

6. Internal grants program to provide small grants to promising local university-community partnership initiatives

7. Recognition and value placed on partnership work in the form of awards and promotion incentives.

Task force recommendations: The Community Partnership Task Force distilled all the data they had gathered into a task force report. The report includes (1) the case for community partnerships and an engaged campus; (2) results of the UCSF inventory; (3) best practices at other institutions; and (4) a summary of findings, recommendations, and action steps. The full task force report

with detailed recommendations is available on the Web *(UCSF Task Force 2005)*. In brief, the recommendations included:

8. Create a centralized University Community Partnership Program (UCPP) to provide infrastructural support for community partnerships to the whole campus without disrupting the healthy ecosystem of existing grassroots partnerships at UCSF

9. Designate a leader within the Chancellor's Office who is responsible for ensuring that the functions of the UCPP are performed

10. Appoint a council made up of university and community representatives empowered to work with the Chancellor's Office to guide UCPP operations

11. Formally adopt explicit principles of civic engagement and community partnership for UCSF as an institution

12. Prioritize the implementation of the following components of the UCPP:

    a. Information clearinghouse and coordinating center, including an interactive, updated, computerized database of UCSF-community partnerships

    b. Faculty development and support in the areas of civic engagement and community partnerships, including advocacy within the institution to ensure that community service is valued in the faculty promotion process

    c. Service-learning curricular development

    d. Community economic and employment development

    e. Internal grants program dedicated to supporting community partnership projects

    f. Dissemination, communications, and recognition of community partnership successes

    g. Navigation and technical support to help partners overcome the cross-cultural barriers to successful university-community partnership

    h. Champions and visible leadership for community partnership work at the highest levels of UCSF administration

i. Evaluation to ensure the quality and integrity of programs.

The task force's report and recommendations were favorably received by the executive vice chancellor, who had convened the task force, and by the chancellor. The favorable response may have been related to a number of factors. The executive vice chancellor felt this work was a high priority. The institutional climate at UCSF seemed ripe: there was increasing recognition of historical institutional shortcomings regarding community engagement, and UCSF was in the midst of developing a new campus in eastern San Francisco. The report included a concrete action plan with a specified (and rather short) timeline, putting pressure on the UCSF leadership not to delay implementation. Comparison with competitors like UCLA and Harvard Medical School may have been a useful strategy. The report was well put together, including good documentation of current activities and best practices in addition to recommendations. Finally, the group that generated the report was broadly representative of the whole campus, not just one interest group. As a result, the chancellor allocated $341,100 in institutional funds for an initial year's budget to create the recommended University Community Partnership Program, with a pledge of continued financial support for the ongoing work of the Program.

Creation of the University Community Partnership Program

In 2005, the University Community Partnership Program was created in the Office of the Vice Chancellor for Advancement and Planning. The chancellor appointed ten university representatives from across all schools to serve on the UCPP Council, including the CPRC director. Subsequently, community representatives were nominated for the community representative slots, and ten were chosen to serve on the council. In 2006, a program director was hired for the UCPP. The council has agreed on a leadership structure that involves two cochairs: a community representative and a university representative. The cochairs lead the monthly council meetings and meet with the program director between meetings. Working groups have formed to focus on the following issues: economic and employment development; educational outreach to youth and adults; service-learning at UCSF; community-based research and evaluation; and developing a UCPP-sponsored grants program for university-community partnership projects. UCPP staff is working on Web site development, dissemination, and recognition issues. UCPP and CPRC staff are jointly developing

the searchable database of university-community partnership programs and resources. The UCPP and CPRC plan to collaborate on other activities in the future to avoid duplication and promote synergy.

The best practices being modeled in the creation of the UCPP are the existence of a centralized campus office to support community engagement, high-level leadership, work guided by a council with equal community and university representation, a council that is not just advisory but is vested with decision-making authority, and support from institutional funds. Best practices that are planned for the near future include the database mentioned previously, an internal grants program, and enhanced recognition for community partnership work.

