

VCU & VCUHS Community-Engaged Partnerships

Introduction

Our purpose is to collect information about VCU and VCUHealth System's (VCUHS) community-engaged partnerships. Information collected will be publicly available so that VCU & VCUHS and the community can more effectively connect, coordinate, and collaborate with each other, and help us to celebrate and promote community engagement at VCU & VCUHS.

Key Definitions

Community-engaged partnerships can occur with VCU and VCU Health.

A community-engaged partnership with VCU Health is a collaboration between VCU Health and community partners that responds to a community need and improves access to health care services, enhance the health of the community, and/or advances medical or health knowledge of communities or populations.

A community-engaged partnership with VCU is a sustained collaboration between VCU and community partners that responds to a community need and results in the mutually beneficial exchange, exploration, and application of knowledge, information, and resources. Community-engaged partnerships are research, capacity building, or economic development.

Community Partners refers to organizations external to VCU and VCU Health. External organizations can include nonprofits, businesses, government agencies, schools, art galleries, and so on.

Submitters are individuals responsible for entering and updating partnership information. Only VCU and/or VCUHS employees can act as a submitter. A submitter is either:

1. An individual affiliated with a partnership, e.g., a faculty member, or
2. A person designated to enter information on behalf of the partnership, e.g., an administrative assistant submitting information on behalf of their departmental faculty/staff/team members' partnerships.

Many partnerships have multiple VCU or VCUHS employees affiliated with it. In order to reduce duplicative entries, please identify one person who will be responsible for either (1) submitting information directly in the database or (2) providing partnership information to a designated submitter who will conduct data entry on behalf of the partnership.

Data Collected

SECTION 1: ABOUT THE PARTNERSHIP

- Partnership Name
- Length of Partnership (*begin date & end date, if applicable*)
- Partnership Focus & Population (*e.g., issue and population being addressed by partnership*)
- Service Area or geographic reach of partnership
- Partnership Activities (*e.g., outreach, teaching, research, or healthcare-related service*)

SECTION 2: AFFILIATED VCU or VCUHS MEMBERS & COMMUNITY PARTNERS

- Affiliated VCU or VCUHS Members and contact information
- Affiliated Community Partners and contact information
- Additional information to describe partnership (*e.g., aims, goals, impact – optional section*)

Contact

If you have any questions or concerns, contact:

Jennifer Early, Director of Community-Engaged Research

s2jlearl@vcu.edu | (804) 827-2001

The VCU & VCUHS Community-Engaged Partnership Database is a collaborative effort between VCU's [Center for Urban Communities](#), [Division of Community Engagement](#), and [Office of Planning and Decision Support](#), and the VCUHS [Division of Health Impact](#).

PARTNER RELEASE OF INFORMATION

Partners must approve any description provided and release of information before any information is submitted. Information collected will not be confidential. The majority of data will be made public. Thus, there may be risk to your partnership if your community partner does not want to be identified. Obtain verbal consent from your community partner or partners before entering their contact information (i.e., organizational name and address). Please note that VCU and VCUHS must comply with the Virginia Freedom of Information Act (FOIA). Data collected may be subject to FOIA requests. See [here](#) (VCU) and [here](#) (VCUHS) for more information.

I have obtained my partner or partners consent for their release of information, and any additional partnership description provided.*

UNIVERSITY AND HEALTH SYSTEM POLICIES

Be sure your partnerships have been formed in accordance with VCU and/or VCUHS policies, particularly those listed below (if relevant).

VCU Employees	VCU Health System Employees
<ul style="list-style-type: none">• Non-discrimination• Safety & Protection of Minors• Sexual Misconduct• Accessibility & Reasonable Accommodation	<p>Please refer to the "Policies" tab in the Employee Intranet in addition to those listed below (http://vcuhsweb.mcvh-vcu.edu/).</p> <ul style="list-style-type: none">• Non-discrimination• Privacy Practices

My partnership was developed in accordance with VCU and/or VCUHS policies, when relevant*.

SUBMITTER CONTACT INFORMATION

Submitters are individuals responsible for entering and updating partnership information. A submitter is either (1) an individual affiliated with a specific partnership, or (2) a person designated to enter information on behalf of the partnership.

Submitter contact information will not be public. We will contact submitters if we have any questions about the partnership submission.

