



The Chicago Area Schweitzer Fellows Program:

Surveying the Impact on Alumni and Communities

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The program allowed me to re-prioritize and re-engage in service. It gave me support, skills, and connections that have allowed me to develop and sustain service initiatives in communities I would not have otherwise had access to. It has provided me a network of individuals that have similar ideals that have led to further opportunities and collaborations, as well as has given me a sense of legitimacy in making these choices for my career. It also has provided me with a platform to encourage and support others that want to make similar commitments.

~Schweitzer Fellow for Life

Executive Summary

Introduction

Each year, the Chicago Area Schweitzer Fellows Program at Health & Medicine Policy Research Group (Health & Medicine) offers graduate students an inter-professional service learning experience. Each year the Program selects 30 exceptional Fellows who each partner with a community-based organization to provide 200 service hours, strengthening that organization's capacities. While projects vary by year and student—serving a variety of populations such as older adults and the homeless in a myriad of different ways—clients are almost always low-income and either minorities or immigrants. In addition to providing direct service to help existing organizations amplify their capacities, through its unique social justice focus on policy and advocacy, the Fellowship cultivates an interdisciplinary workforce and network of professionals committed to lives of service and leadership.

Part of a national network of 14 affiliated Schweitzer Fellowship programs, the Chicago Area Schweitzer Fellows Program is the largest and one of the longest running. The Chicago program began in 1996, and unlike the four other legacy chapters, was not headquartered at a university but rather within a small independent health policy think tank—Health & Medicine—with a mission of improving the health of the people of Illinois by promoting health equity. Health & Medicine believes in the mutual benefit of nurturing the Fellows to grow in their commitment to service while at the same time using the experiences of the Fellows to inform and influence the work of Health & Medicine.

In 2016, as part of the Program's 20th anniversary, the Chicago Area Schweitzer Fellows Program conducted a study to better understand the Program's impact on Schweitzer alumni, called Fellows for Life (FFL).

Findings

The study uncovered six key findings:

Part I: Educational and Career Trajectories of Schweitzer Fellows

FFL pursue educational and career paths that reflect continued commitment to serving underserved communities. This aligns with the goals of the Schweitzer Program to cultivate leaders of service and Health & Medicine's mission of health equity.

Education

Over 90% (n=113) of respondents reported that they graduated from their training programs. Forty-nine reported that they had or were pursuing additional degrees and the vast majority of this subset indicated that they were either pursuing a PhD (in a diversity of fields) or an MPH as their additional degree.

Career

Nearly 77% (n=100) of respondents were employed full time when they participated in the survey in a wide variety of professions including Pharmacy, Dentistry, Art Therapy, Disability Studies, Chiropractic, Podiatry, and Law. The largest groups of respondents were from Medicine (35%, n=36), Nursing (25%, n=32), Social Work (14%, n=18), and Public Health (11%, n=14). The most common place of employment was health clinics (n=38), followed by hospitals (n=30), which together comprised two-thirds of the Fellows' employment affiliations, most of which were in the non-profit sector. Of the 17 FLL who responded "other," employers included academic centers, for-profit law firms, and labor unions.

Part II. Most Valued Aspects of the Chicago Area Schweitzer Program

Four dominant themes emerged in the data regarding which aspects of the Program FFL identified as the most important: 1) having supports, connections, mentors, and networks; 2) developing their awareness of and commitment to addressing the issues facing underserved communities; 3) developing knowledge and skills; and (4) the value of their experiences at community sites.

Part III. Schweitzer Program's Impact on Fellows

We found that FFL are indeed community-engaged health leaders and that the Schweitzer Program contributed to (a) their roles as leaders and advocates; (b) their work in underserved communities; and (c) their ability to work within teams. The findings also reveal that FFL stay connected to their peers, mentors, sites, and the communities that they now understand as being critical places for service and action.

Part IV. Schweitzer Fellows' Application of Their Fellowship Experience

The three major ways in which FFL reported living lives of service as a result of their participation in the Schweitzer program: (1) serving in their careers, (2) serving in their current communities, and (3) being connected to their former Schweitzer Fellowship community site.

Part V. Fellows' Ongoing Involvement with Community Organizations

Almost 35% (n=44) of FFL reported that they stay in touch with their project site. Among those respondents — and recognizing that a few individuals identified more than one role or capacity — 17 serve as volunteers, 13 as advisors/consultants, nine as advocates, seven as donors, seven as staff, and three as board members.

Part VI. Continuation and Sustainability of Schweitzer Fellows' Projects

A majority of survey respondents (57%) indicated that their community projects continued after they had completed their Fellowship, with 36 indicating that their projects are still continuing. The four

ways projects continued include: 1) the site continued or integrated the process, service(s), or materials introduced and/or developed by the FFL; 2) the site continued or integrated the project; 3) the Fellow's academic institution continued or adopted the project; and 4) the FFL continued the project.

Conclusion

For twenty years, Chicago Area Schweitzer Fellows have been committed to serving their communities and have become leaders and advocates of health equity. The following quote captures the significance and lasting impact of the Chicago Area Schweitzer Program on the lives of its participants:

[The] Fellowship helped provide me with a meaningful project with a community health clinic that helped lay the groundwork for my community engaged research [over the last] 18 years.

