

8-24-2017

Facilitating Community Engagement in Academic Pharmacy Careers

Laura C. Palombi

University of Minnesota, lpalombi@d.umn.edu

Follow this and additional works at: <http://pubs.lib.umn.edu/innovations>

Recommended Citation

Palombi LC. Facilitating Community Engagement in Academic Pharmacy Careers. *Inov Pharm.* 2017;8(3): Article 6.
<http://pubs.lib.umn.edu/innovations/vol8/iss3/6>

INNOVATIONS in pharmacy is published by the University of Minnesota Libraries Publishing.

Facilitating Community Engagement in Academic Pharmacy Careers

Laura C. Palombi, PharmD, MPH, MAT, Assistant Professor

Department of Pharmacy Practice and Pharmaceutical Science, University of Minnesota College of Pharmacy, Duluth

Abstract

Despite the recognized value of community engagement in academic pharmacy, the implementation of sustainable and fruitful community partnerships can be challenging. This manuscript will highlight a junior faculty member's journey with community engagement, sharing the ways that community engagement can guide an academic career and the benefits of community engagement in teaching, research and service. Also highlighted is the role – and argued responsibility - of the academic institution in community engagement, as well as an identification of the barriers that might be interfering with pharmacy faculty community engagement. Considerations for the development of faculty members striving to more fully incorporate engagement into their teaching, research, and service are provided.

Disclosure Statement: None

Keywords: engagement, academic, pharmacy, community

Purpose

Although universities and their respective communities have been connected for hundreds of years, the community engagement movement of the 1980's brought a renewed commitment to the role of citizenship and community involvement¹ and a focus on community engagement at many colleges of pharmacy.² Community engagement is recognized for providing value to faculty teaching, research and service^{1,3} and in student learning.^{4,5} Despite the recognized value of community engagement in academic pharmacy, the implementation of sustainable and fruitful community partnerships is challenging work for a variety of reasons.

This manuscript will highlight my own journey with community engagement, sharing the ways that community engagement has guided my own academic career and the benefits that I have gained as a result of community engagement. Also highlighted is the role – and argued responsibility - of the academic institution in community engagement, and an identification of barriers interfering with pharmacy faculty community engagement. Considerations for the development of faculty members striving to more fully incorporate engagement into their teaching, research, and service are provided.

Corresponding author: Laura C Palombi, PharmD, MPH, MAT
Assistant Professor

University of Minnesota

College of Pharmacy, Duluth

123 Life Science, 1110 Kirby Drive

Duluth, MN 55812

Phone: 218-726-6066; Fax: 218-726-6500

Email: lpalombi@d.umn.edu

Background of Community Engagement

The 2004-05, the American Association of Colleges of Pharmacy (AACP) Argus Commission Report addressed the call for greater civic responsibility on the part of institutions of higher education. The Commission also examined the opportunity to expand scholarship that focused on improving health at the community's interface with the practice of pharmacy.⁶ In 2014, AACP's Research and Graduate Affairs committee (RGAC) was charged with assessing the landscape of current work in the area of community-engaged scholarship (CES) in the academy, defining community-engaged scholarship metrics, identifying and promoting funding opportunities for pharmacy in CES, and identifying barriers and opportunities for those involved in community-engaged research.⁷

The RGAC adopted a definition whereby CES is "recognized as teaching, discovery, integration, application and engagement that involves the faculty member in a mutually beneficial partnership with the community and has the following characteristics: clear goals, adequate preparation, appropriate methods, significant results, effective presentation, reflective critique, rigor and peer-review."⁷ Additionally, noting a "gap" between the Academy's goals in the area of CES and the slow pace of widespread acceptance in the academy, the RGAC developed a vision statement to guide academic pharmacy: The academy has the responsibility to improve health at the community's interface with the practice of pharmacy through scholarship.⁷ Community engagement is a topic that surfaces throughout the Accreditation Council for Pharmacy Education (ACPE) 2016 Accreditation Standards in relation to public health learning, faculty and staff quantitative and qualitative factors, co-curriculum and involved community engagement.⁸ The concept of community engagement is supported not only by the Mission and Vision statements of many Universities,

