

**WORKSHOPS, STORY SESSIONS
& THEMATIC POSTER SESSIONS
SATURDAY June 3
10:30 am to 12:00 pm**

"Never...stop at the boundaries of what you think your knowledge or training would suggest. If a problem grabs you, run with it and try to better understand it from beginning to end, even if that means learning new techniques or developing them yourself."

Judith Rodin, President, University of Pennsylvania

***Please note – Beginner, Intermediate, and Advanced indicate the intended audience for each workshop session.**

**A HEALTH CENTER BASED OUTREACH PROGRAM FOR IMMIGRANT AND REFUGEE FAMILIES
IN CHELSEA, MASSACHUSETTS**

Story Session (Intermediate) ~ Sharing Power and Resources in Community-Campus Partnerships
Saida Abdi, Massachusetts General Hospital Chelsea Healthcare Center; Danielle Marable and Elizabeth Miller, Massachusetts General Hospital Community Benefit Program

Room: TBA

Resettled refugees have complex needs that often challenge the resources of existing health and social service agencies. Increased social isolation for refugees and underutilization of services can be the result of language barriers, long-term sequel of traumatic experiences, possible fear and mistrust of authority, economic stresses and inadequate cultural understanding between refugee and service provider. The MGH Chelsea HealthCare Center is a community health center affiliated with a large teaching hospital that serves a large number of new immigrant and refugee families. In order to address the complex needs of these families, the health center has partnered with numerous community agencies and institutions, including public schools, police, domestic violence agencies, social services, and refugee resettlement agencies. This story session will discuss the continuous reassessment of the program through intensive contact and needs assessment of refugee families through home visitation and related support activities.

**A SELF-ASSESSMENT TOOL: UNDERSTANDING THE STRENGTHS AND CHALLENGES OF A
COALITION**

Workshop (Advanced) ~ Assessing, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners

Nicolette I. Teufel-Shone, College of Public Health, University of Arizona; Sandra Irwin, Laurie Crozier, Thomas Siyuja, and Helen Watahomigie, Hualapai Health Department

Room: TBA

This workshop relates to the conference theme, Achieving the Promise of Authentic Partnerships, by offering a self-assessment tool to community-campus coalitions to realize their "ways of working together" and to identify their strengths and potential within the partnership. The skill area addressed in this workshop is teaching this self-assessment method for reviewing, documenting and systematically reviewing how a community-campus coalition functions, achieves desired outcomes and is impeded by perhaps un-seen barriers. This easily implemented method draws on the differing perspectives and interpretations of community and campus partners on useful action and desired outcomes. The coalition that piloted this method used the outcomes to enhance their ability to address major, local determinants of health for American Indian youth.

NURTURING NEXT GENERATION OF SOCIAL ENTREPRENEURS, COMMUNITY LEADERS, AND HEALTHCARE ADVOCATES

Workshop (Intermediate) ~ Student Leadership and Activism in Community-Campus Partnerships

Patricia Keener and Stephen Kirchoff, Office of Medical Service-Learning, Indiana University School of Medicine

Room: TBA

This student-led workshop will showcase representative projects, illustrating how a student project develops from an idea through implementation to institutionalization. Key milestones in the project planning and development process include exploration of community needs, working with community partners, preparation of budgets, fundraising, orientation and training, and opportunities for reflection and evaluation. Throughout these phases, the student's ideas are tested, nurtured, and enhanced by supportive faculty, staff, community, and student mentors (senior members of the Student Advisory Group).

The Office of Medical Service Learning at Indiana University School of Medicine offers an innovative model of service-learning which promotes a lifelong service ethic. Service-learning refers to organized volunteer service activities which further the educational objectives of medical school competencies and which foster a growing sense of civic responsibility in student participants. Student projects are related to the competency, "Understanding the Social and Community Contexts of Health Care."