Conclusion

In summary, over the past three years UCSF has been engaged in an intensive assessment and strategic planning process to build capacity for civic engagement and community partnership. This has included a bottom-up process, resulting in the creation of the department-based CPRC. It has also included the top-down process of the Task Force on Community Partnerships, resulting in recommendations for institutional action and the creation of the UCPP. The two resulting infrastructures, the CPRC and the UCPP, are now working together with the long-term goal of serving the needs of the entire UCSF campus as well as all surrounding communities. We believe that our efforts might not have been as successful had there been only a bottom-up process or a top-down process.

There have been many challenges along the way. These include overcoming community mistrust of the university in order to get community buy in and getting university buy in at all levels. That both the university and local communities are made up of multiple silos without optimal communication has presented challenges. There are many different understandings of what is really meant by "partnership." Addressing the power differential between the university and surrounding communities has been an issue. Finding funding is an ongoing challenge. One strategy for promoting community partnerships is to be vigilant and opportunistic about funding opportunities to support both university and community partners in pursuing this work. Awareness of the Department of Housing and Urban Development grants program provided encouragement that some extramural funders were interested in supporting development of infrastructure for improved

university-community partnerships. Other agencies not typically considered to support this type of work have also been identified as potential funders. For example, the National Institutes of Health has started to issue more calls for proposals for community-based participatory research, and the recent NIH Roadmap initiative for Clinical Translational Science Awards explicitly calls for community engagement programs as an essential component of these major institutional awards.

It has been important to develop an identity for the university in the eyes of the community as a capacity builder, not just a service provider or funder. It has also been important to develop an identity for surrounding communities in the eyes of the university as a resource, not just entities in need. Equally important has been attention to rewards and incentives for faculty involvement in community partnership activities, which may not yield the volume or types of scholarly products that are the traditional "coin of the realm" for advancement in the academic ranks, such as peer-reviewed publications. One key factor in progress on this front has been the presence of influential leaders at UCSF, such as a department chair and campus executive vice chancellor, committed to this work and willing to serve as champions by supporting faculty development in this area, setting an example by recognizing community engagement activities when proposing faculty members for promotion, and arguing for interpretations of university promotion policies that affirm civic engagement as a form of scholarship. Although progress is being made in this area, junior faculty members continue to struggle with the perception that community service is best left to the posttenure career stage as an unpromising stratagem for successful career advancement and attraction of extramural grant funding. Finally, building sustainable, trusting partnerships has been and continues to be a slow process, requiring much patience on everyone's part.

The rewards have also been significant. Community members involved in the process have expressed satisfaction that they are finally being approached with respect by the university to partner with university power brokers. University members have been thrilled to meet and get to know people outside their own silos who value this kind of work. Two new infrastructures have been created to support community partnership work at the university. New resources are being developed, and existing resources are being made more accessible. New funding has been generated for this work, both from within the university and in the form of outside grants. New partnerships are being developed. A slow but steady

cultural shift seems to be taking place at the institution, in which civic engagement and community partnership work are becoming more valued and more visible. It is our hope that this will ultimately result in more community-competent health professionals, more capacity within surrounding communities, and ultimately the elimination of health disparities.

Acknowledgments

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• Ellen Goldstein, M.A., is the program manager, Community Engagement Program for the Clinical Translational Science Institute, and is based in the Department of Family and Community Medicine (DFCM) at the University of California, San Francisco. She has worked at UCSF in HIV/AIDS prevention since 1988, facilitating links between academic researchers and community-based service providers. Her soapbox concerns the importance of making research findings and methods more accessible to community service providers, and community resources and expertise more accessible to researchers. She spent fourteen years at UCSF's Center for AIDS Prevention Studies (CAPS), where she managed over twenty-five collaborations between scientists, funders, and community-based agencies and subsequently conducted an evaluation on factors associated with successful research collaborations. Her research includes a national survey of HIV prevention program managers regarding the sources and types of information accessed for program planning and a study funded by the Office of Minority Health on capacity-building efforts in minority-serving community agencies. Currently, she works with two UCSF projects—CAPS and the Center of Excellence in Women's Health—providing technical assistance on partnership issues and program implementation to community and community-academic programs across the country. She also is participating in the launch of the Center for Excellence in Primary Care in the DFCM. She served on the Vice Chancellor's Task Force on Community Partnerships, chairing the work group on the internal inventory. Ms. Goldstein earned her master's degree in social psychology. Her primary goal is to get people talking to each other.

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