

2020: Re-Classification: The Carnegie Foundation for the Advancement of Teaching

Submitted by Morehouse School of Medicine on 4/14/2019. Last modified on 7/19/2020.

Application Deadline

April 15th, 11:59pm EST

Data Provided

When reporting academic year data, campuses should use data from academic year 2017-2018. For example, the number of community based courses per year should correlate with 2017-2018 data.

When reporting institutional data, be sure to identify the semester and year within which the data was collected. That data should not be older than 2017-2018. For example, if your institution participated in the NASCE, NSSE, or other assessment tools in the fall of 2018-2019, you may use that data in your reporting.

Wherever requested, please provide links to relevant campus web resources in addition to evidence provided in the application. Reviewers may want to examine websites to provide additional clarification of the responses in the application. Reviewers may also ask for a telephone conversation to clarify evidence provided.

Use of Data

The information you provide will be used to determine your institution's community engagement classification. Only those institutions approved for classification will be identified. At the end of the survey, you will have an opportunity to authorize or prohibit the use of this information for other research purposes.

Community Engagement Definition

Community engagement describes the collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial creation and exchange of knowledge and resources in a context of partnership and reciprocity.

The purpose of community engagement is the partnership (of knowledge and resources) between colleges and universities and the public and private sectors to enrich scholarship, research, and creative activity; enhance curriculum, teaching, and learning; prepare educated, engaged citizens; strengthen democratic values and civic responsibility; address critical societal issues; and contribute to the public good.

Applicant's Contact Information

Please provide the contact information of the individual submitting this application (for Carnegie foundation use only)

Title

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Institution

Morehouse School of Medicine

Mailing Address 1

Mailing Address 2

City

Atlanta

State

Georgia

Zip Code

Phone Number (e.g., 1-123-345-5678)

Full Name of Institution's President/Chancellor

President/Chancellor's Mailing Address

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President/Chancellor's Email Address

Campus and Community Context

A. Campus:

Provide a description of your campus that will help to provide a context for understanding how community engagement is enacted in a way that fits the culture and mission of the campus. You may want to include descriptors of special type (community college, land grant, medical college, faith-based, etc.), size (undergraduate and graduate FTE), location, unique history and founding, demographics of student population served, and other features that distinguish the institution. You may want to consult your campus's IPEDS data (<https://nces.ed.gov/ipeds/Home/FindYourCollege>) and Carnegie Basic Classification data (<http://carnegieclassifications.iu.edu/lookup/lookup.php>).

Morehouse School of Medicine (MSM), located in Atlanta, Ga., was founded in 1975 as the Medical Education Program at Morehouse College. In 1981, MSM became an independently chartered institution. It is a "private institution with a public mission." It is a historically black institution with a student body that is about 75% black and 15% comprised of other minorities. Its formal mission statement reads:

We exist to:

- Improve the health and well-being of individuals and communities
- Increase the diversity of the health professional and scientific workforce
- Address primary health care through programs in education, research, and service with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

MSM's flagship teaching program is its medical education program with a student body of about 350 and a commitment to expand to 400 students. It also offers a Master of Public Health Program with about 60 students and small Master of Science and PhD programs.

Since its founding, the school's focus has been on underserved communities, racial and ethnic health disparities, and health equity (a relatively new term that reflects MSM's mission since the school's beginning). It is a leader among medical schools in conducting required student coursework in the community. Its Prevention Research Center offers an extensive portfolio of community-based research projects, but other centers and departments also conduct ethical research in the community. Its service initiatives include both community-based primary medical care and community health promotion.

MSM is accredited by the Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education, Council on Education for Public Health, Liaison Committee on Medical Education and Southern Association of Colleges and Schools. It boasts 540 Students, 160 Residents, over 250 Faculty Members and over 1,700 alumni. Morehouse Healthcare, the institutions Accountable Care Organizations includes two location (1800 Howell Mill Road and 1513 East Cleveland Avenue). Research focus areas include cardiovascular-related Disorders, neurological disorders, integrated infectious diseases, and cancer. In addition to the 2008 Carnegie Classification for Community Engagement, the school has received numerous recognitions for this focus: the Community Service Award from the Association of American Medical Colleges (1999); the First Annual Award from Community- Campus Partnerships for Health, (2002); the Centers for Disease Control and Prevention (CDC) Outstanding Community-Based Participatory Research Award (2004) and Excellence in Community-Based Research Award (2005); the Georgia Healthcare Foundation Joseph D. Greene Community Service Award (2010); two CDC awards for outstanding community-based participatory

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research (2010 and 2011); and The Josiah Macy Jr. Foundation Award for Institutional Excellence in Social Mission (2016). A 2010 publication from George Washington University ranked MSM #1 among all US medical schools in its pursuit of the social mission of medical education (Mullan et al: The Social Mission of Medical Education: Ranking the Schools. *Annals of Internal Medicine* 152:804-811, 2010).

B. Community:

Provide a description of the community(ies) within which community engagement takes place that will help to provide a context for understanding how community engagement is enacted in a way that fits the culture and history of the partnership community(ies). You may want to include descriptors of special type (rural, urban, conservative, liberal, etc.), size (population), economic health, unique history, demographics of community population served/employed, and other features that distinguish the institution and community(ies). For local communities, you may want to consult your census data.

Morehouse School of Medicine (MSM) was founded in 1975, just after the civil rights era when color barriers prevented ethnic minorities from receiving adequate health care and Black students were underrepresented in predominantly White medical schools. MSM was conceived to address both issues as a minority-serving institution educating doctors destined to practice in underserved communities. Metropolitan Atlanta has the widest gap in breast cancer mortality rates among African-American women and White women of any U.S. city and the nation's highest death rate for Black men with prostate cancer. the National Cancer Institute reports. Large gaps in mortality exist between African-Americans and whites in such diseases as HIV, stroke and diabetes, according to the Georgia Department of Public Health. Through a community health needs and asset assessment conducted by Morehouse School of Medicine among Metropolitan Atlanta community residents, respondents indicated that major health concerns in the community include high blood pressure, diabetes, overweight/obesity, and sexually transmitted diseases and infections (including HIV/AIDS). The school's mission and history was and still is dedicated to changing the health landscape for inner-city and rural communities. This audacious undertaking has been largely achieved in collaborating communities by earning the trust of its community partners. Our partnership and community is local, national and global, per the partnership and outreach strategies detailed in this reclassification application.

1. Anderson, V. (April 4, 2018) Atlanta Struggles to Meet MLK's Legacy on Health Care. *Washington Post*. Retrieved from https://www.washingtonpost.com/national/health-science/atlanta-struggles-to-meet-mlks-legacy-on-health-care/2018/04/04/b07b0042-37e8-11e8-af3c-2123715f78df_story.html?utm_term=.7e38bf21ea7e

2. Morehouse School of Medicine Prevention Research Center. 2013 Morehouse School of Medicine Prevention Research Center Community Health Needs Assessment Analysis & Asset Mapping Report. Atlanta (GA); 2013. 54p. 2012-2013 Morehouse School of Medicine Community Health Needs Assessment

3. Georgia Department of Health (2018). Retrieved from <https://dph.georgia.gov/search?query=hiv%20stats>

Foundational Indicators

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Complete all questions in this section.

A. President/Chancellor's Leadership Statement

A.1 Provide a letter from the President/Chancellor or Provost (Vice President for Academic Affairs) that:

- Indicates their perception of where community engagement fits into their leadership of the institution,
- Describes community engagement's relationship to the institution's core identity, strategic direction, and practices, and
- Discusses how engagement is institutionalized for sustainability in the institution.

Please EITHER copy and paste the text of the letter in the following textbox OR upload a PDF copy of the letter below:

A.1.1 Upload the letter from the President/Chancellor or Provost (Vice President for Academic Affairs)

A.2 In addition to the letter, provide evidence of recent statements of affirmation of community engagement. In the grid below, provide excerpts from the relevant documents and a web link to the full document if it exists.

A.2.1

Annual addresses/speeches:

Community Engagement. MSM has deep and longstanding ties to the community. MSM's activist posture in protecting the health of the community is the ideal setting for the conduct of research that hopes to establish new standards of health and health equity for all people.

A.2.1.1 Web Link (if available)

https://www.msm.edu/about_us/office-president-dean/presentations/sotsannualreport.php MSM State of the School Address Global Health Equity Video

https://www.msm.edu/Research/research_centersandinstitutes/CVRI/CVRIDirectorsLetter.pdf

A.2.2

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Published editorials:

From Langley et al: Community-Based Participatory Approaches to Service. In Blumenthal et al: Community-Based Participatory Research for Health: Methods, Issues, and Translation to Practice. New York, Springer Publishing, 2013

Initially funded by the Kaiser Family Foundation (KFF) in Menlo Park, California, the Health Promotion Resource Center [at Morehouse School of Medicine] has developed a health promotion and disease prevention model for underserved populations. The primary focus of the diverse projects administered by the HPRC is health promotion and prevention in African American populations through community-based organizations (CBOs) in both urban and rural communities. Through participatory community-based approaches, the HPRC works collaboratively to develop a comprehensive network of culturally competent programs and services to empower and promote the development of healthy families and communities. The core values of HPRC are predicated upon the belief that all people should be knowledgeable of factors that affect their health and have access to culturally competent programs and services that enhance and support their total well-being.

A.2.2.1 Web Link (if available)

<https://www.springerpub.com/community-based-participatory-health-research-second-edition-9780826193964.html>

A.2.3

Campus publications:

Morehouse School of Medicine's Office of Community Engagement and the Medical Spanish Club co-sponsored Partnerships to improve Latino Health, part of the Talk Learn Collaborate (TLC) series. Guests include community organizations that work directly with the Latino population in Georgia, which has the fastest and highest rate of growth of any ethnic group in the nation, according to the Georgia Regional Commission.

The 2018 Health Equity Research Snapshot, a AAMC initiative recognized the Prevention Research Center at Morehouse School of Medicine for its "exemplary community- partnered research effort" successfully impacting the health of local epilepsy patients and their families. As leaders in translating research results into policy and public health practice, the MSM PRC works with communities to develop, evaluate, and implement control chronic diseases and bring communities and the nation closer to health equity.

A.2.3.1 Web Link (if available)

https://www.msm.edu/about_us/office-president-dean/presentations/documents/2018-Morehouse-Annual-Report.pdf <https://www.youtube.com/watch?v=BoOZFJ8ZTYQ&feature=youtu.be>

A.2.4

Other:

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MSM has centralized its efforts to providing STEAM training, mentoring and exposure to students of Atlanta Public Schools (APS). More specifically through its partnerships with the Tuskegee Airmen Global (TAG) Academy efforts have been designed to advance the skills, capacities of students, teachers, and parents. MSM employees, alumni, and students provide on-site mentoring for Grades 2-5. TAG enrolls more than 700 students, 98 percent of whom are African American; all qualify for free or reduced-price lunch. The student mobility rate is about 44 percent, which means new students enroll and others withdraw consistently throughout the school year. As of 2017, less than a quarter of third-grade students at TAG read at or above grade level, and about 15 percent of all students had proficient scores in the state math assessment. TAG's overall school performance is higher than just 14 percent of all schools in the state of Georgia. This program is a partnership between Morehouse School of Medicine (students, faculty and staff) to provide one-on-one and group mentoring to underserved and resourced students while exposing them to STEAM careers (Science, Technology, Engineering, Arts and Mathematics) careers.

A.2.4.1 Web Link (if available)

<https://www.investinwork.org/-/media/Files/volume-one/Promoting%20the%20Health%20of%20Communities%20for%20Long-Term%20Benefits.pdf?la=en>

B. Institutional Identity and Culture:

B.1.1 Does the campus have an institution-wide definition of community engagement (or of other related terminology, e.g., civic engagement, public engagement, public service, etc.)?

Yes

B.1.1.1 Please identify the document or website where the institution-wide definition of community engagement appears and provide the definition:

The Morehouse School of Medicine holds to an applied, cross-cutting, definition of community engagement (CE). CE is the systematic allocation of educational, clinical, research and clinical care resources (e.g., fiscal, knowledge, time, infrastructure) to partnerships and outreach approaches that: 1) are community-led, co-created or informed, 2) are dynamic, 3) culturally and contextually tailored, 4) establish and sustain mutually and exponentially beneficial community-academic partnerships, 5) establish, inform, improve or adapt evidence-based interventions. Working collectively, these strategies will contribute to our vision of leading the creation and advancement of health equity locally, nationally and globally.

<https://www.msm.edu/Community/>

B.1.2 How is community engagement currently specified as a priority in the institution's mission, vision statement, strategic plan, and accreditation/reaffirmation documents? Provide excerpts from the relevant documents and a web link to the full document if it exists.

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B.1.2.1

Mission or vision statement:

Mission: The Morehouse School of Medicine exists to:

Improve the health and well-being of individuals and communities

Increase the diversity of the health professional and scientific workforce

Address primary health care through programs in education, research, and service;

with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

Vision: Our bold new vision is “leading the creation and advancement of health equity,” which is undergirded by the long-standing mission of this institution. As the nation’s leading academic medical center for vulnerable populations, we are ultimately defined by our ability to create and advance health equity. This vision requires us to think differently about the role of medical education. It requires us to think differently about how we train students and residents, pursue scientific discovery, treat patients, and engage our communities.

B.1.2.1.1 Web Link (if available)

https://www.msm.edu/about_us/ https://www.msm.edu/about_us/office-president-dean/index.php

B.1.2.2

Strategic plan:

Strategic Plan: The Morehouse School of Medicine (MSM) 2015-2020 strategic planning process endeavored to provide a future-focused road map for research, education, service, and community engagement. Individuals across the institution and many from the community worked closely and collaboratively to develop the vision and identify goals, strategies and tactics. With community engaged intention and design, each of the three strategic plan vision imperatives have integrates community engaged strategies, milestones and processes as detailed below:

Vision Imperative 1: Translating Discovery into Health Equity

* Goal 1. Provide evidence that MSM discoveries improve health through relevance and proven outcomes – implementation science -Tx TM.