Enter information below.

eID*: _____ Full Name*: _____ Email*: _____
Institution*: _____^v Unit*: _____^v Dept*: _____^v

SECTION 1: ABOUT THE PARTNERSHIP

In this section, you are asked for the information listed below. Specific instructions and definitions are provided for each question as needed.

- Partnership Name
- Length of Partnership (*begin date & end date, if applicable*)
- Partnership Focus & Population (*e.g., issue & population being addressed by partnership*)
- Service Area or geographic reach of partnership
- Partnership Activities (*e.g., outreach, teaching, research, or healthcare-related services*)

Partnership Name

Please provide the name or title of the partnership below. If no formal name or title exists, provide a brief descriptive title. For example, Internship with CARITAS.

Partnership Name*: _____

Length of Partnership

Please estimate the month and year that this partnership began. If applicable, also estimate the month and year that the partnership ended. If the partnership is currently active, leave the end date blank. When entering dates, use numbers instead of text. For example, enter 08/2013 instead of August, 2013.

About when did this partnership begin*? (Month/Year) _____

If the partnership is not currently active,
about when did the partnership end? (Month/Year) _____

Partnership Focus & Population

Please indicate the focus and population of your partnership. Here we aim to understand the problems/challenges/topics your partnership is working to address, and for whom.

Instructions & Definitions

We have attempted to provide a comprehensive list while keeping it manageable. Current categories were developed by VCU & VCUHS committees and Richmond community members. **Only** use the specific subcategories for “Education” and “Health & Wellness. We will be eliminating these two general categories in the near future to help identify your partnership’s specific focus.

What issue or issues does this partnership focus on*? (*Select all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Arts, Humanities, & Culture | <input type="checkbox"/> Health & Wellness: Access to care |
| <input type="checkbox"/> Criminal Justice & Public Safety | <input type="checkbox"/> Health & Wellness: Behavioral & Mental Health support |
| <input type="checkbox"/> Economic & Workforce Development | <input type="checkbox"/> Health & Wellness: Clinical &/or Patient services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Health & Wellness: Dental services |

- | | |
|---|--|
| <input type="checkbox"/> Education: Early Childhood Development | <input type="checkbox"/> Health & Wellness: Pharmaceutical services |
| <input type="checkbox"/> Education: Adult Education | <input type="checkbox"/> Health & Wellness: Prevention & Education |
| <input type="checkbox"/> Education: School-based: PK-12 | <input type="checkbox"/> Health & Wellness: Specialized support |
| <input type="checkbox"/> Education: Out-of-school Time | <input type="checkbox"/> Homelessness & Housing |
| <input type="checkbox"/> Education: College Access & Readiness | <input type="checkbox"/> Injury & Violence Prevention |
| <input type="checkbox"/> Environment & Sustainability | <input type="checkbox"/> Public Policy, Government, & Nonprofit Sector |
| <input type="checkbox"/> Equity, Diversity, & Inclusion | <input type="checkbox"/> Social Support |
| <input type="checkbox"/> Food Access & Nutrition | <input type="checkbox"/> Urban Planning & Community Development |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Other, please specify _____ |

If your partnership focuses on a specific population, please indicate below. *(Select all that apply. If blank, we will assume that your partnership focuses on the general population.)*

- | | |
|--|---|
| <input type="checkbox"/> Children & Youth | <input type="checkbox"/> LGBTQ |
| <input type="checkbox"/> Families | <input type="checkbox"/> Low-income Individuals/Communities |
| <input type="checkbox"/> Immigrants & Refugees | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Incarcerated &/or Formerly Incarcerated | <input type="checkbox"/> Racial/Ethnic Minorities |
| <input type="checkbox"/> Individuals experiencing homelessness | <input type="checkbox"/> Veterans or Military |
| <input type="checkbox"/> Individuals with disabilities | <input type="checkbox"/> Women |
| | <input type="checkbox"/> Other, please specify _____ |

Service Area

Please indicate the service area or geographic reach of this partnership. In other words, what geographic areas are being targeted by this partnership? For example, does this partnership serve the East End of Richmond, all of Virginia, or has a nation-wide reach?

