Default Report
*SOM Strategic Plan Action Group on Community Partnerships*
**March 15th 2019, 7:31 am PDT**

**Q1 - Goal 1. Design and recommend implementation of enduring strategies for engaging the community in the target, design, implementation and dissemination of results of research directed at improving health.**

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| Goal 1. Design and recommend implementation of enduring strategies for engaging the community in the target, design, implementation and dissemination of results of research directed at improving health. |
| improving "community" health We should be engaged with public health and a community advisory board to achieve this. |
| UCSF is very research-centric, so I'm not surprised objective #1 has to do with research. But I'm not sure this makes sense. Is research really our priority here? I struggle to see a strong link between community partnerships and research. A concrete example would help. Are we talking about ways the community can get involved in basic science research? Massive clinical trials? Small projects that study the results of limited community-based interventions? Public health initiatives (this makes more sense to me -- eg, how do we reduce rates of STI or TB transmission?) What are we talking about here? |
| I would like to see this be stronger in terms of responding to community needs rather than having researchers be the sole arbiters of what will improve community health. So I would suggest something like this: Ensure that research addresses pressing community health issues by designing and recommending robust strategies for including community health concerns in the prioritization, target, design, implementation, and dissemination of research and its results. Key phrases to add: "research that addresses pressing community health issues" and "in the prioritization . . . of research" |
| Too focused on research. Perhaps this should be reworded to include clinical work or a separate goal focused on clinical work should be included. I would also include education but I see that Goal #2 is focused on education although also seems one-sided. Recommended rewording: Design and recommend implementation of enduring strategies for engaging the community in all aspects of UCSF professional life including clinical work, research, and teaching. |
| This sounds good to me as a stand alone goal, however I am unsure why this is the first goal given it is targeted solely at research. Also see comments below about the direction of this partnership, it is all about UCSF and not the community. |

**Q2 - Goal 2. Design and recommend implementation of enduring strategies to engage our communities to advise and participate in educating the next generation of physicians and researchers.**

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| recommend "the" implementation... I would add something about examining existing workforce development initiatives and scaling. I would also broaden beyond physicians and researchers to all health related careers. |
| It might be helpful to clarify WHO is educating WHO. I like the idea of people in the local community coming into UCSF to educate health professionals about "what's really going on" in the community. See my suggestion for "engaging in dialogue" below. But does this also include initiatives where UCSF is attempting to educate the public? For example, how does UCSF best and most effectively communicate messages about health to the communities we serve? This may include strategies around cultural competence, structural competence, and narrative competence. |
| My own hope is that community can both learn with and provide expertise in the process of education . . . so maybe something like this: Enhance community engaged learning through community partnerships which support the on-going creation of learning opportunities which benefit both the community and the next generation of physicians and researchers. |
| Seems very one-side - we want the community to educate our physicians and researchers, but this goal does not say anything about what we are doing for the communities. Recommended rewording: Design and recommend implementation of enduring strategies to train our next generation of physicians and researchers in the value of community engagement. |
| Again, I have no problem with goal in principle, however please see comments at the end regarding the intent of these goals. |

**Q3 - Goal 3. Identify or design and recommend implementation of strategies to ensure that all faculty, staff and learners who intend to engage in community research are educated about best practices; and develop systems or procedures that ensure that researchers participate in this prior to study approval. Collaborate with the Clinical/Translational and Population Health action group to develop an educational program.**

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| Goal 3. Identify or design and recommend implementation of strategies to ensure that all faculty, staff and learners who intend to engage in community research are educated about best practices; and develop systems or procedures that ensure that researchers participate in this prior to study approval. Collaborate with the Clinical/Translational and Population Health action group to develop an educational program. |
| educated about best practices including Trauma Informed Systems and Cultural Humility |
| Again, what's with the focus on research? Why do we have a whole objective focused on educating "researchers" about how to engage with the community? Perhaps first we should go into the community, talk to successful leaders, and learn about their needs and desires re: relations with UCSF. Then we can circle back to this goal. For example, I don't know that a basic science researcher, who spends the majority of her time staining chicken embryo retinas in the lab, should need to undergo "community engagement training." On the other hand, a physician who specializes in health for the homeless, or a medical interpreter, may benefit from this training. If this goal MUST stay on the list, I'd recommend removing the language around "researchers" which may alienate non-researchers. Perhaps once we have a better sense of what the community needs truly ARE, we can develop strategies for educating health professionals about how to best engage with communities. |
| I'm not sure I can add much to this . . . it's a bit outside my field of experience. |
| This one seems a bit too long and not really a goal. Perhaps reworded as follows: Design and recommend implementation of strategies to educate the larger UCSF community on best practices for engaging in community-engaged work. The other two components of this goal seem more like objectives than a goal. |
| "Identify, design and recommend implementation of strategies......" I am unsure why the focus on the second part of the goal is solely focused on researchers. I think it should be more inclusive and not not just about research. The last sentence seems out of place to me given it is a recommendation/action and more of a response to the proposed goal. If the action item is to collaborate with clinical, translation and population health then why have it as a goal if the solution/recommend has already been determined. |

**Q5 - Potential New Goal: Recommend and implement strategies to provide community feedback on UCSF School of Medicine activities and priorities, including clinical, research and education**