The results of the survey indicate that Fellows have gained valuable knowledge, skills, and broadened perspectives about working with underserved communities. Results also show that Fellows deeply value their connections to the inter-professional networks that were established during their Program years. Our findings also revealed that many Schweitzer alumni are actively involved with their former project sites and remain committed to living lives of service by continuing to work and lead in Chicago and beyond.

Introduction

This report begins by providing a program overview. The following sections present findings from the 2016 survey that illustrate the unique ways the Chicago Area Schweitzer program has contributed to former Fellows' professional and personal growth and development, and how Fellows' projects may continue to benefit communities. We believe that our findings will provide unique insights that inform our Program's future directions as well as provide helpful lessons for other service-learning based programs for health professionals.

Program Overview

Albert Schweitzer Fellowship

The Albert Schweitzer Fellowship (ASF) was founded in 1940 to help support Dr. Schweitzer's hospital in Africa after the outbreak of World War II cut off supplies from Europe. Today, the Fellowship's mission is to develop “leaders in service”: individuals who are dedicated and skilled in addressing the health needs of underserved communities, and whose example influences and inspires others.

Echoing Dr. Schweitzer's example of dedicating his life to others, the U.S.-based Schweitzer Fellows Programs were founded in 1991 to encourage graduate students in health-related fields to act on their idealism by serving economically disadvantaged and marginalized individuals and communities locally. The Fellows work with area community agencies to design and implement their health improvement projects. Programs bring together students from across schools and across health disciplines for a Fellowship year. Ultimately, these Schweitzer Fellows Programs encourage the Fellows to incorporate community service throughout their careers. Schweitzer Fellows Programs are located in Birmingham, Boston, Chicago, Columbus, Dallas, Detroit, Houston, New Hampshire/ Vermont, New Orleans, North Carolina, Pittsburgh San Francisco Bay & Tulsa and select over 200 Fellows each year. More than 3,000 Fellows for Life now make up the national alumni network and more than 550 belong to the Chicago Area FFL network.

Chicago Area Schweitzer Fellows Program

The Chicago Area Schweitzer Fellows Program at Health & Medicine Policy Research Group provides service opportunities and support for aspiring health professionals who seek to help those currently underserved by our local healthcare system. With the generous support of Chicago-based contributors, the Chicago Area Schweitzer Fellows Program has been uniting a diverse range of health professional students, faculty, and community-based providers who share a commitment to public service for more than 20 years.

Chicago Area Schweitzer Fellows are selected annually from applications submitted by graduate level students from the fields of Medicine, Nursing, Public Health, Pharmacy, Physician Assistant, Social Work, Psychology, and other health-related disciplines (e.g. law, art therapy, dance therapy, and more) who are interested in—to quote Dr. Schweitzer--“making their lives their argument” by helping others, especially the most vulnerable members of society. No prescribed setting is essential for a successful application, in keeping with Dr. Schweitzer's belief that “everyone must find his own Lambaréné”—his or her own special place to serve.

Our Program embraces the World Health Organization definition of health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, and many of our Fellows focus on projects that address the social determinants of health. We recommend that interested students refer to the Healthy People 2020 initiative (www.healthypeople.gov) as a guide for possible topics and objectives for their direct service project proposals.

Fellowship projects involve the following:

1. At least 200 hours of service through an existing community-based organization in Chicago or its surrounding suburbs
2. A supervisor/mentor at the host site
3. A faculty mentor at the student's school
4. Participation in public symposia, service days, and monthly meetings
5. A written final report at the conclusion of the project, including recommendations for ways in which those aspects of the Fellow's project and experiences that were most valuable can be replicated or sustained.

Fellows for Life

Fellows for Life are individuals who have completed their experience as Schweitzer Fellows. The U.S. Fellows for Life Network includes individuals from our 14 programs in the United States as well as those who have served as Lambaréné Schweitzer Fellows in Africa.

The mission of Fellows for Life is to create a growing cohort of health and human service professionals who are leaders in service, and whose sense of personal and professional mission and source of deepest satisfaction comes from:

- Working with underserved communities in ways that have enduring value
- Supporting and inspiring one another in forging and sustaining lifelong paths of service
- Influencing one's institutions and professions to restore as a core value the health needs of underserved communities



More than 3,000 Fellows for Life now make up the national alumni network and more than 550 belong to the Chicago Area FFL network.

There are currently over 550 Fellows for Life from the Chicago Program and over 3,000 Fellows for Life nationwide. Chicago Area Fellows for Life are actively engaged in the program in a variety of ways such as attending events, interviewing prospective Fellows, participating in healthcare workforce activities, making donations to the Program, applying for seed grants, and staying connected with each other.

Chicago Area Schweitzer Fellows Program 20th Anniversary Survey

This report presents key findings from the Chicago Schweitzer Fellows for Life Survey which was administered in the winter of 2015-16. The survey was sent to all Fellows for Life who had successfully completed the Chicago Area Schweitzer Fellowship Program at Health & Medicine.

Methods

Participants

The survey was completed by individuals who participated in the Chicago Area Schweitzer Fellows Program from Program years 1996-97 to 2014-15. A total of 130 out of 524 Fellows responded to the survey, representing 24.8% of all Fellows for Life who we attempted to reach. Twice as many Fellows from the second decade (2006-07 to 2014-15) of the program (N=87) as compared to those who participated in the first decade (years 1996-97 to 2005-06) of the program (N=43) participated in the survey. Table 1 illustrates the distribution of FFL survey respondents by their Fellowship year. See Appendix for additional demographic data on survey participants (Tables 2-4).