BUILDING FULL PARTNERSHIP THROUGH THE COMPREHENSIVE PARTICIPATORY PLANNING AND EVALUATION MODEL

Workshop (Beginner) ~ Campus Strategies for Community Engagement

Beverly J. McCabe-Sellers, Agricultural Research Service of the U.S. Department of Agriculture; Kathy Yadrick and Amanda L. Avis, University of Southern Mississippi; Anna Wright Huff, Mid Delta Community Consortium

Room: TBA

The Comprehensive Participatory Planning and Evaluation (CPPE) model is a participatory process tool that has been used internationally to engage and empower community members in underdeveloped countries to identify their problems, priorities, and potential solutions that academic and governmental partners might address with a research approach and bringing additional resources and skills to the community. This process brings a continuing dialogue with community members through two or more intense sessions with follow-up through one or more intervention planning working group. This process has been used to engage community, agency, and campus partners in a collaborative planning process at the local level to address nutrition and problems identified by local communities.

USING CHAT, AN INTERACTIVE COMPUTER PROGRAM, TO DEVELOP A COMMUNITY BASED HEALTH CARE PLAN

Workshop (Intermediate) ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice

Jennifer Franks Mineo, Barbara Breier and John F. Thomas, University of Texas Medical Branch

Room: TBA

The details of the development process of Galveston County's 3-share plan will be presented. This process, which involves an innovative, community based assessment and has been mutually driven by the business community and UTMB, is what makes this experience distinctive.

In addition to traditional assessment methods, Galveston's survey includes the use of an interactive computer program called CHAT-Choosing Healthplans All Together. This program was created by the University of Michigan with support from the NIH. Session attendees will play a round of the CHAT game as well as see an aggregate of Galveston County's selections and how the 3-share benefits package is based on these choices.

In accordance with the themes of the conference, this session will illustrate how a university and the community of employers and employees are working together to translate research into practice and policy and create a successful and sustained health access solution for the working uninsured

COMMUNITY-ENGAGED SCHOLARSHIP: METHODS AND STRATEGIES FOR INSTITUTIONAL ASSESSMENT

Skill-Building Workshop (Intermediate) ~ Assessing, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners

Sherril Gelmon and Miriam Lederer, Portland State University; Sarena Seifer, Community-Campus Partnerships for Health

Room: TBA

This session will illustrate a new set of methods to measure institutional change with respect to support of community-engaged scholarship that have been developed as part of the CCPH-sponsored national collaborative on community-engaged scholarship. These methods include a self-assessment conducted at both the school/department and institutional levels, an analysis guide for assessing promotion and tenure guidelines, and a protocol for Web site analysis. Each method is used to determine baseline status and then monitor progress as institutional change progresses. Representatives of schools participating in the collaborative will offer their perspectives on the value and uses of these methods.

SUSTAINING COMMUNITY-CAMPUS PARTNERSHIPS

Thematic Poster Session

Moderator: Renee Bayer, CCPH Board of Directors

Room: TBA

- **The Rise of Community-Based Participatory Research at NIEHS: An Historical Policy Analysis**

Holly Felix, Department of Health Policy and Management, College of Public Health, University of Arkansas Medical School

Although community-based participatory research (CBPR) has been shown to be a valid and effective research approach and has been recommended for use by groups including the Institute of Medicine and the American Public Health Association, few research dollars are dedicated for CBPR projects in comparison to those projects using more traditional research methods. In 1995, the National Institute of Environmental Health Sciences (NIEHS) launched one of the first dedicated CBPR grant programs. This research was primarily initiated to document the factors and issues that led to the development of the CBPR Initiative at NIEHS. Secondly, this research was undertaken to assess the effectiveness of Kingdon's Policy Streams Model, a policy adoption model, in explaining the factors and events which led to the development of the CBPR Initiative at NIEHS. The Policy Streams Model served as the analysis framework for the qualitative data collected through key informant interviews and document review/analysis.

