

Report of the 2016-2017 Advocacy Standing Committee

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EXECUTIVE SUMMARY

Based on the growing importance of community engagement and the recognition of its importance by The American Association of Colleges of Pharmacy (AACP), the committee offers several examples of community engagement activities for consideration and replication by our academy and beyond. These activities, including those of winning institutions of the Lawrence J. Weaver Transformational Community Engagement Award, can be mapped to the core components of community engagement presented in Table 1. The committee, using an implementation readiness framework, provides the reader with insight into the challenges that may impact successful community engagement and encourages our academy to continue its work to support faculty capacity in this area. Toward that end, the committee offers a policy statement that encourages schools and colleges of pharmacy to have an office or designate a faculty member whose focus is specifically on community engagement. The committee also offers a recommendation that the core components be included in the criteria for the Weaver Award.

KEY TERMS

Advocacy, Community Engagement, Interprofessional Education, Opioid Harm Reduction, Policy

INTRODUCTION AND COMMITTEE CHARGES

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Advocacy Committee: “will advise the Board of Directors on the formation of positions on matters of public policy and on strategies to advance those positions to the public and private sectors on behalf of academic pharmacy.”

President DiPiro presented the committee with the following charge:

1. Create a document describing opportunities for schools and colleges to advocate for their institutions and the profession at the local and state level. Identify model local advocacy

programs to serve as examples. Include community engagement models as an approach to advocacy.

2. Using the portfolios of the winners of the Lawrence J. Weaver Community Engaged Service Award, the committee will determine a list of core components that lend themselves to successful community-engaged partnerships. These core components will be assessed for their alignment with current evidence related to the development of effective and sustainable community-engaged partnerships. Based on the assessment of alignment, the committee will determine which, if any, of the following: resource availability, capacity to implement, evidence, need, fit and readiness for replication- are barriers to community-engaged partnerships which may yield actions by AACP to overcome those barriers.

Community Engagement

Community engagement is recognized as a cornerstone of successful advocacy strategies. Advocates recognize that increasing the number and diversity of engaged individuals and organizations is critical to gaining traction around an issue. AACP acknowledges the importance of community engagement through the annual Weaver Transformational Community Engagement Award. Other health professions education organizations also recognize exemplary community engagement.¹ The Carnegie Foundation supports community engagement, as an important component of a strong university, college or school, through its classification of community engagement campuses and provides the following definition:

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

The purpose of community engagement is the partnership of college and university knowledge and resources with those of 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.”²

Community engagement is important for the professional development of students and career development of faculty. In support of these activities, the policy statements of AACP include two statements that recognize the importance of community engagement within academic pharmacy:

- AACP supports efforts to develop and maintain strong, mutually beneficial community-campus partnerships that demonstrate and recognize the value of education and science scholarship and innovative practice models that improve the quality of individual and community health outcomes.³
- AACP will support member schools and colleges in their efforts to develop pharmacy professionals committed to their communities and all the populations they serve, by facilitating opportunities for the development and maintenance of strong community-campus partnerships.⁴

Student engagement with community partners is celebrated by AACP through the Student Community Engaged Service Award, which highlights exemplary co-curricular activities at our member institutions. These co-curricular activities are now important elements of the accreditation standards set

forth by the Accreditation Council for Pharmacy Education (ACPE).⁵⁻⁶ In regard to the research aspect of faculty development, engaging patients and communities in health services research as well as clinical trials is increasingly important, with some grant applications requiring clear community engagement strategies.⁷

Yet, communities engaged with academic partners in activities that are focused on improving health equity and social justice may benefit the most through the increased opportunities for impact on and sustainable solutions to community-identified needs. As stated in a white paper written in advance of the 15th annual meeting of Community- Campus Partnerships for Health (CCPH), “Attending to equity and justice issues through partnerships means pursuing policy, practice and systems level changes that will support the health of our communities. The specific changes needed depend on the focus of the partnership and could include, policies, practices and systems at federal, state, regional and local levels as well as at those of corporations, organizations and institutions.”⁸ The benefit and potential impact of community engagement in identifying, describing, developing and implementing systems change makes knowing how to engage more important than ever. As the CCPH white paper states, the opportunity for change can be local, statewide, national, or global.

. So what drives the influence of community engagement in addressing public policy challenges? Patient engagement can influence health outcomes and yet access to care remains a challenge for many in our communities. By any estimate, the number of healthcare professionals with a traditional focus on the provision of primary care will lag for the next decade.⁹ The access to care issue is unlikely to abate if patients maintain access to traditional primary care delivery systems and are not included in discussions of how to increase access through new care delivery models.

The Patient Protection and Affordable Care Act of 2010 (ACA) (PL 111-148)¹⁰ included provisions to increase individual access to healthcare insurance. This valuable tool to improving individual and population health outcomes resulted in a significant decrease in the number of uninsured individuals. The U.S. Department of Health and Human Services estimates that 20 million individuals have enrolled in a health insurance plan as of early 2016.¹¹ A challenge for the newly insured is access to care, especially primary care providers, since access to insurance does not always translate into access to care. Those that gain access to primary care face a system in transition from fee-for-service to value-based payments. This transition carries with it both opportunities and threats for patients, creating a strong rationale for community-campus partnerships that can guide the systems change to best meet the needs of patients.