1996-1997	N=7	2001-2002	N=4	2006-2007	N=7	2011-2012	N=10
1997 - 1998	N=4	2002-2003	N=4	2007-2008	N=6	2012-2013	N=13
1998 - 1999	N=3	2003-2004	N=4	2008-2009	N=7	2013-2014	N=12
1999 - 2000	N=5	2004-2005	N=3	2009-2010	N=8	2014-2015	N=14
2000-2001	N=5	2005-2006	N=4	2010-2011	N=10		

Measures

Two versions of the FFL 20 Year Survey were administered for this study. The first survey included 49 forced choice responses. To increase the response rate, the survey was re-administered to FFL but half of the questions were optional. Duplicate entries from individual Fellows who initiated the survey more than once were eliminated. In addition to surveys, program materials were analyzed as additional sources of data for this report.

Analysis

Open-ended questions were analyzed using a two-phase coding scheme: first, broad codes were determined based on an initial content analysis of the corpus of responses (i.e. emergent theme coding) for each question. A secondary set of codes were then identified within each of the primary code levels. Review of an initial draft of this report by the Schweitzer Program Director contributed to some revisions to the secondary codes, informed by details of the Program that helped elucidate the meaning or references contained within certain survey responses. Descriptive statistics were also used for survey items that used rating scales and other numerical data. Content analysis of current Program materials was conducted to provide further context the FFL program development over the past 10 years since the Program's first FFL survey was conducted in 2006.

Findings

These findings are informed by several programmatic developments that the Schweitzer Program implemented between 2006 and 2016. At times findings will be shared based on the major themes that emerged in the data; at other times we will note any thematic nuances that emerge from participation prior to programmatic changes (1996-2006) and any since the programmatic changes (2006-16). The findings from the survey are categorized into the six broad themes previously outlined.

Part I. Educational and Career Trajectories of Schweitzer Fellows

FFL pursue educational and career paths that reflect continued commitment to serving underserved communities. This aligns with the goals of the Schweitzer Program to cultivate leaders in service and Health & Medicine's health equity mission.

Education

More than 90 percent (n=113) of the FFL who responded reported that they graduated from their training programs. Nine respondents reported earning dual degrees. Forty-nine (43%) respondents reported that they had pursued or were pursuing additional degrees and the vast majority of this subset of respondents indicated that they were either pursuing a PhD (in a diversity of fields) or an MPH as their additional degree.

Career

Nearly 80% of FFL were employed full time when they participated in the survey. The Fellows for Life who responded to the survey represented a wide variety of professions including Medicine, Nursing, Pharmacy, Dentistry, Art Therapy, Disability Studies, Chiropractic, Podiatry, and Law. The largest groups of respondents were from Medicine (35%, n=36), Nursing (25%, n=32), Social Work (14%, n=18), and Public Health (11%, n=14). The most common place of employment reported by respondents was health clinics (n=38), followed by hospitals (n=30), which together comprised two-thirds of the Fellows' employment affiliations. Moreover, the great majority of above respondents who reported working in clinics (29 of 38) and hospitals (25 of 30) were at not for profit organizations. Of the 17 FLLs who responded "other," reported employers or organizational affiliations included academic centers, a for-profit law firm, and a labor union.

Medicine	46	35.38%
Nursing	32	24.62%
Social Work	18	13.85%
Public Health	14	10.77%
Pharmacy	7	5.38%
DMTC	4	3.08%
Dentistry	3	2.31%
Art Therapy	2	1.54%
Disability Studies	2	1.54%
Chiropractic	1	0.77%
Counseling	1	0.77%
Law	1	0.77%
Podiatry	1	0.77%

Dual Degree	9	6.92%
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Part II. Most Valued Aspects of the Chicago Area Schweitzer Program

The FFL shared their impressions of the most valuable aspects of their Fellowship experience. Table 6 illustrates the four dominant themes which emerged in the data regarding the aspects of the Program that were most salient for Fellows. The importance of having supports, connections, mentors, and networks was reported as the most important aspects of the Program for former Fellows. Respondents also noted the importance of the Program's role developing their sense of awareness and commitment to the issues facing underserved communities, as well as growth in knowledge and skill and their experiences at their Fellowship sites.

Supports, Connections, Mentors, and Networks

Seventy four respondents reported that the most important aspects of their Program experience were the supports they received, connections and networks they made, and the mentors who guided their projects. Interestingly, additional analysis revealed that while FFL from the first decade (n=16, 37%) reported that they valued or benefitted from supports, connections, mentors, and networks, this theme emerged more prominently in responses from Fellows from the second decade (n=46, 53%) of the program. The most common topics included:

- ❖ Networking
- ❖ Working with "likeminded" people or professionals
- ❖ Peers/Fellows
- ❖ Community connections
- ❖ Connections/collaborations with professionals
- ❖ Support from mentors

One participant summed up the significance of this programmatic component by stating:

The Schweitzer Fellowship allowed me to surround myself with other young health professionals with the same ideals as me. I keep in touch with some of those Fellows, which has benefitted me in my path to be a lifelong leader. In addition to the camaraderie, the Fellows for Life get together have given me a chance to stay connected with these people and the organization as a whole, which has been very helpful.