Geographic service areas are listed in the following order, beginning from the immediate locale and expanding outward:

1. Richmond City, by neighborhoods
2. Richmond region, by counties in the Richmond Metropolitan Statistical Area (MSA)
3. Community Memorial Hospital Service Area
4. Virginia
5. Mid-Atlantic Region
6. National
7. International

Instructions & Definitions

Select "X"	If this partnership serves <i>any or all</i> of the following areas:
"Community Memorial Hospital Service Area"	South Hill, Brunswick, Lunenburg and Mecklenburg, Southside Virginia, and parts of northern North Carolina
"Virginia"	Counties or cities in the commonwealth outside of the counties and cities already listed
"Mid-Atlantic Region"	Virginia, Maryland, Washington DC, North Carolina, and West Virginia
"National"	US states and territories outside of Virginia
"International"	Countries outside of the US states and territories

See [here](#) for a map of Richmond City neighborhoods, as defined by DataShare Metro Richmond. Selected Counties and Cities listed are based on the Richmond Metropolitan Statistical Area (MSA) as defined by the [US Census](#) using [August 2017 delineation files](#).

What geographic areas does this partnership serve*? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Downtown, Richmond City | <input type="checkbox"/> Hanover, VA |
| <input type="checkbox"/> East End, Richmond City | <input type="checkbox"/> Henrico, VA |
| <input type="checkbox"/> Near West End, Richmond City | <input type="checkbox"/> Hopewell, VA |
| <input type="checkbox"/> Northside, Richmond City | <input type="checkbox"/> King William, VA |
| <input type="checkbox"/> Southside, Richmond City | <input type="checkbox"/> New Kent, VA |
| <input type="checkbox"/> West End, Richmond City | <input type="checkbox"/> Petersburg, VA |
| <input type="checkbox"/> Amelia, VA | <input type="checkbox"/> Powhatan, VA |
| <input type="checkbox"/> Ashland, VA | <input type="checkbox"/> Prince George, VA |
| <input type="checkbox"/> Caroline, VA | <input type="checkbox"/> Sussex, VA |
| <input type="checkbox"/> Charles City, VA | <input type="checkbox"/> Community Memorial Hospital Service Area |
| <input type="checkbox"/> Chesterfield, VA | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Colonial Heights, VA | <input type="checkbox"/> Mid-Atlantic Region |
| <input type="checkbox"/> Dinwiddie, VA | <input type="checkbox"/> National |
| <input type="checkbox"/> Goochland, VA | <input type="checkbox"/> International |
| | <input type="checkbox"/> Other, please specify _____ |

Partnership Activities

Please indicate the activity or activities that this partnership engages in. Activity types are based on the core functions of higher education and health systems, and represent the foundational ways that VCU & VCUHS engages with our community partners. These activities are: (1) teaching/service-learning, (2) internships/practica, (3) research/creative, (4) service/outreach, and (5) health-related service. Activities are considered community-engaged if they meet the definitions below.

Instructions & Definitions

Select this partnership's activity or activities based on the following definitions:

- "Teaching/Service-learning" activities connect students and faculty with community partners and address community-identified needs through mutually beneficial partnerships that also deepen students' academic and civic learning. These activities engage students in community-based education activities in which they apply knowledge and skills learned through classroom curriculum ([Furco 2010](#)). Examples include university approved Service-Learning courses, community-based clinical placement, field studies, professional practica, capstone courses, and courses that incorporate project based learning.
- "Internships/Practica" activities provide a benefit to the broader community and are considered "community-engaged" if the internship activities were designed to increase the quality of life for communities. For example, improving environmental conditions (e.g., monitoring water quality of James River) enhances quality of life, in addition to placements that involve human, health, and public services. Internships can be paid or unpaid.
- "Research" activities are considered community-engaged if they incorporate stakeholders in the design and conduct of the different phases of the research process. "Creative" activities are related to the research and also community-engaged. Example: A research team collaborates with the community partners in the design of research questions as well as the creation of dissemination tools.
- Service/Outreach are community-engaged when they provide a benefit to the broader community. "Service" refers to volunteer activities that directly benefit the community and they do not involve teaching or research. Examples include volunteering one's expertise, time, labor, and resources to communities (e.g., volunteering at a food bank). "Outreach" refers to activities that entail the application and provision of institutional resources, knowledge, or services that enhance the quality of life for the community. Examples of outreach activities include: music concerts, athletic events, and health fairs.
- "Health-related Service" activities provide services to populations and communities to better improve human health and responds to a community needs. These partnerships improve access to health care services, enhance the health of the community, and/or advances medical or health knowledge of communities or populations. Examples include activities that involve patient screening, counseling, and education.