The ACA, by mandating access to preventive services, also heightened the public’s awareness of the value of wellness and prevention. The Centers for Disease Control and Prevention (CDC) report that as of 2012 more than half of the U.S. adult population had at least one chronic illness.¹² Chronic illness creates a significant burden on a health care delivery system that traditionally rewards acute care through both professional education and provider payments. The individual behaviors related to this large chronically ill cohort are readily listed, yet a clear path to changing the trajectory of chronic illness will take significant community engagement to untangle the contributing social determinants of health.

The unique position and accessibility of pharmacists provides an opportunity to help patients, other providers and communities make the best use of the ACA provisions related to insurance access, primary

care and wellness and prevention. The alignment of the educational outcomes and accreditation standards related to the Doctor of Pharmacy degree support this opportunity.^{6, 13} Even as the opportunities increase for pharmacy practice in a transforming healthcare system we face challenges that may be overcome by engaging communities, in its broadest sense, to generate interest in pharmacy as a career. Communities, and the patients, caregivers, providers and policymakers they include, are essential to reversing the current trend of decreasing numbers of applicants to colleges and schools of pharmacy. As the number one priority in AACP's newly created strategic plan, enriching the pipeline will require extensive community engagement. One key priority is to clearly communicate the importance of pharmacists to community stakeholders. This is recognized as AACP's second priority, creating a new public image of the pharmacist.¹⁴

Strategic Priority 1: Enriching the Applicant Pipeline

AACP will partner with stakeholders to increase the Pharm.D. applicant pipeline to ensure there will be an appropriate number and quality of pharmacists to meet society's needs."

Strategic Priority 2: Creating a New Portrait of Pharmacists and Pharmacy Careers

AACP, in collaboration with stakeholders, will raise the profile of pharmacy as an essential health care profession. We will achieve recognition for pharmacists as trusted and highly accessible healthcare professionals in both traditional and new settings. And we will increase awareness of the quality and scientific rigor of pharmacy education and training.

Establishing the professional identity as a valuable member within the community in general and health care system specifically benefits from community service and engagement. As already mentioned, AACP, through its Student Engaged Community Service Award, recognizes the benefits of community engagement to the professional identity of student pharmacists. The benefits of student participation in community-based co-curricular activities are reflected in the 2016 accreditation standards.

Standard 3: Approach to Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

Standard 4: Personal and Professional Development

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.

Applying the Core Components of Community Engagement

The primary interest of the committee is that the information presented in this report be meaningful and able to be implemented by the reader. To that end, the report presents the core components of community engagement developed by the 2013-2014 advocacy committee and applies them to activities that are currently of interest and importance to academic pharmacy. The activities presented here in the report align with the AACP's 2016 strategic plan, and represent a range of activities including those that engage communities within your institutions (interprofessional education), at the state level (opioid harm reduction, scope of practice) and nationally (pipeline development). The committee anticipates that a reader should be able to gain confidence in how to effectively use the core components of community engagement to effectively establish and sustain partnerships that result in mutually beneficial outcomes.

As described by the 2013-2014 AACP standing committee on advocacy, the core components for successful community engagement programs are: Culture of community engaged service, facilitating mechanisms, sufficient human resources, strong partnerships, and, impact of community engaged service (Table 1). While the core components are listed, the sequencing of the components-which should be done first, second, etc. so the anticipated outcome is attained- was not part of the 2013-2014 advocacy committee report in which the core components were presented. The report authors and in particular AACP staff, would appreciate learning from you about how you sequenced the core components, since this is an important aspect of consistent implementation that leads to an intended outcome.

To better, describe the how of community engagement, the committee reviewed the winning portfolios of the Weaver Transformational Community Engaged Service Award for alignment of activities with the community engagement core components. Established in 2009, the Lawrence C. Weaver Transformative Community Service Award was created to highlight colleges and schools of pharmacy who demonstrate a major institutional commitment to addressing unmet community needs through education, research, and practice. Institutions interested in being considered for the Weaver award are asked to demonstrate their commitment to transformative community service as it relates to their academic mission and vision. Specifically, prospective institutions are advised that the Weaver award selection committee is interested in programs with direct links to their research endeavors and the education of student pharmacists, residents and other postgraduate trainees.

Weaver award winners, while required to respond to the award criteria, are not asked to explain how the criteria are applied or how the criteria are sequenced. This aspect of how the criteria or core components are sequenced is essential for helping an individual or organization remain confident that implementing the core components with fidelity will lead to the expected outcome. What keeps an individual or organization from implementing the core components, with fidelity, can be described through many frameworks, with the Hexagon Tool being the framework of choice recommended and tested by past AACP Advocacy Committees.¹⁵

Because of its connection to strategic priority #2 of the AACP strategic plan, pipeline programs in Weaver award winner institutions provide an example of what activities are effective in raising awareness of careers in pharmacy among students, parents, community organizations and policy makers. The following example from the University of Arizona describes their long-standing, successful pipeline programs. Further examination of how these programs are developed, especially the sequencing of the

core components of community engagement, could be an important follow-up to the benefit of our academy.