Coined and patented MSM, Tx TM symbolizes an approach and scientific philosophy that intentionally promotes and supports convergence of interdisciplinary approaches and scientists to stimulate exponential advances for the health of diverse communities. TX TM scholarship is characterized by five practices as detailed below:

- 1) Engages multidisciplinary researchers across the translational continuum (basic to population-based scientists) to work together towards the development, implementation, evaluation and dissemination of innovative science.
- 2) Engages the community (patients and neighborhood residents), from the inception of research concept and/or identifies potential community needs, strengths and implications/impact of research, through community-engaged research partnerships, including but not limited to community-based participatory research (CBPR).
- 3) Convenes interdisciplinary teams (that may include but not be limited to non-academic-industry, agency, and policy partners) to prioritize multi-level translation, dissemination and proof of impact strategies associated with research and evaluation, encompassing both processes and outcomes.
- 4) Includes adoption and/or adaptation to communities of 1) those who are underserved/at-risk/vulnerable 2) science and 3) practice (clinical, public health, policy) based on cooperative needs.

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(<https://www.msm.edu/StrategicPlan/txscholarship.php>; <https://www.msm.edu/Research/tx-health-equity/index.php>)

Vision Imperative 2: Building Bridges Between Healthcare and Health

*Goal 1. Create and disseminate transformational models of care for vulnerable populations.

1.1: Lead innovation in population health management by developing programs that meet the needs of targeted populations and leverage the unique strengths of MSM.

1.2: Establish a forum that fosters collaboration across primary care, community health, research and education for designing new models of care.

*Goal 3. Design models of integration between health and healthcare.

3.1 Foster and develop strategic partnerships at the intersection of healthcare and the community to optimize the social determinants of health.

*Goal 4. Operate the MSM clinical enterprise as a model to showcase best practices in achieving health equity.

4.2: Market and promote healthcare and health opportunities to become known in the community for outstanding service, health education and specialized care.

4.3: Achieve outstanding results on all quality performance indicators, patient satisfaction ratings and cost effectiveness measures.

Vision Imperative 3: Preparing Future Health Learners and Leaders

*Goal 1. Develop innovative approaches to diversify the pipeline for health and science careers.

*Goal 3. Broaden diversity in the healthcare, scientific, and public health workforces.

*Goal 4. Lead in training the next generation of physicians and allied health professionals, public health and community health leaders, and biomedical scientists who will create and advance health equity.

B.1.2.2.1 Web Link (if available)

<https://www.msm.edu/StrategicPlan/>

B.1.2.3

Accreditation/reaffirmation document/QEP:

MSM has a rich history of producing medical doctors and other health professionals to provide health care and health-related services to America's poor and underserved. Our Quality Enhancement Plan (QEP) project titled, "Mentoring at Morehouse" was started in the fall of 2011. The plan has been implemented to mentor and convene learning communities for the future great doctors, scientists and health care professionals trained through our institution. Our QEP approach underscores the vital role that black academic health centers play in the nation's healthcare system by addressing, head on, the issues of diversity, access and maldistribution. Mentoring and learning communities are designed to prepare those who will care for underserved communities; those who will add racial and ethnic diversity to the health professions and scientific workforce; those who will dedicate themselves to eliminating the racial, ethnic and geographic health inequities that continue to plague the country.

Mentoring in Public Health Education: The Applied Practice Experience (APE) is a valuable component of both the educational process and professional preparation of graduate students in the Master of Public Health Program. The APE consists of Fieldwork, which contributes to a student's career, personal, intellectual and ethical development, and community engagement, training allows students the opportunity to partner with community sites throughout their MPH matriculation. Students complete competency-based projects at their

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fieldwork sites and receive hands-on training to provide technical assistance, develop programs and conduct research to address community concerns at our Community-Academic Partner sites. The MPH Program is committed to partnering with public health-related organizations to provide high-quality professional and educational placement opportunities. One of the most essential aspects of placing a student in a work setting is the guidance, direction, and instruction provided by the preceptor in both the work environment and the community site.

Learning Communities in the MD Program: Grade-level community meetings and events are woven into the existing curricula of the first and second year. In particular, the community groups are assigned groups of our first year service-learning course, Community Health. In this course, students engage in team-building, community assessment, intervention development, implementation, assessment, and reporting/presentation. MSM students engage in a variety of service projects and activities. Students are encouraged to link to community members as they plan health fairs and other service activities. Communities will have modest budgets to support such activities and community faculty would be expected to provide appropriate supervision as necessary. Students have traditionally been assigned faculty advisors when they enter the medical degree program. Advisors will be aligned with the students of specific communities. It is anticipated that these individuals would form a collegial group of "secondary faculty" associated with the respective learning communities. Ongoing training and mentoring of these advisors is being developed and this program will continue to be expanded.

B.1.2.3.1 Web Link (if available)

https://www.msm.edu/about_us/Accreditation/SACSCOC/documents/MSM_QEP.pdf#search=QEP
<https://www.msm.edu/Education/QEP/QEPOverview.php>

B.1.2.4

Other:

-- empty or did not respond --

B.1.2.4.1 Web Link (if available)

-- empty or did not respond --

B.2.1

Briefly discuss any significant changes in mission, planning, organizational structure, personnel, resource allocation, etc. related to community engagement etc., since the last classification:

At the time of the previous classification, the Chair of the Department of Community Health & Preventive Medicine also served as the Associate Dean for Community Health (Dr. Daniel Blumenthal) at Morehouse School of Medicine (MSM). He was responsible for coordinating community programs across the institution as well as managing the department. He retired in 2014 and the associate deanship was assumed by Dr. Tabia Akintobi, who is also the Director of the Prevention Research Center and is also the Director of the new Office of Community Engagement (OCE). The Department chair position was assumed by Dr. Beverly Taylor.

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Responsibility for oversight of community programs is now divided between those two individuals, but Dr. Akintobi's faculty appointment is in the Department of Community Health and Preventive Medicine and she works closely and effectively with Dr. Taylor. The OCE has the following main objectives which are essential in centralizing the impact of community engagement within MSM and the broader community:

- 1) Promotes and strengthens effective partnerships among community, academic institutions, industry and agencies
- 2) Stimulates community-focused partnerships among Morehouse School of Medicine centers institutes, departments and programs
- 3) Assesses community assets, concerns, and priorities towards development of responsive strategies
- 4) Facilitates community engagement technical assistance, and capacity building skills of students, academic institutions and other constituents
- 5) Offers access to and membership in a web and mobile application-based community engaged initiatives inventory representing MSM outreach across Georgia and beyond.

Since the last classification, our MPH Program has migrated its track-based curriculum to a community-focused curriculum which better undergirds the mission of MSM. We have also engaged Community-Academic Partners within a 1.5 mile radius of MSM, who serve as a sort of laboratory to help us to train our students in the principles of community engagement.

B.3.1

Specify changes in executive leadership since classification and the implications of those changes for community engagement:

Since our last application, we were exponentially successful in the search and installation of a new Dean (2011) and first President and Dean, Valerie Montgomery Rice, MD (2014 to present). The position description included statements such as "Experience in a community-based medical school and a thorough understanding of the unique community driven challenges and opportunities is desired;" and "(the Dean) provides hands-on leadership and guidance over the education, research, patient care, and community health programs of the school." Per her leadership statement, annual addresses, institutional support and leadership galvanized our institution towards significantly elevated local, state, national and global reputation in effective community and patient engagement and the recruitment of faculty (clinical and research) that reflect, live and serve with a commitment to community and patient population partnership, empathy and collaboration.

C. Institutional Commitment

Infrastructure

C.1.1

As evidence for your earlier classification, you provided a description of the campus-wide coordinating infrastructure

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(center, office, etc.) to support and advance community engagement and you reported how it is staffed, how it is funded, and its reporting line.

For re-classification, describe what has changed, if anything, with this infrastructure, its mission, staffing, funding, and reporting since the last classification. If the campus has more than one center coordinating community engagement, describe each center, staffing, and purpose and indicate how the multiple centers interact with one another to advance institutional community engagement. Provide relevant links that support the narrative.

See response to B.2.1

Funding

C.2.1

As evidence provided for your earlier classification, you described internal budgetary allocations dedicated to supporting institutional engagement with community.

For re-classification, describe what has changed, if anything, with the internal budgetary allocations since the last classification.

Evidence of institutional commitment to community engagement is a \$2.3 million Prevention Research Center endowment. The endowment interest supports junior faculty and the Center infrastructure dedicated to community-engaged research and related initiatives. This Center uses the lowest indirect cost rate available (off-campus "other sponsored projects" rate) to support the community-mandated requirement that community-based participatory research, training and service be in the community and community-accessible.

Institutional community engagement support has also expanded in 2014 to not only support a Dean salary, but also an Office of Community Engagement (Associate Dean, Assistant Director and Administrative Assistant). The Offices function and activities are detailed at <https://www.msm.edu/Community/>

MSM also made an institutional investment (\$280,000) aligned with its strategic plan, in funding TX TM pilot projects to seed translational community-engaged research. TX TM scholarship is characterized by five practices (see application section 1.2 for full details related to strategic plan and <https://www.msm.edu/StrategicPlan/txscholarship.php>; <https://www.msm.edu/Research/tx-health-equity/index.php>). Two practices explicitly prioritize community engagement as detailed below: Engages the community, from the inception of research concept and/or identifies potential community needs, strengths and implications/impact of research, through community-engaged research partnerships, including but not limited to community-based participatory research (CBPR). Includes adoption and/or adaptation to communities: 1) those who are underserved/at-risk/vulnerable 2) science and 3) practice (clinical, public health, policy).

An example of a funded project is Key Cultural Variables Influencing Mental Health Among Haitians Living in the U.S.

Aims: To assess mental health needs as well as existing community strengths, assets, and resiliencies within Georgia's Haitian/Haitian-American population.

Partners: Haitian Chaplaincy of Georgia, Emory University, International Women of Hope, Haitian-American Chamber of Commerce

Outcomes: Inform development of community- and individual-level interventions to improve mental health outcomes and reduce disparities

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MSM has also enlarged its institutional funding support for community-based teaching. At the time of the previous Carnegie Classification, the first-year medical class consisted of 56 students (now 100 students). Since the number of faculty teaching in the course has increased from 7 to 16, the institutional budgetary commitment has increased from 0.7 FTE to 1.6 FTE. In terms of dollars, this represents an increase from about \$200,000/year to over \$400,000/year in salary and fringe benefits.

Since 2014, institutional investments in Community Engaged Outreach, Research, Clinical and Service totaling \$2.3 Million have been secured. Details and focus areas of some are detailed below:

Diabetes Optimal Health and Wellness Clinic, \$477,000, Addresses health risks by encouraging healthy lifestyle by way of health eating and plan-based diets; HIV/AIDS Prevention, \$283,875, Facilitate partnership with local health department for information dissemination, screenings (ages 14-25) and engages faith community. It also provides stipend for community outreach; Parenting/Family Violence Prevention/School Readiness, \$1,052,786, Engages high risk parents of children ages 0-5, 6-14 in a peer led, community based 8 or 12 week quality parenting program; PASS Teen Pregnancy Prevention, \$150,000, provides tutoring and other teen activities in Fulton County; Community Health Workers, \$300,000, Community Health Workers are trained in chronic disease prevention and control, leadership, community engagement, etc.

C.2.2

As evidence provided for your earlier classification, you described external budgetary allocations dedicated to supporting institutional engagement with community.

For re-classification, describe what has changed, if anything, with the external budgetary allocations since the last classification.

External budgetary allocations for community engaged funding has expanded to have local, state and national reach. External funds since 2010 that include a community-advisory or governance body totaled over \$25.6 million. The list below is not exhaustive but reflects this expansion and scaling.

2012
Title: Center of Excellence on Health Disparities
Funder: National Institutes on Minority Health and Health Disparities (NIMHD)
Amount: \$4,484,235
Reach and Community Engagement: Urban; Community-Advised
Summary: The Center included three full-scale research projects focused on incarcerated populations and re-entry, parenting education and the effects of second-hand smoke on children. Each project had oversight by the 20-member community dominated Prevention Research Center (PRC) Community Coalition Board (CCB).

2012
Title: Clinical and Translational Science Award - Community Engagement Program (CE)
Funder: National Center for Advancing Translational Science
Amount: \$3,500,000
Reach and Community Engagement: Urban and Rural; Community-Governed
Summary: The Georgia Clinical & Translational Science Alliance is an inter-institutional (Morehouse School of Medicine, Emory University, University of Georgia and Georgia Institute of Technology) translation research magnet. The CE, led by Morehouse School of Medicine, supports community-university research partnerships and programs, and trains investigators in principles of CBPR.

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2013

Title: Using Quality Parenting to Address Health Inequities

Funder: NIHMD

Amount: \$712,707

Reach and Community Engagement: Urban; Community Governed

Summary: Partnership between the Satcher Health Leadership Institute, the PRC and neighborhood residents and organizations in Atlanta to employ a CBPR approach to design peer-led, parenting intervention to reduce the prevalence of obesity among children ages 6-14 and their families.

2014

Title: Georgia Strategic Alcohol Prevention Project

Funder: Georgia Department of Behavioral Health Development Disabilities

Amount: \$200,000

Reach and Community Engagement: Rural; Community-Governed

Summary: A multi-year state prevention contract to address underage and binge drinking among those aged 18 to 26 in three rural Georgia counties. This collaborative successfully developed a data-driven strategic plan to address underage and heavy/binge drinking in middle Georgia.

2014

Title: Prevention Research Center (PRC)

Funder: Centers for Disease Control

Amount: \$18,400,000

Reach and Community Engagement: Urban; Community-Governed

Summary: The PRC's CCB includes a community-majority that functions as a policy-making board and develops a strategic plan achieving its community-based participatory research (CBPR) objectives.

2015

Title: Teenage Pregnancy Prevention Initiative

Funder: Office of Adolescent Health

Amount: \$1,249,999

Reach and Community Engagement: Urban/Rural; Community Advised

Summary: A five-year prevention grant to address teenage pregnancy in five diverse Georgia counties, rural and metropolitan.

2018

Title: Center for Translational Research in Health Disparities

Funder: National Institute for Minority Health and Health Disparities

Amount: \$21,478,330

Reach and Community Engagement: Urban; Community-Governed

Summary: Center designed to implement multidisciplinary translational teams to research health disparities with communities. The PRC CCB is the required Community Engaged Core interfacing with projects.

