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Implementing Community Engagement as a Mission at the David Geffen School of Medicine at the University of California, Los Angeles

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Summary

This manuscript describes the development and implementation of community engagement as a mission at UCLA's David Geffen School of Medicine (DGSOM) and UCLA Health System, and summarizes survey results documenting existing community-engaged projects and interest between 2010 to 2013.

Keywords

Medical School; Academic Medical Center; Community Engagement; Strategic Plan; Service Learning

Community engagement is a recommended strategy for academic medicine to work with communities to eliminate health outcome disparities.¹⁻³ The National Academy of Medicine, the American Association of Medical Colleges, and the Association of Schools of Public Health have cited community engagement as a core competency in health education for clinicians and public health practitioners.^{1,3,4} In response, academic medicine has implemented community-engaged programs⁵⁻⁸ to enhance the relevance of medical education (e.g., service learning),⁹ to increase minority participation in and the public health impact of scientific research,^{2,11} as well as to improve access to high quality healthcare.^{4,12}

Although published reports of academic health system's and medical school's community engagement initiatives exist in the literature,^{5,6,12-15} few describe strategic plan development and implementation to incorporate community engagement alongside the traditional medical school missions of education/ training, patient care, and research with other professional health schools (e.g. nursing, dentistry).⁵ Community engagement, defined by the National Institutes of Health (NIH), is "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people."¹¹ [page 116] Community-engaged activities can vary from service-learning such as a medical students providing health care to the homeless to research with academic and community members using participatory research principles.^{1,2,4-17}

This manuscript describes the process, rationale, goals, strategies, and tactics employed for assessing, developing and implementing community engagement as an institutional mission at the UCLA David Geffen School of Medicine (DGSOM) and UCLA Health System. The DGSOM and the UCLA Health System serves the largest and most diverse county in the nation with a large proportion of underserved minorities suffering high rates of premature

morbidity and mortality.¹⁸ Expanding on a prior report from the UCLA Clinical and Translational Science Institute (CTSI) describing faculty survey findings,¹⁹ the current manuscript adds survey findings from student and staff at DGSOM, UCLA Health System, and the CSTI to catalog existing community-engaged programs and experiences, and to assess interest in learning best practices for community-engaged research.

Community engagement: development of a strategic plan

The rationale for adding community engagement as a core mission of DGSOM and UCLA Health System was that, historically, UCLA faculty, students, and staff have initiated community-based projects individually with little formal institutional input, support, or coordination. To address this gap, in 2010, the DGSOM Dean's Office and UCLA Health System undertook a strategic planning process to incorporate community engagement as a core mission alongside education, teaching/training, research, and clinical services delivery.²⁰ To achieve this goal, a committee of faculty, staff, and students from UCLA DGSOM, Schools of Nursing, Dentistry, Fielding School of Public Health, Anderson School of Business; DGSOM / UCLA CTSI affiliated Institutions (Charles R. Drew University of Medicine and Science[CDU], Cedars-Sinai Medical Center, Los Angeles Biomedical Research Institute / Harbor-UCLA Medical Center, Olive View Medical Center, Venice Family Clinic, VA Greater Los Angeles Healthcare System[VA]), and UCLA Health System met monthly over 10 months to identify a framework, principles, goals, strategies, and tactics needed to establish community engagement as a core mission within DGSOM and UCLA Health System.

This planning culminated in a strategic plan¹⁹ with two objectives to “optimize health through community partnerships”: 1) to institutionalize community engagement as a core mission of the DGSOM and UCLA Health System; and 2) to adopt recognized principles of community engagement as a standard for managing successful community engagement endeavors. Strategic plan implementation was supported by three goals and six strategies (Table 1).

Strategic plan implementation

In October 2011, the DGSOM executive leadership convened a committee of key faculty and health system community engagement leaders to implement the strategic plan.^{20,21} (Table 2)

Community engagement survey

To enhance institutional commitment to community engagement, there was early recognition of the need for a comprehensive database to estimate the cumulative impact of health-related community-engaged projects at UCLA. Concurrently, the UCLA CTSI's Community Engagement and Research Program recognized a need to develop an inventory of ongoing community engagement efforts within the CTSI. As a result, this manuscript's authors developed a survey to create a publicly available database of current community engagement activities that faculty, staff, students, and the local community could leverage for future educational, research, and services delivery program partnerships. The survey was designed to catalog all community-engaged projects to enhance the visibility, impact, and number of

community-engaged research, education, and care delivery projects at UCLA. A detailed summary of survey measures and methods are in a prior manuscript.¹⁹