How Do The Core Components Work?

To offer the reader with some answers to the questions of: “How do we do it?, How does it work?,” the committee aligns the core components for successful community engagement programs with the core features of programs who have been recognized with the winners of the Lawrence J. Weaver Community Engaged Service Award. To allow for visualization of this alignment the key features of 2016 Lawrence J. Weaver transformational community engagement award winner (Table 2), University of Arizona College of Pharmacy’s pipeline development programs with the core components of community engagement. These components (culture, facilitating mechanisms, sufficient human resources, strong partnerships, and impact to the community) allow you to assess where you are in relation to the components of successful community engagement and identify potential areas for growth or further development. One essential area to focus on is the impact your program has on the community and how you can best measure and document this impact in a meaningful way. This is an area that the University of Arizona has been able to measure and document consistently over the years which has directly led to their ability to sustain a strong community engagement program for greater than a decade.

Scope of Practice

Scope of practice expansion has re-emerged as an issue that stimulates advocacy efforts. This concept is often thought of as a pharmacy practice concern. However, it is equally -if not more - relevant to pharmacy academia because pharmacy academia is where future pharmacists develop their conceptualization of contemporary practice. The most recent resurgence of pharmacy scope of practice expansions started in California with 2013 Senate Bill 493¹⁶, which designated pharmacists as healthcare providers, created an advanced practice licensure category, and broadened the authority of pharmacists in areas such as contraception, tobacco cessation, and travel medicine. Colleges and schools of pharmacy contributed extensively to the advocacy efforts for this legislation.

On a national level, H.R. 592 / S. 109¹⁷⁻¹⁸ would recognize pharmacists as providers for designated underserved populations. H.R. 592 / S. 109 also assigns compensation for provided services. Table 3 evaluates the core components of community engaged service and suggests how schools and colleges of pharmacy may support these components.

Pharmacists and the Opioid Epidemic

The landscape for pain treatment in the United States changed in 1999, when standards enforced by The Joint Commission were updated to encourage pain assessment as the “Fifth Vital Sign”. Over the following decade, both opioid prescribing and opioid overdose deaths quadrupled.¹⁹ From 2000–2010, opioid overdose was the fastest growing cause of death in the United States.²⁰ Drug overdose surpassed motor vehicle crash as the leading cause of injury death in 2009 and has continued to rise each year since.²¹ In 2014, opioids were implicated in 61% of all drug overdose deaths killing 28,647 Americans.²² Forty states have passed legislation recognizing pharmacists as front-line providers for overdose prevention

efforts by allowing standing orders for naloxone dispensation.²³ Unfortunately, many pharmacists are not well prepared to play this essential role in opioid harm reduction efforts due to a lack of specific training in overdose prevention.

The pharmacist community has taken thoughtful steps to prevent opioid misuse, including the development of tamper-resistant opioid formulations and implementation of prescription drug monitoring programs. These supply-side interventions do seem to have had a modest effect, with overdose deaths from prescription opioids stabilizing from 2009–2013. The overall public health impact of these policies remains dubious, as overdose deaths from heroin skyrocketed almost three-fold in that same timeframe.²⁴

Harm reduction organizations have been working for decades to expand access to naloxone, the drug of choice for reversing acute opioid overdose. From 1996–2010, these programs distributed naloxone to over 53,000 individuals and received reports of more than 10,000 lives saved.²⁵ Despite this impressive data, prescribers and pharmacists have been slow to take an active role in increasing naloxone prescribing and dispensing to persons at risk for opioid overdose. A recent survey of primary care providers found that 33% recalled receiving education about the use of take-home naloxone and only 8% had ever prescribed it.²⁶

Operation Naloxone

In March 2015, Texas enacted SB1462²⁷ to combat opioid overdoses. This legislation increases access to naloxone and removes barriers to its use. A key provision is the allowance for pharmacists to enter into standing orders with physicians and dispense naloxone at their discretion. The Texas Pharmacy Association has a standing order available online that can be obtained by completing a one hour continuing education program developed by faculty from The University of Texas at Austin College of Pharmacy. Several retail pharmacy chains have their own standing orders, although naloxone availability is dependent on the individual store and pharmacist.

Operation Naloxone is a local program devoted to combatting the opioid overdose epidemic in Texas. Launched in the fall of 2016 by faculty and students from The University of Texas College of Pharmacy, in collaboration with the School of Social Work and Texas Overdose Naloxone Initiative, the program has garnered local media attention for its innovative community training sessions. Specific objectives for this first phase of Operation Naloxone included the following: (1) Prepare student pharmacists to lead overdose prevention trainings in the community. (2) Assess the impact of engaging in service learning on knowledge retention and harm reduction attitudes.