- **Understanding the Administration of Community-Campus Partnerships**

Chamika Hawkins-Taylor, Office of Education; Jennifer Stumpf Kertz, Minnesota Area Health Education Center; Barbara Bettelyoun, Woodlands Wisdom; Judy Beniak, Health Careers Center, Academic Health Center, University of Minnesota

The administration of community-campus partnerships is an often overlooked, but essential function of successful partnerships. The Vital Workforce Unit of the University of Minnesota Academic Health Center Office of Education work cooperatively to develop and share strategies and models that effectively support a wide range community-campus partnerships,

including those focused on urban and rural health and diversity, diabetes prevention among Native Americans and health careers development for undergraduate and 9-12 students. Aspects of partnership administration that will be discussed include: financial modeling for partnership sustainability, defining roles and responsibilities in the partnerships, building capacity among partners (world view, appropriate types of engagement, understanding systems of various partners, shared responsibility, etc) and strategies for managing affiliate data to support partnership outcomes.

- **The Role of Local Media in Affecting Health Behavior: What Works?**

Donna H. Harward, Kidney Center, School of Medicine, University of North Carolina at Chapel Hill

In our Kidney Education Outreach Program (KEOP), our goal is to increase the awareness of citizens at risk for kidney disease. With an End-stage renal disease prevalence rate that places North Carolina 9th in the US, we have embarked on multiple community-based partnerships to increase citizens awareness to encourage citizens to ask, "Hey doc, how are my kidneys?" We have devised 2 models of media outreach, each with equivalent costs. One model will use local radio stations public service announcements (PSAs), newspaper articles, and local billboards. The second model will comprise TV PSAs (with purchased time) during early morning, mid day and evening news slots, along with news articles and radio spots. The exposure period for the bill boards will be 6 months and the exposure period for the TV PSAs will be only six weeks. Having obtained a baseline number of physicians' requests for GFR ratios (that measure kidney filtration rates) before the implementation of the models and immediately following the exposure period for each model, we will examine whether more primary care physicians were running GFR's relative to the media mix used in a respective county.

- **A Survey of Community Based Research (CBR) in Canada: from Barriers to Solutions**

Sarah Flicker, Wellesley Central; Beth Savan, Environmental Studies Program, University of Toronto

We have recently completed a web based cross-sectional survey of barriers and facilitators to community-based research (CBR) in Canada. We had 308 responses: 50% academics and hospital based researchers; 28% community members and 22% other important stakeholders (e.g. funders, government bureaucrats, independent researchers).

Come and learn what the community of CBR practitioners told us about their experiences doing CBR in Canada. We will *briefly* summarize our findings and propose recommendations targeted to various stakeholders: community activists, university administrators and research funders.

We welcome and invite feedback on our report and recommendations. We would like to take this opportunity to brainstorm with participants how to get the message out to wider audiences and build the CBR movement in Canada and across North America. We look forward to sharing our results and welcome your contributions, insights and strategy recommendations on our continued advocacy efforts.

- **Connecting with Communities: The Community Liaison**

Beverly Johnson, College of Nursing, Seattle University

Communication among community partners [community providers, community residents and nursing faculty] at sites where students have clinical experiences must be dynamic, relevant, and thorough. Faculty at Seattle University's College of Nursing implemented their

community based curriculum in 2000 and identified the need to develop a position description for faculty with expertise in Community Health Nursing who would serve as the primary faculty contacts with multicultural neighborhoods in the greater Seattle area. These neighborhoods provide a range of student experiences in the community throughout the nursing program. Since May of 2001 the position description has been revised and a final working document was approved by faculty in October of 2002. During the implementation of this role of Community Liaison, faculty who participate in this role have met together on a regular basis to discuss implementation of this role and have revised the role and associated activities.