When asked if the Chicago Fellows for Life stay in touch with each other and with their former Schweitzer mentors, almost 50% of respondents said they had connections to their peers in the Fellows for Life community. Over 40% of FFL reported that they were connected or heavily connected to their program mentors. Finally, almost 25% of FFL reported that they were connected to the FFL network at the national/international level.

Increased Awareness and Sense of Commitment

A heightened sense of awareness of inequity and sense of responsibility to respond that inequity were key overlapping themes that emerged 51 times in the survey data. Topics that emerged include:

- ❖ The nature or sources of inequity
- ❖ The value of community work
- ❖ Importance of respect
- ❖ Humility for those served
- ❖ Affirmation or renewed sense of commitment to underserved
- ❖ Healthy equity
- ❖ Service
- ❖ Confidence to implement knowledge and skills acquired

One participant expressed how transformative it was to respond to inequity and how her participation in the Schweitzer Program helped to embolden her commitment to under resourced and underserved communities:

The biggest thing the Schweitzer Program encouraged in me was bravery to stand up to make a difference. Community healthcare is generally not a specialty most RNs pursue - there isn't the glamour or prestige of oncology or L&D [Labor and Delivery], but to serve in primary care and serve low/no income and under/un-insured folks take a lot of courage. In my role as a community nurse care manager I exercise a lot of autonomy, and this takes the form of leadership in some instances. I have to guide and manage medical assistants and sometimes physicians through their care. The courage I wrote of earlier plays a huge part in doing this efficiently and accurately.

Another discussed how the Program helped them to commit to their professional path when they shared, “The Fellowship also helped me to discern my own professional path, combining direct service for vulnerable populations and broader policy works that drive inequity.”

New Knowledge

The development of new knowledge was also a major theme in participants’ responses about what was most important to them about the Fellowship. Respondents most often reported that the pProgram increased their knowledge about:

- ❖ Program planning and evaluation
- ❖ Communities they were serving and, in particular, health issues in those communities
- ❖ Knowledge about health issues and health service

One FLL reported Schweitzer’s interdisciplinary and inter-professional program model helped them to expand their understanding of oppression and develop ways of responding through inter-professional networks.

The Program helped me think about ending health disparities from a multi-disciplinary perspective which has been extremely useful to me and for the communities I serve. It helped me learn about the

various facets of oppression and that there are like minded professionals with skills that can help fill gaps in communities that are underserved. It helped me learn about various gaps in the system in the city of Chicago and form a web of individuals who can serve and strive for equity.

New Skills

Thirty-six respondents reported the development of new skills as being an important aspect of their Fellowship experience. Types of skills that were most frequently reported include:

- ❖ Collaborating with community members or diverse teams
- ❖ Organizational skills
- ❖ Leadership skills
- ❖ Project planning, development, and implementation
- ❖ Communication/listening skills

One FFL expressed their deep appreciation for the professional skills in project planning and implementation they received from having creative freedom when participating in the Fellowship and shared Program the impacted their career as a social worker:

I think of my Schweitzer experience as a sort of test-run for my future career. The Fellowship gave me freedom to try and experiment with new ways of conducting social work practice without the confines of strict grant or metric reporting. It allowed me to think about all of the "big picture" issues I wanted to tackle, while also learning transferrable professional skills around designing, organizing, and implementing a more targeted intervention for my particular service population. The most interesting outcome of my Fellowship year is that my failures taught me the most about myself and my profession. While my project did not end up running as planned, I was able to actually take the lessons learned from my Schweitzer year and integrate them into a new model for my project during my first year of full-time employment. My original project is actually up and running at my current agency, and has been going strong since July of 2014. I don't believe this would have been possible without the valuable professional and personal experiences that the Schweitzer Fellowship created for me.

Experiences at Community Site

Respondents valued the experience of working with a community-based site. This theme emerged more prominently in responses from the second decade (n=25), who were more likely to report specific benefits they gained from experiences at their Fellowship site as compared to those who participated in the first decade (n=6) of the Program. The most common examples include experience in:

- ❖ Developing their own project
- ❖ Working with a diverse or multidisciplinary team
- ❖ Working in an underserved community
- ❖ Delivering health service
- ❖ Providing direct service

Table 6: Most Important Aspects of Schweitzer Program

Salient Themes	Summary of most common types of responses
<p>New insights and perspective about service</p>	<p><u>Common examples:</u></p> <ul style="list-style-type: none"> • About nature or sources of inequities • About value of community work • About importance of respect • Humility for those served affirmation or renewed sense of commitment to underserved • Healthy equity • Service • Confidence to implement knowledge and skills acquired
<p>New knowledge</p>	<p><u>Common examples:</u></p> <ul style="list-style-type: none"> • Knowledge about program planning and evaluation • Knowledge about communities being served, in particular health issues in those communities • Knowledge about health issues and health service
<p>New skills</p>	<p><u>Common examples:</u></p> <ul style="list-style-type: none"> • Collaborating with community members or diverse teams • Organizational skills • Leadership skills • Project planning , development, and implementation • Communication/listening skills
<p>Supports, connections, mentors, networks</p>	<p><u>Common examples:</u></p> <ul style="list-style-type: none"> • Networks/networking • Working with "likeminded" people or professionals • Peers/Fellows • Community connections • Connections/collaborations with professionals support from mentors
<p>Experiences at partnering community site</p>	<p><u>Common examples:</u></p> <ul style="list-style-type: none"> • Experience developing their own project • Experience working with a diverse or multidisciplinary team • Experience working in an underserved community • Health service experience • Experience providing direct service