Student pharmacists at The University of Texas at Austin College of Pharmacy were invited to participate in overdose prevention training via social media and email. Clinical faculty led a ninety-minute train-the-trainer session covering opioid overdose epidemiology and the role of naloxone. Attendees completed a post-training assessment. Student directors scheduled community outreach events in college student housing cooperatives that were identified as common sites for recreational drug use. Student pharmacists engaged in each outreach event for two hours. The first hour included a team huddle to review training materials. The second hour included the workshop for college students. These community training sessions were student-led with third-year student pharmacists planning events,

scheduling preceptors, and presenting to the college student audience in a large group lecture format. Student pharmacists from all years would then lead small group discussions and answer questions posed by their smaller audience. The preceptor circulated to verify information and answer questions out of the scope of the student pharmacists' knowledge.

Simultaneously, the faculty leaders successfully collaborated with UT administration to get naloxone rescue kits stocked in residence halls and provided overdose response training to residential assistants. They also secured a donation of naloxone to supply the UT Police Department and completed an overdose training series for more than 100 officers. Operation Naloxone hopes to reach out further and expand to include social work, nursing, and medical students at outreach events, and faculty leaders will be developing continuing education programs for health professionals thanks to a grant from the Texas Health and Human Services Commission. Training materials from this program are publicly available at OperationNaloxone.org for those who are interested in replicating or adapting the intervention.

Tools for Successful Community Engagement

As outlined in Table 1, the Core Components for Successful Community Engagement Programs identifies “Strong Partnerships” as one of the key areas for successful community engagement programs. One strategy to enhance the elements of Strong Partnerships is through collaboration with local Department of Health and Human Services (DHHS) Offices through Memorandum of Understanding (MOU) agreements. Working directly with DHHS offices allows needs of the community to be identified, the community voice to be heard, mutual planning between universities and community organizations, commitment to the partnership, and mutual benefit for both parties through increased opportunities for students and enhanced care in the community for vulnerable patients. An excerpt from an example MOU between a regional higher education center and a local DHHS can be found in Appendix A. This example illustrates the multitude of areas where strategic community partnerships can benefit all stakeholder through prescribed community engagement areas.

Interprofessional Education

A complementary component referenced in the Core Components is interprofessional collaborations. Interprofessional collaborations among students, faculty, providers and the community are important for a number of reasons as it pertains to student learning and skill development as a member of the healthcare team, but also as another mechanism of community engagement. Interprofessional teams can provide enhanced access to care, especially in areas where primary care providers are scarce, as well as for vulnerable, underserved patients in the community.

The Interprofessional Education Collaborative (IPEC) was created in 2011 as part of a vision to achieve safe, high quality, accessible, patient-centered care and further, developed the “Core Competencies for Interprofessional Collaborative Practice” to guide health professions curricular development as it pertains to team care.²⁸ The competencies are organized into four topic areas of values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork. Each of the topic areas contains desired principles with a focus on community/population oriented and

patient/family centered care. The competencies were updated in 2016 in part to integrate community and population health to a stronger degree.²⁹

Further, The National Center for Interprofessional Practice and Education (<https://nexusipe.org>) was formed in October 2012 through a cooperative agreement with the United States Department of Health and Human Services, Health Resources and Services Administration with additional funding through the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation and the University of Minnesota. The National Center for Interprofessional Practice and Education provides leadership and resources “to guide the nation on the use of interprofessional education and collaborative practice as a way to enhance the experience of health care, improve population health and reduce the overall cost of care”. The National Center has developed and launched two facilitators guides to (a) discuss components of the health care system and environment that must be present to provide optimal patient and community care (“Amina in the Nexus” - <https://nexusipe.org/engaging/learning-system/amina-nexus-0>) and (b) promote and enhance discussions around a new case delivery model in the community that allows incorporation of student learning in teams (“Carl in the Nexus” - this will be a hyperlink). Both Amina and Carl in the Nexus include a variety of resources for use including background literature, links to videos describing Amina and Carl’s cases and care, and suggested instructions for facilitating small and large group discussions around community engagement through interprofessional education and practice. This material can be useful in discussions with students, faculty, providers, and administrators at both academic and healthcare institutions.

PROPOSED POLICY STATEMENT 1

All colleges and schools of pharmacy will have an office of or a faculty member designated to focus specifically on community engagement, creating a champion.

RECOMMENDATION 1

Core components of community engagement, as presented in the 2013-2014 Advocacy Committee, should be an explicit part of the Weaver Award criteria.

SUGGESTION 1

The community engagement champion must work with an assessment representative to utilize data for program and quality improvement.

ASSESSING READINESS TO IMPLEMENT

The bylaws of AACP, related to the standing committee on advocacy, state: the committee is to “advise the Board of Directors on the formation of positions on matters of public policy and on strategies to advance those positions to the public and private sectors on behalf of academic pharmacy.” This report presents information indicating that AACP has long supported efforts to develop and sustain strong campus-community partnerships. An important accountability of this year’s committee is to present strategies that advance community engagement and describe how to effectively use these strategies to

advance your own community engagement activities. Through the work of past committees, identifying challenges to implementing the core components of public policy interventions such as community engagement, is an important first step of creating advancement strategies. The identification of challenges is accomplished through a “readiness for implementation” framework, the Hexagon Tool, created by the National Implementation Research Network (NIRN). The identification of implementation challenges provides AACP staff with important information that allows for the development of advancement strategies. Continuing the work of past committees, in their intent to create a consistent approach to the development of an advocacy agenda, these advancement strategies are referred to as advocacy action points.