***PARTNERSHIP KALEIDOSCOPE: THE HEALTHIER WISCONSIN PARTNERSHIP PROGRAM
MOSAIC OF COMMUNITIES, ACADEMIA AND FUNDER***

Thematic Poster Session ~ Community-Campus Partnerships that Address the Major Determinants of Health and Social Justice

Moderator: Mick Huppert

Room: TBA

The Healthier Wisconsin Partnership Program (HWPP) is an extraordinary opportunity for both community and academic partners to "walk the talk" of partnership. The Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin, funds partnership projects and is a key factor in developing an institutional culture that promotes community-academic partnership as an authentic health improvement strategy. Currently in its first award cycle with twenty-three funded community-academic partnership projects throughout the Wisconsin, the Program has embarked on a vision with the community to make Wisconsin the healthiest state.

This is an ambitious vision, a vision that faces imposing health needs, broad geographic regions and their populations, and a variety of community and academic approaches towards health prevention. This presentation will look through a partnership "lens" and investigate the funder role in pulling these fragments together into a stunning mosaic, acting as a virtual kaleidoscope that leverages institutional and community change and creates symmetry to positively impact state health.

For a closer look into this colorful kaleidoscope, five funded partnerships will come together to present findings about why symmetry is created and maintained within a community-campus partnership, what inevitable challenges have arisen in their projects, and how bridges between community members and academic partners can influence the sustainability of their initiatives. Concurrently presented, the HWPP will comment on its responsibility to steward funds to successful community-academic partnerships while recognizing the challenges inherent in collaborative projects, planning for constantly changing health priorities, and understanding that there will always be more excellent projects than funds available.

Much like colorful mosaics created by each twist of a kaleidoscope, community-academic partnerships are unique, dynamic, reflective, symmetrical yet blended, and their impact is representative of the pieces within. This presentation will demonstrate that the implications from these findings are numerous, expansive, and best applied as tools for the evolution of community-campus partnerships. The findings are meant to inform the audience of the day-to-day realities of partnerships and the plethora of practical considerations that need to be part of the dialogue about larger statewide, or even national, impact. Finally, this session will shed light on the growing commitment from an academic institution to transform its mission towards public and community health, bolstered by an endowment that invests in community-academic partnerships as a strategy for change.

- **Healthier Wisconsin Partnership Program**

Juli Kaufmann and Ellen Servais, Healthier Wisconsin Partnership Program, Medical College of Wisconsin

See above abstract

Abstracts to be added to below posters

- **Project HOPE**
Barbra Beck, FCM, Medical College of Wisconsin; Sharon Garrett, Cardinal Stritch University
- **Holistic Health for Women Offenders**
Connie Shaver, Horizons, Inc.; Ann Maguire, Department of Internal Medicine, Medical College of Wisconsin
- **Bilingual Chronic Care**
Mary Mueller, 16th Street Community Health Center; Lisa Rodriguez-Burnett, Department of Pediatrics, Medical College of Wisconsin
- **Riverwest Health Initiative**
Ary Jo Baisch, College of Nursing, University of Wisconsin; Jim Sanders, FCM, Medical College of Wisconsin
- **Wisconsin Injury Coalitions**
Barbara Hill, University of Wisconsin, Madison; Ann Christiansen, Injury Research Center, Medical College of Wisconsin



(Saturday's workshops, story sessions and thematic poster sessions continued below)

**WORKSHOPS, STORY SESSIONS
& THEMATIC POSTER SESSIONS
SATURDAY June 3
3:30 pm to 5:00 pm**

*"A different world cannot be built by indifferent people."
Peter Marshall*

***Please note – Beginner, Intermediate, and Advanced indicate the intended audience for each workshop session.**

**SHARING INTELLECTUAL AUTHORITY: COMMUNITY ELDERS AND UNIVERSITY FACULTY
TEACHING TOGETHER**

Story Session (Intermediate) ~ Sharing Power and Resources in Community-Campus Partnerships

Semerit Seankh-Ka, Powderhorn-Phillips Cultural Wellness Center; Sara Axtell, Educational Development, University of Minnesota Medical School

Room: TBA

What does it mean to share intellectual authority? When community and university partners team teach, who do students regard as holding intellectual authority for the class? How can we forge a learning environment in which this authority is shared equally between partners, and with students? Within an academic system, students are often socialized to value only one, academic, scientific system of knowledge. This knowledge system may be held to be objective and acultural, while other systems are relegated to the status of "folk belief." How does this impact on the authority of Elders or other community teachers? How does it impact on students' ability to interact in community? Our public health course, "Building Communities, Increasing Health: Preparing for community health work," is taught collaboratively by university and community faculty. During our past ten years of teaching together, we have carefully studied what it means to truly and authentically share intellectual authority while we teach.