The survey was sent to 10,305 people: (1) students, residents, clinical fellows, postgraduate researchers, staff, and faculty at DGSOM, UCLA Health System, and UCLA School of Dentistry; (2) faculty and research staff at affiliated DGSOM / UCLA CTSI institutions; (3) faculty at UCLA School of Nursing; and (4) providers, staff, administrators at UCLA Health System without academic appointments. The survey was not anonymous, was administered using an online survey software system, was deployed over six weeks in 2012–2013, and was considered exempt by the Institutional Review Boards' of UCLA and the VA Greater Los Angeles Healthcare System. The survey started with the NIH definition of community engagement.¹¹ “Academic” represents individuals with a faculty, research, or student appointment in at UCLA. “UCLA Health System” represents individuals working in our health care system without an academic appointment.

Implementation workgroups' progress

Since 2011, the community engagement workgroups have completed initial work towards the strategic plan's goals and strategies (Table 1).^{20,21} We created a business plan for a Community Engagement Institute to provide infrastructure to develop capacity to implement community engagement. The Workforce Development workgroup piloted a toolkit for parents and students at high schools in low-income minority communities with job descriptions, educational requirements, and average salaries for health professions with critical workforce shortages. The Website Development workgroup developed a website (<http://community.medschool.ucla.edu>) with a publicly-accessible, searchable, downloadable, geo-coded, database (<http://gim-hsr.dgsom.ucla.edu>) to share information about a range of UCLA community-based and partnered projects. The Survey Development and Database workgroup has focused on the survey described in this manuscript.

Survey results

Of the 10,305 individuals invited to participate, 3,338 (32.8%) started and 2,532 (24.6%) completed the survey. A total of 3,222 respondents who started the survey had a primary academic appointment (i.e. students, post-doctoral researchers, professional research staff, clinical trainees, faculty; 21.9% response rate) and 166 (28.9% response rate) had an appointment within UCLA Health System only (i.e., without academic appointments). (Table 3) Faculty response rates were 43%, higher than published e-mail surveys (26%) for faculty in large academic medical centers and email surveys of practicing physicians.^{22–24}

Among all survey invitees, 9.4% (n=965/10,305) reported participating in a community-engaged project, program, education, or research. Of the 3,222 respondents starting the survey, 28.4% (n=915/3,222) with academic appointments and 30.1% (n=50/166) from UCLA Health System reported participating in a community-engaged project, program, education, or research. Additionally, amongst survey respondents 35.7% (n=1,150/3,222) from Academic and 27.1% (n=45) from UCLA Health System endorsed interest in learning about best practices for community-engaged research (Table 3).

For the 1,807 faculty offered the survey, 43.4% (n=785/1807) started. Nearly half (49.8%, n=391/785) of faculty respondents indicated that promotion criteria that incentivizes community-engaged research would increase the likelihood that they would participate in opportunities to learn about community-engaged research (Table 3).

Characteristics of community engaged projects

We identified community-engaged programs led by faculty, student, and staff to provide education, direct medical services delivery, health promotion, or partnerships to enhance research, often in and with under-resourced communities. A total of 122 community-engaged projects were identified (Table 4). Of those, 35% (n=43/122) were primarily classified as community-engaged research, 18% (n=22/122) were education, 23% (n=28/122) health services delivery / service learning, and 34% (n=29/122) were health promotion / wellness activities. (Table 3) Examples were quite diverse with one research project focused on using community-partnered participatory research as an approach to improving health outcomes in a 70-block area of South Los Angeles;²⁵ another education project introduced minority, pre-dental students to dentistry through lectures and labs, and a health care services learning project with medical students and faculty delivering a range of health care and social services to homeless/indigent patients through a mobile clinic.

Projects used a diverse dissemination strategies including peer-reviewed publications (28.7%, n=29/159), training materials (24.5%, n=39/159), performances / exhibitions (7.7%, n=19/159), and inventions and patents (5.7%, n=9/159) (not in tables).