C.2.3

As evidence provided for your earlier classification, you described fundraising directed to supporting community engagement.

For re-classification, describe what has changed, if anything, with fundraising activities since the last classification.

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Fall 2016, Morehouse School of Medicine embarked on a \$150-million Comprehensive Campaign called the Morehouse School of Medicine: IMPACT Campaign. We are expanding our offering of degrees. We are translating research and discovery into health. We are producing medical professionals who are capable, culturally competent, and community-focused—the kind of practitioners this country needs most—while staying true to our vision of creating and advancing health equity. Currently, we are in the first phase and as of April 2019, had reached 80 percent of that goal. Campaign strategic initiatives were developed following key informant interviews designed to identify the strengths and opportunities of research, clinical education and service pillars of the school. The Associate Dean for Community Engagement was engaged in this planning process, along with department, center, institutes and institutional stakeholders. A cross-cutting priority, among campaign strategic initiatives, is community service, as detailed below:

*Education Model - Recruit diverse population of student learners and produce highly capable, socially conscious medical doctors and healthcare professionals.

*Pipeline Initiative - Engage and inspire K-12 students and undergraduates from underserved communities to pursue careers in medical sciences and healthcare.

*Research Excellence - Examine how MSM core research areas of focus (cancer, HIV and infectious diseases, neuroscience and cardiovascular diseases) correlate with, address, and meet societal concerns and improve the health status of communities locally, regionally, and beyond.

*Clinical Innovation and Impact - Sustain and expand transformational clinical innovations and reach higher levels of impact through private support.

*Community Service - Develop strategic and synergetic ways to serve the greater community with an emphasis on underserved populations.

To date, the institution has raised approximately \$2.5 million towards the \$3.4 million goal Community Service campaign goal.

C.2.4

As evidence provided for your earlier classification, you described ways in which the institution invest its financial resources externally in the community for purposes of community engagement and community development? Describe the source of funding, the percentage of campus budget or dollar amount, and how it is used. Provide relevant links related to the results of the investments, if available.

Community-Campus Safety Investment. The Atlanta University Center partnered with the City of Atlanta and the Atlanta Police Foundation in 2016 to install an additional 35 security cameras in the AUC and surrounding neighborhoods. The \$300K joint investment with the city and AUC schools (Morehouse School of Medicine, Spelman University, Clark Atlanta University and Morehouse College) is critical to continued security support of students, faculty, and staff and the Westside community (Atlanta University Center Neighborhood Association). While less than 5% of the annual budget this exponential necessary investment is a priceless response to community-campus needs for safety and security.

Lee Street Expansion. November 2017, Morehouse School of Medicine (MSM) announced a partnership with local real estate development firms Carter and Oakwood Development to construct and manage a new gateway to the Atlanta University Center in Atlanta's Historic West End. Together, they will design concepts and manage the planned 7.2-acre mixed use real estate development, including housing, health and wellness, and retail for students, faculty and staff and surrounding communities.

During the 2016-2017 planning phase, institutional leadership conferred with the Associate Dean for Community Engagement to discuss a neighborhood resident engagement strategy to identify approaches central to ensuring community voice, feedback and ongoing communication related to perceived barriers, utility

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and value associated with this potential investment. A community-engagement mindset necessitated communication and engagement with City of Atlanta Neighborhood Planning Units (NPU, www.atlantaga.gov/index.aspx?page=739). The Associate Dean of Community Engagement and the President and Dean also conferred, together, with the NPU T Community Resident Chair to discuss the approach and potential value of the initiative (NPU T represents the communities directly surrounding and accessing Lee Street, the site of the proposed expansion). Institutional leadership and the real estate developer also met with the AUC Neighborhood Association. The expressed value of the project, in large part, outweighed concerns, which will continue to be prioritized through ongoing community engagement strategies.

This \$60M expansion and investment represents response to a Morehouse School of Medicine Community Health Needs and Assets Assessment conducted by the Prevention Research Center among Metropolitan Atlanta Residents. The majority (10 of the 11 of neighborhoods within 31 census tracts) assessed are food deserts and community residents prioritized cardiovascular disease and diabetes as issues they lived with or saw experienced most frequently (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5977395/#!po=50.0000>; https://www.msm.edu/Research/research_centersandinstitutes/PRC/documents/2012-2013CHNA-Assessment.pdf.)

The wellness facility will provide MSM students, employees and the community access to with programming detailed below:

- *Group exercise and individual programs as offered at other YMCA branches

- *25+/- Group Exercise classes each week depending on demand

- *State of the art wellness equipment for functional, strength training and cardio workouts, with programming to include:

The MSM Health Clinic and Fitness Center will provide the latest wellness equipment for functional, strength training and cardio workouts, with programming to include:

- *Chronic Disease Management (e.g. Diabetes Prevention, Blood Pressure Self-Monitoring, Weight Management)

- *Access to Y's community partners: Good Measure Meals, Winship, Shepherds, PD Gladiators (Parkinson's), Veterans Administration

- *Professionally staffed, trained and certified Wellness Coaches, Group Exercise Instructors and Personal Trainers

Web references:

<https://saportareport.com/morehouse-school-medicine-plans-50-million-expansion/>

<http://webcampub.multivista.com/index.cfm?fuseaction=aPublicWebcam.page&WebcamPublicPageUID=2AB1C00A-E134-4287-8D6A-978F3277342A>

<https://www.msm.edu/RSSFeedArticles/October2018/leestreetgroundbreaking.php>

C.2.5

Do the business operations of the campus as an anchor institution, align with local economic and community development agendas through hiring, purchasing, and procurement in a way that contributes to an institutional commitment to community engagement?

Yes

C.2.5.a

Please describe business operation practices tied to the local community:

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MSM is a historically black institution, is one of 5 members of a consortium of co-located historically black academic institutions (the Atlanta University Center) and is situated in a predominantly black community (Atlanta's West End and Neighborhood Planning Unit T). It supports the promotion of minority enterprises and minority hiring, collaborates in this regard with the other members of the AUC, and through participation in NPU T, is engaged in community development and community planning. (See Funding, Section 2.3, Lee Street Expansion)

Tracking, Monitoring, and Assessment

3. Provide narratives addressing the following:

3.1

How does the institution maintain systematic campus-wide tracking or documentation mechanisms to record and/or track engagement with the community? Who is responsible for gathering data, how are the data managed, how often is it gathered, and how are the data used? What changes are apparent in this data since the last classification? What tracking or documentation mechanisms does the campus still need to develop? Provide relevant web links.

There are two primary mechanisms through which the institutional records and tracks documents engagement with the community. In 2016 Office of Community Engagement (OCE) conceptualized the Community Engagement Inventory (CEI). The purpose of the effort was and is to sustain a internal comprehensive database of all community-engaged initiatives (CEIs) in the areas of research, service, training (current MSM learners), educational outreach (non-MSM learners, including pipeline programs) and clinical services. Products and initiatives that will emanate from the inventory will include:

- *A centralized and regularly updated searchable database on the leaders, roles, relationships and reach of CEIs towards improved collaboration, partnership development, reduced duplication and strengthened community presence

- *Detailed reporting of CEIs listed by geographic area

- *Geographic Information System (GIS) mapping that visually depicts the reach of MSM CEIs in the State of Georgia and beyond

to generate information for marketing materials, identification of award recipients, etc.as background for grant proposals and other fundraising

Second, in 2017, the OCE, the Morehouse School of Medicine Evaluation and Institutional Assessment, the Office of Sponsored Research Administration and strategic plan aligned the Tx TM Working Group administered the Tx Faculty Survey. The purposes of the survey were 1) to assess the landscape of Morehouse School of Medicine faculty towards identification of community-engaged research expertise, related specialties, interests and points of collaboration and 2) to assess and track TX TM scholarship. Information is used assess the breadth and depth of TX TM scholarship and to develop an internal repository towards identification of research leaders and to support research partnership development towards advancing our institution's vision imperative of Translating Discoveries into Health Equity through community-engaged and partnered research.

3.2

Describe the mechanisms used for systematic campus-wide assessment and measurement of the outcomes and impacts of institutional engagement. Who is responsible for gathering data, how are the data managed, how often is it gathered, and

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how are data used? What assessment and measurement mechanisms does the campus still need to develop? Provide relevant web links.

Both the Community Engagement Inventory and the Tx™ Faculty Survey are administered with institutional endorsement and mandate by both the President and Dean and the Vice President and Executive Vice Dean for Research. They are administered biannually (CEI) or biennially (Tx™ Survey). The Associate Dean for Community Engagement and the Office of Community(OCE) Engagement (support by students, staff and a consultant) are chiefly responsible for data collection and management of the CEI. The OCE, Evaluation and Institutional Assessment Unit, along with the Tx™ Working Group reviews, analyzes, interprets and advances decisions related to the Tx™ Survey. Both surveys are administered through Qualtrics software. The internal database used for real-time updates of the CEI by faculty and staff, institution wide, is google docs.

With respect to areas of further development in our tracking, monitoring and assessment the OCE and the newly established Office of Educational Outcomes and Assessments (2017) will be working together to develop a centralized systems through which we will further establish quality and relative value units associated with all community engagement metrics associated with the strategic plan. This will complement the incomparable existing mechanisms through with we garner rolled out direct engagement and assessment of our outreach and partnership strategies (see Section 3.4).

3.3

What are the current findings from the mechanisms used for systematic campus-wide assessment and measurement: and how are these different from the findings since the last classification?

he mechanisms described in the Tracking, Monitoring and Assessment 3.2 response above did not exist during our last application, therefore there results below are newly established and will be tracked over time. Among respondents to the 2017 Tx™, Community-based or Engagement Research was in the top three types of research conducted. When faculty were asked whether they directly engaged with community residents for their research, 35.1% said Yes. When asked to indicate potential research collaborators, by type, with whom you would like to develop translational, interdisciplinary research partnerships 34% indicated an interest in community-engaged or participatory research. Just under half (47.7%) indicated that they convene interdisciplinary research teams. Administration of the 2017 OSRA/Tx™ Working Group Survey has yielded early and ongoing utility with corresponding next steps that advance its broader utility to faculty across campus. First, the demonstrable benefit and corresponding collaboration has been evident through recurring request and queries toward assembly of faculty, by research expertise and specialty. These survey data has also been used to convene research think tanks, research development groups, as well as meetings with federal and non-federal funders. To assess the breadth and depth of Tx™ (community-engaged research collaborations), existing interdisciplinary teams (51%) will participate in conversations to facilitate understanding of the community-engaged contexts associated with their research collaborations as well as the partnerships represented through their work. A password protected database accessible MSM faculty will be developed, based on the Tx™ survey in response to the frequently cited request and challenge of not having a centralized resource for the identification of community-engaged research partners.

The Community Engagement Inventory has established the reach of community engagement investments (both internally and externally funded) related to the research, educational, service and clinical enterprises of Morehouse School of Medicine (MSM). Of particular note by the Community Engagement Committee (representative of all departments, institutes, centers and offices of the institution) is the potential value of being able to visualize this data through GIS mapping, since the zip codes, counties and census tracts of activity are required fields of entry. Further, the innovation of being able to identify existing and independently established social services and health promotion organization in the community are valuable mechanism toward

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ensuring that MSM teams do not reinvent, but, rather, leverage existing collaborations.

3.4

Are there mechanisms for defining and measuring quality of community engagement built into any of the data collection or as a complementary process?

Yes

3.4.a - Describe the definition and mechanisms for determining quality of the community engagement. How is quality determined?

Assessment of the quality of community-engaged is currently gauged by direct assessment and feedback from community partners and patients as defined below:

*Patient satisfaction questionnaires distributed at our Comprehensive Family Health Center, at Morehouse Medical Associates (our faculty practice), and the Neighborhood Health Centers at which our clinical faculty practices

*Review of our community-based research projects by our Prevention Research Center's Community Coalition Board.

*Feedback from the Community Advisory Board for our Clinical Research Center

*Feedback from community liaisons at each of the sites for our service learning course in community health

*The Academic Policy Council (APC), chaired by the MSM Dean, establishes academic policy for all programs of the School of Medicine. The three standing Committees for the MPH Program (Admissions, Curriculum and Student Academic and Progress Committees) are subcommittees of the Graduate Education in Public Health (GEPH) committee, which reports to APC. Additionally the Program has an external Advisory Board, composed of constituents from federal, state and local public health agencies, and community representatives.

Since the data are of different types (questionnaires, narrative statements, interview), they are administered through difference mechanism and response strategies. Further, they are designed to be responsive to specific pillars of our institutions community engagement arms, research, clinical, serve and educational. See details below:

*Patient satisfaction: Adjustments are made to the process of patient care according to recommendations made by patients.

*Prevention Research Center Community Coalition Board: The Center's Community Coalition Board (CCB) reviews all proposed community-based research projects and makes recommendations for change, or can veto a project (although the board has never exercised this veto). The CCB Satisfaction Survey is administered annually. More than an assessment that sits on shelf or in a virtual file, this tool is used to provide an evidence based for strategic action planning. It advises inform academic accountability towards annual reflection of the pulse, temperature and relationship between the academic (faculty and staff at Morehouse School of Medicine) and the community (residents, organizations and agencies) that serve on the board.
(https://www.msm.edu/Research/research_centersandinstitutes/PRC/documents/ccb-survey.pdf?v=2)

*A Community Health Needs Assessment is conducted at least once every four years. A community-based participatory approach is designed to use this tool to 1) identify the health needs, priorities, and perceptions to inform research and intervention implementation, and (2) use recommendations for planning and implementing research projects, disease prevention activities, health promotion outreach, and evaluation initiatives in support

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of a community-based participatory research (CBPR) agenda.

(https://www.msm.edu/Research/research_centersandinstitutes/PRC/documents/2012-2013CHNA-Assessment.pdf)

*Clinical Research Center Community Advisory Board: In a similar fashion, this board provides feedback to clinical research scientists about the community view of their research.

*Community Liaisons: These individuals provide feedback to either or both of the Course Coordinator and the faculty supervisor at the community site. Ultimately the community liaisons "vote with their feet;" if our contribution to the site is inadequate or negative, they could ask us to leave, or not to come back the next year.