**STRATEGIES FOR ADDRESSING THE MANY CHALLENGES OF RESEARCH ETHICS IN DIVERSE
PARTNERSHIPS**

Workshop (Intermediate) ~ Ethical Issues Raised by Community-Campus Partnerships

Linda Silka, Center for Family, Work, and Community, University of Massachusetts-Lowell; Paulette Renault-Caragianes, Lowell Community Health Center

Room: TBA

Both workshop presenters have been involved in partnership ethics from a number of vantage points. They participate in several of the National Institute of Environmental Health Sciences (NIEHS)-funded environmental justice partnerships that bring together refugee and immigrant community members, health providers, and university researchers; one serves as the community member on a university's institutional review board; and the other teaches graduate courses on "Research Ethics with Underserved Groups" and has been a partner in the National Institutes of Health (NIH)-funded consortium developing materials on research ethics for partnerships that bring together diverse groups. We will use these experiences in a hands-on skill building workshop for community members and their campus partners. Using a model of a research cycle, we will point out ethical issues that can emerge at each stage of a research partnership from how groups come together, who selects the focus of research, who collects the data, how the data are analyzed, and how the results are translated into change.

THE TRANSFORMATIVE POWER OF COMMUNITIES: THE APPLICATION OF CONTEXTUAL FLUIDITY COMMUNITY-CAPACITY BUILDING PRINCIPLES

Workshop (Intermediate) ~ Sustaining Community-Campus Partnerships

Connie Nelson and Doug West, Lakehead University; Margaret Stadey, Northwestern Ontario Regional Food Distribution Association

Room: TBA

Recent results from national health and mental health surveys confirm the tight coupling between the health of the individual and the health of the community in which the person resides. This evidence-based data corroborates the high priority that must be given in shifting the present primary focus from individual treatment to the critical centrality of community in the wellness process. This workshop is based on both completed and ongoing empirical research on effective transformative Contextual Fluidity principles of community capacity-building. These change principles have been developed from experiential community-university partnerships in three distinct place contexts: urban community, resource-based communities and First Nations communities. The workshop will be interactive and will model in presentation transformative principles of community capacity-building.

The following are examples of the twenty transformative principles that will be explained and discussed for effecting social change in creating sustainable and healthy communities.

- Networks thrive without the necessity of each member knowing all other members.
- Networks are strengthened by a multiplicity of role interactions.
- The community process is open and fluid so that stakeholders choose themselves.
- Strength-based includes helping both academics and community partners overcome respectively their own professional and bureaucratic helplessness.
- Effective networks function without hierarchy so that no one shoulders all the responsibility or burden. It is the dichotomous complexity of having 'in charge' simultaneously everyone and no one in specifics.
- The process is dynamic and ever-changing. A sustained and healthy community is always interacting and thus changing its environment to ensure a steady state of community well-being.

CRITICAL REFLECTIONS ON COMMUNITY-CAMPUS PARTNERSHIPS: PROMISE AND PERFORMANCE

Story Session (Intermediate) ~ Assessing, Documenting, and Realizing the Benefits of Community-Campus Partnerships to All Partners

Dana K. Natale, Center for Community-Based Learning, Montclair State University; Beverly Riddick, Homes of Montclair Ecumenical Corporation (HOME Corp); Kenneth Brook, Department of Anthropology, Montclair State University