Colleges of Pharmacy, and collegiate departments, but also by the profession of pharmacy. Most versions of the “Oath of a Pharmacist” – which outlines the principles of behavior that guide the profession - promise a lifetime of service to others through the profession of pharmacy, considering the welfare of humanity and relief of suffering as primary concerns.⁹ Surely, work devoted to public health concerns that affect entire populations fit within this call. The Code of Ethics for Pharmacists maintains that a pharmacist must serve individual, community, and societal needs.¹⁰

I am fortunate that the University of Minnesota strategically created a position with a pharmacy practice that focuses on public health; because of this, I am able to focus my practice on community engagement while also serving individual, community and societal needs. I have the freedom to determine what a public-health focused practice looks like and to have the financial support of my institution as I seek to nurture new partnerships and work with communities to build local coalitions. The creation of my current practice-based position, different than public health related scholarly positions, was strategic and would not have been possible had it not been for the foundation of community engagement laid by students and faculty predecessors and the support of my department and College.

Personal Story of Community Engagement

In my own career, I have witnessed the ways in which community engagement can enrich one’s teaching, research and practice. My work in rural Carlton County and with the Fond du Lac Band of Lake Superior Chippewa began six years ago when I was a pharmacy student. I approached Carlton County Public Health and Human Services to inquire if there were any community needs that might benefit from my skills and interest in population health. This led to an unpaid internship with the County, a position common for other health professional students, but never before filled by a student pharmacist. I worked on a project focused on medication safety and also started working with a team on Operation Community Connect, a resource day for the homeless in Carlton County in which I continue to work regularly with professionals from Carlton County Public Health and the Fond du Lac Reservation. Proving myself reliable and passionate about public health, I was invited to join the Carlton County Drug Abuse Task Force as a new faculty member at the University of Minnesota, which ultimately laid the groundwork for my current public health practice focusing on substance abuse.

Participation on the Carlton County Drug Abuse Task Force allowed me to form relationships with professionals from public health, education, law enforcement, treatment, and health care. We worked diligently as a team to formulate action points that focused on engaging in education initiatives with the community. Our work focused on the problem of

substance abuse, collaborating as a community to address and eliminate diversion, and seeking ways to better utilize the limited resources available in the county. During one of the Task Force meetings, it was decided that a Community Forum on Heroin and Opioid Abuse was desperately needed in the county. A forum would allow the opportunity for community members, professionals from the health professions, treatment and recovery, public health and law enforcement to engage in dialogue and start seeking community-specific solutions to the substance abuse epidemic in Carlton County and the Fond du Lac Reservation. This idea became a reality when our team was able to secure funding for a Forum from my University.¹¹ Since then, I’ve assisted in securing funding and organizing three additional Community Forums in Carlton County and other rural counties/tribal nations throughout the state. This idea, which came from my community in Carlton County, has become one of my major areas of research and scholarship.¹¹⁻¹⁸ I am now working with other individuals across the state to organize their own Forums in an effort to mobilize rural counties and tribal nations against substance abuse and formulate “best practices” for addressing heroin and opioid abuse. Because of my previous work, I’ve been fortunate to have been invited to serve on various public health and substance abuse prevention advisory boards in my community and state. The relationships I’ve formed in Carlton County have benefited others in my department who were seeking research opportunities, but most importantly they will benefit the Carlton County community.