3.5

Outcomes and Impacts on students

Describe one key finding from current data and indicate how you arrived at this finding:

We found that the implementation of a required rural clerkship increased the percentage of graduating students stating an intention to practice in an underserved rural community. This information was collected and analyzed by examining the Graduation Questionnaires completed by every student at the end of the senior year.

An article about Morehouse School of Medicine's rural commitment was recently published by Rural Health Quarterly. "The school has increased its outreach efforts, especially through pipeline programs targeting high schools and colleges in rural areas. In addition, Morehouse has fostered an alliance with the Area Health Education Centers (AHEC) in Georgia, a network of programs designed to distribute medical students and doctors to underserved areas. Through AHEC and its network of alumni, Morehouse partners with rural physicians willing to take on medical students for their rotations."

There is substantial literature documenting the benefit to communities and society from primary care, increased access in underserved communities, and more minority physicians. Some examples help shed light on the MSM contributions, such as the stories of the many MSM graduates who have settled in underserved communities. But in addition to essential patient care, MSM grads play a leadership role in advancing community health. For instance, MSM alumna and pediatrician Dr. Angela Martin has helped lead the struggle in Anniston, Alabama to gain environmental justice for the Black community that has suffered from years of chemical dumping by the town's former Monsanto plant. At the state level, MSM alumna and pediatrician Dr. Michelle Staples-Horne has served for 20 years as the first Medical Director of Georgia's Juvenile Justice System, overseeing health care for over 34,000 youth. At both the local and national level, Dr. Regina Benjamin, who was a member of MSM's second class, established a family practice in the tiny Alabama town of Bayou La Batre, and later became U.S. Surgeon General.

3.6

Outcomes and Impacts on faculty

Describe one key finding from current data and indicate how you arrived at this finding:

Community-engaged faculty are competitively sought after, locally, across the state and the nation as leading experts in community-engaged research, teaching, research and clinical care as demonstrated by the increase in their grant awards for related community-advised or governed intervention strategies (see Funding 2.2). Leadership posts are far-reaching and include but are not limited to National Institutes of Health (councils, study sections and domain task forces), the American Association of Medical Colleges, the Association of Schools and Programs of Public Health, the Centers for Disease Control and Prevention, The American Public

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Health Association.

3.7

Outcomes and Impacts on community

Describe one key finding from current data and indicate how you arrived at this finding:

Health 360x is a mobile health application and social platform that integrates self-monitoring and decision support for preventive health developed by the MSM Clinical Research Center. Health coaches were trained on the Health 360x curriculum, adapted from the American Association of Diabetes Educators (AADE) Community collaborators and leaders from partner churches served as health coaches, promoting participation as either health coaches or study participants. 4-6 Independent physician practice members of the MSM Community Physicians Network were invited to join the study with each enlisted practice identifying a physician champion and a health coach within the practice. The health coaches were trained and certified using a program designed by the AADE for staff at the point of care of diabetes. Additional health coach training was provided on the use of the structured goal setting and counseling tool, and technical training for web access to assist study participants. All diabetic patients in each practice were identified using the ICD-10 codes for diabetes mellitus. The intervention included weekly coaching with 15 to 20 study participants for 12 weeks and as well as facilitation of online peer networking. Participants were encouraged to continue to log onto the website and join informal peer support groups. Blood pressure, physical activity, and blood glucose showed significant improvement at 12 weeks and 12 months compared to baseline.

Web references: <https://www.ncbi.nlm.nih.gov/pubmed/22102311>,

<https://www.ncbi.nlm.nih.gov/pubmed/30166716>, <https://www.ehealthystrides.org>

3.8

Outcomes Impacts on institution

Describe one key finding from current data and indicate how you arrived at this finding:

Community engagement is a signature feature of Morehouse School of Medicine. Because of our reputation as a national leader in this area, we were selected to lead the Community Engagement Core of the Atlanta Clinical and Translational Institute (ACTSI, 2012-2017), the Atlanta version of the NIH-funded Clinical and Translational Science Award. In 2017 we continued leadership of the Community Engagement core for the Georgia Clinical and Translational Science Alliance (expanded CTSA to include the University of Georgia) and begin leadership of the Integrated Special Populations Core. Emory University leads the other 7 CTSA cores and programs. Since 2010, the school has been recognized repeatedly for its community-oriented initiatives in teaching, research, and service. It received the Healthcare Georgia Foundation's 2010 Joseph D. Greene Community Service Award for continued extraordinary commitment to improving the quality of health and healthcare; two awards from the Centers for Disease Control for outstanding community-based participatory research (2010 and 2011). 2016 dawned acknowledgement of our leadership in community engagement by The Josiah Macy Jr. Foundation Award for Institutional Excellence in Social Mission in recognition for "their vision of health equity, their commitment to community, and their success in educating a growing cadre of diverse leaders in medicine and the health sciences. MSM centralized efforts to providing STEAM training, mentoring and exposure to underserved elementary school students and to concurrently advance the skills, capacities of teachers, and parents resulting in being honored by Atlanta Public Schools System as the 2016 and 2017 Washington Cluster Partner of the Year Awards, as well as the 2016 School-Based Partner of the Year Award.

3.9

In the past 5 years, has your campus undertaken any campus-wide assessment of community engagement aimed at

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advancing institutional community engagement?

Yes

3.9.a - Describe what was the nature of the assessment, when was it done, and what did you learn from it.

Institution-wide assessments are recurring and were previously detailed in the Tracking, Monitoring and Assessment section.

Professional Development

4.1

As evidence provided for your earlier classification, you described the ways the institution offers professional development support for faculty in any employment status (tenured/tenure track, full time non-tenure track, and part time faculty), staff, and/or community partners who are involved with campus-community engagement.

For re-classification, describe what has changed, if anything, with professional development for community engagement.

How have the content, program, approaches, or audience for professional development changed since the last Carnegie classification? What have been the results?:

The institution has had a faculty development program for about 29 years that primarily focuses on improving teaching skills; nearly all the faculty trained through this program work in community-based settings such as the Family Practice Center. Since the program has gained a national reputation, many of the participants come from institutions other than Morehouse School of Medicine to participate. In addition, faculty are routinely supported to attend local, regional, national and international meetings that relate to their community engaged research, educational and clinical leadership or professional development. The Office of Faculty Affairs and Development (OFAD) was initiated in 2012 and fully developed in 2013. The OFAD currently supports and/or endorses >20 institutional faculty development resources (see Document #1 – MSM Faculty Development Opportunities-<https://drive.google.com/file/d/1XJ3W3GzkaGqmCbLrmziYH3QyCDHfA36t/view?usp=sharing>).

In addition to faculty who are competitively selected and sponsored toward participation in external professional development venues facilitated by the American Association of Medical Colleges (AAMC), Executive Leadership in Academic Medicine (ELAM®), and Harvard Macy, OFAD has consistently partnered with all departments to be responsive to community-engaged faculty professional development and leadership towards participation in meetings including but not limited to National Initiative On Gender, Culture And Leadership In Medicine Fellowship: C – Change, The Association of Teachers of Preventive Medicine, and the American Public Health Association.

4.2

In the context of your institution's engagement support services and goals, indicate which of the following services and opportunities are provided specifically for community engagement by checking the appropriate boxes.

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Employment Status	Tenured or tenure track	Full-time non-tenure track	Part time	Professional staff
Professional development programs	Yes	Yes	Yes	Yes
Facilitation of partnerships	Yes	Yes	Yes	Yes
Student teaching assistants	Yes	Yes	Yes	Yes
Planning/design stipends	Yes	Yes	Yes	Yes
Support for student transportation	Yes	Yes	Yes	Yes
Eligibility for institutional awards	Yes	Yes	Yes	Yes
Inclusion of community engagement in evaluation criteria	Yes	Yes	Yes	Yes
Program grants	Yes	Yes	Yes	Yes
Participation on campus councils or committees related to community engagement	Yes	Yes	Yes	Yes
Research, conference, or travel support	Yes	Yes	Yes	Yes
Other				

G.2.1 If Yes to "Other": Please describe other support or services:

-- empty or did not respond --

Faculty Roles and Rewards

5.1 Does the institution have search/recruitment policies or practices designed specifically to encourage the hiring of faculty in any employment status (tenured/tenure track, full time non-tenure track, and part time faculty) and staff with expertise in and commitment to community engagement?

No

5.1.a Describe these specific search/recruitment policies or practices and provide quotes from position descriptions:

There are no formal written search/recruitment policies other than those required by law (for instance, non-discrimination policies). However, since community engagement is a signature feature of the institution, we attempt to ensure that important searches include a commitment to community engagement as a requirement of the position. For instance, since our last application, we were exponentially successful in the search and installation of a new Dean (2011) and first President and Dean, Valerie Montgomery Rice, MD (2014 to present). The position description included statements such as "Experience in a community-based medical school and a thorough understanding of the unique community driven challenges and opportunities is desired;" and "(the Dean) provides hands-on leadership and guidance over the education, research, patient care, and community health programs of the school." Per her

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leadership statement, annual addresses, institutional support and leadership galvanized our institution towards significantly elevated local, state, national and global reputation in effective community and patient engagement and the recruitment of faculty (clinical and research) that reflect, live and serve with a commitment to community and patient population partnership, empathy and collaboration. The Associate Dean for Community Engagement is the Principal Investigator of the Prevention Research Center, the institutionally designated Center leading community-engaged clinical and translational research, community-based participatory research, related trainings and education, among others at Morehouse School of Medicine. In 2014 this role was bolstered through additional personnel and non-personnel support to ensure institutional infrastructure for this organizational priority. Since of last application, Herman Taylor, MD, MPH, was successfully recruited to lead the Cardiovascular Research Institute in 2014. His dossier represents a sustained track record in population health research and community engagement applied to many research and clinical initiatives including but not limited to the Jackson Heart Study. The priorities of the CVRI explicitly emphasize community engagement and the integration of translational approaches to address and reduction racial/ethnic disparities (https://www.msm.edu/Research/research_centersandinstitutes/CVRI/CVRIDirectorsLetter.pdf; https://www.msm.edu/Research/research_centersandinstitutes/CVRI/aboutus.php). In 2015, Brian Rivers, PhD, MPH was recruited to lead the newly designate Cancer Health Equity Institute. His background in successful community-based cancer research is harnessed to lead and collaborate in initiatives designed to actively engaged with communities by partnering with community leaders, providing education/resources, and increasing linkages to care (<https://www.msm.edu/cancerhealthequityinstitute/outreach.php>).

5.2

In the period since your successful classification, what, if anything, has changed in terms of institutional policies for promotion (and tenure at tenure-granting campuses) that specifically review, evaluate, and reward faculty scholarly work that uses community-engaged approaches and methods? If there are separate policies for tenured/tenure track, full time non-tenure track, and part time faculty, please describe them as well.

Promotion is based on contributions in the area of teaching, service, and scholarly activity, including research. The guidelines for promotions with respect to these academic endeavors are found in Appendix XI of the MSM Faculty Bylaws, pages 6-10 (Appendix XI – Faculty Appointment and Promotion Process and Policies - https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing). Community-based research is as valued as other types of research and is measured similarly -- primarily grants and publications. This is a common type of research at Morehouse School of Medicine. In addition, community service is recognized as a type of clinical service. Most faculty who pursue community service extensively are in the Department of Community Health and Preventive Medicine, where the department philosophy identifies the community as our patient. Hence community service is given the same weight in promotion decisions as is clinical service for practicing physicians. This has not changed since the last application.

5.3

If current policies do not specifically review, evaluate and reward community engagement, describe the work in progress to revise policies specifically for tenured/tenure track, full time non-tenure track, and part time faculty promotion to ensure a full and fair review and assessment of faculty scholarly work that uses community-engaged approaches and methods.

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See responses above

5.4

Since your previous classification, have there been any changes in the institution-wide definition of faculty scholarly work that uses community-engaged approaches and methods?

No

5.4.a

Describe and identify the policy or other document where this appears and provide the definition.

We recognize the scholarship of discovery and the scholarship of integration as research, whether conducted in the community, the hospital, or the laboratory. We recognize the scholarship of application and of engagement as service, regardless of site; and, similarly, we recognize the scholarship of teaching regardless of site. In other words, community-engaged scholarship is not classified separately from other kinds of scholarship; to do so would likely place community-engaged scholars at a disadvantage. Rather, we recognize research, service, and teaching regardless of where they are performed. This has been consistently the case since the school's founding and has not changed since the last application.

5.5.1 Institutional Level

Please provide link(s) to text of current policies which describes how community-engaged approaches are conceptualized and evaluated in faculty promotion and tenure (at tenure granting institutions) review and reward processes or a narrative describing how these policies and processes are implemented. Provide links to policies specifically for tenured/tenure track, full time non-tenure track, and part time faculty.

5.5 a Community engagement is rewarded as a form of teaching

Yes

5.5 a Teaching

Provide link or descriptive text

-- empty or did not respond --

5.5 b Community engagement is rewarded as a form of research

Yes

5.5 b Research

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Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

5.5 c Community engagement is rewarded as a form of service

Yes

5.5 c Service

Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

5.5.2 School/Division

5.5.2 a Community engagement is rewarded as a form of teaching

Yes

5.5.2 a

Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

5.5.2 b Community engagement is rewarded as a form of research

Yes

5.5.2 b

Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

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5.5.2 c Community engagement is rewarded as a form of service

Yes

5.5.2 c

Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

5.5.3 Department

5.5.3 a Teaching

Community engagement is rewarded as a form of teaching

Yes

5.5.3 a

Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

5.5.3 b Community engagement is rewarded as a form of research

Yes

5.5.3 b

Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

5.5.3 c Community engagement is rewarded as a form of service

Yes

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5.5.3 c

Provide link or descriptive text

The guidelines are found in Appendix XI of the MSM Faculty Bylaws, Faculty Appointment and Promotion Process and Policies

-https://drive.google.com/file/d/1Tm4PXR1dVJJEm8TIYQJEUWSjtyI_oTep/view?usp=sharing

5.5

Provide narrative describing the implementation of these policies and processes:

We recognize the scholarship of discovery and the scholarship of integration as research, whether conducted in the community, the hospital, or the laboratory. We recognize the scholarship of application and of engagement as service, regardless of site; and, similarly, we recognize the scholarship of teaching regardless of site. In other words, community-engaged scholarship is not classified separately from other kinds of scholarship; to do so would likely place community-engaged scholars at a disadvantage. Rather, we recognize research, service, and teaching regardless of where they are performed.

