

Guidelines for Evaluating Community-Engaged Scholarship

According to the guidance provided by the UCLA Committee on Academic Personnel (CAP), “community-engaged scholarship includes research or scholarship conducted in partnership with non-academic organizations, and community scholars and practitioners.”

Defining Community-Engaged Scholarship in Dentistry/Health Sciences

Community-engaged scholarship (CES) includes **research** (e.g. community-based participatory research), **teaching** (e.g., service learning), and **service** (e.g. application of expert knowledge to connect university and community) but is distinct from the traditional understanding of community service as it contains scholarship components (e.g. clear goals, adequate preparation, appropriate methods, significant results, effective presentation, reflective critique, and rigor). Due to its non-traditional nature, documentation of CES should consider and embrace non-traditional means, while at the same time applying a rigorous academic standard.

Characteristics that distinguish CES from traditional forms of academic scholarship can include (but are not limited to) the following:

- Dissemination of the scholarly output can occur in traditional forms (e.g., peer-reviewed journal publications, conference presentations, etc.) but is often an **applied product** (e.g., innovative intervention programs, training materials or resource guides, etc.) or **community dissemination products** (e.g., community forums or publications, websites, etc.).
- Scholarship is often **highly collaborative** and **multidisciplinary** and includes **non-academic partners**; therefore, the position of authorship for scholarly output does not necessarily reflect the weight of contribution assumed for “first” and “last” authorship in traditional academic publications.
- Research, teaching, and service may be interrelated and, therefore, cannot be separated into individual components.
- The work often involves extended timelines as significant relationship-building with external partners is required to maximize its quality and impact.
- Funding sources may differ from traditional government agency funding or industry sponsorship.
- External referee letter may also differ from traditional academic evaluation as they could include peer review letters from community leaders as well as letter or support/appreciation from community members/partners.
 - o Peer review letters from community leaders: these letters should provide a critical evaluation of the scholar’s work from the community perspective.
 - o Letters of support: These letters should highlight and document the value of the scholarly work as perceived by the community and illustrate the community impact and breadth of dissemination.

Criteria for Evaluation of Community-Engaged Scholarship

Type of Scholarship	Purpose	Metric (including but not limited to these examples)
Community-based participatory research	Combine knowledge with action (on a topic important to the community) to improve oral health	<ul style="list-style-type: none"> • Clearly state the basic purpose of the work and its value for benefitting the community AND increasing the knowledge base. • Demonstrate/measure the development and implementation of models for improving access to dental/medical care services within the community, especially for underserved populations. • Demonstrate scholarly productivity through traditional metrics like peer-reviewed publications citations, and journal impact factors (The impact factors of journals specializing in community-engaged scholarship should be considered in the context of the field), increased funding for further research, implementation of new programs, public exhibitions, websites. • Obtain grants to support community-engaged research projects (non-traditional/non-government sources should be considered due to the different nature of the funding structure for community-engaged research projects). • Delineate the extent to which the scholarship addresses relevant oral health needs within the community. • Demonstrate/measure improvements in access to dental/medical care services, health outcomes, or health-related behaviors within the community, especially for underserved populations. • Evaluate/measure changes in oral health status, knowledge, attitudes, or behaviors within the community resulting from the community-engaged research. • Demonstrate dissemination of knowledge gained through specific metrics like: community reports, newsletters, research briefs, policy briefs, non-scholarly presentations, ongoing relationship

		building through regular communication webinars and digital trainings, plus other education and outreach activities—including and beyond social media (blogs, podcasts, other online forums).
Service learning	Provide a structured learning experience that combines community service with preparation and reflection	<ul style="list-style-type: none"> • Evaluation criteria would, in part, overlap with the existing APA guidelines for teaching evaluation. • Document practice-based teaching and outcome. • Deepen and contextualize the learning experience in, e.g., a dedicated course, by involving community experts in implementation. • Revise curriculum and community placement with community partner based on student feedback and community partner observations. • Evaluate the integration of community-engaged activities (CBCE) into the dental school curriculum. • Measurement of student learning outcomes related to community engagement, including critical thinking, cultural competency, and leadership skills.
Application of expert knowledge to university and community	Dynamic, sequential, and interactive scholarly application of theory to practice	<ul style="list-style-type: none"> • Serving as consultant/advisor for community-engaged projects to measurably enhance the capacity of the community to improve oral health. • Documenting activities through technical reports/presentation, formal agreements, guidelines, etc. • Receiving honors, awards, and other documented practice recognition