Part III. Schweitzer Program's Impact on Fellows

FFL also shared their thoughts on how the Schweitzer Program impacted their professional and personal lives. The following section suggest respondents are indeed community-engaged health leaders and that the Schweitzer Program has contributed to their roles as leaders and advocates, their work in underserved communities, and their ability to work within teams. The findings from this survey also reveal that Schweitzer Fellows continue to stay connected to their mentors, sites, and the communities that they now understand to be critical sites for service and action.

Fellows' Development as Leaders and Advocates

Respondents reported that the Fellowship contributed to their engagement as advocates and leaders (See Table 7). This section outlines the specific impact each of these programmatic elements contributed to Fellows' growth and development and highlights:

- Qualities of or experiences during the Schweitzer Program that contributed to leadership/advocacy abilities or work
- Changes in the Fellows associated with leadership/advocacy (new knowledge, insights, and/or skills)
- Descriptions of post-Fellowship projects, practices, or accomplishments that exemplify enactment of leadership/advocacy

Table 7: Schweitzer Program's Contribution to Fellows' Development as Leaders and Advocates

Major Themes	Most common topics
New knowledge/ understanding	<p><u>Common Topics:</u></p> <ul style="list-style-type: none"> • communities being served • diverse social groups; • challenges of community-serving work; • types of service programs; • interdisciplinary collaborations; • health / health care needs/challenges in underserved communities; • facets of and strategies for program development; • creative ways of promoting health/healing
New or strengthened Skills	<p><u>Common Topics:</u></p> <ul style="list-style-type: none"> • work with diverse or multi-disciplinary groups; • program planning, development, implementation, • evaluation skills; • advocacy/leadership skills; • collaboration • public speaker
New Perspectives and deepened commitment	<p><u>Common Themes:</u></p> <ul style="list-style-type: none"> • importance of participation • areas of commitment, • passion; • challenges and rewards of working in underserved communities; recognizes value of the work,

	<ul style="list-style-type: none"> • ability to make an impact • Enhanced ("nurtured") increased or reinforced commitment to service and/or to underserved; • new or greater empathy; • new or greater motivation to serve; • increased confidence and/or courage to enact values/service; increased confidence as leader,
Post-Fellowship projects and practices	<p><u>Respondents identified or described ways in which they are currently applying or developing their leadership/advocacy abilities:</u></p> <ul style="list-style-type: none"> • Continued education/studies • Professional work • Continuation of Fellowship project • Similar or same community work • Advocacy in the field

Schweitzer Program’s Role in Enhancing Advocacy and Leadership Abilities

The vast majority of survey respondents agreed or strongly agreed that their Schweitzer Program experience enhanced their advocacy and leadership abilities, with the largest percentage strongly agreeing. The majority of responses to an open-ended question on this topic either identified **how they advocate** in their professional or volunteer work, or else what they now **understand about advocacy**. Examples of how they advocate ranged from, "engaging in dialogue around tough issues," or "using data to advocate for change." Understandings identified included understanding the community's priorities, engaging in teamwork, and drawing on social networks. A few respondents described having greater capacity to center their clients’ need when serving as an advocate or leader. One respondent reflected,

One of the most powerful lessons that I took away from the Fellowship project was that I need to put my own priorities aside and focus on the priorities of the clients. That involves really listening to what it is that they need and assisting them in resolving those needs, as opposed to having my own agenda.

Several respondents described the advocacy they do through current programs or projects, and others indicated that these were projects that continued from their Fellowship projects (e.g. a group therapy project for LGBTQ older adults, career pipeline programs, etc.). Others identified further formal education they engaged in as an example of their route towards leadership/advocacy.

Ability to Work with Diverse Communities

Some FFL discussed the impact of the Program in relation to how their projects enhanced their abilities to work with community members with backgrounds different than their own. Over 90% of the respondents either agreed or strongly agreed with that statement, “My Schweitzer project enhanced my abilities to work with community members with backgrounds different than my own,” with the majority strongly agreeing that the program enhanced their abilities to work with different groups.

Survey respondents were also asked to describe any skills/approaches to working with diverse communities they learned as a Fellow that still informs their work or service activities today. Responses were of three

types: affective qualities, skills, and approaches/activities. Table 8 below provides a summary of the common responses for each of these categories.

Table 8: Skills or approaches Fellows learned for working with diverse communities they continue to use	
Categories of Response	Most common responses by category, in order of frequency
Affective Qualities	<ul style="list-style-type: none"> • Respect • Empathy • Humility • Patience • Acceptance of differences or different perspectives
Skills	<p>Having:</p> <ul style="list-style-type: none"> • Active listening skills • Collaborative skills • Effective communication skills (with community, or with professionals, potential partners) <p>Being:</p> <ul style="list-style-type: none"> • Culturally competent • An ally • Flexible
Approaches/Activities	<ul style="list-style-type: none"> • Needs assessments • Teamwork/collaboration • Respecting community driven work (their identification of needs and issues) • Involving the community • Evaluations • Teaching teachers/train trainers

Ability to Work as a Team Member

Survey respondents were asked to rate their agreement with a statement about whether their Schweitzer experience enhanced “my abilities to work as a team member in an inter-professional environment.” The vast majority of the respondents agreed or strongly agreed that their ability to be effective within inter-professional teams increased.