5.6

If there are college/school and/or department level policies for promotion (and tenure at tenure-granting campuses) that specifically reward faculty scholarly work that uses community-engaged approaches and methods, describe the policies, and indicate whether they are for tenured/tenure track, full time non-tenure track, and part time faculty in reappointment or promotion considerations.

Policies for promotion at the level of the Department of Community Health & Preventive Medicine do not distinguish community scholarship from other types. However, the department Policies for Promotion manual offers the following:

Examples of activities to be taken into consideration for evaluation are listed in the institutional Process and Policies Manual. Additional activities are listed below:

Superior Activities

- *Receive a community or public service award or recognition from a statewide, national or international agency or organization
- *Serve as an elected officer in local service agencies
- *Serve on the board of directors of a state or national nonprofit organization
- Initiated a new service needed by the community

Excellent Activities

- *Receive a community or public service award or recognition from a local organization
- *Serve on the board of directors for a local nonprofit organization
- *Chair a committee for a local or state organization
- *Serve as the faculty advisor to a student service organization
- *Mentor or supervise students in extracurricular service projects

Good Activities

- *Serve as a volunteer for a local community organization

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5.7

List the colleges/schools and/or departments.

Community Health & Preventive Medicine

5.8

What percent of total colleges/schools and/or departments at the institution is represented by the list above?

16% however this is the largest department among 6

5.9

Please cite three examples of college/school and/or department-level policies, taken directly from policy documents, that specifically reward faculty scholarly work using community-engaged approaches and methods; if there are policies specifically for tenured/tenure track, full time non-tenure track, and part time faculty, please cite one example.

See 5.6 above.

5.10

Please describe any professional development offerings that your institution provides for faculty and administration to facilitate consistency in approaches to the documentation, review, and evaluation of community-engaged scholarly work as an aspect of promotion and tenure (at tenure granting institutions) processes.

While no professional development offerings exist, community-engaged faculty and staff are actively involved in all institutional approaches designed to develop review and evaluate community-engaged scholarship. They are intentionally not only engaged, but positions to often lead committees related to research RVUs, institutional faculty appointment and promotion committees, the Research Advisory Committee, and the social and behavioral research institutional review board, to ensure the accurate positioning of community scholarship as an aspect of promotion and tenure.

Categories of Community Engagement

A. Curricular Engagement

Curricular Engagement describes the teaching, learning, and scholarship that engages faculty, students, and community in mutually beneficial and respectful collaboration. Their interactions address community identified needs, deepen students' civic and academic learning, enhance community well-being, and enrich the scholarship of the institution.

The questions in this section use the term "community-engaged courses" to denote academically based community-engaged courses. Your campus may use another term such as service-learning, academic service learning, community-based learning, public service courses, etc.

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A.1 Teaching and Learning

As evidence provided for your earlier classification, you described an institution-wide definition community engaged courses used on campus.

A.1.1

For re-classification, describe what has changed, if anything, with the definition of community engaged courses and explain the purpose of the revisions.

No changes have occurred in community engaged course definitions

A.1.2

If there is a process for identifying or approving a community engaged course as part of a campus curriculum, explain the process; if there have been changes in that process since the last application, please explain the changes.

All courses are reviewed and approved first at the departmental level and then by the institutional Curriculum Committee. In addition:

The Master of Public Health Program's Curriculum Committee approves its courses. To assure community relevance, Community-Academic Partners are members of the committee.

A.1.3

Fill in the tables below using:

- data from the most recent academic year (2017-18)
 - data based on undergraduate FTE
 - Percentage = when asked use decimal input, e.g., don't use .9 or .2, use instead 90% or 20%
-

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Number of community engaged courses	Change in number of courses since last application	Percentage of total courses	Percent change in courses since last application
7	6	7	700%
Number of departments represented by community-engaged courses	Change in number of departments since last application	Percentage of total departments	Percent change in departments since last application.
3	2	9	200
Number of faculty who taught community engaged courses	Change in number of faculty since the last application	Percentage of total faculty	Percent change in number of faculty since last application
16	9	4	129
Number of tenured and tenure-track faculty who taught community engaged courses	Change in number of tenured and tenure-track faculty since the last application	Percentage of total faculty	Percent change in number of tenured and tenure-track faculty since last application
12	9	10	5
Number of full-time, non tenure-track faculty who taught community engaged courses	Change in number of full-time, non tenure-track faculty since the last application	Percentage of total faculty	Percent change in number of full-time, non tenure-track faculty since last application
12	9	10	5
Number of part-time faculty who taught community engaged courses	Change in number of part-time faculty since the last application	Percentage of total faculty	Percent change in number of part-time faculty since last application
N/A	N/A	N/A	N/A
Number of students participating in community engaged courses	Change in number of students since last application	Percentage of total students	Percent change since last application.
164	56	25	79

1.4

Provide a description of how the data above is gathered and used (how it is compiled, who gathers it, how often, how it is used, etc.). Provide relevant links.

Each department or unit within a department reports community-engaged activities to the Associate Dean for Community Engagement (Akintobi).

1.5

As evidence requested for your earlier classification, you were asked whether you have institutional (campus-wide) learning outcomes for students' curricular engagement with community.

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For re-classification, describe what has changed, if anything, regarding assessment of institutional learning outcomes associated with curricular engagement. What are the outcomes, how are these outcomes assessed, and what are the results of the assessment? Provide relevant links.

No change since earlier classification: learning outcomes are specified for individual courses and clerkships.

2. Curriculum

For each curricular activity listed below, indicate whether or not community engagement is integrated into it, and then describe what has changed since the last classification. Provide relevant links if available.

Curricular Activity: 2.1 Student Research

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	Medical Student Summer Research Experience. The Medical Student Summer Research Experience offers competitively selected rising second year MSM medical student applicants the opportunity to participate in scientific research (from basic laboratory to social behavioral) with nationally renowned researchers, mentors and clinical scientists at their home institution. This paid summer program is designed to increase interest, and support towards the development and preparation of careers in academic medicine that aligned with the institutional mission of serving the underserved and advancing health equity. Initially focused primarily on biomedical research experiences, infusion of The Summer Scholars in the Community (SSiC) expands the program through broadened understanding and expertise in working with communities. SSiC Scholars participate in weekly didactic and experiential activities addressing community health skills, social determinants of health and health equity sensitivity and response strategies. They also participate in scheduled activities designed to advance skills in community needs assessments. All students work with their research towards the preparation and submission of a research abstract and a presentation at the end of the program as well as to a professional organization or society
Web Link (if available)	

Curricular Activity: 3.1 Student Leadership Courses

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	See description of QEP, developed and implemented since last submission (Institutional Identity and Culture, Response 1.2)
Web Link (if available)	

Curricular Activity: 4.1 Internships/Co-ops

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Is Community Engagement integrated into this area?	No
What has changed since the last classification?	N/A
Web Link (if available)	

Curricular Activity: 5.1 Study Abroad

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	Students' global health clinical, educational, service and research experiences have expanded since last classification. Since 2008, MSM has sent students and staff to Haiti, making MSM the first HBCU medical school to conduct medical mission trips. Students have since visited and served through similar medical missions service in Karansi, Tanzania. Several students conduct research with faculty in Ghana. Lusaka, Zambia has also been a site for practicum placement for MSM students.
Web Link (if available)	

Curricular Activity: 6.1 Alternative Break tied to a course

Is Community Engagement integrated into this area?	No
What has changed since the last classification?	N/A
Web Link (if available)	

Curricular Activity: 7.1 Other. (Please specify in the "What has changed..." text box to the right.)

Is Community Engagement integrated into this area?	
What has changed since the last classification?	
Web Link (if available)	

2.1.

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For each curriculum area listed below, indicate whether or not community engagement been integrated into the curriculum at the institutional level, and then describe what has changed since the last classification. Provide relevant links if available.

Curriculum: 2.1 Core Course

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	All of the courses described in the sections that follow are required (core) courses for the MD, MPH, MSCR or MSM programs.
Web Link (if available)	

Curriculum: 3.1 General Education

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	Nothing
Web Link (if available)	

Curriculum: 4.1 First Year Experience Courses

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Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	The Doctor of Medicine (MD) Community Health Course. To meet the growing needs of communities with increased chronic conditions, decreased healthcare access, and changing sociocultural environments, there is a critical need for community-oriented physicians equipped with the skills to attend to the health of underserved populations. The MSM Community Health Course (CHC) was designed to develop community-oriented physicians with the empathy and tools needed to care for diverse populations that address the social determinants of health to achieve health equity. The CHC is a required course that provides didactic and hands-on instruction to all first-year medical students with the guidance of over 20 interprofessional faculty members with backgrounds in medicine, public health, patient advocacy, policy, academia and federal service. Students are also organized into groups and assigned to community organizations for a half-day per week through the year (two semesters from August to April). Among projects to which student have been assigned are those serving urban youth, seniors, and homeless persons in settings that include elementary schools, afterschool programs, senior residential facilities, and a homeless shelter for women and children. These organizations partner with MSM students to complete a community needs and assets assessments in the fall semester and to develop, implement, and evaluate interventions in the spring semester. Students who excel in the community health course can also pursue an Honors in Community Service. Students are placed in community practices or clinics in the first-year preceptorship program, the third-year pediatrics clerkship, and the third-year rural primary care clerkship.
Web Link (if available)	

Curriculum: 5.1 Capstone (Senior Level Project)

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	Students who excel in first year community health course can also pursue an Honors in Community Service.
Web Link (if available)	

Curriculum: 6.1 In the Majors

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Is Community Engagement integrated into this area?	No
What has changed since the last classification?	N/A
Web Link (if available)	

Curriculum: 7.1 In Minors

Is Community Engagement integrated into this area?	No
What has changed since the last classification?	N/A
Web Link (if available)	

Curriculum: 8.1 Graduate Studies

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	The Master of Science in Medical Sciences (MSMS) Community Assessment and Health Program Course. The MSMS program is a two-year, non-thesis degree that includes graduate coursework in Biochemistry, Anatomy and Physiology, Neurobiology, Medical Microbiology, Medical Pharmacology, Biomedical Genetics, Epidemiology and Biostatistics. Designed to improve performance and standardized test scores. Beyond these national recognized program features is a course on Community Assessment and Health Program (GEBS 548). GEBS 548 is designed to provide students with the knowledge and skills central to assess and organize communities for health promotion interventions. Students work as teams in select communities and engage in fact-finding activities that lead to the development of a grant proposals based on community assessments that inform responsive implementation strategies. These experiences are designed to provide exposure to real-time community engagement collaboration towards program planning in response to identified priorities, including the development of goals and objectives, a logic model for the proposed intervention with an evaluation component.
Web Link (if available)	

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Curriculum: 9.1 Other. (Please specify in the "What has changed..." text box to the right.)

Is Community Engagement integrated into this area?	Yes
What has changed since the last classification?	<p>Bridges to Health Equity Course. This course, with original support by the National Institutes for Minority Health and Health Disparities, is designed to help learners understand the ways that individual, social, institutional and historical injustice impact health disparities; and provide instruction in the concepts, methods, key issues, and research tools necessary for conducting health equity research, with emphasis on the research frameworks applicable to understanding and intervening in the social determinants of health to achieve health equity. The course provides a platform for interdisciplinary discourse on the impact of the intersection of race/ethnicity, socioeconomic status, gender, sexuality, and environment on how people grow, live, work, and age.</p> <p>There are currently three iterations of the Bridges to Health Equity course. The first, delivered online, is offered over a 12-week semester to graduate students across all MSM academic programs Graduate Education in Biomedical Sciences and Graduate Education in Public Health (MPH). The second iteration is a 4-week Health Equity resident rotation, which delivered as a in person/online hybrid for MSM residents across all the residency programs. We have also tailored a third 4-session iteration of the course that has been offered to high school and college students who participate the MSM summer programs. The course has also been selected as one of ten priority foundational courses for the recently funded for Massive Open Online Courses (MOOCs) across all Georgia CTSA partner academic institutions (Emory University, Georgia State University, Morehouse School of Medicine and University of Georgia).</p>
Web Link (if available)	https://www.msm.edu/Administration/MarketingandCommunications/MSMNews/MSMNewsDocuments/January2016/BridgestoHealthEquitySpring2016.pdf

2.2.

Provide a summary narrative describing overall changes and trends that have taken place related to curricular engagement on campus since the last classification. In your narrative, address the trajectory of curricular engagement on your campus – where have you been, where are you now, where are you strategically planning on going? Provide relevant links.

Mission & Goals of MPH Program. The mission of the MSM Master of Public Health Program is to develop, through graduate education, public health leaders who are fluent in community-focused public health research and practice, particularly in underserved communities. “WE EXIST, BECAUSE WE MUST Honor the mission, Serve the community, Do the work”. The program’s goals to address leadership, education, research and service are as follows: Goal 1: Excellence in Leadership: Develop public health leaders, who are fluent in community focused public health practice. Goal 2: Excellence in Education: Foster critical thinking and academic rigor while providing a unique connection to community health research and practice. Goal 3: Excellence in Research: Engage in research that addresses the needs of communities with emphasis on underserved populations. Goal 4: Excellence in Service: Create strong sustainable partnerships that will improve the health of underserved populations. The MPH Program focuses on providing unique opportunities for students to become engaged in community-based participatory research, student-directed learning, problem solving, and the development of skills and competencies essential to the practice of public health. MSM is located within the historic West End

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community in Atlanta. As such, there are ample opportunities for student engagement through participation in service-related activities and community planned events. Our courses equip students with foundation knowledge and concepts essential for them to better understand the needs of the populations they serve. Our community-focused course work and required community service hours ensure a strong service-learning component to our MPH Program. Applied Practicum Experience (APE) is a requirement of the Council on Education for Public Health, the accrediting body for both schools and programs of public health. Morehouse School of Medicine (MSM) Master of Public Health Program's APE is designed to enhance and support the education and training of future public health leaders and practitioners through effective usage of public health knowledge and community engagement. There are two components of the APE at MSM: (1) fieldwork [360 hours] and (2) community engagement [120 hours]. Community service are completed with assigned Community-Academic Partner sites from June 1st to last day of class of the spring semester. MPH Students (1st 4 of 8 objectives): 1. To provide an opportunity to apply classroom knowledge to practical problems in the field. Our Community-Academic Partners (CAPs) provide essential services to the residents of the Neighborhood Planning Units (NPU) adjacent to Morehouse School of Medicine. The services that they provide address the following public health areas; public health policy, academic enrichments, food for the homeless and underserved, general health education, and civic engagement. 2. To carry out a project useful to the organization and to refine professional skills. Students work on projects and interventions that expand the outreach of our CAPs while developing our students' ability to work on interprofessional teams. Additionally, students have the opportunity to practice written and verbal communication to public health stakeholders. 3. To learn additional skills needed for work in the public health field. Students learn how to integrate resources from public health organizations to maximize community

B. Co-Curricular Engagement

Co-curricular Engagement describes structured learning that happens outside the formal academic curriculum through trainings, workshops, and experiential learning opportunities. Co-curricular Engagement requires **structured reflection** and **connection to academic knowledge** in the context of **reciprocal, asset-based community partnerships**.