Room: TBA

Through their interview responses, MSU COPC partners identified many of the barriers and challenges to successful and effective MSU COPC partnerships as the result of risk-averse, control oriented behaviors among and between partners. Behaviors such as: the exclusion of controversial entities/personalities; the avoidance of conflict; a lack of willingness among partners to create and be accountable for an independent partnership identity; an imbalance in governance and decision-making; and unclear communication between partners, resulted in partners perceiving one another as untrustworthy, disrespectful and insincere. Conversely, partners spoke of risk oriented behaviors such as: an openness to multiple, even conflicting, partner perspectives; a willingness to openly confront conflict; and a willingness on the part of all partners to assume accountability for the partnership regardless of the consequences and circumstances, leading to increased partnership related goal achievement and greater partnership satisfaction.

We learned that an ethic of risk in partnership is fostered by a set of mutually agreed upon processes and procedures to ensure power, accountability, cultural sensitivity, responsibility, expectation, conflict, identity and other salient issues are formally negotiated to the satisfaction of all partners. In turn, an ethic of risk and effective partnership procedures appear critical to the development of common ground for the

partnership. And, it appears without common ground, a clear recognition of the partnership as an entity separate from, yet accountable to, both the university and the community, little can be accomplished and much stands to be lost.

The story of the MSU COPC addresses the gap between an ideal conception of partnership and the reality of partnership as it is experienced in practice, answering many of the questions proposed for the conference including: How do we fully realize authentic partnerships between communities and higher educational institutions? How do we balance power and share resources among partners? What are the barriers and challenges getting in our way? How do we overcome these, individually and collectively? How do we translate "principles" and "best practices" into widespread, expected practice?

**EL PROYECTO BIENESTAR: AN AUTHENTIC CBPR PARTNERSHIP IN THE YAKIMA VALLEY
Workshop (Intermediate) ~ Student Leadership and Activism in Community-Campus Partnerships**

Vickie Ybarra, Yakima Valley Farm Workers Clinic; Julie Postma, University of Washington School of Nursing

Room: TBA

Participants will learn and use successful strategies in negotiating power and resource sharing as they develop authentic community-university research partnerships.

In this session, participants will:

1. Assess the appropriateness of consensus decision making in their own partnership and experience making an argument for consensus decision making as one tool to address past abuses in communities.
2. Explore potential strength in involving local students in community-university partnerships, and implications student involvement has for vulnerable communities in breaking the cycle of poverty and dependency.
3. Assess whether involvement of local students in their own community-university partnership is within their capacity and consistent with their partnership objectives.
4. Explore some strategies communities may use to assert their short- and long-term interests in a community-university research partnership.
5. Assess opportunities to develop community assertiveness strategies and mechanisms in their own partnerships.

**ENGAGING A UNIVERSITY IN SELF-ASSESSMENT AND STRATEGIC PLANNING TO BUILD
PARTNERSHIP CAPACITY**

Story Session (Intermediate) ~ Community Strategies for Campus Engagement

Naomi Wortis, Roberto Ariel Vargas and Ellen Goldstein, Department of Family and Community Medicine, University of California-San Francisco

Room: TBA

In 2004, the University of California, San Francisco's (UCSF) Executive Vice-Chancellor appointed a Task Force on Community Partnerships, charged with (1) inventorying UCSF's current community partnerships; (2) reviewing the evidence to support community-campus partnerships and studying best practices at other institutions; and (3) making recommendations to improve the success and impact of UCSF's community-campus partnerships. Representatives from all the different schools and institutes within UCSF spent the following year working together to fulfill their charge. The task force was, in part, a result of a collaborative university-community planning process that had taken place over the prior year to design and implement a Community Partnership Resource Center (CPRC), based in the Department of Family & Community Medicine, with the mission of promoting the health and well-being of San Franciscans by facilitating partnerships between UCSF and local communities, focusing particularly on communities in southeast San Francisco with significant health disparities compared to the rest of the city. One of the findings of the CPRC planning group was that, although UCSF had many community partnership programs, they were not as well coordinated, well-supported, or effective as they could be. Community members were very involved in the CPRC planning process, and two of those members were part of the subsequent internal university task force. The task force conducted a campus-wide survey of

existing community partnership programs, examined external models of academic institutions with successful community partnership programs, consulted with national experts on community-campus partnerships, sought broader community input, and produced a report in August 2005 with findings and recommendations. The report was received favorably by the Chancellor, and UCSF is currently beginning to implement the recommendations. This story of developing a strategic institution-wide approach to civic engagement contains valuable lessons about the challenges that are encountered in this kind of work and ways of overcoming those challenges