Survey respondents shared a variety of “experiences or examples” regarding how the Fellowship enhanced their abilities to work in an inter-professional environment. Responses fell primarily into four categories, and response types are summarized below in order of frequency.

- a. *Fellows' learning through teamwork experience.* The majority (69%) responded by describing the nature of their learning through the teamwork experience. The most common types of learning included:
 - ❖ Ability to collaborate
 - ❖ Appreciating the value of a diverse group, and in particular diverse disciplinary knowledge or

- perspectives
- ❖ How to work with a team
- ❖ Learning to respect diverse perspectives, and recognizing that one's own views are respected
- b. Characterized the value of a team in making a project work. Several respondents identified benefits of team work, including:
 - ❖ Helping to "see everyone's positive influence and how each profession contributes to holistic care"
 - ❖ Offering diverse areas of expertise or perspectives to those being served
- c. Identified the diverse professionals with whom they collaborated. Several respondents specified the types of diverse professionals they worked with. Diverse teams were of two types:
 - ❖ Individuals making up the teams such as "nurses, dentists, administration" or "parents, teachers, and administrators"
 - ❖ diverse institutional entities or units, such as "social agencies and hospital emergency departments"
- d. Identified facets of the Schweitzer Program that provided them with an inter-professional or team experience. Several respondents identified the Schweitzer Program or facets of the Program as contributing to their experience working in an inter-professional team. Respondents mentioned:
 - ❖ The diversity of the Fellows' cohort
 - ❖ Their symposium experience
 - ❖ Monthly meetings

Part IV. Schweitzer Fellows' Application of Their Fellowship Experience

Respondents indicated the way in which their Schweitzer Fellowship experience influenced the extent their careers and lives are connected to a life of service. The following section discusses three major areas Fellows reported as ways they are living lives of service as a result of participating in the Schweitzer Program including serving in their careers, serving in their community, and being connected to their former Schweitzer Fellowship community sites.

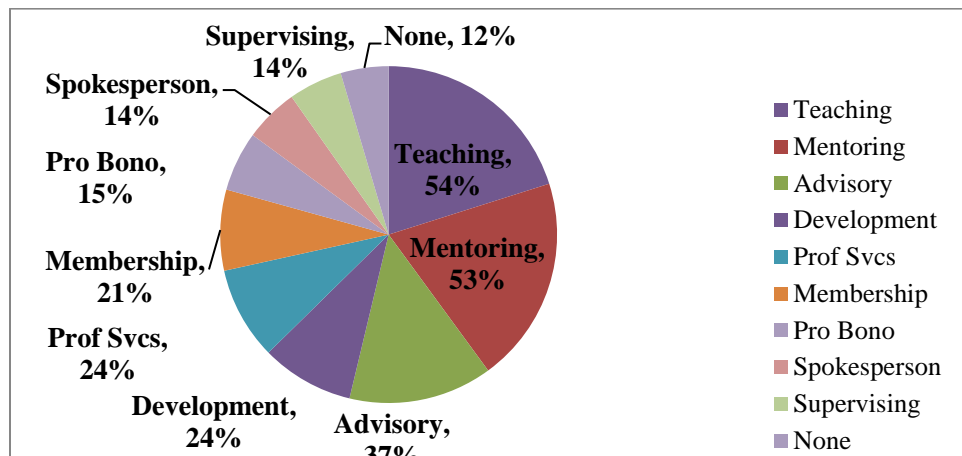
FFLs Committed to Service in their Careers

The majority of respondents reported that service is related to their careers due to their Schweitzer Program involvement, but with an important caveat. As a few of the open-ended comments indicate, some individuals may have indicated the Fellowship had little influence on their career motivation because they were already committed to a life of service prior to their participation in the Schweitzer Fellowship. Interpretation of the findings should keep this aspect of the question in mind. Indeed, in the following figure we indicate the number of respondents who qualified their rated responses in this way.

Engagement in Volunteer/Community Service Since the Fellowship

Survey respondents were asked about the nature and extent of their employer's engagement in service and/or work with underserved populations, the Fellows' current life of service, and/or work with underserved groups. Fellows in the second decade of the Program tend to be slightly more involved in direct service with underserved populations than those from the first decade. Meanwhile, a noticeably higher percentage of Fellows from the first decade of the program indicated that all their work involves addressing health equity. The following section captures the multitude of ways Fellows are involved with service. The pie chart below (Figure 1) captures the percentage of respondents for each type of volunteer service.

Figure 1: Types of volunteer service Fellows are engaged



As the above chart demonstrates, the three most common types of volunteer services reported are teaching/training, mentoring, and advisory services. Volunteer services of teaching/training, mentoring, and supervision overlapped considerably. For instance, nearly 80% of respondents who engage in supervisory services also engage in teaching/training and/or mentoring. Also, nearly two thirds of Fellows who indicated they engage in teaching/training also noted they engage in mentoring. Respondents reported a range of hours of service per month with the highest number reported being 40 hours and an average of 8.33 hours. When asked what types of community service or volunteer projects they were involved with over 90% of respondents described health and medicine related areas of service.