Co-Curricular Engagement	Selected	Description
Social Innovation/entrepreneurship	No	
Community service projects - outside of the campus	Yes	<p>The MSM MPH students have worked with the Mathletes of America Corporation to provide graduating seniors at Ronald. E McNair High School a College Bound Day experience which provided information on becoming successful in their future careers and academic studies. The MSM MPH Students also host community services projects such as the Annual Health & Wellness Fair at the Mall West End that feeds over 350 families and brings together over 60 community partners that provide essential health services to the West End community; the Festival of Lights (Vine City/English Avenue) Community Pride celebration commemorating the life of Kathryn Johnston; the Black History Celebration at Booker T. Washington High School; the Thanksgiving Day Food Drive at Mother Hubbard Daycare; the Christmas Toy Drive at Mother Hubbard Daycare; and the Berean Seventh Day Adventist Food Pantry.</p> <p>MSM MPH students also participate in the annual Morehouse School of Medicine Community Engagement Day where they help provide general health information and fresh produce to the families of the community. The MSM MPH Students also host</p>

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		<p>community services projects on campus, such as the Community Townhall to discourage binge drinking among college students and Mother Hubbard Takeover Day where the students of Mother Hubbard Daycare come to the campus to experience the environment associated with an institution of higher education.</p> <p>MSM medical students conduct co-curricular community service projects through organizations such as American Medical Student Association, Student National Medical Association, and Health Students Taking Action Together (HealthSTAT). For instance, HealthSTAT has conducted nutrition education programs in schools, blood pressure screening in barber shops, and advocacy for Medicaid expansion in the state legislature.</p>
Community service projects - within the campus	Yes	Student collaborate and plan community engagement with partners in local, state, national and global contexts.
Alternative break - domestic	No	
Alternative break - international	Yes	For at least the last 10 years, MSM medical students have organized an annual Spring Break trip to Haiti for around 10 students, who provide health care services at a remote clinic under faculty supervision.
Student leadership	Yes	The MPH Student Government Association hosts a mental health workshop on campus and they host several other all-inclusive campus activities throughout the school year. MPH students also lead efforts with the MSM student wellness committee which serves all students.
Student internships	Yes	As detailed in 2.2, MPH student internships are organized through the required Applied Practice Experience (APE)/ Fieldwork. Students gain work experience, complete competency-based products and receive a stipend.
Work-study placements	Yes	We offer work study to our second year MPH students to serve as tutors for our first year MPH students in their core MPH courses.
Opportunities to meet with employers who demonstrate Corporate Social Responsibility	Yes	For the past 5 years, we have increased the number of MSM MPH students who participate in the American Public Health Association (APHA) annual conference where they engage with industry leaders in public health about career and educational opportunities.
Living-learning communities/residence hall/floor	Yes	The National Center for Primary Care (NCPC) third floor is the MSM MPH community area where the students engage with faculty and staff about professional development, improve their knowledge of public health through current event discussion, build team camaraderie through playing games of logic, and work together to complete coursework.
Student teaching assistants	Yes	
Athletics	No	
Greek Life	No	
Other (please specify)	No	

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B.2. Indicate whether students have access to a co-curricular engagement tracking system that can serve as a co-curricular transcript or record of community engagement, and if such a system exists, describe the system used and how it is used.

In the Spring of 2019, the Office of Educational Outcomes and Assessments has launched ProgressIQ, an academic progress monitoring system which allows students to view their development in the core areas of Public Health and Community Engagement. The students are able to view past assignments, past grades, and dashboards that show metrics on their overall academic performance. They can also track their community engagement hours and manage their public health portfolio.

B.3. Indicate whether co-curricular programming provides students with clear developmental pathways through which they can progress to increasingly complex forms of community engagement over time. Please describe the pathways and how students know about them.

All student are afforded access to community engaged faculty through the QEP (Mentoring Students at Morehouse). Through this system, pathways towards advanced community engaged opportunities can be individually charted during their matriculation.

Students who excel in the community health course can also pursue an Honors in Community Service. Students are placed in community practices or clinics in the first-year preceptorship program, the third-year pediatrics clerkship, and the third-year rural primary care clerkship.

Medical Student Summer Research Experience. The Summer Scholars in the Community (SSiC) expands allows rising second year students who are interested in expanded community engagement research broadened understanding and expertise in working with communities. SSiC Scholars participate in weekly didactic and experiential activities addressing community health skills, social determinants of health and health equity sensitivity and response strategies. They also participate in scheduled activities designed to advance skills in community needs assessments. All students work with their research towards the preparation and submission of a research abstract and a presentation at the end of the program as well as to a professional organization or society.

B.4. Provide a narrative that speaks broadly to involvement of students in community engagement, such as the ways students have leadership roles in community engagement (give examples), or decision-making roles students have on campus related to community engagement (planning, implementation, assessment, or other). How has student leadership in community engagement changed since the last classification? How is student leadership in community engagement recognized (awards, notation on transcript, etc.)? Provide relevant links.

Our students' involvement in community engagement speaks directly to the mission of the Masters of Public Health Program: "Honor the mission, Serve the community, Do the work". During the first year, MPH students are assigned a community site where they have a 120 hour community engagement graduation requirement. The students are required to complete a needs assessment, which provides them with community history; as well as community assets and deficits. During the second semester of their first year, the students complete an epidemiological assessment on the major causes of morbidity/mortality in their assigned community. Students

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then begin engaging with community stakeholders to determine interventions that will best serve the community. At the completion of the first year, they begin an ongoing relationship with Community Academic Partners and throughout their second year, co-create additional community interventions to impact their assigned communities. This experience allows students to develop into leaders and develop meaningful and lasting relationships with diverse community stakeholder groups. Each year a MPH student is recognized for outstanding service with the Bill Jenkins community service award.

Mother Hubbard Takeover: https://www.youtube.com/watch?v=MJKt9-_QPF4

Festival of Lights: <https://www.youtube.com/watch?v=BRV3IUoYwLw>

Annual Health and Wellness Fair: <https://www.youtube.com/watch?v=Uax3Mtg-pzM>

MPH Students Experience at Mother Hubbard: <https://www.youtube.com/watch?v=kCWHK0kH9tE&t=12s>

College Bound Day: <https://www.youtube.com/watch?v=68gVcVUDPJY>

The H.E.A.L. (Health Equity for All Lives) Clinic. The MSM free student-run clinic, H.E.A.L. was established in 2011 by our medical students. Guided by MSM Department of Family Medicine faculty, its purpose is to serve uninsured and underserved populations in Georgia. H.E.A.L. initially provided services at two primary care clinics in the Underwood Hills and Bankhead neighborhoods in Atlanta. These locations serve approximately 250-300 uninsured and indigent patients through outpatient clinics and community outreach initiatives and engages approximately 350 student volunteers and 30 faculty volunteer supervisors each year. Operating year-round on Saturday mornings, our outpatient has served over 1200 patients between 6-65 years of age. We offer a diverse range of services, including sick and well visits, adult immunizations, health screenings and physicals, women's wellness, physical exams and patient education. Beginning with community primary care service clinics once a month, it expanded to two recurring clinics a month. In October 2017, H.E.A.L. expanded to open a third evening Clinic in East Point, GA. Clinic activities are led by medical student co-directors and supported by ancillary staff, including translators for Spanish-speaking patients. This voluntary experience provides community engaged clinical experience, teaching skills and leadership skills for the medical students who co-direct. The MSM H.E.A.L. on WHEELS had its inaugural Mobile clinic in July of 2018. H.E.A.L. on WHEELS works with the MSM Clinical Research Center to service sites in the Greater Atlanta and Rural Georgia areas providing physical exams to those who qualify as well as educational materials to the public. Students participating in the H.E.A.L. Clinics also provide additional outreach through health screenings and wellness information through metropolitan Atlanta health fairs and community events.

Website and references: https://www.msm.edu/Current_Students/currentStudents_commservice.php;

<https://www.msm.edu/Community/success/heal-clinic.php>

B.5. Describe how institutions have designed new programs and initiatives, or re-designed existing ones, to both increase students' access to and participation in community-engaged activities (particularly students who are not currently engaged) so that a relatively larger portion of students have the opportunity for developing the cultural competencies, asset-based approaches, and values of reciprocity for engaging with communities.

The program described in B.3 and B.4 are new or significantly redesigned, further establishing students as leader in community-engagement. Furthering bolstering these efforts are the Office of Community Engagement through which all student and learner groups report and get support in their curricular and co-curricular community engagement experiences.

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C. Professional Activity and Scholarship

C.1.

How have faculty of any employment status (tenured/tenure track, full time non-tenure track, and part time faculty) not only incorporated community-based teaching and learning into courses, but turned that activity into research to improve teaching and learning through the scholarship of teaching and learning (SoTL), (e.g., publishing articles, making presentations, conducting studies of their courses, conducting workshops, etc)? Provide five examples of faculty scholarship to improve, critique, promote, or reflect on community engaged teaching and learning. Indicate whether the faculty are tenure-track or part-time/non-tenure track. Also, describe how this scholarship has been supported since your last classification.

The examples below represent faculty scholarship in community-engaged teaching and learning. All faculty were tenure-track with work support through institutional funding for teaching of the Department of Community Health and Preventive Medicine.

-Buckner A, Ndjakani Y, Banks B, and Blumenthal DS: Using Service-learning to Teach Community Health: The Morehouse School of Medicine Community Health Course. *Academic Medicine*, 85:1645-51, 2010

-McNeal, MS, Blumenthal, DS: Innovative Ways of Integrating Public Health into the Medical School Curriculum. *American Journal of Preventive Medicine* Vol. 41 (Supp 3): S309-S311, 2011

-Taylor, BD, Buckner, AV, Durham Walker, C, Blumenthal, DS: Faith-Based Partnerships in Graduate Medical Education: The Experience of the Morehouse School of Medicine Public Health/Preventive Medicine Residency Program. *American Journal of Preventive Medicine* 41 (Supp 3): S283-S289, 2011

-Caplan LS, Akintobi TH, Gordon TK, Zellner T, Smith SA and Blumenthal DS: Reducing Disparities by Way of a Cancer Disparities Research Training Program. *Journal of Health Disparities Research and Practice*: Fall;9(3):103-114, 2016

-Blumenthal DS, Smith SA, Braithwaite RS, DeClemente RJ (editors): *Community-Based Participatory Research for Health: Methods, Issues, and Translation to Practice* (co-author of two chapters). New York, Springer Publishing, 2013

C.2.

How have faculty of any employment status (tenured/tenure track, full time non-tenure track, and part time faculty) collaborated with community partners to produce scholarly products of benefit to the community that are representative of co-created knowledge between academics and community partners resulting from outreach and partnerships (e.g., technical reports, curriculum, research reports, policy reports, publications, etc.)? Provide five examples of faculty scholarship conducted with partners for community benefit or to improve, critique, promote, or reflect on partnerships. Also, describe how this scholarship has been supported since your last classification.

The Morehouse School of Medicine has been at the helm of efforts designed to advance the art and science of effective community engagement. We have led or contributed to community-based participatory research (CBPR) and related evaluation methodologies and pedagogy advancing the art and science of community engagement. Products include widely cited texts utilized by community-based organizations, students, and academic researchers, alike.

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The American Public Health Association's Community Based Public Health (CBPH) Caucus leaders, Community-Campus Partnerships for Health (CCPH) and the Morehouse School of Medicine-Prevention Research Center were funded through the National Institutes of Minority Health and Health Disparities (R13) to conduct a Writing and Dissemination Institute designed to build community and academic partners' capacities to equitably engage in the writing and dissemination processes related to community-engaged research and related health initiatives. The convening brought together academic and community leader across the country to advance both scholarly and non-academic dissemination strategies that advance documentation of the community co-created models and interventions designed to advance health equity.

Morehouse School of Medicine Prevention Research community and academic partners, along with other community based participatory research (CBPR) leaders across the country, were selected in 2016 to participate in phase two of the Engage for Equity Project led by the University of New Mexico. This project builds from the recently completed NIH study, Research for Improved Health (RIH) through which a CBPR conceptual model was tested, developed and psychometrically validated through quantitative process and outcome measures by community-engaged research leaders across the United States. For each of the examples below the community partner and co-author is indicated by "*" symbol.

-Henry Akintobi, T, Goodin, L., Trammell, E., Collins, D., and Blumenthal, D. "How do you set up and maintain a community advisory board"? Section 4b of "Challenges in Improving Community Engaged Research," Chapter 5 of Principles of Community Engagement, 2nd edition. Washington, DC: U.S. Department of Health and Human Services, 2011

-*Murphy, F., Hinman, J., Kegler, M., Henry Akintobi, T., Escoffery, C., Thompson, W., Rodgers, K., Evans, D., & Jacobs, D. (2011). A model for building capacity for collaborative research with community-based organizations and academic partners. The Changing Face of Public Health Research and Practice. Prevention Research Center Annual Conference. Atlanta, Georgia.