It was at a Carlton County community meeting that I first met the judge who oversees the Carlton County Drug Court, which was, at the time, in its first few months of operation and in need of health professionals willing to offer the team their skills and expertise. The Carlton County Drug Court is designed to provide an alternative to traditional probation supervision or prison sentences for individuals who have serious substance abuse issues and are involved in the legal system. This highly structured program combines intensive supervision, chemical dependency treatment and regular communication between participants and the Court. Through my involvement in the Drug Court, I have had the opportunity to get to know many dedicated professionals from treatment, recovery, the judicial system, probation, law enforcement and public health; I have also had the opportunity to work alongside our drug court participants and have had the privilege of being a part of their recovery from addiction.¹² Nearly every week, I am able to introduce pharmacy students to the Carlton County Drug Court and have seen how the experience changes the way that the look at addiction and addicts; I gain a great deal of satisfaction in knowing that they will be better pharmacists because of this experience. I have plans to continue publishing on the role of the pharmacist on the Drug Court team, as well as the value of the drug court experience in facilitating student empathy and reducing bias associated with addiction.

My engagement in Carlton County has recently taken a new direction, as I work with area schools to provide evidence-based substance abuse prevention programming that leverages the strengths of the community. After having worked on the substance abuse crisis for several years, I take pride in knowing that I can be a part of preventing the problem in Carlton County youth. I appreciate the opportunity to work with the area Community Health Board representative, who shares with us the ways in which community engagement in substance abuse prevention programming has significantly reduced drug abuse in junior high and high school students in neighboring counties. My work has expanded to four other rural counties and four other tribal nations in my state because of the upfront work and reputation that I established in Carlton County.

The sense of personal fulfillment that comes with doing the right thing for a community - and the knowledge that you can make a difference in improving health for an entire community - is one of the greatest benefits of community engagement. Although I never would have imagined that my academic career would center on substance abuse, I feel privileged to have had the opportunity to work alongside so many dedicated professionals and community members in Carlton County to engage around a public health need that affects everyone.

Current Strategies for Community Engagement

As noted in the literature, academic institutions have a responsibility to engage with the community at large in order to enhance the human condition.¹⁹⁻²⁰ In an effort to improve health education, expand the diversity of the workforce, increase access to health care and reduce health disparities, health professional schools have been encouraged to engage more deeply with the surrounding community.^{21,22}

Pharmacy faculty members may find that their university has an office for community engagement that is willing to provide resources, and potentially community contacts, to assist in engagement efforts. As an example, I found the University of Minnesota's Office for Public Engagement to be an excellent resource in not only providing the Engaged Department Grant Program, which has funded my research, but also in providing seminars on Promotion and Tenure for engaged scholars.²³ The Office for Public Engagement provides training opportunities for faculty members who strive to incorporate engagement more fully into their teaching, research and service, in the form of workshops, seminars, roundtable discussions and symposiums. Their website and newsletters keep students and faculty members abreast of new funding and educational opportunities and highlight the inspiring work of community engaged scholars across the nation.

I have found that taking advantage of courses and seminars that focus on the fundamentals of community engagement

and Community Based Participatory Research have been useful to me as I seek to incorporate community engagement into my teaching, research, practice and service. These opportunities gave me confidence that meaningful research can come from community-led projects. They also reaffirmed the value of community partnerships and letting the community prioritize the most pressing concerns and research needs. Involvement in circles and list serves that promote community-engaged work are often an excellent way to stay abreast of new funding opportunities. Partnerships with public health professionals in which grant-writing tasks are shared often serve to strengthen relationships and open doors to additional research and funding opportunities. Community engaged scholars may find benefit in exploring Foundations that support and fund their area of work, as well as National Institutes of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) funding opportunities that focus on community-based research showing improved outcomes from integrated approaches to the improvement of individual and public health.

As I reflect on the lessons that I've learned about community engagement through my own experience, I do regret not seeking out community-engaged mentors very early in my career. This may have helped me to better focus my work earlier on, which would have allowed me to gain a positive reputation in the communities I work in sooner. Now that I have established my work focusing on community-engaged approaches to combat substance abuse and receive more requests for my expertise, I have also learned to be more direct about what my needs are for eventual promotion and tenure. These conversations were much less awkward than I initially feared, and have allowed for an increased level of trust and understanding in my partnerships. I have learned that my community partners appreciate the hard work, perseverance, and dedication that I lend to our shared pursuits; consistently proving myself as reliable, trustworthy and community-promoting has led to many new opportunities with established partners as well as introductions to new partners.