This report describes UCLA DGSOM and UCLA Health System's important step of documenting and highlighting existing capacity for community engagement in order to reach the goal of elevating community engagement as an institutional mission alongside education, research, and clinical care. UCLA DSOM and UCLA Health System's strategic plan^{20,21} was consistent with national recommendations for increasing community engagement's role in academic medicine,^{1-4,11} and informed by our longstanding partnerships to reduce substantial racial/ethnic disparities in health and health care with diverse under-resourced communities.²⁵⁻³⁷ A cornerstone of strategic plan development and implementation has been the use of community engagement principles^{11,16,17,37} (e.g., transparency, equity, respect, recognition) and recognizing accomplishments from existing UCLA collaborations with community partners to help inform best practices for increasing community-partnered research, improving service-learning opportunities, enhancing health care workforce diversity, and creating sustainable, innovative, community and patient-centered models for health care delivery.^{21,22}

Key survey findings provided support for the inclusion of community engagement as a core mission at DGSOM and UCLA Health System. Nearly 10% of all invited to take the survey participated in a community-engaged project in the prior year supporting the initial strategic planning stakeholder perspectives that individuals have generally initiated community-engaged projects despite limited institutional support, coordination, or visibility. This proportion of participation in community-engaged work was higher than expected. Over one-quarter of respondents with an Academic appointment and one-third from the UCLA

Health System indicated interest in learning about best practices for community-engaged research. This high level of interest reinforced the strategic plans' goal to create a Community Engagement Institute to provide infrastructure and support for existing community engagement activities and opportunities to build capacity through training and education.

Notably, nearly half of all faculty respondents would participate in opportunities to learn about community-engaged research if faculty promotion criteria incentivized such opportunities. Efforts to modify promotion criteria were originally recognized as a critical tactic in the strategic plan²⁰ and work is underway to achieve this.²¹

The survey catalogued projects across the traditional medical school missions of education (18%), health care delivery / training or services learning (23%), and research (35%). Our survey found over one-third of community-engaged projects focused on health promotion / wellness activities emphasizing community-based, primary and secondary prevention efforts to address public health concerns such as childhood obesity.

In summary, this report adds to the growing literature describing academic medical centers and schools experiences' implementing community engagement,^{5–15} and to heighten community engagement's status in major academic medical centers. As far as we are aware, this is the first description of infrastructure development to track community-engaged research, teaching, and training / education across university-based Schools of Medicine, Nursing, Dentistry, affiliated research and clinical institutions, and an academic health system to address national priorities to prevent chronic disease and to improve health and health care in the 21st century.

Other unique traits of UCLA's approach were: (1) The explicit use of participatory research principles to drive the community engagement mission with planning and implementation process across several UCLA schools capturing several thousand faculty in diverse settings across multiple affiliated institutions. However, our process did not include stakeholders outside the university, as we felt that community engagement should start at home in our diverse university community, before developing a broader engagement strategy; (2) the implementation of community engagement across the UCLA health professional schools' and health systems' missions of patient care, education / training, and research; and (3) stakeholder inclusion from the UCLA campus, UCLA affiliated institutions, hospitals, and clinics. While adding community engagement as an institutional mission shows great promise, assessing the long-term impact of community-engaged activities on health outcomes will be needed to determine our approach's ultimate impact.