Some respondents cited serving in local Chicago organizations:

“I am on the board of L’Arche Chicago and provide advisory as well as developmental services. I also help write medication use and administration policies and develop fundraising events/strategies.”

Others identified volunteer service they engage in internationally. One FFL is engaged in service work in Peru:

We (my husband and I) precept Peruvian doctors, U.S. and Canadian medical students and residents, and other Peruvian staff, advise the administrative team at the hospital, and represent/fundraise for [the] mission doctors association and Centro de Salud Santa Clotilde.

Another is active in global human rights work here in the U.S.:

Active volunteer for Physicians for Human Rights performing forensic affidavits of support for Asylum the seekers. Volunteered in 2013 mission to Peru to investigate human rights abuses. 10 years of volunteer work at Kovler Center for survivors of torture. Currently serving in an advisory capacity for Kovler. Also, lecture students on the role of forensic evaluation and how to conduct them. Perform forensic evals, lecture and advocate on behalf of unaccompanied minors.

Still others reported working directly with Schweitzer Programs. Nearly 25% of respondents described volunteer work with the Schweitzer Fellows Program, or with their Schweitzer Fellowship project. One shared, “I am a member of the advisory board of the Schweitzer Fellowship in the Bay Area.” Another shared that they provide service at their former community site, “I am on the Advisory Board of the School Based Health Center where I did my Schweitzer Fellowship.”

Table 9 Dimensions of Service Provided	
Dimensions of volunteer service provided	Examples for each dimension
Type of community service setting	<ul style="list-style-type: none"> • Health clinic • School-based health center • Social service organization or agency (e.g. Boys and Girls Club, YMCA) • Wellness center (e.g. YogaCare) • Medical program at a university • Prevention or recovery program
Subject or content area of the service	<ul style="list-style-type: none"> • Health awareness broadly speaking • Diabetes prevention • Prenatal health care oral/dental health • Suicide prevention • AIDS awareness
Population receiving the service	<ul style="list-style-type: none"> • High school youth • Individuals in recovery • Low-income Hispanic Americans • Domestic violence survivors • Residents of an disadvantaged or environmentally devastated community • Medical students
FFL' role as volunteer delivering the service*	<ul style="list-style-type: none"> • Member of program board of directors or advisory board instruction; • Mentoring • Fundraising • Grant-writing • Event organizer

Less than 11% of the respondents reported not currently engaging in volunteer services. Though there were a high percentage of respondents who reported being active in service, the majority (nearly 60%) indicated that they are not involved in volunteer service as much as they would like. Not unlike survey respondents from our FLL 10 year survey, our 20 year respondents reported several barriers that prevented them from service work:

❖ Work/job

❖ Time

- ❖ Family / children
- ❖ Personal life

- ❖ Studies/school
- ❖ Lack of opportunities

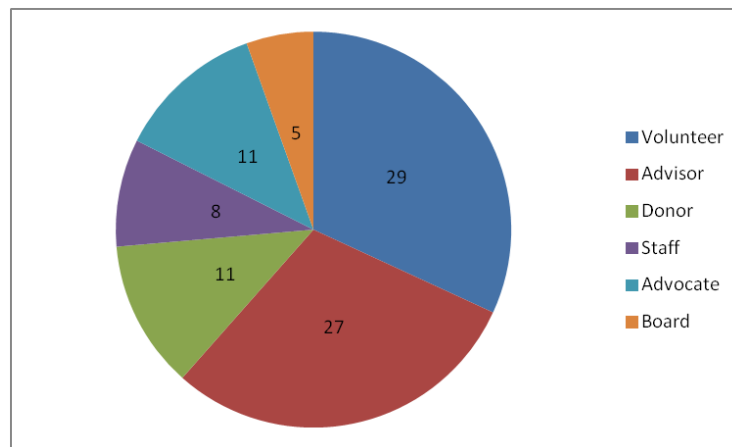
Work, family/children, and time continue to be the most frequently reported barriers. It bears noting that identification of such barriers as family or school were accompanied by references to not having the time; thus the lack of time remains a salient barrier. One respondent perfectly captured the competing demands that FLL face and their attempts to keep their personal and professional lives in balance.

The Fellowship is directly related to my service as director of the entire non-profit I founded - Resilient Health (resilient-health.org). That said, I am also committed to my family and to raising our 2 year old to become a well-adjusted resilient leader, and right now that involves trading my life energy for money so that my wife does not have to work outside the home and can instead devote herself to this most important, yet undervalued work of being a mother. Fortunately my work does actually improve the care our elders receive, but is not as closely aligned with my ideals as is the non-profit I am in the process of founding. Our dream is to make the realization of the Resilient Health vision our life's work.

Part V. Fellows' Ongoing Involvement with Community Organizations

Schweitzer Fellows shared their ongoing connections to their partnering community site. Almost 35% (n=44) reported that they stay in touch with their project site. The chart below (Figure 2) describes the nature or "capacity" of engagement for those who have remained in contact with their community site. Finally, Table 10 reports on whether "some aspect" of the respondents' Schweitzer project was sustained by the community site after the completion of their Fellowship year. Analysis of those findings follow the figures.