I have been extremely fortunate to have the support of my institution's Clinical and Translational Science Institute (CTSI), which not only funded my first community-engaged project but promoted and championed my work. I have been fortunate that colleagues in CTSI have been able to provide me with feedback and support on my proposals, funding opportunities that may be of interest to me, letters of support, and excellent media coverage of the work that is done in my communities. I regret not exploring the resources that were available to me in the CTSI earlier in my career. I have also found the Minnesota Campus Compact, a network of Minnesota colleges and universities that seeks to support and further civic engagement, to be a supportive group of colleagues across the state that share my passion for expanding partnerships for change.²⁴ Faculty who seek

resources and partners for their engagement endeavors may find their statewide compact, or the national Campus Compact, to be extremely useful.²⁵

Discussion

Colleges of pharmacy that wish to graduate pharmacists whom will engage with their communities after graduation must provide examples of engagement to their students while they complete their Doctor of Pharmacy (Pharm.D.) program. Pharmacy students must see examples of faculty members engaging with communities to address community and public health needs. Universities may affirm the importance of community engagement in their Mission Statements or by opting to strive for the designation of “Engaged University” by committing to sharing, reciprocity, and community partnerships founded on mutual respect.^{26,27} The Carnegie Classification of Institutions of Higher Education has provided a framework for recognizing and describing institutional diversity. Engagement with communities not only allows faculty members and students to gain a broader understanding of the connections between population health and individual health, but also between clinical and academic subject matter, and between the medical and social components of health. Institutions that wish to receive this classification must introspectively complete a first-time classification document framework²⁸ and later undergo evaluation by a national advisory panel before classification is considered.

Some Universities strive to institutionalize engagement and may provide training and support for academic departments and faculty that endeavor to establish, implement, and evaluate strategic initiatives that advance the integration of public engagement into their research and teaching activities. I have been fortunate enough to have been a part of the “Engaged Department” initiative²⁹ within my own University. The purpose of the Engaged Department Grant initiative is to advance the institutionalization of public engagement at the University of Minnesota by furthering the integration of public engagement into the programmatic features of the department who were awarded grant funding.²⁹ Grants of up to \$7,500 were awarded to nine departments to plan, establish, implement, and evaluate strategic initiatives that advance the integration of public engagement into the departments’ research and teaching activities.²⁹ Community Engagement is a practice that assists my College of Pharmacy in achieving their Mission of “improving the health of the people of Minnesota and the world”³⁰ and my Department in their Mission of “continuously improving interdisciplinary pharmaceutical care, education, research, practice and service focused on the health and well-being of underserved, rural, and indigenous communities.”³¹

On the personal level, it should be recognized that community engagement may feel awkward and uncomfortable at first

when pharmacists step into new roles. This is particularly the case when the pharmacists’ contributions come from personal experience and knowledge and skills that must be gained outside of Pharm.D. training. When I stepped into a non-traditional pharmacy role in drug court, I learned that it is difficult to not have the right answer at hand – I had a lot of learning to do to become a regularly contributing drug court team member. In addition, pharmacists may also experience fear of failure and be reluctant to leave a comfortable environment to step into something completely unrelated to pharmacy. We may not know how to initiate community engagement, or who to connect with. Community engagement might also require that we give up some control over our research projects and our own ideas about what community initiatives ought to look like and what a team ought to do. Authentic engagement requires the sharing of responsibilities and mutual trust; it may require that we “let go” of some details and trust others to take care of them.

Furthermore, not every faculty member can envision the ways that community engagement might enrich his or her research, teaching, practice, or service. Just as students require role models, faculty require role models in community engagement as well. Creativity, imagination and brainstorming may be necessary. Narrow definitions of the word “community,” including only geographical location rather than “community” as a group of people collected around a common purpose, may need to be broadened. A “community” might include others who are interested in the same disease state or medical condition as a pharmacy faculty member, and “engagement” could include involvement in local efforts to address or educate the public on this disease state or medical condition.