The members of this year’s committee reflected on the ability of their respective institutions to implement the core components of community engagement in the context of evidence, readiness, resources, fit, capacity, and need - the six elements of the Hexagon Tool. Committee members agreed that there is evidence that indicates the need for and benefit of partnerships that support faculty and student engagement with community partners to mutually address community identified needs. With the rise of university or school-based offices of community engagement, inclusion of community engagement in institution vision or mission statement, and individual faculty or staff responsible for the development of community partnerships, committee members agreed that community engagement is a fit for their institutions. Clearly, the need for our academy to share its knowledge and skills to assist communities address important, complex issues is stronger than ever. There are plenty of exemplars and best practices associated with community engagement that can aid an institutions readiness to implement.

Challenges were identified in the areas of resources and capacity. Effectively engaging communities requires long-range thinking based on a consensus outcome with short-term goals that ensure continued development, increase trust, and establish well-articulated accountabilities. The importance of a longitudinal presence challenges the short-term focus of many institutions and their faculty. Building faculty capacity to effectively develop and sustain community partnerships demands sufficient knowledge of partnership development, an administration that sees community engagement as a priority and supports it in promotion guidelines, technical /data systems support that allows the faculty to collect and analyze data related to the partnership benefit and impact, and administrative support to assist with volunteer and student recruitment and engagement during specific activities. All these components that build capacity require sufficient human and financial resources that are consistently available regardless of how commitments to community partners change over time.

CONCLUSION

This report is focused on how to use the core components of community engagement identified in an earlier report. Based on the growing importance of community engagement and the recognition of its importance by AACP, the committee offers several examples of community engagement activities for consideration and replication by our academy and beyond. These activities, including those of winning institutions of the Lawrence J. Weaver Transformational Community Engagement Award, can be mapped to the core components of community engagement presented in Table 1. In the interest of presenting the reader with a readily usable report, we encourage readers to seek opportunities to partner with communities to engage in activities aimed at addressing community-identified needs. These partnerships

are essential to the professional development of students and the career development of faculty. Use of the core components of community engagement will increase the potential for campus-community partnerships will be initiated and sustained in the most effective and efficient manner. To ensure that the benefits of community engagement continue to accrue to both our academy and our communities, AACCP should seek ways to help institutions address the issues of capacity, especially in terms of faculty development, and ensuring sufficient human and financial resources are available to support community engagement. Since the actual sequencing of the core components are not well established, the committee encourages readers to engage in active implementation research by paying attention to how the core components are sequenced in specific community engagement activities and sharing that sequencing and its impact on the expected outcome through scholarly work.

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APPENDICES

APPENDIX A

(Excerpt from an MOU between a Regional Higher Education Center and a local DHHS)

PURPOSE AND SCOPE

The purpose of the MOU is to provide centralized coordination by establishing a primary point of contact at each entity. This coordination will allow for streamlined management of activities of mutual interest. The specific areas of interprofessional collaboration for this MOU will include but not be limited to the following:

Clinical Practicum: These include experiential learning/clinical rotations for students and faculty in hospitals, community health centers, and county agencies.

Special Projects: These include collaborations that engage students, faculty and DHHS employees on projects that enhance agency operations. For example, database management and business process review (e.g., effectiveness of community relations and outreach, integration of services, IT assessment).

Curriculum and Professional Development: These include the DHHS occasionally providing guest lecturers for interprofessional and other classes at the academic institution campus, providing non-clinical internship opportunities for students, as well as expertise on application of theory to practice.

Research and Evaluation: These include evaluation and assessment of projects conducted within the scope of the MOU, as well as large-scale intra-agency analyses that could be used as credit-based special projects for students and faculty (e.g. data mining and health informatics). In addition, this could include presenting project outcomes and results on inter-collaborative work to national/international conferences and organizations.

Grant Opportunities: These include the pursuit of grant opportunities on mutually agreed upon areas of interest. These could stem from the interprofessional projects themselves as well as the research and evaluation identified above. Interprofessional grant opportunities could also stem from patient care.

Educational Outreach: These include promotion of interprofessional collaborations within each entity as well as the county and the surrounding region. In addition, these include interprofessional health and

wellness outreach to the community at large as well as faculty at the academic institution potentially staffing classes/lectures for DHHS staff.

ROLES AND RESPONSIBILITIES

The academic institution and DHHS agree to establish a coordinating team to gather ideas, create project teams, and monitor progress. The coordinating team will also be responsible for evaluation of these efforts. This coordinating team will also serve as the primary mechanism of communication between the academic institution and DHHS.

The academic institution and DHHS will appoint at least one senior staff member from their organization to serve on the coordinating team. Members of the coordinating team will provide periodic updates and a joint annual report to the Director of DHHS and the Executive Director of the academic institution.