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References

1. National Research Council. The Future of Public's Health in the 21st Century. Washington, DC: National Academies Press; 2002.
2. Committee to Review the Clinical and Translational Science Awards Program at the National Center for Advancing Translational Science, Institute of Medicine. The CTSA Program at NIH. Washington, DC: National Academies Press; 2013.
3. Dzau, VG.; Gottlieb, G.; Lippstein, S., et al. Discussion paper. Institute of Medicine; Washington, D.C: 2014. Essential Stewardship Priorities for Academic Health Systems. Available at <http://www.iom.edu/academichealthsystems>
4. Expert Panel on Cultural Competence Education for Students in Medicine and Public Health. Cultural competence education for students in medicine and public health: Report of an expert panel. Washington, D.C: Association of American Medical Colleges and Association of Schools of Public Health; 2012.
5. Michener JL, Yaggy S, Lyn M, et al. Improving the health of the community: Duke's experience with community engagement. Acad Med. Apr; 2008 83(4):408–413. [PubMed: 18367904]
6. Chamberlain LJ, Wang NE, Ho ET, et al. Integrating collaborative population health projects into a medical student curriculum at Stanford. Acad Med. Apr; 2008 83(4):338–344. [PubMed: 18367891]
7. Cook DC, Nelson EL, Ast C, et al. A systematic strategic planning process focused on improved community engagement by an academic health center: the University of Kansas Medical Center's story. Acad Med. May; 2013 88(5):614–619. [PubMed: 23524916]
8. Szilagyi PG, Shone LP, Dozier AM, et al. Evaluating Community Engagement in an Academic Medical Center. Acad Med. 2014 Apr; 89(4):585–95. [PubMed: 24556768]
9. Seifer SD. Service-learning: community-campus partnerships for health professions education. Acad Med. Mar; 1998 73(3):273–277. [PubMed: 9526454]
10. Hood NE, Brewer T, Jackson R, et al. Survey of community engagement in NIH-funded research. Clin Transl Sci. Feb; 2010 3(1):19–22. [PubMed: 20443949]
11. Agency for Toxic Substances and Disease Registry. CTSA community engagement key function committee task force on the principals of community engagement. 22011. Retrieved December 15, 2013, from http://www.atsdr.cdc.gov/communityengagement/pce_ctsa.html, 2013
12. Cook DC, Nelson EL, Ast C, et al. A systematic strategic planning process focused on improved community engagement by an academic health center: the University of Kansas Medical Center's story. Acad Med. May; 2013 88(5):614–619. [PubMed: 23524916]
13. Steiner BD, Calleson DC, Curtis P, et al. Recognizing the value of community involvement by AHC faculty: a case study. Acad Med. Apr; 2005 80(4):322–326. [PubMed: 15793013]
14. McNeal MS, Blumenthal DS. Innovative ways of integrating public health into the medical school curriculum. Am J Prev Med. Oct; 2011 41(4 Suppl 3):S309–311. [PubMed: 21961683]
15. Goldstein AO, Bearman RS. Community engagement in US and Canadian medical schools. Adv Med Educ Pract. 2011; 2:43–49. [PubMed: 23745075]
16. Israel BA, Eng E, Schulz AJ, et al. Introduction to methods in community-based participatory research for health. Methods in community-based participatory research for health. 2005:3–26.
17. Minkler, M.; Wallerstein, N. Community-based participatory research for health: From process to outcomes. San Francisco: Jossey-Bass; 2003.
18. 2013 Key Indicators of Health by Service Planning Area. County of Los Angeles Department of Public Health; Available at: <http://publichealth.lacounty.gov/docs/keyindicators.pdf>