At the departmental, College or University level, workload must be considered. Pharmacy leadership must recognize that relationship-building in engagement takes time. Engagement – particularly if it doesn’t fit neatly into what is understood as a typical pharmacy practice or research – might be incorrectly viewed as service, rather than research or practice. Despite the fact that community engagement is consistent with University mission statements, strategic plans and overall goals, faculty are not always rewarded for community engagement activities. Some community-engaged scholars are evaluated with criteria that don’t allow for the time it takes to form relationships with community members and engage in meaningful partnerships. For tenure-track faculty in particular, this phenomenon may pose a significant barrier to involvement in community-engaged work. Helpful is the institution’s recognition that engagement is not a *stand alone* activity, but an approach to research, teaching and other forms of scholarly faculty work that can enhance the rigor, impact and relevance of the work. In an effort to support the scholarship of engagement, Promotion and Tenure Committees may be provided with information that allows increased understanding of best practices in community-

engaged scholarship, guidance on how to properly evaluate the quality of community-engaged scholarship, and an expanded understanding of the various forms that scholarship may take as a result of community-engaged work. In my department, we have found that departmental retreats that focus specifically on community engagement and how this aligns with our departmental mission are useful to faculty who seek to integrate engagement into their work. A multi-step process of coming to a consensus on our departmental definition of community engagement engaged all faculty members in the process of exploring the deeper implications of engagement. Discussions that focused on how engagement fits into our College’s strategic plan were also useful in engaging faculty.

Community-engaged scholars will find benefit in dialogue with their department chair on reward structures and evaluation of community-engaged work, especially if the reward structures for promotion and tenure don’t align with the time required to form relationships with communities. Discussions with academic leadership are also useful in disseminating the value of community partnerships, especially as they pertain to the education of future pharmacists and the value of co-curricular benefits of community engaged work. In many cases, faculty members are not compensated for their community engaged work, but the reciprocal nature of faculty service and educational opportunities for students allow for balance and a “win-win” situation for the school and community partner alike. The co-curricular contributions of public health focused faculty are incredibly important for a College’s educational mission and for the purposes of Accreditation. Partnerships that result in grants or other funding are also “win-win” for both academic institution and community partner. In light of these considerations, Table 1 provides personal, Department and University recommendations for Community Engagement.

Community and professional perceptions of the role of the pharmacist can be changed as the public witnesses how a pharmacist engages with a community to improve public health. The credibility of the profession is strengthened when the pharmacist embraces health-promoting community engagement. The skills and resources that pharmacy faculty members can bring to a community have the ability to improve health outcomes for individual patients and entire populations, address social and public health problems, and strengthen community coalitions, task forces, and teams. Community engagement can also form the foundation for discussions on healthcare policy: “when community members and state and national elected representatives see pharmacists and student pharmacists making a difference outside of the traditional pharmacy settings, it helps them recognize pharmacists and student pharmacists as valuable health care providers who can impact public health and positively impact the health care system in any number of settings.¹⁹

Conclusion

Unfortunately, progress in community engagement still lags behind the unrealized promise. Much work is to be done if faculty and academic departments are to fully embrace community-engaged work. Faculty must be willing to step outside their comfort zone to forge relationships – and perhaps work on unfamiliar tasks - with new community partners and must be willing to invest upfront time and resources to critical public health needs before they expect to see the benefits from these relationships. Fortunately, opportunities for faculty to partner with community organizations and agencies to work together on critical community and public health issues are plentiful and communities are seeking relationships and partnerships with colleges and Universities to explore innovative programming and community resources. Faculty must be willing to make that first step.

Departments and colleges must hire strategically and then clearly define community engagement and reward community engaged faculty for their efforts by formally recognizing engagement in tenure and promotion. Without clear incentives and recognition for collaborative community-engaged work, faculty will remain reluctant to engage in activities that are not recognized by their peers and leaders.

Community engagement has become the foundation of my teaching, research, practice and service and I believe that both my students and I are more knowledgeable, compassionate, and intentional because of it. I encourage all pharmacy faculty members to think creatively and consider the benefits of engagement in improving community health and well-being, student learning, and meaningful research.