What activities does this partnership engage in*? (Select all that apply)

- Teaching/Service-learning
- Internships/Practica
- Research/Creative
- Service/Outreach
- Health-related Services

(If Teaching/Service-Learning is selected) Please provide the course number (ex. ARTE 670) for any course involved with this partnership. You may list of to 3 courses.

Course 1 _____

Course 2 _____

Course 3 _____

SECTION 2: AFFILIATED VCU or VCUHS MEMBERS & COMMUNITY PARTNERS

In this section, you are asked to provide contact information for those who are affiliated with this partnership in the following order:

1. VCU Units (School, Dept.) or VCUHealth System Units (Dept.)
2. VCU or VCUHS Employees
3. Community Partners

Specific instructions and definitions are provided for each question as needed.

VCU or VCUHS Units

Please indicate at least 1 school/unit and related department (if applicable) involved with this partnership below. You may list up to 3 schools/units. If you have more than 3, select the 3 that are most directly involved in this partnership.

Instructions

First select which institution – VCU or VCUHS, then the school/unit, and finally the department (if applicable). Relevant response options will subsequently be displayed based on your selections.

You can only select 1 response for each column (institution, unit, and dept.). Multiple schools within an institution or multiple departments within a school/unit will need to be entered separately.

1. Institution*: _____^v Unit*: _____^v Dept*: _____^v

2. Institution: _____^v Unit: _____^v Dept: _____^v

3. Institution: _____^v Unit: _____^v Dept: _____^v

VCU or VCUHS Employees

Please indicate at least 1 VCU or VCUHS faculty, staff, or team member directly involved with this partnership below. Direct involvement refers to overseeing planning, managing, or implementing activities. You may list up to 3 VCU and/or VCUHS faculty, staff, or team member. If you have more than 3, select the 3 that are most directly involved in this partnership.

Instructions

If you know the eID of faculty, staff, or team members associated with this partnership, most remaining contact fields will automatically fill. You will need to manually enter any information that does not autofill. Complete autofill functionality will be available in the future.

Please note that the primary faculty, staff, or team member will be publicly listed as the contact person for this partnership. Please identify the “primary” accordingly.

Primary faculty, staff, or team member

eID: _____ Full Name*: _____ Email*: _____
Institution*: _____^v Unit*: _____^v Dept*: _____^v

Additional faculty, staff, or team members

eID: _____ Full Name: _____ Email: _____
Institution: _____^v Unit: _____^v Dept: _____^v

eID: _____ Full Name: _____ Email: _____
Institution: _____^v Unit: _____^v Dept: _____^v

Community Partners

Please indicate at least 1 community partner directly involved with this partnership below. You may list up to 3 community partners. If you have more than 3, select the 3 that are most directly involved in this partnership.

Instructions

Enter the organizational name of your community partner and provide their physical address. If your community partner is outside of the US, select or enter "NA" for applicable sections.

If you partner with a large organization, such as a school/health system or public agency, please be specific. For example, enter "Greene Elementary, Richmond Public Schools" if you work with a specific school. Enter "Richmond Public Schools" only if you partner with the entire school system.

Community Partner 1

Org Name*: _____
Org Address*: _____
City*: _____ State*: _____^v Zip code*: _____
(If non-US, select NA here) *(If non-US, enter "NA" here)*
Country*: _____^v Website: _____

Community Partner 2

Org Name: _____
Org Address: _____
City: _____ State: _____^v Zip code: _____
(If non-US, select NA here) *(If non-US, enter "NA" here)*
Country: _____^v Website: _____

Community Partner 3

Org Name: _____

Org Address: _____

City: _____ State: _____^v Zip code: _____
(If non-US, select NA here) (If non-US, enter "NA" here)

Country: _____^v Website: _____

ADDITIONAL INFORMATION

Last, please provide any additional information about this partnership that will help others to more effectively connect, coordinate, and collaborate with your partnership, and help us to celebrate and promote your community engagement efforts at VCU & VCUHS. Suggested information to include here are: aims, goals, and impact (if available). Reminder: Be sure your community partner or partners approve any description provided below. (3-4 sentences; approx. 75 words or 500 characters maximum)

[Save Partnership]