BEYOND ANECDOTE: CHALLENGES, BENEFITS OF CREATING QUANTITATIVE INDICATORS OF FACULTY ENGAGEMENT

Workshop (Intermediate) ~ Campus Strategies for Community Engagement

Diane L. Zimmerman and Hiram E. Fitzgerald, Michigan State University

Room: TBA

While the skill area is higher education institutional research—assessment and measurement—the workshop relates to the overall theme of the conference in that the measurement is of the work of faculty engaged with communities through teaching, research, and service. The topic looks at how a university can assess its commitment to community partnerships through resource investment, addressing of significant social issues, geographical distribution, and involvement of students; and ways it can quantify the community's investment of resources, including in-kind contributions and volunteerism. Beyond investment, a measurement tool should also look to identify revenues generated by and for both university and community as one indicator of the mutuality of the partnerships.

COMMUNITY-CAMPUS PARTNERSHIPS THAT ADDRESS THE MAJOR DETERMINANTS OF HEALTH AND SOCIAL JUSTICE

Thematic Poster Session (All Intermediate)

Moderator: Barbara Gottlieb, CCPH Board of Directors

Room: TBA

- **Outside the Box: How the MOMS Project got HIV providers talking (and singing!)**
Angela Williams, Susan Davies and Trudi Horton, University of Alabama at Birmingham School of Public Health; Cynthia Rogers, The Family Clinic, Children's Midtown Center; Katharine Stewart, University of Arkansas for Medical Sciences

The MOMS Project aims to reduce stress and improve social support among HIV+ mothers. This session will describe and illustrate how MOMS used creativity, commitment and reciprocity to gain the support and collaboration of 7 HIV community service providers in developing and implementing a unique, culturally appropriate community-based program.

In this session, we will discuss how MOMS strengthened alliances and got partners to sing its' praises: 1) Partner talent show: humorous skits, musical acts and heartrending poetry that embodied MOMS messages. Attendees joined in finale chorus of "We Are the World." Encore 2nd annual event called on partners' strategy, not singing skills, to highlight MOMS themes, with partners competing in MOMS-related games. 2) Community event led by MOMS for World AIDS Day 2004: "Faith, Facts and Fashion" a fashion show in which models (faith leaders/ wives, clinicians, consumers, and community advocates) used the stage to provide facts about HIV while also showcasing the beauty and solidarity of Women Leading Change. 3) MOMS supports its partners (arguing before City Council on their behalf; participating in summits, meetings, staff retreats and health fairs.

- **Community Health Workers-National Education Collaborative: A National Community of Practice**

Donald E. Proulx, College of Public Health, Health Sciences, University of Arizona; E. Lee Rosenthal, Department of Health Promotion, University of El Texas Paso; Anne Willaert, Healthcare Education Industry Partnership, Minnesota State Colleges and University System; Garciela Camarena, Migrant Health Promotion

This poster describes a “National Community of Practice” partnership for the application of “Best Practices” for the provision of college-supported curricula responsive to the nation’s community health worker workforce. As a three-year initiative supported by the U.S. Department of Education’s Fund for the Improvement of Postsecondary Education, fifteen (15) adapter community-campus are supported by a partnership of six (6) collaborating technical assistance universities and college partners. The project is also supported by several nationally recognized experts and by national community health worker leaders, themselves. A National Advisory Council plays an imperative role in assuring that the voices of active/experienced community health workers are reflected in the development of postsecondary responsive educational programs. This National Education Collaborative is responsive to non-traditional, disadvantaged, and ethnically diverse community health workers, including U.S./Mexico border health “promotores” and Native American tribal and Pacific Islander “community health representatives” working in resource-poor and medically needy neighborhoods.