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| Potential New Goal: Recommend and implement strategies to provide community feedback on UCSF School of Medicine activities and priorities, including clinical, research and education |
| is this to provide feedback to the community from UCSF or feedback to UCSF from the community? |
| In my mind, this should be goal #1: - Engage in meaningful dialogue with community leaders/organizations about desired relationships with UCSF, with the ultimate goal of leveraging those relationships to improve BOTH the health of the local community, AND the success of UCSF as an institution As it stands, the objectives seem too focused on the latter (the needs of UCSF), over the needs of the community. For example: during our meeting, the subject of promotion/tenure came up a few times. This is an extremely important topic, with implications for burnout and sustainability. I believe UCSF needs to undergo a culture shift in this regard. But I worry that LEADING with this issue may come off sounding tone deaf (despite good intentions), and alienate the very community members we are trying to engage. Another approach, which may sound too concrete: - Identify 50 successful local community leaders/organizations - Establish a streamlined program which ensures regular dialogue, enduring relationships, and productive partnerships between UCSF and those leaders/organizations - Invite people at UCSF with an interest in community engagement to take part in the design and implementation of this program, of this establish a streamlined program which ensures ongoing communication which ensure ongoing interdisciplinary communication, collaboration, and partnership I'm not sure how national/international community engagement fits into the picture. That seems like an entirely different question than engaging with the local community. |
| Our goal is to educate a diverse group of dedicated physicians and biomedical scientists to serve across all the disciplines of medicine; to bring hope to patients by advancing medical knowledge through research; to integrate education and research to advance the quality and accessibility of patient care; and to engage with our communities. |
| I would like this very much and would like it to be Goal #1. Here's another take on it: Create robust strategies and avenues for on-going community engagement and feedback to ensure that community stakeholders have a voice in shaping UCSF activities and priorities. |
| Potential rewording: Recommend and implement strategies to integrate community feedback at every level of UCSF School of Medicine activities and priorities, including clinical, research, and education. |
| Suggested wording: Recommend and implement strategies to develop sustainable and authentic community partnerships to obtain feedback/input/advice on UCSF SOM clinical, research and education missions. |

**Q7 - If you have any other comments please include them here.**

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| If you have any other comments please include them here. |
| We need to be sure that we are inclusive of communities in all service areas that UCSF touches and ensure that there is representation from those communities. It is important to ensure we are trauma-informed in our recommendations and apply and cultural humility lens to this work. Many of the communities we serve have been largely marginalized and we must be intentional in being recognizing our impacts and how we respond particularly where the impacts are not positive. Will there be funding behind these goals? |
| First, I'd like to know: What is the UCSF School of Medicine? Exactly what entity are we talking about here? In the meeting, I was told "The UCSF School of Medicine makes up 80% of UCSF" but I'd like to know specifically how the "School of Medicine" is defined as an entity, as this influences everything that flows from that. Second, I'd like to know: What is the UCSF SOM's goals? To better integrate with local communities, fostering trust/relationships/collaboration/productivity/joy? To become a national and international leader in biomedical and clinical research? Both? Lots of mega-institutions (Johns Hopkins, Cleveland Clinic) have been criticized in the media for being national/international leaders in health care while neglecting the impoverished communities that surround them. San Francisco is a unique city, as it's the wealthiest city in the world, yet is plagued by issues like income inequality, homelessness, mental illness, and high prevalence of substance use disorders. If I were the "CEO" of UCSF SOM, my goal would be to 1) be a global leader, while ALSO 2) forming enduring, trusting, and loving partnerships with the local communities UCSF serves, and 3) more specifically, addressing the very visible, stupendous problem of health inequality in our local community. This may become more complicated if "UCSF SOM" starts to include other regions, e.g. Fresno, Oakland, etc. Once I have a clear definition of what the "SOM" is, and what its goals are (or is that for us to decide?), it will be easier to draft the goals/objectives. As it stands, these goals/objectives are very abstract and difficult to grasp. They also seem to lack a sense of excitement, innovation, and creativity, instead relying on traditional language around research. I don't feel excited or inspired when I read these objectives. I worry that many successful models of community partnerships don't fall squarely into the categories of "research" or "education." I think we can do better! As we shape these objectives, having some concrete examples of existing successful community partnerships would be helpful. What are we striving for? How do we find examples of success, and scale them UP to the entire institution? Some have suggested "service" as a new term to include in the objectives, which might work well. I think "communication" is also an important term. Something in the language touching on the importance of a "holistic" view of health might be good too. Health is not just related to disease, organs, and the body. Health is related to physical/financial security, nutrition, shelter, movement, social ties, laughter and loving relationships, a sense of culture/community/belonging, self-actualization, etc. Perhaps if we expand our definition of "health," the goals of UCSF and community partnerships may become more clear. |
| I would like to see there be a goal (or have this included in a goal) to support ideas around health equity: Create avenues for (marginalized) communities in need of medical advocacy to access resources at UCSF so that policy debates can be more evidence informed in the addressing social risks to health. |
| My biggest concern with all of the goals are that they are uni-directional in that it is UCSF who is accessing the community for benefit (e.g research, training, opinions, perspectives). I feel an overarching goal should be about cultivating bi-directional/reciprocal relationships with community groups/representatives. UCSF should be embedded in communities as equal partners, to hear communities perspectives which can then guide UCSF clinical, research and education missions. Similarly, UCSF should provide tangible benefits to the communities we partner with (e.g. provision of healthcare, giving communities a voice, giving communities a seat at the table in decision-making, creating research evidence that is relevant to them, etc, etc) I also think one of our goals should be about UCSF being present/embedded in the communities we serve.For example as one of the biggest employees in San Francisco, we should be known for community outreach and partnerships (and not just ads for healthcare on TV). |

**Q8 - Your name.**

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| Your name. |
| Larissa Estes |
| Emily Silverman |
| Leah McCann |
| Sam Dennison |
| William Martinez |
| James Harrison |