19. Chung B, Norris K, Mangione C, et al. Faculty Participation in and Needs Around Community Engagement within a Large Multi-Institutional Clinical and Translational Science Awardee. *Clin Trans Sci*. 2015 Oct; 8(5):506–12. Epub 2015 Sep 1.
20. David Geffen School of Medicine at UCLA and UCLA Health System System. Shaping the Future - Progress Report. Jan. 2012 Available at <http://strategy.healthsciences.ucla.edu/progress-report-2012-new.pdf>
21. David Geffen School of Medicine at UCLA. Community Engagement Initiative. 2013. Available at <http://www.community.medschool.ucla.edu>
22. Grava-Gubins I, Scott S. Effects of various methodologic strategies: survey response rates among Canadian physicians and physicians-in-training. *Can Fam Physician*. Oct; 2008 54(10):1424–1430. [PubMed: 18854472]
23. Goldberg-Freeman C, Kass N, Gielen A, et al. Faculty beliefs, perceptions, and level of community involvement in their research: a survey at one urban academic institution. *J Empir Res Hum Res Ethics*. Dec; 2010 5(4):65–76. [PubMed: 21133788]
24. DiGirolamo A, Geller AC, Tendulkar SA, et al. Community-based participatory research skills and training needs in a sample of academic researchers from a clinical and translational science center in the Northeast. *Clin Trans Sci*. Jun; 2012 5(3):301–305.
25. King KM, Morris D, Jones L, et al. The Los Angeles Healthy Community Neighborhood Initiative: A Ten Year Experience in Building and Sustaining a Successful Community-Academic Partnership. *J Community Med Public Health Care*. 2015; 2:007.
26. Chung B, Ong M, Ettner S, et al. 12-Month Outcomes of Community Engagement Versus Technical Assistance for Depression Quality Improvement: A Partnered, Cluster, Randomized, Comparative Effectiveness Trial. *Ann Internal Med*. Nov; 2014 161(10 Suppl):S23–34. [PubMed: 25402400]
27. Chung B, Jones L, Jones A, et al. Using community arts events to enhance collective efficacy and community engagement to address depression in an African American community. *Am J Public Health*. 2009; 99(2):237. [PubMed: 19059844]
28. Chung B, Dixon EL, Miranda J, et al. Using a community partnered participatory research approach to implement a randomized controlled trial: planning Community Partners in Care. *J Health Care Poor Underserved*. 2010; 21(3):780–795. [PubMed: 20693725]
29. Norris KC, Brusuelas R, Jones L, et al. Partnering with community-based organizations: an academic institution's evolving perspective. *Ethn Dis*. Winter;2007 17(1 Suppl 1):S27–32. [PubMed: 17598314]
30. Vargas RB, Jones L, Terry C, et al. Community-partnered approaches to enhance chronic kidney disease awareness, prevention, and early intervention. *Adv Chronic Kiney Dis*. Apr; 2008 15(2): 153–161.
31. Kataoka SH, Nadeem E, Wong M, et al. Improving disaster mental health care in schools: a community-partnered approach. *Am J Prev Med*. Dec; 2009 37(6 Suppl 1):S225–229. [PubMed: 19896023]
32. Moreno-John G, Fleming C, Ford ME, et al. Mentoring in community-based participatory research: the RCMAR experience. *Ethn Dis*. Winter;2007 17(1 Suppl 1):S33–43. [PubMed: 17598315]
33. Baig AA, Mangione CM, Sorrell-Thompson AL, et al. A randomized community-based intervention trial comparing faith community nurse referrals to telephone-assisted physician appointments for health fair participants with elevated blood pressure. *J Gen Intern Med*. Jul; 2010 25(7):701–709. [PubMed: 20349155]
34. Duru OK, Sarkisian CA, Leng M, et al. Sisters in motion: a randomized controlled trial of a faith-based physical activity intervention. *J Am Geriatr Soc*. Oct; 2010 58(10):1863–1869. [PubMed: 20929464]
35. Bharmal N, Kennedy D, Jones L, et al. Through our eyes: exploring African-American men's perspective on factors affecting transition to manhood. *J Gen Intern Med*. Feb; 2012 27(2):153–159. [PubMed: 21910088]
36. Ferre CD, Jones L, Norris KC, et al. The Healthy African American Families (HAAF) project: from community-based participatory research to community-partnered participatory research. *Ethn Dis*. Winter;2010 20(1 Suppl 2):S2-1–8.

37. Jones L, Wells K, Norris K, et al. The vision, valley, and victory of community engagement. *Ethn Dis.* 2009; 19(4 Suppl 6):S6.

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TABLE 1**UCLA DGSOM / HEALTH SYSTEM COMMUNITY ENGAGEMENT STRATEGIC PLAN**

Vision	Optimize health through community partnerships.
Principle Objectives	<ol style="list-style-type: none"> 1 Institutionalize community engagement as a core mission of the DGSOM and UCLA Health System. 2 Adopt recognized principles of community engagement as a standard for managing successful community engagement endeavors.
Goals	<ol style="list-style-type: none"> 1 Work with the community partners to improve health through solutions that address social, cultural, and biological determinants. 2 Develop a comprehensive and diverse health care workforce to serve the community. 3 Create innovative health care delivery models that maintain financial stability while serving the members of our community.
Strategies	<ol style="list-style-type: none"> 1 Institutionalize community engagement as a core mission of the DGSOM and the UCLA Health System. 2 Adopt recognized principles of community engagement as a standard for managing successful community engagement endeavors. 3 Work with community partners to develop a health care workforce that will address community as well as societal needs and facilitate local economic development. 4 Ensure that accomplishments resulting from collaborations between UCLA and community partners are recognized at both the institutional and individual level. 5 Develop personal clinical services, population-based approaches and community services to improve health in partnership with the community. 6 Increase community-partnered research.