- **Minnesota Community Health Worker Project**

Anne Willaert, Healthcare Education Industry Partnership, Minnesota State Colleges and Universities System; Doris Williams, Twin Cities Healthy Start; Eric McCoy, Council on Crime and Justice

The overall goal of this project is to create a standardized, accredited Community Health Worker (CHW) training program within the Minnesota State Colleges and Universities (MnSCU) system and create an employment market for Community Health Workers. The curriculum is being integrated in the state’s public higher education system as an articulated pathway in nursing and allied health. This state-wide project will change health professional education, provide a new career option for diverse, bi-lingual individuals, change how health care is delivered to diverse population in the state and reduce health disparities. Two piloted classes have already been held at Community Technical Colleges graduating 35 students and will be expanding to four other schools within the next two years.

- **Health Sciences Leap: A Four-Year Educational Pipeline Program**

Sunny Nakae-Gibson, Diversity & Community Outreach; University of Utah School of Medicine; Ronald M. Harris, Office of the Senior Vice President, University of Utah Health Sciences Center

Begun in 2001, Health Sciences LEAP is a four-year-long pipeline program designed to assist students interested in careers in medicine, nursing, pharmacy or health who come from populations traditionally underrepresented in the health professions. This population includes students from minority backgrounds, but also those who meet definitions of educational, social, or economic disadvantage. We currently have four cohorts of students in the program, with 96% from minority backgrounds. The goal of the program is to provide comprehensive support and guidance for students to prepare for careers in the health sciences. We offer four years across the undergraduate experience that include humanities courses, shadowing, lab skills training, research, and service learning through community partnerships. We also have annual events celebrating student accomplishments and facilitating mentorship of students between cohorts and by ethnic minority faculty on campus. Several campus entities have come together to provide the instruction and services offered in

the program. We collaborate with colleges and departments in the Health Sciences as well as Biology and Service learning entities.

- **A Community-Campus Partnership: From a Field Behavioral Assessment of the Problem of Malaria to Establishing a Sustainable Partnership toward Overcoming an Enormous Public Health Program in Ghana**

Gertrude Adobebe Owusu, Institute of Statistical, Social and Economic Research, University of Ghana

Malaria accounts for a quarter of the disease burden in Ghana and has an increasing resistance to Chloroquine, the first-line drug. Pregnant women and children under 5 are particularly vulnerable. These have called for a critical review of the policies and national communication plan on malaria. The main goal is to generate information to help develop messages to promote positive health behaviors related to malaria – primarily care-seeking, treatment, and prevention during pregnancy and among children under 5 years.

Three regions in the three ecological zones of the country, using two districts per region: one urban, non-Global Fund district, and one rural, Global Fund district.

Objective: To strengthen the capacity of government, decision makers and opinion leaders to advocate in support of programs and activities, and expand social marketing of products and services to influence positive behavior change in preventing and treating malaria.

Thirty-six health care providers, 32 chemical sellers and 106 community members were interviewed. In-depth interviews, using purposive sampling, were used. Community members participated in the data collection. Both health workers and chemical sellers identified malaria as the most serious disease for which clients contact them. Community members said it is the second most serious health problem they have. All, but two parents, believed malaria is very fatal, yet most do not seek immediate care for it. There were distinct mother/father (male/female) roles in decisions on prevention and care seeking, and implementing these for children. Both health facility workers and private chemical sellers said they derive psychological satisfaction and an improved image in the community when their patients are cured of malaria. Yet, the vast majority of both health workers and chemical sellers were giving the wrong dose of medicine for the treatment of malaria. Worse still, parents were misapplying the medicine for their children. All 3 groups of respondents were highly appreciative of the government's decision to adopt another first-line drug for treating malaria, among others.