Figure 2: Capacity in which FFL Continue(d) to be in Touch with Community Project Site



An examination of the capacity in which Fellows maintained or continue to maintain contact with their Schweitzer project community site shows, not surprisingly, that the majority of respondents describe their role or capacity as continuing to be in touch with the site. Among those respondents — and recognizing that a few individuals identified more than one role or capacity — 17 serve as volunteers, 13 as advisors/consultants, seven as donors, seven as staff, nine as advocates, and three as board members.

Among those who indicated they remained in touch “for a time” or “a very limited time”, none indicated they were staff. Otherwise, the distribution across roles/capacities was comparable, with most self-identifying as volunteers or advisors/counselors.

Part VI. Continuation and Sustainability of Schweitzer Fellows’ Projects

A majority of survey respondents (57%) indicated that their community projects continued after they completed their Fellowship, with 36 indicating that their projects are still continuing. Table 10 illustrates the four ways projects continued:

Table 10: Ways Fellowship projects were sustained
The site had continued or integrated the process, service(s), or materials that the Fellow introduced and/or developed.
The site had continued or integrated the project the Fellow had engaged in.
The Fellow's academic institutions had continued or adopted the project.
The Fellow had continued or still continues the project.

Conclusion

For twenty years, Chicago Area Schweitzer Fellows have been committed to serving their community and have become leaders and advocates for health equity. The following quote captures the significant and lasting impact of the Chicago Area Schweitzer Fellows Program has had on the lives of its participants:

“[The]Fellowship helped provide me with a meaningful project with a community health clinic that helped lay the groundwork for my community engaged research 18 years since then.”

The results of our 20 year survey indicate that our Fellows have gained valuable knowledge, skills, and broadened perspectives about working with underserved communities. They also deeply value their connections to the inter-professional networks that were established during their Program years. Our findings also revealed that many Schweitzer alumni are actively involved with their former project sites and remain committed to living lives of service as they continue to work and lead within the Chicago community and beyond.

As we move forward we also must consider the changing landscape of our work. Many major universities where we recruit from have begun their own experiential learning programs that are engaged in the community and we will have to remain committed and innovative in our efforts supporting Schweitzer Fellows as future health leaders and advocates. In addition, here in Illinois, we must consider the potential

ways the state's poor financial health may threaten our partnering community organizations' capacities and increase communities' needs.

Our Fellows' valued the connections with their sites and the communities that they serve, therefore we will continue to encourage Schweitzer Fellow applicants and new Fellows towards working in communities that remain uninsured and under-resourced and could benefit from an infusion of the Fellows' energy and ideas. We will also continue to engage Fellows about the importance of becoming knowledgeable and involved with the systemic obstacles communities face and the need for policy change. Despite these potential challenges, we remain inspired and encouraged by the success and impact of the Chicago Area Schweitzer Fellows Program and are excited about the program's next 20 years and beyond!

Appendices

A. Demographic Profile of FFL Survey Respondents

Tables 2, 3, and 4 represent survey respondents’ demographics by age, gender identification, racial, ethnic, and/or national identification. Table 2 illustrates 108 FFL 20 year survey respondents were between the ages of 25-45. The next largest age range of respondents was between 56-55 (n=13, 8%). A small minority of respondents were under 25 (n=3) or over 65 (n=1). As Table 3 illustrates, over two times more of the 125 respondents self-identified as female (85%, n=65) than male (30%, n=38). One respondent self-identified as queer and one identified as non-binary/gender non-conforming. Table 4 illustrates, the racial/ethnic group most represented by respondents was non-Hispanic White (40%, n=57). Asian (18, n=25), Black/African American (16%, n=22), and Latina/Latino/Latinx (6%, n=8) comprised the next three largest racial/ethnic groups. Other groups represented include Indian, Caribbean, Pacific Islander, Pakistani, African, and those who identified as having diverse ancestry.

Table 1: Age of FFL Respondents (n=125)		
25-35	62	49.60%
36-45	46	36.80%
46-55	10	8.00%
Under 25	3	2.40%
56-55	3	2.40%
Over 65	1	0.80%
	125	

Table 2: Gender Identity of FFL Respondents (n=125)		
Female	85	65.38%
Male	38	30.40%
Queer	1	0.80%
Non-Binary	1	0.80%
	125	

Table 3: Race/Ethnic Identification of Respondents (n=130)*		
African	5	3.6%
Asian	25	17.9%
Black/African American	22	15.7%
Caribbean	3	2.1%
Latino	8	5.7%
Indian	6	4.3%
Middle Eastern	3	2.1%

Pacific Islander	2	1.4%
Pakistani	2	1.4%
Non-Hispanic White	57	40.7%
Other	7	5.0%

* Note, numbers exceed 130 because some FLLs identified as multi-ethnic/racial

Table 4: Where FFLs Live Now (n=116)			
Illinois	74	63%	
<i>(Chicago)</i>	<i>(69)</i>	<i>59%</i>	
California	10		
Mass	6		
N. Carolina	4		
Michigan	3		
Oregon	3		
Ohio	2		
Washington	2		
Georgia	2		
Colorado	1		
Florida	1		
Indiana	1		
Minnesota	1		
Montana	1		
New Mexico	1		
New York	1		
Tenn	1		
Texas	1		
Singapore	1		