TABLE 2

UCLA DGSOM / HEALTH SYSTEM COMMUNITY ENGAGEMENT IMPLEMENTATION
WORKGROUP

Institute Development	The Institute workgroup is tasked with creating a “virtual” Community Engagement Institute, a loci for community engagement. The Institute will focus on building capacity to ensure best practices in community engagement initiatives in all mission areas and across UCLA, provide administrative and infrastructure support, and recognize participation (e.g. faculty, students, staff) and accomplishments in community engagement. In collaboration with the UCLA Anderson School of Business, an institute business plan was created which is 90% “virtual” and 10% “bricks and mortar.”
Workforce Development	The Workforce Development workgroup builds upon existing partnerships and develops new partnerships to address allied health professional workforce shortages by compiling a comprehensive allied health workforce needs assessment. Efforts are underway to increase the pipeline of underrepresented students through partnerships with K-12 schools and community colleges to develop programs for retraining older workers; and assisting immigrant health professionals to obtain licensure to re-enter the workforce. One pilot has been the development of a “toolkit” for parents and students at local high schools in low-income, minority communities with job descriptions, educational requirements, and average salaries for allied health professionals with critical workforce shortages.
Website Development	The Website workgroup has developed and is implementing a comprehensive communication strategy that addresses multiple audiences using a variety of platforms. Our website (http://community.medschool.ucla.edu) promotes and sustains bidirectional knowledge sharing between community and academia, highlight noteworthy community-engaged programs and stories, and houses our community engagement database.
Survey Development and Database	The Survey Development and Database workgroup catalogs all current and future academic and community partnered projects that feeds a searchable, online database that will ultimately be open to the public. The publicly-accessible, searchable / downloadable, geo-coded, database (http://gim-hsr.dgsom.ucla.edu) maps community health needs and strengthen community infrastructure for sustainable, partnered research for both UCLA and community partners. A description of the development and a summary of the results of our survey development are within this manuscript.
Blueprint and Communication	The Blueprint and Communication workgroup is developing toolkits to assist faculty and community partners with implementing best practices for partnered research and programs. The Blueprint and Communication group has developed 7 <i>U</i> magazine articles (UCLA Health System’s monthly magazine), 12 employee news stories, and 11 Facebook stories for the UCLA DGSOM Facebook page.

TABLE 3

SURVEY RESPONDENTS' DEMOGRAPHIC CHARACTERISTICS, PRIOR EXPERIENCE AND INTEREST IN LEARNING ABOUT COMMUNITY-ENGAGED RESEARCH^a

	Academic^b N=3,222	UCLA Health System^c N=166
<i>Female, n (%)</i>	1568 (48.7)	83 (50.0)
<i>Age, n (%)</i>		
20–30	587 (18.2)	5 (3.0)
31–40	809 (25.1)	21 (12.7)
41–50	545 (16.9)	29 (17.5)
51–60	378 (11.7)	49 (29.5)
61–70	152 (4.7)	15 (9.0)
71 and over	36 (1.1)	0 (0.0)
<i>Ethnicity, n (%)</i>		
White	1081 (33.6)	77 (46.3)
African American	127 (3.9)	11 (6.6)
Hispanic / Latino	423 (13.1)	12 (7.2)
Asian / Pacific Islander	709 (22.0)	15 (9.0)
Others	10 (0.3)	0 (0.0)
<i>Education, n (%)</i>		
High School or GED	37 (1.1)	6 (3.6)
Undergraduate College Degree	743 (23.1)	43 (25.9)
Master's Degree	249 (7.7)	60 (36.1)
DDS or MD	795 (24.7)	2 (1.2)
Dr.PH or PhD	439 (13.6)	6 (3.6)
<i>Discipline, n (%)</i>		
Physician	656 (20.4)	3 (1.8)
Dentistry	265 (8.2)	0 (0.0)
Basic or Social Science, Statistics	544 (16.9)	1 (0.6)
Psychology	72 (2.2)	1 (0.6)
Nursing	129 (4.0)	31 (18.7)
Social Work	17 (0.5)	5 (3.0)
Health System Administrator	274 (8.5)	48 (29.0)
Allied Health Professional	151 (4.7)	15 (9.0)
Student	6 (0.2)	0 (0.0)
Other	16 (0.5)	0 (0.0)
<i>Prior participation in and interest about community engagement</i>		
<i>From January 1, 2011 to present, have you participated in community-engaged projects, programs, education, or research? Yes, n (%)</i>	915 (28.4)	50 (30.1)
<i>Would you like to learn about best practices for community-engaged research? Yes, n(%)</i>	1150 (35.7)	45 (27.1)