-Akintobi TH, *Dawood N, Blumenthal DS: An Academic-Public Health Department Partnership for Education, Research, Practice, and Governance. Journal of Public Health Management and Practice 20: 310-4, 2014

-*Hoffman, L.M., Rollins, L., Akintobi, T.H., McAllister, C., Hernandez, N., Erwin, K., & Miller, A. (2017). Evaluation of a community-based participatory oral health intervention for low-income African American men. American Journal of Public Health, Supplement 1(107), 104-110. PMID: 28661811

-Henry Akintobi, T., Lockamy, E., Goodin, L., Hernandez, N., Slocumb, T., Blumenthal, D., Braithwaite, R., *Leeks, L., *Rowland, M, *Cotton, T., & *Hoffman, L. (2018). Processes and outcomes of a community-based participatory research-driven health needs assessment: A tool for moving health disparity reporting to evidence-based action. Progress in Community Health Partnerships: Research, Education, and Action, (12)139-147. PMCID: PMC4315501

C.3.

How have professional staff contributed to the scholarship of community engagement (through conference presentation, publication, consulting, awards, etc.) associated with their co-curricular engagement achievements (e.g., student program development, training curricula, leadership programing, etc.)? Provide five examples of professional staff scholarship related to community engagement and describe how this scholarship has been supported since your last classification.

Professional staff have been integral to the planning, implementation and evaluation of the scholarship of

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community engagement, supported in large part by departmental and institutional funds support. For each of the examples below the professional staff contributors are in bold. Funding to support their efforts are with the centers, departments and institutes through which the community engaged initiative was implemented. For each of the examples below the profession staff and co-author is indicated by "*" symbol.

-*Church, A., Henry Akintobi, T., *Proeller, A., & Slocumb, T. (2017). Centralizing Community-Engaged Participatory Approaches in Planning and Implementation of Cardiovascular Disease and Diabetes Risk Reduction Education and Mobilization Approaches. Society for Public Health Education's 68th Annual Conference, Scaling New Heights: Health for All: Denver, CO.

-Conerly Holliday, R., *Phillips, R., Akintobi, T., & Hoffman, L., (2018). Engaging community partners to shape and implement a youth HIV and STI intervention. American Public Health Association 2018 Annual Meeting & Expo, San Diego, California.

-Thomas, R., *Durham-Walker, C., Rivers, D., Crump, S. Hernandez, N. D. & Wimes, A. (2018, April). Teaching community health in undergraduate medical education: A team-based intersectional approach. Oral session presented at the Teaching Prevention, Association for Prevention Teaching and Research (APTR) Conference, Philadelphia, PA.

-Akintobi, T., Blumenthal, D., Fish, T., Yancey, E., *Zellner, T., King Gordon, T., *Carey, T., & *Moodley, K. (2017). Assessment of the SUNCEP -AHEC model: A mixed-methods evaluation of a program designed to increase entry into health professions among underserved youth in South Africa. American Public Health Association Annual Meeting & Expo, Atlanta, GA.

-Hernandez, N. D., *Durham-Walker, C., Rivers, D., Wimes, A. and Taylor, B. (2019, March). Utilizing innovative experiential learning to develop future community-minded physicians. Poster session presented at the 2019 Southern Group on Educational Affairs Regional Conference, Orlando, FL.

D. Community Engagement and other Institutional Initiatives

6.1.

Indicate how community engagement directly contributes to (or is it aligned with) the institution's diversity and inclusion goals (for students and faculty, and describe what has changed since the last classification. Provide relevant links if available.

One overarching goal of MSM's Graduate Education in Biomedical Sciences (GEBS) Program has always been increasing the diversity of America's scientific workforce. The QEP project fits well with its commitment to that diversity and unpacking the conscious and unconscious biases. At MSM, students benefit from role models at all levels of the academic and research professional continuum, all of whom understand the importance of increasing the diversity of Morehouse School of Medicine and the healthcare workforce. Among them include community-engaged faculty who are also national leaders advancing the art and science of effectively engaging health disparities populations including but not limited to those in rural areas, the LGBTQ community, those defined by race and ethnicity, immigrant or lower socioeconomic status.

6.2.

Indicate how community engagement is connected to efforts aimed at student retention and success, and describe what has changed since the last classification. Provide relevant links if available.

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Our medical students along with some of our masters and PhD students volunteer at our student-run free clinic, HEAL, providing much needed medical care to uninsured and underinsured local area patients. The services these students provide under the supervision of our faculty enable our students to practice their skills, especially for the medical students, improving their competency in taking histories, performing physical exams, and improving their clinical reasoning skills. The camaraderie that students enjoy volunteering at the H.E.A. L Clinic, in the community engenders feelings of belonging, satisfaction with their studies, and their overall success in our curriculum.

6.3

Indicate whether the campus institutional review board (IRB) or some part of the community engagement infrastructure provides specific guidance for researchers regarding human subjects protections for community-engaged research, and describe what has changed since the last classification. Provide relevant links if available.

CITification Community Research Partner Morehouse School of Medicine Institutional Review Board: Researchers at Morehouse School of Medicine (MSM), involved with community-engaged research, expressed a need for a human research protections curriculum for community members who were part of their research team. The approved training was long and cumbersome and required access to a computer. The Institutional Review Board (IRB) at MSM has implemented the CITification curriculum to train community members in human research protections. The curriculum was developed by the Center for Clinical and Translational Science at The University of Illinois at Chicago. The curriculum covers the basics of human research protections, delivered face-to-face to allowing for discussion of important topics. Members of the MSM IRB deliver the approximately three-hour training. Upon completion, participants receive a certificate indicating they have received training in human research protections. The certificate is accepted as proof of human research protections training by the MSM IRB.

A community member of the Morehouse School of Medicine Prevention Research Center Community Coalition Board is a member of the IRB. He holds a 15-year history of working with those incarcerated community residents or those reentering communities and leads a well-respected community-based organization whose leadership has been sought as a consultant in initiatives designed to serve their needs and contexts. As a member of the MSM IRB since 2015, he lends his expertise and critical thinking among other faculty and staff who serve on the Board, to ensure the ethical engagement of this special population in proposed or ongoing research studies.

6.4

Indicate whether community engagement is connected to campus efforts that support federally funded grants for Broader Impacts of Research activities of faculty and students, and describe what has changed since the last classification. Provide relevant links if available.

Students are selected and taught about the contextual upstream factors that contribute to the health outcomes they see in the clinic, in the community and even in the lab. The Broader Impacts of Research activities they engage in are central to approaches that acknowledge or intentionally require assessment of the policy, systems and environmental change strategies central to advancing health equity.

6.5. Does the institution encourage and measure student voter registration and voting?

Yes

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6.5.1

Indicate whether the institution encourages and measure student voter registration and voting , and describe the methods for encouraging and measuring student voter registration and voting and what has changed since the last classification. Provide relevant links if available.

Morehouse School of Medicine encourages students to exercise their right to vote by providing excused absence for students from class or clerkships in order to vote. Student organizations (MD and MPH) lead voter registration drives on campus for local, state and national elections to encourage and register faculty, staff and community residents.

6.6

Indicate whether the institution is committed to providing opportunities for students to discuss controversial social, political, or ethical issues across the curriculum and in co-curricular programming as a component of or complement to community engagement, and describe what has changed since the last classification. Provide relevant links if available.

Students, across all programs are required to engage in controversial social, political and ethical discussions and response strategies as they are central to the reasons that inequities exist. The Office of Community Engagement facilitates these discussions through its Talk, Learn and Collaborate series.

6.7

Indicate whether your campus has curricular and/or co-curricular programming in social innovation or social entrepreneurship that reflects the principles and practices of community engagement outlined by the definition of community engagement provided above, and describe what has changed since the last classification. Provide relevant links if available.

N/A

E. Outreach and Partnerships

Outreach and Partnerships has been used to describe two different but related approaches to community engagement. Outreach has traditionally focused on the application and provision of institutional resources for community use. Partnerships focus on collaborative interactions with community and related scholarship for the mutually beneficial exchange, exploration, and application of knowledge, information, and resources (research, capacity building, economic development, etc.). The distinction between these two is grounded in the concepts of reciprocity and mutual benefit, which are explicitly explored and addressed in partnership activities. Community engaged institutions have been intentional about reframing their outreach programs and functions into a community engagement framework that is more consistent with a partnership approach.

1. Outreach

1.1

What changes to outreach programs and functions (extension programs, training programs, non-credit courses, evaluation support, etc.) that reflect a community engagement partnership approach have taken place since your last classification?

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Describe three examples of representative outreach programs:

The H.E.A.L. (Health Equity for All Lives) Clinic. In 2011, the MSM free student-run clinic, H.E.A.L., was established by a group of medical students. The purpose of H.E.A. L. is to serve uninsured and underserved populations in Georgia. The outpatient clinic operates year-round and has served over 1200 patients between 6 and 65 years of age. Services provided, include sick and well visits, adult immunizations, women's wellness, physical exams and patient education. Beginning with community primary care service once a month, it expanded to two recurring clinics a month. In October of 2017 H.E.A.L. expanded to open a third evening clinic in East Point, GA. Clinic activities are led by medical student co-directors and supported by ancillary staff, including translators for Spanish-speaking patients. This voluntary experience provides community engaged clinical experience. The MSM H.E.A.L. on WHEELS had its inaugural Mobile clinic in July 2018 and works with the MSM Clinical Research Center to provide clinical screenings and health education to the Greater Atlanta and Rural Georgia areas. Students participating in the H.E.A.L. Clinics also conduct outreach through health fairs and community events in Atlanta. (https://www.msm.edu/Current_Students/currentStudents_commservice.php; <https://www.msm.edu/Community/success/heal-clinic.php>)

The High School Community Health Worker Program (HS CHW) has elevated Morehouse School of Medicine's 20-year history of community health worker (CHW) engagement efforts toward addressing the cross cutting priorities of fostering future learners and leaders in health disparity communities and building community engaged initiatives that foster neighborhood leadership. The program serves students ages 15-18 who are rising sophomores. The objectives of the HS CHW program are to:

Increase the number of trained student CHWs to assist in the design and implementation of community health programs in underserved communities

Provide a health careers pipeline program and mentorship for underserved students

Support & Promote the CHW field

Promote health education and health literacy in schools and community

Recognized by the American Association of Medical Colleges, the HS CHW program will introduce a new cadre of emerging adults to the field of community health and allow them to take an active role in the health and wellness of their communities.

(<https://news.aamc.org/patient-care/article/little-known-health-workers/>, <https://youtu.be/MB22veMGTCk>)

Community Engagement Day. On Saturday, Sept. 13, 2014, two days after Valerie Montgomery Rice, M.D., was announced as the sixth president of Morehouse School of Medicine (MSM), the campus opened its doors to hundreds of families and children for a Community Engagement Day. The day was conceptualized to collaborate with the community through a variety of activities such as health screenings, fitness classes, and public forums on empowerment and leadership designed to promote the co-occurring leadership of MSM, community residents, policy leaders and social agencies critical to advancing health equity. Four years later, the day continues to honor our mission to improve the health and well-being of individuals and population health through programs in education, research, and service. This event is an institutionally mandated activity and is one that community leaders and residents anticipate towards the promotion and scaling of their own initiatives designed to promote thriving communities (<https://www.msm.edu/Community/community-engagement-day.php>)

1.2

What changes have taken place regarding institutional resources (co-curricular student service, work/study student placements, library services, athletic offerings, etc.) that are provided as outreach to the community? Provide examples of how these institutional resources are consistent with a community engagement partnership approach.

Our facilities, meeting spaces and co-sponsored practicum and internships represent the partnerships for

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student experiences that also benefit community partners. Community leaders also benefit from the ability to convene their own independently led events at our facilities at an institution that they trust is aligned with community-engaged promotion and outreach that matters. This approach has not changed.

2. Partnerships

This section replaces the previous “partnership grid” with a series of repeating questions for each of the partnerships you identify.

Describe representative examples of partnerships (both institutional and departmental) that were in place during the most recent academic year (maximum = 15 partnerships). As part of this section, we are asking for an email contact for each partnership provided. The text for the email that will be sent to your community partner can be found below.

As part of this section, we are asking for an email contact for each partnership provided. The following email will be sent to your community partner:

Dear community organization partnering with a college or university,

{Name of Campus} is in the process of applying for the 2020 Elective Community Engagement Classification from the Carnegie Foundation. The classification is offered to campuses that can demonstrate evidence of collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial creation and exchange of knowledge and resources in a context of partnership and reciprocity. Partnerships that meet the standards of community engagement are grounded in the qualities of reciprocity, mutual respect, shared authority, and co-creation of goals and outcomes.

We were provided your email address by the campus applying for the Community Engagement Classification. The Community Engagement classification is offered by the Carnegie Foundation and is available to all colleges and universities in the United States. For more information about the classification, please go to <https://www.brown.edu/swearer/carnegie>.

We would like to ask you to assist with this classification process by providing confidential responses to a very brief online survey (LINK provided). While your participation in the survey is entirely voluntary, your input and perspective on the activity are valuable in evaluating campus community engagement. Beyond the evaluation of campus community engagement, the responses provided by community partners contributes to a national understanding of how communities and campuses are collaborating for the purpose of deepening the quality and impact of such partnerships.

In order to be able to assess and improve partnership activities, it is important to provide candid responses to the questions. The responses you provide are confidential and will not be shared by Swearer Center as the Administrative home of the Carnegie Community Engagement Classification with the campus.

Many thanks for your response.

Sincerely,

Survey Questions

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The survey will include the first page of this framework with the definition of community engagement.

As a community partner, to what extent do you agree or disagree with the following statements with regards to your collaboration with this institution? (1= Strongly disagree, 4=Strongly agree)

1. Community partners are recognized by the campus.
2. Community partners are asked about their perceptions of the institution's engagement with and impact on community.
3. My community voice is heard and I have a seat on the table in important conversations that impact my community.
4. The faculty and/or staff that our community partnership works with take specific actions to ensure mutuality and reciprocity in partnerships.
5. The campus collects and shares feedback and assessment findings regarding partnerships, reciprocity, and mutual benefit, both from community partners to the institution and from the institution to the community.
6. The partnership with this institution had a positive impact on my community
7. Describe the actions and strategies used by the campus to ensure mutuality and reciprocity in partnerships.
8. Please provide any additional information that you think will be important for understanding how the campus partnering with you has enacted reciprocity, mutual respect, shared authority, and co-creation of goals and outcomes.