References

1. Sorensen TD, Davis RL, Balidemaj F, et al. Sharing Community Engagement in Pharmacy - An Invitation. *Inov Pharm.* 2011;2(1): Article 24.
2. Peters SJ, MacKinnon GE. Introductory Practice and Service Learning Experiences in US Pharmacy Curricula. *Am J Pharm Ed* 2004; 68(1): Article 27.
3. Community-Campus Partnerships for Health. www.ccph.info. Accessed January 6, 2017.
4. Seifer SD. Service-learning: Community-campus partnership for health professions education. *Acad Med.* 1998; 73(3):273-277.
5. Roche VF, Jones RM, Hinman CE, Seoldo N. A Service-Learning Elective in Native American Culture, Health and Professional Practice. *Am J Pharm Ed.* 2007; 71(6) Article 129.

6. Smith RE, Kerr RA, Nahata MN, et al. Engaging Communities: Academic pharmacy addressing unmet public health needs. Report of the 2004-05 Argus commission. American Journal of Pharmaceutical Education 2005; 69: Article S22.
7. Bloodworth LS, Haines SL, Kearney KR, Lipowski EE, Sorensen TD, Thompson DF, Lau YS. Considerations for Embracing and Expanding Community Engaged Scholarship in Academic Pharmacy: Report of the 2013-2014 Research and Graduate Affairs Committee. Am J Pharm Ed. 2014; 78(8): S8.
8. Accreditation Council for Pharmacy Education. ACPE Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree ("Standards 2016"). <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf> Accessed April 6, 2017.
9. American Pharmacists Association. Oath of a Pharmacist. <http://www.pharmacist.com/oath-pharmacist>. Accessed December 12, 2016.
10. American Pharmacists Association. Code of Ethics. <http://www.pharmacist.com/code-ethics>. Accessed December 12, 2016.
11. Palombi LC, Vargo J, Bennett L, Hendler J, Coughlin P, Winter G, LaRue A. A Community Partnership to Respond to the Heroin and Opioid Abuse Epidemic. J Rural Health. 2017; 33(1): 110-113.
12. Palombi L, Koh-Knox C. The Drug Court Pharmacist: Expanding Pharmacy Practice and Addressing Substance Abuse. Inov Pharm. 2016; 7(3): Article 12.
13. Presentation to a statewide audience: The Role of the Pharmacy Curriculum in the Opioid Epidemic. Pain. Pill. Problem. Conference. Minnesota Department of Human Services. University of Minnesota, August 25, 2015.
14. Presentation to a statewide audience: Community Engaged Work in Northern Minnesota. Power of Partnerships Conference. University of Minnesota Clinical and Translational Science Institute, November 13, 2015
15. Presentation to a statewide audience: The Work of the Carlton County Task Force in Addressing Substance Abuse. University of Minnesota's Meeting Grand Challenges Through Community-Engaged Research, Teaching, and Learning Conference, March 31, 2016.
16. Presented to a statewide audience: Community Forums to Combat Substance Abuse. Minnesota Rural Health Association Annual Conference. June 21, 2016.
17. Presented to a national audience: Combatting the drug abuse epidemic through formation of a community task force: A unified approach. American Public Health Association Annual Meeting. November 1, 2016.
18. Palombi, Laura, Bastianelli, Karen, Fierke, Kerry. Living an Educational Mission to Meet the Needs of Community and Public Health. Pedagogy in Health Promotion, published online. September 2016.
19. Nemire RE, Brazeau GA. Making Community-Engaged Scholarship a Priority. American Journal of Pharmaceutical Education. 2009 Jul 10; 73(4): 67.
20. Boyer E. The scholarship of engagement. American Academy of Arts and Sciences. 1996; 49(7): 18-33.
21. Commission on Community-Engaged Scholarship in the Health Professions. (2005). Linking scholarship and communities: Executive summary. Seattle, WA: Community-Campus Partnerships for Health.
22. Jacelon CS, Donoghue LC, Breslin E. Scholar in Residence: An Innovative Application of the Scholarship of Engagement. Journal of Professional Nursing 2010; 26(1), 61-66.
23. University of Minnesota – Office for Public Engagement. Engaged Department Grant Program. <http://engagement.umn.edu/our-impact/engaged-department-grant-program>. Accessed December 12, 2016.
24. Minnesota Campus Compact. <http://mncampuscompact.org/who-we-are/mission-and-vision/> Accessed April 6, 2017.
25. Campus Compact. <http://compact.org/who-we-are/> Accessed April 6, 2017.
26. Campus Compact. Carnegie Community Engagement Classification. <http://compact.org/initiatives/carnegie-community-engagement-classification/>. Accessed December 12, 2016.
27. *Carnegie Classifications. The Carnegie Classifications of Institutions of Higher Education. http://nerche.org/index.php?option=com_content&view=article&id=341&Itemid=618 Accessed May 15, 2017.
28. Carnegie Foundation for the Advancement of Teaching. First-Time Classification Documentation Framework. http://nerche.org/images/stories/projects/Carnegie/2015/2015_first-time_framework.pdf Accessed May 15, 2017.
29. Engaged Department Grant Program. <https://engagement.umn.edu/our-impact/engaged-department-grant-program> Accessed May 15, 2017.
30. University of Minnesota College of Pharmacy. Mission and Vision. <https://www.pharmacy.umn.edu/about/mission-and-vision> Accessed December 12, 2106.
31. University of Minnesota College of Pharmacy, Department of Pharmacy Practice and Pharmaceutical Sciences. Strategic Plan. <https://www.pharmacy.umn.edu/sites/pharmacy.umn.edu/files/ppps-strategic-plan.pdf> Accessed December 12, 2016.