TABLES

Table 1. Core Components for Successful Community Engagement Program

Culture of Community Engaged Service Align with institution's and program's mission statement Visible support from dean and other administrators Recognize and celebrate community engaged activities		
Strong Partnerships	Sufficient Human Resources	Facilitating Mechanisms
Community-identified needs	Faculty champions (critical core)	Central infrastructure
Community voice	Student champions	Curricular engagement
University participation in community planning/coalitions	Staff support	Student professional organizations
Reciprocity/mutual benefit and respect	Pharmacy preceptors and other faculty volunteers	Skills-building opportunities (for students/faculty/volunteers)
Commitment to partnership	Pharmacy resident support	Financial resources and fundraising
Sustainability of efforts or programs	Interprofessional collaborations	Promotion and tenure policies
Impact of Community Engaged Service Measure level of engagement Assess impact on communities, teaching, learning and scholarship Utilize data for program and quality improvement		

Table 2: Core Components Analysis of the 2016 Weaver Award Winner

Univ of Arizona	Core Component
1. School's mission statement: to provide outstanding professional and graduate education, generate and expand pharmaceutical knowledge, optimize health and improve quality of life in a dynamic and global community. 2. Letter submitted from Dean 3. Letters of support from various community services/organizations. Highlight winning of Weaver award on College Website and community involvement.	Culture of Community Engaged Service 1. Align with institution's and program's mission statement 2. Visible support from dean and other administrators 3. Recognize and celebrate community engaged activities
1. School driven (e.g., faculty/community preceptors/students involved in student run clinic). 2. Incorporate IPPE/APPE activities within community services 3. Student chapters involved in student run clinics/screenings (e.g., St. Luke's Home and the ASCP student chapter, APhA-ASP health screenings) 4. Health screening training sessions for wellness screening (e.g., glucose testing, blood pressure, bone mineral density) 5. Fundraising generated through student chapters at the school for specific activities 6. Evaluated in the optional service and outreach portfolio portion of the dossier at U of Arizona	Facilitating Mechanisms 1. Central infrastructure 2. Curricular engagement 3. Student professional organizations 4. Skills-building opportunities (for students/faculty/volunteers) 5. Financial resources and fundraising 6. Promotion and tenure policies
1. Faculty champions within individual projects/services (e.g., Arizona Poison and DI center, faculty advisors for student organizations) 2. Student champions within student organizations taking the lead on sustaining and developing services 3. Staff support from an experiential standpoint (IPPE/APPE) 4. Many faculty and preceptor support and involvement in delivery services (e.g., health screenings, rural programs) 5. PGY1 community residency at El Rio Health Center 6. Binational Interprofessional Service learning program (Public health, Medicine, Nursing, and Pharmacy)	Sufficient Human resources 1. Faculty champions (critical core) 2. Student champions 3. Staff support 4. Pharmacy preceptors and other faculty volunteers 5. Pharmacy resident support 6. Interprofessional collaborations
1. Many examples of community needs identified (e.g., El Rio Health Fair, rural health programs) 2. Seen with numerous new articles and letters of support for programs and outreach 3. Identified through workforce development (e.g., PharmCamp, KEYS internship program) 4. Highlighted in letters of support and the many of the key quotes on the impact to the community	Strong Partnerships 1. Community identified needs 2. Community voice 3. University participation in community planning/coalitions 4. Reciprocity/mutual benefit and respect 5. Commitment to partnership 6. Sustainability of efforts or programs

5. Sustained community work for 17 plus years with many new programs in last 5 years (e.g., PharmCamp established 17 years ago) 6. Most programs and services have been running for 5 plus years demonstrating sustainability	
1. Have direct reporting of number of students and patients/communities involved (e.g., greater than 6,000 patients had health screenings since 2011 through programs offered) 2. Demonstrated classroom performance improvement in P3 students following service learning activities 3. Use data to support expansion and sustainability of programs, especially with rural health programs and expansion of experiential opportunities	Impact of Community Engaged Service 1. Measure level of engagement 2. Assess impact on communities, teaching, learning and scholarship 3. Utilize data for program and quality improvement

Table 3: Core Components Analysis of Scope of Practice Expansion

Scope of Practice Expansion	Core Component
	Culture of Community Engaged Service
1. Most schools/colleges of pharmacy mission statements reference expanded and innovative pharmacy practices 2. Get deans/administrators to write letters of support for scope of practice legislation/regulation or reach out to legislators personally 3. Publically recognize community partnerships that are best examples of engagement	1. Align with institution's and program's mission statement 2. Visible support from dean and other administrators 3. Recognize and celebrate community engaged activities
	Facilitating Mechanisms
1. Legislative champion, bill text; easy to read materials/catchphrases, prepopulated emails and other mechanisms to make it easy for people to contact their legislators 2. Curricula should include structural processes that actively engage students in the creation of sustainable practice model and promotion of practice expansion 3. Grassroots champions/advocates 4. Relevance to pharmacists practicing in all areas and students as future practitioners 5. Fundraisers (student, other) for PAC contributions 6. "Credit" in P/T policies that recognize legislative practice expansion activities	1. Central infrastructure 2. Curricular engagement 3. Student professional organizations 4. Skills-building opportunities (for students/faculty/volunteers) 5. Financial resources and fundraising 6. Promotion and tenure policies
	Sufficient Human resources
1. Faculty members identified with significant experience of starting and maintaining sustainable practice models 2. Grassroots champions/advocates 3. Staff person to help coordinate/facilitate meetings & communications with legislative staff 4. Volunteer faculty / preceptors identified with significant experience of starting and maintaining sustainable practice models 5. Support for resident to have time to engage in creating new practice sites or participate in the legislative process 6. Interprofessional "champion" partners identified to serve as representative voices for expanding scope of collaborative practice	1. Faculty champions (critical core) 2. Student champions 3. Staff support 4. Pharmacy preceptors and other faculty volunteers 5. Pharmacy resident support 6. Interprofessional collaborations
	Strong Partnerships