Please indicate whether you consent to having your responses used for research purposes by the Swearer Center as the Administrative home of the Carnegie Community Engagement Classification. For research purposes, all responses will be aggregated and no individual partner or campus information will be identified. If you have any questions, please contact us via email:

The button below "Add Partner" will prompt 14 questions related to the partnership. Please note that adding any partner's email will trigger the survey to send instantly. If you do not wish to send the survey to the partners at this time, you can choose to add their email information before you submit the full application.

Partner #1

Project/Collaboration Title	Community Health Leadership Program
Organization Name	Reaching Our Sisters Everywhere (ROSE)
Point of Contact	
Email	
Phone	
Institutional Partner	Community Voices-Satcher Health Leadership Institute
Purpose of this collaboration	Train community leaders and MPH student to reduce identify and reduce disparities within their respective areas
Length of Partnership	5 years
Number of faculty involved	10
Number of staff involved	3

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Number of students involved	Varies
Grant funding, if relevant	Yes
Impact on the institution	enhance public health skills for md and mph students
Impact on the community	enhance public health skills for community leaders
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #2

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Project/Collaboration Title	My Brothers Keeper
Organization Name	City of East Point
Point of Contact	
Email	
Phone	
Institutional Partner	Community Voices-Satcher Health Leadership Institute
Purpose of this collaboration	Mentoring Youth
Length of Partnership	2 years
Number of faculty involved	2
Number of staff involved	2
Number of students involved	varies
Grant funding, if relevant	Yes
Impact on the institution	mentorship for youth-boys
Impact on the community	equip young boys with skills needed to make positive choices
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	

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Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #3

Project/Collaboration Title	High School & Young Adult Community Health Worker Program
Organization Name	Odyssey Family Counseling Center
Point of Contact	
Email	
Phone	
Institutional Partner	Innovation Learning Lab-Family Medicine
Purpose of this collaboration	Mental health education and support for program participants
Length of Partnership	3 years
Number of faculty involved	1
Number of staff involved	3
Number of students involved	49
Grant funding, if relevant	no
Impact on the institution	Mental/Behavioral Health partner for MSM programs and program partnership (e.g partnership has opened up other MSM program to receive services at facility)
Impact on the community	Twofold: First, program participants learn about mental and behavioral health to reduce stigma and be able to refer community members for services. Program participants themselves are able to receive services which leads to increased program retention

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Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #4

Project/Collaboration Title	High School & Young Adult Community Health Worker Program
Organization Name	Georgia Department of Public Health
Point of Contact	
Email	
Phone	
Institutional Partner	Innovation Learning Lab-Family Medicine

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Purpose of this collaboration	Key stakeholder in the metro Atlanta and rural Georgia in financial support, development, and implementation of program
Length of Partnership	3
Number of faculty involved	1
Number of staff involved	3
Number of students involved	54
Grant funding, if relevant	Yes
Impact on the institution	Establish MSM as a leader and vital partner in the establishment of CHW's as the state codifies CHW's as a formal occupation
Impact on the community	Allows for the expansion of the HS & YA CHW program beyond metro Atlanta and leverage partnerships with local institutions (health districts, FQHC's, high schools and other organizations)
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	

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Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #5

Project/Collaboration Title	Community Health Course Service Learning Site
Organization Name	City of Refuge
Point of Contact	
Email	
Phone	
Institutional Partner	Department of Community Health and Preventive Medicine
Purpose of this collaboration	Health Education & Health Promotion
Length of Partnership	12
Number of faculty involved	2
Number of staff involved	1
Number of students involved	12
Grant funding, if relevant	no
Impact on the institution	Med students learn effective community engagement and the impact of the social determinants of health on health status
Impact on the community	There are various health outcomes achieved as a result of learning activities and community partnerships
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	

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Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #6

Project/Collaboration Title	MD Community Health Course Service Learning Sites
Organization Name	Educare
Point of Contact	
Email	
Phone	
Institutional Partner	Community Health & Preventive Medicine (CHPM)/Pediatrics
Purpose of this collaboration	Health Education & Health Promotion
Length of Partnership	6
Number of faculty involved	2
Number of staff involved	1

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Number of students involved	13
Grant funding, if relevant	No
Impact on the institution	Med students learn effective community engagement and the impact of the social determinants of health on health status.
Impact on the community	There are various health outcomes achieved as a result of learning activities and community partnerships
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #7

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Project/Collaboration Title	MD Community Health Course Service Learning Site
Organization Name	Centers of Hope @ Thomasville Heights
Point of Contact	
Email	
Phone	
Institutional Partner	Department of Community Health and Preventive Medicine
Purpose of this collaboration	Health Education & Health Promotion
Length of Partnership	6
Number of faculty involved	3
Number of staff involved	1
Number of students involved	13
Grant funding, if relevant	No
Impact on the institution	Med students learn effective community engagement and the impact of the social determinants of health on health status.
Impact on the community	There are various health outcomes achieved as a result of learning activities and community partnerships
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	

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Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #8

Project/Collaboration Title	CBPR Partnership Academy-Black Maternal Mental Health Project
Organization Name	Center for Black Women's Wellness
Point of Contact	
Email	
Phone	
Institutional Partner	Department of Community Health and Preventive Medicine
Purpose of this collaboration	Conduct CBPR research to collect formative data to inform the development of a locally, culturally responsive intervention to integrate mental health prevention and promotion into maternal mental health services in community-based settings accessed by perinatal women in Atlanta
Length of Partnership	3 years
Number of faculty involved	1
Number of staff involved	4
Number of students involved	2
Grant funding, if relevant	Yes
Impact on the institution	Formalizes partnership that has been active for 8 years. Provides training to MD and MPH students on CBPR research approaches.

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Submitted by Morehouse School of Medicine on 4/14/2019. Last modified on 7/19/2020.

Impact on the community	Research will create innovative service delivery models to improve mental health among underserved women in Atlanta. The knowledge gained from this research will provide us with community-driven relevant data that will inform approaches and models. These data could be adapted in multiple settings by leveraging existing community-based resources across diverse disciplines. Research findings will also provide us with baseline data to inform science, practice, and policy.
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #9

Project/Collaboration Title	Prevention Research Center
Organization Name	Atlanta Neighborhood Planning Units, community residents

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Submitted by Morehouse School of Medicine on 4/14/2019. Last modified on 7/19/2020.

Point of Contact	
Email	
Phone	
Institutional Partner	Prevention Research Center
Purpose of this collaboration	Research Partnership
Length of Partnership	20 years
Number of faculty involved	10
Number of staff involved	10
Number of students involved	many
Grant funding, if relevant	Yes
Impact on the institution	advances prevention science
Impact on the community	community-based prevention
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	

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Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #10

Project/Collaboration Title	Advancing Social Determinants of Latino Health
Organization Name	Latino Community Fund of Georgia
Point of Contact	
Email	
Phone	
Institutional Partner	Prevention Research Center/Department of Community Health and Preventive Medicine/MPH program
Purpose of this collaboration	Advance Latino health issues and amplify Latino voices
Length of Partnership	4 years
Number of faculty involved	3
Number of staff involved	4
Number of students involved	10
Grant funding, if relevant	No
Impact on the institution	Developed new partnerships and opportunities for MPH students, faculty and other groups to participate in research and evaluation of programs related to Latino health issues.
Impact on the community	Developed strategies and other relationships to address Latino health inequities in Georgia.
Project/Collaboration Title	
Organisation Name	

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Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #11

Project/Collaboration Title	Rural Health
Organization Name	Georgia State Office of Rural Health
Point of Contact	
Email	
Phone	
Institutional Partner	Morehouse School of Medicine Prevention Research Center
Purpose of this collaboration	Community-engaged partnership with junior researcher and provide clinical exposure to rural health realities
Length of Partnership	2 years

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Number of faculty involved	5
Number of staff involved	6
Number of students involved	3
Grant funding, if relevant	No
Impact on the institution	Developed a sustainable community-academic partnership that addresses health and social issues in rural Georgia. Practicum opportunities for students and research opportunities for junior and senior faculty.
Impact on the community	community empowerment, partnered research, and policies to support health and social interventions.
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	

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Submitted by Morehouse School of Medicine on 4/14/2019. Last modified on 7/19/2020.

Email	
Phone	

Partner #12

Project/Collaboration Title	Community Academic Research Partnership
Organization Name	Redemption and Advancement Alliance, Inc.
Point of Contact	
Email	
Phone	
Institutional Partner	Prevention Research Center
Purpose of this collaboration	To conduct CBPR related to men's health in our targeted communities in Atlanta, GA, along with establishing and maintaining a strategic focus for intervention.
Length of Partnership	6 years
Number of faculty involved	4
Number of staff involved	4
Number of students involved	5
Grant funding, if relevant	No
Impact on the institution	promote a co-learning and empowering process that attends to the social and health inequities that men face; integrate their knowledge and action for the mutual benefit of all partners; conduct projects as identified through this partnership
Impact on the community	create the evidence to support the men's health interventions and policies that reduce inequities in the Atlanta community.
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	

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Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #13

Project/Collaboration Title	Clinical Research Center-Community Advisory Board
Organization Name	Community Members
Point of Contact	
Email	
Phone	
Institutional Partner	Clinical Research Center
Purpose of this collaboration	Advise on conduct of research
Length of Partnership	18 years
Number of faculty involved	5
Number of staff involved	10
Number of students involved	
Grant funding, if relevant	Yes

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Impact on the institution	Community conscience for research directions
Impact on the community	Promotes community involvement in clinical research
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	
Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

Partner #14

Project/Collaboration Title	Community Clinical Linkages
Organization Name	Neighborhood Planning Unit Y of Atlanta

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Point of Contact	
Email	
Phone	
Institutional Partner	Morehouse Healthcare
Purpose of this collaboration	Provide community vice and ensure community engagement is infused in clinical care provided by Morehouse Healthcare.
Length of Partnership	3 years
Number of faculty involved	
Number of staff involved	
Number of students involved	
Grant funding, if relevant	No
Impact on the institution	Community perspectives shaping and tailoring Morehouse Healthcare and the services they provide to meet the specific needs of their communities
Impact on the community	Quality care that meets community needs
Project/Collaboration Title	
Organisation Name	
Point of Contact Name	
Email	
Phone	
Institutional Partner	
Purpose of this collaboration	
Length of Partnership	
Number of academic staff involved	
Number of professional staff involved	
Number of students involved	
Grant funding, if relevant	

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Impact on the institution	
Impact on the community	
Community Partner Name	
Community Partner Contact	
Email	
Phone	

2.2

In comparing the “partnership grid” from your previous application/classification with the responses above, please reflect on what has changed in the quality, quantity, and impact of your partnership activity.

Since the last application there have been new partnerships and expanded partnerships for programs. The three sites described in the grid are representative of the Community Health Course’s partnerships. Since the last classification, the Community Health Course has increased to a total of 100 students, 20 faculty, and 9 community partners. All these partnerships are mutually beneficial in that students gain valuable experiences in community engagement and health education/health promotion activities. Additionally, the impact of the course partnership activities is measured by the progress in achieving the community partners’ desired health outcomes. Additionally, for the Community Health Worker program was the incorporation of mental health/behavioral health into the curriculum. The relationship has grown from the students spending a half-day shadowing to a full day shadowing, serving as a supervision site for our MSW intern from Clark Atlanta University and a resource for program participants to receive services or aid with their community projects.

2.3

What actions have you taken since the last classification to deepen and improve partnership practices and relationships—in initiating, sustaining, and assessing partnerships? How did these practices encourage authentic collaboration and reciprocity with community partners?

For the last several years, the Community Health Course has improved its partnerships by expanding the community partners’ involvement in course planning and assessment. This was accomplished by the development of a Community Advisory Board that is comprised of one representative from each partner site. These members assess the effectiveness of the partnerships, participate in the annual course retreat, regularly engage with course faculty, attend course presentations, and participate in the course orientation. The strength of the partnership for the MSM CHW program has increased from providing engagement and acknowledgement of the program’s value to grant funding to improve the curriculum to supporting and spearheading piloting the program in rural communities. The partnership demonstrates the ability for academic institutions and gov’t agencies to integrate resources to achieve mutually beneficial impact and develop innovation solutions to a community need.

2.4

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How are partnerships assessed, what have you learned from your assessments since your last classification, and how is assessment data shared?

The Community Health Course assesses its partnerships through the completion of semiannual evaluations. Additionally, partnerships provide feedback during the annual course retreat. Also, course faculty meet with each partner prior to the start of each academic year to review the past year's activities and the plan for the next academic year. Partnerships in general for community engagement at MSM are assessed by evaluating if right community members are at the table, equity in conversations about the partnerships, how are community partners involved in the implementation of MSM's programs, research and clinical spaces, and analysis. We do this through both qualitative and quantitative assessments and always ensure to share findings through our Community Engagement Committee and the broader community.

2.5

Provide a summary narrative describing overall changes that have taken place related to outreach and partnerships on campus since the last classification. In your narrative, address the trajectory of outreach and partnerships on your campus – where have you been, where are you now, where are you strategically planning on going? Provide relevant links.

The depth breadth and reach of community engagement across Morehouse School of Medicine have expanded exponentially. Concurrent with this growth is a centralized system now in place for tracking, reporting and assessment thereof. Visualization of our community engagement research through GIS mapping and quality metric development systems currently underway.

The OCE has the following main objectives which are essential in centralizing the impact with MSM and the broader community:

- 1) Promotion and strengthening effective partnerships among community, academic institutions, industry and agencies
- 2) Stimulation of community-focused partnerships among Morehouse School of Medicine centers institutes, departments and programs
- 3) Assessment of community assets, concerns, and priorities towards development of responsive strategies
- 4) Facilitation of community engagement technical assistance, and capacity building skills of students, academic institutions and other constituents
- 5) Access to and membership in a web and mobile application-based community engaged initiatives inventory representing MSMs outreach across Georgia and beyond.

The Community Engagement Event Request Form demonstrates the need and reach of MSM in community engagement spaces. It also directs MSM to better meet the needs of the community to accomplish their purpose. The form provides details on the activities that are requested and conducted as well as outcomes data such as people reached, and services performed when in community.

Reflection and Additional Information