Table 1. Personal, Department and University Recommendations for Community Engagement

<p>Personal Recommendations</p>	<ul style="list-style-type: none"> • Seek partnerships with local or state-wide agencies, coalitions, and organizations (Ex. Local public health) that work towards your own ideals or research focus • Keeping in mind that forming trusting relationships takes time and a track record of reliability and consistency, offer to provide services or resources to the initiatives of local or state-wide groups • Explore local, statewide, and/or national resources to support community engaged work (Ex. Campus Compact) • Initiate conversations with college or university offices that promote community-engaged work (Ex. CTSI, University Office of Public Engagement)
<p>Department Recommendations</p>	<ul style="list-style-type: none"> • Promote engagement by including this on the agenda at departmental meetings and departmental retreats focused on community engagement • Include department members in dialogue on how engagement supports the departmental Mission and Vision and in defining community engagement for the department • Under the guidance of the department head, engage in department-wide dialogue on the role of engagement in promotion and tenure • Consider hosting an expert speaker on community engaged research that can inspire faculty and answer questions related to overcoming obstacles to community engagement • Advocate to the College for faculty lines focused on community needs and engagement of the community
<p>College and University Recommendations</p>	<ul style="list-style-type: none"> • Promote engagement by including this on the agenda at college-wide meetings and retreats focused on the College’s strategic plan • Include faculty in dialogue on how engagement supports the College and University Mission and Vision and in defining community engagement for the College • Host speakers from University offices that promote community-engaged work (Ex. The Office of Public Engagement, CTSI) so that faculty are aware of the resources available to them • Highlight the work of community-engaged scholars within the College and/or University who are willing to answer questions related to overcoming obstacles to community engagement • Create public health practices and practice sites for community-engaged pharmacist faculty • Explore ways that Community Engagement can be defined, systematically recorded and rewarded (Ex. Faculty Activity Reports, formal Promotion and Tenure guidelines) • Enlist the support of College/University offices that support research to increase faculty awareness of funding opportunities for community-engaged work • Encourage faculty to build partnerships with departments and colleges outside of Pharmacy so that community-engaged work can be more comprehensive and fruitful • Hire faculty strategically focused on community engagement