1. Community needs will help garner support for scope of practice expansion (ie - pharmacists and primary care shortage) 2. Community champions (ie - FQHC clinics with practicing pharmacists, senior citizen groups, etc) 3. Alignment with university partners as well as mission and vision of the institution 4. Identify supporters and potential opponents 5. Formal documents, contracts, etc... to create long lasting partnerships 6. Funding mechanisms	1. Community identified needs 2. Community voice 3. University participation in community planning/coalitions 4. Reciprocity/mutual benefit and respect 5. Commitment to partnership 6. Sustainability of efforts or programs
	Impact of Community Engaged Service
1. Passage of bill/regulation that results in expanded practice opportunity 2. Successful legislation and possibly implementation of new practice (serves as source for teaching, scholarly activity) 3. Evaluate programs for improvement in patient care	1. Measure level of engagement 2. Assess impact on communities, teaching, learning and scholarship 3. Utilize data for program and quality improvement

Table 4: Core Components Analysis of Operation Naloxone

Operation Naloxone	Core Component
Culture of Community Engaged Service	
1. This is an innovative community engagement and service learning opportunity that displays the unique skill set of pharmacists in health promotion and harm reduction. 2. We provide periodic updates to the Dean and Division Head regarding service progress to facilitate connections with health professionals, government entities, and community organizations. 3. The College promotes this initiative by sharing articles on social media, discussing the project at faculty meetings, and aiding project leaders in obtaining funding and other support.	1. Align with institution's and program's mission statement 2. Visible support from dean and other administrators 3. Recognize and celebrate community engaged activities
Facilitating Mechanisms	
1. Faculty and student leaders are clearly identified in a shared electronic document. Additional resources are shared in the same collaborative online format. 2. IPPE hours are awarded to student participants in co-curricular activities, and initiatives are connected to modules in the curriculum (pharmacotherapy, clinical skills). 3. Student organization leaders are involved in project design and implementation, as well as continuous quality improvement and submission for presentation/publication. 4. Faculty leaders presented an expanded overdose response training for prospective student volunteers to introduce them to the content. Student leaders drove initial outreach events with other students playing supporting roles, and those students later progressed to becoming primary presenters. Pre-session huddles and post-session debriefs were built into the IPPE timeframe. 5. Funding was not required for program initiation, but a donation of naloxone for dissemination at outreach events was helpful. Student organization funds were utilized to purchase electronic equipment	1. Central infrastructure 2. Curricular engagement 3. Student professional organizations 4. Skills-building opportunities (for students/faculty/volunteers)

for presentations. Collaboration with community leaders ultimately led to a contract with the state department of health to expand the project. 6. These policies recognize the value of community engagement, particularly when media coverage and innovative research are intentionally sought by faculty leaders. University leaders understand the value of interprofessional collaborations that promote health locally while setting an example for the nation.	5. Financial resources and fundraising 6. Promotion and tenure policies
Sufficient Human Resources	
1. The contribution of multiple faculty members is required, including a significant commitment from clinical faculty who maintain active practices. Some relief from other duties is required to make this program sustainable. 2. The program is grounded in two student organizations. Research elective credit is offered to organization leaders to encourage long-term commitment. 3. Obtaining staff time for program support was not feasible prior to initiation, so faculty and student leaders fill this gap. Extramural funding will allow supporting consultants to be hired temporarily, but internal staff commitment will be crucial long-term. 4. Existing service programs severely limit the availability of preceptor and faculty volunteers, leaving this burden on the shoulder of the primary faculty clinician-researcher. 5. Residents have been engaged to precept community outreach events, but incentives for this additional work have been difficult to secure. 6. A faculty member from social work and a community expert with connections to various organizations have been involved since program conception. These leaders collaborate with pharmacy leaders to promote the program in public and academic media.	1. Faculty champions (critical core) 2. Student champions 3. Staff support 4. Pharmacy preceptors and other faculty volunteers 5. Pharmacy resident support 6. Interprofessional collaborations
Strong Partnerships	