	Academic ^b N=3,222	UCLA Health System ^c N=166
<i>How many hours would you be open to committing to learning about community-engaged research per year? mean hours (SD)^d</i>	38.7 (99.8)	30.3 (51.9)
<i>Faculty Rank, n (%)^e</i>	<i>n=785 (100)</i>	-
Clinical Instructor	132 (16.8)	-
Assistant Professor	267 (34.0)	-
Associate Professor	153 (19.5)	-
Full Professor	233 (29.6)	-
<i>What would increase the likelihood you would participate in opportunities to learn about community-engaged research?</i>		
<i>Faculty promotion criteria that incentivize community-engaged research, n (%)</i>	391 (49.8)	-

^a missing responses rates across Academic and UCLA Health System: gender 21.4%, age, 21.3%, ethnicity 22.6%, education 14.6%, discipline 28.1%, prior participation in community-engaged research 9.0%, interest in learning about best practices in community-engaged research 17.6%, how many hours would you devote to learning about community-engaged research 72.3%; Learning about community-engaged research, programs, or projects in your neighborhood 18.6%;

^b Faculty, post-doctoral research fellows, research staff, residents, clinical fellows, and students at David Geffen School of Medicine, Nursing, and Dentistry at UCLA, affiliated hospitals (VA Greater Los Angeles Healthcare System, Harbor-UCLA Medical Center, Olive View Medical Center, Cedars-Sinai Medical Center, Venice Family Clinic), and affiliated academic institutions (Los Angeles Biomedical Research Institute, RAND Corporation, Charles R. Drew University of Medicine and Science);

^c UCLA Health System attending physicians, social scientists, basic scientists, statisticians, nurses, social workers, psychologists, allied health professionals, hospital administrators and staff without academic appointments.

^d mean hours calculation limited to respondents responding to survey item;

^e 774 of 785 survey respondents had faculty appointments at UCLA.

Table 4**EXAMPLES OF COMMUNITY-ENGAGED PROJECTS AT DGSOM / UCLA HEALTH**

Program Type (n=122)	Primary Classification n (%)	Examples
Research	43 (35.2)	<i>Healthy Community Neighborhood Initiative:</i> The main goals of the Healthy Community Neighborhood Initiative is to improve the health of residents of the 70 Block area in South Los Angeles using a community-partnered participatory research approach and to establish and sustain an equitable and bidirectional community-academic partnership that promotes community capacity in translational research to eliminate health disparities. <i>Community Partners in Care:</i> An NIH-supported community-academic partnership using participatory research principles in all research phases to reduce the burden of depression in South Los Angeles and Hollywood-Metro.
Education	22 (18.0)	<i>Basic Dental Principles Program:</i> The focus of Basic Dental Principles Program is to introduce pre-dental students to the field of Dentistry through dental student-led lectures and laboratory exercises. <i>Together Educating and Advocating Community Health (TEACH):</i> To provide tutorial services to educate children from low-income housing areas on healthy habits through daily “health module,” while providing mentoring and healthy snacks to attending children. Volunteers are UCLA students in a wide variety of disciplines including public health, education, and biological sciences.
Clinical Service Delivery	28 (23.0)	<i>The UCLA / Greater West Hollywood Food Clinic Mobile Clinic:</i> The UCLA Mobile Clinic Project brings weekly health care and social services to the homeless and indigent in four locations. It launched in 2002 and is run by students with oversight from an attending physician. Volunteers record medical histories, provide treatment or referrals, dispense medication and supplies and help clients with social or legal issues. Services range from basic check-ups and disease prevention and education to treatment of cuts, infections, coughs, etc. <i>Care Harbor LA:</i> Since 2009, UCLA physicians and dentists (attendings, residents, fellows) provide medical and dental care at the annual Care Harbor free clinic in Los Angeles. The Department of Family Medicine and the Jules Stein Eye Institute coordinate the effort at David Geffen School of Medicine at UCLA. In 2011, UCLA health care providers saw more than 3,500 patients over a four-day period.
Health Promotion and Wellness	29 (34.4)	<i>Fit for LA:</i> The goal of the UCLA FIT Program is to provide comprehensive management of the nutritional, physical activity and overall health needs of overweight children and adolescents. In addition, the program includes consideration of the psychosocial (psychological, social, familial and educational) needs of youth and their families. <i>UCLA Mindfulness Research Center (MARC):</i> MARC offers instruction on mindfulness to teens in the local community through weekly classes, retreats, and school programs.