1. A law increasing access to naloxone for opioid overdose reversal was recently passed in the state, but most health professionals and community members were not aware or engaged in associated efforts. 2. Local harm reduction advocates were working to disseminate naloxone and provide overdose training, but they were unable to access health professionals and content experts for support prior to this collaboration. 3. Faculty leaders coordinated dual efforts with community leaders to establish naloxone access policies with key institutions including the University and campus police. 4. Community leaders obtained naloxone donations to support outreach efforts. Faculty leaders continued to intentionally include these partners in strategic planning and extramural funding budgets. 5. Faculty and community leaders communicate regularly and share personal motivations openly. Barriers to effective collaboration are identified and managed proactively. 6. Student organizations will likely provide a source of sustainable effort. Extramural funding and expanded internal support in the form of staff and faculty relief will be crucial to program expansion.	1. Community identified needs 2. Community voice 3. University participation in community planning/coalitions 4. Reciprocity/mutual benefit and respect 5. Commitment to partnership 6. Sustainability of efforts or programs
Impact of Community Engaged Service	
1. Descriptive data is being collected from community outreach events, including number and type of individuals trained. 2. An online quiz was administered immediately following the training and will be administered again a few months later with the addition of a perceptions component. The impact of service learning on knowledge retention will be assessed. 3. Student participant assessments will be utilized to restructure training programs in future years. Feedback from faculty and student leaders will inform expansion efforts to include direct pharmacist outreach	1. Measure level of engagement 2. Assess impact on communities, teaching, learning and scholarship

and online continuing education modules for health professionals.	3. Utilize data for program and quality improvement
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Table 5: Core Component Analysis of Interprofessional Education

Tools for Successful Community Engagement	Core Component
Culture of Community Engaged Service	
1. Through discipline specific mission statements or those institutions with IPE infrastructure in place, community engagement is often an integral component. 2. High level support from deans, presidents, provosts, etc can enhance IPE through community engagement by allowing for financial and human resources to be dedicated to new and expanding initiatives. 3. As IPE initiatives in the community flourish, highlighting these initiatives through local media (newspaper, etc) and university-related media is essential, in order to publically recognize the importance of IPE community engagement initiatives.	1. Align with the institution's and program's mission statement 2. Visible support from dean and other administrators 3. Recognize and celebrate community engaged activities
Strong Partnerships	
Establishment of strong and agreed upon partnerships between academic institutions and the community through memorandums of understanding (MOUs) with departments of health and human services (DMMS) or other community entities will help to identify the community needs through community voice within the MOU, allow for dual participation in planning of IPE events in the community, and provide benefit for students and patients participating in the programs. See Appendix A (provide link to Appendix A) for an example MOU between a regional higher education center and a department of health and human services office surrounding IPE initiatives.	1. Community-identified needs 2. Community Voice 3. University participation in community planning/coalitions 4. Reciprocity/mutual benefit and respect
Sufficient Human Resources	
1. Identifying faculty among different professions who are in the classroom and in the community and can give a voice to community engagement through IPE are essential to successful program development. 2. Student leaders with an interest in or experience with IPE in the community should be identified as ambassadors to promote IPE	1. Faculty Champions 2. Student Champions

in the community among their student peers, as well as with faculty. 3. Staff support for IPE, especially on the academic side is critical for ensuring success of IPE community engagement programs regarding scheduling, placements, assessment, etc. 4. In order to have capacity to grow and expand IPE experiences for students in the community, preceptors must be identified and trained to facilitate such IPE experiences.	3. Staff Support 4. Pharmacy preceptors and other faculty volunteers
Facilitating Mechanisms	
1. In order to facilitate IPE effectively across institutions, establishing an infrastructure is suggested, such as a Center, Institute or Office of IPE. 2. Through a centralized infrastructure, representatives from all participating disciplines on the academic side can be identified (likely academic deans or equivalent) and brought together to discuss revisions to curriculum to incorporate IPE both in the classroom and the community/clinical setting. 3. XXX 4. Training of faculty, preceptors and staff in imperative for effective and well thought-out IPE initiatives in the community. The National Center for IPE has created facilitators guides to increase IPE and IPC through community engagement. • Amina in the Nexus (https://nexusipe.org/engaging/learning-system/amina-nexus-0) • Carl in the Nexus (https://nexusipe.org/engaging/learning-system/carl-nexus)	1. Central infrastructure 2. Curricular engagement 3. Student professional organizations 4. Skills-building opportunities
Impact of Community Engaged Service	
1. Collecting data on the number of students and patients that have participated in IPE and IPC in the community should be collected with a hopes to develop mechanisms to continue to	1. Measure level of engagement

expand the numbers of students and patients reached by these IPE community engagement initiatives. 2. In order to assess impact of IPE community engagement initiatives, various measure should be collected. Patient-related clinical indicators (such as hemoglobin A1C or blood pressure) can demonstrate effectiveness of IPE clinics on patient care. Assessment tools pertaining to team-based interprofessional care (eg team skills scale, ICAR, etc) can determine whether the interprofessional experience has had an impact on student's attitudes and behaviors surrounding IPE. 3. Once data pertaining to patient and students experiences have been collected and evaluated, enhancements to the IPE community engagement experience can be made, in order to improve the quality and sustainability of the program, as well as a mechanism to demonstrate need for expansion of IPE community engagement programs.	2. Assess impact on communities, teaching, learning and scholarship 3. Utilize data for program and quality improvement
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